

A PHENOMENOLOGICAL APPROACH OF FOSTER PARENT FACTORS THAT PREDICT
PLACEMENT DISRUPTION OF CHILDREN IN FOSTER CARE

by

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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 discover foster parent factors contributing to foster care disruptions. Disruptions of foster care children are detrimental to the safety and well-being of the children. There are implications of foster care disruptions producing short- and long-term negative outcomes for children and families. Research indicates the emotional trauma effects of placement instability negatively impact the child's relationships, ability to form attachments, educational outcomes, and mental and developmental stability. Foster parent factors have been identified that predict the likelihood of the parents disrupting the child's placement and strategies for increasing placement stability in various studies. Further exploration on understanding why foster parents disrupt placements should be considered in effort to increase placement stability and reduce foster care children's negative impact of placement moves.

Keywords: placement disruptions, foster care, emotional trauma, relationships, attachments, placement stability.

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List of Abbreviations

AWOL	Absent Without Leave
CPR	Cardiopulmonary Resuscitation
CWLA	Child Welfare League of America
DHHS	Department of Health and Human Services
DSS	Department of Social Services
GPS	Group Preparation and Selection
IRB	Institution Review Board
LSC	Lutheran Services Carolinas
MAPP	Model Approach to Partnership and Parenting
NC	North Carolina
NCI	Non-violent Crisis Interventions
USGAO	United States General Accounting Office

CHAPTER ONE: INTRODUCTION

Overview

This study aimed to investigate foster care placement disruption experiences of foster care parents, identify factors contributing to the foster parent's decision to disrupt and develop interventions to increase foster care placement stability. Identifying factors contributing to foster care disruptions and further understanding what foster parents require to be effective in their roles will allow for improved placement outcomes. These factors were identified by facilitating research interviews with the foster care parents on their lived foster care disruption experiences and arranging reported information into groups. The research demonstrated if there are themes in the reported lived experiences of the participants. By focusing on the experiences of foster parents who have parented a child at risk for moves, we can understand the factors potentially triggering the disruptions (Leathers et al., 2019). The study examined children most vulnerable to disruptions, the risk of placement instability, perceptions of parenting experiences, and specific placement stability strategies.

Furthermore, the research identified the correlation between foster care placement disruptions, the requirements of the children, and the foster parents' identified areas of need. This chapter provides background on the population and concern being investigated in addition to historical context, social context, and theoretical context framing the problem of the study. The chapter concludes with a description of the problem statement, purpose statement, significance of the study, four research questions, definitions, and a summary.

Background

Foster care services are the most prominent substitute care for children in the United States. There are approximately 400,000 children in foster care in the U.S. on an annual basis

(U.S. Department of Health & Human Services, 2019). Foster care services are generally categorized into two sub-types. Family foster care services consist of placement arrangements for children to reside with unrelated foster parents (nonrelative foster care), with relatives (kinship care), and with a potential adoptive family (foster/adoption homes) (James, 2016). Treatment foster care is a type of family-based placement for children with significant behavioral, emotional, or medical essentials who require specialized services that cannot be met in a traditional foster care setting (Seibert et al., 2018). Foster care services are designed to provide safe, nurturing, and reliable services and care for youth and adolescents removed from the care of their biological families or caregivers (S. A. Font & Gershoff, 2020). Individuals and families provide the services referred to as foster parents, who undergo required intensive background checks and training and acknowledge, and sign foster care service agreements. In addition to all the requirements and providing a caring and nurturing environment, foster parents have the responsibility of supporting the child's social, emotional, and mental health, along with ensuring appropriate educational services are established and followed through on until discharge is facilitated (Mancinelli et al., 2021). Understanding the essential responsibilities of foster parents and their role will aid in identifying their needs to be more effective and minimize foster care placement disruptions.

