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Foster Care Workers' Roles in Developing Resiliency in Foster Children

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Walden University

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Linda Lopez

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

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Dr. Nancy Campbell, University Reviewer, Social Work Faculty

The Office of the Provost

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2019

Abstract
Foster Care Workers' Roles in Developing Resiliency in Foster Children
by

Linda A. Lopez

MS, Southern University at New Orleans, 2005

BS, University of Southwestern Louisiana, 1997

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Social Work

Walden University

August 2019

Abstract

Maltreated children are at risk for placement disruption, mental health and substance issues, delinquent behaviors, and poverty issues. When children in foster care experience these risks, they decrease the likelihood of leaving foster care successfully. Resiliency is a critical component in increasing positive outcomes for foster children despite these risk factors. The purpose of this action research was to understand the role foster care workers have in developing resiliency in foster children. The theory of attachment and resiliency provided the conceptual framework for the study. Two focus groups were used to collect data from 5 foster care social workers in southern Louisiana. Data were analyzed using thematic coding. Findings from the study showed 6 key themes: adapting and coping, safety needs, protective factors, behavior issues, preparing placement, and resources. The implications of these findings for social change include providing support for the importance of resiliency in the foster care system and increasing positive foster care experiences that lead to positive outcomes for those transitioning out of foster care.

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Dedication

I dedicate this doctoral research study in the memory of my late father, George Alexander Sr., and sister, Floydia Mae Alexander Greenup who helped me and my other eight siblings to survive and remain out of the foster care system. I dedicate this study to my husband, Steve Lopez, who provided me with words of encouragement and sound spiritual counsel throughout my research journey. I dedicate this study to my daughter, Tanya, son, Steven, and grandson, Treylan and Cameron, and granddaughter Aubrey, for their understanding of my absence during most of our family gatherings. I dedicate this study to my siblings who provided me with supportive words and encouraged me to continue my goal in advocating for social change and confronting the injustices by advocating for foster children who are unable to advocate for themselves. Finally, I dedicate this study to all foster children and pray they too find their voice and a caring adult to help them develop resiliency to exist foster care successfully.

Acknowledgment

I thank Jehovah God for giving me this opportunity to continue this journey and allow me to peruse and accomplish my educational goals. I want to acknowledge Walden University for providing an online Doctor of Social Work Program that allowed me the flexibility in my schedule and teaching me the importance of self-care throughout the doctoral process. I thank the committee Chair, Dr. Yvonne Chase; second committee member, Dr. Kenneth Larimore, and the URR, Dr. Nancy Campbell, for their sound guidance and contributions throughout the doctoral process. Also, I like to send my appreciation to Walden faculty who provided the feedback support, emails, and telephone conferences that helped me to accomplish my educational goals.

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Section 1: Foundation of the Study and Literature Review

In a 2016 report by the Adoption and Foster Care Analysis and Reporting Systems (AFCARS), there were 437,465 children in the United States' foster care system (Children's Bureau, 2016). The Children's Bureau (2016) reported 4,419 foster children from Louisiana, alone. As of 2016, the Louisiana Department of Child and Family Services (DCFS, 2017) reported 1,044 children in the foster care system in the Lafayette area of Louisiana. In Lafayette Region, foster care workers are responsible for securing the least restrictive foster care placement, meeting the basic needs of children, providing services to parents and foster parents, and collaborating with a child's and parent's attorney and the courts to determine a child's best interest.

According to Cooley, Wojciak, Farineau, and Mullis (2015), children in foster care experience mental health problems, substance abuse problems, behavior problems, and delinquent behaviors. Research studies found that older foster children exit care without a permanent plan and are at increased risk for incarceration, unstable housing, and unemployment as they enter their young adulthood (McMillen et al., 2005). As a former foster care worker, I have witnessed firsthand the adversities that children in foster care often experience before they entered the foster care system and during their time in the foster care system

Problem Statement

Resiliency is the factor that helps foster children adapt to life's adversities. According to Ogińska-Bulik and Kobylarczyk (2015), resiliency is a process connected to the functioning of children who have experienced stressful events and adapted despite the adversities encountered in life. In the foster care system, it appears that children who exit foster care unsuccessfully lack resiliency. Therefore, the problem is that while we know the impact of childhood maltreatment

on children, we do not understand the role foster care social workers have in developing resiliency in foster children before they transition into young adulthood.

Research studies have given attention to resilience and define it as positive outcomes despite experiencing adversities (Shpiegel, 2015). According to Shpiegel (2015), few studies explore resilience among children aging out foster care or identify protective factors that help foster resiliency in foster children (Shpiegel, 2015). In the review of the research, several studies show the role that biological parents, foster parents, and other caregivers have had in developing resiliency in foster care children (Fuentes-Peláez, Balsells, Fernández, Vaquero, & Amorós, 2016; Lietz, Julien-Chinn, Geiger, & Hayes, 2016). However, there is limited research on the role foster care social workers have in developing resiliency in foster children.

The Centers for Disease Control and Prevention (CDC) classify child maltreatment as any act that results in harm or intended harm to a child by the parent or another caregiver (Thornberry et al., 2014). Children are removed from parents or other caregivers and placed in foster care due to physical and sexual abuse, inadequate or lack of supervision, parental neglect, parent incarceration, parental substance abuse, abandonment, or domestic violence (Thornberry et al., 2014). The abuse often results in long-term negative consequences into adulthood (Thornberry et al., 2014). Research studies found that families living in poverty are at risk for child welfare investigations due to lack of providing for their children's basic needs (Slack et al., 2017). Farrogant and Geramo (2015) noted that foster care youth exposed to a dangerous family environment that includes severe physical abuse and neglect increased the severity of problems that continued into adulthood

Purpose of Study

The purpose of this research study is to understand the role foster care social workers have in developing resiliency in foster children. According to He, Phillips, Lizano, Rienks, and Leake (2018), child welfare workers have many responsibilities and encounter many challenges in meeting the needs of children in foster care and their families. Many of these challenges include ensuring the safety of the children in their caseload, securing appropriate foster care placements, working with different agencies, case documentation, adhering to state policies, writing court reports, and adhering to the court deadlines (He et al., 2018).

Additionally, foster care social workers have the responsibility of testifying in court hearings, termination of parental rights hearing, and schedule and attend family team conferencing meeting with children and their families. Foster care social workers also have the challenge of seeking appropriate services that lead to positive outcomes for children exiting foster care (He et al., 2018). Foster children face several adversities that places them at risk of exiting foster care successfully. Therefore, foster care children need resiliency to transition successfully into adulthood (He et al., 2018). The research questions for this project are:

- How do foster care social workers define resiliency?
- How do foster care social workers define protective factors?
- Is there a relationship between resiliency and protective factors? If yes, in what ways? If no, why not?
- What are the challenges of foster care children who lack resilience?
- What does the agency do presently to prepare for the placement needs of children in foster care?

- What can the agency do better to possibly prepare for the placement needs of children in foster care?
- What type of strategies or interventions do foster care social workers use to help children exit foster care successfully?

Significance of the Study

According to Jones (2012), the adversities that many foster children are confronted with places them at risk of not succeeding in their transition to young adulthood. Larkin, Felitti, and Anda (2016) examined how protective factors may decrease the risk of enduring psychological damages because of maltreatment and out-of-home placement. The results of the study may lead to child welfare agencies creating training programs for foster care workers to teach them the benefits of developing resiliency in foster care children.

Those who could benefit from this study are child welfare foster care workers, foster care workers that provide case management services, and child welfare supervisors. The findings of the study will contribute to foster care social workers' knowledge by helping them understand their role in developing resiliency in foster children and to increase positive outcomes for children before exiting foster care. The findings of this study will also contribute to the overall social work knowledge by helping social workers understand how developing resiliency in foster children may minimize the risk of developing additional problems into young adulthood.

