

It's The Trauma Talking: A Phenomenology of Foster Parents' Trauma Knowledge in Central  
Virginia

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Department of Community Care and Counseling, Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

School of Behavioral Sciences

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### **Abstract**

The purpose of this phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. The theories guiding this study include childhood complex trauma theory and experiential learning theory (ELT). As discussed by Herman (1992) and Terr (1991), childhood complex trauma theory explains the behaviors and actions of foster children who have suffered complex trauma. As discussed by Kolb (2014), ELT explains the processes that foster parents go through in gaining and applying trauma knowledge to their fostering. The central research question is, how do foster parents in Central Virginia describe their trauma knowledge? Further research questions include, how do foster parents describe the way trauma has affected their foster children? How do foster parents describe how they learned about trauma? How do foster parents describe the impact their trauma knowledge has on the way they parent foster children? The design for this study was Moustakas' (1994) transcendental phenomenology. Data were collected from fifteen participants in Central Virginia. Data was collected through semi-structured interviews, cognitive representations, and a focus group. Data analysis was conducted using the epoche, phenomenological reduction, imaginative variation, and synthesis of meanings and essences. Four major themes emerged: "Theme One: Experiences Prior to Trauma Knowledge," "Theme Two: We are Missing Something," "Theme Three: Integrating New Information," and "Theme Four: The Change." The implications of this study apply to researchers on trauma-informed care, foster parent training programs, Kolb's (2014) ELT, complex trauma theory, the department of social services, and current and future foster parents.

*Keywords: Trauma-informed care, foster parents, fostering, experiential learning, complex trauma, foster parent training, trauma knowledge*

### **Dedication**

I gratefully dedicate this dissertation to those who have supported and loved me throughout this journey. To my husband Richard, thank you for supporting me as I have studied long hours and taken time away to focus. Your constancy throughout this process has allowed me to follow my dreams. To all my amazing children, Emily, Abigail, Isabella, Angie, Dante, Warren, and Matthew, you all have also supported this endeavor and not once questioned why I was doing this. You have willingly stepped in to cover needed areas, fed and fended for yourselves when necessary, and have been there cheering at each accomplishment along the way. You all are also the inspiration for this study. Trauma knowledge has genuinely helped to shape our family! I am so grateful that you all call me Mom! (Dr. Mom after this!). I also wish to thank my parents Rick Sheets and Patricia Sheets, for believing in me and encouraging me to continue. You have been great examples of adult learning, and I am proud to be your daughter.

Lauren Brown, you have been my rock throughout this process. You have encouraged me when I was struggling, provided a quiet refuge for me to study, been the one to push when it was necessary, taken me away to relax and celebrate whenever possible, and you have read/edited every single word I have written since the beginning of my college journey. I can honestly say this would not have happened without you!

Most of all, I give thanks to my heavenly Father, who has called me to this journey and given me the strength to follow through each step. You have been my hope. Your love and Word have sustained me, and I stand amazed at who You are!

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**List of Abbreviations**

Attachment, Self—Regulation, and Competency (ARC)

Department of Social Services (DSS)

Experiential Learning Theory (ELT)

National Child Traumatic Stress Network (NCTSN)

Resource Parent Curriculum (RPC),

Resource Parent Curriculum + Care (RPC+)

Substance Abuse and Mental Health Services Administration (SAMSHA)

Trust Based Relational Intervention (TBRI)

Trauma-systems Therapy-Foster Care (TST-FC)

Virginia Department of Social Services (VDSS)

## **Chapter One: Introduction**

### **Overview**

The purpose of this phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. This opening chapter will cover the background of this study, including the historical, social, and theoretical context of the research problem. Next will be a discussion concerning situation to self, followed by the philosophical assumptions in this study. Then there will be an explanation of the problem and purpose statements. Following this is a discussion about the significance of this study. A list and description of the research questions will be next. Following the research questions will be a list of important terms to this study and their definitions. Finally, this chapter will conclude with a summary.

### **Background**

This background section discusses the historical, social, and theoretical context of this study. The discussion of each context provides the background to this study.

### **Historical Context**

Complex trauma was introduced in the 1990s, and with it, there began an emphasis on providing appropriate care for those who suffered from complex trauma symptoms. The Substance Abuse and Mental Health Services Administration (SAMSHA) (2014) led the development of trauma-informed care. Congress passed the Children's Health Act in 2000 to raise awareness and increase services to children and their families who experience trauma (NCTSN, n.d.-b). Out of the Children's Health ACT, SAMHSA funded the NCTSN in 2000 and the National Child Traumatic Stress Initiative in 2001. This initiative was created to increase the understanding and impact of childhood trauma (SAMHSA, 2014). Since this act, there has been a shift in foster care toward providing trauma-informed care that acknowledges the impact of

trauma on the lives of children and families in the foster care system. The Virginia Department of Social Services (VDSS) has emphasized providing trauma-informed care to all the children and families in their care (VDSS, 2021).

Trauma-informed care, while shown to be effective, has been slow to be implemented in social service agencies (Akin et al., 2016). The focus of trauma-informed research has been on system-wide changes. The focus of research for foster parenting has been on trauma-informed training, which is only accessible to a limited number of foster parents (Akin et al., 2017; Conn et al., 2018; Greeno et al., 2016; Konijn et al., 2020; Murry et al., 2019; Price et al., 2008; Purvis et al., 2015; Strolin-Goltzman et al., 2018; Sullivan et al., 2016). There is currently a need to understand what foster parents know about trauma and providing trauma-informed care (Miller et al., 2017). This knowledge may help social service agencies understand how this emphasis on providing trauma-informed care has or has not been transmitted to foster parents.

### **Social Context**

The statistics for foster children related to trauma and abuse are a powerful indicator of the need to understand better ways to help care for them. In 2019 there were approximately 424,000 children in foster care (Child Welfare Information Gateway, 2021). Forty-six percent of these children are cared for in foster homes (Child Welfare Information Gateway, 2021). The overwhelming majority of these children have dealt with multiple traumas in the form of child abuse (U.S. Department of Health & Human Services et al., 2021). In most cases, child maltreatment is ongoing and repetitive for these children.

Foster children have many issues that can be connected to their experiences of trauma. They have poor health outcomes (Chernoff et al., 1994; Villodas et al., 2016). They have high rates of mental health issues that are often complex in nature (Ai et al., 2013; Tarren-Sweeney,



2008; Vasileva & Petermann, 2018; Villodas et al., 2016). They have poor academic outcomes, including low test scores and low cognitive functioning (Crozier & Barth, 2005; Trout et al., 2008; Vasilevski & Tucker, 2016). Foster child maladaptive behaviors are also a significant issue in the frequency of placement disruptions (Koh et al., 2014; Konijn et al., 2018; Mckeough et al., 2017; Oosterman et al., 2007). Placement disruptions are a significant issue in foster care, with 53% of foster placements disrupted within three years of placement (Jedwab et al., 2019a).

Foster parents are responsible for the 24-hour care of foster children (Code of Federal Regulations, 2020, subchapter G). They must provide emotional and behavioral support for their foster children, transportation to their appointments, educational support, family visitation, and coordinate with social services and the various agencies involved in the child's care (Stukes Chipungu & Bent-Goodley, 2004). Studies of foster parent needs have shown that foster parents have needs in various areas. Of importance to this study, foster parent initial trainings are often not adequate in preparing foster parents to work with children with trauma (Benesh & Cui, 2017; Cooley et al., 2019; Cooley & Petren, 2011; Festinger & Baker, 2013). Foster parents have expressed that they need training in areas such as trauma and its effects on children, dealing with maladaptive behaviors, skills building, working with special needs, child adjustment, cultural needs, and working with biological families (Barnett et al., 2018; Cooley & Petren, 2011; Dorsey et al., 2014; Hubert & Kulkin, 2018; Leathers et al., 2019; Mckeough et al., 2017; Murray et al., 2010; Vasileva & Petermann, 2017). Foster parents are also at risk of developing secondary trauma symptoms and need education on self-care to deal with these issues

### **Theoretical Context**

This research is framed within two theoretical contexts. The first theoretical context is childhood complex trauma. This theoretical framework began developing in the 1990s through

the work of Herman (1992) and Terr (1991). These researchers began to recognize the unique symptomology of children who had experienced the trauma of childhood maltreatment.

Childhood complex trauma acknowledges that the experience of multiple exposures to trauma has affected the child's development in various areas. Cook et al. (2005) listed seven areas of impairment in children with complex trauma. These areas include attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. Foster parents must have a working knowledge of the wide-reaching effects of complex trauma on their foster children. This study allowed foster parents to describe what they know about complex trauma, how this knowledge was obtained, and how it affects their parenting of children with traumatic experiences.

The second theoretical framework is Kolb's Experiential Learning Theory (ELT). Kolb (2014) views learning as a holistic experience that involves experience, perception, cognition, and behavior. Kolb (2017) discusses the process of learning as cyclical and not linear. Knowledge is gained as it is put into practice, and then new knowledge is added. In asking foster parents how they have gained their knowledge, they have the opportunity to discuss traditional learning experiences such as classroom, as well as experiential learning through their own experiences with foster children and/or other foster parents and their ongoing relationships with caseworkers, doctors, school personnel, and mental health workers.

### **Situation to Self**

My husband and I were foster parents for 16 years. We fostered 14 children and adopted five children through the foster care system. All the children that came through our home had experienced trauma. When we began fostering in 2004, there was not much talk about trauma and how it affected children. We were given information on common behaviors of foster

children but no clear explanation of why their behaviors could be so difficult. We also did not receive clear direction about how to handle these behaviors.

We were successful foster parents, but we were often frustrated over how to best help our children. Around 2008 we had an in-home counselor who introduced us to the concepts of maladaptive attachments and how to overcome these in children. Using her advice, we saw incredible improvement in our adopted daughter. Then in 2012, we met another counselor who introduced us to the literature on Trust Based Relational Intervention (TBRI) (Purvis et al., 2007). This was our first introduction to trauma-informed care. For me, it was life-changing and answered so many questions that I had. I attended multiple training sessions for TBRI and began to implement many of their suggestions in our home. I also began studying trauma and its effects on a child's brain and physiology.

This interest in knowing more about trauma led me to pursue my M.A. in pastoral counseling with an emphasis on traumatology. It is also why I am now pursuing my Ed.D. in community care and counseling with an emphasis on traumatology. I have the desire to see foster parents and those who work with foster children have both an understanding of their behaviors and a clear strategy to help modify these behaviors. This interest has led me to choose this topic for my dissertation.

I believe that over the years, as trauma has become a hot topic throughout social services, foster parents are gaining more knowledge about trauma. I have had many discussions with other foster parents and have seen that they are more knowledgeable than my husband and I were when we first started fostering, yet they have not had more training than we did. I expected that through this study, I would find that foster parents know a lot of information about their foster children's trauma experiences and how these experiences have affected their development.

My pre-study expectations had to be set aside to complete this research from an unbiased position. As the researcher, I needed to practice Epoche as defined by Moustakas (1994). Epoche forced me to recognize my preconceived notions about foster parents so that I could gather and look at information with unbiased thoughts (Moustakas, 1994). Part of entering into Epoche was to bracket myself by writing down my expectations and then setting them aside to gather information (Giorgi, 2009).

There are several philosophical assumptions underlying this research. The ontological assumption is that reality is subjective and based on the individual person's experiences (Creswell & Poth, 2018). The epistemological assumption is that knowledge is subjective and requires the researcher to draw close enough to the participants to allow them to share or express their own experiences in their own words (Creswell & Poth, 2018). The axiological assumption is that values bring bias (Creswell & Poth, 2018). As a researcher, I recognized my own values and set them aside so that I could fully listen to what each participant had to say about their experiences.

The paradigm for this study is social constructivism. Social constructivism seeks an understanding of the world in which the participants live and work (Creswell & Poth, 2018). The research relied on the participants' views of their own experiences. Social constructivism recognizes that knowledge is learned within the participants' historical and social contexts and interactions with others. Social constructivism allowed foster parents to share their experiences as they saw them. It considered how they have learned through formal education and their own experiences and relationships. Social constructivism also allowed me to create an interpretation based on my knowledge and experiences.

### **Problem Statement**

The problem is that there is a lack of information about what foster parents know about trauma, how they learned it, and how this knowledge affects their parenting.

Foster children in the United States have experienced complex trauma at much higher rates than the general population (U.S. Department of Health & Human Services et al., 2021). This population of children has many adverse effects because of their trauma experiences (Ai et al., 2013; Crozier & Barth, 2005; Greeson et al., 2014; Tarren-Sweeney, 2008; Vasileva & Petermann, 2018; Vasilevski & Tucker, 2016; Villodas et al., 2016). In response to this issue, social service agencies have been tasked with providing trauma-informed care to foster children and their families (Figley, 2017; NCTSN, n.d.-b). While efforts are being made to implement trauma-informed care, the progress is slow (Akin et al., 2016). Currently, the focus on trauma-informed care has primarily been focused on training agency personnel and implementing processes such as assessments and providing evidence-based services (Akin et al., 2016; Donisch et al., 2016; Dunkerley et al., 2021). These changes are essential in advancing appropriate care for foster children, but the area that has been largely ignored in the literature on trauma-informed care is foster parents (Miller et al., 2017).

Foster parents provide the day-to-day, 24-hour care of foster children. Foster parents must understand trauma, how it affects the children they foster and learn how to provide parenting techniques that can assist traumatized children in changing maladaptive behaviors. Currently, literature is focused on evaluating trauma-informed training programs for foster parents (Akin et al., 2017; Conn et al., 2018; Greeno et al., 2016; Konijn et al., 2020; Murry et al., 2019; Price et al., 2008; Purvis et al., 2015; Strolin-Goltzman et al., 2018; Sullivan et al., 2016). These programs are currently not widely used among states. There is not much literature

focused on evaluating the preservice trainings that foster parents are currently receiving. And what literature is available does not paint a great picture of effective training in trauma-informed practices (Benesh & Cui, 2017; Cooley et al., 2019; Cooley & Petren, 2011; Festinger & Baker, 2013; U.S. Department of Health and Human Services, Administration for Children & Families, et al., 2019). With the emphasis that has been placed on trauma-informed care within the social service arena, it was beneficial to evaluate what foster parents actually know about trauma, how they learned it, and how it affects their parenting.

Currently, the only study that evaluated foster parents' trauma knowledge was conducted by Miller et al. (2017). Miller et al.'s quantitative study found that foster parents had a lot of trauma knowledge, with foster parents scoring higher on actual knowledge than they thought they would. This study shows that foster parents are gaining knowledge, but the question remains how and is this knowledge affecting how they parent children with trauma? This current qualitative study allowed foster parents in Central Virginia to describe what they know about trauma, how it affects children, how they learned this information, and how this knowledge has changed their parenting practices.

### **Purpose Statement**

The purpose of this phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. Trauma knowledge is generally defined as understanding what trauma is and how it affects the child's development and behavior (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012). The theories guiding this study are childhood complex trauma as developed by Herman (1992) and Terr (1991) and Kolb's (2014; Kolb & Kolb, 2017) Experiential Learning Theory (ELT). Childhood complex trauma theories specifically address how trauma has affected a child's development and behavior (Cook et al., 2005; Herman, 1992,

Terr, 1991). Kolb's Experiential Learning Theory addresses the learning cycle. Learning is not just a linear process of classroom learning which then turns into action but is a process of learning through experiences that is cyclical in nature (Kolb, 2014; Kolb & Kolb, 2017).

### **Significance of the Study**

This study adds empirical, theoretical, and practical significance to the current fields of research on trauma-informed care and foster parenting. The data gathered helps to fill in gaps in the current knowledge that foster parents have about trauma and providing trauma-informed care.

### **Empirical Significance**

Currently, most studies related to foster parents' trauma knowledge are studies evaluating the effectiveness of newly developed trauma-informed parenting courses (Akin et al., 2017; Conn et al., 2018; Greeno et al., 2016; Konijn et al., 2020; Murry et al., 2019; Price et al., 2008; Purvis et al., 2015; Strolin-Goltzman et al., 2018; Sullivan et al., 2016). Several studies have evaluated foster parents' pre-service trainings. These studies have found that preservice trainings are ineffective at providing foster parents with the skills necessary to parent children with trauma (Benesh & Cui, 2017; Cooley et al., 2019; Cooley & Petren, 2011; Festinger & Baker, 2013). The pre-service trainings are also found to be inconsistent (U.S. Department of Health and Human Services, Administration for Children & Families, et al., 2019). There is a significant lack of research that details what knowledge foster parents do have about trauma (Miller et al., 2017). Foster parents are still working in the field and are providing care for children with trauma. It is essential to know what they know and to understand how they obtained that knowledge. Jedwab et al. (2020) have recommended that studies be conducted to

evaluate which components of preservice trainings are effective in meeting the needs of foster parents. This study provided empirical data on these issues.

### **Theoretical Significance**

This study expands the literature on complex trauma for children by looking at how foster parents interact with children who suffer from complex trauma symptoms. Currently, there are studies that evaluate these relationships following foster parent trauma-informed programs (Conn et al., 2018; Filippelli et al., 2021; Greeno et al., 2016; Konijn et al., 2020; Lotty, Dunn-Galvin, et al., 2020; Purvis et al., 2015). Some studies have assessed foster parent needs and noted that foster parents have the desire to have more trauma-informed training as well as training on how to work with maladaptive behaviors (Barnett et al., 2018; Cooley & Petren, 2011; Leathers et al., 2019; Mckeough et al., 2017; Murray et al., 2010; Vasileva & Petermann, 2017). Further studies have looked at key behaviors found in successful foster parents. These behaviors include positive parenting, instilling a sense of belonging, being a buffer for emotions, providing security for the child, and building a relationship with the child (Berrick & Skivenes, 2012; Brown & Campbell, 2007; Chodura et al., 2021). This study allowed foster parents to discuss their trauma knowledge and how it has impacted their parenting.

This study also expands the literature on Kolb's (2014) ELT by looking at how foster parents have learned about trauma and incorporated this knowledge into action. This study also allows for the recognition of how foster parents are learning through experiences outside of preservice training. This provided information that supports Kolb's process of learning, which is based on experience and how experience leads to gaining new knowledge that will be incorporated into further actions.



**Practical Significance**

From a practical standpoint, this study allows stakeholders within social services to see what foster parents already know about trauma-informed practices. This study provides valuable information that allows social service agencies to understand the process of learning that foster parents are going through. This could enable agencies to implement improved practices that would provide enhanced learning. Understanding how foster parents gain their knowledge should help agencies decide where to spend the funding to enhance training opportunities for foster families.

**Research Questions**

Moustakas (1994) suggests that once a phenomenon is selected, the researcher must then arrive at a question that has “both social meaning and personal significance” (p. 104). The research question must also allow the participant to share in descriptive words instead of quantitative words about their experience (Moustakas, 1994). With these ideas in mind, the following research question were selected.

**Central Research Question**

*How do foster parents in Central Virginia describe their trauma knowledge?*

Each participant was allowed to share their knowledge of trauma openly. Miller et al. (2017) found that foster parents have knowledge of trauma and often more knowledge than they believe they have. Asking this research question allowed foster parents to describe what they know about trauma.

**Sub Question 1**

*How do foster parents describe the way trauma has affected their foster children?*

Childhood complex trauma theory describes the symptoms and behaviors that affect children who have suffered complex trauma (Cook et al., 2005; Terr, 1991; Herman, 1992). Children have issues with attachment ranging from clinginess to distrust and isolation. There can be issues within their biological systems, causing developmental delays and increased medical problems. Foster children can have difficulty regulating their emotions, suffer from dissociation, and have poor impulse control leading to a wide range of maladaptive behaviors, anxiety, anger, low self-esteem, and cognitive delays (Cook et al., 2005).

Asking foster parents to share about their foster child's trauma reactions helped to know what they understand about trauma and the theories of complex trauma. When foster parents recognize trauma reactions, they have a higher tolerance for these maladaptive behaviors. They can also keep a positive view of their foster child in the midst of these behaviors (Allen & Vostanis, 2005; Bartlett & Rushovich, 2018; Konijn et al., 2020; Lotty, Dunn-Galvin, et al., 2020). Asking this question showed that these parents have trauma knowledge and that they have been able to apply this knowledge to their current fostering experiences.

### **Sub Question 2**

*How do foster parents describe how they learned about trauma?*

There is a need to study how current foster parents that are fostering in the age of trauma-informed care understand trauma and how they gained their trauma knowledge (Hebert & Kulkin, 2018). This question allowed Kolb's (2014) ELT to come into play as the participants' answers were evaluated through this lens. Foster parents are required to complete preservice training prior to accepting children. Their training should provide them with the skills necessary to parent foster children and understand their particular needs (U.S. Department of Health and Human Services, 2018). Allowing foster parents to describe the various ways that they have

gained trauma knowledge filled in some gaps about how they learn and the best ways to conduct training (Mallette et al., 2020). In addition to preservice training, social workers are vital to providing ongoing support and training to foster families (Hebert & Kulkin, 2018). Some studies have noted the benefit of good social workers in helping families navigate the system and helping them learn skills to care for their foster children (Barnett et al., 2018). Foster parents have also noted that contact with other foster parents is beneficial and may provide resources for dealing with problems (Barnett et al., 2018; Mallette et al., 2020). This question allowed foster parents to describe their learning experiences through various avenues such as training programs, experience, other foster parents, their ongoing relationship with their case manager, and other services they participate in with their foster child.

### **Sub Question 3**

*How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?*

An essential part of learning is the ability to translate learning into action (Kolb, 2014; Kolb & Kolb, 2017). Understanding how trauma affects a child's development (Cook et al., 2005) translated into changed parenting behavior that facilitated relationships and improved parenting efficacy (Greeno et al., 2016). This question allowed foster parents to express how they understand childhood complex trauma theory and how this understanding has changed how they are parenting.

### **Definitions**

The following are terms and definitions that are important to this dissertation. These terms are used throughout the study.

1. *Complex Trauma* – A set of symptoms related to a loss of the capacity for self-regulation and interpersonal relatedness due to repetitive interpersonal trauma beginning in childhood (Cook et al., 2005; Herman, 1992).
2. *Foster Care* - Twenty-four-hour substitute care for children who have been removed from their family of origin and taken into the custody of a local social services agency (VDSS, 2021).
3. *Foster Child* - A child under the age of 18 who has been removed from his/her family of origin and placed into a foster home by the local social services agency (VDSS, 2021)
4. *Foster Parent* – Qualified adults who have completed the approval process and are approved to provide 24-hour care of a foster child. (VDSS, 2021).
5. *Pre-service training* – The required training for licensing new foster parents. Topics typically addressed include licensure requirements, agency policy and procedure, roles and responsibilities of foster parents, child development, behavior management, cultural issues, attachment and loss, home and child safety, and the impact of fostering on the foster family (U.S. Department of Health and Human Services, 2018).
6. *Trauma* – “An event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being” (SAMSHA, 2014, p. 7).
7. *Trauma-informed care* –a). A system of care is designed to facilitate treatment for individuals that may have experienced trauma by recognizing that trauma affects how people behave and respond to services (Figley, 2017; NTCSN, n.d.-a).

8. *Trauma knowledge* - An understanding of what trauma is and how it affects a child's development and behavior (NCTSN Core Curriculum on Childhood Trauma Task Force, 2012).

### **Summary**

This chapter introduced the need for a phenomenological study on foster parents' trauma knowledge. The problems noted within this chapter include the lack of information concerning what active foster parents know about trauma, not knowing how foster parents are gaining their knowledge, and not knowing if this knowledge affects how foster parents parent children with trauma (Miller et al., 2017). With the high rates of trauma for foster children and the long-term effects of trauma on these children, providing trauma-informed care is critical (Ai et al., 2013; Crozier & Barth, 2005; Figley, 2017; Greeson et al., 2014; Tarren-Sweeney, 2008; U.S. Department of Health & Human Services et al., 2021; Vasileva & Petermann, 2018; Vasilevski & Tucker, 2016; Villodas et al., 2016). While studies are being conducted on newly created trauma-informed foster parent training, most foster parents do not receive this training (Akin et al., 2017; Conn et al., 2018; Greeno et al., 2016; Konijn et al., 2020; Murry et al., 2019; Price et al., 2008; Purvis et al., 2015; Strolin-Goltzman et al., 2018; Sullivan et al., 2016). There is little information available on what foster parents have learned and how it affects how they parent. Therefore, the purpose of this proposed phenomenological study was to describe foster parents' trauma knowledge in Central Virginia.

## **Chapter Two: Literature Review**

### **Overview**

The purpose of this phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. This literature review examines the existing research available. The review begins with a look at the theoretical framework that supports this current study. The literature review examines foster care statistics and the needs of foster children experiencing trauma. The high level of trauma needs with foster children is linked to the significant number of placement disruptions. Next is an overview of trauma-informed care within social services and its importance in providing adequate care for foster children. Following the introduction to trauma-informed care, there is a brief look at the current trauma-focused training modules that have been created and the studies that show their outcomes for foster children and foster parents. Not all training is effective at preparing foster parents to deal with trauma issues, and the next section looks at some of the issues with foster parent training and focuses on pre-service training. Next will be a comprehensive look at foster parents and the needs they have expressed to be able to provide appropriate care for their foster children. Finally, the literature review looks at what qualities are found in successful foster parents.

### **Theoretical Framework**

In discussing theoretical framework, Merriam and Tisdell (2015) write,

The argument could be made, however, that most qualitative research inherently shapes or modifies existing theory in that (1) data are analyzed and interpreted in light of the concepts of a particular theoretical orientation, and (2) a study's findings are almost always discussed in relation to existing knowledge (some of which is theory), with an eye

to demonstrating how the present study has contributed to expanding the knowledge base. (p89).

Childhood complex theory provides the foundation to specifically understand the maladaptive behaviors of foster children (Cook et al., 2005). Kolb's experiential learning theory provides the basis for understanding foster parents' development and use of trauma knowledge (Kolb, 2014; Kolb & Kolb, 2017).

### **Childhood Complex Trauma Theory**

Complex trauma theory is based on the assumption of disruptions within the interpersonal caregiving system that result in attachment issues and behavioral and cognitive impairments (Cook et al., 2005). Theories of complex trauma were introduced in the 1990s by researchers such as Herman (1992) and Terr (1991). These researchers began to study the reactions to long-term and repeated traumas. Terr noted that many childhood and adult disorders have origins in childhood maltreatment. These disorders include conduct disorder, borderline personality, major affective disorder, attention deficit hyperactivity, phobic disorder, dissociative disorder, obsessive-compulsive disorder, panic disorder, and adjustment disorder. Terr was especially interested in the differences between trauma because of one sudden traumatic event and long-standing and persistent trauma. Terr called the one-time sudden blow a type I trauma and the repeated trauma a type II trauma.

Children who suffer from type II trauma have a different trajectory of development that includes biological and lasting internal, and cognitive changes (Terr, 1991). "The defenses and coping operations used in type II disorder of childhood - massive denial, repression, dissociation, self-anesthesia, self-hypnosis, identification with the aggressor, and aggression turned against self – often lead to profound character changes in the youngster" (pp. 15-16). These behaviors

are the basis of the maladaptive behaviors and personality problems seen in children with traumatic abuse histories. Type II trauma leads to a loss of hope and destroys a child's sense of the future. These children also have changes in their worldview and appear to always be waiting for the next traumatic event. Emotions experienced by these children include rage, sadness, or numbing. If the traumatic history is not recognized and treated, the child will often be misdiagnosed, and treatment will be ineffective (Terr, 1991).

Herman (1992) introduced the term complex trauma for the behavioral responses associated with prolonged and repetitive trauma. Just as Terr (1991) noted, Herman states that this syndrome has multiple symptoms and results in multiple diagnoses and behaviors. Between 40% and 70% of psychiatric patients are found to be survivors of childhood abuse. The sufferer with complex trauma loses their sense of identity. Herman writes, "Subjection to a relationship of coercive control produces profound alterations in the victim's identity. All the structures of the self – the image of the body, the internalized images of others, and the values and ideals that lend to a sense of coherence and purpose – are invaded and systematically broken down" (p. 385).

Cook et al. (2005) note that complex trauma involves two distinct issues. The first issue is exposure to traumatic events, most often within the child's caregiving system. The second issue is the impact these exposures have on the child's development. These issues are compounded as the number of traumatic exposures increases (Cook et al., 2005; Enlow et al., 2013). Children exposed to interpersonal trauma have higher rates of traumatic stress diagnosis than children exposed to other forms of trauma (Alisic et al., 2014). Early exposure to interpersonal trauma is shown to have negative consequences on development and mental health (Enlow et al., 2013). The development of complex trauma is also influenced by the child's age



when the trauma occurred and the length of time it takes for healthy support to become available (Nugent et al., 2012). The earlier in the developmental stage and the longer the trauma lasts, the worse the effects will be.

Cook et al. (2005) found seven domains of impairment in children exposed to complex trauma. These domains include attachment, biology, affect regulation, dissociation, behavioral control, cognition, and self-concept. Attachment impairments include “problems with boundaries, distrust and suspiciousness, social isolation, interpersonal difficulties, difficulty attuning to other people’s emotional states, and difficulty with perspective taking” (Cook et al., 2005, p. 392). Effects on the biology of the child include “sensorimotor developmental problems, analgesia, problems with coordination, balance, body tone, and increased medical problems across a wide span (e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudo seizures)” (Cook et al., 2005, p. 392). Affect regulation is the third area of impairment and involves “difficulty with emotional self-regulation, difficulty labeling and expressing feeling, problems knowing and describing internal states, difficulty communicating wishes and needs” (Cook et al., 2005).

Dissociation is the fourth area of impairment and includes “distinct alterations in states of consciousness, amnesia, depersonalization and derealization, two or more distinct states of consciousness, and impaired memory for state-based events” (Cook et al., 2005, p. 392). The fifth domain of impairment is behavioral control and involves behaviors such as “poor modulation of impulses, self-destructive behavior, aggression toward others, pathological self-soothing behaviors, sleep disturbances, eating disorders, substance abuse, excessive compliance, oppositional behavior, difficulty understanding and complying with rules, and reenactment of trauma in behavior or play (e.g., sexual, aggressive)” (Cook et al., 2005, p. 392). Cognition

impairments include “difficulties in attention regulation and executive functioning, lack of sustained curiosity, problems with processing novel information, problems focusing on completing tasks, problems with object constancy, difficulty planning and anticipating, problems understanding responsibility, learning difficulties, problems with language development, and problems with orientation in time and space” (Cook et al., 2005, p. 392). The seventh and final domain of impairment is self-concept with issues such as “lack of a continuous, predictable sense of self, poor sense of separateness, disturbances of body image, low self-esteem and shame and guilt” (Cook et al., 2005, p. 392).

Of notable contribution to understanding, complex trauma is Bowlby's theories of attachment and loss (Shaver & Mikulincer, 2012). When the source of a child's traumatic experiences is the parents or caregivers, their attachment relationship suffers severe damage (Cook et al., 2005). Insecure attachment styles and their accompanying problems are found in 80% of maltreated youth. Severe attachment disruptions are often related to lifelong physical diseases and mental health (Cook et al., 2005). Bowlby recognized the developmental impact of the process of early childhood attachment and how it develops internalized expectations for future relationships (Shaver & Mikulincer, 2012). The development of interpersonal relatedness and self-definition are established and maintained through attachment (Blatt & Luyten, 2012). Children who have available and responsive caregivers develop attachment security (Shaver & Mikulincer, 2012). Attachment security allows the child to develop a healthy view of self and others. Caregivers are recognized as able to help and provide security in times of need. When the world is seen as safe and interesting, children learn to explore and engage effectively with others.

When a child does not receive the care and responsiveness needed from their caregivers, they cannot develop attachment security (Shaver & Mikulincer, 2012). Instead, these children will develop strategies of hyperactivation or deactivation. Hyperactivation includes behaviors such as clinginess, controlling, and overdependence on others to provide protection.

Deactivation includes behaviors such as withdrawal and being uncomfortable with intimacy.

These attachment behaviors are known as attachment styles. Attachment style is developed through a combination of genetic factors, early attachment experiences, and relationship-specific experiences (Shaver & Mikulincer, 2012). There are three attachment styles: secure, anxious, and avoidant. Those with hyperactivation have an anxious attachment pattern. Those with deactivation have an avoidant attachment style. Those without anxious or avoidant tendencies are considered to have a secure attachment style.

Attachment styles can strongly predict future behavior and interactions with others (Shaver & Mikulincer, 2012). Both anxious and avoidant attachment styles lead to adverse reactions and poor interpersonal skills that continue to build on these negative attachments. Child maltreatment strongly predicts attachment problems in infants, children, and adults (Hesse E. & Main, 2000). Furthermore, attachment problems in infants are predictive of maladaptive, aggressive, and dissociative disorders in later childhood and adolescence (Hesse E. & Main, 2000).

Attachment style affects a person's interpersonal goals, beliefs about others, beliefs about themselves, and what they say to themselves about interpersonal situations and the world in general (Shaver & Mikulincer, 2012). These beliefs lead to behaviors within interpersonal relationships that lead to misunderstandings and a cycle of behaviors that reinforce the

individual's faulty beliefs. This study focused on how foster parents understand the behaviors of children who have formed maladaptive attachments.

With impairment in so many areas of development and attachment, it is easy to see how strongly complex trauma will affect the ability of a child to develop and function within a foster home placement. This study looked at what foster parents know about trauma, its cause, symptomology, and effects on child development and behavior. Foster parents' understanding of these issues affects how they view and understand the behaviors of the children in their care.

### **Kolb's Experiential Learning Theory**

Kolb (2014) calls experiential learning theory (ELT) "a holistic, integrative perspective on learning that combines experience, perception, cognition, and behavior" (Ch 2 para 2). Kolb and Kolb (2017) write that experiential learning is a theory of learning where conscious experience is the focus of the learning process. ELT has formed its foundations from three main researchers and theorists, John Dewey, Kurt Lewin, and Jean Piaget (Kolb, 2014). Kolb (2014) also lists William James, Carl Rogers, Lev Vygotsky, Carl Jung, Mary Parker Follet, and Paulo Freire as scholars whose work influenced ELT.