Foster parenting is an exclusively demanding responsibility that requires the integration of family and state agency obligations. As if integrating a new member into one's family is not stressful enough, children in foster care typically come with an elevated risk of trauma related challenges with medical, nutritional, developmental, behavioral, and psychological problems (Marcdante & Kliegman, 2019). Many children who enter foster care have incomplete medical care and have suffered multiple trauma-related experiences (Marcdante & Kliegman, 2019).

Foster parents must collaborate with a team responsible for the children's care before scheduling appointments or making non-emergency treatment decisions. Additionally, they must provide feedback regarding the children's permanency planning and reunification process, including recommendations for future care or services over which they ultimately have no control. However, they are responsible for shared parenting experiences and connections with the children's birth families to assist children with maintaining existing family, community connections, and support to promote normalcy (S. A. Font & Gershoff, 2020). While serving as a child and family team member for the foster children, the foster parents also assist children with managing separation, attachment, and sense of belonging concerns.

Furthermore, foster parents are expected to evaluate and document the children's presenting behaviors, facilitated interventions, and daily responses to the interventions (Babinski & Waschbusch, 2022) while ensuring they are connected to recommended medical, mental health, and educational services. Despite the prospective benefits one can gain from providing foster care, several foster parents feel inadequately prepared for the responsibility even after participating in a training program (Kaasbøll et al., 2019). The essentials noted to produce effective foster parents are determined by each state and are enforced by licensed foster care service-providing agencies and case workers.

Foster care licensing agencies must recruit, screen, train, and license all potential foster parents. Once the process is complete, foster parents are assigned a dedicated case worker. The foster care case worker's responsibility is to provide ongoing support and training to the licensed foster parents regarding the needs of the child and the foster parent. Appropriate support and training may alter foster parents' stress, minimizing disruptions. Studies on foster parent support and training are insufficient, and the satisfaction/stress, needs, and perceptions of foster parents

are included as secondary outcomes in most reviewed studies (Kaasbøll et al., 2019). By considering the experiences of the foster parents and evaluating their perceptions of their training, support, and stress, foster care disruptions may be lessened.

Historical Context

The continuum of studies addressing foster care children with multiple placements and its effects is limited. Connell et al. (2006) suggested further studies should be considered to examine factors that influence the likelihood of changes in placements and their effects. Allen and Vacca (2010), Webster et al. (2000), Konijn et al. (2019), Newton et al. (2000), and B. Akin (2011) discussed the impact of multiple placement disruptions on children and youth. Allen and Vacca (2010) and Webster et al. (2000) reported that youth in foster care, as a result of their multiple school and home moves, are more likely to experience academic, social, and emotional problems. They also conveyed that this is due to a breakdown in communication and service coordination among the primary individuals responsible for foster children's education. Konijn et al. (2019) provide evidence supporting the adverse social, behavioral, physical, and neurological effects of children with multiple moves in foster care experience. Newton et al. (2000) reported that placement instability is directly associated with the child's ability to internalize and externalize behaviors. B. Akin (2011) concluded that disruptions in foster care placements can drastically affect the child's long-term goal of being discharged from foster care to a permanent family. Although a few of these studies are dated, they are relevant to the current study as it explores the extended problematic history of foster care disruptions and the need for current studies.

Social Context

Research continues to develop regarding foster care placement disruptions and associated risk factors in our society. S. Font and Sattler (2018) reported that states have been able to provide short-term stability for periods of time for foster care placements yet, they continue to experience challenges with long-term stability. T. Fisher, Stoolmiller, Mannering et al. (2011), Epstein et al. (2015), Konijn et al. (2019), and Deedat (2020) investigated foster care placement disruptions and risk factors. T. Fisher, Stoolmiller, Mannering et al. (2011) discovered that traditional foster care children with five or fewer problem behaviors were at low risk for disruption; however, their risk for disruption increased to 10% with each additional behavior. This observation indicates that children with less negative behaviors are less likely to be disrupted from foster care placements. Epstein et al. (2015) found that placement stability is enhanced when individuals utilize appropriate measures to identify applicable matches among foster care parents and children. Better outcomes are expected when the best potential foster parent caregiver is identified for a child.