Theoretical /Conceptual Framework

The theories used in this study are the resiliency theory and attachment theory. These theories will provide the conceptual framework as the researcher explores the protective factors that may decrease the risk of enduring emotional and psychological consequences because of the abuse and neglect, and out-of-home placement (Larkin, Felitti, & Anda, 2016). South, Jones,

Creith, and Simonds (2016) found that resiliency theory and attachment theory are associated with each other and viewed in the same bodies of learning.

Gitterman and Knight (2016) stated that viewing resiliency as a human trait may increase an individual's capacity to endure adversity. Resiliency theory gives attention to positive outcomes in youth development despite the risk factor (Gitterman & Knight, 2016).

Additionally, resiliency provides insight into the conceptual framework for examining why some children exposed to adversities produce positive outcomes as adults despite the number of risk factors encountered in childhood (Zimmerman et al., 2013).

According to Zimmerman et al., (2013), the focus of the resiliency theory is on the strengths of the individual and creating interventions that focus on enhancing protective factors. South et al., (2016) stated that the resiliency theory is significant in working with children who have been removed from their home and placed in foster care. These children are considered to be at risk due to early adversity and exposure to abuse and neglect (South et al., 2016). A widespread problem that can lead to adversity is physical abuse or neglect by a biological parent, or primary caregiver might have a damaging impact on a child's secure attachment, or social, emotional, and intellectual development (South et al., 2016).

Resiliency takes place when a child moves from having risk factors to protective factors (Zimmerman et al., 2013). A child's environmental and social factors combined with positive development might assist children in overcoming the hardships they encounter (Zimmerman et al., 2013). Bell and Romano (2015) described resiliency as individuals who have low levels of problematic behavior, accomplish their developmental stages, regulate emotions, establish secure connections, and achieve their educational goals. Bell and Romano (2015) reported that other factors such as family rearing, culture, and the community could impact resiliency.

Van Wert, Mishna, and Malti (2016) stated that a healthy attachment provides the foundation to healthy positive attachment relationships and stability in foster care placement be essential in preventing and decreasing behavior problems among foster children. South et al., (2016) stated that attachment theory provides a framework for understanding how early relationships with the primary caregiver affect a child's social, emotional, and cognitive development. The attachment theory, created by John Bowlby, a psychiatrist, and psychoanalyst, and Mary Ainsworth, a developmental psychologist, is based on the secure or insecure attachment that occurs at birth between parent and infant (Tareen & Tareen, 2015). Although known as the father of attachment theory, Bowlby, was not the first to create and understand the bonding process of the parent and child relationship (Tareen & Tareen, 2015). According to Tareen and Tareen (2015), Bowlby's attachment theory focuses on the role of the parent meeting the infant's basic needs for comfort and protection, not only for meeting the infant's food needs.

Tareen and Tareen (2015) described this attachment as the caregiver fulfilling the infant's physical and emotions needs, showing affection, proving comfort, and protection to the infant. The degree to which the bonding takes place depends on how the parent responds to the infant's nonverbal communication and how active the parent is in meeting the needs of the infant (Tareen & Tareen, 2015). Attachment theory encompasses the importance of the quality of the parent and infant bond and how attachment sets the stage for the development of healthy emotional, social, psychological, intellectual, and physical development, which results in positive outcomes throughout adulthood (Tareen & Tareen, 2015).

There are several types of attachment disorders. Tareen and Tareen (2015) found the one that affects foster children is known as reactive attachment disorder. Tareen and Tareen

(2015) stated this type of attachment is rare and occurs due to chronic abuse and neglect and abandonment and affects some 45% of children in the foster care population, with outcomes of the children forming unhealthy attachments with other caregivers. Children diagnosed with reactive attachment disorder exhibit symptoms that include withdrawing emotionally, unengaged, no interest in play, inability to be comforted when upset, and cannot respond to comfort given by others (Tareen & Tareen).

The older the foster child becomes, he or she begins to have problems in expressing normal emotions, experience social isolation, aggression toward others, and often engage in the illegal use of substances (Tareen & Tareen, 2015). Research supports the notion that children removed from the care of their biological parents or primary caregivers due to maltreatment are more likely to have emotional and behavioral problems than children not living in foster care (Maaskant et al., 2017). Children with behavior problems are at an increase of placement disruptions that often leads to numerous foster care placements (Maaskant et al., 2017).

Review of Literature

Association of Child Maltreatment with Placement Disruption

Children removed from their biological parents or other primary caregivers as a result of physical, emotional, or sexual abuse and neglect, are placed in an alternative safe home for foster care. The placement settings include the home of a relative or family friend, certified foster home, emergency children's shelter, or residential care. Vinnerljung, Salinas, and Berlin (2017) defined placement disruption as foster care placement that ended early without a plan for alternative placement, which often leads to adverse outcomes for children in foster care. Harkin and Houston (2016) described foster care placement breakdown as an abrupt disruption in the placement plan that does not include the foster child.

According to Koh et al., (2014), multiple placements occur for many children in foster care, and some children experience three or more foster care placements while in care. Koh et al., (2014) explored placement disruptions and found that they were a result of the child's behavior problems. Research supports that children placed in foster homes present many challenges for foster parents and foster families raising their biological children (Perry & Price, 2017). Research reports several studies that suggested that placement disruptions occur for many reasons (Koh et al., 2014).

Studies suggested that place disruptions are the result of a foster child's age, previous foster care experience, residential placement, the happenings in the home of the caregivers, and foster parents' inability to handle children's emotional and behavior problems (Koh et al., 2014). Research by Koh et al., (2014) revealed that placement stability was a result of the caregivers' commitment to caring for the child. Research by Perry and Price (2017) explored the relationship between foster children's placement history and a child's level of physical and relational aggression in the foster home, the characteristic of the foster family, and siblings relationships.

The results of the study found that children placed in nonrelative caregiver placement demonstrated higher levels of physical aggression and relational aggression (Perry & Price, 2017). Research studies have linked aggressive behaviors as a reason for placement disruptions and the leading cause of additional foster care placements (Perry & Price, 2017). Perry and Price (2017) explained that the type of abuse foster children experience might determine the degree of aggressive behaviors displayed by the children.

According to Price and Perry (2017), studies show that physically abused foster children had more aggression than neglected children. Additionally, children placed in residential care

had a higher risk of displaying aggressive behaviors (Price & Perry, 2017). According to Maaskant et al. (2017), placement disruptions negatively places foster children at risk for internalizing and externalizing behavior problems. According to Salas et al., (2016), children in the foster care system present with behavior problems and aggressive behaviors before entering the foster care.

In a review of the literature on the effects of maltreatment on children's behaviors, Cooley et al., (2015) found existing research has shown that children who have experienced maltreatment are at increased risk of problem behaviors, which include internal (emotional) and external (defiance) behaviors. Cooley et al., (2015) found in one study that children in foster care are likely to meet the criteria for a diagnosis of oppositional defiant and conduct disorder. Research by Vinnerljung et al., (2017), showed risk factors for placement disruptions included placing siblings in the same foster home, the foster child repeatedly asking to leave the placement, or foster parent speaking negatively about a child.

According to Goemans, Van Geel, and Vedder (2018), externalizing behaviors are the primary reason for placement disruption. Research studies have examined the frequency of foster care children diagnosed with hyperactivity and attention deficit problems (Salas et al., 2016). Children who have suffered maltreatment and exposed to inadequate care before entering foster care have problems of increased aggression and lack of self-regulation (Salas et al., 2016). Farriggia and Germa (2015) found that children in foster care are at increased risk for external behaviors such as property damage, violent behaviors, and the selling of illegal substances.

Research by Goemans et al., (2018) explored the stress level of foster parent and internalizing and externalizing behaviors of foster children to reduce the risk of placement disruptions. Goemans et al., (2018) states that foster parents are responsible for caring for

children who have experience attachment disruption from their parents as a result of the abuse and neglect. Additionally, children placed in foster care results in a shattered attachment (Goemans et al., 2018).