According to ELT, learning is defined as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping and transforming experience" (Kolb, 2014, Ch 2 para 62). The process of learning is seen as the learning cycle. The learning cycle includes the four processes of experiencing, reflecting, thinking, and acting (see Figure 1). Based on how a person learns (learning style), they will cycle through these four stages in the process of learning. The four stages include concrete experience (CE), reflective observation (RO), abstract conceptualization (AC), and active experimentation (AE). Learning occurs as the learner processes through these four stages.

Concrete experience is the foundation for observations and reflections, which will then be turned into abstract concepts. These abstract concepts will, in turn, create new processes for action.

This cycle of learning continues as the learner processes new information and creates new concrete experiences from which to observe and reflect on (Kolb, 2014).

### **Figure 1**

*Kolb's (2014) Experiential Learning Cycle*



Another important premise for ELT is the understanding that learning is not linear. Linear learning is the foundation of traditional learning, where the teacher teaches, and the student learns information that they will later be able to recall and turn into practical knowledge from which to act. Kolb's ELT professes that learning occurs throughout a cycle of experiences that are learned from. Learning must be acted on before it becomes the knowledge that will affect behavior (Kolb, 2017). In this study, it was important to know how foster parents learned about trauma and whether they believed this knowledge has become new concepts that they, in turn, have put into new processes of action within their parenting.

Kolb's ELT also includes the importance of learning styles in the process of learning (Kolb, 2017). However, as this study is focused on understanding what foster parents know

about trauma and how their trauma knowledge affects their parenting and not their specific learning styles, the learning style portion of ELT will not be discussed.

Combined, these two theoretical frameworks provide a foundation for this study of understanding what foster parents know about trauma, how this affects their parenting, and how they learned this information. These theories helped to define the research questions and have laid the groundwork for understanding foster parents' experiences with trauma knowledge.

### **Related Literature**

The foster care system is designed to assist children and families that are not functioning well on their own. When children are removed from their homes, they are often placed in foster homes (Who Cares, 2020). These foster homes are tasked with providing 24-hour care to children with many trauma needs (Oswald et al., 2010). This literature review will look at some of the critical literature discussing foster care and the role of foster parents within this system of care.

### **Foster Care Statistics for Children**

Foster care is a part of life for many children. In the United States, there were approximately 424,000 children in foster care in 2019 (Child Welfare Information Gateway, 2021). The number of licensed foster homes in the United States in 2019 was around 219,000 homes (Who Cares, 2020). Foster care is defined as "24-hour substitute care for children placed away from their parents or guardians" (Code of Federal Regulations, 2020, subchapter G.) A foster family home is a licensed home that meets the federal and state standards for fostering (Code of Federal Regulations, 2020). Of the 424,000 children in foster care, 46% are in nonrelative foster placement, while 32% are in relative foster homes (Child Welfare Information Gateway, 2021).

Most children come into care because of abuse and have experienced multiple types of traumas. The American Psychiatric Association (APA) (2013) defines trauma as a single experience of physical violence, sexual violence, or threat of death. Three-quarters of those abused were neglected, 17.5% were physically abused, and 9.3% were sexually abused (U.S. Department of Health & Human Services et al., 2021). Abuse, in most cases, is pervasive and ongoing. Often children also experience abuse combined with parental drug and/or alcohol abuse. Many homes also have domestic violence and financial issues (U.S. Department of Health & Human Services et al., 2021). Other types of traumas experienced include traumatic loss, community violence, and physical assault (Greeson et al., 2011). All these factors lead to the high numbers of foster children with high experiences of trauma resulting in extensive behavioral and mental health needs. Child maladaptive behaviors increase incrementally as the number of trauma types increases (Greeson et al., 2014). Their exposure to trauma and the resulting issues brings forth the dire need for trauma-informed care when working with foster children.

Foster children often have many physical and mental health needs. In a longitudinal study, approximately 44% of caregivers to foster children reported that the child's health at 12 years old was less than excellent (Villodas et al., 2016). More than 90% of children entering foster care had an abnormality on at least one health measure (Chernoff et al., 1994). Children entering care were also found to be smaller in height and weighed less than normal for their age.

Foster children are three to four times more likely than non-foster children to have clinically significant mental health issues (Tarren-Sweeney, 2008). These issues often include complex psychopathology related to attachment issues and relationship insecurity. An analysis of mental health needs in preschool foster children found that 40% had developmental, mental

health needs, or insecure attachment (Vasileva & Petermann, 2018). One study reported that 17% of children had clinically elevated internalizing problems, and 30% had clinically elevated externalizing problems (Villodas et al., 2016).

Often foster children do not receive adequate mental health services. Children in foster care often have complex histories that create complex needs. These complex histories are often not recognized, leading to no or ineffective treatment (Ai et al., 2013). The type of trauma history the child has suffered is important, and assessment can help determine the correct treatment (Beal et al., 2019). One of the issues inhibiting assessment is that social workers have noted they experience difficulty in identifying needs in children (Hoffman et al., 2016; Kerns et al., 2014). The lack of workers and the overburdening of the social services system are other factors inhibiting linkage to appropriate mental health services for foster children (Hoffman et al., 2016). Assessments take time, and time is difficult to devote when workers are already overextended. Overburdened social workers also have an effect on mental health providers who work with foster children. Mental health providers noted difficulty providing services to foster children due to difficulty communicating and coordinating services with caseworkers (Kerns et al., 2014). Mental health providers also struggle with a lack of knowledge about the foster care system in general.

Children in foster care have many academic needs. These children often perform below grade level and are found to test in the low to low-average range on achievement measures (Crozier & Barth, 2005; Trout et al., 2008). The more traumatic experiences that a child has, the greater the risk to their cognitive functioning and lower academic performance (Crozier & Barth, 2005). Vasilevski and Tucker (2016) found that when compared to children with the same level of intelligence, maltreated children displayed significant impairments in measures including



executive functioning and attention, working memory, learning, and processing speed. These factors contribute to cognitive deficits that negatively impact the child's academic performance outside of intelligence. Many of the issues in cognitive and academic functioning are due to the disruptions in developmental processes that maltreated children have experienced (Romano et al., 2015)

Once foster children become adults, the statistics for them continue to be dire. They have less education than the general population (Gypen et al., 2017). Former foster children have lower employment rates and earn less income. They also have an unstable work pattern. They have significantly higher rates of mental health needs and medical needs. Higher rates of substance abuse are also prominent in this group. A final statistic for former foster children is that they experience higher rates of criminality. Mersky and Topitzes (2010) found similar statistics for young adults with a history of childhood maltreatment. For these young adults, Mersky and Topitzes found that they were less likely to complete high school, and only 4% earned a single college credit by age 24. There was a significant association between maltreatment and lower income. They had a significantly increased risk of being in prison for substance abuse and mental health needs. These adults also showed lower personal optimism and life satisfaction. Mersky and Topitzes found that even when these adults did well on certain outcomes, most did not achieve positive outcomes across all domains, and few displayed resilience across multiple domains of resilience. These statistics on the outcomes of children in foster care lead to understanding the necessity of providing appropriate care for foster children. The behaviors and difficulty of meeting foster children's needs lead to large displacements within foster care.

## **Placement Disruptions**

Stability within the foster care system is a significant issue. Placement disruptions add to the experience of trauma that foster children are already dealing with. Jedwab et al. (2019a) note that 53% of foster care placements are disrupted within three years. Villodas et al. (2016) found that children ages 0-9 had, on average, 3.8 placement changes in their first 18 months in care.

Placement disruptions result in negative consequences. Male foster children with placement disruptions are at a higher risk of juvenile delinquency (Ryan et al., 2005). Placement instability is related to increased internalizing and externalizing behaviors, and this increases with each subsequent disruption (Newton et al., 2000).

Several factors contribute to these disruptions. One factor is child behavior problems (Koh et al., 2014; Konijn et al., 2018; Mckeough et al., 2017; Oosterman et al., 2007). Foster children who enter care with a diagnosed emotional and behavioral disorder are more likely to have disruptions during their care (Barth et al., 2007). Foster parents have identified child behavior issues as the most significant challenge they face in fostering (Barnett et al., 2018; Mckeough et al., 2017). Foster parents' tolerance for behavioral issues was six behaviors per day. As behavior issues increase, the risk of placement disruption also increases (Chamberlain et al., 2006).

Foster parents report four distinct behavioral profiles that cause issues and increase the risk of placement disruptions. These four profiles include behavior related to cognitive functioning, high-risk behaviors, oppositional and defiant behaviors, and anxiety and low self-esteem (Octoman et al., 2014). Behaviors found in the profile of cognitive functioning included an inability to understand directions, disorganization, memory issues, academic functioning, inattention, difficulty expressing self and needs, poor self-care, acting younger than biological

age, avoiding eye contact, and seeming uncomfortable with praise and affection. The high-risk profile includes behaviors such as playing with fire, self-harm, substance abuse, smearing feces, suicide ideation, sexual behavior, running away, threatening or aggressive, stealing or destroying property, walking away with strangers, and attempts to manipulate and turn people against each other. Behaviors that are part of the oppositional and defiant profile include aggression, destruction of property, turning people against each other, need for control, enjoying making others angry or upset, uncooperative, lack of guilt, impulsive, outbursts, refusal to follow the rules, and believes everyone is against them. Behaviors that reflect a profile of anxiety and low self-esteem include self-blame, excessively neat, compulsive behavior, startle reflex, demanding attention, rewards, and praise, clingy, afraid, anxious, being easily overwhelmed, trouble sleeping, worries, does not like change, and is afraid of people.

Several other factors increase the chances of placement disruption. One factor is age, with older children disrupting more (Jedwab et al., 2019b; Konijn et al., 2018; Oosterman et al., 2007). Another factor that increases the likelihood of placement disruption is placement without siblings (Barth et al., 2007; Konijn et al., 2018). A history of maltreatment increases disruption chances (Konijn et al., 2018). A diagnosis of depression increases placement disruptions (Barth et al., 2007). Previous placement disruptions also predict future placement disruptions (Price et al., 2008; Strijker et al., 2008). Adolescents were also found to be at a higher risk for displacement when there was a low level of integration into their foster home (Leathers, 2006).

A final factor in placement disruptions is foster parent perception (Leathers et al., 2019). Leathers et al. (2019) reported that foster parents' parenting experiences were a stronger predictor for placement disruption than child behaviors. They found that poor parenting experiences were related to a lack of support and parents' level of stress. It is important to note

that parents who reported negative parenting responses fostered children with high levels of difficult behaviors showing that child behaviors still play a large part in disruptions. Leather et al. caution that more studies are needed to understand the features of negative parenting experiences. Tonheim et al. (2018) note that placement disruption is not always the result of one factor but is usually the result of a combination of factors. While child behavior is the most often listed reason for placement disruptions, child behavior should be viewed within the context of biological family issues, foster family issues, and a lack of support and services from the social services agency.

Foster parents can make a difference in the placement trajectory of a foster child. Foster parents who build a relationship with youth with behavioral needs can provide a protective factor for their foster youth (Oosterman et al., 2007; Wojciak et al., 2017). Foster youth who reported a close relationship with their foster parent were found to have lower levels of internalizing behaviors (Wojciak et al., 2017). Cooley et al. (2014) found that when youth expressed a close relationship with their foster parent, the foster parent perceived fewer externalizing behaviors and a reduction in internalizing behaviors.

Hyde and Krammerer (2009) note that from the foster youth's perspective, foster parents do not know how to respond to their behavior, showing the critical importance of good trauma-informed training for foster parents. Foster parents who understand that children's behavior is related to trauma have a greater tolerance for maladaptive behaviors (Allen & Vostanis, 2005; Bartlett & Rushovich, 2018; Konijn et al., 2020; Lotty, Dunn-Galvin, et al., 2020). They also have a more positive view of their foster child. Trauma and/or attachment training for foster parents is shown to reduce placement disruptions (Price et al., 2008).

**Trauma-Informed Care Definition and Use in Social Service Settings**

The effects of long-term abuse and its wide-reaching, lifetime effects on the individual form the basis for developing trauma-informed care (Figley, 2017). There is a great need for social service agencies to understand the trajectory of complex trauma and how it defines a person's life. The goal of trauma-informed care is to assist those who have experienced complex trauma in being heard and understood. Trauma-informed care is the combination of ideas that have come together to provide system-wide care to individuals in areas where those with trauma may seek help (Figley, 2017). These institutions include healthcare, judicial systems, schools, nursing homes, social services, and others. Trauma-informed care should be the guiding theory of care in relation to these individuals.

Trauma-informed care recognizes that many behaviors commonly viewed as maladaptive behaviors may be coping behaviors in those who have suffered complex trauma (Butler et al., 2011). The National Child Traumatic Stress Network (NCTSN) has provided a framework for defining what constitutes trauma-informed care.

A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system, including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive (NCTSN, n.d.-a, para 1).

According to NCTSN (n.d.-a), seven principles define the framework of trauma-informed care. First, it is necessary to provide routine screening for trauma exposures and the symptoms of trauma. Screening will provide the information needed to understand the presence and scope of the trauma experienced. Second, mental health assessments and services need to be evidence-based. Treatment must be theoretically sound and specifically directed at treating the underlying trauma that is driving behavior. Third, resources on trauma need to be made available to all parties within the system, including children, their families, and the providers. Fourth, the system needs to provide efforts to build resilience in children and their families. Fifth, efforts need to be made to address the caregiver's trauma and how it impacts the family. Sixth, there needs to be continuity of care across the system. Seventh, there needs to be an environment of care for staff to address their needs in relation to secondary traumatic stress.

Trauma-informed care has been a focus in social service settings for over two decades. Congress established the NCTSN in 2000 as part of the Children's Health Service Act. The goal was to raise the standard of care in all social service areas for those who had experienced trauma (NCTSN, n.d.-b). In 2011 the need for trauma-informed care drove the United States Department of Health and Human Services, Administration for Children and Families Children's Bureau to begin investing money into helping states move toward a trauma-informed system of care (Akin, Strolin-Goltzman, et al., 2017).

While trauma-informed care has been a focus within social services, it is not yet a standard practice for most states. The different states and localities are at differing places regarding understanding and implementing trauma-informed practices. The process of change within the social service system is slow, and implementation is often piece by piece (Akin et al., 2016). The lack of implementation is due to several factors, including a lack of funds, a lack of a

consistent definition and defined ways to implement trauma-informed care, a lack of training for members of the welfare system, and a lack of evidence-based providers (Donisch et al., 2016).

Donish et al. (2016) interviewed social workers, juvenile justice workers, and mental health providers to look for a common definition among service providers. Many social workers expressed an understanding of trauma-informed care as an approach to providing care. There was a common theme of recognizing that trauma-informed care involved trauma knowledge, recognizing trauma symptoms, and responding differently through learned skills. Many also expressed an understanding that trauma-informed care needs to be evidence-based. However, there was also recognition that trauma-informed care was not implemented in most welfare systems. Social workers recognize the benefits of trauma-responsive assessments and case planning. Still, their workload is already overwhelming, and it is challenging to meet the needs of changing systems and following implementation guidelines (Dunkerley et al., 2021).

Where agencies have implemented a system of trauma-informed care and assessed for results following implementation, there have been positive outcomes (Bartlett et al., 2018; Berliner & Kolko, 2016). Children receiving trauma treatment as part of a trauma-informed care system had improvements in PTSD symptoms, behavior issues, needs, and increased strengths. These improvements were found using Attachment, Self—Regulation and Competency (ARC) and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) (Bartlett et al., 2018). There were modest improvements in foster children's mental health after six months (Bartlett et al., 2016). Another benefit of providing trauma-informed care is an increase in knowledge and empathic response across the span of care for foster children (Berliner & Kolko, 2016). Barto et al. (2018) also found that children in a trauma-informed care system of care had improved statistics on abuse reports.

The Virginia Department of Social Services (VDSS) (2021), in their *Child and Family Services Manual*, discusses the importance of understanding trauma and its effects on foster children. Their first goal with children taken into care is to assess for trauma and link children to appropriate services. These goals are based on the *Child Welfare IV-B and IV-E Legislative Authority and Financing* (U.S. Department of Health and Human Services et al., 2012) regulations which designated funds to support the provision of trauma-informed care throughout the U.S. in all state foster care systems. Trauma-informed care is deemed necessary to support all foster children who have experienced trauma.

It is important to note that the NTCSN (n.d.-a) lists caregivers as a critical component of providing trauma-informed care. The NTCSN (n.d.-a) also notes that collaboration is an integral part of delivery. Foster parents provide day-in and day-out care for foster children. It is vital that foster parents have a working knowledge of trauma and its effects to provide adequate care. As the foster care system works toward trauma-informed systems of care, there needs to be an understanding of what foster parents know and understand about trauma. Just as social workers have a working knowledge of trauma-informed care even when their system has not established formal trauma-informed care, it was expected that foster parents have knowledge of trauma and its effects on foster children (Miller et al., 2019). It was important to understand how they have learned this information and how they have put it into practice.

### **Studies on Trauma-Informed Training for Foster Parents**

The main area where there have been studies and efforts to improve trauma-informed skills for foster parents is through training and specifically trauma-informed training. There have been a number of trauma-informed foster parent trainings designed and tested. One training, the Resource Parent Curriculum (RPC), also known as Caring for Children Who Have Experienced



Trauma, is a training developed to educate foster parents dealing with traumatized children (Sullivan et al., 2016). NCTSN developed this program. Following training with this program, foster parents increased in trauma-informed parenting knowledge and felt more capable of providing care for their traumatized children. RPC increased foster parents' positive views of their children. Foster children also showed a reduction in their traumatic symptoms (Konijn et al., 2020). These studies did not evaluate changes in parenting behavior and did not test beyond the end of the 8-week training (Murray et al., 2019; Sullivan et al., 2016). The Resource Parent Curriculum + Care (RPC+) was developed in response to feedback from parents requesting more concrete strategies to assist with behavior modification (Strolin-Goltzman et al., 2018). This program also offers enhanced relationship strategies. The post-training results showed gains in knowledge acquisition and improvements in parent self-efficacy. However, only a moderate decrease in parent perceptions of child behaviors was noted.

The Incredible Years Foster Parent Training was evaluated using a mix method design (Conn et al., 2018). This study found mixed reviews for the program. Quantitative data did not show a significant improvement. However, the qualitative data showed that parents felt they had gained advances in their knowledge and confidence in parenting foster children (Conn et al., 2018). The KEEP (Keeping Foster and Kinship Parents Trained and Supported) intervention has shown improvement in child behavior and improvement in parenting confidence (Greeno et al., 2016). This study also found that placement stability was improved at 12 months post-training (Greeno et al., 2016). The KEEP intervention also has been shown to be effective in moderating the effects of prior placement disruptions (Price et al., 2008).

Fostering Connections: Trauma-Informed Foster Care Program was shown to increase the number of positive interactions between parent and child (Lotty, Dunn-Galvin, et al., 2020).

Foster parents experienced significant improvements in their trauma knowledge, their ability to tolerate foster child maladaptive behaviors, and overall confidence in their ability to foster (Lotty, Dunn-Galvin, et al., 2020). There was also a reduction in child behaviors (Lotty, Bantry-White, et al., 2020). Lotty, White, et al. (2020) note that maintaining these positive results will depend on the ability of the welfare system to provide ongoing support. Trust-Based Relational Intervention foster parent training program was found to decrease behavioral problems in children significantly. There was also a decrease in the children's trauma symptoms (Purvis et al., 2015).

The Parent Management Training: Oregon Model showed foster parenting improvement at six months. Parents with high scores on ineffective discipline showed lower improvement (Akin et al., 2017). Foster parent stress was also significantly decreased (Maaskant et al., 2017). Reducing foster parent stress could lead to foster parent retention. However, both the trained and control group saw reduced child behaviors with no significant difference noted (Maaskant et al., 2017). Pathways to Permanence 2: Parenting Children who have Experienced Trauma was another trauma-informed curriculum designed for foster parents. The follow-up results for training indicated positive changes in parent resilience and parent nurturing and attachment (Filippelli et al., 2021).

Trauma-systems Therapy-Foster Care (TST-FC) was implemented in two agencies and evaluated by Bartlett and Rushovich (2018). Training included learning about the relationship between development and social interactions. The training emphasized understanding the child's trauma symptoms as they relate to the child's development and building on family strengths. Following training, foster parents expressed that they had increased knowledge of trauma and felt confident in their ability to parent traumatized children. These homes also showed increased

stability and foster parent retention. There was some evidence that trauma knowledge and scores dropped at follow-up, indicating that continued support and training may be necessary to solidify gains and parenting changes in behavior.

Allen and Vostanis (2005) developed a program of training for foster parents based on attachment theory. Foster parents learned about attachment, attachment style, and the effects of faulty attachment patterns on the developing child. Other topics of training included child development, the cyclical pattern of behavior and response between child and foster parent, how to provide a positive home environment, building relationships with a child who has developmental delays, responding to behavioral problems, how to develop secure attachments, and creating an atmosphere of playfulness and curiosity. Foster parents were given time to discuss these topics and apply them to their personal histories and current situations. Much time was also devoted to the practical implications of the presented information. Following this training, foster parents expressed that they felt more confident in their ability to parent, felt less overwhelmed, and had more realistic expectations of the child. Foster parents stated that they built an understanding of their foster children and why they behaved the way they did. This knowledge helped them to persevere through difficult times instead of giving up. Some foster parents also indicated significant ways that they had changed their behavior to effectively parent their foster child. Foster parents also appreciated the opportunity to share and hear from the experiences of other foster parents. Molano et al. (2020) found that attachment-sensitive behaviors initiated by the foster parent increased the foster child's feeling of safety and attachment. Foster parents can be trained to incorporate attachment-building skills to help children build better attachments.

Overall, most trauma-informed foster parent trainings designed to provide parenting skills and knowledge and ways to manage child behaviors are successful in reducing child behaviors (Solomon et al., 2017a). Most trauma-informed foster parent trainings also show positive results post-training (Lotty et al., 2021). Most show improvement in both foster parent outcomes as well as child-specific outcomes. These successful programs apply psychoeducation, reflective engagement, and skill-building techniques within the training (Lotty et al., 2021). However, these studies have not been able to determine the long-term effects of these programs. There is still a need to study and understand how parenting and/or child behaviors are maintained long-term (Solomon et al., 2017b). While trauma-informed foster parent training is proving successful, most foster parents are not receiving this trauma and/or attachment training. For most, the pre-service training is the main training that they receive.

### **Issues with Foster Parent Training**

Foster parents' ability to provide care to children with traumatic backgrounds requires them to navigate many different systems of care (Piel et al., 2017). Foster parents need training on a variety of topics to be able to provide the best possible care and to ensure that they feel knowledgeable and capable of providing this care (Piel et al., 2017). To care for foster children, parents must become licensed. The licensing standards are state standards that meet federal guidelines but are state specific. Parents must participate in pre-service training as part of the licensing process (U.S. Department of Health and Human Services, 2018). The amount of training and the specifics of the training requirements vary across states. Training is required by law or policy in 45 states prior to fostering. Topics typically addressed include licensure requirements, agency policy and procedure, roles and responsibilities of foster parents, child development, behavior management, cultural issues, attachment and loss, home and child safety,

and the impact of fostering on the foster family (U.S. Department of Health and Human Services, 2018). In a review of foster care policies across states, there is no standardization of preservice training. More research is needed to develop an understanding of which training components help meet the needs of foster parents (Jedwab et al., 2020).

The U.S. Department of Health and Human Services, Administration for Children and Families, et al. (2019) found that the quality of foster parent trainings were inconsistent. They also found inconsistencies and a lack of clear requirements for ongoing training. Several studies have found that preservice trainings often lack the necessary training and skills to work with children with trauma. Cooley et al. (2019) found that preservice training for foster parents provided little education concerning behavior modification. They also found that foster parents' parenting behaviors had few changes post-training. Both the PRIDE and MAPP preservice training, which are currently used in many states, are also ineffective at providing clear behavior modification strategies and parenting changes (Benesh & Cui, 2017; Cooley & Petren, 2011; Festinger & Baker, 2013).

Foster parents discussed the need for pre-service training on how to make a connection with a foster child (Mallette et al., 2020). Parents also expressed that much of what they learned in training did not apply to their fostering experiences and day-to-day life with a foster child. Cooley et al. (2019) also noted a need for research into the effectiveness of pre-service trainings.

Benesh and Cui (2017) found that preservice trainings did not provide new foster parents with enough skills to be able to foster immediately. Benesh and Cui (2017) recommend that preservice trainings be developed using theoretical frameworks to address child behaviors. Festinger and Baker (2013) found that preservice trainings focused on the policies and procedures of the welfare agency more than child-specific training. They also found no

empirical evidence to show whether the trainings were effective. Festinger and Baker (2013) also found that there was a need for evidence-based training that would help foster parents develop behavior management skills and provide foster parents with trauma knowledge.

Studies that have been conducted on preservice trainings are inconclusive about the effectiveness of the training. In a systematic review of the literature on foster parents' satisfaction with training, Kaasbøll et al. (2019) found a significant difference in the outcome of the quantitative data and qualitative data. While quantitative data shows high satisfaction, qualitative data indicates that foster parents express a lack of training. Foster parents point to a lack of training to help deal with behavior issues and a need for real-life practical training. Foster parents also desire input from other foster parents so that they have a more realistic view of what fostering involves (Randle et al., 2017). It is recommended that studies be conducted to understand the types of training parents receive and that interventions/training be included to improve foster parent efficacy (Whenan et al., 2009).

Foster parent training would benefit from teaching on parenting styles. Studies have shown that foster parent behavior significantly impacts foster child behaviors (Fuentes et al., 2015; Lang et al., 2016). Foster parents with authoritarian style parenting that includes criticism and rejection increase their foster children's externalizing and internalizing behaviors (Fuentes et al., 2015). Permissive parenting also has negative consequences for foster children who need structure to ensure their feeling of felt safety (Fuentes et al., 2015). Following their preservice trainings, foster parents are licensed and approved to care for foster children. As noted, many are not prepared, and many will find that they did not have adequate training. As they begin working within the foster care system and with traumatized children, they may discover other needs that are preventing them from providing the best care that they can.

### **Foster Parent Needs**

There are needs across the entire social services system. Since this study focuses on foster parents, the focus will be on the needs expressed by foster parents. Foster parents are tasked with providing the most care for traumatized foster children, and they want to know that they can meet the child's needs (Withington et al., 2016). When asked, foster parents have expressed a wide variety of training and non-training needs to provide the necessary care for their foster children. The U.S. Department of Health and Human Services, Administration for Children and Families, et al. (2019) found through their Child and Family Services Review that 69% of the cases reviewed showed that foster parents' needs were not met. One of the most disturbing facts of this review was that there were cases where social services chose to move children to a new home instead of providing the necessary resources to stabilize the placement. These statistics point to a definite need for a system of assessment and provision for foster parent needs (Leffler & Ahn, 2021).

When asked, foster parents self-rated their competence as high. However, these foster parents also expressed frustration about the lack of training they received, and they expressed that they wanted further training (Barnett et al., 2018; Cooley & Petren, 2011). Foster parents need trauma-specific training to care for the needs and understand the behaviors of children with trauma (Vasileva & Petermann, 2017). Studies consistently show that foster parents want training that will help them deal with the maladaptive behaviors of their foster children (Cooley & Petren, 2011; Leathers et al., 2019; McKeough et al., 2017; Murray et al., 2010). Foster parents also expressed an interest in education directed at skills building for fostering (Dorsey et al., 2014). Foster parents have expressed a need for training in areas such as working with special needs children, managing child behaviors, trauma, self-care, child adjustment, working

specifically with sexually abused children, diversity, the cultural needs of children, and child development (Cooley & Petren, 2011; Hubert & Kulkin, 2018).

Another area of interest for foster parents was learning from the experiences of other foster parents (Cooley & Petren, 2011). Foster parents also desire to be more involved with the biological family (Jones et al., 2016; Leffler & Ahn, 2021). Foster parents would appreciate training on how to work with biological families. Many families recognize that there would be a great benefit to their foster children if more interaction between foster and biological families were encouraged.

Foster parent training is essential to the well-being of the foster child as foster parents who have more training feel self-efficacy, and can build a healthy relationship with their foster child (Whenan et al., 2009). These foster parents also had greater overall well-being (Whenan et al., 2009). Understanding what foster parents have to say about their experiences is an important component of building better training and support for foster parents.

Inclusion and support are other critical components of trauma-informed care that are often missing in foster parents' experiences within the system. In one study, foster parents expressed a need for better communication between themselves and social service workers and suggested joint training for parents and staff (Spielfogel et al., 2011). Foster families need and benefit from social support at the micro, meso, and macro levels (Piel et al., 2017). When parents were supported, they were willing to reciprocate support to others, demonstrating that if foster parents are included in the social services system and supported by the system, they will, in turn support the system (Piel et al., 2017).

Foster parents also expressed wanting to feel appreciated and supported by their agencies. Foster parents especially expressed wanting support and appreciation from their caseworker



(Randle et al., 2017). One of the most interesting considerations in Geiger et al.'s (2013) study was data that shows that foster parents are more distressed by their treatment and relationship with their agencies and a lack of resources than they are distressed by child behaviors. Ahn et al. (2017) and Randle et al. (2016) also found that parents rated their dissatisfaction with their agency and the support they received as a more important factor than child behaviors.

Foster families want to be included and express frustration when they are not heard (Macgregor et al., 2005). They felt that what they said had no bearing on decisions made for the child (Withington et al., 2016). Foster parents express the need to be heard and to be a part of the team when it comes to decision-making about their foster child (Geiger et al., 2013; Leffler & Ahn, 2021; Piel et al., 2017; Withington et al., 2016). This frustration of being ignored by the system led some parents to express concerns about continuing to foster in the future (Geiger et al., 2013). Adams et al. (2018), in their review of stress and its contributing factors for foster parents note that the foster care system would be significantly enhanced by utilizing a holistic approach that included more significant input and inclusion of foster parents. The system would also benefit from a team approach between mental health services, social services, and foster families, which is a recommendation for trauma-informed care (NTCSN, n.d.-a).

Foster parents often receive inadequate information, affecting their ability to care for their foster child well (Jones et al., 2016; Leffler & Ahn, 2021). They do not receive adequate information about the child, the child's history, or the child's current level of functioning. Foster parents report that they are not given enough information about the progress of their child's court case (Jones et al., 2016; Leffler & Ahn, 2021). Foster parents also reported a lack of information about the resources available (Leffler & Ahn, 2021). The U.S. Department of Health and Human Services, Administration for Children and Families, et al. (2019) also found that services

available to foster families were delivered inconsistently. Many foster families did not receive information about services that were available to them. In addition, many families did not receive the resources that were available to them.

An essential aspect of fostering is providing for the child's needs. Currently, mental health services are of significant concern. Foster parents have noted a lack of specialized mental health services for foster children's mental health needs (Barnett et al., 2018). Foster parents also expressed little involvement in mental health services and had little confidence in the effectiveness of mental health services (Spielfogel et al., 2011). They feel frustration over their lack of participation and their ability to have input into mental health services (Dorsey et al., 2014). Foster parents were not satisfied with the availability and quality of mental health services. They cited long waits to begin treatment, high turnover with counselors, lack of inclusion for foster parents, and no availability of individualized services to meet children's needs (Hayes et al., 2015).

Evidence-based mental health services are a critical component in trauma-informed care (NCTSN, n.d.-a). Barnett et al. (2019) found that when children with trauma received trauma-informed mental health services, the previously negative relationship between child behaviors and foster parent satisfaction became insignificant. Of the 40.6% of foster children who displayed externalizing behaviors, only 20.9% received mental health services for these issues (Vanschoonlandt et al., 2013). Only one-quarter of the youth with mental health needs who encounter social services prior to being removed are receiving needed mental health services (Burns et al., 2004). In their Child and Family Services Review, the U.S. Department of Health and Human Services, Administration for Children and Families, et al. (2019) found that only 64% of reviewed cases provided appropriate mental and behavioral health services for foster

children. Other concerns listed in the report included delays in assessing and/or providing assessments of mental and behavioral needs, gaps in service provision, and partial needs only being met. (Cooley & Petren, 2011).

Foster parenting is a very stressful job. In addition, foster parents are at high risk for secondary traumatic stress. Parenting stress can be linked to a child's maladaptive behaviors. In one study by Neece et al. (2012), parenting stress and child maladaptive behaviors were found to be a transactional relationship where each affects the other. Parent stress and child maladaptive behaviors were both antecedents and consequences of each other and worked in a cyclical relationship. Neece et al. (2012) suggest that training could help foster parents break this cycle with their foster children. Another study on the transactional relationship between parental stress and child behaviors found no bidirectional relationship (Goemans et al., 2018). Instead, Goemans et al. (2018) found that child behaviors affected parental stress, but parental stress did not affect child behaviors. Whether or not there is a transactional relationship between parental stress and child behaviors, foster parents would benefit from training that helps them deal with stress and learn effective ways to moderate child behaviors.

Another related issue with foster parent needs is secondary traumatic stress. A survey of 1213 foster parents (Whitt-Woosley et al., 2020) found that a quarter of foster parents were experiencing persistent distress and moderate to high levels of secondary stress. They also found that 15% of foster parents were experiencing levels high enough to suggest PTSD. Hannah and Woolgar (2018) also found high numbers of traumatic stress and noted the connections between traumatic stress and the willingness to continue fostering. These numbers reinforce the need for trauma-informed training for foster parents to help them recognize the signs and symptoms of their own traumatic stress and learn self-help techniques to deal with these issues (Mckeough et

al., 2017; Miller et al., 2019). Provision for secondary traumatic stress is one of the components of a trauma-informed system of care (NTCSN, n.d.-a). Compassion satisfaction was found to mediate the effects of traumatic stress and could help direct training and/or support with foster parents to increase compassion satisfaction (Hannah & Woolgar, 2018).