Konijn et al. (2019) discovered that when children are fostered at a later age, have experienced abuse, and neglect in their biological family, and have notable behavior problems, the risk for placement instability increases. This information suggests that the characteristics of the child are essential when considering placement options, and age, behavior problems, and history of abuse and neglect can be considered risk factors for foster placement disruptions. Deedat (2020) also found that specific factors recurrently influenced foster care stability to include the child's age and problem behaviors, in addition to medical and mental health needs, larger sibling groups, and difficulties with bonding/attachment. To better understand our society's foster care instability crisis, it is crucial to examine why the children are moving (S.

Font & Sattler, 2018). Becoming knowledgeable about foster care placement disruption risk factors is valuable to research and could provide great insight into each foster child's needs before pre-placement.

Theoretical Context

Foster parents are essential to the lives of foster children, and it is critically important to identify their unmet needs and the impact of these on their parenting roles and responsibilities (Fergeus et al., 2019). Abraham Maslow's (1943) hierarchy of needs provides a thorough motivational theory to the parenting needs of foster care caregivers. Maslow's hierarchy of needs consists of a five-tiered human needs model. From the base of the hierarchy up, the needs are physiological (sleep, shelter, food, water), safety (health, employment, family, social ability), love and belonging needs (friendship, sense of connection), esteem (confidence, achievement, respect of others), and self-actualization (morality, acceptance, experience purpose, meaning and inner self) (Trivedi & Mehta, 2019). Foster parents, like any other individual, must have their lower-level needs met before they can attend to their higher-level needs. The preceding literature suggests some necessary improvements to ease the burden of care and concurrently increase foster care caregivers' satisfaction (Fergeus et al., 2019). Specific studies discuss the foster parents' need for timely training and support.

McMersky et al. (2015) discussed the notion of foster parents receiving insufficient training and support to aid in their ability to meet the demands of caring for foster children with challenging emotional and behavioral problems. The study focused on a specific parent and child therapy model as an experimental intervention to deal with a child's externalizing behavior problems. The study demonstrated a change in parenting stress and attitudes and behaviors towards parenting due to the therapeutic training intervention. McMersky et al. (2015) concluded

that facilitating experiential, interactive foster care training could enhance the standard training and support provided to foster parents. In a quasi-experimental study, Strickler et al. (2018) found that enhanced foster parent pre-service training versus basic pre-service training better prepares participants for foster parenting by showing that most participants are more likely to become licensed therapeutic treatment parents and indicate better parenting attitudes.

Sharda (2022) explored the correlation between stress, well-being, and social support between foster parents. The study concluded that foster parents and foster care professionals would benefit from training resources to maintain foster parent retention. Mancinelli et al. (2021) conducted a study on the factors affecting foster parents' parenting stress, distress, and parenting style, in addition to supporting their adjustment and well-being and that of the foster child. The study concluded that the main predictors of foster parent stress were child-related stress and the foster child's externalizing challenges. Sharda (2022) also found foster parents' stress was reduced with the child's cooperation, suggesting that foster care services should support foster parent needs within a concentric system, which will provide improved care and services for the foster parent and child.

Situation to Self

Foster care services in addition to the foster parent role, are complicated and challenging by evidence of the multi-level stressors that consistently surpass the typical challenges of everyday parenting (Mancinelli et al., 2021). Many people think they understand parenting expectations until they familiarize themselves with the foster care population. Over a decade ago, I was provided the opportunity to provide clinical services to children in foster care. It was not until then that I realized how uniquely demanding the service needs were for this population. In fact, at the time, I had no idea there was even a therapeutic component to foster care services.

