

2023

Foster Youth's Experience with Visitation During the COVID-19 Pandemic.

Carrie Player Sexton
Walden University

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Walden University

College of Psychology and Community Services

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Carrie Player Sexton

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Walden University
2023

Abstract

Foster Youths' Experiences with Visitation During the COVID-19 Pandemic.

by

Carrie Player Sexton

MA, Walden University, 2021

MS, Walden University, 2016

BS, University of Phoenix, 2013

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

General Psychology

Walden University

July 2023

Abstract

Much has been learned about how the shelter-in-place (SIP) orders imposed during the coronavirus disease 2019 (COVID-19) pandemic affected children socially and emotionally. However, less was known about how the youths in foster care settings experienced visitation with their approved visitors because of the shelter-in-place order. In this phenomenological study, the lived experiences of 10 foster youths between the ages of 16 and 18 years during the COVID-19 SIP were explored using semi structured interviews. The theory that grounded this study was Ainsworth and Bowlby's attachment theory. Evernote was used to guide, store, observe, and record the data in one secure location by labeling, capturing notes using the scanner tool, and creating a PDF format for the research. All interviews were then transferred to NVivo to be transcribed. This qualitative research was an inductive and comparative process in which code categories were used to achieve successful coding to prepare the results. NVivo was used to complete a full review of any coded data missed while hand-coding. Findings indicated experiences with visitation during the COVID-19 SIP order with approved visitors resulted in a decrease in attachment. Foster youths felt a lack of consistency, frequency, confidentiality, privacy, and changes in visitation methods, created barriers to the affection and attachment they felt toward their family, friends, and approved visitors. The results of this study can aid foster youths, foster parents, group homes, government individuals, and family members in understanding how the shelter-in-place order and other forms of interference affect attachment and bonding between foster youths and their loved ones, leading to positive social change.

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Dedication

I dedicate this study to all the great men who impacted my life. To my father, who left me at an early age by suicide and inspired me to learn about psychology, attachment, and human behavior.

My grandfather Tom, single-handedly the most influential male in my childhood, showed me what love, honesty, trust, integrity, and support should feel like from my future husband.

To my Papa Jack, who always showed me tough love, believed in me, and ultimately, his words drove me to achieve my doctorate.

To my Paw-Paw David, who always loved me as Jesus does and never let me believe I was any less than what he saw of me on the imaginary pedestal he put me on.

To my brothers, my first best friends, who never abandoned me, stood by and with me regardless of the situation and demonstrated perfect love and forgiveness most purely. They represent the ideal representation of what a best friend should be.

To my husband, Bobby, who has been the greatest love, motivator, support, and a dream come true. He is my most accurate example of attachment, determination, love, acceptance, connection, and belief in a person. Without him by my side, I would not have had my family, life or made it where I am today as a doctor.

To God, who has never left, forsaken, or given up on me! Because of God, I exist, have achieved, and will prevail for his namesake.

Acknowledgments

I want to acknowledge my mother, grams, and brothers, who all have supported me through each phase of my life but believed in me throughout this one entirely. My mother, for always being present for anything I ask of her and remaining my biggest fan. Thank you to my Grams for always staying true to her words and remaining the one silent family member that had given up, sacrificed, and been there for me when no one else truly knew she was. My brothers are my first and forever best friends and my first reason to help others as I do in my profession because they first helped me. I love you guys and am thankful to have you as my family.

Thank you to my husband and children for allowing me to selfishly pursue one of my dreams while living another as your mother/wife. I know my sacrifice of time took my presence away in many of your childhood hours. I pray the Lord multiplies that number missed by a million now. I could not accomplish my dream of becoming a doctor had I not looked into each of your eyes and found the reason. Your understanding of why I was behind my computer screen and patience in my most stressful hours was never unnoticed.

Thank you to my friends and extended family for never doubting me. My history was not created on a solid foundation of expectations or behavior that would lead anyone to believe I would ever make it to Dr. Carrie Player-Sexton. So many people doubted me, but I did it anyway.

Thank you to all my instructors, professors, chair, committee, and support. With the guidance of each of you, I made it to where I am today.

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Chapter 1: Introduction to the Study

Introduction

The coronavirus disease (COVID-19) pandemic was first confirmed in America on January 20, 2020 (CDC, 2021). According to the CDC (2021), on January 18, 2020, a U.S. laboratory official confirmed the first case in the country. The CDC (2021) stated that the samples collected originated from Washington State and began a widespread pandemic that American citizens would suffer from for years. As COVID-19 spread across the world and numbers rose, citizens became paranoid and overly cautious.

COVID-19 is a disease that was identified officially in the United States in January 2020 that began to destroy social, financial, and health stability. Sheposh (2021) noted that COVID-19 is the "severe acute respiratory syndrome known as coronavirus two virus or COVID-19" (p. 1). State and county officials imposed a SIP because of the disease outbreak, which was later proven to cause mild, moderate, or fatal symptoms. Sheposh (2021) stated that the virus began to exasperate known medical conditions, and citizens were dying in large number as many nations realized they were unprepared to mitigate, treat, or provide adequate medical care (p. 1). As resources continued to dwindle and the virus continued to spread, the number of infected individuals climbed rapidly and created social concerns due to the fear of spreading the virus (Sheposh, 2021).

In foster youth institutions, youths like those in other institutionalized facilities were forced to remain inside and begin virtual visitation, healthcare, and schooling that were once expected to occur outside the facilities (Brisson et al., 2020). Once the

COVID-19 SIP began, many visitation schedules in foster care settings ceased, were postponed, or were replaced with technologically based visits (Brisson et al., 2020). Because the quarantine was introduced to minimize and control the virus's transmission, the quarantine was first voluntary and later mandatory (CDC, 2021).

The COVID-19 pandemic created many issues, including the lack of socialization in foster care settings. Many foster youths became less active in relationships, unable to visit face-to-face with approved visitors, and socially isolated. According to Suleman et al. (2020) many foster care facilities had no choice but to move visitation to virtual visits, unstable or canceled visitation began, arrested care plans were documented, and precarious transitions started. Due to the inability to implement strategies, many facilities did not know how to mitigate the concerns with visitation for foster youths. Suleman et al. (2020) discussed the COVID-19 pandemic and its impact on children globally. According to the authors, the COVID-19 pandemic and responses to the pandemic threatened children's rights and increased toxic stress.

Although researchers have found that youths in foster placement struggled to maintain healthy visitation schedules and relationships with approved visitors (Suleman et al., 2020), researchers have yet to investigate the experiences of foster youths during the COVID-19 pandemic concerning their visitation schedules and relationships with approved visitors. While much has been learned about how the SIP imposed during the COVID-19 pandemic affected children socially and emotionally (Campbell et al., 2021), less is known about how the youths in foster care settings experienced visitation with their approved visitors because of the COVID-19 SIP (Singer & Brodzinsky, 2020).

In this phenomenological study, I explored the lived experiences of foster youths between the ages of 16 and 18 during the COVID-19 SIP and how they each experienced visitation. Foster youths have a disadvantage regarding connections with family and friends, bonding, visitation, and adjustment-related issues due to being separated from their support units in foster placement. As a result, foster youths struggle to build and maintain healthy relationships with their approved visitors once in placement (Mark et al., 2000).

In Chapter 1, I give an overview of the study, a background of the research literature, and discuss the need for a phenomenological study to explore the lived experiences of foster youths concerning visitation during the COVID-19 SIP. I provide the problem statement, the purpose of the proposed study, and the research question. Next, I provide information on the theoretical framework and a description of the nature of the study, followed by definitions, assumptions, scope, delimitations, limitations, and the significance of the study. Last, I provide a summary of the chapter.

Background

Scholars have historically researched foster youths and firsthand accounts of foster youths living in placement. Chad et al. (2020) stated that youths are in placement due to different issues related to the family system they once lived in. Due to many foster youths having experienced abuse, neglect, or rejection, the need for secure placement is essential to their growth developmentally, socially, and mentally (Chad et al., 2020). The authors continued by stating that youths enter care with medical, mental health, developmental, or a combination of health concerns that can create barriers in the

placement process. Mark et al. (2000) stated that many programs were developed but not adequately implemented because state-supported foster care did not start until the 19th century. The lack of programs and inadequate healthcare creates worsened psychological and emotional concerns and an increased concern for untreated health conditions. Mark et al. (2000) showed that many foster youths enter care with preexisting health concerns yet, never receive the proper care they need and could benefit from. Mark et al. (2000) also stated that although many charities, federally supported acts, and social services have developed since the 19th century due to acknowledgment of the needs of the foster youths, a lack of resources, staff, and homes still exist. Since the origin of COVID-19, the resources for foster youths have continued to decrease (Neil et al., 2020).

COVID-19 was first confirmed in America in January 2020 (CDC, 2021). The swift changes and implemented protocols for visitation and other social situations placed several unforeseen and unfamiliar demands on professionals forcing them to adjust quickly to government restrictions during the pandemic (Neil et al., 2020). Neil et al. (2020) state in-person interactions between individuals increase the risk of spreading a virus during a health crisis. Because of the COVID-19 health crisis, Brisson et al. (2020) reported that local, state, regional, and national authorities implemented a SIP to stop the spread of the virus. After the quarantine began, many visitation schedules in foster care settings ceased, were postponed, or were replaced with technologically based visits jeopardizing reunification in maintaining parent-child relationships (Brisson et al., 2020). The SIP created barriers to traditional face-to-face services that helped create healthy attachment and bonding for foster youths and caregivers. Brisson et al. (2020) reported

that services such as mental health counseling, domestic violence groups, parenting classes, and other healthcare services were disrupted, performed virtually, or canceled until further notice.

Singer and Brodzinsky (2020) stated that only one study by Neil et al. (2020) was published about the early pandemic, visitation, and foster care concerns by interviewing professionals, people caring for children (adoptive parents, foster carers, kinship carers), and birth relatives (primarily mothers). Neil et al. (2020) used open-ended questions during their research to obtain insight concerning the caregiver's views on what forms of contact occurred, whether they believed it was effective, and their thoughts on future remedies for digital connection (Singer & Brodzinsky, 2020). Neil et al. (2020) conducted interviews to gain data from individuals directly communicating with the youths to provide feedback concerning their views on visitation during the pandemic while in placement (Singer & Brodzinsky, 2020).

Although Singer and Brodzinsky (2020) found pertinent information about visitation and attachment concerns during the COVID-19 SIP, the authors found no data about the lived experiences from the foster youths' accounts. Singer and Brodzinsky (2020) state, "As noted above, Neil et al. (2020) published the only study, to date, that has reported data on how different individuals involved with children in foster care experienced virtual parent-child communication during the pandemic" (p.155).

Further research concerning this particular phenomenon allows foster youths the ability to reflect and articulate their experiences while no longer amid the SIP. Because visitation remains the only option for communication with approved visitors while in

placement, the results of this study can be used by foster youths, foster parents, group homes, government individuals, and family members to understand how the SIP interference affected attachment and bonding between foster youths and their approved visitors. The research results include insight into how the rapid changes in visitation protocols created concerns for the youths socially, emotionally, and developmentally.

Problem Statement

Foster youths benefit from maintaining a healthy visitation schedule and relationship with approved visitors (Neil et al., 2020). Visitation is necessary because reunification with approved visitors is centered around maintaining a healthy relationship with them and staying updated on progress during the process (Rieser-Danner & Slaughter, 2019). The COVID-19 pandemic exacerbated this social problem by deterring approved visitors from maintaining a healthy visitation schedule and relationship with their approved visitors. Chad et al. (2020) discussed how COVID-19 affected reunification and visitation between biological parents and youths. Chad et al. (2020) reported that children with frequent, meaningful, face-to-face contact with their parents and family support could benefit and assist youths in managing emotions resulting in the improvement of the parent-child relationship.

My goal for this study was to provide more information into visitation with approved visitors, virtual parent-child communication, and varying perspectives. My research results show the benefits and drawbacks of virtual visitation, child-related factors in virtual communication settings and dynamic relationship barriers and challenges with virtual visitations per the youths' experience. The experiences related to

attachment concerning the youths and their family, friends, or approved visitors also are displayed through my research results.

According to Dallos et al. (2015) approved visitors in a foster youths' setting refer to authorized individuals who are allowed legally to visit with a child in the state's care. Approved visitors are not spoken to, seen at school, or interacted with on social platforms, or corresponded with individually as foster youths have scheduled and set visitation times each month to see family, friends, and legal parties associated with their case (Dallos et al., 2015). Dallos et al. (2015) stated approved visitors can come to the legal placement location that the youth reside during placement if they are placed on a list by their assigned caseworker through the court system and cleared legally to have allotted time to see the youths privately. Approved visitors are perceived as posing no harm or threat to foster youths' placement or wellbeing, and who foster youths case managers believe are individuals with whom they should continue formulating an attachment bond (Dallos et al., 2015). Due to many foster youths having experienced abuse, neglect, or rejection, the need for secure placement and the development of safe relationships are pertinent to the youths' mental, emotional, and social growth (Dallos et al., 2015).

How the SIP imposed during the COVID-19 pandemic affected children socially and emotionally has been explored (Campbell et al., 2021). However, less is known about how the youths in foster care settings experienced visitation with their approved visitors because of the SIP or how they were affected socially and emotionally (Singer & Brodzinsky, 2000). I explore how foster youths experienced visitation with approved visitors and provide information for future researchers to continue to study this topic.

Mark et al. (2020) explains that around 750,000 children are in foster care across the United States and the impact welfare reform could have on each child is still unknown as each child is affected, adjusts, and responds differently to placement. Singer and Brodzinsky (2020) stated that further research may benefit the scholarly community concerning the foster youths' perception of the foster care experience.

For the current study, I use a qualitative phenomenological approach to investigate the experiences of the youths, to gain insight into, inquire about, and notate systematically the recollection, beliefs, and experiences of adults who were youths in foster care during the COVID-19 SIP concerning visitation. Qualitative researchers create research based on the individual's interpretation, constructed views, and opinion of their experiences while recording what meaning they attributed to their experiences (Merriam & Tisdell, 2015). My research provides insight into the lived experiences of foster youths concerning visitation with approved visitors during the COVID-19 SIP.

Purpose of the Study

My goal for this qualitative, phenomenological study was to understand the lived experiences of foster youths between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors. Different studies state different facts concerning the effectiveness of face-to-face versus virtual visitation. However, the youths communicate may differ, but the need for communication while in care remains essential. For example, a study by Alford et al. (2019) stressed the importance of smartphone technology in foster care. The authors stated that smartphone technological visits among foster youths could build knowledge, skills, and abilities to

create productive communication pathways successfully. The youths' ability to develop effective communication pathways leads to an openness to accept social support and maintain healthy relationships with caregivers, caseworkers, friends, and families. The authors' findings showed increased positivity and a healthy perspective on how smartphones helped their relationship-building skills.

In another study by Kappas and Krämer (2011), the authors discussed communication concerning kinesics behaviors. The authors explained how nonverbal communication skills or kinesics behaviors are nonexistent in social settings that do not occur face-to-face. Kappas and Krämer (2011) showed that nonverbal signals are essential for communication processes such as sharing, making facial expressions, nonverbal feedback, and the expression of emotions and interpersonal attitudes and how each expression is only possible when seen in a face-to-face setting. Both studies differed in the method of visitation and communication and how each benefits foster youths in care. However, both stress the importance of how youths and visitors build healthy attachment and the importance of the visitation occurring. How foster youths experienced visitation during the COVID-19 SIP will provide insight and an understanding from their point of view and provide scholarly knowledge about this phenomenon for this group of people.

During the COVID-19 SIP, foster youths may have experienced visitation differently than other youths not in foster placement. My goal was to identify the meaning, structure, and essence of the lived experience of this phenomenon for this group of individuals. I collected data through in-person interviews to understand foster youths' experiences concerning visitation during the COVID-19 SIP. To eliminate ethical

concerns involving research including children, I interviewed adults who fit the criteria for my study who were in foster care during the COVID-19 SIP order. By conducting this phenomenological study, I contribute to the knowledge surrounding this experience and promote social change for future foster youths who are still in care and those who will come after them. The findings can be used by individuals working, researching, or seeking to learn about this field and what the youths experienced with visitation during the COVID-19 SIP. Educational institutions can use this information to further research, educate, and teach future scholar-practitioners and other professionals about the importance and experiences of foster youths concerning interference, growth, and deterioration of relationships because of potential barriers in visitation with approved visitors.

Research Question

What are the lived experiences of individuals who were foster youth between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors?

Theoretical Framework

The theory I used to ground this study was Ainsworth and Bowlby's (1991) attachment theory. Attachment theory is used to discuss attachment, sense of security, and emotional connection that develops as children grow and are nurtured and interact with their caregivers. By understanding how COVID-19 and the COVID-19 SIP order impacted foster youths, the quality of attachment foster youths experienced with visitation, and how it affected them socially, mentally, and in their family systems are

explored. Attachment theory is the theoretical framework that made the most sense for my study because it is used to focus on the relationship between a caregiver and a child. Because long-term distance between caregiver and child, abuse, lack of security, lack of emotional relations, and neglect can impact attachment (Rieser-Danner & Slaughter, 2019), this theory was well-suited for my research.

Attachment theory details how the youths respond when removed from their caregivers' care and how this removal affected their growth and development. For example, Ainsworth and Bowlby (1991) showed that as separation, frustration, aggravation, rejection, lack of attention, or attention shifting to others occurs for long periods, hostility and defensive behaviors develop. I use the attachment theory to thoroughly understand how foster youths experienced visitation regarding family, attitude, personality, and attachment during the COVID-19 SIP. According to West et al. (2020), foster youths have higher rates of disorganized-attachment bonds than the general population. West et al. (2020) further explained that the quality of attachment is substantially lower with foster youths than in the general population, as the lack of secure attachment affects foster youths socially, mentally, and in family systems concerning bonding and growth. West et al. (2020) found that one-on-one visitation is essential to development in family systems because the lack of that growth and connection is already present in foster youths.