Goemans et al., (2018) found in several studies that foster children behavior is related to parental stress. The results of the longitudinal study suggested that foster children influence their foster parent's stress, but foster parents stress had no impact on the behavior of foster children. Additionally, Goemans et al., (2018) found that older foster children internalizing behaviors or problems were not connected to foster parents stress. Furthermore, the behavior of younger foster children is connected to foster parent stress, and increased foster parent stress equals increased behavior problems in younger foster children (Goemans et al., 2018). Fusco and Cahalane (2015) found several studies on youth aging out of foster care and revealed one-third of foster children between the ages of 14 and 17 reported symptoms of a mental disorder.

Association of Maltreatment and Mental Health

Children in the foster care system experience higher rates of mental health outcomes than those in the overall population (Villagrana et al., 2018). According to Conn, Szilagyi, Alpert-Gillis, Baldwin, and Jee (2018), foster children living in foster care placements and supervised placements have more mental health problems with rates ranging from 40 to 80 percent. Research supports that foster children have increased rates of mental health disorders ranging from 40 to 60 percent in the foster care system, with at least one psychiatric diagnosis (Scozzaro & Janikowski, 2015). According to Stoner, Leon, and Fuller (2015), foster children are at higher risk for suicide, illegal drug use, and inpatient psychiatric care. Another study conducted between December 2001 to May 2003, included foster care youths approaching their 17th-year-

old birthday in the foster care system found that more than 60 percent met the criteria for a psychiatric disorder.

The National Household 2000 Survey on Drug Abuse suggested that adolescents aged 12-17 with a history of foster care were more at risk for mental health symptoms, drug use disorders, and suicide attempts than those never placed in foster care (Thornberry et al., 2014). According to Villagrana et al., (2018), depression is often diagnosed in fostered children and may be a result of the foster child's history of traumatic events and be predisposed to depression. Research also supported that foster children may be at risk for depression due to hereditary risk factors or living situations. According to Stoner et al., (2015), depression in foster children is influenced by the loss of their biological parents or other primary givers and placement in foster care.

Additionally, other risks factors experienced by foster children that resulted in depression include changing schools, loss of friends, labeled as being a foster child, separation from parents and family, and negative relationship with foster parents (Stoner et al., 2015). Stoner et al., (2015) investigated a sample of foster children receiving intervention to decrease symptoms of depression. According to Scozzaro and Janikowski (2015), foster children may experience other mental health problems such as anxiety and post-traumatic stress disorder (PTSD) as a result of foster care placement.

Villagrana et al., (2018) explained that depression in foster children might be attributable to their history of traumatic events and hereditary predispositions. Research also supported that foster children may be at risk for depression due to hereditary risk factors or living situation (Stoner et al., 2015). According to Stoner et al., (2015), depression in foster children is

influenced by the loss of their biological parents or other primary givers and being placed in foster care.

Scozzaro and Jamilowski (2015) state children who enter the foster care system demonstrated higher rates of emotional and behavioral problems while in care (Scozzaro & Janilowski, 2015). There is a disproportionately high rate of emotional and behavioral disorders among foster care children compared to children who are not in the foster care system (Scozzaro & Janilowski, 2015). Research by Taussig, Harpin, and Maguire (2014) showed that foster children exposed to physical, emotional, or sexual abuse are at higher risk for suicidal behavior; children were at low risk when they experienced neglect only. According to Taussig et al., (2014), foster children were four times more likely to have made a plan to commit suicide if exposed to physical abuse, and children not exposed did not. The results of the research were that foster care children with a long history of foster care placement and numerous placements attempted suicide more than those not in foster care (Taussig et al., 2014).

According to Gabrielli, Hambrick, Tunno, Jackson, Spangler, and Kanine (2015), research showed that foster care youth have high rates of thoughts related to self-harm when compared to the overall population. The research found in one study that 32 percent of foster care children had suicidal thoughts or actual attempts of self-harm in the previous six months (Gabrielli et al., 2015). Additionally, suicidal thoughts occurred in 25 percent of the children who were involved in the foster care and juvenile system and 16 percent were found to have a history of thinking about harming themselves (Gabrielli et al., 2015). Research by Gabrielli et al., (2015) showed that children in foster care have high rates of suicidal thoughts; however, there is not much known about whether the thoughts are stable and are just related to living in out of

home placement, or if the risk factor for suicide is the foster care placement type (Gabrielli et al., 2015).

Association of Child Maltreatment and Substance Abuse

Children who experience traumatic life events such as physical, sexual, and emotional abuse and neglect are at higher risk for alcohol and illegal drug use than children that have not experienced these traumatic life events (Brook et al., 2015). Edalati and Krank (2016) associated maltreatment with the earlier use of alcohol and drugs and an increased rate of use in adulthood. According to Brook et al., (2015), children in foster care were twice as likely to abuse substances such as alcohol, marijuana, hallucinogens, and steroids.

According to Traube, James, Zhang, and Landsverk (2012), children removed from their home and placed in foster care were five times as likely to abuse illicit substances than children who were not in the foster care system. Brown and Shillington (2017) reported that children who were exposed to abuse and neglect and lived with caregivers who could not care for their basic needs experienced multiple risks more likely than other individuals. Research shows that children that experience life adversities engaged in harmful risk-taking behaviors and are at higher risk using illegal substances and criminal behaviors (Brown & Shillington, 2017). According to Brook et al., (2015), there is an increasing need for substance abuse treatment for youths in foster care.

Braciszewski et al., (2018) reported that alcohol and illegal drugs more often started earlier with foster youth and were used more heavily than children of the same age group, but who were not in foster care. According to Braciszewski et al., (2018), the results show the need for youth to have access to treatment to improve their outcomes and alleviate the probable lasting negative consequences of the first and problematic use. Braciszewski et al., (2018) reported that

results from several studies proved that foster care youth are using illegal drugs at a significantly higher rate than the overall youth population. Therefore, it is essential to understand how to involve foster youths in substance abuse intervention effectively (Braciszewski et al., 2018).

Braciszewski et al., (2018) explored ways to find methods to increase foster care youth involvement in substance abuse treatment by conducting a focus group with past foster youth to hear their voices on the perspectives on treatment. In this rresearch, Braciszewski et al., (2018) found that for treatment to work, the first step was that the individual has to have the desire to stop using. Results from the study by Braciszewski et al., (2018) indicated that barriers to treatment were that the youth felt judged for the choices made to use drugs and preference of wanting help from someone who received substance abuse treatment, as well as the need for a strong support system. Researchers concluded that listening to the voices of the youth in the foster care system who are no longer in treatment as to what works or does not work will help improve substance abuse treatment for foster care youth, which may lead to better long-term positive consequences (Braciszewski et al., 2018).

Research findings reveal that children in foster care are at a higher risk for poor outcomes, including substance abuse and criminal behaviors (Pears, Kim, & Fisher, 2016). According to Pears et al., (2016), youth in foster care have many challenges, such as behavior problems and succeeding in school. These challenges often place them at risk of engaging in alcohol and substance abuse (Pears et al., 2016).

Children who are involved in the child welfare system may use illegal drugs as a method of coping with their traumatic event (Brown & Shillington, 2017). According to Lalayants and Prince (2016), abused children may use illegal drugs to cope with the trauma and to help them disconnect from the unpleasant, distressing memories and depression, and to deal with the

loneliness. Some may become part of the drug community to feel a sense of belonging (Lalayants & Prince, 2016).

Research by Brown and Shillington (2017) explored the connection between the protective adult and adversities of childhood experiences about illegal drug use and criminal behaviors. The study shows that the protective adult connection did not affect child's illicit drug use (Brown & Shillington, 2017). However, the relationship did show that youth exposure to adversities with fewer protective adults showed an increase in substance abuse (Brown & Shillington, 2017).