I was familiar with a basic understanding and purpose of foster care services, which entailed a host family providing a safe home for children being harmed, neglected, and traumatized by their biological parents (S. A. Font & Gershoff, 2020). However, I was unaware of the strict state, county, and agency rules and expectations required of the service. My knowledge was based on my mother fighting for my niece, who was placed in foster care while my brother was serving in the military. I recall my mother receiving a phone call stating we had to get to Corner Springs immediately, a detention facility. We learned that my niece had been placed in multiple foster care homes in the city and surrounding areas before being on the run, capturing her, and contacting my mother. My mother was devastated and immediately requested that my niece be placed in her care. However, it was not that easy; before that could happen, my niece had to undergo assessments and treatment and fulfill her juvenile detention responsibilities. While those obligations were being completed by my niece, the Department of Social Services (DSS) was running background checks on my mother and other adults in the home to ensure it was an appropriate environment for my niece. Approximately 60 days later, my niece was released to reside in our home under the supervision of my mother. We all thought it would be roses and rainbows, but that was untrue.

No one prepared my mother and family for what my niece had experienced while in and out of foster care homes. Foster care homes are designed to provide safe, stable, nurturing environments (Ie et al., 2022), but my niece's experiences would drastically differ. She explained that the minute she failed to comply with a request of the host parents, they would request she be removed from their home and communicate threats in the hope that she would comply. As a result, my niece lacked trust and struggled with developing rapport and relationships with others, even her own family. Additionally, we learned from the assessments administered that she

suffered from significant mental health challenges. Moreover, based on research, the disruption experiences of youth in foster care led to experiences of separation and loss, inducing additional long-term mental health complications (Bartlett & Rushovich, 2018). Ideally, the foster care families she was placed with were not equipped to deal with the problems my niece possessed and caused additional trauma for her as a result.

Since working directly with the foster care population and recalling the very traumatic foster care experiences of my niece, there is no doubt more studies need to be facilitated to understand foster care families' experiences of disruptions and what they perceive they need to minimize disruptions because of their experience. Foster care disruptions are detrimental to the current and future mental health of the children, and it is critical to identify what changes need to be made immediately.

Problem Statement

The problem is the increased number of foster care placements, disruptions of youth and children in foster care services and its effects on developmental outcomes. Unfortunately, children in foster care who have been removed from abusive or neglectful situations experience additional disruptions while in foster care, resulting in ongoing stress and instability (Vreeland et al., 2020). Multiple placement disruptions in a child's life can produce significant prolonged effects. According to T. Fisher Stoolmiller, Mannering et al. (2011), nearly 95% of foster children experience at least one placement disruption while in foster care services, and the harmful effects of these disruptions on psychosocial functioning are well-documented. For every move a child makes in the temporary care service, including the initial move from their biological family, they lose one year developmentally and academically (McMahon, 2005).

Additionally, placement disruptions affect children's behaviors, attachment, and long-term outcomes.

Numerous factors have been associated with foster care placement disruptions. Preceding research has identified a host of foster parent influences that impact foster care placements and cause disruptions. The demographic attributes of foster parents influenced most previous studies. The studies also recognized agency-related factors and child factors as contributors to foster care disruptions (Deedat, 2020). The problem is the lack of studies on the foster parents' perceptions of the disruptions and what they require to prevent disrupting a foster child in their care.

Purpose Statement

The primary role of a foster parent is to provide a caring and nurturing placement home for foster children while supporting their psychological adjustments and physical development, in addition to making sure the children are connected to appropriate educational services until they are reunified with their biological families, get adopted, age out of foster care or transition to independent living (Mancinelli et al., 2021). The purpose of the study was to explore foster care placement disruption experiences of foster parents, to identify factors contributing to the foster parent's decision to disrupt, and to identify interventions to increase foster care placement stability. The theory guiding this study is Maslow's Hierarchy of Needs Theory, focusing on the specific needs of foster parents.

Abraham Maslow discovered that humans have five types of needs. The types are motivated by essential needs for safety, survival, love and belonging, esteem, and self-actualization (Shi & Lin, 2021). The lived foster care disruption experiences of foster parents require exploration to understand the needs of the foster parents to improve future placement outcomes for foster children. In this study, foster parents described their key contributing

experiences that led to the placement disruptions. The researcher looked for themes of what the foster parents needed to maintain the placement instead of disrupting it. To further identify the foster parents' needs, the researcher explored their perspectives on training, support, and stress levels at the time of disruption. The goal is to have the foster parents describe what would benefit future efforts to stabilize foster care recipients by increasing placement stability.