Nature of the Study

I used a phenomenological approach to conduct this qualitative study. I used semistructured interviews with young adults who were between the ages of 16-18 during

the COVID-19 SIP that was placed in a group home and are now adults. I conducted in-person interviews to understand foster youths' lived experiences concerning group home visitation during the COVID-19 SIP. The study yielded data that aided me in identifying the meaning, structure, and essence of the lived experience of this phenomenon for this group of people.

Definitions

COVID-19: COVID-19 is the severe acute respiratory syndrome known as coronavirus two or COVID-19 (Sheposh, 2021, p. 1).

Youth: While there are no universally accepted definitions of adolescence and youth, the United Nations understands youth as those between 15- 24 years for statistical purposes without prejudice to other reports by Member States (UNFPA, 2012).

Assumptions

I assumed that foster youths would be able to share their lived experiences during the COVID-19 SIP and be able to articulate how they each experienced visitation with their approved visitors. Additionally, I assumed their language ability would sufficiently express their thoughts and experiences meaningfully, honestly, and transparently. Last, I assumed that foster youths would have a strong recollection of the events that took place during visitation time with their approved visitors due to the nature of the COVID-19 pandemic and the impact it had on their lives.

Scope and Delimitations

In this study, I chose to focus on the lived experiences of foster youths during visitation who were between the ages of 16 and 18 during the COVID-19 SIP.

Furthermore, I focused on how youths in foster care settings who were between the ages of 16 and 18 during the COVID-19 SIP interpreted their experience of visitation with approved visitors, how it affected them emotionally and socially, and what they felt the outcome of virtual visitation was during the SIP.

Few researchers have focused on the COVID-19 pandemic and how it hindered foster youth's visitation with approved visitors. I did not include adults who were in foster care and not between the ages of 16 and 18 during the SIP order, as the age of the participants is pertinent to each participant consenting as an adult for this study. I did not include adults in foster care who were not in a group home setting during the COVID-19 SIP or those who were in care but did not participate in visitation during the COVID-19 SIP. The results of this study were related to this specific population and their experiences with visitation. Therefore, the results are not transferable to all foster youths in placement during the COVID-19 SIP because foster youths experienced, described, and recalled visitation differently.

Limitations

According to Ross et al. (1991), a potential barrier when collecting primary data is the possible difficulty in recruiting interview participants. To decrease potential barriers in obtaining participants, I posted participant flyers on social media platforms and took printed flyers to mental health offices and agencies that prior foster youths may frequent, such as independent living homes, to recruit participants. Because I am employed in the social services field and work locally with many foster care facilities in my area, I did not recruit participants for my study from local agencies, use clients I have

previously seen in a clinical setting, or use anyone who may be connected to my private practice counseling setting to maintain ethics.

Another possible limitation with data collection was the possibility of COVID-19 restrictions creating barriers and limiting how I conducted interviews. Since fear of contracting COVID-19 often resulted in people refraining from public settings with others, I conducted all participant interviews via Skype to decrease exposure risk and anxiety from meeting face-to-face in a public setting. Another limitation was fear of exposure concerning what the participants discussed about their prior placement in the group home setting during the COVID-19 SIP and what they experienced, causing potential concerns from others who resided or worked in the home at that time. I informed participants they would be identified by numbers, and their identities would not be revealed to ensure participants felt safe to express themselves, felt comfortable, and were able to reflect on their previous emotions without becoming emotionally unavailable or detached.

Significance

I found significant results by conducting my study that adds to the body of knowledge concerning the lived experiences of foster youths with visitation during the COVID-19 SIP and how it affected the youths social, mental, and behavioral health. I produced results that aid foster youths, foster parents, group homes, government personnel, family members, and friends in understanding how the SIP influenced attachment and bonding between foster youths and their approved visitors. Educational institutions can use this information to research the topic and further teach future scholar-

practitioners about COVID-19 and how it affected attachment and bonding development for foster youths due to the lack of face-to-face interaction. I created implications for social change and insight into foster youths' experiences with visitation and, in return, others can mitigate potential barriers that pose issues for parent-child attachment development, growth, and effective visitation as well as continue to provide services beneficial to foster youths effectively.

Summary

I was able to yield results about what foster youths experienced during the COVID-19 pandemic SIP concerning their visitation with their approved visitors providing more information into this social problem, virtual parent-child communication, and varying perspectives on virtual parent-child communication during the SIP. The results I found also provide insight into the benefits and drawbacks of virtual visitation, child-related factors in virtual communication, relationship dynamics, challenges with virtual visitations, and experiences related to creating secure-attachment to their family, friends, or visitors. How the SIP imposed during the COVID-19 pandemic affected children socially and emotionally was explored. Still, more research is needed concerning how the youths in foster care settings experienced visitation with their approved visitors because of the SIP. In the current study, I address the need for research to understand how foster youths experienced visitation with approved visitors through a phenomenological approach.

The study yielded results that led to my ability to add to the body of knowledge surrounding this phenomenon and promote social change for future foster youths and

individuals working, researching, or seeking to learn about this field. Through in-person interviews via Skype, I gathered insight into the lived experiences of foster youths to understand how the SIP imposed during COVID-19 affected youths socially, emotionally, and behaviorally. By compiling my results, I was able to explain the lived experiences of foster youths concerning visitation during the COVID-19 SIP with approved visitors that advances knowledge in social, mental, and behavioral health services. I produced data to aid foster youths, foster parents, group homes, government personnel, family members, and friends in understanding how the SIP influences attachment and bonding between foster youths and their approved visitors.

In the subsequent chapter, I give an in-depth discussion, exploration, and more insight, expressing the need and benefit of the research I compiled for future scholars and the scholarly community. I identify the phenomenon and provide a thorough literature review depicting my theoretical framework concerning the attachment theory for my present study. I provide a synthesis of the literature regarding the topic I researched. I also expound on how the COVID-19 pandemic SIP affected youths worldwide in foster care settings. I give insight, information, and a link between foster youths' experiences through visitation and the attachment theory to show a sturdy foundation and direct alignment of the two topics. I explain the logical connections between the framework presented and the nature of my study. Ainsworth and Bowlby's (1991) attachment theory is discussed to focus on attachment between caregivers and youths and how it affected their personality development due to the lack of bonding. I also provide insight into how visitation plays a significant role for youths concerning attachment in foster care settings.

Chapter 2: Literature Review

Introduction

Foster youths have a disadvantage regarding connections with family and friends, and have bonding, visitation, and adjustment-related issues due to being separated from their support units in foster placement. As a result, foster youths struggle to build and maintain healthy relationships with their approved visitors once in placement (Mark et al., 2000). Although researchers found that youths in foster placement struggle to maintain a healthy visitation schedule and relationships with approved visitors (Suleman et al., 2020), researchers have not investigated the experiences of the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved.

Visitation is essential because reunification with approved visitors is centered around maintaining a healthy relationship with them and staying updated on progress during the process (Rieser-Danner & Slaughter, 2019). The COVID-19 pandemic exacerbated this social problem by deterring approved visitors from maintaining a healthy visitation schedule and relationship. During the COVID-19 SIP, foster youths experienced visitation differently than others. In this qualitative phenomenological study, it was my goal to understand the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors.

Although Singer and Brodzinsky (2020) found pertinent information about visitation and attachment concerns during the COVID-19 SIP, the authors found no data

about the lived experiences from the foster youths' accounts. Singer and Brodzinsky (2020) state the experience of foster youths' virtual parent-child communication during the pandemic remains a need in the scholarly community. Because this was the only research that had been done, further research was needed to understand the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors. Visitation is the only means of communication with approved visitors for foster youths. Understanding how youths in foster care experienced visitation, the lack of visitation, and a shift in visitation during the pandemic provided insight into the thoughts, feelings, experiences, and attachment-related concerns of foster youths. The experiences of foster youths provide the scholarly community with insight into this group of people and phenomenon surrounding this specific problem.

In this chapter, I provide an overview of the literature searched and compiled for my study. I also provide an overview of the literature search strategy so that future researchers and readers can continue studying the relevant information in my research. I discuss the gap in literature I found to provide a clear, concise, and thorough explanation of the purpose and plan of my research.

Literature Search Strategy

For this literature review, I drew from Walden University's online library and the online library resources located within the University of Phoenix and other online libraries. The online databases I searched include Google Scholar, EBSCO, Psychology Databases Combined Search, ProQuest Central, APA PsycARTICLES, and APA

PsycINFO. I reviewed literature about the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors. My literature review includes a thorough discussion and overview of past and present studies addressing attachment theory and the individuals' attitudes, lived experiences, behavior, and actions.

The keywords and terms are *attachment theory, attachment, Bowlby, Ainsworth, attachment theory trilogy, kinship, foster care, foster youths, foster placement, visitation methods during COVID-19, group homes, COVID-19, COVID-19 pandemic, pandemic, visitation, virtual visitation, reunification, other residential care facilities, and child and youth services*. Additional search terms included *all other residential care facilities, COVID-19 pandemic shelter in place order, shelter in place order, family reunification service, parent-child relationships, foster home care, aging out of foster care, independent living after foster care, foster youths in independent care, history of children in foster care, concerns with foster care and youths, youths in placement, foster care and the COVID-19 shelter in place order, and legal status of children in the system*.

Theoretical Framework

The theory I used to ground this study was Ainsworth and Bowlby's (1991) theory of attachment. I found logical connections between the framework presented and the nature of my research from Ainsworth and Bowlby's (1991) theory of attachment, focusing specifically on attachment between parent and child and personality development through bonding. I used the Attachment Theory to explore how foster youths respond when removed from their caregiver's care and how it affects their growth and

development. The COVID-19 SIP impacted attachment between foster youths and their approved visitors.

Evolution of the Attachment Theory

Ainsworth and Bowlby (1991) worked together to develop the attachment theory and how a child bonds with their mother. My goal for this study was to understand how adults who were between the ages of 18 to 21 while in foster care experienced visitation with their approved visitors in a group home setting during the COVID-19 SIP. How a child bonds with their caregiver determines how attachment-related ties between youths and their caregivers develop and if the child experiences insecurities, detachment, behavioral concerns, emotional dysfunction, and dysfunctional relationships (Ainsworth and Bowlby, 1991). Bretherton (1992) also discussed attachment and bonds with caregivers. The author reported in his study that the once perceived secure base deteriorates as the realization that bereavement, separation, and deprivation have occurred. Bretherton (1992) went on to state that a break is an undeniable event that leads to emotional damage and later is shown in many children, including those in foster youth facilities. The author explained that developmental history research concerning maternal separation or loss and youths' personality development had been studied since the early 1930s and attachment is developed through bonding and time spent with the child's caregivers.

The attachment theory describes the parent-child relationship, translated into the caregiver-and-youths relationship that creates an undeniable connection and dependency and affects the child's social, emotional, and mental health as they grow up (Bretherton,

1992). The attachment theory suggests that intergenerational transmission of attachment occurs as early as infancy, and children need secure attachment development to learn how to perform in all other relationships in the future (Bretherton, 1992). Experience shapes one's views of life and how one is treated in early childhood so that experiences can impact their perception of future relationships (Bretherton, 1992). Thus, children must have steady, stable, healthy relationships with their mothers or caregivers to develop a sense of attachment to desire other close, healthy, and long-lasting relationships.

Bretherton's (1992) research included important information from Bowlby's study conducted in 1952. Bretherton (1992) discussed how Bowlby studied several children in a hospital setting under the supervision of Anna Freud. According to Bretherton (1992), Bowlby identified the differences between the children who had attachments to their mothers and those who did not, which showed that the differences in behavior, interpersonal relationships, and the desire to develop other healthy relationships were present. The author also discussed how children who did not have visitors became less socially active, communicative, or unable to bond.

The tenets of the attachment theory encompass not only the bond between mother and child but also the undeniable proof that in early attachment, the mother is the child's ego and assists in the understanding, learning, and development of consequences (Bowlby, 1952). The tenets also include learned behaviors, cause and effect, negative consequences, and satisfaction of impulse (Bowlby, 1952). Bowlby (1952) states that because the mother controls the child's environment, time and space, and restriction or permission of all acts, youths develop their primary human relationships and responses to

those relationships with the assistance of the ego and superego. Bowlby's research explains how a child's personality is developed through attachment, attachment bonds, and healthy forms of communication through mocking, mimicking, and observing the caregiver (Bowlby, 1952). Attachment is dependent upon time spent between a child and their caregiver.

The Nature of the Child's Ties to Their Mother

Considering foster youths are removed from their primary caregiver's care and placed in foster care settings, the ability to continue forming the secure attachment bond is affected. Foster youths visiting with their approved visitors is pertinent for continued growth in socio-emotional development and building on the basic tenets of primary human evolution (Bowlby, 1952). Bowlby (1952) used his research to advocate for mother-child relationships and showed no discrimination on stepparent, foster parent, or grandparents' relationship growth in raising children. Bowlby (1952) discussed how bonding was essential to creating solid forms of attachment in any setting the child may grow up in. Research indicates that children and adolescents can become attached to other primary caregivers in the hierarchy of figures, including those mentioned above if they are the child's primary caregivers in which attachment bonds are first created (Bretherton, 1992). Bowlby's (1952) suggests that children must have strong ties to their caregivers to develop the necessary skills, knowledge, abilities, understandings, disciplines, and values that an individual needs to become a successful citizen. The author states that time spent with the caregiver is pertinent to the development of the necessary skills and outcomes and required to be able to create strong social bonds in the

future (Bowlby, 1952). Bowlby (1952) believed that the bond between parents and children was prominent and essential to the development of children. The author also stated that if we value our children, we must also value our parents as they are a direct representation and essential to their development.

The nature of the child's ties to their mother or primary caregiver is considered non-regressive and continuous throughout the child's adult life because separation anxiety, grief, and mourning in infancy or early childhood negatively impact a child's attachment bond (Bretherton, 1992). Robertson and Bowlby (1952) discussed three different phases of life. The authors explain that only three separation responses exist: protest, despair, and denial or detachment.

Bretherton (1992) also mentioned the three phases and that the protests phase occurs when a deterioration in attachment formulates by a child and their mother or caregiver separating against one or both of their wills. The author explained that the despair phase occurs when a child is mourning or grieving due to the loss of their mother or caregiver, whether it be to death or permanent removal of that mother or caregiver from their life. Lastly, Bretherton (1992) explained that the phases of denial or detachment occur when defense mechanisms begin to formulate repression. When a mother or caregiver is consistently unavailable, despair and separation can transition into the denial and detachment phase.

Internal Working Model of the Attachment Theory

The attachment bond is negatively impacted when the availability to continue involvement, communication, and visitation with approved visitors is prohibited as it was

during the COVID-19 SIP. Interaction with approved visitors helps youths in developing and maintaining a form of attachment that will produce growth in internal and external systematic attachment behaviors (Bretherton, 1992). Dependent upon the interactions with the approved visitors the youths can be resilient or weak in areas of environmental stressors. However, if visitation is continuous to build stronger attachment bonds with their approved visitors, youths are able to continue developing secure attachment (Bretherton, 1992).

The attachment behaviors of youths are not a characteristic of the person, but a part of the relationship explicitly developed between the child and their attachment figure (West et al., 2020). Bretherton (1992) states that adaption occurs when the youths can use their complex behavioral systems to control their level of attachment and reaction to the phases of attachment. The author explains that the reaction can be attributed to activating time-limited behaviors and time-extended maintenance. West et al. (2020) states the primary caretakers are often identified as the secure base because of the youths' perception that they protect and comfort them.

West et al. (2020) explains that protection and comfort are often perceived to occur when the youth is upset or scared. Considering 62% of youths are securely attached to their secure-based primary caretakers, the other 28% are emotionally, physically, and mentally unsafe or comforted (Bretherton, 1992). The author explains that if the youths are in their normal living environment, in which they are most comfortable, they can function without emotional detachment and work through emotional states to find a form of stability.

Typically, foster youths recently placed in care need to experience more of a secure-organized bond while in placement in order to continue to develop healthy attachment bonds (West et al., 2020). West et al. (2020) explains that insecurely disorganized youths are often considered the least desirable type of individual to connect to because the attachment style is the least desirable to develop. The author states that insecure-disorganized attachment is associated with difficulties in processing and coping with stress and behavioral problems and is often known to create psychopathology later in life. West et al. (2020) continues by saying when youths are removed from their homes, their senses of self may be distorted in terms of how they live, see the world, and react to specific situations with their caregiver.

The lack of modeling that may be occurring from their mother or caregiver may begin to affect them negatively as model revision, extension, and consistency checking allow the youths to process the model continuously and consciously (Bretherton, 1992). Bretherton (1992) encourages consistent visitation and reunification can lead to healthier internal working models for the youths to build on attributes such as socialization skills, emotional regulation, and environmental stability. The author explains that behavioral priorities and self-regulation are consciously processed on an intrapsychic level.

Attachment is essential for foster youths to maintain visitation and continue imprinting, modeling, and building on the model of their approved visitors (mothers, kinship, or legal guardians) (Bowlby, 1952).