Social services need to provide better support for foster parents' self-care needs to support better parent retention (Miller et al., 2019). Self-care is the best prevention for burnout and these strategies can be taught (McKeough et al., 2017; Miller et al., 2019). Addressing self-care through preservice training is critical to helping foster parents care for children with trauma (Miller et al., 2019; Vasileva & Petermann, 2017).

Meeting foster parents' needs is an important link in providing care for foster children. Foster parents experienced less strain if they received adequate support, which was defined as trauma-informed from their agency, were able to access professional trauma-informed mental health services for children, and were integrated into their child's care team (Leake et al., 2019). When foster parents needs are met, they can better provide trauma-informed care that helps nurture a traumatized child.

### **Qualities of Successful Fostering**

Currently, there is a lack of studies and information that clearly define the role of foster parents (Jones et al., 2016). Information about successful fostering comes from interviews and studies directly with foster parents. To provide adequate day-to-day care for a foster child, foster parents must balance their biological families, work, and social life with the many difficult tasks of fostering.

“Foster parents are expected to provide for the day-to-day needs of children; respond to their emotional and behavioral needs appropriately; arrange and transport children to

medical appointments, mental health counseling sessions, and court hearings; advocate on behalf of foster children with schools; arrange visits with birth parents and caseworkers” (Stukes Chipungu & Bent-Goodley, 2004, p. 83).

Successful foster parents have the right motivation for fostering. The most cited reason for fostering was the intrinsic motivation of wanting to make a difference in a child's life (Macgregor et al., 2005). Foster parents that have intrinsic motivation are more likely to continue fostering (Geiger et al., 2013). These foster parents are motivated by building strong relationships with foster children and by knowing that they are making a difference (Geiger et al., 2013; Shklarski, 2019). Foster parents expressed satisfaction with their roles when they felt they had accomplished something and had made a positive impact (Griffiths et al., 2021). Foster parents expressed a willingness to continue fostering when they felt that they were included and could provide input and were heard (Geiger et al., 2013).

Successful foster parents play an important role in their foster child's education (Romano et al., 2015). Foster parents who were involved in their foster child's schoolwork at home and provided a positive role model for learning were found to increase their foster child's academic achievement significantly. Morton (2016) reported that former foster children attributed their academic success to finding a foster family where they felt safe and loved and that these foster families encouraged and supported their education. This support was felt through such activities as participation in after-school activities, help with schoolwork, and help with college applications.

Foster parents with positive parenting behaviors were found to improve child development in their foster children (Chodura et al., 2021). For foster parents to display positive parenting, they need to have a unique set of skills specific to fostering (Berrick & Skivenes,

2012). These skills include fostering a sense of belonging in their children. Successful foster parents can be a buffer for a child's extreme emotions. They can provide care to their foster child concerning relationships with birth families. They honor a child's birth family. Foster parenting skills include advocating for a child's needs. Successful foster parents offer new opportunities for activities and learning. Finally, foster parents must help their child navigate the foster care system. Berrick and Skivenes (2012) note that these behaviors can and should be taught to foster parents.

In interviews with foster parents, Shklarski (2019) found that foster parents listed seven essential skills for successful fostering. The first skill was seeking support. Necessary support included family, friends, and community groups such as a church, the foster care agency, and support groups. The second skill was behaving proactively. This is a necessary skill as foster parents often must seek out and establish services needed for their foster child. Waiting for their agency may not be an option, and successful parents will be proactive in advocating for the needed services. A third was being available. The number of appointments and time required to foster is extensive and being available is a critical component of meeting a child's needs. The fourth was the ability to tolerate uncertainty. Nothing is ever certain with the court system, or caseworkers, and change can happen quickly or slowly; foster parents need to be able to parent under these circumstances. The fifth skill was the ability to communicate effectively. The foster parent needs to be able to communicate the child's needs to various people, including their caseworker, mental health practitioners, doctors, school personnel, and court personnel, to attain the necessary services. If communication is ineffective, foster parents' needs are not heard, and frustration sets in. The sixth skill is the ability to establish boundaries. This includes setting boundaries with the caseworker and biological family and is also part of advocating for the child

and understanding what is necessary and what to say “No” to. Self-care is also included in setting boundaries. The final skill is the ability to empathize with the foster child. Empathy helps to build relationships and allows the child to feel heard and understood.

Foster parents self-identified successful foster placements as being able to provide security for the child, connect with the child, build a relationship with the child, welfare system and birth families, create positive family change, having agency involvement that understood the family and their needs, and where the child can grow emotionally and relationally (Brown & Campbell, 2007). Foster parents who are able to increase placement stability showed an ability to set limits with foster children. They also felt supported in their roles as foster parents (Crum, 2009).

Foster parents who can build a close relationship with their foster children may provide critical protective factors that help youth reduce internalizing behaviors (Cooley et al., 2014; Wojciak et al., 2017). When youth report high levels of emotional security within their relationship with their foster parents, they show lower symptoms of internalizing, externalizing, and trauma symptomology (Rayburn et al., 2018). A strong emotional connection with a caring foster parent can mediate the relationship between exposure to violence and mental health outcomes for foster children (Rayburn et al., 2018).

Fostering has the potential to help a child heal from previous abuse and poor attachment (Gabler et al., 2014). Foster children with foster parents who displayed sensitivity and a supportive presence increased their attachment security within the first six months of placement (Gabler et al., 2014). The qualities of warmth and communication were found to be related to fewer behavioral problems (Fuentes et al., 2015).

Foster parents with an authoritative style of parenting were found to build better attachment security within their young foster children (Lang et al., 2016). Providing boundaries and appropriate behavior modification were important in fostering children, especially children with chaotic and unpredictable family histories (Jones et al., 2016; Lang et al., 2016). Foster parent monitoring is associated with less externalizing and internalizing in youth (Cooley et al., 2021). Monitoring includes activities such as parental control, supervision, and knowledge about the youth's activities and relationships, as well as what the youth willingly shares about their life. Foster parent monitoring was also found to be a protective factor against marijuana use in adolescents (Cheng & Lo, 2011). Other factors that contributed to deterring marijuana usage were a feeling of closeness to parents and engagement with school (Cheng & Lo, 2011).

In a qualitative study of adults' reflections on their long-term experiences in foster care, Schofield (2002) found that having foster parents who were willing to make advances in relationship establishment was important for older children as they entered care. They recognized that their previous experiences left them incapable of knowing how to reach out or accept genuine love and care. These adults expressed that their caregivers were patient and willing to teach them basic behavior concepts and allow them to make mistakes without harsh judgment. Schofield recognizes this as establishing a secure base from which these children could learn developmental tasks that they were denied during their younger years of discorded attachment and abuse. Another factor that adults found important in their previously successful placements was feeling like they belonged (Randle, 2013). This was accomplished by being treated the same as other children and being included in decision-making and responsibilities. They also expressed the importance of foster parents being able to enjoy what they did and being around children.



Effective foster parents understand trauma and its related effects on children's behaviors and thought patterns. They can use this knowledge to help the child build healthy relationships and change negative social behavior. Part of trauma-informed parenting is understanding the importance of consistency in a traumatized child's life (Vanderwill et al., 2020). Foster parents also need to tolerate rejection from their foster child and be able to continue providing supportive and empathic parenting (Vanderwill et al., 2020).

### **Summary**

This literature review discusses the importance of trauma-informed care in the support of foster children. As trauma-informed care has grown and become the gold standard of care for foster care systems, foster parents have been left out of the bulk of research (Donisch et al., 2016). Foster parents provide 24-hour care for children in care. They are responsible for children's day-to-day care and overseeing getting them to and from mental health appointments. In most studies where foster parents have been asked, they have expressed a desire to be involved in decision-making and included in mental health services. In a study where youth were asked what would improve placements, they responded that foster parents did not know how to respond to their behaviors and that better training would help (Hyde & Krammerer, 2009).

The main area where trauma-informed care has taken hold is in creating and disseminating trauma-informed training programs. Berliner and Kolko (2016) note the need to fully understand what specific information is beneficial in trauma-informed training. They also note that these trainings may need to be tailored to different parts of the system and should not be a one size fits all. However, these training programs are not mandatory and are not currently part of preservice training.

Currently, there is a need to understand what foster parents know and understand about their roles in providing trauma-informed care to foster children (Miller et al. 2017). Miller et al. (2017) pointed out that there are no documented studies on foster parent trauma knowledge. Miller et al. completed the first such qualitative study and found that foster parents had a lot of trauma knowledge. Foster parents rated themselves lower on trauma knowledge than they tested on actual trauma knowledge. This may indicate that they have trauma knowledge but may not know how to apply it. There are also currently no evidence-based assessments to assess trauma knowledge. Miller et al. used an assessment they created that has not been tested. Miller also did not review how parents acquired trauma knowledge or how it affected their parenting. This study begins to address the gaps in current literature by exploring foster parents' experience of learning about trauma and applying it to their parenting.

## **Chapter Three: Methods**

### **Overview**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. This chapter provides a detailed description of the research methods used to accomplish this study. Transcendental phenomenology was chosen for this study which allowed this researcher to attain deep, rich stories from the participants about their trauma knowledge. The research questions that directed this study will be discussed. There will also be a discussion about the choice of setting that allowed the best opportunity to conduct the interviews. The procedures used to select the participants will be listed. Next, the researcher's role will be reviewed. The researcher is the main research instrument, and a clear discussion of this role will be given. Data collection and data analysis are important features of a qualitative study. There is a detailed discussion of the data collection methods and the data analysis procedures that this study utilized. To show that this study met high standards, the procedures used to ensure trustworthiness are discussed next. Finally, this chapter will end with a look at the ethical issues and how this study addressed those issues.

### **Design**

A qualitative study is used when a problem needs to be explored (Creswell & Poth, 2018). The purpose of this phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. This exploration was done in a manner that allowed the participants to share deeply about their experiences. Qualitative research was the best way for participants to share what they know and how they learned it.

Phenomenology was the approach used to conduct this qualitative study. Phenomenology describes the participants' lived experiences of a particular phenomenon (Creswell & Poth,

2018). For this study, the phenomenon was foster parents' trauma knowledge in Central Virginia. Phenomenology is often used in research in the fields of sociology, psychology, and education (Creswell & Poth, 2018). Specifically, this study used the transcendental phenomenological design as described by Moustakas (1994). Transcendental phenomenological research allowed the participants to express themselves and their experiences learning about trauma (Creswell & Poth, 2018). Transcendental phenomenology focuses on the experience of a phenomenon and not on the actual object or fact (van Manen, 2014). The focus is on the interpretation or meaning ascribed to the experience by the person who experienced it. This worked within this study as the research focused on understanding how foster parents described the ways they have learned about trauma.

As mentioned, this study followed Moustakas' (1994) transcendental phenomenology as the method of research. Moustakas' (1994) transcendental phenomenology is based on the works of Edmond Husserl. Transcendental phenomenology focuses on the participant's experiences with a specific phenomenon while allowing the researcher to bracket out their own experience (Creswell & Poth, 2018; Moustakas, 1994). Since I have experience as a foster parent, I needed to bracket out my own experiences, expectations, and biases to assess the gathered information with fresh eyes (Creswell & Poth, 2018). I bracketed myself through journaling. Journaling allowed me to see my own opinions and biases and then set them aside to objectively view the information.

### **Research Questions**

Central Research Question - How do foster parents in Central Virginia describe their trauma knowledge?

Sub Question 1 – How do foster parents describe the way trauma has affected their foster children?

Sub Question 2 – How do foster parents describe how they learned about trauma?

Sub Question 3 - How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?

### **Setting**

The setting for eight interviews was the participants' homes, all located in Central Virginia. The other participants selected a location that they were comfortable at and where we could speak privately. Three participants selected their places of work. Two participants chose to interview through Zoom. One participant chose to meet at the university's library, and the final participant chose to meet at a local coffee shop.

The goal was to conduct the interviews without children present. This was not possible for four of the interviews. In those cases, three of the participants had children that were under three years of age present. One participant had an older child present, but he was in another room. These interviews were still conducted but time was devoted to tending to children's needs as necessary. Since all the participants are currently foster parents, they were used to having people such as social workers and counselors in their homes regularly so there was limited concern about the parents not feeling comfortable conducting these interviews in their homes or places of their choosing.

### **Participants**

Creswell and Poth (2018) note that phenomenological studies typically focus on three to 15 individuals. For this study, 15 participants were chosen and interviewed. Participants were selected until the point of saturation was reached. Saturation is achieved once it is determined by

the researcher that there is no new information coming forth. Moustakas (1994) calls participants co-researchers. They are given this title to acknowledge their willingness to sit and share in the discovery of knowledge. The research participant/co-researcher should be considered on equal footing with the researcher (Moustakas, 1994).

This study used a purposeful sampling strategy to verify that participants have experienced the phenomenon (Moustakas, 1994). The goal was to use maximum variation through the purposeful selection of participants. Maximum variation would have allowed for a diverse selection of participants according to their foster agency, age, race, and the number of children (Creswell & Poth, 2018). This was not achieved in this study as participants recruited other participants of similar race and location. The goal of diversity was not achieved.

Snowball sampling was used. Snowball sampling allowed key people to recommend potential participants (Patton, 2015). Snowball sampling was important in reaching people that met the selection criteria (Patton, 2015). I contacted one of the administrators of “Linking Up, Lifting Arms: Support for our Foster and Adoption Community,” a local foster and adoption support group. Through this contact, four participants were recruited (Anna, Bethany, Chloe, and Eva). After my interview with Bethany, she recruited three participants, Faye, Heather, and Isaiah. One participant, Dawn, was recruited through a contact in Roanoke County DSS. A close friend recruited Grace, and Grace recruited her husband, Keith. A family member recruited a co-worker, Laura. I recruited a friend, Jana. Jana recruited her friend, Morgan, and her husband, Joshua. Morgan recruited Nadine. To qualify for this research project, participants were screened using a demographic questionnaire (See Appendix D). The demographic questionnaire was used to determine whether participants qualified for the study.

### **Procedures**

It is important to have a clear and systematic outline in place prior to conducting a phenomenological study (Moustakas, 1994). The first step in the procedure plan for this study was to obtain Institutional Review Board (IRB) approval through Liberty University. The IRB is a necessary step and helped to ensure that this study was ethically sound (Creswell & Poth, 2018). Once approval (Appendix A) was granted, I began to recruit participants. I soon realized that I needed to change the requirement that foster parents had fostered for one to five years. I submitted a modification and requested that the study include foster parents who had fostered for less than 10 years. This modification was approved, and I received final approval on July 13, 2022 (Appendix B).

To recruit participants, I used a purposeful sampling strategy (Creswell & Poth, 2018). I contacted various social workers as well as an administrator for a local online support group; I also contacted foster families I know personally to ask for references for those that met the criteria of this study. I contacted each possible participant through phone or email to introduce myself and my study and ask if they would participate. At first contact, I verified that each participant met the study's qualifications.

The interview was the primary form of data collection for this phenomenological study (Creswell & Poth, 2018; Moustakas, 1994). Interviews were conducted in participants' homes or a location of their choosing. At the start of the interview, the participants signed a consent form (Appendix E). The interviews were audio recorded using two separate recording devices. These recordings were stored on a password-protected computer and backed up on a password-protected external hard drive. At the end of the interview, each participant was asked to complete

a cognitive representation. These documents were scanned and stored on the same electronic devices as the recordings.

After the interviews were completed, they were transcribed through an automated transcription application called Temi. Once I received the transcriptions, I listened to the audio and verified the accuracy of the transcription. Pseudonyms were assigned to each participant based on the order of the interviews. Once the transcriptions were corrected, they were listened to a second time to verify the accuracy. These transcriptions were stored on the same electronic devices as the recordings and all documents. The final transcription copy was emailed to each participant to review, make changes, or add anything they felt was necessary. All participants accepted the transcript as it was.

After a preliminary analysis of the results of the interviews, a focus group was set up for all the participants. It was difficult to coordinate an in-person focus group with the schedule of the 15 participants. It was determined that the best way to conduct the focus group was through a private Facebook group. The participants were invited to the group, and the focus group questions were posted there for the members to comment on as they were able. The focus group was used to share the preliminary findings and to gather any new input from the participants regarding the preliminary findings (Creswell & Poth, 2018).

### **The Researcher's Role**

In qualitative research, the researcher takes on the role of a research instrument (Poggenpoel & Myburgh, 2003). The researcher is responsible for developing the study, gathering information, and interpreting that information (Poggenpoel & Myburgh, 2003). In transcendental phenomenology, the researcher needs to practice Epoche (Moustakas, 1994). Epoche should force the researcher to set aside preconceived notions about the world and how it



functions to view the gathered information with fresh eyes (Moustakas, 1994). One way to enter the Epoche is for the researcher to bracket themselves by acknowledging their beliefs, writing them down to examine, and setting them aside (Giorgi, 2009).

To maintain Epoche, I bracketed myself and wrote out my relationship to this study (Moustakas, 1994). My husband and I were foster parents for 16 years. We fostered 14 children and adopted five children. My own experiences of trauma-informed care were negative in that we did not receive any trauma-informed training early in our fostering. We found education on trauma through a counselor, and I began pursuing more knowledge. Having trauma-informed training changed the way we understood our children and changed the way we parented them. Towards the end of our fostering career, more and more information was being shared about trauma and fostering children with trauma. I am genuinely interested in how foster parents today understand the trauma their foster children have experienced. I took time throughout this process to bracket myself through journaling (See Appendix H). While the participants were completing their cognitive representations, I would journal any initial thoughts, questions, or feelings that I had from the interview. I also journaled during the process of data analysis. Journaling allowed me to note any areas where my preconceived notions began to interfere with the data analysis. Journaling helped me to set aside my assumptions and biases and allowed me to present an objective analysis of the data. Excerpts from the journal are included in Appendix H.

### **Data Collection**

Data collection for this transcendental phenomenological study was accomplished through a demographic questionnaire, semi-structured interviews, a focus group, and cognitive representations. In qualitative research, the participant interview is the main form of data collection (Creswell & Poth, 2018; Moustakas, 1994; Patton, 2015). This study added additional

data collection procedures to ensure the trustworthiness of the study through triangulation (Creswell & Poth, 2018; Patton, 2015). The inclusion of a focus group not only added to the data collection but also offered the ability to perform member checks, which enhanced the trustworthiness of this study (Creswell & Poth, 2018; Patton, 2015).

### **Demographic Questionnaire**

A demographic questionnaire was used to determine whether foster parents have experienced the phenomenon of learning trauma knowledge. This questionnaire was also used to ensure maximum variation by selecting foster parents of differing ages, races, and foster care agencies.

1. Name
2. Age
3. Race
4. Are you a current foster parent?
5. What foster care agency do you foster for?
6. How long have you fostered?
7. Could you describe what trauma is?
8. Have you fostered a child who has experienced trauma?
9. Could you describe how you learned about trauma?
10. What trauma-specific training, if any have you received?

Question 1 identified the participant. Questions 2, 3, 4, and 5 were asked to help with maximum variation. Question 4 needed to be answered, yes, as participants had to be current foster parents. Question 6, in addition to looking for maximum variation, ensured that foster parents had some experience fostering while also being fairly new to fostering. This research focused on

newer foster parents as this study was looking for foster parents' experiences since trauma-informed care has become an important focus for social services. Questions 7-9 were yes/no answers. These three questions were used to determine whether the foster parent could provide rich and detailed information about their trauma knowledge and their experiences with children with trauma.

## **Interviews**

The long interview is the main way to collect data in a phenomenological study (Moustakas, 1994). The long interview in this study was semi-structured (Corbetta, 2003). The semi-structured interview allowed for planned questions to be in place but also allowed flexibility in the interview where necessary (Corbetta, 2003; Creswell & Poth, 2018). There were set questions that were asked of each participant, but deviation from the script was allowed if the participant brought up related topics. The researcher was also allowed to elaborate or ask for specific details if needed.

### **Opening Question**

1. Please tell me a little about yourself as if we were meeting for the first time.
2. Tell me how you decided to become a foster parent.

### **Trauma and Foster Children**

3. What is your understanding of what trauma is?
4. How does trauma affect children?
5. What types of traumas have the children in your care (past or present) experienced?
6. Please share an example or examples of how your foster child/children have displayed trauma reactions.

### **Learning about Trauma**

7. Describe the type of trauma-specific training you have had.
8. Describe any informal ways that you have learned about trauma.

#### Impact of Trauma Knowledge

9. How has your trauma knowledge changed the way you view parenting or the way you parent?
10. Using the example (insert answer from Question 6) ... how did your knowledge of trauma affect the way you reacted?
11. How would you have reacted without trauma knowledge?

#### Foster Parent Confidence

12. Describe any areas that you feel confident about in parenting foster children.
13. Describe any areas in that you feel less than confident in parenting foster children.
14. What type of training would you like to see provided in the future?
15. Is there anything else that you would like to share or add to what you have already shared about your experience of learning and using trauma knowledge?
16. Would it be ok to contact you by phone or email if I have any other questions or need any clarification from today's interview?

Questions 1 and 2 were designed to be relaxed questions to build rapport and connection with the interviewee (Coughlan & Conin, 2009). It was important to start with easy-to-answer questions that allowed the participant to engage in descriptive responses. This allowed the interviewee to relax and become comfortable speaking and sharing information.

Questions 3-6 were designed to gather information on sub-question 1, "*How do foster parents describe the way trauma has impacted their foster children?*" Questions 3 and 4 were general questions that allowed participants to describe what they knew about trauma and how it

affects a foster child. Question 5 asked more specifically what type of trauma they believed their foster child experienced; this allowed them to share their understanding of the types of traumas that foster children experience. Foster children experience a wide range of trauma, and most have experienced multiple traumas. Trauma experiences can include neglect, physical abuse, sexual abuse, parental substance abuse, domestic violence, traumatic loss such as losing parents and/or foster placements, community violence, and assault (Greeson et al., 2011; U.S. Department of Health and Human Services, 2021).

Question 6 asked participants to give specific examples of traumatic behaviors they have witnessed in their foster children. Traumatic behaviors include a wide range of behaviors such as disorganization, memory issues, academic functioning, inattention, difficulty expressing self and needs, poor self-care, acting younger than biological age, avoiding eye contact, being uncomfortable with praise and affection, playing with fire, self-harm, substance abuse, smearing feces, suicide ideation, sexual behavior, running away, threatening or aggressive, stealing or destroying property, walking away with strangers, manipulative, aggressive, destroying of property, controlling, uncooperative, lack of guilt, impulsive, frequent outbursts, refusal to follow the rules, self-blame, excessively neat, compulsive behavior, startle reflex, demanding of attention, clingy, afraid, anxious, easily overwhelmed, trouble sleeping, worries, does not like change, and is afraid of people (Octoman et al., 2014). This list is not exhaustive, and other behaviors were described.

Questions 7 and 8 were intended to address sub-question 2, "*How do foster parents describe how they learned about trauma?*" Foster parents have gone through preservice training, which should have given them some trauma-informed knowledge (U.S. Department of Health and Human Services, 2018). These preservice trainings often lack the information and skills

necessary to parent children with trauma (Cooley et al., 2019). Even though foster parents' preservice trainings may be inadequate, foster parents are gaining trauma knowledge (Miller et al., 2017). When tested, foster parents had more trauma knowledge than they believed they had (Miller et al., 2017). Foster parents may have learned about trauma in a variety of ways. While there are no studies looking at where parents learn about trauma, Miller et al. (2017) note that foster parents have access to many forms of training. They can learn about trauma through preservice training or other formal training courses. They may have received training through their social worker. Knowledge can be gained through mental health professionals, medical professionals, and school personnel as well. Foster parents also have access to online information.

Questions 9-11 elicited information to address sub-question 3, *"How do foster parents describe the impact of their trauma knowledge on the way they parent foster children?"*

Understanding trauma and especially the effects of trauma on children is critical to the welfare of the child. This understanding will be the foundation that the interpersonal relationships between the child and the biological family are interpreted as well as the foundation of the interpersonal relationships built between the foster parents and the child (Cook et al., 2005; Shaver & Mikulincer, 2012; Terr, 1991). The goal of trauma-informed care is to provide care that understands the effects of trauma on the development and course of individuals who have experienced trauma (Butler et al., 2011; NTCSN, n.d.-a). Asking participants about how their parenting has changed because of their trauma knowledge is critical to understanding whether this knowledge has transferred into action (Kolb & Kolb, 2017). Questions 9-11 were based on the theoretical frameworks that formed the basis for this study. Complex trauma theories are critical to understanding why children have maladaptive behaviors and adapting parenting skills

to meet the child's needs. ELT, especially, forms the base for asking these questions. For knowledge to be effective, it will need to be translated into action (Kolb, 2014; Kolb & Kolb, 2017).

Questions 12-14 addressed sub-question 4, "*How do foster parents describe their confidence in working with children with trauma?*" There is a need to study whether current foster parents are confident in their ability to parent children with trauma (Hebert & Kulkin, 2018). Questions 12 through 14 were designed to question parents about their level of confidence in parenting children with trauma. In previous studies, foster parents rated their training experiences high through quantitative means but expressed that they needed more training in qualitative studies (Barnett et al., 2018; Cooley & Petren, 2011). Having the confidence to parent children with trauma can decrease parenting stress (Bloomfield & Kendall, 2012). There is also a connection between parenting efficacy and improved connections to their foster child (Whenan et al., 2009). To understand trauma knowledge, it was important to ask and understand what the foster parent's confidence level was. These questions also added to the foster parents' overall trauma knowledge as they discussed the types of traumatic reactions they are both comfortable and uncomfortable dealing with. Finally, question 15 allowed participants to share any additional information that they felt was important to this study. After the study was conducted and themes created, it was determined that this final sub-question needed to be removed from the study. There was valuable information gathered from these questions, but that information fits into the themes and did not need to be addressed separately.

### **Cognitive Representations**

At the end of each interview, I presented the participant with paper and a choice of colorful drawing instruments such as markers, colored pencils, and crayons. Next, each participant was asked to draw an image based on the following directions (Appendix G):

I would like for you to take a few minutes and reflect on how your trauma knowledge interacts with your foster child's trauma reactions. Then I would like for you to use this paper and any of the writing utensils provided to draw a cognitive representation of how this interaction looks. You may use images and/or words to illustrate with.

The participants were asked to spend a few moments reflecting on this topic prior to engaging in the drawing. The cognitive representations were used to assess information from participants that they may not have shared in the interview (Patton, 2015). Art can help access emotions that may not typically be discussed in an interview (Hubach, 2020; Kasten, 2021). What they chose to draw and how they discussed these images afterward were recorded and analyzed alongside the data collected during the interview.

### **Focus Groups**

The focus group was used in this study to confirm initial findings. The questions and statements were designed following an initial analysis of the individual interviews. The focus group allowed the research to be discussed with the entire group of interviewees (Patton, 2015). This format provided data that addressed the views of multiple participants and allowed them to confirm or disconfirm initial data. The focus group allowed multiple perspectives to be discussed on the various topics (Patton, 2015). The interaction between foster parents provided further rich data about the details of foster parent knowledge. The focus group was conducted



through a private Facebook group. Eleven of the participants joined the group but only five commented. Those comments did provide more data that was used in the study. The six participants who did not comment liked the posts, indicating that they at least read them.

### **Data Analysis**

Data analysis is the process the researcher engages in to determine how to represent the data through a process of organizing the data, organizing themes, representing, and interpreting the data (Creswell & Poth, 2018). This study used the transcendental phenomenological research method as described by Moustakas (1994). Moustakas' data analysis uses four processes, the epoche, phenomenological reduction, imaginative variation, and synthesis of meanings and essences. These are described in greater detail below.

#### **Epoche**

The first goal of transcendental phenomenology is for the researcher to enter into the epoche (Moustakas, 1994; Patton, 2015). Epoche is a Greek word that means to abstain (Moustakas, 1994). In transcendental phenomenology, the Epoche is a term that describes how the researcher must abstain from viewing information in the typical fashion (Creswell & Poth, 2018; Moustakas, 1994; Patton, 2015). Patton (2015) writes, "The researcher looks inward to become aware of personal bias and eliminate personal involvement with the subject matter" (p. 575). Epoche also refers to the researcher's ability to shift views into a phenomenological attitude (Patton, 2015). This new attitude allows the researcher to view the phenomenon of study with fresh eyes that are untainted by outside or inside influences (Moustakas, 1994; Patton, 2015).

Moustakas (1994) calls entering the Epoche both a preparation and an experience. The researcher must intentionally become prepared to view the data with fresh eyes, allowing the

experience of those sharing to stand on its own without the researcher's interpretation or judgment. The Epoche is also an experience that must continue throughout the entire process of phenomenological research. Entering into and remaining in the Epoche is the primary procedure for transcendental phenomenological research (Patton, 2015). Moustakas warns that this is also a challenge. He writes, "This way of perceiving life calls for looking, noticing, becoming aware, without imposing our prejudgment on what we see, think, imagine, or feel" (p. 86). This will require "unusual, sustained attention, concentration, and presence" (p. 88). The researcher must also view each quality observed with equal value and abstain from ordering items by levels of importance (Moustakas, 1994). This epoche was an ongoing effort throughout the research process, and the journal can be viewed in Appendix H.

### **Phenomenological Reduction**

Phenomenological reduction is the second step in analyzing data (Moustakas, 1994; Patton, 2015). This step includes the process of bracketing. Bracketing means removing the phenomenon from the world and looking at it from all angles (Moustakas, 1994). Part of the bracketing process is setting aside preconceived ideas about the phenomenon and being willing to look at each part with fresh eyes (Patton, 2015). This looking is an intense looking or reflection with dedicated concentration that allows the information to speak for itself without researcher influence (Moustakas, 1994). This is a repetitive process as the researcher looks and looks again to see what the phenomenon holds.

Moustakas (1994) calls this process of looking repetitively horizontalization, while Patton (2015) calls this process theme analysis. The phenomenon is studied for all its various parts. These parts are reduced to statements about the phenomenon. Moustakas discusses this as reducing the information toward what is "texturally meaningful and essential in its phenomenal

and experiential components” (p. 93). Each statement holds equal value at the beginning of the process. Then the researcher will eventually discard horizons or statements that do not address the topic at hand or are repetitive. The meaning of these key phrases is then interpreted. During interpretation, the subject’s understanding of these phrases can also be obtained. The meanings are then looked at, and recurring features are found. The horizons that are left will be grouped into themes. Once theme analysis is completed, the phenomenon can be tentatively defined through these essential features. The final step in phenomenological reduction is transforming the horizons/themes into descriptive text.

### **Imaginative Variation**

Once a tentative text is assembled to describe the phenomenon, the search for meanings occurs (Moustakas, 1994). The meanings are explored through “imagination, varying the frames of reference, employing polarities and reversals, and approaching the phenomenon from divergent perspectives, different positions, roles or functions” (p. 98). The essential function of imaginative variation is to describe the essential structure of the phenomenon. The focus is on the meaning and the essence of the experience. There can be countless possibilities for the meaning of the essence of an experience, so the researcher must follow through with the steps to find the best meaning that subjects can agree with. Moustakas lists four steps in the process of imaginative variation.

1. Systematic varying of the possible structural meanings that underlie the textural meanings.
2. Recognizing the underlying themes or contexts that account for the emergence of the phenomenon.

3. Considering the universal structures that precipitate feelings and thoughts with reference to the phenomenon, such as the structure of time, space, bodily concerns, materiality, causality, relation to self, or relation to others.
4. Searching for exemplifications that vividly illustrate the invariant structural themes and facilitate the development of a structural description of the phenomenon (p. 99).

### **Synthesis of Meanings and Essences**

The final process in data analysis is to integrate all the previous descriptions into a final statement of the essence of the experience of the phenomenon (Moustakas, 1994). The essence of the experience integrates the individual experiences of each participant. The essence also supersedes the individual experiences to integrate them into an overall experience.

The essences of any experience are never totally exhausted. The fundamental textural-structural synthesis represents the essence at a particular time and place from the vantage point of an individual researcher following an exhaustive imaginative and reflective study of the phenomenon (Moustakas, 1994, p. 100).

### **Trustworthiness**

Trustworthiness is a term used by Lincoln and Guba (1985) to refer to the criteria necessary to judge the quality of qualitative research (Schwandt, 2015). Trustworthiness also refers to the qualities within a study that make it valuable to the audience that reads it (Schwandt, 2015). Creswell and Poth (2018) use the term validity in place of trustworthiness and define it as “an attempt to assess the accuracy of the findings, as best described by the researcher, the participants, and the readers (or reviewers)” (p. 259). Trustworthiness is defined within four terms, credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985).

**Credibility**

Credibility is achieved through assurances of the fit between what participants said and the researcher's representation of what was said (Schwandt, 2015). Credibility in this study was achieved through triangulation of the data, member checks, prolonged engagement, peer review, bracketing, and generating a rich and thick description (Creswell & Poth, 2018; Lincoln & Guba, 1985). Triangulation of data occurred through comparing and contrasting data from the interviews, cognitive representations, and the focus group. Member checks were conducted by offering all participants the opportunity to review the written work. After reviewing the written work, participants were given time to provide any additional input they wished to provide. The focus group also served as a form of member checks. The focus group allowed participants to agree with the findings and/or offer more information or any clarity they felt was warranted. Prolonged engagement occurred through the initial telephone meeting to discuss the research, the long interview, and the focus group. Bracketing occurred throughout the process as I kept a journal of the process along with my thoughts and any biases I needed to set aside to view the data with fresh eyes (Creswell & Poth, 2018; Moustakas, 1994).