Association of Child Maltreatment and Delinquent Behaviors

Older youth in foster care show an increasing rate of delinquency compared to the general population (Cheng & Li, 2017). Because of this increasing rate, Cheng and Li (2017) believe that older foster children have poorer outcomes for achieving permanency. In the present study by Cheng and Li (2017), the results reveal that delinquent behavior was, to some extent, associated with child maltreatment. According to Van Wert., Mishna, Trocme, and Fallon (2017), children exposed to physical abuse and neglect are at risk for exhibiting criminal conducts and antisocial behaviors.

According to Van Wert et al., (2017), children exposed to numerous forms of abuse have an increased chance of displaying aggressive behaviors, performing violent crimes, and entering into the judicial system. Van Wert at al., (2017) explained that adolescents who experience maltreatment, mental health challenges, antisocial conduct, and academic challenges, are at a higher risk for adverse outcomes in adulthood. Additionally, children who experience maltreatment are at an increased risk for physically abusing others as adults, including an increased risk of incarceration and criminal recidivism (Van Wert at al., 2017). According to

Shin, Cook, Morris, McDougle, and Groves (2016), several studies have reported that childhood maltreatment places children at risk of committing crimes as they approach adulthood. Logan-Greene and Jones (2015) noted a connection between child abuse, aggression, and delinquent behavior. The youth exposed to physical abuse exhibited delinquent behaviors compared to those who were not physically abused (Logan-Greene & Jones, 2015).

Association of Maltreatment and Poverty

Child abuse and neglect does not discriminate and can occur in any socioeconomic status (Yang, 2017). There is a high number of low-income families that come to the attention of the child welfare system (Fong, 2017). Research by Yang (2014) explored the relationship between maltreatment and material hardship in low-income families. This study shows that parents are likely to come to the attention of child welfare protective agency due to lack of material resources and material hardship. The results of Yang (2014) research found that families investigated due to one hardship, which resulted in neglect and increased the risk of being investigated for physical abuse. Yang (2014) stated that parents were having difficulty paying their rent and utilities, but were more likely to be investigated than parents not having these problems.

Research studies found that families living in poverty are at risk for child welfare investigations due to the lack of providing for their children's basic needs (Slack et al., 2017). Fong (2017) stated that families investigated for neglect include problems such as inadequate housing, lack of food, clothing, and lack of income. Fong (2017) noted that families who live in poverty and are experiencing high levels of stress and family discord, making parenting a challenge that increases the risk of maltreatment. According to Esposito, Chabot, Rothwell,

Trocmé, and Delaye (2017), families living in poverty experience stressors that affect the capacity to parent their children and resulting in parental neglect.

Child welfare involvement may also be related to parents substance use, spousal abuse, mental illness, and parents' involvement in the judicial system (Yang, 2017). According to Slack, Berger, and Noyes (2017), low-income families are at a higher risk of being reported and involved in child protection agencies due to financial hardship. Slack et al., (2017) stated that financial difficulties result in a lack of income, lack of stable housing, and inability to maintain basic housing needs (water, lights, gas in the home). McGuinness and Schneider (2007) stated that low-income families are at risk for maltreatment due to having limited material resources to provide for their children's basic needs, including medical care and homelessness. Esposito et al., (2017) stated that families that lack resources, the capacity to parent, and support, increases the risk of their children placed in foster care due to maltreatment.

In a review of the literature, children removed from their parents or another primary caregiver as a result of maltreatment face many challenges. The impact of childhood maltreatment experience may well continue as youth transition into adulthood (Sim et al., 2016). Maltreated children exposed to several adversities are at risk for low resiliency (Shpiegel, 2015). Research studies found that children defined as having low resilience place them at risk for delinquent behaviors and multiple placements disruptions, while youth in long-term stable placement achieve competent functioning in their transition out of foster care (Shpiegel, 2015).

However, to decrease this risk and increase resiliency, research by Ungar (2013) found making available interventions that include social and formal supports, availability of services, and an implementing intervention to meet the specific needs of abused children results in increases resiliency and provides for a better outcome. Another study found protective factors

such as placing children in a stable foster home, obtaining educational goals, and having a positive mentor, resulted in better outcomes once they left foster care (Gypen et al., 2017/). Greenson et al., (2015) found youths that participated in a mentoring program resulted in an increased rate of school graduation, employment, and a positive outlook on life during the transition to adulthood. However, to achieve better outcomes for foster children, developing resiliency as a protective factor may decrease these risks and provide foster children the opportunity to transition out of foster care successfully.

Section 2: Research Design and Data Collection

Research Design

The specific research design used for this study is qualitative design. Qualitative research provides the researcher with the opportunity to seek the participant's perspective on the research topic (Stake, 2010). Qualitative researchers create knowledge, contribute to practice, and inform policy development (Stake, 2010).

The qualitative research data helps the researcher to understand social phenomena by connecting with research participants to understand their feelings, thoughts, and ideas about the research topic (Chowdhury, 2015). The qualitative design produces actual and realistic data that can be generalized to a large population (Chowdhury, 2015). Qualitative design gathers information from participants that have an impact on the problem that is the focus of the study (Stinger, 2007).

In qualitative design, the sample consists of participants who share a specific type of characteristics; this sampling use is purposeful sampling (Stinger, 2007). According to Creswell (2012), this type of sampling allows the researcher to purposefully choose the participants to understand the topic that is under investigation. The specific method used is action research. The

method of action research, according to McNiffth (2009), is a collaborative approach completed in the best interest of people and self. The method is to show progress in learning to improve critical thinking skills. In action research, one method used to gather information is focus groups.

According to Groves, Fowler, Couper, Lepkowski, Singer, and Tourangeau (2009), focus groups allow the researcher to gain an understanding of what the participants know about the research topic. The study consisted of social workers with at least a bachelor's degree in social work (BSW) and working in the Southwest Region in the United States. The participants selected for the study include foster care social workers currently working in foster care with at least six months of experience in the foster care program. Participants were contacted via email and telephone to inquire about their interest in taking part in the focus group. The foster care social workers communicating an interest received an introductory invitation email explaining the research project.

Methodology

This study used a qualitative methodology, with focus groups consisting of six to eight foster care social workers. According to Stringer (2007), conducting focus groups with participants is one method of capturing data for the action research method. According to Moser and Korsjiens (2018), small focus groups allow more time for participants to provide detailed information and share their views on the research topic.

Flynn, Albrecht, and Scott (2018) stated that the main feature of focus groups is the discussion which occurs between the researcher and the participants to collect data for qualitative research. I assumed the role of facilitator and collected data from the participants for two 1-hour face to face focus group meeting. The focus group was scheduled using a fixed schedule to

accommodate a time for all participants to attend the meeting (Flynn et al., 2018). Each focus group participants were asked the same open-ended questions that assisted me in understanding their role in developing resiliency in foster children.

Data Analysis

Yin (2016) defined research integrity as conducting the research appropriately. Research integrity merely means the research data can be trusted (Yin, 2016). I asked all participants for their permission to record their responses by use of audio recordings. I explained to all participants that this procedure would prepare the data and assist with transcribing word-for-word the participants' verbal response or answers to each question (Groves et al., 2009).

I use the process of transcription to transfer the data from the audio into words (Creswell, 2012). The professional transcription agency sign a confidentiality agreement to assist with the process. I described the data by interpreting it, coding, and identifying text that contributes to practice and theory (Chowdhury, 2015). I converted the transcription text into numeric data by hand coding (Abrams et al., 2015). I use Microsoft Excel to code data to analyze each participant response to each research questions (Guest et al., 2017) and to get answers for my research questions (Creswell, 2012).

Creswell (2009) stated that once the data is analyzed, the data should be stored for a period of 5 to 10 years. I use a method to safeguard the data to prevent it from getting into the hands of others who might steal it (Creswell, 2009). I stored the data collected on a password protected computer or pass work protected flash drive. I secured all written material in a secure lock file cabinet in a secure location.