Attachment theory discusses the intense attachment, sense of security, and emotional connection that develops as children grow and are nurtured and interact with

their caregivers (Bowlby, 1952). The logical connections between this theory and the nature of my research include focusing specifically on the concepts of attachment between parent and child and personality development through bonding. How youths respond when removed from their caregivers' care and how it affects their growth and development is best explained by the attachment theory. I used the attachment theory to conceptualize my research to thoroughly understand how foster youths responded regarding family, attitude, personality, or attachment assisted me in creating a strong foundation. Attachment and attachment representations are all essential aspects of the theory related to my study. My goal was to explain how the COVID-19 SIP impacted foster youths and to shed light on what quality of attachment foster youths experienced with visitation. I also aimed to show how the lack of visitation between foster youths and their approved visitors affected the youths socially, mentally, and in their family systems. Through the explaining the results of my study, I am able to add to the body of knowledge of attachment theory and provide information on the attachment theory and foster youths' experiences with visitation during the COVID-19 SIP.

Literature Related to Key Concepts

Foster Youths

This term foster youths have been used by professionals, researcher, and others since the early 19th century (Mark et al., 2000). State-supported foster care did not start until the 19th century, and although many programs were developed, not all were put into place adequately and were by trial and error initially (Mark et al., 2000). According to Mark et al. (2000) many charities, federally supported acts, and social services have

developed since the 19th century due to the acknowledgment of the needs of foster youths, but youths still desperately need better programs, placements, support systems, and mandated orders to receive better care. Foster youths are victims of child maltreatment and need services not rendered by their caregivers rather it is by choice or lack of resources (Chad et al., 2020). Through the development of evidence-supported, proactive, solution-based casework, and practices of risk assessment and care, the child welfare reform emerged to target vulnerable populations of children (Child Welfare Information Gateway, 2016).

Maltreatment concerning foster youths refers to every branch of abuse (Chad et al., 2020). Chad et al. (2020) explains that types of abuse in maltreatment of foster youths refer to sexual abuse, physical abuse, emotional abuse, verbal abuse, and abuse by denying the youths the right to an education, the proper health care services, and the essentials to survival. The author states conditions for survival are food, water, clothing, home to reside in, and stability for emotional and developmental growth and well-being of children as a significant concern. Chad et al. (2020) also reported that child maltreatment has resulted in child protective services getting involved 37.4% of the time by the age of 18 years of age because youths are more likely than not abused by their siblings and parents when resources are low, poverty is present, or there is a presence of added stressors.

When youths are believed to be victims of maltreatment, child protective services become involved in doing an assessment (Chad et al., 2020). Chad et al. (2020) explains that if the case results in the youths being removed from the home, court-appointed

specialists are set in place to assist them throughout the transition to care, placement, and, if possible, reunification with their caregivers. The author states then specialists assist the youths in obtaining care and placement while working alongside child welfare agencies in the child's community and child specialists focus first on the critical components of care. Essential elements of care include the initial assessment of needs, the access to healthcare, obtaining previous health documentation, coordination of care, collaboration of services, family participation, and a reunification plan (Mark et al., 2020). Mark et al. (2020) states after the elements of care occur, case works must monitor and evaluate the process as it occurs and design the method of action for each youth after the full assessment of their situation, needs, and case have been evaluated (Mark et al., 2020).

Why Placement

The Child Welfare Information Gateway's (2016) report states that placement is ensured by state or county agencies that work in child welfare agencies to investigate, plan, and complete the transition of youths from environments that are deemed unhealthy and legally unsafe. The authors explain that the youths are then put into stable placement where the youths can receive continued care, services, and reside safely until further action is set into place. In some cases, youths are removed from the home after a report is made by family, friends, coworkers, associates, or professionals who are mandated reporters or feel the youth is in danger (Child Welfare Information Gateway, 2016). Child Welfare Information Gateway (2016) state that reports are usually made because the youth is unable or unwilling to contract for safety on their own. The authors continue by stating that in some cases, parents are arrested, deceased, or unable to care for the youths.

State custody with a non-relative occurs when the family cannot take legal charge and requires the agency to seek legal state custody (Child Welfare Information Gateway, 2016). Even though kinship placement is the first resort, at times, kinship placement is not a safe, secure, or healthy environment for the youths to reside in while in state care (Casey Family Programs, 2020). Child Welfare Information Gateway (2016) discuss the level of maltreatment, neglect, or poverty that is assessed during the initial assessment and led to the implementation of the tentative reunification case. The authors state the reason the state child protection workers decide to provide temporary or other placement levels stem from the cause and concern they found in each unique case. The level of supervision needed during parent-child visitation location the youth was placed in, such as with kinship, group home, or juvenile placement is determined by the situation, circumstances, and level of protection needed for the child's well-being (Casey Family Programs, 2020).

Negligence

Casey Family Programs (2020) report that 213,964 youths entered foster care in 2022. The authors continue by stating that 761 youths in Alabama and 1,253 in Georgia aged out of care in 2022. Youths in foster care are affected, adjusting, and responding differently to placement. When considering the multiple ways to explain negligence, one view to ponder is how many children have endured turmoil, trauma, and exploitation of their emotional, mental, and physical vulnerabilities (Dempsey & Children, 2020). Furthermore, the authors state most foster children are neglected of the support and

protection they need before they are removed from their homes (Dempsey & Children, 2020).

Casey Family Programs' (2020) research shows that nearly three in four youths entering foster care in 2020 were neglected and in a placement which is typically why most youths enter care. Children entering foster care are already in crisis, so minimizing the youths' trauma will require each youth to be screened individually to include procedures sensitive to the youths' situation (Mark et al., 2000). Mark et al. (2020) explains that in order to determine how youths cope with the foster care crisis, the Child Welfare League of America created standards to assess the youths' comfort and state of mind by using screening locations, procedures, and different measures of resources applicable.

The Child Welfare Information Gateway (2011) state that most youths entering the foster care system who are young are usually not enrolled in school or in a public setting in which mandated reporters or citizens would be able to report the abuse, neglect, or concerns. Cases are made when youths are identified as victims of abuse or negligence, and time frames are set in place as to how long they will be in care or if they return home after they are removed from the home (Child Welfare Information Gateway, 2011). Child Welfare Information. Gateway (2011) state that the assessment does not show probable cause to remove the child at that time or the stipulations, the right to remove the child is not legally present, and the child is left in danger. The authors continue by reporting that professionals are required and bound by law and ethics to follow the steps legally required before causing trauma associated with foster placement.

Reports are made more than half of the time, but the case manager can take multiple reports to remove the child from home due to the lack of evidence (Child Welfare Information Gateway, 2011). The authors also state that many organizations believe that by the time the abuse is known to be occurring, and the professionals begin to aid the child, it is already considered too late as a host of experiences, concerns, and adversaries have happened that have recently been identified to impact long-term health, wellbeing, and create trauma. Many foster youths are not taken for routine care visits and, at times, never taken in for care and require checkups for medical, mental health, and developmental services (Mark et al., 2000). Youths enter care without having received routine visits for their healthcare needs 2% of the time leading to organizations working together to develop specific stipulations for their care (Casey Family Programs, 2020).

Abuse

The initial health screening assists professionals with treating the acute needs of youths and provides a more tailored approach for their care (Mark et al., 2000). Youths enter care with medical concerns and at times need to be seen by specific physicians based upon their unique situations determined by the assessments provided upon their arrival in care (Mark et al., 2000). The Child Welfare Information Gateway (2011) states that research identified that 1/2 to 2/3 of children who have entered the foster care system show symptomology of neurophysiological incapacibilities of dysregulation and higher levels of vulnerability to stress, reducing success outcomes sustainably. The authors state that emotional or behavioral problems significant enough to warrant mental health treatment can strongly indicate an adverse effect on healthy relationships, developmental,

mental, physical, and educational growth that has been proven to create barriers in the youths' lives.

Each unique case attributes to the youths' dynamic and specific needs that dictate the allotted timeframe in which youths can return home and what they need to become healthier in all aspects of their current state of life prior to reunification (Mark et al., 2000). Mark et al. (2020) state that although all children entering state custody are considered youths in crisis some cases are more prominent than others. The authors explain that the specific needs, the severity of the concerns, and what would be considered a healthy setting for the child to remain in placement for the betterment of those youths are determined by their assessed needs (Mark et al., 2000). The Child Welfare Information Gateway (2019) state that substitute placement, or kinship placement, is the first perceived plan of action concerning placement to mitigate the severity of the youth transition. The authors continue by reporting that grandparents, other relatives, and relative caregivers have been proven to be the best, most secure, and safest form of transition for youths entering foster care.

Healthcare

Healthcare in this study encompasses a youths' physical, mental, emotional, developmental, and dental health needs by services and strategies utilized in foster care and placement for prevention, maintenance, and care for specific areas of the youth's medical concerns or assessed needs (Mark et al., 2000). Mark et al. (2020) state that foster youths' studies on healthcare needs previously have shown that many of the healthcare needs of the youths are not met. The authors state foster youths' have a

disadvantage due to the of competence in their healthcare needs which proves to be another struggle of foster care placement. Research on foster youths' lack of competence should be further researched concerning the COVID-19 pandemic. Mark et al. (2000) states that the initial screening and comprehensive health assessment, access to healthcare services and treatments (physical, mental health, developmental, and dental), healthcare data and information management, and care coordination are all essential aspects of healthcare for foster youths.

If routine care was provided determines if youths are considered for reunification, are able to remain in the home, or if the youths are put in foster care (Mark et al., 2000). According to Mark et al. (2000) routine care stipulations for foster youths are determined by an initial health screening and a comprehensive assessment for all youths considered for and entering placement (Mark et al., 2000). Each case worker develops a treatment plan for youths who need care, including those who are screened, and it is determined if abuse is present (Mark et al., 2000).

Transitioning into Care

Youths are often fearful or show negative emotions toward the family, child service system, and resist removal from their environment regardless of whether it is deemed unhealthy regarding mental, emotional, physical, or medical abuse (Dempsey & Children, 2020). Some youths have adapted to their environments, are fearful of what may happen to their caregivers, or are traumatized by the abuse, neglect, or separation from siblings. Youths may show adverse reactions to the forceful detachment of their family systems although the transition into care may need to occur because youths often

are uncomfortable with change (Dempsey & Children, 2020). Many mental health professionals believe that youths show anger, rejection, and negative behaviors toward the foster care system and individuals in the foster home because youths suffer trauma during the removal process and attachment is compromised (Heldman et al., 2020).

Kinship Placement

Case workers try to ease the transition by seeking substitution placement. Substitute placement in the home of a relative or known foster family is considered first and, in most cases, preferred to decrease the amount of trauma inflicted on the youths because of the transition (Heldman et al., 2020). Shadow placement has also been identified as kinship or hidden foster care, family placement, fake placement, and other terms specified in scholarly literature articles (Campbell et al., 2021).

Substitution placement is an option if kinship placement is not. Substitute placement is necessary and is ordered by state officials, resulting in the youths' removal from their home and placement into kinship care which is more common than foster placement in many states, such as Texas (Campbell et al., 2021). Campbell et al. (2021) stated that in kinship placement court hearings it is considered formal foster care placement and occurs with court proceedings, attaining lawyers, and other legal steps. The authors state that legal arrangement is necessary when the youth is placed with a relative or approved caregiver that the case worker and legal caregiver agree on.

Legal concerns come into play in most kinship placement situations because no legal documents support the placement and legal caregivers can access the youths without a court order (Campbell et al., 2021). Campbell et al. (2021) explain that legal advocates

protest the lack of legal involvement in kinship placement because of the confusion, coerced behaviors of the legal caregivers, and lack of support and custody measures in place. Each state has guidelines, laws, and policies on how kinship placement must occur (Sakai et al., 2011). Sakai et al. (2011) state that although many adverse legal concerns and potential issues can arise from kinship care, research proves kinship care requires fewer social services and resources. The authors explain that youths tend to fare better mentally, emotionally, and physically in kinship care than in traditional foster placement.

More than 125,000 US children are in kinship care (Saka et al., 2011, p. 159). Sakai et al.'s (2011) state that since the increase in kinship placement increased substantially, many policies have been implemented to provide more rights to kinship caregivers and notify them of the next steps in the placement of the youths to mitigate concerns with kinship placement. In scenarios where the child is removed for abuse, policies must be implemented for the youth's safety while in placement (Campbell et al., 2021). In most cases of abuse concerning foster youths, when youths are not immediately removed from the home, continued abuse that has been proven to at times lead to the death of the youths may occur (Heldman et al., 2020).

Voluntary Placement

During voluntary placement, youths are voluntarily put into placement due to parents or other family members contacting child welfare workers or state officials to find placement for the youths they can no longer care for (Child Welfare Information Gateway, 2016). The Child Welfare Information Gateway (2016) found that over 80% of child welfare cases are due to neglect and the inability to feed, provide for, or care for

youths in basic needs settings. The authors continue by stating that most cases of voluntary placement occur because the caregivers either are abusing substances, are unable to care for the youths, or are experiencing poverty and want their children to receive the proper care they deserve.

Because low-income families are at a higher risk of being reported to child protective services, many do not reach out for assistance (Child Welfare Information Gateway, 2016). Child Welfare Information Gateway (2016) explain that chronically reoccurring risk factors such as impoverishment, job loss, substance abuse, mental health concerns, family violence, domestic concerns, and disabilities often are the most significant concern for child welfare reports of children in the United States. The authors state that although child services aim to provide resources, assistance, and care for those in need, parents voluntarily give their children up for care more frequently than not. The authors state that after court proceedings, the caregivers are given the right to decide before the court system orders a permanent, kinship, or reunification order.

Permanent Placement

Many youths cannot return to their previous homes with their caregivers because they have been placed on official care-leaver status (Dempsey & Children, 2020). Care-leaver status is referred to in this study as foster youths who must be provided with permanent alternative placement outside their previous home and will not return to their environment. Due to this concern, Dempsey and Children (2020) state that not all youths would be reunified with their families. The authors report that some youths are only aware of this concern weeks and sometimes days before they are deemed ready to leave

foster care. Instead, the local case manager over their case must find their permanent placement (Dempsey & Children, 2020).

Emotional dysregulation and permanent attachment-related concerns occur when the youths are notified in court or by their case manager of the final decision by the state officials, causing further trauma and result in vulnerability (Dempsey & Children, 2021). Dempsey and Children (2021) explain that youths can no longer return home after the inclination that they would possibly be back in their comfort zone, the reaction is often displayed in an aggressive outburst and many youths become angry, irritable, and distant after they are informed that they are not leaving care unless adopted. The authors report that the news and disbelief that their lives have forever been changed and they must now find a way to allow their new lifestyle to become a new norm result in the deterioration of the youths' emotional and mental state.

Although youths are likely vulnerable and could benefit from additional support from caregivers or others, they may have a secure attachment to their previous caregivers (Dempsey & Children, 2021). Immediate permanent placement is usually mandatory to prevent further harm even it is temporary, abandonment by parents or caregivers creates a need for youths' placement into foster care to maintain a healthy quality of life.

Youth Offenders

Youths are removed from their homes for their actions because they are in legal trouble (Dempsey & Children, 2020). Dempsey and Children (2020) report that youths are considered ungovernable if the probable behavioral reason present, results in their

placement in state custody. The authors state children are be removed from their homes until they can meet the requirements of their court order.

Youths can only legally return to their home environment if they are released from state custody or care (Dempsey & Children, 2020). Legal situations caused by youths resulting in foster placement are more common when they are in their teenage years and have behavioral issues and late are found to be perceived as governable later (Child Welfare Information Gateway, 2016). According to Dempsey and Children (2020), behavioral problems can include not listening to their parents, constant behavior issues in school, and contact with law enforcement due to unethical, illegal, or aggressive behaviors that result in the youths' removal from their environment.

The Child Welfare Information Gateway (2016) discuss how some youths are labeled as crossover, dually involved, or multi-system youths in the system for diligent behavior and maltreatment by their caregivers. Crossover youths are served in both the juvenile justice system and the child welfare system, and it is difficult for case managers to develop care plans, sentencing orders, or provide resources because of the dual need of the youths (Child Welfare Information Gateway, 2016). According to The Child Welfare Information Gateway (2016) the complex need of crossover youths create barriers to placement. Therefore, their placement was often in a detention facility instead of a family system because of the legal ramifications present. The complexity of crossover cases has been researched but not during the COVID-19 imposed SIP.

More than 56% of youths in juvenile detention centers were once children assisted in a welfare case (Denby et al., 2016). Although maltreatment occurs, many facilities

cannot house the youths, and most foster home officials do not want to disrupt their homes with delinquent, influential behaviors that could lead to other youths in the home behaving negatively (Dempsey & Children, 2020). Many youths become angry, resulting in violence to speak out on how they were treated, neglected, or to seek attention regardless of the method of receiving the attention. Dempsey and Children (2020) state that many youths report that they have committed crimes to gain attention from their caregivers because they felt they were not receiving the same attention other children their age is receiving or felt unimportant to their caregivers.

Parent-Child Visitation

Parent-child visitation is pertinent to maintain relationships between the family and youths in care. Parent-child visitation engulfs the meaning of all approved visitors in this study. Time with approved visitors through visitation is healthy for developing and maintaining the youths' attachment. ChildWelfare.gov (2020) found that parent-child visitation reduces the youths' views or feelings of abandonment, increases a sense of belonging, and can minimize depressive, anxious, and problematic behaviors while in placement. The authors state that more visitation the youths have with their approved visitors, the more they feel content while away from home. The key to visitation in foster care is maintaining healthy attachment bonds and communication and working on reunification barriers while waiting for the court system to return the youths to their primary home of residence (ChildWelfare.gov, 2020).