Significance of the Study

The significance of the study contributes to the knowledge base of lived foster parent experiences and factors that have contributed to the disruption of children from their foster care placements. The data results inform national, state, and local foster care-providing agencies, forums, and individuals, including foster care staff, parents, children, and biological families, of the primary concern with foster care placement stability. This study contributes to the literature on foster care parent experiences from a theoretical, empirical, and practical perspective, as outlined below.

The study's theoretical significance explains how the foster parents' needs correlate with Maslow's (1943) hierarchy of needs and how the foster parents' motivation is driven by their needs being met. Maslow's theory indicates that an individual's most basic level of needs (esteem, friendship, love, security, physical) must be satisfied prior to the individual's will to strongly desire the higher-level needs (Trivedi & Mehta, 2019). Additionally, the theory suggests that parenting, in general, may interfere with one's capacity to meet human needs and the significant implications for intensive parenting, such as foster care (Fergeus et al., 2019). Using Maslow's hierarchy of needs, foster care service-providing agencies can better understand their foster parent's needs. It helps foster care placement agencies offer the right motivational incentives to their foster parents, increasing the organization's efficiency, productivity, and

profitability (Trivedi & Mehta, 2019). Exploration of the lived experiences of the foster parents' disruptions will provide insight into their needs and motivational factors.

The empirical significance of this study was exclusive as it focuses on the lived placement disruption experiences of foster parents by allowing the foster parent to verbalize their personal disruption factors. The study has extended the objectives of improving placement stability, permanency, and developmental outcomes for foster care recipients. This improvement is vital as studies have shown the significant negative impact of placement moves on children's developmental outcomes throughout childhood and into adulthood (S. Font & Sattler, 2018). Research extending past the last two decades demonstrates a strong correlation between recurrent placement moves in foster care and negative outcomes (Rubin et al., 2007). However, there is limited research on the foster parents' disruption experiences and factors reported by them contributing to their decision to disrupt the child(ren) from their homes. This limitation suggests an opportunity to explore their experiences to improve the overall outcomes of foster care recipients and improve placement stability by meeting the needs of the service providers.

The study's practical significance encourages change to the national, state, and local child welfare and foster care, placing agencies' perspectives on the needs of foster parents to be effective caregivers and minimize disruptions. The study is significant as it will construct profound insight from the individuals directly responsible for providing the services. Foster parents are crucial to the function and stability of the child welfare system (Newquist et al., 2020). This could aid in developing a more profound understanding of the ones providing the services while providing more context for the problem, and allowing a window for possible changes, for instance in foster parent training and support. Other studies have focused directly on the foster parents' experiences of informal and formal support regarding reducing caregiver

strain and improving caregiver retention (Cavazzi et al., 2010) but not on minimizing placement disruptions. The findings from this phenomenological study will directly benefit current and future foster parents and children in foster care by identifying specific factors that result in disruption and evaluating the foster parents' training, support, and stress level during the disruption to facilitate essential changes. The study results can be communicated to all foster care-providing state and private agency sectors responsible for improving foster care recipients' placement outcomes.

Research Questions

The objective of the study was to identify foster parents' factors that predict foster care placement disruption. The research questions to be answered are as follows:

Central Research Question

RQ1: What are the lived foster care placement disruption experiences of the foster parents? Foster care placement behavior challenges primarily contribute to excessive moves, but little is known about how problems and other stressors lead to disruptions (Leathers et al., 2019). Exploring the foster parents' disruption point of view is essential. This exploration will allow the researcher to learn directly what foster parents' factors contributed to their decision to disrupt the family unit.

Sub-Research Questions

SQ1: What are foster parents' experiences with training and support? Foster parents identified training as a method to enhance their ability to help the child adjust in their homes and manage challenging behaviors as most needed (Hebert & Kulkin, 2018). Understanding the foster parents' training and support perspective will allow the researcher to develop an in-depth understanding of whether more training and support needs to be provided to the foster parents.