**Dependability and Confirmability**

Dependability refers to the clarity of the process, while confirmability refers to the study's ability to show that the data is based on more than just the researcher's opinions or biases (Schwandt, 2015). Auditing is used to establish both dependability and confirmability. Peer debriefing and member checks are also valid procedures for checking confirmability (Lincoln & Guba, 1985; Schwandt, 2015). To complete an audit trail, I documented all steps taken to complete the study. This audit trail was written into the final presentation of the study. Peer review was also a consistent factor in this study as all my research, and written work was

evaluated by the chair and reader for this dissertation. Member checks were also used to confirm the accuracy of the description of the phenomenon.

### **Transferability**

Transferability is the ability of the study to be generalized to other cases or examples (Schwandt, 2015). Lincoln and Guba (1985) note that it is not the researcher's job to confirm transferability. Instead, it is the researcher's job to provide a rich, thick description of the phenomenon and allow the reader to decide on the transferability of the study. Lincoln and Guba (1985) write of the researcher that it is "her responsibility to provide the database that makes transferability judgments possible on the part of potential appliers" (p. 316). As such, I wrote a rich and detailed description of my study and the processes taken to accomplish it.

### **Ethical Considerations**

There are several ethical considerations in developing a research study. The most important ethical consideration is focused on the participants. Establishing clear agreements with all participants (Creswell & Poth, 2018; Moustakas, 1994) is important. This was accomplished through a consent form (Appendix E) that clearly outlined for the participants the purpose of the study, the requirements and time required from participants, the benefits and possible risks, the confidentiality, directions on how to withdraw from participation as well as contact information for myself, my chair, and Liberty's IRB. Participants may be unaware of the purpose of the study (Creswell & Poth, 2018; Moustakas, 1994). This was resolved by discussing the purpose at the beginning of the process when the foster parents were contacted and screened. Participants may be unaware that they can withdraw from the study at any point if they do not wish to continue (Creswell & Poth, 2018). I informed participants of their rights to withdraw when presenting the consent form (Appendix E). Participants may also have concerns about the study's results

(Creswell & Poth, 2018). I informed participants that they would receive a copy of the finished transcription and would have the option to offer any clarification. Participants were also informed that they had the option to participate in a focus group to discuss my findings. The focus group allowed the participants to offer approval or suggestions. I also let them know that they can read the dissertation's final draft so they can see my conclusions (Creswell & Poth, 2018; Moustakas, 1994).

Confidentiality is another important ethical consideration (Creswell & Poth, 2018; Moustakas, 1994). To ensure confidentiality, I removed all participants' names and the names of their spouses and children and used aliases for all names. Data was stored on a password-protected computer and password-protected backup storage device. All participants were informed of the confidentiality procedures when they were presented with the consent form (Appendix E) used for this study. Moustakas (1994) also notes that it is important to keep the process open-ended, as this allows the input from participants to change the direction of the study if necessary and ensures that the researcher is not driving the study to meet her own expectations.

### **Summary**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. To accomplish this, a detailed plan must be in place. This chapter has outlined the choice of transcendental phenomenology. Transcendental phenomenology was chosen as the ideal way to allow foster parents in Central Virginia to share rich and deep information about their trauma knowledge. The research questions which directed the study and the interviews were discussed, including a rationale for each research question.

Next, the details concerning the setting and the selection of participants were discussed. The ideal setting was the participants' homes where possible. Participants were selected through purposeful sampling, using maximum variation, and snowball sampling techniques. The procedures as outlined by Moustakas (1994) were listed and discussed. These procedures include gaining IRB approval, recruiting participants, conducting the interview, and completing the transcripts, followed by preliminary analysis of the data and a follow-up focus group.

There was a discussion of the importance of the researcher's role. Included in this discussion was the importance of Epoche or bracketing in phenomenological research. The procedures for data collection were given. Details of data collection included the demographic questionnaire, the semi-structured interview, the focus group, and cognitive representations. The next area of discussion was a description of the transcendental phenomenological data analysis process that Moustakas (1994) recommends and which was followed for this study. The data analysis process includes using the Epoche, phenomenological reduction, imaginative variation, and synthesis of meanings and essences. There was, next, a discussion of the trustworthiness of the study. Steps to ensure trustworthiness included triangulation of data, member checks, prolonged engagement, peer review, bracketing, and generating a rich, thick description to ensure credibility. Dependability and confirmability were met by using auditing, peer debriefing, and member checks. Transferability was ensured through a rich and detailed description of the study and all processes.

Finally, the ethical considerations that were considered were reviewed. Steps to ensure ethical practices included consent forms, clear explanations of all processes, and a discussion of the participant's rights and procedures to ensure they could view the final document. There was also a discussion on the steps used to ensure confidentiality.



## **Chapter Four: Findings**

### **Overview**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. The central research question that guided this study was: How do foster parents in Central Virginia describe their trauma knowledge? There were also three sub-questions: 1. How do foster parents describe the way trauma has affected their foster children? 2. How do foster parents describe how they learned about trauma? 3. How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?

This chapter begins with an introduction to the 15 participants. Next, the results of the demographic questionnaires, individual interviews, cognitive representations, and focus group are discussed through theme development. Themes were discovered by following Moustakas's (1994) methods of phenomenological reduction. Next is a detailed discussion of the four themes that developed and how they related to Kolb's (2014) ELT. Following the themes is a discussion of how these themes are related to the research questions. Chapter Four will conclude with a summary of this chapter.

### **Participants**

Fifteen participants shared their experiences through interviews, cognitive representations, and a focus group. Each participant was given a pseudonym that corresponded with the order of their interview. The first participant was given a pseudonym that began with the letter A; the second was given a pseudonym that started with the letter B, etc. The participants were recruited through snowball sampling. I contacted one of the administrators of "Linking Up, Lifting Arms: Support for our Foster and Adoption Community," a local foster and

adoption support group. Through this contact, four participants were recruited (Anna, Bethany, Chloe, and Eva). After my interview with Bethany, she recruited three participants, Faye, Heather, and Isaiah. One participant, Dawn, was recruited through a contact in Roanoke County DSS. A close friend recruited Grace, and Grace recruited her husband, Keith. A family member recruited a co-worker, Laura. I recruited a friend, Jana. Jana recruited her friend, Morgan, and her husband, Joshua. Morgan recruited Nadine. At our first contact, a demographic questionnaire was given that verified that each participant met the requirements of the study.

Of the 15 participants, 12 were women, and three were men. All three men were the husbands of wives who participated and were then recruited by their wives for the interview. The youngest participant was 29, 11 participants were in their thirties, two were in their forties, and the oldest was 60. One participant was black, while the other 14 participants were Caucasian. Two participants were currently single and never married, one was currently divorced, and the other 12 were currently married. Three of the participants had fostered for less than a year, eight had fostered between two and five years, and four had fostered and/or adopted for five to 10 years.

Other notable similarities among the participants included their explanations of why they began fostering. All participants noted that they recognized the need and wanted to help. Anna stated:

A lot of these kids, people have given up on them and don't believe that there's any hope for them and that they're on the fast track to prison. So, trying to change that course of their history, whether you make a small change and then they're gone, or you can be there forever for them.

In discussing why she and her husband were involved, Dawn noted that “helping in the community has always been part of our discussion.” Eva stated, “I’ve always worked with kids and wanted to be a part of helping kids.” Faye’s comments reflect the sentiment of several participants (Anna, Chloe, Grace, Jordan, and Laura) who saw a need through their life experiences.

My husband and I were both elementary teachers. He taught kindergarten, I taught fourth grade, and we would come home and say, what are we doing? We feel like we're just kind of putting a Band-Aid on things when they're with us. And we don't feel like we're really making a difference in their lives. So, he is like, what do you wanna do? And I was like, “Oh, let's be foster parents,” and that's as simple as it was.

Many participants specifically discussed feeling a calling from God to foster (Grace, Heather, Jordan, Keith, Laura, Morgan, and Nadine). Dik and Duffy (2009) offer a working definition of a Christian calling that pertains to the participants as a “transcendent summons, experienced as originating beyond the self, to approach a particular life role in a manner oriented toward demonstrating or deriving a sense of purpose or meaningfulness, and that holds other-oriented values and goals as primary sources of motivation” (p 427). Heather discussed the decision she and her husband made to foster:

But the more I thought about it [fostering], prayed about it. I just thought, this is something I feel like, I can't say no to; if I were to say no, it would be a selfish no. And something that I, it's something I should, we should do... I think the Lord placed it on our hearts, and it was tempting to say no because fostering is really hard, and we, were just getting into it. But we said, yes, and it's, it's really changed our lives and in a really great way.

Several participants also discussed that it was through others in their church that they first recognized the need and call to foster for themselves (Chloe, Grace).

Six participants noted that fostering/adopting was something they felt they wanted to do most of their lives or at least for a long time prior to making the decision to foster (Bethany, Chloe, Dawn, Eva, Jana, and Nadine). Chloe remarked that:

So, we knew when we got married that that [fostering] was something [we wanted to do], but we felt that idea for a while. And then when we moved here, we just really felt like there was more of a community [specifically within their church].

Dawn said, "It is something my husband and I have always talked about in our discussions about will we have children." Three participants also had the desire to adopt through the foster care system (Bethany, Eva, and Morgan). Five other participants mentioned they were open to adoption (Bethany, Dawn, Jana, Nadine, and Oliver). Of the 15 participants, nine have adopted at least one child through foster care (Anna, Chloe, Eva, Faye, Grace, Keith, Laura, Morgan, and Nadine). Heather is on track to adopt a current foster child. Bethany and Isaiah have legal custody of one foster child. The last three parents (Dawn, Jana, and Oliver) have not been fostering long enough to have the option to adopt a foster child.

**Table 1**

*Characteristics of Participants*

<b>Pseudonym</b>	<b>Gender</b>	<b>Age</b>	<b>Race</b>	<b>Marital Status</b>	<b>Agency</b>	<b>Years Fostered/ Adopted</b>
Anna	Female	33	Caucasian	Single	Lynchburg DSS	4 years
Bethany	Female	36	Caucasian	Married	Lynchburg DSS	3 years

Chloe	Female	38	Caucasian	Married	Campbell County DSS	7 years
Dawn	Female	38	Caucasian	Married	Roanoke County	10 months
Eva	Female	29	Caucasian	Divorced/Single	Lynchburg DSS	6 years
Faye	Female	44	Black	Married	Lynchburg DSS	10 years
Grace	Female	37	Caucasian	Married	Lynchburg DSS	5 years
Heather	Female	30	Caucasian	Married	Lynchburg DSS	3 years
Isaiah	Male	38	Caucasian	Married	Lynchburg DSS	2 years
Jana	Female	34	Caucasian	Married	Lynchburg DSS	3 months
Keith	Male	39	Caucasian	Married	Lynchburg DSS	2 years
Laura	Female	47	Caucasian	Married	Roanoke County	9 years
Morgan	Female	31	Caucasian	Married	Lynchburg DSS	4 years
Nadine	Female	60	Caucasian	Single	Lynchburg DSS	5 years
Oliver	Male	35	Caucasian	Married	Lynchburg DSS	3 months

### Anna

Anna is a single mother of two daughters and currently has two foster children. While Anna is only 33 years old, she has lived a very adventurous and varied life so far. She was in the Marine Corps, has taught, worked in communications, and is currently working for a private foster care agency. She is close to her family and calls her mother her “co-parent”. Anna’s home was welcoming, and there was evidence of children all around through toys, highchairs, and play equipment. Anna was very articulate about her understanding of trauma and has a real passion

for seeing other foster parents equipped with what they need to be successful. She and her mom have started a ministry that supports foster parents.

### **Bethany**

I met Bethany at the university library. She was well-dressed and well-spoken. Bethany and her husband, Isaiah (also a participant), were originally from New York state and came to Virginia to attend Liberty University. After graduating college, Bethany began working for Liberty University while her husband completed his degree. Bethany and her husband enjoy traveling and exploring new places. These are experiences that they also enjoy sharing with their foster children. They also enjoy spending time with their immediate and extended family. Bethany and her husband both always wanted to adopt. Her sister had a brain bleed during the birth of her third child. Bethany and Isaiah stepped in to become the temporary caregivers for her three children during the months of her recovery. This experience was a catalyst in moving them forward with the idea of fostering.

Bethany shared some of her frustrations with decisions that DSS has made throughout her interview. She felt DSS put too much emphasis on kinship placements (placement with relatives, including distant relatives) and not enough on attachment and sibling attachment. One of their foster daughters was removed from their care after being in their home for over two years and was placed with a family member with whom she had little previous contact. This removal also meant this foster child would no longer be with her sibling, who was also in the care of Bethany and her husband. Bethany discussed that she and her husband had hired a lawyer to prevent the youngest child, who had been with them from birth to two years old, from also being moved to a distant relative she had never met. At the time of our interview, Bethany was not certain that

they would be willing to foster with their agency again because of the frustrations they had experienced and the fact that they felt the agency's decisions had harmed their foster children.

### **Chloe**

I interviewed Chloe at her home. She was very soft-spoken and kept a smile on her face even when discussing some pretty hard situations she had had to deal with. Chloe and her husband have one biological daughter, one adopted daughter, and an adopted son who is currently being moved to another family through Second Chance Adoptions. Chloe and her husband moved to Central Virginia 12 years ago. They had been interested in foster care previously, but once they moved here, they found a network of foster families through their church that helped them take the final steps and become foster parents.

Chloe is another participant who is currently not open to further foster placements because of the issues they had through the adoption of their son. Their son was placed with them, and they were not given full disclosure of his history. When he was placed, they had a daughter with developmental delays that was the same age as him. Their son has been diagnosed with reactive attachment disorder, and the journey this family went on was evident throughout the interview. Chloe felt that their family was not a good placement for this child but that when he was placed with them, he was very young, and they adopted so quickly that there was not enough time to realize how poor a fit this placement was going to be. Once they adopted, social services were no longer a source of support for them, and they felt abandoned to deal with this on their own.

The hurt and desire not to have had this failed adoption were evident throughout her interview. In her cognitive representation (see Figure 10), Chloe's heartache is clearly expressed. In her cognitive representation, she drew all her family together with her son separated. She

made this comment about everyone. "They're [her family] all very, very happy. And I'm almost happy. Like I'm happy that they're happy, but I'm not happy that he's not happy".

### **Dawn**

Dawn and her husband live in Roanoke. They currently have two teenage foster sons. One is 18 and moving toward an Independent Living program. They have a beautiful, well-decorated home and Dawn said that decorating was something she very much enjoyed. Dawn is a school psychologist and appeared to really enjoy her work. She and her husband moved to Roanoke from upstate New York 12 years ago. Many of their family have moved to the area, and she discussed how important family was to them. They love outdoor activities, trying new things, and eating out.

Dawn's story was unique in that she was part of a program through her local DSS that provided them with extra training. The program is called STARS (Specialized Treatment and Resource Support). The program offers support to their teenage foster child. Through this program, Dawn and her husband have gained some support and knowledge about various topics, including trauma.

### **Eva**

Eva grew up in the Netherlands as one of 10 children. She was the third oldest. She lived in Canada for a while and came to Lynchburg in 2011 to attend college. She was married in 2013, but that marriage ended in divorce in 2020. She has four children in her home. Two are adopted, and the other two are in the process of adoption.

I met with Eva in the backyard of her home. She has a large home, and it was evident that there were many children in this home. There were bikes, trikes, various assortments of



playground equipment, kiddie pools, and a trampoline in the backyard. Eva also had a large garden and discussed how much she enjoys gardening.

Eva was one of three women that I interviewed who were fostering as single parents. Eva was a parent who had the least outside support in her work with children. She did not mention any local family and discussed how difficult it was for her to engage in many activities because it was difficult to find care for her children, one of whom has autism and cerebral palsy, and another has fetal alcohol syndrome. She discussed having an online support group but could not attend their in-person meeting because: "Some of them do meet in person once a month for like a mom's night out, but I am a single mom with four children and getting a sitter is not that easy. Eva was very knowledgeable and provided rich details on her style of parenting children with trauma.

### **Faye**

I met with Faye online. She was very articulate and had a strong sense of humor. She is 44 years old and has been married for 21 years. She described herself as "A mom of many." This was an apt description as she currently has two stepsons, two biological children, one adopted child, and four foster children. She stated that they had also fostered 17 kids in their home. She was a teacher for 20 years. Her husband also was a teacher and is currently working in mental health. They both felt the call to foster through their experiences teaching children. They felt that they wanted to do more to make a change in children's lives.

Faye enjoys her church. She stated: "I love to cook. I love to clean. People always laugh when I say that, but I do. I believe that God allowed me those talents...I like to be organized and that sort of thing". Faye is also currently back in school, so she can, in her words, "prepare for retirement."

**Grace**

Grace is currently parenting nine children, two are stepchildren, one is biological, and six combined that are adopted or fostered. Grace's family was unique in that the seven children in their home full-time were all under the age of six. Two of them, including their biological child, are under one. Grace's home was well-kept and beautiful. It was certainly evident that many small children were in the home. Most rooms had gates up in the doorways and lots of highchairs, baby seats, and ride-on toys. Grace was the hardest participant to get an interview scheduled with due to her number of small children. The day we did finally meet, her daycare had closed due to COVID, and all except one of the children were in the home. The interview still went well, and Grace was able to stay focused on the interview while keeping track of three toddlers and two infants.

Grace is a licensed counselor but is currently not counseling, so she can focus on parenting her children. Grace stated, "I felt God calling me to do it" when asked how she decided to become a foster parent. She began fostering while still single and met and married her husband while fostering. Grace is another foster mom who expressed that she had a difficult time attending support group events due to finding care for all her children and their "high-maintenance needs." However, she expressed that she felt supported by her online support groups.

**Heather**

I met with Heather at her home. She and her family live in a beautifully restored home near Downtown Lynchburg. Heather moved to Lynchburg from Connecticut while in high school and stayed in Lynchburg to attend Liberty University. She married her husband soon after graduation and began teaching at a local Christian school. She described teaching as her

“dream job.” She gave up teaching to be a full-time foster parent after four years. Heather and her husband are in the process of adopting their first placement. They also have one biological child, and Heather is expecting her second biological child in December.

Heather was one of four participants who discussed foster children’s biological families. Most foster parents discussed wanting more information and direction on building connections with biological families. Heather was very honest about her feelings toward biological families and how that has changed as they have fostered, “[Now] just understanding the families that kids come from that are dysfunctional and, but at the same time, human and most of the time love their children and want what's best for their children.”

### **Isaiah**

I met Isaiah at a local Starbucks. He came straight from work at the hospital for our meeting. Isaiah is the husband of Bethany, so I was familiar with some of his background and their negative experiences with social services. Isaiah has been a nurse practitioner for eight years. He had been working in the Emergency Department for five years but has recently switched to doing medical admissions for psychiatric patients in adult and geriatric psychiatry. Isaiah is currently back in school to add a specialization in psychiatry. His work in foster care was part of his drive to gain more knowledge about trauma and psychiatry specifically. He plans to work in Cris6, the local children’s inpatient mental health facility.

Isaiah was very passionate about fostering. He spoke quickly and could jump from one topic to the next in his desire to tell what he knew and what he believes will be helpful. He expressed that he hates to see negative talk about foster parents because this job is, as he stated, “really hard,” and there are so many great foster parents who are doing a great job at helping

children. Isaiah is also very passionate about giving foster parents adequate, practical training. And expressed a willingness to work directly toward providing that type of training.

### **Jana**

I met with Jana at a local CrossFit gym that she owns with her husband. Jana has been a gymnastics coach for 15 years. She met her husband at Liberty University, where they both attended. She developed her passion for foster care early in life because her parents fostered. She stated that she did not want to have her own children, and she had told her husband that she desired to foster before they were married.

Jana and her husband, Oliver, also a participant, have only been fostering for three months. They took their pre-service training five years ago, but due to family circumstances, they could not begin fostering until this year. Jana expressed feeling inadequate about her knowledge of trauma. However, through her answers and interview, it was quickly apparent that she did know a lot about trauma and how to work with children who had experienced trauma. She discussed a counselor that had been working directly with her to help her with their oldest foster child. In addition to this counselor, Jana had some unique experiences that she felt led to her knowledge and ability to work with her three foster children, including coaching girls' gymnastics and babysitting.

### **Keith**

Keith is the husband of Grace, who was also a participant. Keith is from Northern Ireland. His parents were missionaries. He was raised in Austria and traveled with his family through Eastern Europe in an RV smuggling Bibles. He came to Lynchburg in 1999 to attend high school at a local Christian school and then attended Liberty University. He married his first wife right after graduation, and they had two children but were divorced in 2015.

Keith saw fostering as a “perfect fit for a ministry that I could do.” He discussed how watching his brother foster five children inspired him because of the difference he had seen in their lives. Keith was single and living alone in a large home with extra room, so began looking into foster care. He met Grace through mutual friends who connected them because he wanted to talk to someone else who had fostered while single. They met, dated, and got married, all while she was fostering. They currently have nine children together. These children are biological, adopted, and fostered. Keith says the large family has benefited fostering by helping children feel at home.

### **Laura**

Laura and her husband are both retired from law enforcement. Laura is now a supervisor for a non-profit in Roanoke. She supervises several human services and victim service programs. She also specializes in teaching trauma-informed practices within her agency. She and a fellow trauma specialist also developed the Roanoke Valley Trauma Informed Community Network.

During their law enforcement careers, she and her husband recognized the need in the community to help kids. When their two biological children left home, they decided they were not ready to be empty nesters and decided to foster. They were licensed nine years ago, fostered for two years, and ended up adopting their first placement of three boys, and are currently not open to fostering any more children. All three of their adopted children have various special needs. One of the greatest struggles Laura and her husband have experienced is the lack of support from DSS for adoptive families.

### **Morgan**

I met Morgan at Isaiah 117 House. This home is a local home that Morgan helped organize. The purpose of the home is to have a place where foster children can go and be while

they are waiting to be transferred to their new foster home. Isaiah 117 House provides a safe home environment and prevents children from having to sit in social service offices following an emergency removal. Morgan is originally from Connecticut, and her husband is from Ohio, but she said they are adapting to the Southern life and love it here in Central Virginia. She taught special needs and preschool prior to coming home to be a full-time foster parent.

Morgan was very enthusiastic about the foster care community she was part of. When I arrived for our interview, she had a friend, Nadine, who was with her. Nadine was another foster/adoptive mom who was part of the same community of foster parents. Nadine ended up joining us for the interview, and it was great to see the interaction between the two women. Nadine was responsible for helping Morgan find some of the trauma-specific training she had attended. Morgan would often look to Nadine for approval on what she had to say about trauma. There were several instances where the women interrupted each other to finish stories or remind each other of incidents they should share.

### **Nadine**

As previously stated, Nadine was a surprise interview. When we met, she completed the demographic questionnaire and informed consent and then joined in my interview with Morgan. Nadine was the oldest of the participants at 60 years old. She had become a foster parent specifically to care for her great-nephew, who had been taken into care. Nadine was in a wheelchair and stated that she had not believed she would be able to foster because of her disability, and she was very surprised when she was told that she could become a foster parent. Nadine has been involved in several ministries and is currently working full-time with Isaiah 117 House.

Nadine's nephew has so many mental health needs that she has been unable to foster any other children even though she would like to. Nadine was the third participant who was a single parent. She discussed how her community has been a great support to her since she is single and disabled. However, her disability did not appear to negatively affect her fostering experience. Nadine also seems to be the driving force behind this community of foster parents that both Morgan and Nadine discussed. Nadine has attended several conferences, read many books about trauma, and shared much of her information with other foster parents.

### **Oliver**

Oliver was the last participant interviewed. He is the husband of Jana, and together they own a CrossFit gym; Oliver also works full-time in construction. We met at his beautiful home in Lynchburg. Oliver discussed his willingness to adopt but was far more hesitant about fostering. Oliver was very forthright about his struggles in beginning foster care and learning to parent children with trauma. These struggles were a clear reflection of the kind of effort to learn and change it takes to successfully work with children with trauma. Many of his struggles/stories will be shared throughout this chapter.

## **Results**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. Fifteen participants shared their experiences through interviews, cognitive representations, and a focus group. The data collected resulted in four major themes that correlated with Kolb's (2014) stages of ELT. The first major theme is related to Kolb's concrete experience stage and was named "Theme One: Experiences Prior to Trauma Knowledge." The second theme was related to Kolb's reflective observation stage and was named "Theme Two: We are Missing Something." The third theme was related to Kolb's

abstract conceptualization stage and was named “Theme Three: Integrating New Information.”

The fourth theme was related to Kolb’s active experimentation stage and is named “Theme Four: The Change.”

### **Theme Development**

As discussed in Chapter 3 and the beginning of Chapter 4, the participants for this study were chosen through snowball sampling. Key people were contacted, and they provided recommendations for participants. Those participants also offered recommendations for others that were willing to participate in the study. At first contact with each participant, I discussed the purpose of the study and verified, through the demographic questionnaire, that they qualified for the study. Interviews were scheduled with participants, and each interview began with completing the informed consent document. The cognitive representations were completed at the end of the interview.

The following participants, Anna, Chloe, Dawn, Eva, Grace, Heather, Keith, and Oliver were interviewed at their homes. Bethany was interviewed at a local library. Faye and Laura were both interviewed online through a Zoom meeting. The consent form was emailed to Faye and Laura prior to the interview, and they emailed back a signed copy. They both drew their cognitive representation and sent me a copy through email. Isaiah was interviewed at a local coffee shop. Jana was interviewed at the gym she owns. Morgan and Nadine were interviewed at a non-profit home they both were working with. While each participant was working on their cognitive representation, I wrote any thoughts or impressions that I had in a journal (Appendix H). This was done to practice *Epoche* (Moustakas, 1994). It was especially critical to engage in this practice as many of the stories shared brought emotional reactions that needed to be recognized and set aside to keep myself unbiased.



Once the interviews were completed, the audio was run through an electronic transcription application service called Temi. I then listened to each interview while checking the transcription<sup>1</sup>. All errors were corrected, and then I listened to the audio a second time to verify the accuracy of the transcript. The names were changed to reflect the participants' pseudonyms and to remove all names of children and spouses. For member-checking purposes, each participant was emailed a copy of their transcript and asked to review it and verify that they felt it was an accurate representation of their experience.

Once all the interviews were completed, I attempted to set up an in-person focus group. Due to the difficulty of finding a date that would work for a large portion of the participants, it was decided to create an online focus group. The focus group was conducted through Facebook. Each participant was invited to join a private group, and the focus group questions were listed. Each participant then had the opportunity to respond to the questions. Eleven participants accepted the group invitation and liked all the posted comments. However, only five participants actively commented on the posted questions.

To engage in phenomenological reduction (Moustakas, 1994), each transcript was read repeatedly, and key phrases and words were highlighted. As I moved through each transcript, different key phrases and ideas began to appear that required returning to reread the previous transcripts to see if these key ideas were also present. These key phrases and ideas were listed on a separate document and each participant that made these statements was listed next to the phrase. These phrases were also numbered within each transcript to assist in finding the

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<sup>1</sup> After consulting with my Chair, the decision was made to remove fillers such as like, you know, um, ah, etc., from the transcripts. This was done to help the readability of the final document.

statements that related to each phrase. Once I felt that I had found all the key statements and organized them into groups, I began to develop the themes.

The themes were developed through imaginative variation (Moustakas, 1994). The organized groups of statements were looked at and sorted into similar categories. It was during this stage that I began to recognize how well the experiences of the participants fit into the study's theoretical framework. Each participant shared stories and examples of their learning about trauma that fit into the four stages of learning found in Kolb's (2014) ELT. These stages are concrete experience, reflective observation, abstract conceptualization, and active experimentation.

Once the themes were recognized, I went back through all the data and began to organize statements under the theme headings. Each theme name was then expanded to clarify what this stage represented in the experiences of the foster parents. Theme one, which aligned with Kolb's (2014) stage, concrete experience became "Theme One: Experiences Prior to Trauma Knowledge." Theme two, which aligned with Kolb's stage reflective observation, became "We are Missing Something." Theme three, which aligned with Kolb's stage abstract conceptualization, became "Theme Three: Integrating New Information." Theme four which aligned with Kolb's stage of active experimentation became "Theme Four: The Change."

***Theme One: Experiences Prior to Trauma Knowledge.***

Kolb's (2014) ELT begins with the experience of the learner and how this experience transforms through learned and assimilated knowledge that is acted upon. For the participants in this study, the concrete experiences they experienced at the beginning of their fostering journey were not what they expected. These negative experiences are what led them to seek more

information. Their overall experiences are divided into three subthemes of “Parenting Beliefs,” “Parenting Behaviors,” and “Parenting Feelings.”

**Parenting Beliefs.** The participants had many preconceived beliefs about how to parent and how children should behave. For the foster parents who had raised biological children, these beliefs came through those previous parenting experiences as well as their own upbringing. The participants who did not have biological children held beliefs related to their upbringing and their own life experiences. Anna echoes the sentiment of eight other participants who described their parenting beliefs as authoritarian. She stated, “Both me and my ex-husband were very much raised in a ‘You respond to your elders! You respect your elders, and you do what we told you!’ and that didn't work with her [foster child]”. In addition to these eight, two other parents shared instances where they tried to use direct commands with children and how these backfired. In discussing an incident at the school drop-off line, Jana shared, “I'm like, ‘Hey, stop doing that. Stop doing that! Like sit still!’ and ‘We're getting ready to get out!’ And he just started screaming and kicking everything”.

Seven participants also shared that they believed that negative behaviors equaled defiance and that the foster child's behaviors were attacks against the foster parent. “I was very naive to think it was a decision like it was, they're ruining this on purpose” (Morgan). Bethany stated it this way, “As I learn more and more about trauma, it's not about you, and that's kind of where your initial reaction goes. They're disrespecting me, they're being rude.”

Being strict and/or having high expectations was discussed by six parents. Dawn mentioned that before having foster children, she and her husband had come up with rules about screen time, bedtime, and schedules. Isaiah said, “So I would say I'm pretty strict, I'm not like you do wrong, discipline, but I'm a black and white like you do this, the behavior that comes

with this, this is what the outcome is.” A final belief was that bad behavior needed to be punished. Eight participants shared that they used punitive consequences such as time-outs and grounding with foster children.

**Parenting Behaviors.** All participants shared stories of negative behaviors with foster children. They were also aware that their parenting practices prior to gaining trauma knowledge exacerbated these behaviors. Using consequences was often a precursor to explosive behaviors from children that were already upset. Bethany shared this story, “I initially started doing time outs, she would end up kicking the wall, kicking the bed, she would kick me when I would try to carry her into the room, broke my watch one time.”

Another behavior that eight parents discussed was matching emotion. Matching emotions included behaviors such as yelling over the top of the child, being firm when the child was upset and trying to control the child. Oliver discussed what his “gut reaction” would be when his foster child disrespects his wife,

Oh, noisy. Very, very vocal, very loud...So being able to use that to intimidate and scare him into submission or into obedience maybe is a better way to say it, would be my initial, and it still is. Honestly, it still is my initial gut reaction of how to react.

Keith illustrated how this looked for him through his cognitive representation (see Figure 2).

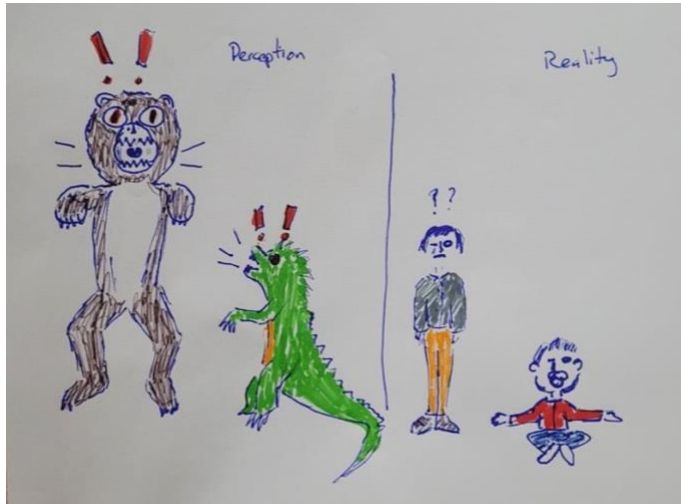
Keith stated,

I have perception versus reality. That's how both of us are, like two monsters fighting each other, very angry dad versus a feral little child. And they're just, they see each other as enemies. Whereas in reality, it's dad, he doesn't really know what to do. He's got a black eye from whatever's happened in his past. He's had his own hurts and hang-ups, and the child is also just wanting a hug he's also got a black eye but is getting his pacifier.

That's all he knows what to do. And the reality is they just are looking for love and trying to get their wounds sorted. So, it's until we see that beyond the aggression, we're not gonna see it. So, we can learn to look for it.

**Figure 2**

*Keith's Cognitive Representation*



Other parenting behaviors that were discussed included trying to fix the behavior in the moment. Isaiah shared the sentiment of six parents when he said, “And so our initial response ... was just like, “You need to stop! Like, ‘What is wrong?’ Like, ‘Tell us what's wrong.’ Like trying to fix it in that moment”. Bethany discussed negative correcting, “I probably would have historically said that's a really bad choice or what not”. Heather stated, “I think my gut reaction when one of my children disobeys or so like, it's in me, like ‘That's, that's wrong, and you know better!’ kind of thing”. Two parents discussed how they would ask for explanations of why the child was behaving this way.

**Parenting Feelings.** The participants discussed how their experiences with their foster children made them feel. The most common word used to explain their feelings was frustrated. Anna described her feelings as frustrated and overwhelmed. Bethany shared that she was unsure

of what to do, “Again, I didn't know how to deal with the behaviors that were from trauma. And that was... It was a scary place to be. I didn't like myself. I didn't like my home. I didn't wanna be there”. The frustration came from not understanding why the child was behaving a certain way and not having the skills needed to deal with these behaviors. When asked what type of training they felt foster parents needed, nine parents specifically stated that there needed to be more practical training. “I would love to see more practical trainings. I think there's a lot of theory trainings out there, but I think the more practical things that we can provide foster parents for their toolbox the better” (Anna). All 15 participants discussed negative feelings about fostering prior to trauma knowledge.