Although research has shown that communication technologies can be healthy and simultaneously harmful for youths (Saini & Polak, 2018), using technology for

visitation is one of the only means of communication for approved visitors and youths during the COVID-19 SIP. Youths in foster care benefit from the feeling and thoughts of belonging to a community and family (Bowlby, 1952). When youths are removed from their environments, they often experience rejection, unworthiness, abandonment, misplacement, and misunderstandings of their faults and actions, leading to their removal from their home and family (Casey Family Programs, 2020). Casey Family Programs (2020) state that visitation reassures the youths and parents that a relationship is still present and that they can mend it over time. The authors state that published research has proven that frequent parent-child visitation leads to a greater likelihood of reunification because consistent visits create urgency and motivation to gain permanent reunification from both parties involved.

Public health emergencies, local mandates, natural disasters, or community concerns increase the importance of parent-child bonding, attachment, and visitation. Casey Family Programs, (2020) state that visitation is essential in helping mitigate child and family stress through attachment and bonding. The authors explain that to sustain bonding in high-need visitation cases, the frequency of video calls, telephone calls, and face-to-face visitation must occur if the child is not in the home with caregivers. Because parent-child visits are essential for the well-being of youths in any setting, the need for visitation in foster settings when the child can no longer have day-to-day contact with their caregivers increases sustainably.

Approved Visitors and Protocols

In most states, juvenile and family court systems assign case workers or child protective service workers to investigate, report, create safety plans for the youths, and create follow-up dates for further court hearings for termination of parental rights, long-term placement, reunification, or adoption (Child Welfare Information Gateway, 2016). Visitation serves more than just the youths in care but also their family systems. Casey Family Programs (2020) state that caregivers are motivated after visiting with their youths in foster care, and the reunification rate tends to rise the more the caregiver visits with the youths. The authors explain that protocols for visitation are in place because of the benefits of visitation while separated from family and attachment figures. The authors continue by reporting that protocols for visitation aid in the prevention and deterioration of parent-child relationships, loss of family connections, and community connections. The lack of time spent after placement is a missed opportunity for the parent to improve their interactions, parenting skills, and change parental behaviors that are detrimental to the development of youths.

For youths in care, protocols for approved visitation facilitate parent-child attachment, ease the emotional pain of separation from their caregivers, and maintain and build strength in the family dynamics while in placement and not the home (Casey Family Programs, 2020). Reassurances of well-being for the youths concerning their family affects their ability to develop secure attachment. However, making sure the youth is secure and not placing blame on themselves for their caregiver's faults and knowing

their family members are well are important reasons facilitation of visitation protocols exist in foster placement (Casey Family Programs, 2020).

Parent motivation to change, follow the rules, achieve the desired objectives, and take the necessary steps required to have their child back home is dependent and increased by visitation (Casey Family Programs, 2020). Casey Family Programs (2020) state that visitation protocols have been shown in research to improve the views of the parent-child relationship during a child protection case. The authors explain that providing opportunities to enhance, learn new skills, and become more active are concerns of the youth's well-being in developmental settings that are essential to their development (Casey Family Programs, 2020). The authors state that in necessary developmental stages, caregivers should be involved in all educational, medical, emotional, mental, community activities, and social preferences.

The structure and protocols around how visitation occur after the youths are removed from the home depends on the circumstance and foster care plan that aid the child and parent in reunification. Casey Family Programs (2020) state that specific provisions are in place by the Federal Adoption and Safe Families Act (ASFA) that encourage visitation and preservation of family connections. Casey Family Programs (2020) also report that ASFA recommend the initial visit after placement as soon as possible after removing the youths from their home environment. The authors discuss how the ASFA published a memorandum requiring all professionals to aid and assist foster youths and families about learning the importance of family attachment and bonding by sharing research, programs, and recommendations. The ASFA sent ample

information to professionals such as attorneys, judges, caseworkers, and child welfare leaders to mandate visitation protocols promptly and inform and require birth and foster parents to discuss the case and aid one another in reunifying (Casey Family Programs, 2020). As caregivers seek to reunify with their youths in their home environment, so do foster families. Foster families are involved in the system to aid families, children, and government agencies in increasing youths' well-being and quality of life.

Reunification

The primary goal of foster care is to achieve reunification of youths and their caregivers. Wulczyn (2004) state that although the primary goal is reunification in foster care, the process is often longer than adoption from foster care (p.1). The authors discuss how research has shown that black children, infants, and toddlers are the least likely to reunify with their caregivers than any other race and age. Research also shows that almost 30% of children reunified with their caregivers return to foster care within ten years of reunification (Wulczyn, 2004, p.1). Wulczyn (2004) also reported that many researchers believe the recidivism of reunification occurs because of the limited resources, inability to obtain insurance, and other help for families in need.

For reunification to occur, safety measures must first be established and implemented in the home. According to Child Welfare Agency (2016), structural interventions that restore the integrity of the family system and relationships, treatment of the whole family who resides in the home, and support that will help the family succeed are implemented. Wulczyn (2004) stated that the reunification paradigm is created and implemented by each case to increase the quality of life of each person in the home and is

vital for the well-being of the youths reentering the house after the trauma before removal and during the removal process. After being removed from the home, foster care carers and other agencies use the information found in the research to identify a problem they wish to address, solve, and implement steps to reunify the youths with their caregiver after developing a solution for the concern (Child Welfare Information Gateway, 2016).

Due to the laws, regulations set in place by child protective services, and the potential harm the child may face if the concerns are not resolved before reunification, specialists are required to return to court to review the case, progress, and continued care for the judge and other professionals involved to allow reunification in the home (Child Welfare Information Gateway, 2016). In most cases, even after reunification is awarded, the family and youths are ordered to make random yet frequent visits to ensure productivity and success in implementing tools and resources (Child Welfare Information Gateway, 2016). Child Welfare Information Gateway (2016) state that reunification procedures typically require families and youths to complete voluntary community resources, comply with in-home services, reviews, and reports periodically, and continue healthy guidelines for placement maintenance in the home.

Independent Living

Independent living occurs when youths that turn of legal age and who still live in foster care transition from foster care homes to living independently (Care et al., 2012). Most youths remain in care until they are adults if they have been in care more than once (Child Welfare Information Gateway, 2016). Independent living occurs when youths are too old to remain in state care. Often, youths are released from custody and have limited

resources available to succeed, so they seek out further assistance to achieve success (Care et al., 2012). Care et al. (2012) state that outcomes for youths aging out of foster care are proven to be low and often need more support. Due to the lack of financial aid, lack of advocates, and minimal number of programs that could assist adult foster youths, most youths are still determining where to begin their adult lives (Brisson et al., 2020).

Public housing applications, college grants, and other housing opportunities exist in many foster youth settings. According to Brisson et al. (2020) all foster youth facilities are not bound by law nor mandated to provide aged-out youths the resources, tools, support, or guidance they choose to leave care. The authors state that in many situations, youths who enter independent living often are only stable for a short time until they reenter foster care to seek further resources and assistance to achieve success after youthful legal placement. Independent living occurs in foster care placement once youths have reached the maximum age of young care.

Once a foster youth becomes an adult, if they do not have a stable living environment, a place they choose to return to, or a home they can move into, the adult foster can then request additional resources through the state to continue receiving assistance until they can maintain their independence (Brisson et al., 2020). Adult youths (aged-out youths) are only provided resources once they reach the maximum state age of adulthood by court order in foster placement. According to Brisson et al. (2020), although many youths choose to reenter the same living situation they once were removed from, other adult youths seek a more stable, prosperous future. Independent living varies by location, resources, and availability of placement. The authors state that independent

homes are considered the same tier as state public housing in which at-risk families can apply to reside when needing financial assistance to obtain stability. Independent living homes are funded in various ways.

Brisson et al. (2020) explained that most independent living homes are funded, managed, and have specific requirements to continue living in after a certain timeframe to motivate the post-foster youths to remain motivated. Just because post-foster youths live in an independent living situation does not mean they must report to anyone as they are considered tenants which are tax-paying residents. The authors explained that the now adult tenants are not bound by any legal regard to submitting to authority, requesting permission, or obtaining consent to do what they desire. The participants in independent living, public housing, and extended foster care homes only receive assistance in achieving stability in adulthood by receiving state and government assistance while at risk.

Many youths who become adults utilize these services to be sure they are giving themselves a chance at success and often try to avoid returning to adverse living environments and situations (Care et al., 2012). Care et al. (2012) found that due to the inability of adults previously in foster care, the struggle to obtain financial, medical, and social support often leads to an unhealthy and unsuccessful transitions into adulthood. The authors further explained that youths who transition into adults and have sufficient family support achieve higher success rates in adulthood. Foster care agencies have since begun to create transitional homes called independent living to successfully aid aged-out youths in transitioning into adulthood if they have no means of support (Brisson et al.,

2020). Care et al. (2012) found in a 2021 study that more than 17,000 foster youths are 18 through 20 and remain in state care to succeed in their financial, social, emotional, healthcare, and employment needs.

Communication

Communication between the youths and their approved visitors is deemed by law a right, not a privilege, and legally, emotionally, mentally, and developmentally rewarding for the youth and caregiver (Casey Family Programs, 2020). State laws, agency policies, court decisions, and scheduled family visit times all have their own guidelines. In most cases, the visitation with youths is considered part of the reunification plan. The more time spent, communication skills developed, conflict resolution skills implemented, and time bonding and mending relationships allow both the youths and caregiver to achieve reunification when the time comes (Brisson et al., 2020).

According to Casey Family Programs (2020), the time a youth spends with family is not a special event in foster care or an earned act. Visitation is the only means of contact concerning approved visitors, such as caregivers, while in foster care. Visitation before COVID-19 was by face-to-face contact and by telecommunication methods. Both visitation forms have rewards and aid in continued attachment and bonding. The authors continue by stating that face-to-face visitation requires a scheduled time and location and comes with legal stipulations to follow protocols of the court order and agency rules. Tele-communications are more frequent, have fewer guidelines, and are readily available daily. Because technology can facilitate relational competence in foster youths, virtual care is a form of communication used in foster care facilities (Alford et al., 2019). Alford

et al. (2019) found in a study that relational competence is a strong indicator of well-being in youths. The authors published research data and results showing that technology used to communicate with approved visitors has proven to increase positive connections, facilitate healthy outlooks on relationships, and forge and establish stable bonds while in care.

Child welfare programs encourage communication methods such as using technology-based methods to help meet the goals of youths experiencing adverse outcomes in child protection concerning relational competence and to facilitate relational competence with foster youths (Dalton et al., 2020). The negative experiences foster youths experience occurred because of the lack of communication, visitation, and ability to connect with their previous kinship, caregivers, and approved visitors from their environment. Once a foster child is placed in foster care, environmental norms and instability of emotional regulation occurs. Visitation, communication, and continued relationships are the only normal familial interactions youths achieve while in placement concerning their previous home environment. COVID-19 presented a greater disorganized attachment due to the need for more communication than the foster youths experienced with their approved visitors (West et al., 2020).

In a meta-analysis conducted by West et al. (2020), the research showed that foster children were more often disorganized attached when compared to the general population. Disorganized attachment is usually identified after an individual is removed from their permanent, stable, and typical living environment and placed in an unknown location without a choice, like many youths in placement (West et al., 2020). According

to Schuengel et al. (2009), "disorganized attachment patterns are the result of the opposing tendencies engendered by the fear system (fight or flight) and the attachment system (seek contact)" (p. 8). Schuengel et al. (2009) explain that youths who have not had the time nor the adequate amount of time to bond in their relationship struggle to adapt an affect regulation to their caregivers. According Schuengel et al. (2009), when this occurs, an affect regulation develops because the youths now have disrupted attachment from their caregivers, which leads to possible developmental outcomes becoming compromised.

Disorganized attachment often leads to rejection of one's social settings and engagement and activation of the fight or flight response to regain a sense of safety and stability (Schuengel et al., 2009). Disorganized attachment is often identified in settings where youths and other individuals struggle to identify safe and dangerous environments due to the disconnection and effect of regulation (Schuengel et al., 2009). Attachment refers to the reaction to the perception of insecurity, possible danger, sickness, or other natural responses of fear or emotional needs that leads to the immediate reaction of drawing close to an individual one feels safe, secure, and protected by for protection or security (Schuengel et al., 2009)

According to Alford et al. (2019) the attachment theory focuses on understanding human bonding and the requirement to obtain trust, build trust, and develop contentment. The authors continued by explaining that it is essential to develop each component to establish relationships because trust and happiness are apparent in the framework of relational competence, which proves to initiate positive social connections that will lead

to protective factors against familial and sociocultural concerns. The authors also stated that a healthy adult-youth relationship is the primary characteristic of emotionally healthy youths who display growth by exhibiting solid attachments to a caregiver and later becoming successful, fully developing, and displaying healthy exertions of emotions in life. Alford et al. (2019) explain that, due to the quality of attachment being much scarcer in foster youths than in the general population, communication, and visitation with approved visitors are pertinent for the growth of foster youths concerning attachment-related concerns. Communication is essential for youths to maintain a healthy sense of attachment to maintain future healthy relationships and build on the healthy development of emotional regulation.

Dalton et al. (2020) stated that before COVID-19, youths had identified that smartphone technology increased their ability to maintain relationships with peers from their original environment while in placement. Alford et al. (2019) discusses smartphone technology concerning foster youths in foster care and how they have utilized the technology to build rationale competence for the youths. Throughout the research, the authors focus on rationale competence and how the use of smartphones can facilitate rationale competence (Alford et al., 2019).

In most foster care settings, smartphones are allowed in foster homes after the first initial introduction into the house if the foster youths can use the phone healthily, follow the rules, and form positive social relationships (Alford et al., 2019). In many cases, the youths have reported that the phones distracted them and often led to the removal of smartphones if they were not used appropriately. Alford et al. (2019)

explained in their study that fostering youths reported that smartphones connected them to unhealthy friends and family and caused behavioral concerns. The authors found that children are often limited to contact only with their approved visitors even when their phones are given as a privilege while in placement and are not allowed to use social media platforms that cannot be heavily monitored to abide by court order regulations.

Social media platforms have opened the gateway for youths to find alternate ways to form unhealthy attachments with non-approved visitors. Alford et al. (2019) stated that the lived experiences of the foster youths concerning smartphones showed an increase in positivity and a healthy perspective on how they felt it helped with relationship building regarding family and friends.

Denby et al. (2016) also stated that using smartphones to continue social communication allows for further relationship-building with others. Foster youths often have entered care due to traumatic scenarios that have caused emotional concerns. Denby et al. (2016) found that while in care, the ability to maintain, continue to build, and actively remain in relationships with others allows the youths to develop critical protective factors. Protective factors are developed to help navigate challenges that may or may not be unresolved and build rationale competence in youths. Unresolved challenges such as grief, loss, or conflict can often create a weakened emotional balance and barriers to further learning curves with others in relationships (Alford et al., 2019).

In a study by Dallos et al. (2015) long-term therapeutic foster care and attachment theory were researched, and the participants were foster youths. The authors used the Separation Anxiety Test (SAT), Strengths and Difficulties Questionnaires,

Parental Stress Index, Difficult Behavior Self-Efficacy Scale, and Hospital Anxiety and Depression Scale. The authors explained how they used interviews to assess the participants' lived experiences. The authors reported that attachment security over time was evaluated in terms of positive changes proving that how the youths perceived caregivers were treating them, court-mandated carers, and others dictated whether each foster youth experienced pessimistic world views after placement or a more positive outlook on relationships. While in visitation, the authors found that the treatment received by their approved visitors during visitation dictated not only their moods, behaviors, and emotions but also their motivation to continue positively in the foster care setting and maintain hope.

Attachment-related concerns for foster youths include detachment that affects them socially, mentally, and in family systems concerning bonding and growth (West et al., 2020). West et al. (2020) report that previous researchers have completed studies demonstrating that one-on-one visitation is pertinent to growth in family systems and foster youths already lacking attachment connections. The lack of that growth and connection is already present in foster youths due to when they were removed from their homes. The authors state the youths received specific visitations that were limited by time, frequency, and what could be done in terms of where or how long the approved visitors could visit with the youths. Dallos et al. (2015) identified that the youths felt positive changes concerning their placement when treated as adults, listened to, and made to feel safe over time. The authors also stated that specific differences concerning placement success identified that some youths reported fear, aggressive representations of

the adults, and a reduction in trust and none of the youths showed a secure attachment pattern at any research stage.

Due to COVID-19, most visitation schedules changed, and foster youths struggled to build strong, lasting bonds with their approved visitors while in placement (Suleman et al., 2020). Suleman et al. (2020) state that the higher intensity of stress, concern, and the inability to physically see their kin, resulted in the youths' emotional suffering and isolation from their families adding further stress brought on by the pandemic. COVID-19 and its effects on children in foster care settings have become a topic many researchers have begun investigating (Chad et al., 2020). I provide and illuminate the youths' lived experiences of this phenomenon by giving insight into how the COVID-19 pandemic caused attachment-related concerns through the results of my study. By conducting my research, I provide information regarding the possible limitations of the changes to their visitation schedules creating stress-related outcomes for the youths during the SIP.

COVID-19 Effects on Foster Youths

Since youths were previously confined to COVID-19 for legal measures, the SIP created more barriers and fears about reunification, family home-plan progress, and hope to return home (Mark et al., 2000). Family home plans in this study pertain to the legal order that requires the foster youths, the youths' caregiver, or both the youths and caregiver to complete required tasks and maintain such stability to obtain another court date to request reunification (Dempsey & Children, 2020). In most cases, the home plan and final order requirements in the legal proceedings are specific and unique to each

youth. Since youths in placement are a vulnerable population and more than half of youths in foster care have at least one chronic condition compared to other youths not in placement (Loria et al., 2021), more adverse concerns are prevalent for foster youths who are unable to seek contact with family, healthcare officials, and law enforcement.