SQ2: How do foster parents describe their experience with stress while fostering? It is important for researchers to consider foster parent stress during the screening process as a point of attention in creating conditions conducive for foster children (Goemans et al., 2020). Knowing the foster parents' overall stress levels provided the researcher with the knowledge to determine if stress was a substantial factor in the disruption.

SQ3: What changes are needed to minimize foster care disruptions? A previous study identified attending to foster parents' parenting experiences, children's risk to others, social support, and stress to better support placements of children at risk for disruption (Leathers et al., 2019). Information from the foster parents' perspective on minimizing disruptions is increasingly vital as they provide direct services to the children and have personal insight into what is required to be an effective foster parent.

Definitions

1. *Phenomenological* - The study of direct experiences (Creswell & Poth, 2018).
2. *Child Welfare* - An array of government services designed to protect children and promote family stability. This definition includes examination of alleged child abuse and neglect (child protective services), foster care, adoption services, and services intended to support vulnerable families so they can remain together (New World Encyclopedia, n.d.).
3. *Out of Home Placement* - An intervention that removes the child from their biological home; providing an opportunity for the parents to obtain support with the goal of working on and resolving a family crisis (de Haan et al., 2019).
4. *Foster Care* - A 24-hour substitute care for children placed away from their parents or guardians and for whom the State agency has placement and care responsibility.

Services can include placements in foster family homes, foster homes of relatives, and foster-to-adopt homes (S. A. Font & Gershoff, 2020).

5. *Foster Parent/Foster Care Caregiver* - Individuals who provide a full-time yet temporary safe shelter for children within the foster care system without becoming the child's legal parents (Mancinelli et al., 2021),
6. *Foster Care Case Worker* - An individual responsible for behavioral intervention management and coordination of services for the youth in foster care, who works with the foster children and foster parents by providing support (Thompson et al., 2017).
7. *Disruption/Placement instability* - Placement moves that occur for children placed in out-of-home care settings such as foster care (James, 2004).
8. *Placement Stability* - is one of the key desired outcomes for children and youth involved with the foster care system when children are stable and not at risk for a placement change (Child Welfare Information Gateway, n.d.).
9. *Permanency* - Ensures children have meaningful, enduring connections to a family or other long-term caring adults (Salazar et al., 2018).
10. *Reunification* - Is a process involving the reintegration of the foster child into a family environment that may have changed substantially from when the child left (Wulczyn, 2004).
11. *Self-actualization*- Identified as the highest human need and is defined as one's desire to become more of what one is and to develop into everything that one can be (Ikiugu, 2007).

Summary

Hundreds of thousands of children in the United States foster care system face uncertainty about the stability of their foster homes, making foster care placement instability and disruptions one of the most urgent challenges continually faced by youth in foster care (Deedat, 2020). Preceding research on foster care disruptions has identified a multitude of foster parent influences that impact foster care placements and bring about disruptions, in addition to undesirable child behavior and unpleasant interactions with biological parents (Cavazzi et al., 2010). Furthermore, a deeper understanding of foster parents' factors contributing to disruption requires direct exploration. Because the role of foster parents is most significant in preventing disruptions and developing placement stability for children in foster care, a direct study of the foster parents' disruption experiences will be investigated. Chapter 2 presents an overview of the associated literature and theoretical framework to guide the study. The chapter also includes placement disruption perspectives, in-depth effects of placement disruptions, and placement stability strategies.

CHAPTER TWO: LITERATURE REVIEW

Overview

The data disclosed in this review will provide information to support the demand for an increased understanding of factors affecting foster parents' ability to maintain foster care placements. The theoretical framework will explore the history of foster care, define placement disruption, and identify the theoretical frame. The related literature section will explore various foster care placement disruption constructs and pertinent foster care evidence. The chapter will conclude with an emphasis on the direct effects of placement disruptions on foster children and placement stability strategies to address the influences.