“Theme One: Experiences Prior to Trauma Knowledge” detailed how foster parents’ homes looked prior to trauma knowledge. They shared stories of traumatic behavior that was disruptive and scary. Parents were using ineffective techniques and were creating more issues. Finally, parents were unsure how to handle these behaviors and felt frustrated and overwhelmed. It was in this setting that parents began to recognize that their current situation was not working, and they needed to find another way.

***Theme Two: We are Missing Something.***

In ELT (Kolb, 2014), reflective observation is a time to stop doing and look at your experiences. The negative experiences that the foster parents in this study were experiencing led them to look at their situation and seek more information. This theme is divided into two sub-themes, “Reflecting” and “Seeking.”

**Reflecting.** Eleven of the participants described how they came to realize that their current parenting techniques were not working. Many participants started recognizing how their reactions to their foster children escalated their behaviors. Jana told this story,

He's normally a very respectful, kind child. And if he starts saying "No!" to us in a very angry way, we know he's about to have a meltdown. And as soon as that happens, we try to change our tone because sometimes it happens because I'm like "You're a nine-year-old boy if you're telling me no?", like, "Yes, like go do what I asked you." But then, when we realize it's not him being a nine-year-old boy, it's him reacting, we instantly try to change our tune to be calming and nurturing to him.

Dawn shared how she and her husband began to realize that their strict rules were not helpful in building a relationship.

But my husband and I had rules before they came, like, okay, no devices past this time and like this much screen time and all this. And then, once the kids got here, it just all felt wrong. It was like, we can't do that. These kids like have lived this completely different lifestyle. And we knew that like you go to the trainings and you see all of that, but when you have 'em, and then you're like, they lived a lawless land, like no rules, no bedtime. And now I'm gonna come in and be like, you're going to bed at, you know, 10 o'clock on the school night when they were able to stay up all night. If we're gonna build a relationship like I can't take them so far back.

Bethany also shared how she began to realize that yelling was not helping. "It's like she's not hearing a thing I'm saying, so we're not gonna yell anymore. Yelling used to... I would try to get her to... And it was like, that doesn't work. We're gonna talk calmly".

Nine of the parents discussed how they began to recognize that there was something else going on with their foster child. Isaiah stated, "I know that they're not coming from a vengeful, hateful place they're coming from a place of, I don't know how to express myself." Laura discussed how trying to understand her foster children's behaviors caused her to reflect on why they acted this way.

A lot of it's a thought process of why are they getting so upset. Why is this happening? Why aren't they calmer than they should be? And it's kind of unpacking that and really thinking about their, they've been through so much that they're not gonna act like I think they should act or my kiddos, my previous kiddos acted.

Dawn also discussed how, through reflecting she and her husband were able to recognize a pattern in their foster child's behavior.

We're always talking about this kind of stuff. So, I think in doing that, we were able to clearly recognize a pattern like, wow, this is really weird. Every time we go outta town.... We just thought, oh, coincidence. So, I think recognizing the pattern and then realizing, relating it to, could this be related to something? Why do you think that is? ... Then, connecting it to something else.

**Seeking.** Once the foster parents began to recognize that something else was going on and that their parenting behaviors had an impact, they began to seek out information. Nine of the participants described how they were proactive in finding information. Chloe stated,

We were pretty naive, but we were, we learned a lot, so we're more confident now in our ability to handle trauma. But I mean that's because we've had great supports and we've had, we've like been proactive and asked people, "What have you tried, what's worked, what hasn't worked, what do we do?" And being real and upfront like, "This is what's



happening in our family. We're not proud of it. Like, what do we do?" You know? So, we've definitely learned a lot, and we've learned a lot from things that haven't worked too.

Eva described finding information as "self-research." Laura also described learning through "our own research." Many times, foster parents were seeking help for crisis situations and began to learn about trauma through this effort to find assistance. "Sometimes it was being crisis and calling people and asking for people for help" (Laura).

Foster parents found information about trauma and how it affects foster children through various avenues (see Table 2). While nine participants discussed learning about trauma through their local DSS, most stated that what they learned through their initial pre-service training was minimal. Isaiah stated,

So initially, we got some like trauma-informed parenting stuff included in our foster care training, pretty minimal. It was just kind of going over recognizing that a person that's had this happen to them may not respond the same way that you have.

Laura stated,

I would say there was a little bit, but not what it should have been. So back when I took my classes, it was, it was the PRIDE training through the Virginia Department of Social Services, and it was 13 weeks is what we did. And they touched on trauma and what trauma might look like and they touched on attachment, but not to the extent that it, it probably should have been.

The foster parents who listed their DSS as a means of training discussed training sessions outside their pre-service training. Chloe discussed attending meetings with special speakers on specific topics. "We heard a couple of speakers through Campbell County that would come and speak

about, there was one woman that came and spoke about like trauma in kids and how they behave.” Dawn discussed receiving extra training through a special program within her DSS,

So as part of this being the STARS family, we're required to go to monthly support meetings. And it's been a lot of remote stuff like on Zoom, but it's other foster families.

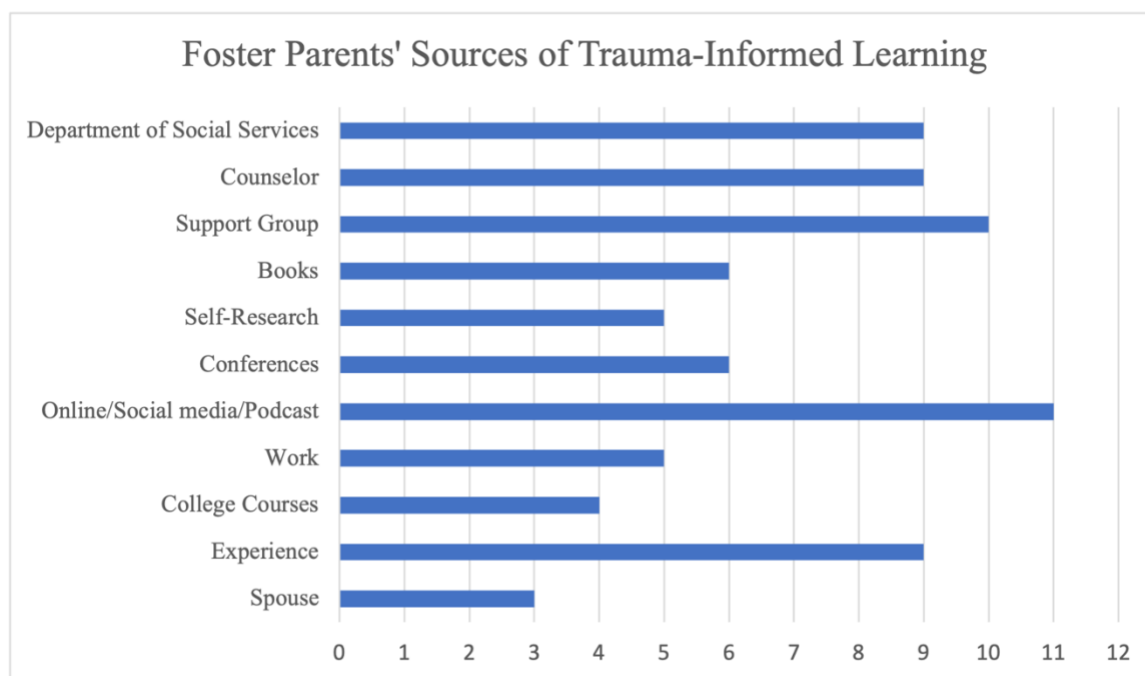
Like some of these people are like experts, so we'll talk about an issue, and people will give their experiences with it and what that looks like. And then so we, we haven't met in this for very long, but we have had some guest speakers and we've talked about trauma.

Counselors were listed as an important avenue for learning about trauma. Bethany stated, “They [counselors] gave us a lot of tools and resources on how to work with the kids.” Jana, one of the newest foster parents, specifically credited her child’s counselor with providing most of her trauma training.

So, my foster son has a counselor, and she's fantastic. He met with her the first time for about 30 minutes, and I met with her for 30 minutes. And then, ever since then, I've been meeting with her, not him. His first meeting with her was this week. So, I've had, I think, five appointments with her because she said, “The more she can help me, the more we can both help him.” She was like, “You're with him 24/7, and I see him an hour a week”. So, she said, “If I can inform you and help you with these things, then you can continue helping him throughout the week.” And then she was like, “And then I can build upon it every single week.” So, I would say all of my education has come from her.

## **Table 2**

### *Foster Parents' Sources of Trauma-Informed Learning*



Many parents discussed Trust Based Relational Intervention (TBRI) as one of the most important ways they learned about trauma. Six participants discussed attending Empowered to Connect, a weekend-long conference held in this area that teaches TBRI principles. These participants also credited the conference as a major influence on their trauma knowledge. Anna stated,

It wasn't until I went to the Empowered to Connect conference that, I mean, I loosely knew what trauma was, obviously, but I didn't fully understand just the impact and the different way of approaching trauma until I went to that conference.

Five participants also discussed the importance of the book *The Connected Parent*, which teaches TBRI principles. The importance of this training was also noted in the language that many participants used while discussing their parenting. They used terms such as redo's, time-in, reteaching or teaching skills, practicing skills, offering choices, felt safety, and connected parenting to help with behavior modification. These parenting techniques are important in TBRI training (Purvis et al., 2015).

Support groups were another source of learning for many participants. They discussed various forms of support groups. Dawn was the only participant that was part of a support group that was created and supported through her DSS. Other participants discussed online support groups where they could ask questions and offer support to other foster parents. Many were involved with in-person support groups. These groups were where foster parents felt connected and supported by others that understood their situations. For Bethany and Isaiah, their support group developed organically with couples from their pre-service training. Nadine and Morgan also had a support group that developed organically through meeting to connect foster siblings. Others discussed their church as offering support through hosting dinners and times for foster/adoptive families to connect.

One important point about these groups was that they also offered these foster parents a place to help others learn the lessons they had learned. Anna started a support group with her mother and creates a monthly newsletter for foster parents. Laura also created a network and is actively working on teaching others about trauma. Several participants also discussed how they try to help other foster parents by sharing what they have learned.

Personal experience was another important way parents learned about trauma and how to parent their foster children better. For some, like Faye and Jana, it was experience fostering. Faye said, "So having children come and you're like, what are you gonna do with these guys? You just kind of, you figure it out from there. Dealing with it as it gets thrown at you". Jana said, "I learned if he's being defiant, I couldn't react to him the way that I was reacted to. And I was learning that I can't discuss what's going on and why it's not okay". For others, like Dawn, it was life experience through work. In discussing learning about trauma, Dawn stated,

A lot of times just experience. So, like I work with ... a social worker ... I work closely with school counselors. So just hearing other people's perspectives when we're having conversations is often part of it. This is just like experience.

Laura summed up her informal learning by combining her work, life, and fostering experience. "I would say definitely with our own lived experiences and seeing the kiddos and what they've been through, cuz it's quite been a roller coaster of things that we've experienced and seen firsthand."

"Theme Two: We are Missing Something" shows how participants, through reflection began to see problems with their parenting. They also began to recognize that their child's behaviors were something more than typical reactions. Parents began to seek information through both formal and informal learning methods. What they learned would drastically impact their beliefs and how they parented.

### ***Theme Three: Integrating New Information.***

Abstract Conceptualization is the third phase in ELT. Here is where the learner begins integrating the new information they are learning into their current knowledge (Kolb, 2014). Kolb (2014) describes learning as a process that includes relearning. People enter the learning experience with preconceived ideas and expectations about the topic. There is a process of unlearning that often needs to occur before new ideas or theories can be learned. In this stage, participants began to unlearn some of their previous beliefs and integrate important information about trauma into their knowledge and belief system. This theme is divided into two sub-themes, "What's Important" and "The Basics."

**What's Important.** Parents discussed several important points that influenced their beliefs about their foster child and their views on parenting. One point was understanding that the child's behavior was not defiance. Nadine discussed it this way,

I think the main thing that I learned there [Empowered to Connect Conference] is about childhood experiences that happen and how that changes the brain. I think realizing that these behaviors are more of a physical than an intentional. Because the behaviors appear to be intentional because "Why do you have to ruin everything that we're trying to do? I'm trying to do something nice, and now you're doing this." So, in my mind, I'm thinking, okay, like he's just wanting to ruin this to get on my nerves, but it really isn't about that. It is about the trigger of his brain, and it is an impulse that he cannot help. And just leaning into that conference and seeing that and understanding that this is a medical condition, it is actually something that the body is reacting to, that he has little control over.

Laura described it as a "skill deficit versus deliberate disobedience." Children with trauma need to learn skills that will help them self-regulate and process emotions in a healthy manner.

On the parenting side, parents noted that it was important not to take their foster child's behaviors personally. Anna stated,

I think the biggest thing is not taking it personally because when a kid is being verbally aggressive or physically aggressive, it feels very personal because they're attacking you, but realizing that it's not you, it's the trauma talking. So that you have the perseverance to, you know, keep going when they're pushing you away.

Most parents also strongly stated that understanding trauma changed their view of parenting significantly. Dawn stated that knowing about trauma “100% drives the way we parent these children”. Morgan stated,

I think it's changed the way I parent 100%. I was very naive to thinking it was a decision like Nadine said; like it was, they're ruining this on purpose. They're doing this on purpose, and they're not, and it's completely changed just the way that I have showed patience and love and, coming at it from this different angle of, it's not their fault. And it's, it's because I can make sense of it. I can say, well, this happened, and I understand what caused this, and I can just put those pieces together way more clearly.

Participants also noted that learning about trauma significantly affected their child's progress.

Bethany stated, “As I became more educated, it seemed like we were able to make so much more ground, and we were able to understand the child more and more.”

**The Basics.** Much of what parents learned about trauma was the basics of what trauma is, how it affects the child, and learning to recognize behavior as traumatic reactions. The definition of trauma that is used for this study is “An event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being” (SAMSHA, 2014, p. 7). Each of the participants offered a working definition of trauma that met the points of SAMSHA's definition. They recognized that 1) there was an event, 2) this event caused fear, and 3) this experience left lasting changes in the child. Anna defined trauma as,

Well, trauma is something that happens that causes a feeling of helplessness, fear, anxiety, stress. Typically for kids that come into foster care, it happens over a long period

of time. So, it's a toxic stress that they've been exposed to. But it can be a one-time event, but typically most of the kids that's been happening for quite some time. And it, it makes physiological changes to their brain and affects how they view the world, how they respond to the world, their attach, their ability to attach, and especially for like infants, it affects their view of whether the world is trustworthy or untrustworthy.

Dawn's definition was,

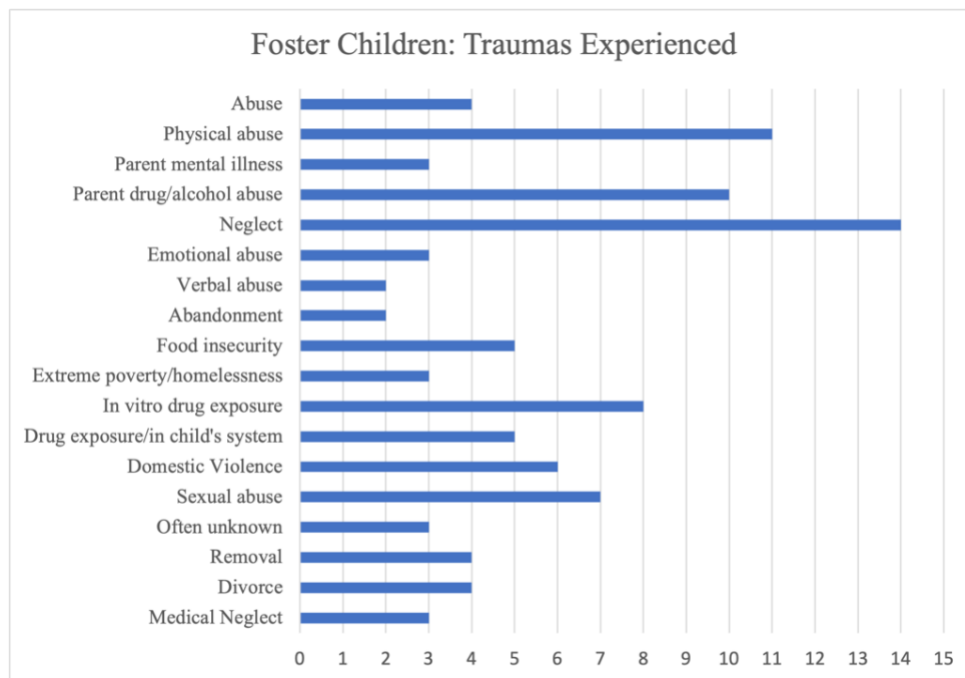
Trauma is anything significant in someone's life that impacts them significantly, emotionally, physically, behaviorally, and kind of changes the way they look at things. But for some people, trauma could be their parents getting divorced, and for other people, that could be violence, it could be neglect and abuse. But it's anything that's so significant that it changes the person and how they respond to their environment.

Foster parents also recognized that trauma comes in many different forms. Table 3 shows parents' responses about the types of traumas their foster children experienced. It is important to note that participants answered based on their own foster children's experiences and did not list what would qualify as trauma. Participants recognized that various types of traumas had affected their foster children (see Table 3).

**Table 3**

*Foster Children: Traumas Experienced*





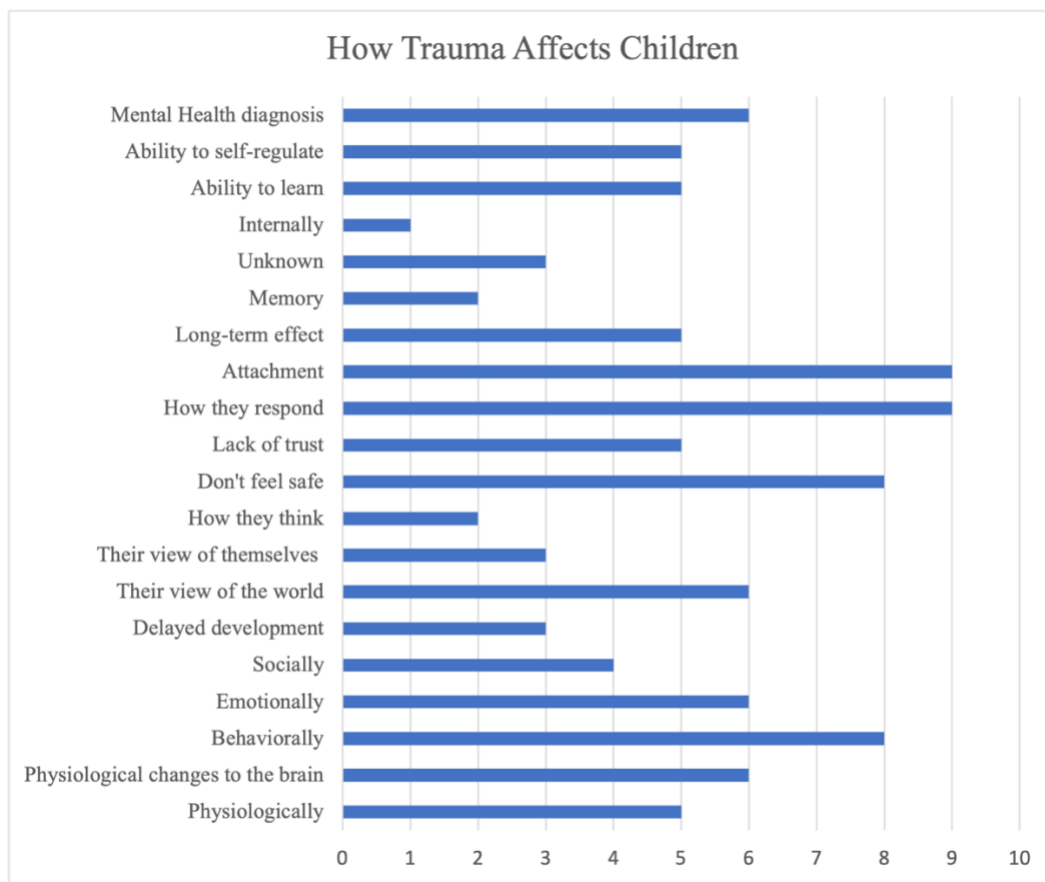
Participants were able to give specific ways that trauma had affected their foster children (see Table 4). It was clear that foster parents recognized that trauma significantly affected their foster children. Chloe commented, “It affects everything! It affects everything”. Participants listed effects such as behavioral, social, and emotional. Participants recognized that their trauma significantly affected how children interpret the world and themselves. Participants listed such effects as not feeling safe, how they think, how they respond, their view of themselves, and their view of the world.

Many participants discussed that their foster child had poor attachment, which affected how the child related to their new foster family. Participants also noted that their foster child’s learning ability would be affected. Two participants recognized that their foster children had missed developmental stages and displayed inappropriate behavior for their age. Six participants specifically mentioned that trauma created physiological changes in their foster child’s brain. Five participants listed different physiological reactions. Some of these reactions included having health issues, being physically deformed from neglect, delayed speech, being

hyperactive, and toileting issues. Three participants discussed how the effects of what happened to them could be unknown. Faye said, “It’s [the effects] sometimes not visible to the point where we know exactly what the child is dealing with or feeling.” Several also noted that these effects would be present in their foster children for the long term. “Trauma can have unfortunately very long-term impacts...The more adverse childhood experiences they've been exposed to [the more] issues in the future for them even into adulthood and for their entire lifespan” (Anna).

**Table 4.**

*How Trauma Affects Children*



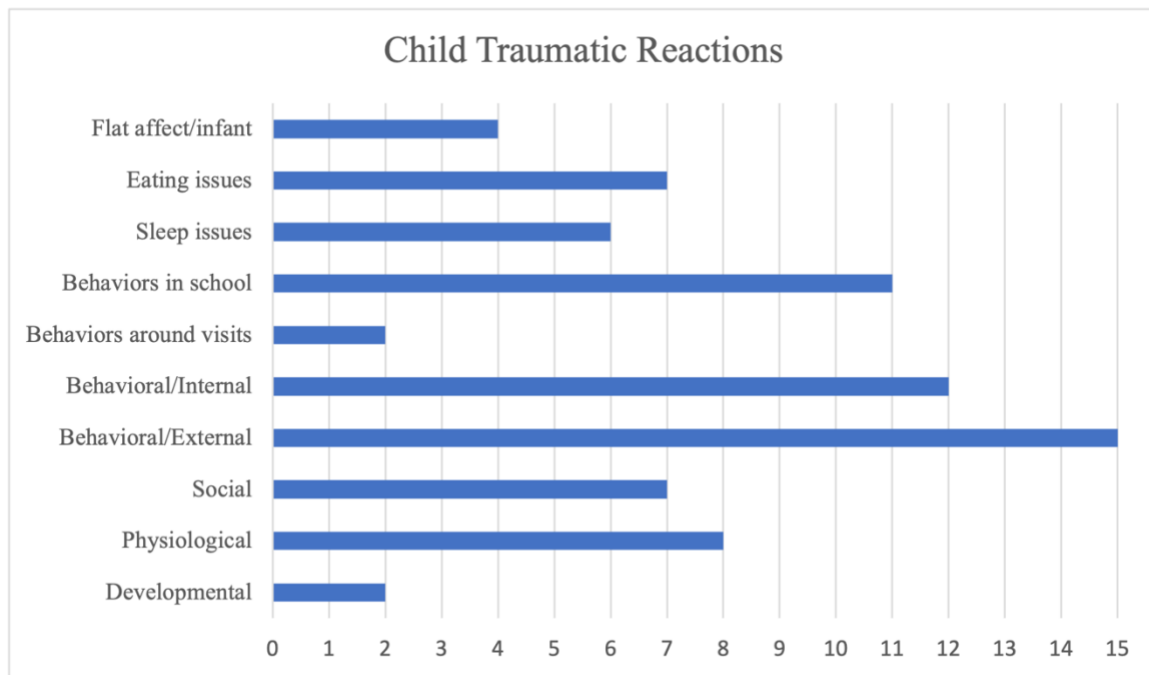
Participants gave specific examples of how their foster children displayed trauma reactions. The traumatic reactions that foster parents had the most to talk about were external behaviors, with all 15 giving examples of at least one external behavior. All 15 parents listed

tantrums as a traumatic reaction. Participants used very descriptive words to describe these tantrums. Eva stated,

Significant behaviors that we had, one that was just screaming nonstop. Everything became like a violent reaction, whether it was like, “Hey, can you do the dishes?” And it immediately turned into like, “You make me do everything! I can't do it!” Just full-blown meltdowns.

**Table 5.**

*Child Traumatic Reactions*



Faye also described the tantrums as “screaming nonstop and violent.” Grace used words like “big behavior, huge meltdown and screaming.” Jana described them as “screaming and violent, screaming, kicking, bashing his head, and punching.” Nadine said they were “violent temper tantrums, screaming, throwing anything he can pick up.” The participants definitely made the point that these traumatic temper tantrums were something more than a typical child throwing a temper tantrum because they did not get their way.

Aggression was another external behavior discussed by most parents. They described aggression toward other children and especially toward siblings. There were stories of aggression directed toward the foster parent through kicking, hitting, and biting. Self-directed aggression was also mentioned. Violence toward objects, such as throwing things, punching holes in walls, and slamming doors, was mentioned. Arguing and being defiant were other forms of aggressive behavior described by foster parents. Nadine, in describing some of her foster child's aggressive behavior, gave a long list,

Attempted suicide. He's tried to stab me. He has ran away. He's tried to kick the windshield outta my car. He's thrown his glasses outta my car. He's threatened to bomb the school he's ran away from school. They had to shut down the school, close it. He has punched holes in many walls. Mostly violent sort of outbursts, very violent temper tantrums, screaming, throwing anything he has in his hand, from chairs to TV, remotes to game systems, whatever he can pick up and throw, he can throw.

Other external behaviors included being impulsive and running away. Some parents discussed how transitions would spark violent reactions. They also described their foster children as being easily triggered.

Twelve participants discussed behaviors that would be internal. These included inappropriate emotional responses, shutting down, or disassociation. Children had difficulty focusing. Some described children that were clingy and needy. There were PTSD reactions, such as flashbacks. Foster children were described as having extreme thinking, including self-loathing and low self-esteem. Grace stated it this way, "It [trauma] just puts a filter on everything that they see and hear, and that filter is really dark and ugly. And so, when things happen around them and it's filtered through that, it just comes out dark and ugly".

The most often listed internal reaction was fear. Some mentioned that their children had a constant fight-or-flight response or were always hypervigilant. Participants stated that their foster children were afraid of everything. Dawn described how her foster children were scared to try anything new to them.

When we try to do stuff with them, sometimes the situations they're in is traumatic for them because they've never experienced anything like it. Simple things like going out to a restaurant is so overwhelming. And so that's like becomes almost like a fear response at times, it's something we've had to teach them to experience.

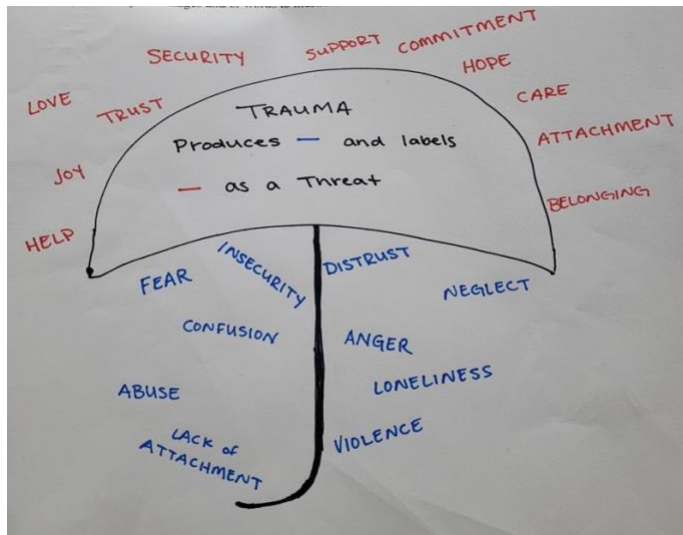
Heather also described the fear her foster child experienced.

She was mostly afraid to do something wrong, like in our house to touch something, she couldn't, she wasn't supposed to touch. Yeah, she was afraid to do anything. She would just sit there and do nothing all day if we, unless we interacted and try to get her to do something.

Other fears discussed by foster parents included fear of being alone, fear of the dark, fear of doctors and medical procedures, and fear of people. Two participants also recognized that trauma caused their foster children to have no fear of strangers and that they would seek attention from complete strangers.

Participants recognized that their foster children had social behaviors that were traumatic reactions. Some of the social behaviors listed included trouble getting along with others, trouble connecting with others, knowing how to treat others, and the ability to accept love and be a part of a family. Heather's cognitive representation (see Figure 3.) illustrates how she views the child's ability to interact with others. Heather stated,

**Figure 3.**

*Heather's Cognitive Representation*

Okay. So, I thought of the umbrella of trauma. An umbrella keeps certain things out of like the rain, but what it's protecting underneath is more of what it produces. So, in our experience, trauma has left mostly children, their immediate response to having a family that loves them or getting help from somebody or someone who's wanting to commit to them that's viewed as a threat, and you can't grasp the authenticity of it cuz in a lot of cases, they haven't experienced that kind of authenticity. And it's always like people just want to take from them. So, there's no more trust. So, trauma, in a sense protects from those threats that are actually not, not threats. They can't see it any other way. And instead produces what they think in a lot of ways, fear will, they're fearful of this certain thing that fear will protect them from it. You're not getting too close, or a response in anger will protect them from a response in love.

Other traumatic behaviors included behaviors around visits. Participants described tantrums and behavior both preceding and following family visits. Foster parents described behaviors in school and daycare that caused foster children to be in trouble and suspended. They also described difficulties in learning and focusing that affected school performance.

Participants discussed sleep issues. Their foster children displayed many different behaviors surrounding sleep. There were tantrums and behaviors to stall bedtime. Children could not fall asleep and stay asleep; some foster children would not sleep alone, while others were scared of the dark.

Eating issues was another traumatic reaction that affected many foster children. Foster parents described children that would need food at night. Some foster children would refuse to eat. Others would steal and/or hoard food. Many foster children also had issues with overeating. Chloe shared some of the issues they had with their foster daughter that crossed over between sleep and eating issues.

She was malnourished as a baby and also like left alone for periods of time. So, she's more of like fetal alcohol syndrome, not being able to regulate and she'll still, she's never slept well. I think she had a lot of trauma that happened at night when she was wet or not fed. And so, to this day she still keeps food under her bed. She doesn't have good sleeping habits. She wakes up usually like between one and four, somewhere in there. She's not as, not up for as long as she used to be, but it can be like an hour sometimes. She's very restless. She's gotten to the point where we had books in her room, and she'll read and put herself to bed, but I know it affects her ability in the day. Like she's tired, but she's so ramped up all the time that she can't take a nap. Like she won't take a nap. So, I know that, like, that probably offsets her during the day.

Participants that had fostered infants noted the differences that they experienced with traumatic reactions. They described a flat effect, "So we didn't see a ton of anything in her. Very flat for a baby. Didn't do a ton of eye contact for a while" (Bethany). "With the babies, it's a little bit different. I see the trauma in them, like just kind of spacing out where babies don't necessarily

typically space out or anxiety in them” (Grace). Morgan also noted that with their foster infant, they experienced eye rolling as she was coming off of drugs.

Participants also recognized that the behaviors their foster children displayed might be present long-term. Faye stated,

Three and a half years later, you would think that we've fixed it, but it's something that we talk about, and we deal with, and she deals with her therapist with; it's just gonna be something that we deal with until we don't.

Morgan, in discussing trauma reactions, stated, “I think it affects them long-term too.” Nadine said, “I think it’s a lifelong struggle for children who have a childhood experience that causes trauma.” Participants were willing to continue working through the process with foster children based on their understanding of why they behaved the way they did.

Theme Three: Integrating New Information” shared what participants learned about trauma. They shared that some of the most important things they learned were that traumatic reactions resulted from trauma and not out of defiance. They learned to accept that these behaviors were uncontrollable and were not personal attacks. Foster parents expressed that what they learned about trauma completely changed their views on parenting. Participants shared the basics that they learned about trauma. They were able to give a working definition of trauma. Participants gave examples of the types of traumas their foster children suffered, they shared how trauma affected their children, and they were able to share examples of the traumatic reactions their children have. As parents acquired this new information and began to integrate it into their current knowledge, it caused them to try new parenting practices. These new experiences in parenting led to significant changes that will be discussed under theme four.



***Theme Four: The Change.***

Kolb (2017) points out that learning must be acted on before it becomes the knowledge that will affect behavior. For the participants in this study, the information they were learning led them to try new parenting techniques. These new parenting skills then became the new norm for how they parented. Changes took place in both their parenting attitudes and parenting actions. This theme will be divided into four sub-themes of “Parenting Attitudes,” “Parenting Skills,” “Parenting Techniques,” and “The Cycle Continues.”

**Parenting Attitudes.** With trauma knowledge came new parenting attitudes. Understanding that the behaviors were not intentional made it possible for participants to accept traumatic behaviors and try new parenting skills and techniques based on trauma-informed training.

I would have to breathe. Be like, this is not something she's trying to do. This is a reaction that has been created because she has had no prior training or support to know how to do differently, so that helped quite a bit (Bethany).

Keith, in discussing how his trauma knowledge changed his understanding of parenting, stated,

It's definitely changed the way I parent. I didn't know much about trauma. It has made me understand that parenting is a lot more than just making sure they survive. It's, it's making sure they thrive and by connecting with them emotionally rather than just meeting all their physical needs and making sure to make good decisions. It's a soul connection that you have to have. It's hard when it, it's especially hard with kids with trauma, where it's hard to connect with them when they don't trust you. Yeah. Because of the hurts. So, it takes a lot more work than even your own kids.

Laura also discussed the changes in her parenting attitude after learning more about trauma.