According to Mark et al. (2000) youths in placement suffered more stress, turmoil, fears, and uncertainty as the pandemic began to change their lifestyles and mandate isolation from society. Youths in placement were removed from their normal daily activities and already socialized less with family and visitors that they formulated an attachment to before foster care placement occurred and the SIP was mandated (Dempsey & Children, 2020).

The pandemic posed conditions requiring society to follow state mandates for strict social distancing guidelines without the right to travel or leave home unless otherwise authorized (Mark et al., 2000). The privileges given by state officials for foster youths to continue attachment and supportive measures to reunify with family after the home plan was completed were revoked when the SIP was implemented (Mark et al., 2000). The right and ability to maintain a relationship through supervised visitation in-person was canceled, as well as in-person learning, which limited youths socially. (Dempsey & Children, 2020). During the COVID-19 SIP, attachment, security, growth, and emotional responses were exasperated leaving little to no time for the youths to create secure bonding and attachment with their approved visitors (Chad et al., 2020). Chad et al. (2020) stated that the impacts of the COVID-19 pandemic on youths and the ethical concerns related to youths across the globe increased tremendously. Chad et al.

(2020) discussed the youths' rights. The authors elaborated on how some youths were affected personally due to the COVID-19 pandemic because of violence occurring in the home, heightened familial stress, and pre-existing social, class, and economic disparities.

Furthermore, Chad et al. (2020) stated that since many youths were at home quarantined during the pandemic, more youths experienced abuse, financial stress, and even overeating due to isolation. Since youths could not interact in person, fewer youths could report abuse if it were occurring due to the pandemic mandate to shelter-in-place (Loria et al., 2021). According to the author, youths in foster care are more likely to have a health condition in need of treatment and the lack of availability to care increased the significant medical and mental health problems identified before placement and the COVID-19 pandemic SIP was put into action. The pandemic placed youths in a position where they had to be away from their caregivers. Youths began suffering from the lack of one-on-one visitation with their approved visitors before placement. Chad et al. (2020) agreed by stating that once placement mandates were implemented, required, or willingly induced by the youths' caregivers, mental health concerns, health concerns, and physiological health worries increased. The pandemic restrictions created a snowball effect for strategic planning to increase the availability of services for at-risk youths concerning their right to visitation, education, and healthcare while in placement (Wong et al., 2020a).

Many youths were already worried about their families and lifestyle before placement (Chad et al., 2020). Chad et al. (2020) explained that many families who lived in rural areas or underserved communities often could not find resources for

telecommunications before the pandemic led to the SIP order. During the COVID-19 SIP, these concerns began to create more undue stress and concerns as the lack of ability to maintain communication virtually and the inability to use public transportation for successful contact to notify case workers, foster youths, or others of their condition or health (Loria et al., 2021). Furthermore, the COVID-19 pandemic decreased youth and caregivers's ability to make successful headway in the gainful restoration of reunification leading to more time separated and youths in placement (Loria et al., 2021).

As the conditions worsened due to the pandemic, youths began to worry more while in placement and began to experience thoughts about their home life, their families, and their well-being (Loria et al., 2021). Youths were already under stress and struggling with a lack of attachment and experiencing more severe reservations about losing secure attachment to their primary caregivers, adjusting to the pandemic, and restrictions brought on by quarantine (Chad et al., 2020). The emotional and mental health concerns exasperated during the COVID-19 pandemic, leading to heightened behavioral problems and changes in youths. Chad et al. (2020) explained that exasperation of symptoms began to affect relationships and the youths' ability to maintain a healthy parent-child relationship. The authors added that due to child protective services and their inability to maintain rendered services during the pandemic, youths experienced many escalated conditions in their foster care settings that have since been statistically proven unhealthy, unsafe, or inhuman for the treatment of children.

Changed Visitation Dynamics

During the pandemic, mandatory and scheduled routine services, activities such as visitation, the ability to obtain an education, and health care visits were handled carefully and followed in a timely, consistent, or healthy manner (Chad et al., 2020). Due to the Pandemic induced SIP nationwide, significant restrictions were set causing foster youths and families to no longer benefit from or have the option to continue their face-to-face visitation schedules (Chad et al., 2020). Chad et al. (2020) stated that the lack of visitation caused more trauma for the youths as meaningful face-to-face contact with the youths' approved visitors for emotional support and attachment bonding decreased. The authors continued by stating the caregiver's ability to regulate the youths' emotions and their relationship with the youths ceased to exist, was insufficient, or was inconsistent and nonproductive.

Campbell et al. (2021) discussed the impacts of the COVID-19 pandemic on youths concerning ethical concerns and youth's rights during the pandemic and elaborated on how some children were affected personally. Topics about violence occurring in the homes due to heightened familial stress and pre-existing social, class, and economic disparities were discussed by the author. Since many youths were in the home quarantined during the pandemic, more children experienced abuse, financial stress, and even overate due to isolation and the lack of attachment (Campbell et al., 2020). During the pandemic, many youths were removed from their parent's care and suffered from the loss of one-on-one visitation (Campbell et al., 2021).

Campbell et al. (2020) explained in their study that mental health concerns, health concerns, and physiological health increased as youths worried about their home life, families, and well-being. Youths in the home and foster care settings were affected in many ways. The authors stated that due to number of reported deaths, the pandemic SIP order, decreased socialization, and other obstacles, youths in all settings struggled to maintain a sense of normalcy. The authors also reported that youths experienced behavior changes, affected relationships, and the ability to maintain a healthy family relationship without nonverbal cues such as body language, tone of voice, or facial expressions.

Analyzing emotions through nonverbal cues is essential for detecting salient input and perception and is how many people gauge their conversation reactions by others (Liebenthal et al., 2016). If an individual looks frustrated, irritated, or disinterested in the conversation, most people stop conversing about the topic or would be prompted to inquire why the expressions were made or meant (Liebenthal et al., 2016). Liebenthal et al. (2016) state other situations, nonverbal or linguistic communication cues such as hugs, kissing, and argumentative actions initiate emotional and physical reactions and other linguistic cues, such as tone of voice or body language, and are essential to understand an individual. Although spoken words contain linguistic and paralinguistic communication cues, spoken word perception is often misunderstood (Liebenthal et al., 2016). The authors explain that face-to-face communication is beneficial for effective communication, healthy emotional responses, and emotional cues to be clearly and thoroughly understood through a combination of tone, expression, and body language.

In the article by Dempsey and Children (2020), the authors explained that face-to-face visits from family members and professionals (such as advocates, healthcare, educational professionals, and legal aid) were postponed or canceled during the SIP. Due to the inability to make contact, most visitation schedules shifted drastically to prevent the further spread of the COVID-19 virus for protection measures for the youths. Dempsey and Children (2020) continued by further explaining that many youths' approved visitors lived far from home, could not travel due to the laws placed into effect, social distancing guidelines became barriers for visitation or were not financially able to travel, and the loss of in-person visits became consistent.

According to Rights (2021), during the COVID-19 pandemic, the pandemic was deemed a national public health emergency and the Office for Civil Rights at the U.S. Department of Health & Human Services responded stating it was a national emergency. COVID-19 deemed a national emergency resulting in approved telecommunications as a means for healthcare, legal, and social services to communicate and continue operating, allowing communication between individuals, providers, and other essential workers (Rights, 2021). Most changes in visitation occurred because of the social distancing guidelines and resulted in alternative communication and visitation methods (Dempsey & Children, 2020). Dempsey and Children's (2020) research showed that many placement settings reported that although visiting was available, they did not have the adequate tools to provide virtual visits regularly or for all youths. The authors concluded that during the SIP, many youths reported in several different types of foster youth facilities, such as

youth detention facilities, that the lack of visitation made the youths feel like visitation diminished.

Implementing social distancing guidelines impacted the youth's access and availability to engage meaningfully with their approved visitors daily due to the inability to access family and professional visits. The results of the SIP, according to Dempsey & Children, could result in exacerbated symptoms mentally and emotionally, detrimental to the youths' well-being, damaging their educational advancement, and hindering attachment and bonding with caregivers and visitors. The authors stated youths feared the inability to transition back into the home or community in a successful and rehabilitated manner (2020). Many researchers have studied the COVID-19 SIP and how it affected youths. The ramifications that COVID-19 caused more severe attachment and detachment concerns and exasperated the previous anxious state individuals, such as foster youths, were already experiencing due to the added stress and grief the pandemic caused most Americans.

Alford et al. (2019) discussed smartphone technology in foster care to build rationale competence. Alford et al. (2019) focused on rational competence and how the use of smartphones can facilitate it. Smartphones are allowed in foster homes or group homes after the initial introduction to the house is completed. Foster youths often must prove they can be trusted to keep their phones, can use the telephone healthily, follow the rules, and form positive social relationships, to have them on their person (Alford et al. ,2019). Some foster facilities reported that the phones distracted youths from schooling,

connected them to unhealthy friends and family, and caused behavioral concerns when removed from their property (Alford et al., 2019).

Healthy, positive connections that show an increase of positivity and a healthy perspective on youths can help with relationship building regarding family and friends regarding relational competence. Creating productive communication pathways to build social support and healthy relationships with approved visitors is what the use of technology in foster youths' placement is used for. Implementing technology-based visits for COVID-19 concerns proved to be the only way to continue active communication with approved visitors while in placement during the imposed COVID-19 SIP.

Risk and Procedures of Continued Communication

According to Healey and Fisher (2011), healthy relationships create a sense of stability for youths. The authors state that family functioning, abuse, neglect, substance use, abuse, youth's behavior, and parental incidents that threaten the child or others all play a role in why youths are in placement. The authors continued by saying that youths who maintain academics, positive behavior, healthy emotional states, and complete legal obligations often are considered for reunification if the placement was due to their choices. Caregivers must also complete and maintain steps to meet legal obligations for children to return home. Both scenarios explain why foster youths are in placement, cannot leave placement, and are allowed to leave in the future (Healey & Fisher, 2011),

Due to their own negative behavioral occurrences, youth in foster placement often have a set list of guidelines to abide by for them to return to their home environment. Healey and Fisher (2011) found that attachment security changes regardless of the

reasons the youths are in placement. The unhorsed said that youths in foster placement often enter with emotional dysregulation and negative connotations toward their caregivers due to their caregiver's negative behavioral occurrences. The authors also state that since the placement is not for their behavioral reasons, foster youths enter placement in a victimized, confused, and unhealthy state, and many youths may present in mental, emotional, physical, or a combination of ways. Foster youths adapt to foster placement and depend on visitation with their approved visitors for their mental, emotional, spiritual, and social development. I conducted my research to yield results about the lived experiences of foster youths concerning visitation with their approved visitors during the SIP.

Summary and Conclusions

My literature review increased my knowledge and led to a broader and more inept understanding of Attachment Theory. The literature I completed provided me with the adequate insight into the experiences of foster youths and visitation before the COVID-19 SIP. By conducting this literature review the ample resources I explained the history, benefit, and necessity of visitation for youths with their approved visitors to maintain developmental, emotional, social, and mental stability while in foster care. In exploring the reunification of foster care youths and families, the literature I found provided a strong foundation of information showing that visitation is more beneficial when linguistic cues, frequent visitation are maintained, and time spent with the family occurs consistently. Foster youths struggle to build and maintain healthy relationships with their approved visitors once in placement (Mark et al., 2000). The imposed COVID-19 SIP

created more barriers and revoked the rights and abilities of youths to visit with their attachment figures approved by the courts face-to-face.

In the following chapters, I use this literature review to explain and show that youths in foster placement struggled to maintain a healthy visitation schedule and relationships with approved visitors. Researchers have not investigated the experiences of foster youths during the COVID-19 pandemic concerning adult foster youths' visitation schedules and relationships during the SIP and if the changes in visitation caused a decrease in their attachment with approved visitors. My research interviews are semi structured with previous foster youths who were between the ages of 16-18 during the COVID-19 SIP and are now adults reflecting on their experiences in a group home setting interviewed in-person via Skype. In the following chapters, I identify the meaning, structure, and essence of the lived experience of this phenomenon for this group of individuals. Through the results of this qualitative study, I will explain the lived experience of foster youths who are now 18 to 21 and their experiences with visitation during the COVID-19 SIP detailing how they recall how visitation occurred through a phenomenological approach.

Chapter 3: Research Method

Introduction

My objective of this present qualitative study was to examine the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors. Because there are no studies on how foster youths experienced visitation during the COVID-19 pandemic SIP in current literature, due to the SIP occurring within the past 2 years, I used an exploratory qualitative study. I felt a qualitative study was best suited to examine and explore foster youths' lived experiences. After conducting my study, I found valuable information on this phenomenon.

In Chapters 1 and 2, I provided an overview of the attachment theory, the components, and the concepts of that theory. I provided background information on foster youths and previous methods, results, and perceptions of visitation with approved visits before COVID-19 and the SIP imposed by the pandemic. In Chapter 3 I describe the qualitative method for this study. In Chapter 3 I describe the recruiting methods, data collection tasks and methods, data analysis, and the procedures and processes I used for my study. Finally, I address possible ethical concerns, limitations, and confidentiality concerns that could affect my analysis.

Research Design and Rationale

In this phenomenological study, I explore the lived experiences of individuals who were between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors. The lived experience of the foster

youths concerning how their visitation with approved visitors occurred and how they perceived visitation during the COVID-19 pandemic is explored in this study. My purpose and motivation for this study was to understand foster youths who were now 18 to 21, lived experiences with approved visitors and visitation during the COVID-19 imposed SIP. I developed the research question to prompt previous foster youths no longer in care to share their lived experiences with visitation during the COVID-19 SIP while in care. I identify the meaning, structure, and essence of the lived experience of this phenomenon for this group of people. I used the research method and philosophy illuminate the individual lived experiences of this phenomenon, which was not bound by time and space, like case studies. I collected my data sources through interviews.

Research Question

The primary research question was: What are the lived experiences of individuals who were foster youth between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors?

Design and Rationale

I used a phenomenological qualitative approach using semi structured in-person interviews to provide an understanding of foster youth's lived experiences concerning visitation during the COVID-19 SIP. Phenomenological research lays the foundation for a well explained and in-depth research (Creswell, 2014). I allowed my participants who were once youths in foster care to participate in interviews and share their common experience's not bound by time, space through open-ended questions. Through conducting my research, I provide a thorough analysis of systematic approaches and

procedures that I implemented showing that foster youths struggled in many areas to receive the proper care components and their needs were not met concerning visitation with approved visitors.

This qualitative analysis included interviews via face-to-face through using Skype to provide a clear understanding of what foster youths experienced concerning visitation during the COVID-19 SIP. I conducted this research using 10 participants, and met saturation by participant seven, producing an understanding of the lived experiences of the youths involved. To understand the everyday lived experiences of foster youths visiting approved visitors during the SIP, I explore, ascribe, and give ample detail illuminate the problem and building on the themes, interpretations, and structures of information to give insight into their experiences. Through conducting phenomenological interviews, I was able to reveal the participants' experiences as other methods may not have provided the detail or deep understanding of the everyday lived experiences of the youths in foster care at that time. By using the results of my interviews, I found new meaning and knowledge about the lived experiences of group home foster youths who participated in visitation with their approved visitors during the COVID-19 SIP order mandated during the pandemic and how it affected their visitation.

Role of the Researcher

I was responsible for collecting, interpreting, and analyzing the data to compile the findings that led to my ability to share my findings with the scholarly community. Walden University's IRB granted initial approval for my research allowing me to solicit and recruit participants. I ensured that I had no personal relationships with the

participants. My passion for understanding this phenomenon stemmed from my profession and the desire to help the youths in my community better. The scholarly community needed to know how to foster youths experienced visitation during the COVID-19 SIP with their approved visitors.

To manage bias, I separated my profession and professional relationship with my current clients and did not allow them to participate in my research. I used young adults who had transitioned from care and are now between the ages of 18 and 21 who could identify how they experienced visitation during the COVID-19 SIP with their visitors and how they perceived visitation occurred, changed, or continued. I recorded all data and made notes to be sure there was no information left out that may be pertinent to my study. I did not allow my bias from lived experiences in my profession to sway my opinion or beliefs in any way.

I conducted face-to-face Skype interviews. By recording the data and using it to code and isolate similarities from the interviews thoroughly, I was able to provide a strong basis and firm foundation on which to build my research on. I used my findings to provide significant results that contribute to the scholarly community. Because information alone is not knowledge, my goal in completing my research was to synthesize my results, observe my participants, create insight from expert-provided results, interpret the results based on attachment theory, and create an opportunity for continued learning.

Participant Selection

I recruited foster youth participants who were 18 to 21 years old and recently aged out of care who experienced visitation during the COVID-19 SIP for individual interviews. I used printed flyers and also posted social media flyers that are added to the appendix. I posted my flyers on local college and health department bulletin boards, where participation, recruitment, and other listings are often assigned to solicit individuals to apply to the listing. I also provided them to local foster homes in my area that could share my flyer with aged-out youths who may fit my criteria. I shared my flyers on social media and local facilities. On each of my flyers, my contact information was listed, providing my phone number and email as methods of communication. Depending on the adult youth's level of comfortability, either method was available to make initial contact for participation in my research.

I developed interview protocols to address the problem and purpose of the study. I used a maximum variation sample focusing on foster youths between the ages of 18 to 21 who were in foster care during the COVID-19 pandemic SIP focusing on how they experienced visitation with their approved visitors. The sample size included 10 participants and saturation was achieved. According to Boddy (2016) a sample size is determined by the context and scientific paradigm in which the investigation is built and completed once it is considered informative, meaningful, and demonstrates a highly relevant, justified, and informative study that is worthy of publication once conducted with the data sufficient. My research followed those guidelines and is considered worthy of publication. The objective of my study was to identify qualitative data that yielded

redundant information from the foster youths' experiences through coding. I reached saturation through identifying redundant results by participants. Sebele-Mpofu (2020) suggested eliminating subjectivity in research to allow the researcher to link their research design to the suitable saturation types. I used suitable saturation to eliminate subjectivity. My interviews only included previous foster youths in group home foster care settings who experienced visitation with approved visitors during the COVID-19 SIP and are now young adults between 18 and 21.