Ethical Procedures

The National Association of Social Workers (NASW, 2008) Code of Ethics, state that researchers conducting research should consider the consequences and follow the procedures to protect all research participants from harm, mental and physical distress. The participants receive informed consent forms to sign agreeing to participate in the study (Creswell, 2009), and address with them any limitations of confidentiality of the study (NASW, 2008). I use pseudonyms to replace the participant's names and other identifying information in the research study. I provide a written description of the purpose of the study to the participants.

The consent form provided information to the participants on how their rights will be protected during the study and in the data collecting phase (Creswell, 2009). All participants receive a copy of their signed informed consent. Participants were asked to give consent for the researcher to audiotape the focus group for data collection.

The informed consent form includes the purpose and nature of the study and role (Creswell, 2012) and information on the extent and duration of participation, as well as any disclosure of risk and benefits (NASW, 2008). One risk in the study is that participants may not be able to answer all the questions. One benefit is that the research may contribute to knowledge and inform foster care policies.

I informed participants that their participation in the study is strictly voluntary (NASW, 2008). If any social workers who are agreeing to participate, but later decide they want to stop their participation in the study, I honor and respect their request (NASW, 2008). Participants can refuse to answer any question in the study. During the focus group, I was on guard to avoid conflicts of interest and dual relationships with participants and was prepared to inform the

participants if a conflict of interest occurred and take the necessary steps to resolve it in the best interest of the participants (NASW, 2018).

Summary

In conclusion, a review of the literature explored the association between maltreatment and placement disruption, mental illness, substance abuse, delinquency, and poverty. To address placement and mental health needs for positive outcomes and well-being of foster children, workers should consider the foster parent experience in working with children who exhibit external and internal behaviors (Maaskant et al., 2017).

Research shows that foster children with substance abuse issues benefit from treatment when they have a voice in the treatment and are connected to foster care youth who have received substance abuse treatments (Braciszewski et al., 2018). Additionally, referring foster children for appropriate assessment of social, emotional, mental, and behavioral needs is vital not only selecting the most suitable placement for the children (Scozzaro & Janikowski, 2015) but also to refer foster children to services that will serve their best interest and produce long-term positive outcomes. Abused children that make positive adjustments after being exposed to chronic adversities are said to be resilient (Jones, 2012).

Research studies have found that having a secure family environment and caring established relationships, adapting coping, are protective factors connected to resiliency, which resulted in positive outcomes and increase function (Afifi & MacMillan, 2011). According to research conducted by Jones (2012), older foster children that participated and completed an independent living skill program remained in contact with their foster parents and maintained connections to their social supports were more successful in transitioning to adulthood. Sanders, Munford, Thimasarn-Anwar, Liebenberg, and Ungar (2015) found it was the quality, not the

number of services provided to foster child which contributed to increase resilience and the positive outcomes of foster children. Sanders et al., (2015) recommended that interventions be provided according to the foster child's circumstances to increase their chances for successful outcomes once they exit foster care.

Social workers employed in the foster care program can utilize evidence-based interventions to improve outcomes and promote the well-being of all children in care. Children are society's most vulnerable population and cannot make everyday life decisions that are in their best interest. Therefore, the social work value from the NASW (2008) that is relevant to this study is the value of human relationships. The NASW (2008) ethical principle is the responsibility to protect and to safeguard the rights and the best interest of individuals who cannot decide what is in their best interest.

Section 3: Presentation of the Findings

The purpose of my study was to understand the role foster care social workers have in developing resiliency in foster children in south Louisiana. The study provided an opportunity for social workers to explore the meaning of resiliency, protective and risk factors, challenges of children in foster care, strategies and interventions to assist those who lack resiliency and preparing children for foster care placement. The study provided an opportunity for social workers to share their knowledge and experiences in working with foster children. The knowledge and understanding gained from exploring the social worker role in helping foster children develop resiliency, allowed me to understand how resiliency in foster children result in positive outcomes for foster children.

The participants in the study shared their viewpoints on the importance of preparing children for placement and what is currently done to prepare children for out of home placement. Additionally, action research can bring awareness to all social work practitioners by increasing their knowledge of the many challenges and needs of children in the foster care system and the ongoing needs of children exiting foster care. Action research provided the opportunity to gather the perspective on each participant's role in developing resiliency in foster children.

I conducted two focus groups with five social workers working with foster children located in south Louisiana for data collection. Focus groups are used in studies to offer an understanding of how participants view a central topic under study (Kruege & Casey, 2015). The individuals were chosen based on their roles, such as currently working with foster children and based on having at least a bachelor's degree or higher in social work. I used the method known as purposeful sampling. The method includes purposely selecting individuals to understand and gain knowledge on the central phenomenon under study (Creswell, 2012).

The following research questions used in this action research were: RQ 1: How do foster care social workers define resiliency? RQ2: How do foster care social workers define protective factors? RQ3: Is there a relationship between resiliency and protective factors? If yes, in what ways? If no, why not? RQ 4: What are the challenges of foster care children who lack resilience? RQ 5: What does the agency do presently to prepare for the placement needs of children in foster care? RQ 6: What can the agency do better to possibly prepare for the placement needs of children in foster care? and additionally, RQ 7: What type of strategies or interventions do foster care social workers use to help children exit foster care successfully?

The research questions provided the structure and served as a guide to understand the role foster care social workers have in developing resiliency in foster children. This section will provide information on recruitment, time frame for data collection, the procedure used for data analysis collection and coding, validation procedures, and limitations of the study.

Data Analysis Techniques

I received conditional approval from the Walden Instructional Review Board (IRB) pending a letter of cooperation from the agency. I received a letter of cooperation from the agency and submitted it to the IRB. After full official approval by IRB was granted (01-04-19-0669365), I contacted the agency and was given permission to post the research study invitation in the lobby area. The social workers communicating an interest contacted me via telephone and email to inform me about their interest in participating in the research focus group. Eight social workers responded; however, only five foster care social workers met the criteria and agreed to participate in the action research project and agreed to participate in the two focus groups. I contacted the participants and scheduled the focus groups at the convenience of the foster care social workers. The two focus groups consisted of all five foster care social workers.

On March 16, 2019, the first focus group was held and lasted for sixty minutes. The five participants signed consent to participate. I provided a brief introduction, the procedure for group recording, the process for transcribing each focus group, the process for validation of participants' responses, and the discussion of research questions 1-4. I conducted the second focus group on March 24, 2019, and the group lasted about sixty minutes and included the same participants from the first focus group. The second focus group included a discussion of research questions 5-7. The participants provided their perspectives, feelings, and experience in their role as social workers working with foster children.

During the focus groups, I served in the role of the facilitator. While I did not participate in the group, all participants were encouraged to participate, with a reminder of there being no right or wrong answers. Each participant was allowed the opportunity to answer each question and provide additional clarification if needed. I used open-ended questions to enable each participant to the opportunity to present their experiences, thoughts, or perspective on each research question. Using open-ended questions provided the participants with the choice of creating their detail responses and not feeling obligated to provide additional alternative answers (Creswell, 2012).

The focus group participant not only responded to the research question but additionally, shared their viewpoints. The two focus groups followed the same confidentiality procedure by not using names of participants but instead identifying participants by the letter P (Participant) and a number. In responding to the research questions, all participants identified themselves as P1, P2, P3, P4, and P5.

For example, P1 meant participant number 1, P2 was for participant number 2, P3 was for participant number 3, P4 was for participant number 4, and P5 was for participant number 5.

The participant's number did not change for the second group focus groups. I used my iPad to record each focus group. After each group ended, a brief discussion took place with participants about the audio recording transcription and reviewing transcription for accuracy to validate their responses. I thanked all participants for their time in participating in my research project.