It's a different kind of parenting. It's a lot of love, and it's a lot of connection, and it's a lot of patience. That looks different than how I was parented and how we parented our first two kiddos. And I have to admit; I have some guilt about that. I wish I'd have known about some of these tools in my toolbox when we had our first two kids.

For most of the parents, one of the most significant changes in their attitude was learning to let things go. “Things that maybe as a parent pre-trauma like that I thought were a big deal are not really as big of a deal and letting those things go” (Chloe). Part of letting go meant focusing on what was important more than on bad behavior. Nadine stated, “Well, disrespect is the last thing I am worried about. I’m worried about his safety, getting him to school, you know?” Dawn also discussed being flexible with the rules at times. “Ignore some things and let it go, address other things like constantly analyzing to decide, is that a typical teen thing or is that trauma?” Faye stated,

And I had to adjust my expectations with them and really understand big things and small things. And sometimes things that I thought were big were not really big; making sure that they had matching shoes that matched your clothes was not a big deal. Because my priority was keeping them safe and keeping them happy, not so that they cleaned their room in the morning before school. That was, who cares, as long as you got out of bed and we got dressed, and you were happy, then we were, we were on the right track.

Several parents also discussed that “letting things go” meant not punishing traumatic behavior. “Like punishing him for getting suspended for school did not seem right to me because I knew he was in this turmoil” (Nadine). Chloe, in discussing her foster/adoptive daughter waking up wanting to eat at night, stated,

After reading that, I thought, well, I can't penalize my daughter. Like for her, that would be a penalty. She is having a traumatic response that she has no idea where it's coming from. Cause she doesn't remember, but her body is waking up in a panic at night, wanting food and scared about not having it because she wasn't fed.

Each parent discussed the importance of showing love and compassion and giving grace to their foster children.

Trying to navigate how to parent a child who can't always tell me what they're thinking and why they're thinking it, or why they're feeling a certain way and understand that it could be coming from a part of her life that has affected her brain, that she can't, she can't remember it. So, with a lot of unknowns, there's a lot more grace given (Heather).

Jana stated, "But then when we realize it's not him being a nine-year-old boy, it's him reacting, we instantly try to change our tune to be calming and nurturing to him."

There was a very interesting twist in my interview with Morgan. At the beginning of our interview, she shared how hard fostering was at first and commented that when she started fostering, she thought all these children needed was love, but she soon learned that love was not enough. Then as the interview progressed, she made this statement, "I can handle like whatever they've been through. They just need love. And I feel like I can, I feel like I can do that now much better than prior to all this trauma knowledge". For Morgan, trauma knowledge was the key to loving unconditionally. Faye called her parenting "handling them with gentle gloves."

With these changed parenting attitudes, participants also developed a different focus and different goals. The most often mentioned goal for these parents was building relationships. Eva stated, "A lot of the parenting is based on connections." When discussing her cognitive representation (see Figure 4.) Anna stated,

All right. So, you've got the foster child, and the foster parent, which would be me and whatever kid, and the kid is in the middle of some type of meltdown. And these are all the potential things that they could be exhibiting. But I think the key is that the foster parent is connecting them eye to eye on their level. So, you're not coming in from a place of authority but coming collaboratively on their level. And the idea is to create that connection, which is what the foster parent is, is focusing on is, creating a connection and trust with that child, no matter what behaviors are happening in the background. That is always the goal of the foster parent is to get that connection.

**Figure 4.**

*Anna's Cognitive Representation*



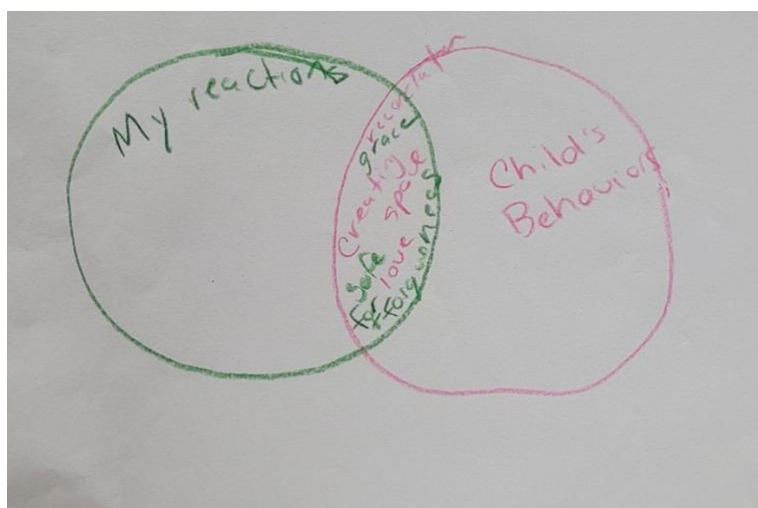
A second goal that all the parents mentioned was creating safety. Keith stated in his interview that he felt like he and his wife were able to be “a safe place” for their foster children. He also said that in working with children, you needed to “be a safe place at all times instead of someone they would be afraid of.” Parents often referred to themselves as the safety. Safety in fostering is not just about being physically safe but also about providing a place where children

can express themselves and have their traumatic reactions without being judged and scolded for uncontrollable behaviors. Several of the cognitive representations illustrated the goal of creating safety. Isaiah's cognitive representation (see Figure 5.),

I made it kinda like a Venn diagram. Because I feel like that my reactions are kind of me with their, their behaviors. And so, I kind of, in the overlapping area, I put creating a safe space for love and forgiveness. And I guess that's, like in my mind, the easiest way because, like, my reactions are not gonna be perfect, and their reactions aren't gonna be perfect. But at least in that space, we meet where I'm using my trauma knowledge and they're using their trauma. We can find that space where they can have those feelings and those emotions. And with me, knowing some ways and techniques to help with that, it creates a spot that allows 'em to to live in that trauma, but also move through it.

**Figure 5**

*Isaiah's Cognitive Representation*



Grace, in her cognitive representation (See Figure 6.), said,

I have a super angry kid that is just very angry. I have a heart surrounding it because when our kids are dysregulated and just like kind of going crazy, we have to cover them

with like safety and see past the anger, I guess. And so, then I have them in a circle of safety with my husband, and I like co-regulating so that we see the anger, but we're gonna bring them in close and just kind of like be calm with them to get them to be calm. So, I don't think I wouldn't have known to do that without trauma training.

**Figure 6**

*Grace's Cognitive Representation*

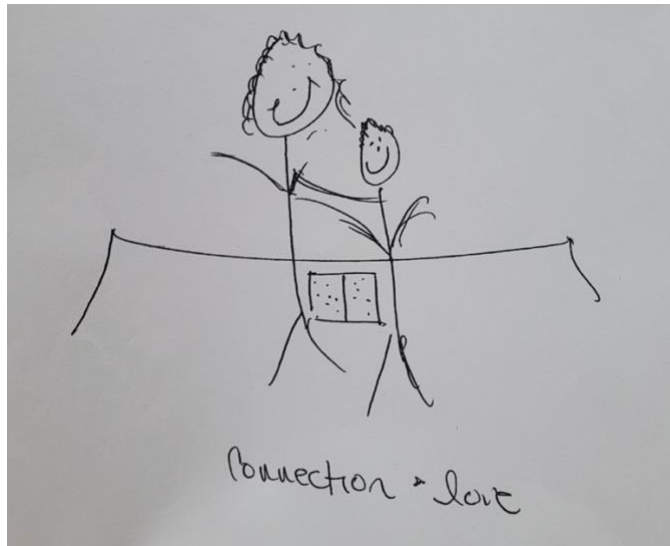


**Parenting Skills.** Building connections and creating safety leads us to some parenting skills parents used to meet these goals. In building connections, the focus is on relationships and not on behavior. Anna, in a discussion about dealing with traumatic behavior, stated that it was important to not deal with behaviors “In a punitive consequence-based shaming, type approach, you know, versus a way that's going to build the child up and, and give them the skills they need to be successful.” Dawn said they build fun activities into their schedule to build connections with their foster children. Laura drew her cognitive representation (See Figure 7.) around connection.

So, this, to me is what reaction to trauma looks like, and this is me and one of my kiddos like sitting down to try to regulate and calm and connect. And usually, it looks like something like a game or some type of sensory, they love those pop fidget things. And then we're talking about what's happened and why they feel a certain way or they're upset about something. So, I drew a checkerboard, or it could look like a pop fidget, I guess <laugh>, but it's supposed to be a checkerboard, and this is me and one of the kiddos sitting down and just trying to understand and talk.

**Figure 7.**

*Laura's Cognitive Representation*



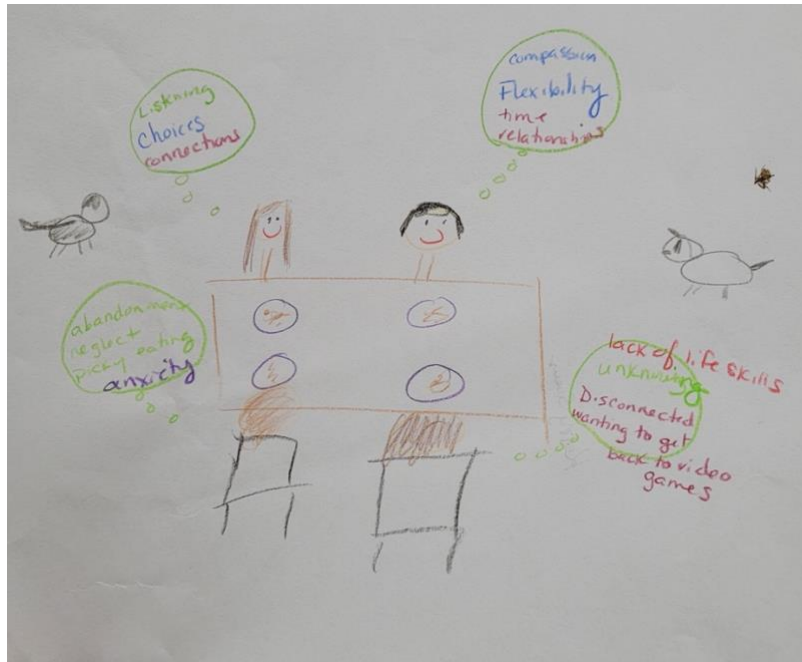
Bethany uses singing and reading to connect with her foster daughter. Anna and Eva also discussed the importance of getting down on the ground and sitting with their foster children. Holding them and/or hugging them was another way foster parents connected with their foster children. Making eye contact was another. Dawn also mentioned the importance of eating meals together in her cognitive representation (see Figure 8.).

So, I chose us sitting at the dinner table, cuz that is a routine, it's a nightly thing. I think it's something that is very new to them. That is not something they had ever done but is where we learned it is actually when you start talking. The first thing I thought about it is it's where we have built a routine of making connections and having conversation.

**Figure 8.**

*Dawn's Cognitive Representation*

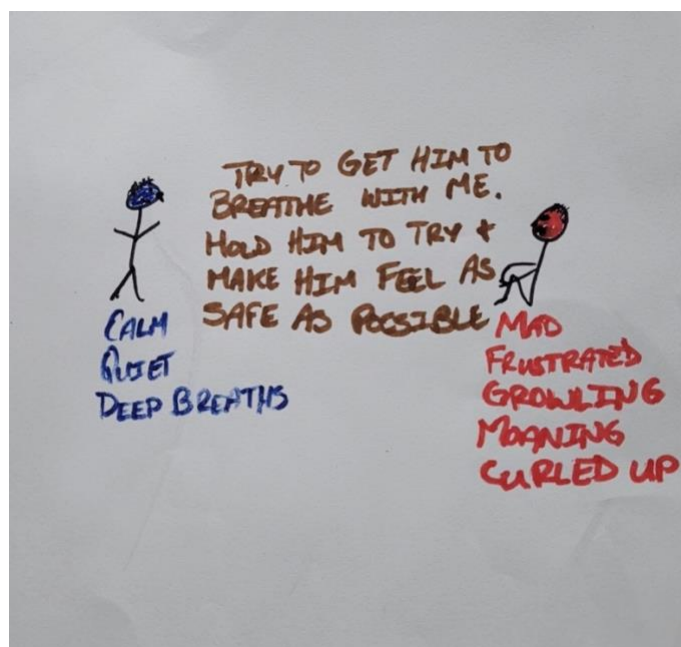




Some of the same parenting skills used to build connection are also used to create safety. Participants discussed how hugging and holding children and staying calm creates safety. Morgan addressed the importance of being consistent and doing what you say. Bethany, Dawn, Laura, Morgan, and Nadine mentioned the importance of having a schedule. Bethany, Dawn, Isaiah, and Jana discussed the importance of detailing schedules with children, so they know what is happening throughout the day. Dawn discussed giving her foster children a detailed account of where she and her husband would be so that her children did not worry about when or if they would return home. In the focus group, Bethany commented, “Daily details were an obvious must once our girls knew our household expectations. They loved details of the day, and we came to realize it was necessary for coping with anxiety and thriving on consistency and keeping our word”. Oliver, in discussing his cognitive representation (see Figure 9.), stated,

**Figure 9.**

*Oliver's Cognitive Representation*



So I've got a picture of me with a blue face and the blue is a more calming color. I have written under there calm, quiet, and deep breaths. And then, across from me, I have a depiction of my foster child, one of them, the older one, with a red face because he's angry. And that is his traumatic reaction pose. He's curled up, holding his knees, and underneath, I have written mad, frustrated, growling, moaning, and curled up. Because when he gets into one of his episodes, he does growl and makes noises, clicking with his tongue. Sometimes he begins to get violent. Thankfully that's only happened to him a few times. But in the middle, in between, I have that; I have to try to get him to breathe with me and to try and hold him and try and make him feel as safe as possible while I'm with him.

Another important parenting skill is being proactive. Part of being proactive is not being reactive. Laura stated, "I parent with a lot of love and reward system versus punitive. It's a lot of not reactive parenting". To avoid being reactive, foster parents must maintain their own composure. "You have to be very conscious of yourself because if you rage at that kid, you're not

gonna be responding in a trauma-informed way” (Anna). Isaiah stated, “As an adult, there are even times you have to check yourself to make sure that you don't get overexcited or frustrated based on a simple thing because then that creates a negative behavior for the kids.” Keith felt that keeping his composure was the most important thing he could do in working with his foster children. “The most important thing I think I learned is, is to focus yourself, regulate yourself before you try to regulate your child.”

Part of being proactive means constantly being aware of their foster child and looking for signs of distress.

So, one of his first signs is he clenches his fist. So, there's like little body signs that we now know to look for. But then the defiance is also a big one. He's normally a very respectful, kind child. And if he starts saying no to us in a very angry way, we know he's about to have a meltdown (Jana).

Another part of being proactive means responding to triggers and changing parenting practices to meet the child's needs. Bethany shared a story about her foster daughter becoming upset at clothes left on her bed. “We don't know why, but there was something triggering about putting clean clothes on her bed. Never did it again.” Isaiah stated it this way, “It's just been like testing and making sure, like, knowing this, this is what this does. Let's not do that again”. Being proactive also means having a plan in place for when there are issues that need to be dealt with. Dawn discussed the importance of communicating with her husband and planning ahead for how they would deal with issues.

A final piece of being proactive is seeking outside help and support. All parents discussed the difficulty of finding outside support. More support was their number one need when asked what they would like to see from their DSS. Foster parents had to proactively seek support

through outside services such as counseling, doctors, and dentists. Eva stated, "It's a lot of like resource gathering and staying in touch with people and just asking questions. And finding the right people that know these types of people you're talking about with the resources and direction". Nadine also expressed the frustration involved in finding outside resources to assist with their foster children.

It was really difficult to find resources that you need. So, I think that, like understanding, okay, here's where a lot of the kids go for mental health. Here's where you can go for your pediatric. Here's where, if there's special needs, go to Charlottesville. I think all of those things would be great to know when you get this little ball of fire, and it helps you navigate what's next. And I think as a foster parent, you feel like you're drowning all of a sudden. And then you can drown in how many things you then have to do or whatever, but still, just finding the resources.

In addition to finding resources, parents also need to be willing to advocate for their children in many of their outside situations. Participants noted that they often had to advocate for the services their child needed with DSS, counseling, and even in their schools. "Like if foster parents do not advocate for services and for different things that child needs, it's not gonna happen" (Eva). Laura noted, "It's been challenging through the school years, working with teachers and principals and educators." In the focus group, Bethany stated,

Advocating became a weekly, if not daily, norm over the two and half years of our foster care journey with the one sibling group we had. It became apparent how necessary it was to be a voice for our girls due to the details and relationship only foster parents have the ability to give.

**Parenting Techniques.** Through their learning, participants began to pick up new techniques for dealing with traumatic behavior. The techniques that participants discussed the most revolved around dealing with self-regulation. Once participants were able to identify behaviors as trauma-related, they began to understand that their foster children were unable to regulate their emotions, and they needed to learn how to do so. Parents described many different techniques they used to help their foster child learn to self-regulate. The most important step for foster parents was being able to stay calm themselves. Jana described it this way, “We have to slow down and be much calmer.” Anna described it as “maintaining calm in the chaos.” Isaiah said, “If I try and calm him down while I'm not calm, it just ends up working against us.”

A second technique used to help self-regulate is to not talk to the child while they are displaying the behavior. Participants recognized that their foster children could not respond or process information while they were having a traumatic reaction. Anna stated, “When they're in an escalated state, the less that I say, the better because they're not listening to what I'm saying anyways.” Isaiah described it this way,

I think it changed me in the sense of like also realizing that sometimes when these kids are in these modes of anger or outbursts like they're not hearing anything you're saying, so let's let them have their moment, let them chill down and then we can talk about it.

Parents also used physical touch or holding them to help the child regulate. Eva stated, “He does really well with me just sitting down and holding him and rocking him as if he's a baby, and then he calms down, and then we can talk.” Another part of this was the technique of time-in versus time-out. Participants expressed that it was important to stay with their foster children and to help them calm down and self-regulate. Bethany described it this way,

Instead of removing her from the situation, I usually will sit with her. We'll sit together, and if she wants me to hold her, a lot of times I'll just say, "Come sit on mommy's lap. Let's calm down. Let's take a breath." And she just likes that. And it doesn't end it immediately, but it calms her much more quickly than when I was removing her from the room and putting her in a chair to have time-out.

While sitting with their foster child, parents actively used breathing exercises that they had learned to help their children self-regulate. Jana also mentioned several other relaxing exercises they learned through their counselor. Eva discussed making sure to validate the foster child's feelings.

Following the event and once the child had regulated was when participants would talk with their foster child about the event and/or their behavior. Isaiah shared a detailed description of how this works in his house.

The best way I've found, at least in this case, is to hold him against my chest and feel him breathing or let him feel me breathing. Once he starts to calm down, he'll start to synch his breath with my breath... And then he starts to breathe, and then I'll ask him if I can talk to him and then beginning to talk. Sometimes all I can get out of him is one word, and it's just a complete mystery what's happened, why he's acting the way he is. Other times he's ready to talk right away. And he wants to explain to me why it is that he got angry or frustrated or mad or sad.

Participants implemented several parenting techniques to help avoid traumatic reactions. The first technique was to teach children how to behave/respond. Parents recognized that children did not know how to adequately express themselves or say what they needed when upset or triggered. Dawn stated, "Teaching 'em like, you can be mad at us, and you can be angry

about a rule, but there's ways to do that. And we've seen a lot of growth with that". Anna put it this way, "It's teaching those things [appropriate responses] on the front side so that they have those skills." Many parents also implemented what they called a redo. Redo is a term they learned through TBRI (Purvis et al., 2015), and it involves giving a child the opportunity to redo something they did wrong. There is no consequence for the first wrong action but asking for a redo allows the child to process the request and consider another response. Using the redo also requires that the child has previously been taught the correct skill.

Emotion and/or body recognition was another technique participants taught foster children to help them learn to self-regulate. They would ask their foster child questions about how they felt, such as "How did your body feel before you became angry?" or "What thoughts were going through your head before you became angry?" Eva said these techniques "really helps them be in touch with their own bodies and with what their thoughts are and what they're feeling."

Offering choices was another skill used by parents to help prevent negative behaviors. Parents noted that offering choices also gave the child a measure of control over what was happening. Anna put it this way, "Finding ways to let them be in control of their environment helps with a lot of the oppositional defiance stuff that typically kids from trauma will exhibit because they don't have control over pretty much any part of their life." Offering choices also help children deal with transitions which is an area that often causes behaviors. Many parents noted that they use warnings to let children know when transitions are coming. Keith gives a good description of how choices and warnings work together.

It's letting them know beforehand that something is changing five to 10 min ahead, and if it's still a hard time, then you start giving options, so they retain a little bit of control like,

“Do you wanna wear this when we leave or this?” It can distract them, but also gives them the sense that they are in control of this situation that's changing on them, that they can still feel they're part of the decision-making.

Several participants also noted that it takes creativity to work with their children. Creativity includes making things fun. “Try to make it fun. Like bedtime, they hate going to bed... So, it's the monster chasing them up the stairs to get 'em to go to bed, and they laugh and run away from it” (Isaiah). Grace shared a story about using a bracelet to remind her child that she loves him. Nadine found that her child could not stand being told what to do, so they created charts or wrote down directions, so he did not have to “hear it.” Laura and Oliver shared about using toys to distract and occupy children. Heather would get on the floor and play with her toddler to teach her how to play since the child was too scared to try anything on her own.

Using motivation and praise was another way that participants found to help their foster children. Eva discussed how she had a child who was so scared of failure that he wouldn't try anything, so she would break tasks into very small steps and praise every effort to encourage him to try new things. Nadine discussed the importance of finding ways to say “Yes” so that children learn to use their voices and ask for what they need.

Some practical techniques that parents found included using a night light or staying with a child to help them fall asleep. Dawn takes her foster children grocery shopping so she can see what types of foods they like or would be willing to try. Chole always makes healthy snacks available for her child that has fears of not having food. Several parents noted that children's behaviors are worse if they are hungry or thirsty, so they make it a point to offer water and snacks when a child seems irritable. Several also noted that they limit sugar because of behavior issues related to sugar. Bethany said for her foster children, “They started recognizing headaches



and anxiety when they ate a lot of sugar.” Morgan limited sugar based on her foster child’s behavior and her own research. “We’ve learned sugars kind of spike her brain with these reactions and temper tantrums. So, we’ve kind of monitored sugar, which in doing some research, I’ve found that that is actually common with drug-addicted babies”. In the focus group, Jana discussed that they also removed food dye and saw behavior improvements.

Distraction was another technique that parents used on children. If they began to be upset, distracting them with another toy, a snack, or a walk outside would often help the mood pass. Morgan gave a good description of using distraction and why.

Like the distraction method of like just holding their hands and looking at them in the eyes and then removing them from the situation completely... You’re just regulating their brain and trying to ... calm them down and change their mindset with, “Let’s just go play on the swings for a little bit.” Totally not talking about what they just did or why they’re upset. And then coming back to it.

Consistency was a final technique that parents felt helped their children to feel safe and to regulate their behavior. Isaiah noted that kids thrive off “Creating patterns, creating consistency.” While schedules and consistency are essential, participants did note that creating those with children who have not had them before was a challenge. As discussed in the section on “letting go”, foster parents had to be flexible in their expectations and schedule-setting goals. While parents recognize the benefits and work to set routines, they are willing to sacrifice schedules to build positive relationships. In the focus group, Bethany described the balance between the benefits of routine and the importance of letting go.

My lack of understanding of what our children’s “normal” was - that which was so full of emotional and physical neglect, emotional and physical abuse, and necessity of sheer

self-reliance; coming into our “normal” of rules, boundaries, expectations were foreign and extreme to them. Knowing that now, and having the grace, and understanding of what they had gone through and how much they’d come to thrive in an environment of consistent love, boundaries, clear expectations, and feeling safe, I would have adjusted my mindset and parenting style much more quickly and readily.

**The Cycle Continues.** Kolb (2014) writes, “Learning is the process whereby knowledge is created through the transformation of experience.” Adaptation is required to learn effectively. In essence, the transformation process is the learning process. And learning creates new experiences. The participants in this study were aware that they were still in the learning process. There was not a single parent who felt that they had learned all they needed to or that they had it all figured out. In discussing what they had learned about working with children with trauma, many parents echoed the sentiments of Anna, who stated,

It it's tough because I think parenting kids from trauma some days, you're like, oh yeah, I'm on top of my game. Like I feel like I'm doing great. And then the next day, you mess up like six different times, and you're like, oh, dang it...I think you have good days and bad days... I think the goal is always trying to learn and do better the next time... We're human too. We're gonna make mistakes; we're going to match their emotions. Sometimes we're gonna be tired and overwhelmed and struggling to remember where they came from. But I think one thing that I have mastered is that my mindset is different. I may not always act it out the right way, but my head knows what I'm supposed to be doing...I'm always looking for solutions cuz every kid is different, and I think it's easy to just try to make one size fit all. But I mean, every single one of the kids that have come to my home

have been very different and the same trauma-informed parenting techniques don't work for all of them.

Parents experienced good days and bad days. They recognized that each child would be different and have different traumas and different traumatic reactions. Parents also recognized that they needed to be as accepting of their faults as they were of their foster children. "I'm in a process right now of like learning how to give myself a lot of grace in parenting" (Grace). They were also willing to continue learning and practicing good parenting, even if it meant making mistakes along the way. "I would like to continue growing in it. I would like to continue learning how to better serve these kids with trauma knowledge" (Bethany). "[We are] like constantly analyzing to decide, is that a typical teen thing or is that trauma? And that's a hard, hard thing to figure out" (Dawn).

Participants expressed the difficulties in foster parenting. Words to describe fostering included hard, difficult, and exhausting. They recognized that foster children would make progress but that it could be very slow and full recovery was not a guarantee. Nadine noted the importance of celebrating the small steps "Just finding the wins in the littlest thing kept my sanity." Participants also recognized areas where they needed to continue focusing on as far as their parenting skills went. Dawn and Oliver discussed being uncomfortable with some of the emotional conversations they had to have. Parents noted the difficulty of deciphering between traumatic behavior and normal behavior. They also struggled with recognizing that those in their social circles who did not foster were often critical of their parenting choices. They mentioned family and friends who felt they were too lenient and letting too much go. Nadine stated, "You don't get affirmation from many people [when you let things go]."

The hardest struggle for parents was letting children go. Anna, Bethany and Isaiah, Chloe, Eva, Grace and Kevin, and Morgan all had stories of having children leave their homes and how hard it was. Some had to leave due to choices by their DSS. Others had to leave due to child behaviors. In all cases, it was evident that this was a struggle for the parents, and in many situations, they had to deal with guilt over their decisions and grief over the loss. Parents expressed the struggle that was involved in making decisions that would have such an impact on the child. Chloe's cognitive representation (see Figure 10) is a great illustration of her struggle in deciding to have their son replaced through Second Chance Adoptions.

**Figure 10**

*Chloe's Cognitive Representation*



So, I have [my son] in a really dark tunnel, but there is light at the end of the tunnel, but he's not sure if he wants to actually go there. He might wanna stay where he's at or even go back the other way. And then, but there's like so much hope right here, and we're like,

come on, just go. Go. But he doesn't want to. And his heart is very, very sad. And then I have myself and my family, and there's Brian [counselor] with his beard, but we're all holding hands because we are all in it together. And we're like a hundred percent behind him, but he's still in his tunnel, not wanting to be a part of us. And then we have like all of our books and communities like people, therapists and psychiatrists and all the people that were helping us. And it's a happy place where we are, fairly happy. And they're all very, very happy. And I'm almost happy. Like I'm happy that they're happy, but I'm not happy that he's not happy. So that's why I have a straight line because I am feeling sad for him and, but I am happy for them, so.

A final struggle that participants expressed was in feeling supported through their DSS. Most parents felt that some of their struggles could be alleviated if they received better support. They expressed frustration and confusion over decisions that did not seem consistent.

There seems to be so many unknowns with the rules ... so many times, things have just been snuck into our case that we didn't know were legal or possible because we don't understand the full system...in our two cases, we were having complete opposite experiences, and we didn't understand if that was just the different case workers decisions or their bias or anything like that. So, training on the rules of the system itself, I think, would be very helpful. And also, there's, every agency is completely different, and they have the ability to make different rules...And consistency, it doesn't exist (Heather).

Isaiah discussed frustration at not knowing what to do or whom to contact when there were issues with caseworkers. Jana didn't understand who people were and what their roles were and was overwhelmed with the number of people and appointments they had in the beginning.

As already discussed, parents were also frustrated with the lack of available resources and felt that their DSS should be able to provide even a list of resources for doctors, dentists, and counselors. They also wanted to know the available resources. Parents who had adopted felt that they had been abandoned and had nowhere to turn when there were issues with their adopted children. Participants also felt that they did not receive enough practical training. Anna noted that while there is the discussion of trauma, they are not provided with tools to help “navigate the trauma in the right way...There’s the knowledge now we just need the skills to actually do it”. Most foster parents also recognized that their DSS was overwhelmed and overworked, but that did not alleviate their frustrations with the system.

“Theme Four: The Change” was where participants were able to share the changes that they made in their parenting attitudes, skills, and techniques. These changes resulted in improved behaviors for their foster children and less stress for them. In this final sub-theme, parents shared their desire to continue learning and growing their trauma knowledge. They also shared their hopes for changes within the foster care system that would improve fostering.

### **Research Question Responses**

There was one central research question and three sub-questions for this study. This section will address how the themes and subthemes addressed these research questions. The central research question for this study was: How do foster parents in Central Virginia describe their trauma knowledge? The three sub-questions were: 1) How do foster parents describe the way trauma has affected their foster children? 2) How do foster parents describe how they learned about trauma? 3) How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?

*How do foster parents in Central Virginia describe their trauma knowledge?*

This research question was addressed within Themes Two, Three, and Four. “Theme Two: We are Missing Something” was divided into two sub-themes; “Reflecting” and “Seeking.” In “Reflecting,” participants discussed how they began recognizing that their current parenting techniques were not working. They realized that their foster children’s behaviors were not normal. Participants also recognized that their current parenting techniques were not working. In “Seeking,” parents showed how they began to seek new information through various formal learning sources such as conferences, college courses, work training, and extra DSS classes. They also learned through informal learning sources such as counselors, books, support groups, their own life experiences, and working with their foster children.

“Theme Three: Integrating New Information” was divided into two sub-themes; “What’s Important” and “The Basics.” The sub-theme of “What’s Important” looked at what parents found to be the most important things they learned about trauma. Parents felt that it was important to understand that their foster children’s behaviors were not defiance and instead was a skill deficient. Participants also felt that the trauma knowledge they gained drastically changed their view of parenting. The second sub-theme, “The Basics,” allowed parents to define what trauma was, explain what types of traumas their foster children experienced, give descriptions of how trauma affected their foster children, and describe their foster children’s traumatic reactions. These descriptions provided many details on how trauma affects foster children and clearly showed how much trauma knowledge these foster parents had.

“Theme Four: The Change” was divided into four sub-themes; “Parenting Attitudes,” “Parenting Skills,” Parenting Techniques,” and “The Cycle Continues.” In the sub-theme “Parenting Attitudes,” participants shared how their trauma knowledge helped them develop new

parenting attitudes that allowed them to be tolerant of traumatic reactions. Parents were able to focus on important things such as safety, relationship, and learning new skills, and were able to let go of preconceived ideas about behavior and parenting and not punish traumatic behavior. In “Parenting Skills,” parents discussed the new skills they focused on because of their trauma knowledge. Parents focused on building relationships through kindness, showing love, and staying calm while their foster children were dysregulated. They shared how they emphasized safety by being a safe person where their foster children could have their reactions but still be able to turn to them for help, comfort, and direction.

The sub-theme, “Parenting Techniques,” is where participants shared the new techniques they learned that allowed them to help their foster children. The most important technique was to help their foster child self-regulate. This was accomplished through the parent staying calm, allowing the child to express emotion, keeping the child close, practicing calming skills, and waiting until later to talk through issues. Participants also practiced avoidance techniques that helped prevent traumatic behaviors. These included teaching appropriate skills, body/emotion recognition, offering choices, being creative, using motivation, and providing for the child’s fear-based needs. The final sub-theme, “The Cycle Continues,” discusses how parents recognized that they still had many things to learn and that this learning and the experiential cycle would continue for them.

***How do foster parents describe the way trauma has affected their foster children?***

Themes One and Three addressed the research’s first sub-question. “Theme One: Experiences Prior to Trauma Knowledge” described what the participants were experiencing with their foster children. Children’s behaviors and the parents’ responses to those behaviors were discussed. Participants described their parenting as authoritarian, believing that children



should obey their parents. Parents were using consequences for negative behavior, causing their foster children to escalate. Participants were left feeling overwhelmed and frustrated. Theme one has three sub-themes: "Parenting Beliefs," "Parenting Behaviors," and "Parenting Feelings." In the sub-theme "Parenting Beliefs," participants' experiences included children that were having temper tantrums, being defiant, and not being able to regulate themselves. Participants described their parenting as authoritarian, believing that children should obey their parents. "Parenting Behaviors" described poor parenting skills that clashed with their foster children's behaviors. These behaviors included matching emotions with their foster child, using consequences for poor behavior, and describing behavior as bad. "Parenting Feelings" allowed participants to express what they were feeling in this pre-trauma knowledge home. Foster parents shared feelings of exhaustion, doubt, and frustration.

"Theme Three: Integrating New Information" gave detailed descriptions of how trauma affected their foster children. Participants were able to define trauma; they understood that trauma was the result of an event that hurt and caused fear and that this experience caused adverse, lasting effects on the child. Participants listed the types of traumas that their foster children had experienced. They listed many traumas, including physical, mental, and sexual abuse, neglect, parent drug use, mental illness, poverty, and drug exposure. Participants recognized many ways that trauma had affected their foster children. They discussed effects such as their ability to self-regulate, learn, respond to others, how they view themselves and the world, lack of trust, delayed development, physiological changes, emotional effects, and behavioral effects. Finally, participants were able to give examples of child traumatic reactions. These reactions included external and internal behaviors, eating and sleep issues, behaviors in school and poor learning, social behaviors, and developmental delays. The descriptions in themes one

and three provided an understanding of how foster parents recognized trauma and its effects on their foster children.