For my research, I excluded foster youths who were not in care during the COVID-19 SIP as well as youths who were in care but opted out of visitation or had no approved visitors to visit during the timeframe of the SIP. Visitation must have occurred in a group home setting, not just a foster care setting, to prevent a biased sample. I used a sample of 10 participants to avoid a sample size too small. For my sample size, youths in placement who had visitation experiences during the COVID-19 SIP refers to youths in a foster care group home setting only. Foster youths in foster settings such as kinship care, detention centers, and foster parent homes were excluded from the sample. For my study, the location requirement refers to foster youths who resided in a group home setting and only youths in a group home setting who experienced visitation during the COVID-19 SIP who were 16 to 18 at the time of the experienced visitation.

During the initial interview phase of my research, the demographics form included inclusion and exclusion criteria that youths completed. The demographic form had specific criteria listed to confirm and show that the participants were in a foster care group home setting during the COVID-19 SIP and experienced visitation during the SIP.

After each participant completed the form, to participate they were asked to email the demographics form. I checked the demographics form to confirm that the specific criteria were met before the participant progressed further in my study. The foster youths who were not in care or were not visiting with approved visitors could not explain the phenomenon I aimed to research.

Instrumentation

I used in-depth, semi structured interviews as the data collection tool in my study. Considering that not much is known about the youths' experiences during the pandemic (Singer & Brodzinsky, 2020), my research is rich with information to provide opportunities to implement, aid, and point out gaps in the literature to produce further research for foster youths. My literature review resulted in the development of my research question and the need for my study in the scholarly community. I used open-ended interview questions to allow the youths the opportunity to express, explain, describe their experiences. I was able to understand wholly the participants' experiences and their shared experiences by choosing to allow them the opportunity to expound thoroughly on their experiences instead of using yes or no questions which would have limited the insight I obtained through this method of interviewing.

I requested each participant to complete a demographics form that included criteria that attested to the participant's age during the interview, location in care, and identifiers that visitation occurred during the SIP. I used the demographics form to ask for specific information to determine components of the participants identifying

information, such as how long they had been in care to understand better why and whom they were allowed to visit with and who they were not.

Each participant had different experiences while in foster care. I was aware that some information could have led to a participant wanting to avoid discussing their experiences so what would be asked of each participant and any questions the participants had was discussed prior to the study beginning to increase comfortability. I assessed that their inclusion criteria had been met before the interviews by getting written and recorded evidence that each participant was in a group foster care setting and experienced visitation during the COVID-19 SIP. For my planned research design, I needed to recruit foster youth participants for individual interviews who were between the ages of 18 to 21 at the time of the interviews to avoid interviewing anyone who could not consent to my study. I developed and discussed interview protocols to address the problem and purpose of the study. Interviews occurred in person via Skype interviews but only the audio from the interviews were recorded. My interview questions are found in the appendix.

Researcher-Developed Instruments

I wrote the research question to gain an understanding of the lived experiences of foster youths during the COVID-19 SIP concerning their visitation experiences. The research question is the most crucial step because I used the topic of my research question to define the scope of my research. I developed my research question to maximize my results. I started with 10 interview questions that included the concept of visitation and foster youths' experiences before COVID-19 and after SIP took place. I

wrote my questions to focus the interview on the main research question and provide multiple opportunities for the participants to offer their experience in detail with a clear direction to identify saturation during coding.

No additional questions were needed for the study or documented to be discussed with my chair or Walden University's IRB. Each question was developed to lead to a concept of the interview criteria for a clear focus on foster youths and visitation during the COVID-19 SIP. I did not use published data collection methods in this study. I used the shared experiences of each youth to further provide knowledge for future research that I feel is needed, and to identify where implementation of new criteria and procedures to assist youths in regaining their right to thorough visitation schedules should be implemented in the future. Because visitation was carried out differently than the youths expected, I provided ample detail and perspectives on what the youths experienced.

Pilot Study

I conducted a pilot study before my research to test the timing of the interview and be sure the research questions I created were the questions that were needed and necessary to elicit the responses that were pertinent to my study. My chair and URR felt that some of my questions led to similar responses, so I completed a pilot study to better prepare myself, address potential areas that URR and my committee chair both felt were needed to save time, avoid repetitiveness, and redundancy. By conducting my pilot study, I felt more prepared, knew what to expect, and gained insight into how my questions would collect the data necessary to conduct my study.

I conducted my pilot study using two adult foster youths who understood the foster system to gain the knowledge and insight needed after receiving IRB approval. I conducted my pilot study by interviewing previous foster youths older than the age group I sought to recruit for my research. I was aware that no interviews with strangers as participants were allowed. I made sure that the participants of my pilot study excluded any strangers not within my socialization circle. My data points were not included in my analysis. I shared my flyers with my family and friends to show what I planned to use and requested they not ask, do, or operate as friends and family while piloting the study. I had each of them complete the demographics form and all requirements as if it were my official research occurring.

Procedures for Recruitment, Participation, and Data Collection

I conducted my research using a qualitative study to collect data during the interviews. During my interviews, I collected historical information (including demographic information to provide background information and details on the youths' foster care placement), experiences, and perceptions of the phenomenon. I assessed whether their inclusion criteria had been met before the interviews began by asking each participant whether they were in a group foster care setting and experienced visitation during the COVID-19 SIP. I recruited participants by posting my research ad on social media. I shared my flyer with foster care facilities that have contact with aged-out foster youths who are adults and now living in independent living sites. I also used social media to solicit participants by sharing my research online. Once the flyers and posts were acknowledged and shared in the community, I used snowballing to entice more

participants. In return, I was able to gain an adequate number of participants to start my study. Because my research does not involve children, foster youths who were not 18 or older were excluded. All the participants I recruited were between the ages of 18 to 21 to maintain the accurate age of youths who were in foster care during the COVID-19 SIP order. I interviewed youths in foster care but not youths who did not reside in a group home setting or youths who did not experience visitation during the COVID-19 SIP.

Each participant participated in a one-hour interview. First, I collected data such as the demographics, then completed the interview and answered any questions. The interview was concluded confidentially and then audio-recorded using Evernote. I interviewed each participant using the Skype platform, in a face-to-face setting. I chose to interview over focus groups and other methods because the information I would ask was personal. I controlled questioning to gain knowledge and redirected to elicit the information necessary concerning how each youth recalls their experience with visitation.

Because the participants provided their personal information concerning visitation while in foster care, the fear of exposure to the agencies that still care for and assist them could exist. In many cases, aged-out youths who are now adults are still staying in state-funded and provided homes (such as public housing and foster care facilities for adults that are private home setting that is considered separate from the foster youths' home but still the property of the state) until they can provide and secure stable living situations of their own (Care et al., 2012). Although these public housing, independent living, and adult foster-care provided homes are state-funded and managed, the adult residing in the home is entirely responsible and capable of making their own informed decisions without

the input of the state. Some youths may have felt uncomfortable sharing information about state care because they still live in care. I felt explaining confidentiality was important and ensured the participants felt safe to share their experiences.

I provided an explanation of confidentiality because I wanted each participant to be comfortable and be able to respond in their own way and without others listening to what could be personal information about their families, placement setting, and fellow foster youths. All my questions were personal to an extent, could have been embarrassing, sensitive information that others may not want to be shared, and named others who were not present for the interviews. I assured the participants that I would not put them at risk of exposure to their private interview responses. I followed the informed consent, including the confidentiality requirements provided during the participant agreement, to protect their information during the study.

Each participant received information before the interview explaining the procedure and was given time to ask questions or add anything further. After my study was transcribed, an email was sent to ensure participants could complete member checking. I used member checking to ensure credibility was conclusive. I requested that each participant review the data for accuracy and report with their opinion, review, and credibility conclusions. I used audit trails to show trustworthiness of my results and that no bias was present. I kept all my data in a secured password-protected file folder on my computer. Due to ethical concerns with personal information, all interviews were held individually. I worked with my university in the recruiting process to ensure I followed all ethical guidelines.

Data Analysis Plan

Any documents such as Walden University's approved consent form, demographic forms, invitations to participate in the study, and follow-up information were addressed with Walden University's IRB before conducting the study. I used Evernote to record my interviews, which allowed me to create specific notebooks or files for each participant, label each interview, and capture any notes I wrote using the software's scanner tool. I also used Evernote to guide my research and keep all my information used, observed, and recorded in one secure location. All interviews were transcribed and then I turned them into a PDF by using the software NVivo on my laptop. NVivo tutorials were available through my university. I reviewed the videos to educate myself and learn how to use the tool. I used NVivo to create a more concise way to transcribe my data.

I achieved confirmability by allowing my committee to audit my data and coding to conclude that my study was accurate. No interpretations or conclusions were my own and were traceable to my sources to conclude that no trustworthiness issues were present. I used the results of my qualitative research to generate findings that are inductive and comparative. I began my research with category-creating measures while jotting down notes, observations I witnessed, and queries for information (Merriam & Tisdell, 2015). I used the coded data from my interviews and recordings to identify comprised relevant information in my notes and interviews.

I worked diligently to identify segments in my data set and then compared the information to find recurrent regularities by breaking down the data collected. Subdivided

and subsumed categories of data about young adults in a group foster care setting and experienced visitation during the COVID-19 pandemic SIP were recorded with value coding. I used value coding exhibit values, beliefs, attitudes, and reasonings and discern patterns in world views of previous foster youths' responses to the research questions as LaPelle (2004) suggested.

I isolated similarities by completing a thorough analysis and a full content search, using data visualization and reporting, sorting, data linking, data mapping, and coding tools. I created memos from the coding process by highlighting, organizing, and creating visual patterns in code categories to generate a list of the similarities. I used the coding methods were used to achieve successful coding and prepare for my final chapters to present my results.

Issues of Trustworthiness

I conducted my research investigation ethically and rigorously, paying close attention to how I collected the data, analyzed it, and interpreted it to show that my conclusions were valid. As Merriam and Tisdell (2015) stated credibility and general trustworthiness must be maintained to provide comprehensive data collection to reach saturation. 10 participant interviews were conducted. Each participant interviewed continued their interviews until the data collection process was complete. I achieved saturation when no further data could be collected because no new information was identified. According to Stadtlander (2015) data is considered accurate when. No further data can be collected. My data was considered as accurate as possible because no further data could be collected. Member checking was implemented to ensure credibility was

conclusive by allowing each participant to review their data and give their opinion on the accuracy of the data and conclusions.

The next issue was transferability. Transferability requires I detail the interview and each descriptor of the interview itself (Stadtlander, 2015). Using a thick description, I identified and fully described the location of my interviews, who participated in each specific interview, and all actions during the proceedings. I broke down and described each note in detail by documenting which participant disclosed the data that I interviewed to provide an in-depth variation. Following my theoretical framework, I provided a careful study design and aligned my research. I confirmed consistency in the data collected to seek reliability. What was meant to be measured was measured to create validity, objectivity was concluded to prove confirmability, and external validity to create transferability. Reliability was achieved by allowing my committee to audit my data and coding to conclude that my study was accurate, and no interpretations or conclusions were my own or traceable to my sources which concluded that no trustworthiness issues were present.

Ethical Procedures

Walden University's Institutional Review Board (IRB) reviewed, assessed, and determined that my study was ethical. The IRB evaluated my proposed study before I recruited participants and collected data to identify any ethical measures that may need to be considered, changed, or removed before proceeding with my study.

I went through the IRB process to do any research or request participants. Walden's IRB made all decisions based on what was ethical or allowed by Walden

University Standards. According to Walden University (2019), The IRB's goal is to help the student get ethical/site documentation challenges worked out in advance to minimize the amount of correspondence and revisions needed during the IRB's official review, which occurs after proposal approval ((p. 1) The IRB cleared me to conduct my research before I sent out announcements to be sure I followed all university guidelines and ethical guidelines. The IRB reviewed all my conditions, limitations, delimitations, risks, and protocols to ensure my study met university and research ethics. The review protected participants, the university, and me from potential harm and danger and maintained the rights and safety of all involved in the research.

When the data and all other pertinent information about the study were not actively used, they remained on my fingerprint/password-locked laptop, a secured device. I kept my laptop in my safe, which is fire, water, and burglar-proof. I maintained confidentiality and followed ethical, legal, and Walden University's guidelines for policy and procedures for research. Only my committee and I had access to the data. All my data records are stored for a total of six years. Because the data from my research included patient health information, HIPPA requires the data to remain stored for six years after each participant signed an authorization to participate in my study. According to Lin, (2009) data with patient health information must follow a six year protocol for storing data. Although federal regulation requires a minimum of three years and most universities require six years of stored data per the study, six years provides protection and follows data retention guidelines, laws, and regulations. Because visitation with approved visitors could sometimes include the participants' medical providers and

mention of the virtual session, HIPPA regulations could become a regulation that must be addressed and abided by when storing my research.

Walden's IRB evaluated recruitment and ethical concerns related to the recruitment process. I recruited participants by by posting my research flyers on social media and sharing my printed flyers with foster care facilities that have contact with aged-out foster youths who are adults and now living in independent living sites. I addressed ethical concerns by communicating with my chair, following recruitment guidelines provided by Walden University, and getting clearance from Walden's IRB before I proceeded with my plan to recruit. Once I was approved to begin my research, I gave my informed consent forms to each participant during the face-to-face interview while recording the process for my records. I discussed the research and documents again before the research began to allow the participant to consent to continue the study and acknowledge their ability to end it at any time.

I thoroughly explained the research, how it would be conducted, what the results could provide for the community, and the possible benefit for future foster youths. In the agreement forms, I provided detail on the research process, conditions of the research, nature of the study, participant and researcher's role, and procedures to maintain confidentiality and ethics during the study as suggested by Stadtlander (2015). During the research, non-identifiable information was discussed, and how the interview would have to end abruptly ended if any breach of confidentiality occurred leading to the interview data and recordings being destroyed, and a new interview occurring.

Summary

In this chapter, I identified and explained this study's methodology procedures, concepts, instruments, participant selection, and all qualitative measures concerning my research. The research question I selected to guide the participants into actively expressing and explaining their experiences was described for clarification. The design and rationale for my qualitative study were detailed to explain the phenomenological approach that took place during the study and why. My role in the research, ethical procedures, research developed instruments, data collection, recruitment procedures, data analysis plan, any issues with trustworthiness, or procedures were put into perspective as I gave a thorough explanation and validation for my study was provided to substantiate the structure and readiness of the research study to be performed and published for the scholarly community.

In Chapter 4, I present in detail how I implemented the data collection method, and how I processed the data. I provide a detailed report of the outlined material in this chapter and how each component was used to perform the proposed study. Later in Chapter 5, I interpret the results to understand the data better. I also explain what limitations occurred, if any, and the implications of the current study's findings concerning the lived experiences of foster youths during the COVID-19 SIP and their experiences with visitation.

Chapter 4: Results

Introduction

My objective for the present qualitative study was to find new meaning and understanding in the lived experiences of foster youths, their experiences with visitation during the COVID-19 SIP mandated nationwide, and how it affected their visitation with approved visitors. My goal for this study was to understand, gain insight into, and add information to the scholarly community concerning foster youths' experiences during the COVID-19 SIP order. I conducted my research to provide information that would benefit society by advancing knowledge in the field of social, mental, and behavioral health services. The results of my research provide educational institutions information to research and further teach future scholar-practitioners about the COVID-19 SIP and how it affected attachment and bonding development for foster youths due to the lack of face-to-face interaction. Furthermore, through the results of this study, I produced data sufficient aid foster youths, foster parents, group homes, government personnel, family members, and friends in understanding how the SIP influenced attachment and bonding between foster youths and their approved visitors.

I used one research question to lead this study: What are the lived experiences of individuals who were foster youth between the ages of 16 and 18 during the COVID-19 SIP and how they experienced visitation with their approved visitors?

To understand the shared experiences of the 10 prior foster youths who were now out of care, I created 15 interview questions. I developed my questions to prompt the prior foster youths to gain insight into their lived experiences with visitation concerning

their approved visitors during the COVID-19 SIP in a group home foster care setting. I developed my questions to gain an understanding of and identify the meaning, structure, and essence of the lived experience of this phenomenon for this group of people as a whole and to allow them a safe space to explore, identify, and explain their experiences not bound by time and space. I collected data through semi structured audio recorded interviews. In Chapter 4, I describe the pilot study, setting, and participants, conceptualizes the research design and procedures, and ends with a detailed explanation of the results and a concluding summary of my research.

Pilot Study

I conducted a pilot study with two people I am socially connected with who were in foster care 10 or more years before the inclusion criteria requirements and who could provide similar responses as they had the knowledge and insight about the foster care system. After interviewing each pilot study participant to assess the length it would take to complete the interviews and to ensure my questions were clear and varied, I was able to conclude that my questions were applicable to gain the necessary data and only take 60 minutes per interview. My pilot study was a great trail study that I feel better prepared me for what to expect and gave me insight into how my study would be performed. I used Skype for my interviews and asked the same questions I created for my study. My pilot study allowed me to gain ample information to conclude my study; therefore, no changes were necessary or made to my interview questions. I do not include the pilot study data in the final study.

Setting

I used Skype for the setting of all interviews, including the pilot study and the research interviews. I conduct the interviews on Skype by video call and record the audio for transcription and credibility purposes.