I professionally transcribed each focus group recording. Afterward, I spent two weeks exploring and analyzing the focus groups' data. Creswell (2012) stated that this is the first step in analyzing data. This step is known as preliminary exploratory analysis (Creswell, 2012). The process includes exploring the data and thinking about how to organize the data and to determine if more data is needed (Creswell, 2012). I read the transcript line by line of each participant response to each question. I listened to the audio and compared it to the transcript to analyze and make sure I had all the participants' answers. Stringer (2007) stated that the researcher should become familiar with data information by reading the transcript first to get a sense of the participants' viewpoints.

Next, I moved on to reading the transcript outline several times again, looking for similarities and differences in the participant's responses. I used the method of thematic coding to analyze the data from the focus groups. According to Creswell (2012), research begins at the start of coding the data. Creswell (2012) stated that coding would help the researcher make sense of the data collected from the study.

According to Rudestam and Newton (2007), this involves reviewing the transcript text for descriptive themes or categories. I reviewed the transcripts several times to make sure the information I was labeling from the text answered each research question and disregarded information that did not answer the research questions. I used this process throughout the

review until I could not find any new information in the data. Next, I compared the participant's responses by labeling essential information from the text using a word and phrases.

As the number of categories reached saturation point, I was able to determine what information to include from the categories (Rudestam and Newton, 2007). I located themes throughout the participants' responses from each research question. For data analyses and coding, I used a Microsoft Word Excel spreadsheet to assist in data analysis.

Saldana (2016) stated that one reason to code the data is to find patterns in the research data. I used color coding to highlight and underline participants' responses that were significant and answered the research questions. Saldana (2016) refers to this method as pre-coding in qualitative data analysis. I used letter coding and assigned the code and label common themes or categories for the answers derived from the content included the participant's responses. The process of descriptive coding was used to describe the demographics of participants in the study.

Limitations

The interpretation of the findings should consider several limitations of the study. The results of the study included social workers who work with foster care children, parents, and foster parents involved in the child welfare system, located in south Louisiana. In qualitative research, using purposeful sampling in terms of selection of participants and small samples, potentially place restrictions on the findings.

These limitations may impact the study because the study was not conducted in other locations of the state. Also, the study consisted solely of individuals working with foster children who have a social work degree. A final limitation of the study was that the participants in the study only included African American females. There were no males in the study.

Trustworthy

According to Rudestam and Newton (2007), validating is a process to show that qualitative research is sound, is not dependent on a large sample size and can evaluate the trustworthiness of a participant in the study. In action research, the basis for rigor is to ensure that the research is trustworthy (Stringer, 2007). Trustworthiness in research is a process intended to ensure that the information in the study is valid and truthful (Stringer, 2007).

In this action research study, several procedures were used to establish the trustworthiness of the research. One method used is known as credibility. Credibility is essential in helping participants trust the integrity of the research and make a commitment to participate (Stringer, 2007). The three procedures used to establish credibility in the action research study were member checking, referential adequacy, and triangulation.

Member checking. Member checking is the procedure which provides the participants the opportunity to view the data gathered from the research study. This procedure allows the participants to determine if the data represents their ideas, thoughts, and experiences (Stringer, 2007). Rudestam and Newton (2007) stated that the procedure consists of the researcher spending time with each focus group participant to check for incorrect information and provides an opportunity for the researcher to explore the participant's experience in detail. Rudestam and Newton (2007) noted this method is standard in qualitative research and allows the researcher to return the write up to the focus group participants, to confirm accuracy and creditability.

Referential Adequacy. The other credibility procedure used in this study was referential adequacy (Stringer, 2007). In referential adequacy, the information obtained in the data is from the experiences and viewpoints of the focus group participants rather than another source of knowledge (Stringer, 2007). The action research study includes responses that consist

of the words and language used by the focus group participants in which they articulate and express their experiences and views and are easily understood by the participants (Stringer, 2007).

Triangulation. The third technique, known as triangulation, involves documenting and gathering data from different sources to increase the credibility of the research study (Creswell, 2012). The action research involved four master level social workers and one bachelor level social worker, and all varied in years of experience working in the foster care program. The researcher's analysis gathered information from each participant and discovered categories and patterns as evidence to verify themes (Creswell, 2012). This method ensures that the research study is credible because the information gathered came from more than one social worker and used several questions to collect information. Research carried out in this manner assists and motivates the researcher to develop a study that is both credible and valid (Creswell, 2012). In both focus groups, all participants were actively engaged.

Characteristics of the Sample (Participants)

The action research study was conducted to understand the role foster care social workers have in developing resiliency in foster children, using a purposive sample of foster care social workers in south Louisiana. The participants were predominantly all females. Four of the participants had a Master of Social Work degree, and one participant had a Bachelor of Social Work degree. Two of the participants were married, and three were single. One participant had a child over 18; two participants had children under 18; while the other two had no children. The number of years in the foster care unit ranged from less than two years to 19 years.

Regarding years in working with foster children, one participant had 19 years of experience, one participant had 13 years, and three of the participants has between 1-3 years of experience. The ages of the participants ranged from 29-51 years old.

Findings

This section includes a summary of the findings and analysis associated with the data and participants' responses to the research questions. The section will describe and expand on the data and participants' responses based on the research questions. This study did not use statistical analysis. I used the following research questions to conduct this qualitative action research study:

1. How do foster care social workers define resiliency?
2. How do foster care social workers define protective factors?
3. Is there a relationship between resiliency and protective factors? If yes, in what ways? If no, why not?
4. What are the challenges of foster care children who lack resilience?
5. What does the agency do presently to prepare for the placement needs of children in foster care?
6. What can the agency do better to possibly prepare for the placement needs of children in foster care?
7. What type of strategies or interventions does foster care social workers use to help children exit foster care successfully?

In examining the research data and how participants answered the questions, I noticed participants understood the meaning of resiliency, and the connection to positive experiences for children in foster care. I was able to locate additional themes from the focus

group content based on participants' responses to the research questions. The study noted the following important points : (A) Increasing protective factors increase resiliency, (B) It is essential for an ongoing assessment of the safety needs of children in foster care, and out-of-home placements, (C) the importance of assessing the placement needs of children entering foster care with special needs, before deciding placement, (D) It is essential for foster children to continue to develop decision-making skills while in foster care, and (E) Foster care workers need to continue to use necessary resources, strategies, and interventions to help foster children develop resiliency to exit foster care successfully.

Themes

Salanda (2016) states themes are the outcome of the coding and categorizing of the research data. Additionally, a theme is a phrase that gives meaning to the data contained in qualitative research (Salanda, 2016). In the data analysis phase, I located six themes. The themes that emerged in the data were adapting and coping, safety, protective factors, behaviors, placement needs, and resources.

Theme 1: Adapting and coping: RQ1: How do foster care social workers define resiliency? The responses were noteworthy in that participants stated:

P1: "Resiliency to me would be being able to find coping mechanisms after dealing with something tragic, and still finding some normalcy even after that."

P3: "Coming back from difficult times or something that was, um, tough."

P4: "I would define it as somebody that's put into a situation, like, the environment they are not familiar with and adapting to that environment."

P5: "A person being able to adapt to a difficult situation in their life and being able to overcome those obstacles."

Theme 2: Safety issues: RQ 2: How do foster care social workers define protective factors? It was interesting to note that participants stated:

P1: “making sure that the person can understand what it takes to keep someone safe.”,

P2: “Protective foster care parents also know age-appropriate, behaviors to expect out of children. That is important for a parent because some parents are protective, but they do not understand certain ages of children. They do not know what is appropriate, for example, for a two-year-old versus a teenager. You know, there are certain things you could do with a teenager that maybe with a smaller child you have to. So, if they can understand age-appropriate, protectiveness, then that would be a parent that understands how to protect children of all ages and not just certain children.”

P3: “I guess the promoting wellbeing, nurture their kids. Because if they are nurturing their children, they are not going to have any resiliency issues. They already protect them”.

P4: “Anything under the line that keeps a child safe.”

P5: “The ability of the parent to understand and identify the needs of their children, whether they are emotional, physical, mentally, all those needs.”