***How do foster parents describe how they learned about trauma?***

This sub-question was addressed in “Theme Two: We are Missing Something.” This theme allowed participants to describe the ways that they learned trauma knowledge. Participants did not feel they had learned about trauma through their foster parent pre-service training courses. They described both formal and informal ways that they learned about trauma. Formal training included classes, work training, conferences, and DSS classes (outside of initial training). Informal training included counselors, other foster parents, books, support groups, social media, and experience.

***How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?***

Sub-question three was addressed in “Theme One: Experiences Prior to Trauma Knowledge” and “Theme Four: The Change.” Theme one addressed the parenting experience prior to trauma knowledge. Parents addressed their parenting beliefs, their parenting behaviors, and their parenting feelings. This theme also addressed how parenting behaviors affected their foster children. Theme four gave detailed descriptions of the changes that parents made based on their newly integrated trauma knowledge. Participants made significant changes in their parenting attitudes, parenting skills, and parenting techniques. These changes made parents feel more confident in their ability to love and parent their foster children.

**Summary**

This chapter detailed the research findings from foster parents' lived experiences learning about and using trauma knowledge. Each of the 15 participants was described individually and as

a group. Information was gathered through demographic questionnaires, individual interviews, cognitive representations, and a focus group. Through analyzing the data, four themes that related to Kolb's (2014) ELT learning stages were discovered. These themes are 1) "Theme One: Experiences Prior to Trauma Knowledge," 2) "Theme Two: We are Missing Something," 3) "Theme Three: Integrating New Information," and 4) "Theme Four: The Change." Theme one developed three sub-themes of "Parenting Beliefs," "Parenting Behaviors," and "Parenting Feelings." Theme two developed two sub-themes of "Reflecting" and "Seeking." Theme three developed two sub-themes: "What's Important" and the "Basics." Finally, theme four developed four sub-themes of "Parenting Attitudes," "Parenting Skills," "Parenting Techniques," and "The Cycle Continues." Together these four themes and their 11 sub-themes described foster parents' trauma knowledge in Central Virginia.

## **Chapter Five: Conclusion**

### **Overview**

The purpose of this is transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. This chapter begins with a summary of the findings of this study. This is followed by the discussion section, which will share the study's findings as they relate to and expand the empirical literature from Chapter Two and discuss how the findings relate to the theoretical literature. The following section will discuss the implications of this study as they relate to the following stakeholders: 1) researchers on trauma-informed care, foster parent training programs, Kolb's (2014) ELT, and complex trauma theory, 2) DSS, especially those who work directly with training foster parents and caseworkers who work with foster parents, 3) current and future foster parents. The implications will address theoretical, empirical, and practical implications. A review of the study's delimitations and limitations will be next. The final section gives the researcher's recommendations for future research.

### **Summary of Findings**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. Fifteen participants shared their descriptions of this phenomenon by completing a demographic questionnaire, participating in a semi-structured interview and an online focus group, and drawing a cognitive representation. The resulting data were analyzed using Moustakas' (1994) procedures for transcendental phenomenology. The data analysis resulted in four main themes aligned with Kolb's (2014) ELT. These themes are "Theme One: Experiences Prior to Trauma Knowledge," "Theme Two: We are Missing Something," "Theme Three: Integrating New Information," and "Theme Four: The Change."

### **Research Questions Addressed**

The research questions were developed to gain a full description of foster parents' trauma knowledge. The central research question that guided this study was: How do foster parents in Central Virginia describe their trauma knowledge? There were also three sub-questions, including 1) How do foster parents describe the way trauma has affected their foster children? 2) How do foster parents describe how they learned about trauma? 3) How do foster parents describe the impact their trauma knowledge has on the way they parent foster children?

Three of the study's four themes addressed the central research question. These themes were "Theme Two: We are Missing Something," "Theme Three: Integrating New Information," and "Theme Four: The Change." Theme two showed how foster parents became aware of their need for more knowledge and how they sought it for themselves. Theme three discussed what parents specifically learned about trauma that began to change the way they viewed their foster children and how they parented them. In theme four, participants described how their trauma knowledge drove changes in their parenting attitudes, skills, and techniques. Through these themes, parents were able to provide a rich description of their trauma knowledge. Participants felt that their trauma knowledge was a critical factor in being successful foster parents. Trauma knowledge changed the way they viewed their children and the way they parented those children.

Sub-question 1) How do foster parents describe the way trauma has affected their foster children? Was addressed through themes one and three. "Theme One: Experiences Prior to Trauma Knowledge" described how foster children behaved in the foster home prior to trauma knowledge. "Theme Three: Integrating New Information" allowed foster parents to define trauma, share what traumas their foster children experienced, describe how trauma affected them, and share stories about the types of trauma reactions they saw in their foster children.

Participants described how trauma affected their foster children in great detail. Parents understood that trauma had affected every area of the child's life and that the child did not have control over traumatic behaviors.

Sub-question 2) How do foster parents describe how they learned about trauma? Was addressed through “Theme Two: We are Missing Something.” This theme allowed foster parents to share how they accumulated their current trauma knowledge. Participants shared that they did not learn through their initial foster parent training and had to proactively find information for themselves. Participants shared both formal and informal ways that they gained trauma knowledge. Participants were proactive in seeking the information that they needed. These included conferences, counselors, work classes, books, social media, support groups, and personal experiences.

Sub-question 3) How do foster parents describe the impact their trauma knowledge has on the way they parent foster children? Was addressed through “Theme One: Experiences Prior to Trauma Knowledge” and “Theme Four: The Change.” Theme one gave a descriptive picture of what foster parenting looked like before the participants had trauma knowledge. Theme four described how parents are now parenting after receiving trauma knowledge. Together these themes show the significant and positive impact their trauma knowledge has had on their parenting. Foster parents can now let go of preconceived parenting roles and allow foster children to express their trauma through behaviors. Foster parents are currently working toward goals of relationship and safety and using techniques to build these into their homes.

### **Discussion**

The purpose of this section is to discuss this study's findings as they relate to the empirical and theoretical literature presented in Chapter Two. The following sections will

elaborate on how this study adds to the current empirical body of literature concerning foster parenting and the need for trauma knowledge. There will also be a discussion on how this study contributes to both of this study's theoretical frameworks, complex trauma, and Kolb's (2014) ELT.

### **Empirical Literature**

This study on foster parents' trauma knowledge confirmed the body of current literature on foster care statistics for children, trauma-informed care in social services, foster parent needs, and qualities of successful fostering. In addition to confirming the current literature, this study also expanded the current literature in several areas.

#### ***Foster Care Statistics for Children***

The participants in this study confirmed the literature on the statistics of foster children. The 15 participants shared that their foster children were placed due to abuse. The stories they shared compared to the statistics provided by the U.S. Department of Health & Human Services (2021), which noted that in most cases, abuse is pervasive and continuous and is often combined with parental drug/alcohol abuse. The types of traumas the foster children in this study suffered were the same that are given by other studies on abuse (Greeson et al., 2011; U.S. Department of Health & Human Services et al., 2021) such as neglect, physical abuse, sexual abuse, domestic violence, and poverty.

Foster children have significant mental health issues (Tarren-Sweeney, 2008), developmental delays, insecure attachment (Vasileva & Petermann, 2018), high rates of externalizing behaviors and internalizing behaviors (Villodas et al., 2016), and academic needs (Crozier & Barth, 2005; Trout et al., 2008). The participants in this study shared stories of foster children who suffered from mental health issues and developmental delays and had difficulty

with attachment and feeling safe, externalizing, and internalizing behaviors and academic needs. Studies also show that foster child needs will continue into adulthood (Gypen et al., 2017), and the participants in this study concurred, recognizing that their foster children may have issues long term “More trauma... can lead to...issues in the future for them even into adulthood and for their entire lifespan” (Anna).

As noted in the literature, placement disruptions are a serious issue for foster children and often lead to additional trauma with increases in negative behaviors and outcomes for foster children (Newton et al., 2000). The main factor in child disruptions was due to experiencing external behavior problems. Six of the participants interviewed discussed reasons they had asked for children to be removed, and their reasons lined up with the behavioral profiles given by Octoman et al. (2014). The children met the criteria of Octoman et al.'s high-risk profile or oppositional and defiant profile. Two of these participants commented that if they had understood trauma at that point, they might have been able to work through some of these issues. “Looking back... if we had had more training and more knowledge about trauma and how it affects... kids, then I think we would've been able to keep her and potentially even adopt her” (Eva). The other four commented that knowing your limits and when to say no was an important part of fostering. “There have been times where I've realized that a child's needs are greater than I can provide in this home and that they likely need a more intense environment with additional supports than a home setting can provide for” (Anna). “Like you have to know your limitation as a parent, and that's not a bad thing” (Chloe).

Another important factor in child displacement was foster parent perception (Leathers et al., 2019). Poor parenting practices, including a negative response to child behaviors, lead to greater parent stress. This stress, coupled with negative behaviors, leads to disruptions (Tonheim,



2018). The participants in this study echoed this sentiment when they discussed their fostering experiences prior to trauma knowledge. “My top would flip as well when those behaviors presented themselves. So, I think that probably would have continued, and I don't know if I would have been able to handle continuing the foster parenting in all honesty” (Bethany). Just as Konijn et al. (2020) and Lotty, Dunn-Galvin, et al. (2020) stated, understanding that child behaviors result from their trauma helped foster parents tolerate maladaptive behaviors. Foster parents recognized that learning about trauma and especially understanding that their foster child’s behavior was not defiance helped them to accept and love their foster child despite their behaviors. “As I became more educated, it seemed like we were able to make so much more ground, and we were able to understand the child more and more” (Bethany).

### ***Trauma-Informed Care in Social Services***

Sadly, this study also validates much of the current literature on trauma-informed care within social services. Just as Akin et al. (2016) noted, while trauma-informed care is recognized as the best standard of care, its principles are not being implemented within all the social service agencies within this study. Apart from one foster parent, Dawn, the foster parents did not credit their foster care agency with training them in the principles of trauma-informed care. A few participants did discuss that their agency provided training classes on trauma after their initial training, but these were not mandatory. These extra classes also did not provide training in skills necessary to work with traumatized children.

For foster children to receive the best standards of care, it is vital that those providing 24/7 care for these children have the necessary training and skills to work with them. Studies of foster parent training specifically geared toward trauma have shown that foster parents can learn these skills and that children have improved outcomes (Allen & Vostanis, (2005; Bartlett &

Rushovich, 2018; Conn et al., 2018; Filippelli et al., 2021; Greeno et al., 2016; Konijn et al., 2020; Lotty et al., 2021; Lotty, Bantry-White, et al., 2020; Lotty, Dunn-Galvin, et al., 2020; Maaskant et al., 2017; Molano et al., 2020; Price et al., 2008; Purvis et al., 2015; Solomon et al., 2017a; Strolin-Goltzman et al., 2018).

All foster parents must go through pre-service training to become licensed. Current studies on these pre-service trainings have shown that these trainings do not meet the needs of foster parents (Benesh & Cui, 2017; Cooley et al., 2019; Cooley & Petren, 2011; Festinger & Baker, 2013). Participants' remarks about their pre-service training were evidenced in this current study. "I don't feel like I was equipped to the extent that I maybe should have been or would have wanted to be from the eight weeks of training I got with DSS (Bethany). "When I took my classes, it was, it was the PRIDE training. They touched on trauma and what trauma might look like and they touched on attachment, but not to the extent that it, it probably should have been" (Laura).

Kaasboll et al. (2019) note that foster parents felt they did not receive enough training to provide them with the practical skills they need to deal with behavior issues, and participants in this study agreed. "I would love to see more practical training" (Anna). Oliver wanted training that would "Give actual ways to help deal with some of the traumatic experiences." Chloe wanted training that's "Not fluffy...training where it's very practical". Faye stated that training should teach, "This is what it looks like. This is specifically how you deal with things. Don't leave it to the parent, the foster parent, to figure it out, you know?"

Foster parents would also benefit from training on parenting styles, as authoritative parenting is shown to increase maladaptive behaviors in foster children (Fuentes et al., 2015). The participants in this study expressed the same by acknowledging that they also had

authoritarian parenting attitudes that increased child behaviors. Parents in this study had to learn to let go of their rules and parenting beliefs and form new parenting attitudes to be successful.

### ***Foster Parent Needs***

Many of the foster parent needs expressed in this current study echoed the needs of foster parents found in current literature. As noted, foster parents want better training directed specifically at dealing with traumatic behaviors (Cooley & Petren, 2011; Leathers et al., 2019; Mckeough et al., 2017; Murray et al., 2010), the participants in this current study also wanted more practical training. Foster parents are interested in learning from other foster parents (Cooley & Petren, 2011). This sentiment was expressed in this study as well. "A gap that exists is really that pool of assistance and kind of that buddy system that foster and adoptive families need" (Laura). "I think parents need to hear stories from other parents that are just raw" (Chloe). The participants in this study that were connected to other foster parents expressed satisfaction with those relationships and the support they received through those connections.

Foster parents desire to be more involved with the biological family (Jones et al., 2016; Leffler & Ahn, 2021). Many parents in this study also requested more ways to work with the biological family. They wanted to build relationships with the family that would benefit the foster child. "They need to provide more training around working with bio families" (Isaiah).

And the training I would see is necessary is to help foster families to keep that connection with current families. Find a way to be creative with it and to keep them involved rather than seeing them as the villains that hurt these kids, but seeing them as people to help, people too, as an extension of the kids, cuz you're not just fostering the kids, you're fostering the whole family (Keith).

As seen in studies (Piel et al., 2017; Randle et al., 2017; Spielfogel et al., 2011), foster parents expressed a lack of support from their social services department. One of the main concerns expressed by most parents in this study was a lack of resources. “After I got through my eight-week classes and whatever, I still didn't know what resources were available for me and for my foster child. I had no idea. They don't really explain any of that” (Nadine). Also seen in studies (Jones et al., 2016; Leffler & Ahn, 2021), foster parents were confused by decisions made in their departments, did not understand who everyone was, and were not given enough information about their foster children.

I would love to see more, more training in... the system itself; there seems to be so many unknowns with the rules... so many times things have just been snuck into our case that we didn't know were legal or possible because we don't understand the full system (Heather).

Morgan shared a story about receiving children with serious medical issues and not getting any of their medications. Her social worker told her to call a doctor in the morning and try to work it out. Jana discussed frustration with communication and contacting people,

Just like, even who to communicate with, like nothing is clear... We had a CPS worker first because of them being taken and how they were taken. And then we had temporary case worker, and now we have a permanent one, but every single one of them has reacted differently and acted differently in what I'm supposed to be telling them or not telling them. So, the current case worker gets annoyed with me cuz she's like, I'm supposed to know that; nobody's told me you're supposed to know these things. So, I would say even just communication within the foster care system.

Geiger et al. (2013) found that foster parents expressed more distress about the way their DSS treated them than they did about child behaviors. Ahn et al. (2017) and Randle et al. (2016) found that dissatisfaction with their agency had more influence on foster parent satisfaction than child behaviors. This study confirms this sentiment with the parents that were interviewed. While they expressed that their lack of trauma knowledge had a negative impact early in their fostering, at this point, they expressed more frustration around the lack of support from their agency. Four of the participants interviewed are no longer accepting new placements due to issues they had with their agency. In each case, these foster parents still wanted to help foster children but could not continue with their agency. Two others are considering moving to a private agency to see if they would receive better support.

### *Qualities of Successful Fostering*

There were many factors discussed concerning successful foster parents. This study confirms that specific and special qualities are involved in parenting children with trauma. Geiger et al. (2013) noted that foster parents who have an intrinsic motivation to foster are likelier to continue. The participants in this study all stated some form of intrinsic motivation, from wanting to help others to being called by God to do this work. Heather stated that “The Lord placed it on our hearts.” Laura stated that she and her husband “Saw the need in our community and wanted to help kind of meet that need.” While not explicitly stated in the interviews, it would appear that this intrinsic motivation helped these foster parents to stick through the tough times while they were seeking information and assistance in working through the issues they were having with their foster children.

Foster parents with positive parenting behaviors have been shown to improve their foster child's development (Chodura et al., 2021). Bethany stated, “We created a really strong bond...

with her because of how we were able to work through those traumatic behaviors and traumatic situations that she had experienced". Morgan shared this story about her adopted daughter,

I definitely have more patience in our daily situations with [our daughter]. And just knowing, a lot of the brain and transitions. She really struggles with transitions. So I, we've learned how to work through those and give the warnings. And so, we've come a long way with; I don't feel like she's had a mental breakdown in a good six months.

Berrick and Skivenes (2012) discussed a unique set of skills that are specific to successful fostering. These skills included being able to buffer a child's emotions, supporting biological family relationships, honoring the biological family, advocating for the child, offering new opportunities, and helping children navigate the foster care system. Participants in this current study mentioned all these skills. Grace shared how she and her husband help their foster children regulate.

When our kids are dysregulated and just like kind of going crazy like we have to cover them with like safety... my husband and I like co-regulating so that we see the anger, but we're gonna bring them in close and just kind of like be calm with them to get them to be calm.

Several parents discussed wanting to work with the biological family as well as supporting their relationships with their children. "We've been very inclusive of the, our kids' biological parents" (Grace). "Just understanding the families that kids come from that are dysfunctional and, but at the same time, human and most of the time love their children and want what's best for their children" (Heather). Advocating was a big part of fostering for many parents. "Foster parents are like their [foster children] advocates. Like if foster parents do not advocate for services and for different things that a child needs, it's not gonna happen" (Eva).

Dawn discussed some of the struggles they had introducing their foster children to new opportunities and stated that “When we try to do stuff with them, sometimes the situations they're in is traumatic for them because they've never experienced anything like it... it's something we've had to teach them to experience”. Participants also discussed their issues in helping children navigate the unknowns of the foster care system. “So, trying to navigate that [changes] with him, because right now it's likely they're returning home. Trying to figure out how to navigate that in a healthy manner for him”.

One of the themes that were present throughout these interviews was the desire of the participants to create relationships and help their children feel safe. These goals relate to helping youth reduce externalizing and internalizing behaviors (Cooley et al., 2014; Rayburn et al., 2018; Wojciak et al., 2017). “In the background that is always the goal of the foster parent is to get that connection” (Anna). “You have to... be a safe place at all times instead of something that would, or someone who they could be afraid of if they act up” (Keith). Warmth, communication, and empathetic foster parents are shown to decrease child behaviors and to increase attachment security (Gabler et al., 2014; Fuentes et al., 2015). These qualities were also evident in the interviews for this study. “It’s a different kind of parenting. It’s a lot of love, and it’s a lot of connection, and it’s a lot of patience” (Laura). Faye called her parenting “Using gentle gloves.” Parents discussed communicating with children and teaching them to communicate their feelings and needs. “It's just a lot of like body recognition, emotion recognition, and how can we make your body feel better? Just really helping them be in touch with their own bodies and with what their thoughts are and what they're feeling” (Eva). Dawn stated, “We have built a routine of making connections and having conversation.”

***Expansion of the Literature***

This phenomenological study on foster parents' trauma knowledge offers several points of expansion to the current body of literature. Currently, no studies have shown how foster parents gain trauma knowledge. This study filled in that gap and allowed foster parents to share how they gained their trauma knowledge. Participants discussed seeking the information out for themselves. They discussed the importance of conferences, support groups, social media, counselors, classes, and work training in gaining this knowledge. Participants also noted that they learned through their own experiences with their foster children.

The literature currently reflects the negative issues of displacement for the child. This study would suggest that perhaps displacement is an important option for foster parents. The participants in this study experienced guilt over removing a child from their home. However, they also recognized that it was necessary for their family's health. Foster parents wanted it to be known that there are times when disruptions are necessary, and it is ok.

**Theoretical Literature.**

Childhood complex trauma theories (Herman, 1992; Terr, 1991) and Kolb's (2014) ELT provided the theoretical framework for exploring foster parents' trauma knowledge. Complex trauma theory provided an understanding of the effects of trauma on children and their development socially, mentally, physically, and relationally. Complex trauma is often the driving force behind foster children's maladaptive behaviors. This study was designed to learn how foster parents understood these issues and how their knowledge affected their view of their foster children and their behaviors. This study showed that once foster parents had trauma knowledge, it significantly affected their view of their foster child and their behaviors. Foster parents' trauma knowledge included understanding what trauma is, how it affects the child and



what types of behaviors are traumatic reactions. Their trauma knowledge also affected their parenting attitudes, techniques, and skills.

Once participants understood that those child behaviors were not defiance but rather traumatic reactions, their tolerance for these behaviors increased. Parents also noted that they were able to show more love and acceptance toward their foster child. Participants were able to change their parenting attitudes, and many shifted from an authoritarian style to more relaxed parenting. In this new parenting style, participants could accept maladaptive behaviors and provide care for their children, including helping them self-regulate and providing them a safe place (this safe place was often the foster parent themselves) to heal.

Kolb's (2014) ELT provided the framework for how foster parents acquired their trauma knowledge. The themes of this study directly aligned with the stages of Kolb's learning cycle. This study revealed how foster parents acquired trauma knowledge through their concrete experiences, reflective observation, abstract conceptualization, and active experimentation. This study advances the use of ELT in training foster parents and in social service settings. Parents learned experientially about trauma and how to deal with trauma effectively.

Theme one of this study was "Experiences Prior to Trauma Knowledge." Participants described their experiences fostering prior to gaining their current trauma knowledge in this theme. These experiences were mostly negative as participants described maladaptive behaviors from foster children and their own poor parenting skills that often escalated behaviors.

Theme two was "We are Missing Something." This theme allowed participants to describe how they began to recognize that they were missing something about their child's behaviors and that they were missing something about how to deal with these behaviors. Parents had already begun to realize that their parenting was escalating behaviors, and if they handled

situations differently, they would have different results from their foster children. These reflections led parents to seek more information. Parents found important trauma knowledge through both formal and informal learning sources.

Theme three was named “Integrating New Information.” This stage allowed parents to share what they learned about trauma. Participants described how trauma knowledge changed many of their previous beliefs. They described what was most vital for them to understand about trauma. They also described what trauma was, how it affected their foster children, and what traumatic reactions looked like.

The final theme four was “The Change.” This theme described how parents put the information they had gained into practice. Participants changed their attitudes about parenting and became more flexible. They learned and began to practice new skills. Once they found these to be successful, parents could continue in the learning cycle through continued changed practices and learning. Participants noted that they intended and expected the need to continue learning about trauma and the children they cared for.

Experience is the basis of Kolb’s (2014) ELT. Learning is transforming information through actively using it and learning from those actions. For Kolb (2014), learning is not linear, and experience is necessary for learning to become solidified. This was evidenced in this study as participants commented on not remembering what they learned in their pre-service training. Participants also commented that they did not understand what they needed to learn until they had begun fostering. Learning outside of experience did not provide the skills that foster parents required. This study advances the use of ELT for teaching foster parents how to care for foster children.

## **Implications**

The results of this study have theoretical, empirical, and practical implications. This section will serve to describe all three categories' implications. It will address this impact as it relates to the following stakeholders: 1) researchers – i.e., on trauma-informed care, foster parent training programs, Kolb's (2014) ELT, and complex trauma theory, 2) DSS - especially those who work directly with training foster parents and caseworkers who work with foster parents, and 3) current and future foster parents.

### **Theoretical Implications**

This study provided results that have theoretical implications for researchers on trauma-informed care, complex trauma theories, foster parent training programs, and Kolb's ELT. As discussed in the previous section, what foster parents learned about trauma significantly impacted how they viewed their foster child and their foster child's behaviors. Researchers on trauma-informed care and complex trauma theory should recognize the importance of foster parents' trauma knowledge. The foster parent plays a critical role in helping traumatized children learn to self-regulate. The foster parent also plays a vital role in attachment and building self-esteem and trust within their foster child. When researching treatment methods, especially for foster children, the role of the foster parent needs to be examined. Most research is currently focused on creating trauma-informed systems within social service agencies. This is undoubtedly an important area and was supported by this study as the foster parents in this study discussed issues within their DSS that need trauma-informed practices. However, foster parents should not be left to the end of these systems of trauma-informed care. This study has presented data showing how 15 proactive foster parents have been able to find critical trauma knowledge and put it into practice even while working within a system that does not follow the standards of

trauma-informed care. Researchers should be aware of this study and begin to focus efforts that can have an immediate impact on the trajectory of the lives of foster children.

Researchers and developers of foster parent training programs must evaluate programs considering the importance of experiential learning in adult learning. The participants in this study clearly learned through their own experiences as foster parents. They learned through their mistakes. They learned through practicing new skills. They learned through others in their support groups. They also learned through conferences. The participants that discussed the Empowered to Connect conference listed it as a significant influence in their development of trauma knowledge. They stated that it gave them an understanding of how trauma affected children, and foster parents appreciated the practical tools they learned at the conference. Their practice of these skills was noted throughout the interviews as parents used language that was specific to TBRI or focused on in TBRI (Empowered to Connect teaches TBRI principles) such as redo's, time-in, reteaching or teaching skills, practicing skills, offering choices, felt safety, and connected parenting. When creating training programs, it would be important to include experiential learning and to provide practical tools that parents can put into practice to solidify what they have learned.

Researchers on Kolb's (2014) ELT or other experiential learning theories can use this study to show research on how experiential learning worked with these foster parents. There were clear relationships between the foster parents' actions and Kolb's learning cycle stages. The parents in this study demonstrated how experiential learning transformed their thoughts and actions and drives their future learning goals.

## **Empirical Implications**

This study has several empirical implications. For the researchers on trauma-informed care, this study provides data that fills in the gap on foster parents. Currently, the focus of research is on designing systems of trauma-informed care (Akin et al., Akin, Strolin-Goltzman, et al., 2017; 2016; Bartlett et al., 2016; Bartlett et al., 2018; Barto et al., 2018; Donisch et al., 2016; Dunkerley et al., 2021). There is also research focused on creating specialized foster parent training programs (Akin et al., 2017; Allen & Vostanis, 2005; Bartlett & Rushovich, 2018; Conn et al., 2018; Filippelli et al., 2021; Greeno et al., 2016; Konijn et al., 2020; (Lotty, Bantry-White, et al., 2020; Lotty, Dunn-Galvin, et al., 2020; Lotty, White, et al., 2020; Maaskant et al., 2017; Molano et al., 2020; Price et al., 2008; Purvis et al., 2015; Strolin-Goltzman et al., 2018; Sullivan et al., 2016). However, there is a lack of research on what foster parents currently know and understand about trauma. This study provides valuable information that shows that parents are finding information from other sources and are proactive in finding resources necessary to provide appropriate care for foster children. Foster parents seek information through counselors, support groups, books, social media, conferences, and self-research. Knowing where foster parents seek information provides valuable information that can direct where research, services, and funds are directed outside the social service department.

For DSS at the state and local levels, this study provides information that foster parents find critical in providing care for children who have experienced trauma. Foster parents need to understand that traumatic reactions are not disobedience. They need to recognize that children's maladaptive behaviors are not personal attacks. Foster parents need to recognize the wide-ranging behaviors that are a result of complex trauma. Foster parents need to recognize their parenting styles and be willing to change them if they hold authoritarian parenting beliefs.

Parents need practical skills that they can immediately implement in their homes to help children self-regulate. They need to adopt goals that are focused on relationships and connection. The study data also supports current literature that questions the effectiveness of current pre-service training.

For current and future foster parents, this study elevates their voices. The foster parents in this study were motivated by a desire to help. They wanted to have the knowledge and skills necessary to make a difference in the lives of their foster children and their biological families. They were proactive in seeking information and resources. These parents were also active in helping other foster parents. This study gives voice to those positive aspects of foster parents. This study also continues to state the issues that other studies have shown affect fostering stability and satisfaction. Foster parents need access to resources. They need support from their DSS. They need consistency and communication from their DSS. They need training in practical skills. They want to be a part of making a difference.

### **Practical Implications**

This study has practical implications for the DSS at all levels. State and local leadership, DSS trainers, and program designers need to recognize that parents without fostering experience do not have concrete experiences from which to learn. Participants said that they did not remember what they learned in pre-service training. However, they did remember what they learned when they could apply it to their current experiences. Foster parent trainers and program designers need to recognize the importance of teaching information when the foster parent can process and apply it. It may be reasonable for state and local DSS leadership to consider implementing mandatory training once foster parents have received placements. Training hours are currently required to maintain a fostering license. However, these hours are acquired at the

parents' discretion and are not mandated by DSS. Social services departments are investing in and providing training courses, but attendance is low. DSS needs to create incentives to draw in foster parents.

This study shows that foster parent needs are not being met and this should be addressed by the DSS at all levels especially considering that foster parent retention is a critical need. Many foster parents made requests that could be implemented. Their main request was information on resources. DSS needs to look at options to provide for the needs of foster parents whenever possible. Other needs included better communication, consistency, support from other foster parents, support from their DSS, and explanations of services and providers. Many of these needs may be harder to implement, but resources and effort should be directed toward the retention of foster parents. Successful foster parents have an impact on the lives of foster children. It should be noted that if DSS were implementing the seven principles of trauma-informed care (NCTSN, n.d.-a) (see Chapter 2 for full description), all these needs would be met.

This study has practical implications for current and future foster parents. This study provides data showing how proactive foster parents can independently seek necessary information and training to successfully work with foster children who have experienced trauma. Current and future foster parents can learn from the shared experiences of the 15 participants in this study. The following are recommendations foster parents can take from this study.

- Find a support group.
- Evaluate your parenting style and be prepared to change
- Find and attend training on trauma
- Put practical tools into use and evaluate whether they work for you
- Focus on connection

- Find ways to create feelings of safety in your home for your foster child
- Let go of rules and consequences and focus on teaching skills
- Celebrate the small victories
- Remain calm
- Communicate with your foster child
- Communicate with your spouse
- Be willing to help other foster parents

### **Christian Worldview**

While this study did not directly address a Christian worldview, it was present in many interviews with foster parents. Christianity was mentioned as the intrinsic motivation for seven participants, with several specifically stating they felt called by God to foster. Twelve participants mentioned Christian faith at some point in their interview. There were discussions about their support groups that were church-based. Many discussed church friends that fostered and were an influence in their lives. Of the 15 interviews, only three participants failed to mention God, faith, or church in any form. For most participants, their Christian worldview may play an important role in their motivation to foster and support to continue fostering through difficult times.

### **Delimitations and Limitations**

The researcher needs to present the delimitations and limitations of their research. The delimitations and limitations offer the areas of the study that were excluded, whether purposefully or through limits in the design, location, time, or participants (Ross & Zaidi, 2019). The delimitations and limitations also offer transparency and support the study's validity (Ross &



Zaidi, 2019). The goal of this section will also be to show areas where future studies can fill in the gaps and further the current research.

### **Delimitations**

The researcher controls delimitations. These limitations are set in place prior to the research to set the bounds and define the goal of the research. Since the participants of this research are foster parents, their age must be 18 or older. Another delimitation chosen was that the foster parents needed to have fostered for 10 years or less. This delimitation was set in place to exclude the most experienced foster parents. Another delimitation was that foster parents had to have fostered a child that had experienced trauma. This delimitation was important to allow the foster parent to address how trauma had affected their foster child. If the foster parent had not had a placement who experienced trauma, they would not have been able to share experiences around this topic. Another delimitation that was set was to require participants to have a current placement; this could be a foster child or an adopted foster child. This delimitation was important to allow the foster parents to describe how they currently are using their trauma knowledge to parent. A final delimitation was to confine the locality to Central Virginia. This delimitation was decided to allow for the researcher to conduct in-person interviews in a timely fashion.

### **Limitations**

Limitations are study issues that were outside of the researcher's control. These limitations can affect the interpretation, validity, and transferability of the study results (Ross & Zaidi, 2019). This qualitative study had several limitations. The first limitation was the homogeneity of the participants. Except for one, all participants were Caucasian. The goal was to seek a more diverse sample. However, none of the participants knew foster parents of other races

and could not refer any, other than the one participant. A second homogeneity was that 12 participants were from the same DSS. The goal had been to interview participants from several different agencies to ensure that the data was transferable throughout Central Virginia. It would also have been beneficial to compare data across departments. One participant from one of the other agencies shared a different perspective about her trauma training experience. Since I could not interview more participants from that locality, I could not discuss the differences and similarities between departments. It would be beneficial to interview participants from other localities to be able to make these comparisons. The third area of homogeneity was that 12 of the participants specifically discussed being Christian. The religion of the other three is unknown, and they could also be Christian.

A final homogeneity issue was that 13 participants were from the greater Lynchburg area. Lynchburg has been a location for the Empowered to Connect Conference for many years and the conference has been hosted by several of the largest churches in this city. There are also quite a few churches offering support groups and communities for foster families. The 15 participants all had trauma knowledge. It is difficult to state whether foster parents in other localities have as much access to the type of resources discussed by these participants.

Another limitation of this study is that participants were recruited by snowball sampling. The study was described as a study on foster parents' trauma knowledge. This stated purpose may have only drawn participants that were already interested in trauma and knew that they had trauma knowledge already. The fact that all the participants, including those with limited experience, had detailed trauma knowledge may be a limitation on the transferability of what other foster parents know.

Finally, an inherent limitation of qualitative research is the inability to replicate a study (Theofanidis & Fountouki, 2018). This limits the transferability of this study to general populations. A more diverse population from differing localities would provide a more applicable and transferable study.

### **Recommendations for Future Research**

The purpose of this study was to describe foster parents' trauma knowledge in Central Virginia. The following suggestions for future research are proposed from the study data, the implications, delimitations, and limitations of the research.