Demographics

As shown in Table 1, the participants all experienced visitation in a group home foster care setting during the COVID-19 SIP. Six participants were 16 during the inclusion criteria. Four were 17 when they experienced visitation during the COVID-19 SIP and were in the group home setting for a minimum of 1 year to a maximum of 7 years. Table 1 shows the timeframe that each participant spent in foster care, their age during the COVID-19 SIP in which they experienced visitation, verification that they were in a group home foster care setting, and that they each experienced visitation during the COVID-19 SIP. To maintain confidentiality, I exclude the names of the participants and assign a number for identification purposes. The information in the table represents the demographics form completed by each participant before the interviews began. The participants completed the demographic forms after consenting to the study by email.

Table 1*Demographics (All Values in Years)*

	Participant #									
Questions	1	2	3	4	5	6	7	8	9	10
Time in group foster home.	2	5	7	1	1.5	2	3	3	4.5	2.5
Age during the COVID-19 Pandemic SIP	16	16	17	17	16	16	17	16	17	16

Data Collection- Main Study

My objective for the present qualitative study was to understand the experiences of foster youths who are now between the ages of 18 to 21 during the COVID-19 SIP and how they perceived visitation with their approved visitors. To participate in the study, the participants had to be between 18 and 21 years of age during the present study and considered consenting adults. The participants also had to have been in a foster care group home setting during the COVID-19 SIP and have participated in visitation with approved visitors during the COVID-19 SIP. I used one main research question guided by 15 interview questions (see Appendix B for subquestions).

Before beginning my interviews, I obtained IRB approval from Walden University's Institutional Review Board. My approval number was #12-09-22-0416997. After receiving approval, I posted my flyer on social media sites such as Facebook, Instagram, Snap Chat, and other similar forums online. I asked others to share my flyer, took my printed flyer to local foster homes, health departments, churches, counseling

offices, and entertainment locations, and contacted other medical facilities and group centers that I thought may have frequent foster youths.

Once participants contacted me to inquire about my study, I sent them the demographics and consent form to review. I had six participants who first consented to participate in my research. After four weeks passed, I waited for participants, and the last four contacted me. All participants responded with “I consent” and returned their consent and demographic forms. I then set a date and time and provided the link for the Skype interview. Once the Skype interviews began, I asked for verbal consent to start the audio recording and reviewed the consent form again to be sure the participants understood the research entirely. None of the participants wished to end the recording or interviews, and all participants completed their interviews via Skype. After participation, I discussed the protocol for member checking with each participant again.

I used in-depth, semi structured interviews with 10 participants as my study's data collection tool over 2.5 months. After coding the first six interviews, I determined that saturation was achieved. However, 10 interviews were conducted, so further coding was continued.

I used Evernote to record my interviews, creating specific notebooks and files for each participant. I then used Evernote to label each interview and capture any notes I wrote by using the scanner tool built into the software. I used Evernote to guide my research and keep all my information used, observed, and recorded in one secure location. I also used Nvivo to transcribe and turn my interviews into a PDF. I used open-ended questions to allow the participants to reflect on their experiences comfortably.

No concerns or situations were highlighted or further notated during the data collection stage. Depending on the responses, some participants' interviews lasted up to 60 minutes. After my study was transcribed, I sent an email to ensure participants could complete member checking to ensure credibility was conclusive. I requested that each participant review the data for accuracy and report with their opinion, review, and credibility conclusions. All clients agreed to the information provided, stated it was accurate and did not take more than 30 minutes to complete their member checking. I audio-recorded, transcribed, and secured my interviews and placed them in a password-protected file on my computer. Then I deleted all the data from any software, files, and devices I used to transcribe the data. Once the participants completed member checking, I kept the data that I transferred to a fingerprint password external hard drive and moved to my fire and waterproof safe. My dissertation chair and I were the only individuals accessing the data.

Fifteen subquestions were used, and no other questions were needed to gather the information necessary to complete the study. One topic was voluntarily mentioned seven times concerning adult youths being asked to remove their clothing to be sprayed while naked for COVID-related germs. The seven participants each described the incident as degrading and immoral and felt it was a violation. The participants reported feeling they were degraded and treated like they were contagious as the methods to become sanitary by the group home staff's standards were extreme and overbearing. The participants felt they were treated like they were incarcerated and criminals without a choice. More research should be done on the sanitary methods used to prevent the spread of COVID-19

after visitation before the SIP to inquire about emotional responses and how they affected the youths. The initial questions provided ample information concerning the lived experiences of foster youths and their experiences with COVID-19-induced alternative methods to visitation, their attachment bond, how it changed into an insecure attachment, and their lack of privacy. During the interviews, all questions were answered, and follow-up questions were asked to elicit an inept response to gain a deeper understanding of the youths' experiences.

Data Analysis

I collected the data for my study through semi structured confidential interviews that were simultaneously audio-recorded. I used a qualitative phenomenological approach to investigate the youths' experiences, gain insight, inquire, and notate the essence of the youths' recollections, beliefs, and experiences systematically concerning visitation. I used Skype to record the videos for dictation and transcription purposes to create documentation of the data in written format. After collecting and transcribing the data, member checking was completed to confirm the accuracy of the data collected.

All interviews were transcribed and then turned into a PDF by the software NVivo on my laptop. NVivo provided a concise way to transcribe my data. After the data transcription, hand-coding utilizing a Microsoft Word template was used to organize, list, and identify themes. During the coding process, I began understanding the youths' experiences and identifying meaningful saturation that became apparent through editing the dictation for grammatical errors. During the initial data analyses, the data were organized into small subgroups, placed on the table in the template, and labeled to

identify participants via the numeric entity each participant was given for confidentiality in the study (i.e., Participant 1). I highlighted similarities on the template, created categories, and created the meaning and relevancy of the themes for my research. This process allowed me to develop a clean record of responses that led to saturation and allowed the proper synthesis of the data I collected.

When the final analysis occurred, the themes were notated, and my chair and I discussed each theme and determined that the study was complete as saturation had been confirmed. The themes identified were as follows: (a) The meaning of visitation, (b) feelings toward visitation, (c) changes in the dynamics of visitation, (d) feeling punished by the change in visitation, (e) consistency and frequency changed, (f) visitation lacked confidentiality, (g) socialization decreased, and (h) attachment decreased, and (i) level of affection toward and felt decreased.

Evidence of Trustworthiness

Conducting my research ethically and rigorously while collecting, analyzing, and interpreting data to create valid conclusions led to my ability to create confirmed, transferable, and reliable results (Merriam & Tisdell, 2015). Utilizing strategic methods to create trustworthiness led to my study's accuracy. Remaining thorough led to the ability to conclude my research and provide ample detail that participants could member check and acknowledge as accurate descriptions of the research process and responses provided during their interviews. I was able to determine value in my study because of the trustworthiness of the research process. I am confident in describing, understanding,

and my ability to articulate and explain the phenomenon from the interviews I conducted, which led to the trustworthiness of my study.

The quality of my research data is dependable because it is reliable and credible information. I determined the credibility of my study and general trustworthiness was achieved through my comprehensive data collection, which reached saturation. My research is accurate because no further information was provided, identified, or can be identified through the data, and in return, saturation is confirmed. While completing my study, I evaluated my thoughts and personal feelings about working with youths in the clinic I provide mental health services. I set aside all my experiences and clinical findings to ensure credibility.

I used filed notes to highlight participant statements that may have led to anything further to ask while interviewing. No follow-up questions were needed after the interviews were concluded. I see the participants' direct quotes to stress the participants' experiences, as Creswell (2014) suggested, to provide dense textual descriptions for my research results. I outlined my research in Chapter 3, and although obstacles such as a gap in time between participants requesting to join the study occurred, my analysis is finished. Each participant met the criteria, participants were interviewed, each question was asked, and member checking was completed.

To ensure validity was met, I used member checking to confirm that the participants' data was accurate. To ensure confirmability, numerous calls were made with my committee chair to discuss the theory, concepts, trustworthiness, data collection process, formatting, and barriers to the study. Confirmability was also confirmed through

further discussions with my chair to discuss the lack of participant involvement during the initial recruitment stage, solutions to concerns I had, and taking the time I needed to care for myself as not to have personal matters interfere with my research. After reviewing the data several times, determining that no other themes arose from the data, and speaking with my committee chair, my data was complete and ready to be presented in Chapters 4 and 5 as my results generated findings of inductive and comparative qualitative research.

Results

My objective for the present qualitative study was to understand the experiences of foster youths during the COVID-19 SIP and how they perceived visitation with their approved visitors. The participants were asked questions about their visitation experiences while in a group home setting and their relationships with approved visitors. The participants views on their level of affection, communication, privacy and confidentiality during visitation, ability to maintain relationships with approved visitors were also asked and answered by each participant. Lastly, participants were asked how changes if present in socialization, types of visitations, and if any changes occurred after the COVID-19 SIP was mandated. The questions pertained to before the COVID-19 SIP, during, and after.

There was one research question and 15 interview questions to prompt the prior foster youths to gain insight into their lived experiences with visitation concerning their approved visitors during the COVID-19 imposed SIP in a group home foster care setting. All 10 participants identified the meaning, structure, and essence of their lived

experiences. The experiences of the foster youth participants were consistent when discussing the meaning of visitation. The foster youth participants felt visitation was valued, something to look forward to. The participants felt visitation led to excitement, joy, a time to see, feel a sense of normalcy, and connect with their loved ones while no longer in the same environment. They felt a significant change occurred in the dynamics of visitation once the SIP was in place concerning visitation. The changing dynamics led to feeling like they were punished instead of given another way to see their approved visitors. The participants also thought that the consistency of visitation, the type of visitation, frequency of visitation, and dynamics shifted after the COVID-19 SIP was mandated. All participants were unsatisfied with the shift in visitation mandated by the COVID-19 SIP order.

The participants disclosed that their visitation lacked confidentiality as virtual visitation was monitored and less private than before the mandated SIP order. The foster youth participants reported that they felt their level of socialization decreased when the SIP was mandated, and attachment decreased as they grew distant, disconnected, and less aware of what their families were experiencing or feeling while participating in virtual visitation. Most participants could identify their experiences during the COVID-19 SIP order concerning attachment-related emotions. The participants felt the levels of affection toward and judged by their approved visitors decreased drastically as well.

Theme 1

Theme 1 was: Foster youths felt visitation was a time to bond, spend quality time, and see their family, friends, and other approved visitors. All 10 participants disclosed

what visitation with approved visitors (family, friends, and loved ones) in foster care meant to them. The participants identified and provided data concerning how they felt visitation impacted them emotionally. The participants became emotional and described in detail the meaning, importance, and feelings they experienced leading up to, during, and after their experiences with visitation. The participants felt their scheduled visitation was a time to see the people they loved, missed, and desired to be united with in the future. Each participant found the topic of visitation and what it meant to them to be an emotional question and felt it was the most important event in foster care group home settings. This was the first theme that emerged and provided a united response from the participants. This theme meant there was a level of attachment between the foster youths and their approved visitors. It was evident that each foster youth felt their visitation was essential to their mental and emotional health while in care. For example, Participant 1 was the only time I felt at home. It was the only time I got to see my family, and it always reminded me that I was important and loved. Visitation reminded me that where I lived at that time was not my home. I would feel sad, happy, and excited at once and could not wait to be in the same room with my mom and grandma. Visitation day was almost like Christmas. Participant seven felt that on visitation all foster youths in her group home became excited, looked forward to the day and felt more like they were at home seeing family than she did on other days. Participant one felt she was unable to sleep the night before as she was energetic, anxious, excited, and nervous.

Theme 2

Theme 2 was: Visitation shifted, and visitation felt more like a weekly phone call to their approved visitors because excitement, intimacy, and the ability to feel connected to their loved ones were taken from them. When asking the participants if they felt visitation changed when the COVID-19 SIP began, they identified how visitation occurred before the COVID-19 SIP, during, and their experiences with visitation after the SIP was lifted. All 10 participants agreed that visitation drastically changed during COVID-19 when the virus first struck the United States and during the SIP and continued to have an effect after the SIP order was lifted. Foster youths felt a significant change occurred in the dynamics of visitation once the SIP was in place concerning visitation. As the participants discussed their experiences, the second theme emerged, the COVID-19 SIP changed visitation. For example, Participant 2 felt she was stripped of her normalcy as schooling, visitation, and the inability to physically touch their approved visitors was no longer allowed. Participant eight felt the day the SIP was mandated; she was in shock as she had not seen the news and was not well-informed of the severity of the virus.

Theme 3

Theme 3 was: Participants felt punished by the COVID-19 SIP. The third theme emerged from the same interview question as the prior theme. While notating theme two, I realized that theme three emerged as seven participants felt punished because of the COVID-19 SIP. The participants reported they had already been in placement due to their parents' choices. Because of COVID-19, they were now not allowed to physically see them anymore because of something else they had no responsibility for and were also

being taken from their social lives. For example, participant two felt she was no longer in foster care but instead in a prison due to the strict rules implemented and her rights being taken away. Participant three felt the SIP-induced rules were unfair and she may have just seen her approved visitors for the last time due to the immense fear she felt concerning the probability of death induced by the virus displayed on the news. Participant nine felt punished again by her parent's choices as they had to work. She felt she was isolated because she was in foster care because of her parents' choices but they were not forced to live by someone else's rules in a group home.

Theme 4

Theme 4 was: Foster youths felt the consistency and frequency of visitation during the COVID-19 SIP changed dramatically. Interview question 4 aided in the emergence of the fourth theme. When the participants were asked what their experience with the frequency and consistency of visitation during the COVID-19 SIP was like, theme four was identified. All 10 participants stated that the consistency and frequency of visitation changed drastically. The participants could provide their experiences concerning the exact changes and how they emotionally responded. All 10 participants explained that due to the video calls taking place with a group home full of foster youths, the staff had to be present in the room and minimized the number of youths on video calls at once, as the calls now took place in the group home, some youths did not have a device to make the calls on, and the time-frames that the calls were set often made it more difficult for all youths to call in one day. For example, participant five felt due to the small area, the number of calls occurring during her virtual visit, and the lack of privacy

while on the call, she was unable to talk for long periods or experience her virtual visit as fluently as before. Participant 10 felt the visits were shorter and others were waiting their time allowing them to listen to her virtual visit, she did not experience visitation the same.

Theme 5

Theme 5 was: Visitation lacked confidentiality during the COVID-19 SIP. During the study, theme five emerged when the interview question was asked concerning whether the participants felt their confidentiality was maintained during the COVID-19 SIP. Theme five involved the participants identifying the level of confidentiality they felt during their visitation with their approved visitors while under the COVID-19 SIP. The participants stated they felt that the ability to talk while walking, not be heard due to the crown of others speaking all in one room, and the inability for the workers to stand nearby while visiting with visitors dissipated when the SIP order was mandated. For example, participant four felt confidentiality was scarce as there was no privacy in a room full of people no longer all talking simultaneously. She felt uncomfortable, violated, and as if the virtual visit was only to view her approved visitor's faces and not to actually talk to them as she did before. Participant seven felt she nor her visitors spoke much on the virtual visit calls because the noise-to-sound ratio was low, and others could hear everything they said.

Theme 6

Theme 6 was: Foster youths felt their level of socialization decreased when the SIP was mandated. Foster youths felt their level of socialization decreased when the SIP

was mandated. During the question asked concerning how the participants described changes in their level of socialization due to the COVID-19 SIP. Eight participants identified how the COVID-19 SIP affected them socially. The participants reported significant changes in their social life. Other youths stated they were already withdrawn due to their placement into the group home. The participants felt that COVID-19 had already created a barrier to their social lives. Once the COVID-19 SIP was mandated, they were further isolated than when they were placed into foster care. The participants identified how they felt they were initially socially isolated by the COVID-19 virus until they genuinely felt alone and were completely isolated from friends and others in their social groups. Participant one felt socialization decreased as she could no longer go to sports events, see her friends in person, visit in person, nor did she hear from others during the SIP due to the severity of the virus in others' life. Participant eight felt her life was placed on hold as she rarely spoke to anyone and did not get to attend social events and was afraid to talk about certain topics that could potentially get her parents in trouble for not following the rules.

Theme 7

Theme 7 was: Foster youths felt attachment decreased as they grew distant, disconnected, and less aware of what their families were experiencing or feeling. Nine of the participants contributed to the emergence of theme seven when asked how they described their relationships with family, friends, or other approved visitors occurred. The participants stated they felt their relationships changed with family, friends, and approved visitors. The decline in their attachment-related concerns resulted from the

inconsistency of the visits, the inability to communicate about personal matters and speak privately, and how they felt their visitation occurred in shorter increments. The participants revealed their attachment decreased as they became incapable of communicating as they previously had about important topics, becoming stressed, feeling worried, concerned, and fearful that there was a possibility their visitors may not survive the pandemic. For example, participant three felt the pandemic was a reminder she was not with her family. She felt she did not know much about their day-to-day lives resulting in a decrease in attachment. Participant six stated she worried, stressed, and lived in uncertainty of how her approved visitors were during the SIP. She felt angry, detached, and alone while in care during the SIP.

Theme 8

Theme 8 was: Their affection toward and from their approved visitors decreased drastically during the COVID-19 SIP. The last theme emerged when I asked the participants if they perceived their family and friends' level of affection remained the same after experiencing the COVID-19 SIP. The participants could elaborate wholly and provided ample data on how they felt affection remained the same or changed during the COVID-19 SIP. Three participants felt affection toward them from their family, friends, and approved visitors remained the same during the COVID-19 SIP. Seven participants felt affection decreased drastically. The seven who believed affection remained the same stated that time, virus, nor chaos would make them love, want to be around, or care about their family, friends, and other visitors any less. They felt that the fear, stress, and seriousness of COVID-19 made them love and want to be with their families more.