Theme 3: Protective factors: RQ3: Is there a relationship between resiliency and protective factors? And if yes, what weight? If not, why not?" The participants stated:

P3: “If you already have that protective factor, then you not going to do anything negative. If you have someone [more] to protect and encourage you, then you going to kind of stay more on that positive path. However, if you do not have that, that support system in [your] their life, then you are going to veer off and will have those challenges, and you will not have those skills to succeed.”

P4: “To piggyback off of participant number three, if you have the protecting factors, those factors help you to cope when stressful times come along.”,

P5: “If a parent displays protective factors, they are going to help develop resiliency in their children.”

Theme 4: Behavior issues: RQ 4: What are the challenges of foster care children who lack resilience? The noteworthy answer among all participants consisted of foster children not making wise decisions. The participants stated:

P1: “They are going to always have interruptions in that foster home because of their behaviors. They are going to continue to have different placements because they cannot adapt to placement.”

P2: “When children lack resiliency, they do not make wise decisions in regard to some things that put them at risk for negative behaviors not realizing that was not a good decision to make even as far as to runaway behaviors. You know, they go all day on the street not realizing that everybody is not friendly and not going to take them and it is safe to be in a home with a foster parent. Regarding making decisions in the future, they are not able to make individual decisions.”

P3: “They might even have behavior issues which are going to tie into the educational issues, and that is going to tie into their problem skills, cause they not going to know how to solve problems cause they not going to have those skills.”

Another participant connected the behavior to being away from the parent:

P5: “When a child in foster care lacks resiliency, it makes the actual process of foster care coping with being away from their parents is much more difficult for them and it is a

struggle for them to function in foster care. How they function emotionally to the trauma that they have experienced from being taken away from their parents. “

Theme 5: Placement needs: RQ5: What does the agency presently do to prepare for the placement needs of children in foster care? The interesting answer among participants included:

P1: “The agency also tries to find placements that, um, would keep the child with some type of ..., ah, normalcy, like trying to find a foster parent that may be close to, um, in the same school district as they're already in or trying to, um, set up transportation where the child can remain at the same school.”

P2: “I use the parent and ask the parent to try to see whether or not there are relatives available and to see if they could be qualified to be a placement, request the help of the parents to prepare the child.”

P4: “The agency [do] does icebreaker sessions where the child the parents also have a say in the placement of their child. The parents still have the right to make decisions for their child.”

P5: “The agency prepares the children when purchasing clothes, securing physicals, dental exams, and registering them into school. Securing birth certificates and social security cards, and refer for additional services, whether it is mental health or education special services.”

Theme 6 Resources: RQ 7: What type of strategies or interventions do foster care social workers use to help children exit foster care successfully? It was interesting to note that the participants include strategies and intervention as Independent Living Skill program, prepare ahead for transition and link children to resources. The participants stated:

P1: “Between ages of, um mostly, start at 14 but like, when they hit 15, you want to start teaching them those independent skills and participate in the independent living skills programs, so they know how to do certain things on their own. To prepare them as much as [you] I can.”

P2: Transitioning the child by exploring anything they want to do, if it is college, for example, so looking at applications ahead of time instead of trying to leave it to the last minute. If it is a person they want to live with or a relative, they want to transition to live with. I try to work on those relationships and try to see if that plan is going to work before they exit foster care instead of waiting until they exit. So, it could be a successful transition, as part of preparing them. I try to use all the resources I can before that child exits care instead of trying to wait and do it after they age out. You could fill out applications for certain things, all those things to try to prepare them to exit out of the foster care system. I give them a copy of the important, documents as far as, a copy of their birth certificate or copy of their social security, not a copy the original, sorry.

P 5: “Linking them up with resources in the community and where they plan to reside in, and assess their eligibility for ongoing educational needs or if they want to continue education, if they have not graduated all from high school or if they plan to continue to post-secondary education, trade school or college. I let them how to keep up with their medication and doctors’ appointments, also a follow-up to things like that. I provide them the information they need to get an ID; that another thing, those ID's that they need even to apply for employment or enroll in school.”

It was interesting to note the participant 2 had the same view as P3 on RQ6 what the agency can do better to possibly prepare for the placement needs of children in foster care?

Participant 2 stated:

P2: “If the agency can work [closer] closely and try to fit the placement of the child, um, I guess more, sometimes more than the needs of the child. So, I think if we could not do the needs of the child, unfortunately, sometimes we do not have enough placements for that. I think if we could recruit more and number two if we can certify more relatives. There is an issue regarding placing children with their relatives because they do not meet [fit] the criteria for placement of the child. We ... [part] as the agency needs to find more placements as far as relatives that meet the needs of the child instead of the just seeking an opening in a foster home.”

P4: “Just finding more relative placements.”

Summary

The focus group was conducted to understand the foster care worker role in developing resiliency in foster children. The six themes that appeared throughout the research is adapting and coping, safety, protective factors, behaviors, placement needs, and resources. The section findings were consistent with the theoretical framework and the research questions. The foster care social workers suggest that foster children who have resiliency can cope and adapt. The data showed that foster care social workers are using strategies and interventions in developing resiliency in foster children.

The data analysis showed that foster care social workers are making several efforts to decrease the risk of placement disruption, address specific needs of foster children, and make referrals to necessary resources. Additionally, participants suggested that safety and increased

protective factors have a direct link to developing resiliency in foster children. The participants in the focus group agreed that increasing coping skills, decision-making skills, and identifying placement needs, support systems, and resources were additional factors that lead to developing resiliency in foster children.

Participants suggested that foster children who learn decision-making skills are less likely to have runaway behaviors or placement disruptions. The participants' responses supported information in the literature review. Additionally, noted in the data is that having a support system would guide the youth in a positive direction and increase positive behaviors, resulting in decreased risk of negative behaviors. The participants also suggested preparing the youth early for transitioning out of care by getting the foster child's input on where they would like to live once they exit foster care.

The foster care social workers' suggestions of an independent living skills program, discussing the youth's educational goals, and assisting with college applications, were also noted in the data analysis. The data showed that the agency is preparing children for out of home placement by allowing birth parents to provide input in their child's placement and attempts to secure placements that allow the child to remain in their same school district to avoid additional loss of friends.

The next section will include section 4. This section will consist of the application for professional ethics in social work practice, recommendations for social work practice, implications for social change, and a summary.

Section 4: Application to Professional Practice and Implications for Social Change

The purpose of this study was to understand the role foster care workers have in developing resiliency in foster children. Resiliency is a process linked to how children who have experienced maltreatment adapt and cope despite the maltreatment they have encountered. In the foster care system, it appears that children who exit foster care unsuccessfully lack resiliency. In understanding the role foster care workers have in developing resiliency in foster children, practitioners can develop interventions to assist in developing resiliency to decrease risk and increase positive outcomes for foster children. Foster care social workers provide case management services with the primary goal of reunification.

However, in some cases, foster children are unable to be reunified with their parents due to the parental lack of capacity to care for the child. When this occurs, the goal of reunification changes to an alternative plan such as custody to a certified relative or adoption. However, in cases where these alternative plans are not adequate, children remain in care until they reach the age of majority. Understanding the role foster care worker have in developing resiliency in foster children generates attention to social workers on the importance of resiliency in reducing risk and increasing protective factors. This study may result in increasing the focus on resiliency at the policy level and assist policymakers in understanding the role foster care workers have in developing resiliency foster children.

The results of this study can be useful to those in the field working with foster children, including other child welfare staff, mental health professionals, school social workers, and mental health advocates, in addressing resiliency. The findings can assist with implementing interventions that address the specific needs of foster children and make interventions available to parents and foster parents to help address the placement needs of foster children and to

increase positive foster care experiences for foster children. The findings will contribute to the advances of the profession of social work by bringing awareness to the importance of developing resiliency in foster children and understanding how resilience and increased protective factors, enhance decision-making skills, decrease placement disruptions, and create positive outcomes for foster children.