There currently is no assessment that tests for trauma knowledge. There is a need for assessments on trauma knowledge to be developed so that foster parents can be assessed on what they know and can then be trained in areas where they are missing knowledge. Research needs to continue to evaluate what information is essential for foster parents to know and understand, what parenting styles work with foster children, and what skills are necessary to parent traumatized children. From this information, trauma knowledge assessments need to be created and studied for validity. These assessments could be a critical factor in advancing trauma knowledge. Once assessments are designed, quantitative studies can be conducted. Quantitative studies will have the advantage of reaching a larger audience in a shorter amount of time.

There needs to be continued research on what foster parents' trauma knowledge is and how they gain it. Qualitative studies need to be conducted to expand this study's diversity. Foster parents of differing races, religions, and locations should be studied.

Considering the effectiveness of experiential learning and the importance of concrete experience, studies need to be conducted on the effects of offering mandatory training post-placement. Once foster parents have foster children, training and addressing the foster parents'

needs could be an important factor in creating successful fostering experiences. This could also be a factor in increasing foster parent retention.

Future studies could look at the relationship Christian-driven intrinsic motivation has on fostering. It was apparent in this study that faith was a motivating factor in beginning fostering. Further studies could reveal what, if any, factors of faith helped foster parents continue fostering through difficult times.

The foster parents in this study discussed many issues related to trauma and attachment. Future studies could focus on the connections between trauma and attachment as it relates to foster children and parenting foster children. Parenting style could also be incorporated into these studies.

A final area for future recommendations would be to recommend future studies looking into the issue of displacement as it relates to the foster parent. The foster parents in this study expressed the importance of being able to have a foster child removed for the child's benefit, the benefit of the other children in the home, and the benefit of the foster parent. These foster parents also discussed the guilt they experienced because of these choices. None of these families received any support to make these decisions or in the aftermath of those decisions. These topics offer a range of options for future studies on how displacement affects the foster parent and/or family.

### **Summary**

The purpose of this transcendental phenomenological study was to describe foster parents' trauma knowledge in Central Virginia. The use of phenomenology allowed participants to share their experiences about how they learned about trauma and then applied this knowledge within their homes. In this study, there were four primary themes with 11 sub-themes.

The first primary theme was “Theme One: Experiences Prior to Trauma Knowledge.” In this theme, parents shared what their experiences were in their homes prior to gaining trauma knowledge. Participants described this through three subthemes. In “Parenting Beliefs,” parents described their beliefs that their children's maladaptive behaviors were disobedience and directed at the foster parents. They also shared beliefs that parents should be directive and children should obey. In “Parenting Behaviors,” parents described setting rules, using consequences, and matching emotions. All these parenting behaviors served to escalate the child's maladaptive behaviors. In “Parenting Feelings,” participants described feeling frustrated and confused.

The second primary theme was “Theme Two: We are Missing Something.” In this theme's two sub-themes, parents described how they began to recognize that they were missing something. In “Reflecting,” parents described how they recognized that their parenting techniques were not working and were instead escalating behaviors. They also began to realize that their foster child's behaviors were not like other children's behaviors. In “Seeking,” parents described how they began proactively seeking more information. Parents learned about trauma through formal education found in extra DSS classes, conferences, work training, and college courses. Parents learned about trauma through informal means such as social media, support groups, counselors, and their own fostering experiences.

The third primary theme was “Theme Three: Integrating New Information.” Here is where participants began integrating what they learned about trauma and parenting. This section had two sub-themes. In “What's Important,” parents discussed what they felt was the most critical knowledge they learned about trauma. Parents felt it was essential to understand how trauma affected their children and that their behaviors were related to trauma and were not defiance. Participants felt it was important not to take behaviors personally. Parents expressed

that learning about trauma completely changed how they parent foster children. In “The Basics,” parents defined trauma, listed events that caused trauma, gave examples of how it affects children, and described their traumatic behaviors.

The final theme was “Theme Four: The Change.” This theme allowed participants to share how their trauma knowledge was put into practice and the different ways it affected their parenting. There were four sub-themes in this section. In “Parenting Attitudes,” participants discussed how they learned to let go of rules and became more flexible. Parents began to focus on important goals such as connection and felt safety. In “Parenting Skills,” participants discussed how they started to build relationships and felt safety by not punishing traumatic behavior, staying calm, using touching and hugs, being consistent, and setting routines. Parents also discussed the need to be proactive and seek support. A final skill shared was the need to advocate for their foster children. In “Parenting Techniques,” participants described their techniques to help their foster children deal with traumatic behavior. Parents shared that they help their children self-regulate by staying with them, using breathing techniques, not talking or correcting, and letting them have the time to calm down before trying to teach or discuss what happened. Parents stated that they do not punish traumatic behavior. They described how they used techniques such as teaching appropriate responses, teaching body/emotion recognition, offering choices, and using distraction to avoid traumatic reactions. Parents discussed the need to be creative in finding solutions that worked. They used motivation and praise in talking with children. They also put in practical techniques such as night lights, keeping food available, and limiting sugar to help foster children with traumatic behaviors. In the final sub-theme of “The Cycle Continues,” participants discussed that they are continuing to learn and recognized that learning and experiences would continue throughout their fostering/parenting experiences.

This study showed that foster parents in Central Virginia are being proactive in seeking trauma knowledge. These parents expressed that their views of parenting had significantly changed due to their trauma knowledge. Parents could accept and love their foster children because they understood the cause of their maladaptive behaviors. Foster parents are also willing to change parenting techniques to help their children feel loved and safe.

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## Appendix A

### IRB Approval Letter

# LIBERTY UNIVERSITY

## INSTITUTIONAL REVIEW BOARD

June 10, 2022

Stephanie Cheek  
Frederick Milacci

Re: IRB Exemption - IRB-FY21-22-1034 A Phenomenology of Foster Parents' Trauma Knowledge in Central Virginia

Dear Stephanie Cheek, Frederick Milacci,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46.104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

**Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB.** Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at [irb@liberty.edu](mailto:irb@liberty.edu).

Sincerely,

**G. Michele Baker, MA, CIP**

*Administrative Chair of Institutional Research*  
**Research Ethics Office**

## Appendix B

### IRB Modification Approval

# LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

July 13, 2022

Stephanie Cheek  
Frederick Milacci

Re: Modification - IRB-FY21-22-1034 A Phenomenology of Foster Parents' Trauma Knowledge in Central Virginia

Dear Stephanie Cheek, Frederick Milacci,

The Liberty University Institutional Review Board (IRB) has rendered the decision below for IRB-FY21-22-1034 A Phenomenology of Foster Parents' Trauma Knowledge in Central Virginia.

Decision: Exempt - Limited IRB

Your request to change your participants from individuals who have fostered for between one and five years to those who have fostered for 10 years or fewer has been approved. Thank you for submitting your revised study documents for our review and documentation. Your revised, stamped consent form and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study in Cayuse IRB. Your stamped consent form should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document should be made available without alteration.

Thank you for complying with the IRB's requirements for making changes to your approved study. Please do not hesitate to contact us with any questions.

We wish you well as you continue with your research.

Sincerely,

**G. Michele Baker, MA, CIP**  
*Administrative Chair of Institutional Research*  
**Research Ethics Office**



## **Appendix C**

### **Recruitment Script**

Hello [Potential Participant],

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to describe foster parents' trauma knowledge in Central Virginia. The research questions will be focused on understanding how foster parents describe their trauma knowledge, how they learned about trauma, how trauma has affected their foster children, and how their trauma knowledge has affected their parenting. If you meet my participant criteria and are interested, I would like to invite you to join my study.

Participants must be current foster parents who have been fostering children for 10 years or less and have fostered a child who has experienced trauma. Participants, if willing, will be asked to participate in an audio-recorded interview that will last 60 to 90 minutes. At the end of the interview, participants will be asked to draw an image that illustrates a topic from the interview, which should take about 15 to 30 minutes. Participants will also be invited to be part of an audio-recorded focus group with other participants that will also last about one hour. Participants will also be given a copy of the research findings and allowed the opportunity to provide any additional input they wish to provide. Names and other identifying information will be requested as part of this study, but the information will remain confidential, and pseudonyms will be used in all written work.

Would you like to participate? [Yes] Great, can I ask you a few screening questions to make sure that you qualify? (after screening) Thank you for your answers, can we set up a time for an interview? [No] I understand. Thank you for your time.

A consent document will be given to you at the time of the interview. The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me at the time of the interview.

Thank you for your time. Do you have any questions?

**Appendix D****Demographic Questionnaire**

1. Name
2. Age
3. Race
4. Are you a current foster parent?
5. What foster care agency do you foster for?
6. How long have your fostered?
7. Could you describe what trauma is?
8. Have you fostered a child who has experienced trauma?
9. Could you describe how you learned about trauma?
10. What trauma specific training if any have you received?

## Appendix E

### Consent

**Title of the Project:** A Phenomenological Study to Describe Foster Parents' Trauma Knowledge in Central Virginia

**Principal Investigator:** Stephanie L. Check, M.A. Doctoral Candidate, Liberty University

#### Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must currently be a foster parent, you must have fostered a child(ren) for less than 10 years, you must have fostered a child that has experienced trauma, and you must be able to describe what trauma is. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

#### What is the study about and why is it being done?

The purpose of this phenomenological study is to describe foster parents' trauma knowledge in Central Virginia.

#### What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following things:

1. Complete a 60- to 90-minute interview. This interview will be audio recorded.
2. At the end of the interview, draw a picture to illustrate a topic from the interview (15-20 minutes).
3. Participate in a 60-minute focus group. This focus group will be audio recorded.
4. Review any findings or statements made by the researcher for accuracy.

#### How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include a better understanding of foster parents' experiences in fostering children with trauma. Another benefit may be possible recommendations given for any issues expressed by foster parents.

#### What risks might you experience from being in this study?

The risks involved in this study are minimal, which means they are equal to the risks you would encounter in everyday life.

In accordance with mandatory reporting requirements, any information shared pertaining to child abuse, neglect, and possible harm to self or others will be reported to local authorities.

#### How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only

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Approved on 7-13-2022

the researcher will have access to the records.

- Participant responses will be kept confidential through the use of pseudonyms. Interviews and focus groups will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and may be used in future presentations. Hard copy data will be stored in a locked drawer. After three years, all electronic records will be deleted, and hard copy data will be shredded.
- Interviews and focus groups will be audio recorded and transcribed. Recordings will be stored on a password locked computer for three years and then erased. Only the researcher will have access to these recordings.
- Confidentiality cannot be guaranteed in focus group settings. While discouraged, other members of the focus group may share what was discussed with persons outside of the group.

#### **Is study participation voluntary?**

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

#### **What should you do if you decide to withdraw from the study?**

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you, apart from focus group data, will be destroyed immediately and will not be included in this study. Focus group data will not be destroyed, but your contributions to the focus group will not be included in the study if you choose to withdraw.

#### **Whom do you contact if you have questions or concerns about the study?**

The researcher conducting this study Stephanie L. Cheek. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Fred Milacci, at [REDACTED].

#### **Whom do you contact if you have questions about your rights as a research participant?**

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at [irb@liberty.edu](mailto:irb@liberty.edu).

*Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.*

#### **Your Consent**

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records.

Liberty University  
IRB-FY21-22-1034  
Approved on 7-13-2022

The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

*I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.*

☐ The researcher has my permission to audio record me as part of my participation in this study.

---

Printed Subject Name

---

Signature & Date

## **Appendix F**

### **Interview Questions**

#### **Opening Question**

1. Please tell me a little about yourself as if we were meeting for the first time.
2. Tell me how you decided to become a foster parent.

#### **Trauma and Foster Children**

3. What is your understanding of what trauma is?
4. How does trauma affect children?
5. What types of traumas have the children in your care (past or present) experienced?
6. Please share an example or examples of how your foster child/children have displayed trauma reactions.

#### **Learning about Trauma**

7. Describe the type of trauma-specific training you have had.
8. Describe any informal ways that you have learned about trauma.

#### **Impact of Trauma Knowledge**

9. How has your trauma knowledge changed the way you view parenting or the way you parent?
10. Using the example (insert answer from Question 6) ... how did your knowledge of trauma affect the way you reacted?
11. How would you have reacted without trauma knowledge?

#### **Foster Parent Confidence**

12. Describe any areas that you feel confident about in parenting foster children?

13. Describe any areas that you feel less than confident in parenting foster children?
14. What type of training would you like to see provided in the future?
15. Is there anything else that you would like to share or add to what you have already shared about your experience of learning and using trauma knowledge?
16. Would it be ok to contact you by phone or email if I have any other questions or need any clarification from today's interview?



## **Appendix G**

### **Cognitive Representation Directions**

I would like for you to take a few minutes and reflect on how your trauma knowledge interacts with your foster child's trauma reactions. Then I would like for you to use this paper and any of the writing utensils provided to draw a cognitive representation of how this interaction looks. You may use images and/or words to illustrate with.

## Appendix H

### Stephanie's Journal/Epoche

#### July 15 Interview with Anna

The interview went really well. It was evident that Anna knows a lot about trauma. She used a lot of terms specific to trauma training. It was difficult to not share any of my personal journey with Anna. I wanted to speak encouraging words to her about all that she is doing as a foster parent and through her work.

I definitely see why Dr. Miliacci stressed that it would be difficult for me to keep myself out of the interview. I need to stay aware of my role as a researcher and set aside my role as a foster parent. I also need to stay present in the interview process. It was encouraging to see that she had so much knowledge and that she had sought out this information. I was surprised to hear that the Empowered to Connect Conference had so much impact on her. I am aware that I need to keep focused and take each interview as it comes and not jump ahead of where I am at.

Follow up questions: She mentions that "other" foster parents do not have any trauma training and they really need it. Who are these others and how does she interact with them?

#### July 18 Interview with Bethany

This interview went very well. Some of the points that stood out to me.

- Interesting to hear that she also found a conference to be a powerful learning experience.
- The counselor meeting one on one with them was very beneficial.
- Strong relationship with other foster parents.
- Had a lot to say about the role of attachment.
- I was saddened to hear about their frustrations with the system and how poor decisions were made for their foster daughter. This definitely brought up some strong emotions about similar issues we had with social services. I need to keep this mind when I am going through data analysis and be sure that I evaluate the information based on what was said and not on how I feel about it.

Follow up questions: Ask what connections she sees between trauma and attachment. Ask about the friend who invited her to the conference.

#### July 18 Interview with Chloe

This interview also went very well. It was very emotional listening as she shared about their struggles with their adopted son with RAD. Again, I am surprised by how these stories bring up so many emotions. Her story about choosing her family and letting him go so that they could move forward was so heartbreaking. I remembered how difficult it was when we had one of our foster daughters removed because she was bringing so much trauma to our children. I could so identify with Chloe when she talked about being happy for her children but at the same time so sad for her son. I just remembered how lonely I felt in that grief because everyone else in the house was so relieved. I felt like I had failed her and failed God. It was so difficult processing that and accepting that God did not perform a miracle with her, and we had to let her go. That experience really made me question myself and my faith. I had to recognize that I put my expectation that God would make a difference in every child we had before my openness to hear

what God was saying. It was a tough time, and it took a while to allow God to speak and release me from my own guilt. When I listen to this interview and start the data processing, I will need to spend some time in prayer, setting this aside so that I am able to hear Chloe's story without imposing my own thoughts and emotions into the process.

I am also feeling some frustration about social services. I have to recognize that I was hoping to hear that social services had changed over the last 10 to 15 years. I am struggling with disappointment that training has not improved and that foster parents are still feeling so unsupported. I need to make sure that I do not show anything that might influence those speaking to say anything they may not have normally said. I need to stay open-minded to hear what the rest of the interviewees will have to say.

Points that stood out to me

- She shared a lot about her experiences with RAD
- Attended Empowered to Connect – was not helpful for RAD son
- Influenced by *The Body Keeps Score*
- Didn't feel support after adoption
- Keeps food under her daughter's bed

Follow-up questions: Ask for clarity on social media. She mentioned speaking to other foster parents about RAD. Is this through a support group or conference? How did she become involved in speaking?

### **July 21 Interview with Dawn**

I was impressed with Dawn's story and her and her husband's journey to fostering. They do not have a traditional story for how they decided to foster. It was different to hear about the training and support that they had received through Roanoke. I hope that Dawn can recommend other foster parents from Roanoke County so that I can hear if their experiences are the same as Dawn's.

Points that stood out to me

- Talked a lot about work experience
- Part of a STARS program and receives extra training and is part of a DSS-sponsored support group
- Very knowledgeable for such a short time fostering

### **July 25 Interview with Eva**

The interview went well. I was concerned at first since we were outside, and she had her toddler son with her. We did have some pauses, but Eva was able to stay focused and shared a lot of great information.

Points that stood out to me

- Had a lot of struggles as a single mom
- Finding resources was a struggle
- Used phrases attachment parenting and gentle parenting

**July 25 Interview with Faye**

I really enjoyed this interview. I was a bit worried about doing an interview through Zoom but it went smoothly. Also, very knowledgeable. I am starting to think that there is going to be a bias in this study. All my participants so far are so knowledgeable about trauma. I am thinking that the way this study was described is only being responded to by foster parents who already have an interest in trauma. I am not sure how this affects the study, but it will be something important to talk about with Dr. Milacci.

Points that stood out to me

- Learned a lot through husband who works in mental health
- Learned a lot as a teacher
- Knew a lot about trauma effects on really young children
- Discussed how trauma reactions can be unknown – the effects

**July 26 Interview with Grace**

This interview was really hard to get scheduled. Certainly easy to see why with so many small children. When I arrived, she had 5 of the kids home today because of issues with daycare. I was pretty concerned that it would be difficult to conduct the interview with the children home but the older ones played well in another room and the babies also did well. We did have a few interruptions, but it still worked out. I do think that her responses were shorter than if we had been alone and she was more relaxed. Still got a lot of great information.

Points that stood out to me

- A very interesting story between her and her husband
- Has a lot of really young children
- Very knowledgeable
- Struggling with a child who possibly has RAD, using some creative parenting with him.
- Difficulty attending support groups with so many kiddos
- Uses TBRI principles

**July 27 Interview with Heather**

Heather is very soft-spoken. She is a newer foster parent but still very knowledgeable. She didn't seem to realize how much she knew and seemed to be hesitant about sharing that she did know a lot about trauma. She felt like because they had fostered younger children, she didn't have much experience. I hope that I was able to make her feel comfortable about how valuable what she had to say was. She was very expressive and used her hands a lot when talking about interacting with her foster child. I really felt that using touch and connection/eye contact were some ways that she interacted, but she did not really mention any of that. I will ask about that after the cognitive representation is done. I felt the teacher in me wanting to share some things with her about a few things she said, and I had to restrain myself. I hope that once this dissertation is complete, we have the opportunity to speak again.

Points that stood out to me

- Was a teacher
- The child had few external behaviors but a lot of fear

- Read *Connected Parent Connected Child* did not attend Empowered to Connect but did attend another conference
- Talked about having a strong community around her

### **July 27 Interview with Isaiah**

Isaiah was difficult to connect with due to his schedule. Our meeting was in Starbucks. I was concerned we may have some issues with privacy and noise, but it worked out great. There was no one around us and the staff had no issues turning off the music while we recorded. It was great to meet Isaiah. He was very energetic and passionate about this topic and had a lot to share. Having interviewed his wife, I knew a lot of their story, so I was prepared to deal with the story about DSS and their issues with custody and adoption of their foster daughter. I was still upset, as I believe I should be, but I did not have any urge to share my own story. I was able to remain neutral and hear what he had to say.

Points that stood out to me.

- Spoke a lot about attachment and trauma and their interaction.
- Definitely had a mental health focus. I am sure this is due to his education and work as a mental health nurse practitioner.
- His desire to teach other foster parents skills to deal with mental health diagnoses reminded me of the other foster parents who have the desire to be active in helping other foster parents learn.

### **July 28 Interview with Jana**

I was most excited and nervous about this interview than I was any others so far. I was excited because Jana has only been actively fostering for three months and I had really wanted to interview some newer foster parents. I was nervous because I personally know Jana as my coach/owner through the gym and I wasn't sure how it would work interviewing someone I know. I felt I was able to handle interviewing an acquaintance with the same professional attitude as I conducted the others. I was impressed with how much she was able to share about trauma and how quickly she was able to learn and change gears due to her difficult placement.

Points that stood out to me

- Had an amazing counselor that was able to teach a lot in a short amount of time.
- Getting really mixed signals from DSS. Sounds like they are not being very helpful in helping or providing resources for her.
- Great explanations on her experience as a coach and how it helped her to learn about working with trauma.

### **August 1 Interview with Keith**

I set up this interview with Keith when I met him after interviewing his wife, Grace. When I arrived for the interview, he was in charge of caring for the two of their youngest, a baby and a toddler, while Grace was out with the other baby. I was worried that this would interfere with the interview, but it went well. There will be some baby babble on the recording, but it shouldn't affect any of the words. He had an amazing story as well. I loved hearing his perspective having older children and being new to the foster care world and the trauma conversation. He was very open and honest about some of his struggles with it.

Points that stood out to me

- Loved how he talked about changing his parenting perspective and how it also changed the way he is parenting his older children.
- Has a lot of compassion and desire to help the biological family.
- Willing and able to admit when making mistakes and also learn from these mistakes.
- Used TBRI language.

### **August 3 Interview with Laura**

This interview was conducted through Zoom. The interview went well. She is a coworker of my dad's and he had so many great things to say about her and I see why. She has a lot of passion for trauma education.

Points that stood out to me

- Her education was through Post Institute and Love and Logic. I am not familiar with Love and Logic.
- Started an agency partnership called Roanoke Valley Trauma Informed Community Network.
- Had issues post-adoption and no support.
- Worked with Va Tech at a phobia clinic with one of her kids.
- Talked a lot about medical trauma.
- Advocating was an important issue.

### **August 4 Interview with Morgan and Nadine**

This interview was supposed to be with Morgan only, but Nadine was there for another meeting with Morgan after mine. She was willing and qualified for the study, so she joined in. It was neat interviewing two participants at the same time. They shared a lot and tag-teamed some of their answers and reminded each other of stories and incidents as we went through the interview. Their relationship was evident, and it was great to see this interaction and support between foster parents. The support groups that so many of the parents talk about is something that I have no experience with. I did not have any friends that fostered and was never involved in a support group, so it was good to see how these two worked together and encouraged each other.

Points that stood out to me

- Talked a lot about their support of each other and their other fostering families that they meet with. They didn't really call it a support group but more of community and friendship among foster families.
- Morgan discussed regret for not having trauma knowledge earlier and how it would have made a difference with some of their earlier placements.
- Both were very positive about the Empowered to Connect Conference. Nadine has attended multiple times.
- Used a lot of TBRI language.
- Both are active in the fostering community.
- Nadine had her placement prior to going through the pre-service training. She did not think there was a lot of information about trauma in the pre-service.

- Nadine talked about attending multiple classes through DSS and said they were great but not many people are attending them.

### **August 7 Interview with Oliver**

This is my final interview. I was looking forward to this one because Oliver is the wife of Jana and has only been fostering for 3 months. I really enjoyed this interview. Oliver shared a lot of great information. It was clear that he is new to these ideas of trauma parenting, but it was also clear that he is learning quickly. I really enjoyed hearing some of his stories and how he is working with his first placement. I did have the urge to offer some teaching points about a couple of things he said during part of the interview and once the dissertation is complete, I will do so.

Points that stood out to me

- Great stories about life experiences that helped him be open to trauma.
- Used breathing techniques and holding to help self-regulate.
- He shared areas he was unsure/nervous about

### **August 15 Transcribing**

As I am going through the transcriptions and verifying their accuracy, I am finding myself so impressed with these foster parents. Their stories are all so unique and yet each one had found trauma knowledge and put it to use in such effective ways. I am also really disappointed that they are not learning more through their departments. I have realized that I had some real expectations that still need to set aside so that I can view the data without any bias. My original expectation was that DSS would be doing a much better job of educating parents and now that I am finding that that is not true, I need to set aside my own frustrations that are coming back as I listen to these foster parents share their frustrations. I need to make sure that I am “hearing” what each foster parent has to say and not adding in any of my own biases about their experiences.

### **August 22 Phenomenological Reduction**

Going through the transcripts has been way more than I was expecting. I make it through one transcript and have notes and labels and see all sorts of great data but then I must go back through the other transcripts to see if what I saw in this one is also in the previous ones. The more immersed I become in the data the more it feels like the data is standing on its own. I do feel that I am able to view the data for what the participants have said and am not adding or taking anything away. While the process is tedious, I am enjoying it. I like seeing the data form and connect and all the different ways that participants said things that are beginning to really stand out.

### **August 29 Phenomenological Reduction and Imaginative Variation**

All the transcripts are completed. I have gone through them more times than I can count. I have labeled comments and made lists that show how many participants made these comments or similar comments. I am really excited that I started looking at these individual statements as I am seeing how well they line up with Kolb's ELT. Great stories and comments show how each participant has moved through the stages of concrete experience, reflective observation, abstract conceptualization, and active experimentation. The biggest struggle I am finding is letting go of data. I want to keep everything found in these interviews, but I will have to let some things go. I have moved from being concerned about my bias to now being too attached to the data!

**September 5**

I have begun writing Chapter 4. I am pretty confident in my current themes. Unless I run into other issues with my own feelings/bias, I believe this will be my last journal entry. I am now focused on bringing this data into a coherent narrative that expresses what the participants said. I am excited to see how this turns out.



## Appendix I

### Foster Parent Cognitive Representations Not Presented in the Study

**Figure 11.**

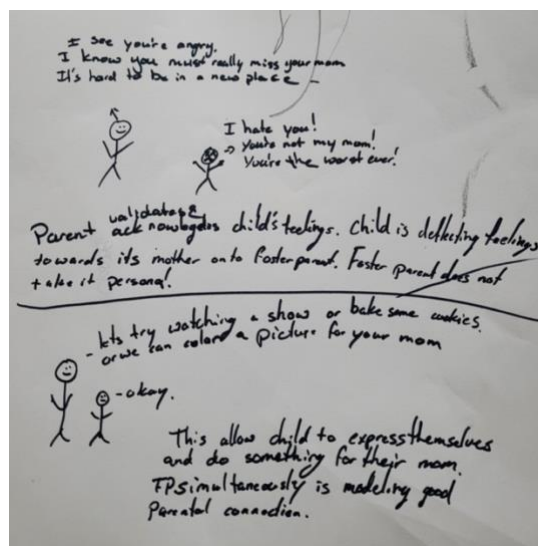
*Bethany's Cognitive Representation*



So, I have child in meltdown mode, whether it be from fear, anger, I'm afraid this is similar to fear, but abandonment trigger, those are all things that I've kind of experienced with mainly our middle child that we had. Typically standing, sometimes thrashing or waving hands about, pushing very, again, very disconnected from any

thought or ability to process. I have myself sitting because usually when I get down to their level, it really has helped immediately, just kind of meet them where they are. But pausing, breathing, counting is, if I go back to that old immediate like, "Ah! What just has happened?" Counting to calm myself, if there is any immediate feeling of upset. Speaking very calmly in a gentle voice, gentle touch if they want it. Sometimes I would be pushed away and I'm not gonna try again to engage there if there's those feelings. But the behaviors from typically what I think was a trauma response would be met with those types of feelings of calm, gentle voice, gentle touch, and then letting them talk once they've been able to calm down, have them talk to me on what just happened. And sometimes, again, my 2-and-a-half-year-old can't really communicate that, but the 6-year-old was pretty good at being able to communicate once she was back in a calm place.

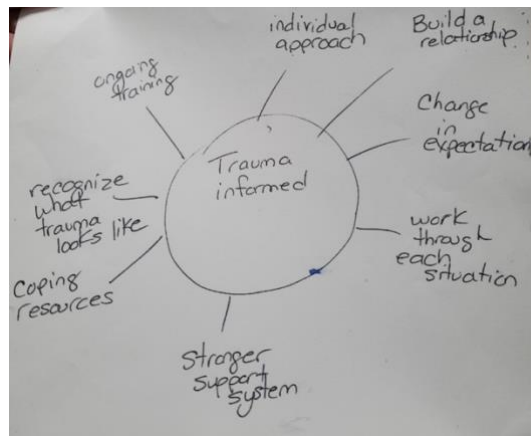
**Figure 12.**

*Eva's Cognitive Representation*

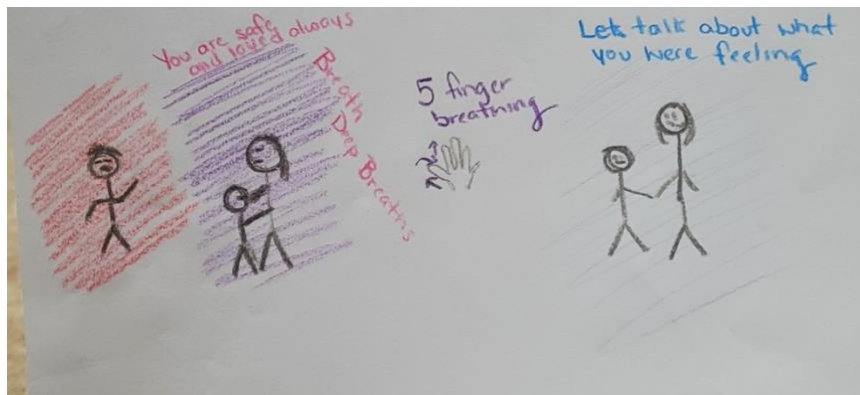
Okay. So, I just drew the top half as the foster child, and the child is very angry, saying, “I hate you. You're not my mom. You're the worst mom ever”. So, a really bad response, typical kinda like child response, but the foster parent says, “I am your mother right now. I'm not the worst. I'm doing a really good job”. And the foster parent [says], “I see that you're angry. You must really miss your mom. I

know it's hard to be in a new place”. So in the scenario, the foster parent validates and acknowledges both the child's feelings. The child is deflecting his feelings towards his own mother onto the foster parents by saying, “You're the worst ever. I hate you. You're not a good mom”. But the foster parent doesn't take it personal.

Then it goes on to, like the foster parent kind of redirects, “Okay, well, why don't we try watching a show, or we can bake some cookies or, like, we can color a picture for your mom.” So in that scenario, you know, the foster parent is allowing the child to express themselves, either while baking cookies or coloring a picture while also doing something for their mom, which helps them to think about their mom. And it acknowledges just from the child's point and that it's okay for the child to love both their mom and the foster parents and simultaneously. The foster parent is showing to the child what parenting [is] and what a mom should be doing with them when they're upset, when they're frustrated and connecting with a child.

**Figure 13.***Faye's Cognitive Representation*

When I think about being trauma-informed, these are the important things I learned that help me to be trauma-informed with my kids.

**Figure 14.***Jana's Cognitive Representation*

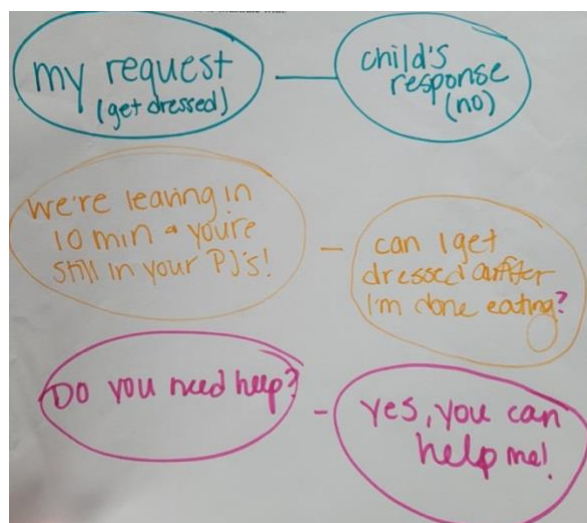
So, in the red is an outburst that's happening and what we have learned is to make him feel safe. So, a lot of times that means holding and hugging tight and just

focusing on breathing and heart rate. A lot of times, if we say, "Feel our breath, feel our heart rate", it helps to calm. And then once he is to the point where he can listen, because in the moment listening is not happening, but once the calm starts, five finger breathing is a tool that has been given to us by his counselor. There's been a couple of other tools, one he loves, which is like Tucker turtle. But there's been a couple different things that, and five finger breathing

seems to do really well with him because it's easy. So that is one way that he's able to slow himself down.

**Figure 15.**

*Morgan's Cognitive Representation*

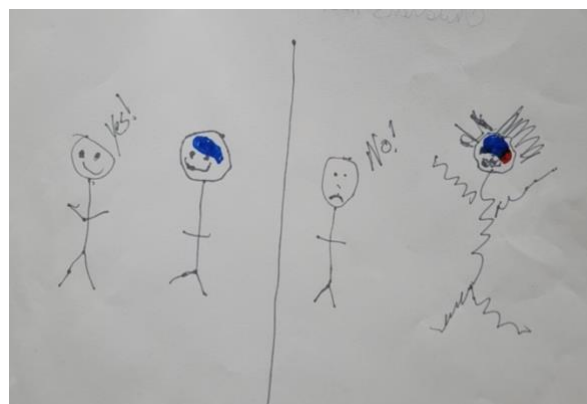


I just related my instance of requests and giving the child time. So instead of just, “get dressed!” [and she says], “No!” and she has a meltdown. It's, “Hey, we're leaving in 10 minutes,” and then it's a response that I usually get. “Can I do it in a few minutes?” [or] “Can I do it after I eat, finish eating or after the show is over?” and then it's, “Yes. Okay”. A few minutes later, “Do you need

help getting dressed?” Instead of just more direct statements, it's questions, and it's giving her time to process. And so that's how I thought of it.

**Figure 16.**

*Nadine's Cognitive Representation*



Mine is about yeses. In trauma training, I learned that a lot of these kids get very few yeses. So every time you say a yes, you're building a new path to the brain that helps children to realize they have a voice they can ask. They can say [what they need]. Mine depicts, “Yes”, makes the brain

happy, and “No” makes the brain crazy. <laugh> it sparks that survival brain that is activated.

And there you go.