Participants four felt the lack of privacy, confidentiality, space between her and her family, and the lack of time she had to spend with them made it hard to be or receive affection from them. Participant 10 felt she felt affection physically more than other ways and not being able to touch, hug, kiss, or physically feel her family's touch resulted in her feeling a lack of affection.

Summary

The findings of my present study were discussed in this chapter. I conducted 10 semi structured in-depth phenomenological interviews with young adults ages 18 to 21 living in a foster care group home setting during the COVID-19 SIP order. Each participant experienced visitation during that time. Once I conducted, transcribed, completed member checking, and identified eight themes from the 10 participant interviews, it was determined that saturation had been achieved. In reviewing the eight themes, I found that most of the foster youth participants agreed attachment was affected by the alternative visitation methods implemented during the COVID-19 SIP. The participants also agreed the lack of consistency, frequency, confidentiality, and privacy changed during the SIP. The participants felt the changes in the alternative visitation methods created barriers to the level of affection and attachment they felt toward their approved visitors. Due to the changes in the visitation method, the participants felt they could not bond, secure attachment, or show and feel affection with their approved visitors. The participants felt the alternative visitation methods breached privacy and confidentiality. Participants explained that their affection toward and from their approved visitors decreased drastically during the COVID-19 SIP. The participants felt attachment

decreased as they grew distant, disconnected, and less aware of what their families were experiencing or feeling. The participants expressed that although they were in a group home setting, they felt their level of socialization decreased when the SIP was mandated. Chapter 5 will provide a thorough interpretation of the findings, the limitations and implications of my study, and recommendations for further research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In this phenomenological study, I examined the experiences of foster youths who were now between the ages of 18 to 21 and how they perceived visitation with their approved visitors during the COVID-19 SIP. My findings presented in Chapter 4 are further discussed in this chapter as well as implications for social change, recommendations for future research, and the conclusion of my present study. In the literature review I stated although researchers found that youths in foster placement struggled to maintain healthy visitation schedules and relationships with approved visitors during COVID-19 (Suleman et al., 2020), researchers had not investigated the experiences of foster youths during the COVID-19 pandemic concerning their visitation schedules and relationships with approved visitors (Singer & Brodzinsky, 2020). My goal for the present study was to fill the gap in literature concerning the lack of research on how youths in foster care settings experienced visitation with their approved visitors because of the COVID-19 SIP. During data collection, I found a study supporting the need of my research on the the lived experiences of foster youths during the COVID-19 pandemic and how visitation occurred during the SIP with approved visitors.

I used one research question to guide my study. The research question I created is: What are the lived experiences of foster youths who are now between the ages of 18 to 21 during visitation with their approved visitors during the COVID-19 SIP? All participants of this study reported their experiences with visitation during the COVID-19 SIP decreased their level of attachment to their approved visitors. I used the data collected in

my study to determine about the participants' experiences in-depth responses about visitation and their approved visitors revealed that foster youths felt a lack of consistency, frequency, confidentiality, privacy, and changes in visitation methods, creating barriers to the affection and attachment they felt toward their approved visitors.

I revealed insight into the benefits and drawbacks of virtual visitation, child-related factors in virtual communication settings, and the dynamic relationship barrier for youths during the COVID-19 STP, I also produced data challenges with virtual visitations per the youths' accounts of the experience, and experiences related to attachment concerns concerning the youths and their approved visitors in this study. The finding showed that foster youths' affection toward and from their approved visitors decreased drastically, and attachment decreased as they grew distant, disconnected, and less aware of what their families were experiencing or feeling. Furthermore, the results showed that although foster youths were in group home settings, their level of socialization decreased when the SIP was mandated. Due to the changes in the visitation method, foster youths felt they could secure attachment nor show affection with their family, friends, and approved visitors. The following sections of this chapter further describe the interpretations of the study, limitations, implications for social change, and recommendations for further research.

Interpretations of Findings

Understanding what foster youths experienced during the COVID-19 pandemic concerning their visitation with their approved visitors provided more information into this social problem, virtual parent-child communication, and varying perspectives on

virtual parent-child communication during the COVID-19 SIP. Because reunification with approved visitors is centered around maintaining a healthy relationship with one another and staying updated on progress during the process, visitation is necessary to securely attach and maintain healthy bonds (Rieser-Danner & Slaughter, 2019). The findings showed that visitation during the COVID-19 SIP created barriers to privacy, confidentiality, attachment, and socialization. The findings also showed that the foster youths experienced decompensation of their relationships with their approved visitors, family, and friends, resulting in emotional dysregulation. The COVID-19 SIP order impacted foster youths' quality of attachment due to the changes in their visitation. The foster youths felt that changes in visitation with their approved visitors affected them socially and mentally, and their bonding with their family, friends, and approved visitors decreased. Several factors can interrupt attachment, such as long-term distance between caregiver and child, abuse, lack of security, emotional relations, and neglect (Rieser-Danner & Slaughter, 2019). Foster youths during the COVID-19 SIP and their experiences while in a group home setting were best grounded by the attachment theory.

The logical connections between this theory and the nature of my research included the concepts of attachment between parent and child and personality development through bonding, how the foster youths in my study responded when no longer allowed to participate in in-person, consistent, or quality visitation, and how it affected their growth and development during that time. Most participants felt visitation was valued, something to look forward to, and it led to feelings of excitement, joy, a time

to see, feel a sense of normalcy, and connect with their loved ones while no longer in the same environment with them.

I used Ainsworth and Bowlby's (1991) study of attachment to logically ground my study as foster youths reported that separation, frustration, aggravation, perceived rejection, and lack of attention from their approved visitors during the COVID-19 SIP developed hostility and defensive behaviors. Foster youths were resistant to the changes mandated by the staff, approved visitors' ability to participate in visitation, and orders of the mandate. The foster youths felt a significant change occurred in the dynamics of visitation once the SIP was in place concerning visitation. The changing dynamics led to feeling like they were punished instead of given another way to see their approved visitors. The participants also thought that the consistency of visitation, the type of visitation, frequency of visitation, and dynamics shifted after the COVID-19 SIP was mandated. Foster youths were unsatisfied with the shift in visitation by the mandated COVID-19 SIP order.

Attachment theory was the theoretical framework for my study. I was able to thoroughly understand how the foster youths responded regarding family, attitude, personality, and attachment during the COVID-19 SIP concerning visitation with their approved visitors through the lens of attachment theory. Attachment, attachment theory, and attachment representations were all essential aspects that grounded my study and led to understanding the participants' experiences throughout my interviews. Ainsworth and Bowlby's stated that because the quality of attachment is much scarcer in foster youths

than in the general population, secure attachment affects foster youths socially, mentally, and in family systems concerning bonding and growth.

West et al. (2020) found that one-on-one visitation was pertinent to growth in family systems because the lack of that growth and connection is already present in foster youths. My findings in the current research aligned with the authors. By conducting my study I showed how attachment is critical in developing relationships with foster youths and their approved visitors in a group home setting. Parent-child visitation is pertinent to maintain relationships between the family and youths in care. Parent-child visitation engulfs the meaning of all approved visitors in this research study. Time with approved visitors through visitation is healthy for developing and maintaining the youths' attachment. The more visitation the youths have with their approved visitors, the more they feel content while away from home. The key to visitation in foster care is maintaining healthy attachment bonds and communication and working on reunification barriers while waiting for the court system to return the youths to their primary home of residence (ChildWelfare.gov, 2020).

For youths in care, protocols for approved visitation facilitate parent-child attachment, ease the emotional pain of separation from their caregivers, and maintain and build strength in the family dynamics while in placement and not the home. Reassurances of well-being for the youths concerning their family, making sure the child is secure in not placing blame on themselves for their caregiver's faults, and knowing their family members as well are also a reason facilitation of visitation exist in foster placement (Casey Family Programs, 2020). I provided background information on foster youths and

the methods, results, and perceptions of visitation with approved visitors during the COVID-19 SIP imposed by the pandemic and how it changed the visitation dynamics for this population of foster youths affecting their attachment with approved visitors.

The Child Welfare Information Gateway (2011) state that research identified that one-half to two-thirds of children who enter the foster care system show symptomology of neurophysiological incapacibilities of dysregulation and higher levels of vulnerability to stress, reducing success outcomes sustainably. The authors also state that emotional or behavioral problems significant enough can strongly indicate a negative outcome for healthy relationships, developmental growth, and mental, physical, and educational growth and are proven to create barriers in the youths' lives. The emotional reactions I notate in the current study led to my understanding and acknowledgment that unsustainable relationships with approved visitors by the participants caused further detachment emotionally resulting in high stress outcomes. I also notate that the participants' emotional and behavioral problems were significant enough to result in adverse relationship outcomes.

Limitations of the Study

In this study, foster youths who were 18 to 21 during the present study, their experiences with approved visitors during the COVID-19 SIP, and how they experienced visitation was explored. Furthermore, I focused on how youths in foster care settings who were between the ages of 16 and 18 during the COVID-19 SIP interpreted their experience of visitation with approved visitors, how it affected them emotionally and socially, and what they felt the outcome of virtual visitation was during the SIP. Limited

research on the COVID-19 pandemic and how it hindered visitation concerning foster youth's visitation with approved visitors had been done before my study. Foster youths who were not in a group home setting, between the ages of 16 to 18 at the time of the experience, or foster youths who did not experience visitation during the COVID-19 SIP were not included in my study. During the interviews, the age limit was restricted to 18 to 21 to avoid issues with minors.

I used the data collected from my study to provide insight and understand this specific population and their experiences with visitation concerning the recollection of the events that took place with their approved visitors, the way visitation occurred due to the COVID-19 pandemic. I also explored how it affected their relationships, and the impact it had on their lives. The results were not transferable to all foster youths in placement during the COVID-19 SIP because foster youths experienced, described, and recalled visitation differently outside of the inclusion criteria. However, through analyzing my results, I found implications that foster youths who were in a group home setting during the COVID-19 Pandemic SIP experienced visitation very similar. The participants also reported similarities in their experiences with the dynamics of visitation changes, relationships negatively affected, and the timeframe, place, privacy, method, and ability to develop attachment bonds with their approved visitors. The participants reported the COVID-19 SIP mandated changes by the order and how the staff in the group home responded to the SIP caused the adverse experiences discussed in my study.

Recommendations

My goal for the present study was to understand the lived experiences of foster youths concerning visitation with approved visitors while in a group home setting during the SIP order. Several foster youths stated their experiences with cleanliness, and the requirements of their group home caregivers required methods of sanitation after returning from an in-person visit was perceived by the youths to be unnecessary, a violation of their rights, and humiliating. More research should be done on the sanitary methods used to prevent the spread of COVID-19 after visitation before the SIP to inquire about emotional responses and how they affected the youths. I developed the initial questions to gain ample information concerning the lived experiences of foster youths and their experiences with the COVID-19-induced alternative methods to visitation, their attachment bond, how it changed into an insecure attachment, and their lack of privacy. Educational institutions can use this information to further research, educate, and teach future scholar-practitioners and other professionals about the importance and experiences of foster youths concerning interference, growth, and deterioration of relationships because of potential barriers in visitation with approved visitors. Foster youths' disadvantage of the lack of competence in their healthcare needs proved to be another struggle of foster care placement and could benefit from further research concerning the COVID-19 pandemic.

Implications

The information I obtained from this study led to my ability to provide a thorough understanding of the lived experiences of foster youths concerning visitation during the

COVID-19 SIP. I achieved the goal I sought out to meet to collect saturated data and advance the knowledge of social, mental, and behavioral health services. I used the results of this study to add knowledge to the scholarly body of literature to aid foster youths, foster parents, group homes, government personnel, family members, and friends in understanding how the SIP influenced attachment and bonding between foster youths and their approved visitors. Educational institutions can use this information to research the topic and further teach future scholar-practitioners about COVID-19 and how it affected attachment and bonding development for foster youths due to the lack of face-to-face interaction. Through reviewing my results, I identified implications for social change such as: the ability to provide insight into foster youths' experience with visitation, to mitigate potential barriers that pose issues for parent-child attachment development, growth, and effective visitation, and further provide services beneficial to foster youths.

Conclusions

My goal for the present study was to understand the lived experiences of foster youths with their approved visitors during the COVID-19 SIP and how they experienced visitation through a qualitative phenomenological approach. I focused on how foster youths experienced visitation with their approved visitors to thoroughly understand the common themes among foster youths, visitation, and the COVID-19 SIP. I also explored how foster youths' attachment to their approved visitors was affected by the SIP mandate. After a thorough review of the results of this study, I found that foster youths' affection toward and from their approved visitors decreased drastically as their secure attachment decreased resulting in the youths growing distant, disconnected, and less aware of what

their families were experiencing or feeling. Furthermore, I found that although foster youths were in group home setting, their level of socialization still decreased when the SIP was mandated. Due to the changes in the visitation method, foster youths did not feel secure-attached and felt their affection with approved visitors decreased.

I used one theory for my study by Ainsworth and Bowlby (1991) called the theory of attachment. Attachment theory discusses the intense attachment, sense of security, and emotional connection that develops as children grow and are nurtured and interact with their caregivers (Ainsworth & Bowlby, 1991). Understanding how COVID-19 and the COVID-19 SIP order impacted foster youths shed light on the quality of attachment foster youths experienced with visitation and how it affected them socially, mentally, and in their family systems. Several factors can interrupt attachment, such as long-term distance between caregiver and child, abuse, lack of security, emotional relations, and neglect (Rieser-Danner & Slaughter, 2019). During the COVID-19 SIP, the experiences of foster youths while in a group home setting was best described, explored, and understood using the attachment theory.

The logical connections I found between attachment theory and the nature of my research included the concepts of attachment between parent and child and personality development, bonding, and in response to the SIP affected their growth and development during that time. As a result of my analysis, I was able to further explore how foster youths experienced visitation, attachment, and the outcomes in foster care settings to aid foster youths, foster parents, group homes, government personnel, family members, and friends in understanding how the SIP influenced attachment and bonding between foster

youths and their approved visitors occurred. Educational institutions can use this information to research the topic and further teach future scholar-practitioners about COVID-19 and how it affected attachment and bonding development for foster youths due to the lack of face-to-face interaction.

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Appendix A: Interview Questions

Interviewees will each be asked to reflect on their experience in foster care during the COVID-19 SIP to answer the questions below.

1. What does visitation with approved visitors (family, friends, and loved ones) in foster care mean to you?
2. What was your experience of visitation during COVID-19?
3. Do you feel visitation changed when the COVID-19 SIP began, please explain?
4. What was your experience with the frequency and consistency of visitation during the COVID-19 SIP?
5. How do you describe your reaction to the confirmation that the COVID-19 SIP was changing the dynamics of visitation?
6. Do you feel your confidentiality was maintained during the COVID-19 SIP?
7. Do you feel you had privacy during the COVID-19 shelter-in-place visitation while using alternative methods?
8. How do you describe changes in your level of socialization due to the COVID-19 SIP?
9. How do you feel the changes with communicating difficult topics affected you during the COVID-19 SIP?
10. What was your experience in maintaining a relationship with your family, friends, or other approved visitors during the COVID-19 SIP while using alternative methods of visitation?

11. How do you describe changes that occurred in your relationship with family, friends, or other approved visitors?
12. Do you perceive that your family and friends' level of affection remained the same after experiencing the COVID-19 SIP?
13. Do you perceive that your level of affection remained the same after experiencing visitation during the COVID-19 SIP?
14. Do you recall feeling any emotions when seeing approved visitors while visiting during the SIP?
15. Do you feel your approved visitors seemed enthusiastic or any other emotion during alternative visitation methods?

Appendix B: Printed Flyer

This study seeks young adults who experienced visitation in a group home foster care setting during the COVID-19 shelter-in-place order (SIP).

This is a new study about foster youths' experiences with visitation during the COVID-19 pandemic SIP. For this study, you are invited to describe your experiences with approved visitors in a group home foster care setting during the COVID-19 SIP.

About the study:

- A one-hour confidential, audio-recorded interview (that occurs face-to-face)
- A follow-up email that could, at the most, take 30 minutes will be sent with the researcher's interpretations of the data for the participant to review for accuracy, and give their opinion and conclusions of credibility.
- To protect your privacy, the published study will use fake identifiers.

Volunteers must meet these requirements:

- 18-21 years old
- Must have experienced visitation while in a group home foster care setting during the COVID-19 SIP.

This interview is part of the doctoral study for Carrie Player Sexton, a Ph.D. student at Walden University. Interviews will take place during August 2022.

To confidentially volunteer, contact the researcher: Carrie Player Sexton.

Appendix C: Social Media Post

Social Media Post

This study seeks young adults who experienced visitation in a group home foster care setting during the COVID-19 shelter-in-place order (SIP).



This is a new study about foster youths' experiences with visitation during the COVID-19 pandemic SIP. For this study, you are invited to describe your experiences with approved visitors in a group home foster care setting during the COVID-19 SIP.

About the study:

- A one-hour confidential, audio-recorded interview (that occurs face-to-face)
- An email that could take up to thirty minutes will be sent with the researcher's interpretations of the data for the participant to review it for accuracy and give their opinion and conclusions of credibility.

- To protect your privacy, the published study would use fake names

Volunteers must meet these requirements:

- 18 years old or older
- Must have experienced visitation while in a group home foster care setting during the COVID-19 SIP

This interview is part of the doctoral study for Carrie Player Sexton, a Ph.D. student at Walden University.

To confidentially volunteer, contact the researcher: Carrie Player Sexton.