Application for Professional Ethics in Social Work Practice

The National Association of Social Workers, Code of Ethics (NASW, 2017) provides the guidelines for the social work profession. The primary goal in the social work profession is to enhance the well-being of individuals and assist those individuals in meeting their basic needs (Johnson & Yanca, 2004). In this action research project, I located two principles from the NASW Code of Ethics, related to social workers working with the foster care population. The two core values identified are service and human relationships (NASW, 2017).

The NASW Code of Ethics states that the social worker's primary goals are service (NASW, 2017). The core value of service guides social workers in addressing social problems and helping those who need services to enhance their well-being (NASW, 2017). For example, the foster care social worker can develop a working relationship with parents and foster parents by providing education on protective and risk factors, and children's responses and behaviors exhibited upon being removed from their parent's care.

The second core value is the significance of human relationships (NASW, 2017). Social workers understand that relationships among individuals and communities are the driving forces for change (NASW, 2017). The importance of human relationships is a core value that confirms that foster care agencies, parents, social workers, foster parents, and other agencies working together is a crucial factor in enhancing positive outcomes for foster children.

According to the National Association of Social Workers (2017), social workers collaborate with communities, other systems, and individuals as part of the advocating process to help those in need. Social workers are determined to build and improve human relationships among individuals to promote, restore, maintain, and increase the well-being of individuals, families, social groups, and communities (NASW, 2017). This study included five foster care social workers who possess the necessary experience to assess the individual needs of foster children and collaborate with service providers. Social workers who engage in collaborative relationships assist in developing resiliency in foster children.

Human relationship is a key value in communicating the specific needs of foster children to create opportunities and decrease barriers for foster children while in care and when they exit care to create positive outcomes. Foster care workers build relationships and communicate with the judicial system, attorneys, parents, foster children, agencies, and foster parents, to determine what is in the best interest of foster children.

The focus groups findings impact social work practice by identifying the importance of the following:

1. Cultural Awareness and Social Diversity. Social workers should understand the culture of their clients and its function and accept the fact that strengths exist in all cultures (NASW, 105(a), 2017).
2. Referral for Services. Social workers should make client referrals based on the specialized expertise and knowledge that is assessed to service the client fully. The referral process also occurs when the social worker believes the service is not adequate or the client lacks progress, and there is a need for another service (NASW, 1.16 (a), 2017).

Recommendations for Social Work Practice

Based on the findings from the study, there are two sets of action step recommendations for social work practitioners who provide clinical services to foster children.

Practice

Action Step 1: Social workers will adequately assess and intervene by completing a biopsychosocial assessment of foster children entering foster care.

Action Step 2: Social workers will refer to experienced clinical practitioners who have expertise in working with specific needs of foster children and utilize evidence-based intervention. Social workers will obtain a progress report and monitor treatment.

Action Step 3: Social workers will refer foster parents for specialized training to meet the ongoing individualized specific needs of foster children in the foster home.

Policy:

Action Step 1: Social workers will engage in advocacy by advocating for appropriate resources for families and children.

Action Step 2: Social worker working with foster children will receive ongoing training that will benefit the population served and participate in the recruitment of foster parents.

Action Step 3: Social workers will advocate for practice and policy to increase attention on the importance of resiliency and how it can promote positive change in the foster care system.

The transferability of the findings from this study to the field of clinical social work practice is limited in understanding the role foster care social have in developing resilience in foster children. However, the concept of resiliency is a concept that can be generalized to other areas in the social work profession. According to Stinger (2007), the outcomes of the study may be relevant to others. The findings in action research apply to those who participated in the study

(Stringer, 2007), whereas in other research studies, the findings can be generalized to groups other than the ones who participated in the study.

The usefulness of the findings from this study is to understand the importance of developing resilience in foster children. It is essential to understand that to decrease risks such as placement disruptions, challenging behaviors, mental health, and substance abuse issues, delinquent behaviors, and poverty; there is an increasing need for the foster care system to recruit specialized foster parents and increase foster children's social supports. The state policymakers should continue in their efforts to understand the challenges face by foster children and understand the role of resiliency in increasing positive outcomes for children in care and in the transition out of care.

Limitations

The study explored the role foster care social workers have in developing resiliency in foster children and presented the opportunity for foster care workers to share their knowledge and experience regarding their role in increasing positive experiences for children in foster care. The limitations of the study included a sample of only foster care workers with degrees in social work and excluded foster care workers with degrees in other disciplines, thereby placing limits on the number of participants. The foster care social workers were recruited from south Louisiana and no other area of Louisiana participated in this research study. Future research should include a larger sample, and other areas of the state as well as other states.

Implications for Social Change

The potential impact for social change at the micro level of practice includes foster care workers understanding the impact of resiliency and the impact it has on increasing protective factors and decreasing risk factors in foster children. At the mezzo level, social change occurs through understanding the risk factors in foster children as a result of lacking resiliency. Social workers should collaborate with schools, agencies, and communities to address the needs and challenges of foster children. In doing so, this will result in positive outcomes for foster children and a positive transition into adulthood.

At the macro-level, social change can result from social workers and clients engaging with the larger systems. Social change takes place at the policy, research and practice levels in advocating for specialized mental health resources and increased health care, increasing recruitment of foster homes, certifying more relative placements, and advocating for resources that will address and focus on resiliency in foster children.

Summary

The purpose of this study was to understand the role foster care workers have in developing resiliency in foster children in south Louisiana. The findings from this study emphasized the importance of understanding the meaning of resiliency, protective factors, specific needs of foster children, challenging behaviors, recruitment of relative placement, preparing children for placement, and as well as involving parents in the placement process.

The findings can assist those involved in providing services to foster children such as clinical social workers, mental health practitioners, the educational and judicial system, communities, and organizations to understand the essential role resiliency play in producing positive outcomes in foster children.

Community resources should focus on interventions that include understanding resiliency and include strategies to increase it in children and their families. The foster care system can develop ongoing training needs for foster care workers and foster parents in understanding the role that resiliency has in maltreated children. Finally, although the primary of goal for foster children is safety, focusing on resiliency will increase safety, increase protective factors, and decrease risk factors, thereby contributing to positive behavior changes and growth in foster children, leading to a successful transition into adulthood.

The results of this study will be disseminated at trainings for child welfare workers and at NASW conferences.

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Appendix: Focus Group Protocol

Welcome, and thank you for participating in this focus group and agreeing to speak with me today. My name is _____. I am a doctoral candidate in Social Work at Walden University. The purpose of the focus group is to learn about your role in developing resiliency in foster children. Everything you say will remain confidential. All identifying information will be kept confidential, meaning no identifying information such as first and last names, will not be shared in this group, and this will be the procedure during all the phases of the study including any writings. I am the only one knowing that you provided the answers. I want to remind you that to protect the privacy of all focus group members, all transcripts will be coded with pseudonyms, and I ask that you not discuss what is discussed in the focus group with anyone else.

II. Consent Form Instructions

Before we get started, I want you to read the consent form and sign the form.

“Do you have any questions before we begin our discussion?”

II. Focus Group Discussion Questions:

First Focus Group Meeting

RQ1. How do foster care social workers define resiliency?

RQ2. How do foster care social workers define protective factors

RQ3. Is there a relationship between resiliency and protective factors? If yes, in what ways? If no, why not?

RQ4. What are the challenges of foster care children who lack resilience?

Thank you very much for coming out this afternoon, and thank you for participating in the study. I look forward to our next discussion.

Hello everyone, welcome back and thank you for agreeing to participate in the second focus group and agreeing to discuss the remaining questions. Does anyone have any questions before we begin our discussion?

I. Second Focus Group Meeting

RQ5. What does the agency do presently to prepare for the placement needs of children in foster care?

RQ 6. What can the agency do better to possibly prepare for the placement needs of children in foster care?

RQ7. What type of strategies or interventions do foster care social workers use to help children exit foster care successfully?

Thank you again for your attendance and participation in the study.