Theoretical Framework

The phrase "foster care" is a state-managed service for children and families categorized into multiple levels of care. The most familiar terms utilized to identify the levels of foster care are kinship care, family foster care, and intensive, therapeutic settings (S. A. Font & Gershoff, 2020). Foster care is defined as substitute care for children who are separated from their families momentarily or permanently due to maltreatment (S. A. Font & Gershoff, 2020). Neglect, substance abuse, lack of ability to cope with parenting, and physical abuse are among the most commonly specific reasons noted for children to be placed in foster care (U.S. Department of Health & Human Services, 2019). In addition to foster care services most of the children require intense physical and mental health services to address their trauma-related concerns. The round-the-clock foster care services are provided by relatives known as kinship care or non-relative foster care homes and residential facilities. Although foster care services were established to provide safe and stable environments to protect children from harm, foster care has been recorded as being harmful to children and rarely producing positive placement outcomes. When

grouping foster care placement moves as progress and non-progress, up to 71 % ended with a non-progress move, while up to 43% were at progress (S. Font & Sattler, 2018). As a result, foster care recipients must cope with the adverse effects of re-traumatization by being placed in harmful, unstable foster care living environments that result in a non-progress placement disruption.

Placement disruptions are any modification to the child's living situation that physically alters the child's living location by shifting the child's care to another adult with or without the child's involvement (Unrau et al., 2010). Foster care placement moves are typically arranged by the child's welfare worker or an appointed individual. Foster care disruptions have been proven to trigger short- and long-term negative consequences in the lives of children and families, making the safety and placement stability of children in foster care critically important. Regular assessments of the youth's placement and stability are required to promote the best possible outcomes for children in foster care (Harden, 2004). Additionally, and of utmost importance, is the evaluation of foster care caregivers' needs to avoid additional trauma and decrease disruptions.

This study's guiding theoretical frame is Abraham Maslow's (1943) hierarchy of needs. Maslow provides a thorough motivational theory to the parenting needs of foster care caregivers. The theory explains that people must meet several basic needs before transitioning up the hierarchy to pursue more social, emotional, and self-actualizing needs (Trivedi & Mehta, 2019). The unmet needs of foster parents as the primary caregivers for foster care children could have a significant impact on the parent's ability to parent effectively. This situation makes it critically important for foster parents to recognize their needs (Fergeus et al., 2019) and advocate for them to be met, if feasible. This need coincides with Lyubomirsky and Boehm's (2010) hypothesis

that parenting itself may interfere with an individual's ability to meet their other human needs and directly affect foster parents' intensive parenting practice requirements. The study states further that without providing timely and holistic support and intervention, the dual relationship connecting the needs of the children involved and the foster parents may construct a response where stress and trauma are increased and damaging to all involved (Fergeus et al., 2019). The reported evidence of this study and others emphasizes the importance of exploring the needs of foster parents as they relate to foster placement disruptions in the hope of concurrently increasing satisfaction in the foster parent role (Fergeus et al., 2019). Additional literature on foster placement disruption constructs will be explored further in the related literature section.

Related Literature

Placement Disruption Perspectives

There are many altering viewpoints on what factors contribute to the disruption of children served in foster care. A foster care youth's perception of their relationship with their caregivers affects whether they internalize or externalize their behaviors (M. Cooley et al., 2015), which can ultimately affect placement. Although a child's behavior can be the primary reason for a foster care disruption, service providers and caregivers can facilitate more to prevent instability (Cross et al., 2013). Child welfare workers have associated negative foster care placement outcomes with differing expectations of the foster parent and externalizing behavior problems of the child. However, foster parents report a risk of disruption due to behavior problems for youth after long-term foster care services of a period of five years (Leathers, 2006). Additionally, child welfare workers have suggested characteristics such as a child's race, biological sex, age at onset, and whether there is a history of residential care/placement

experiences, all as substantially impacting placement stability (Liming et al., 2021). The above traits will contribute to the foster care recipient's placement stability.

Foster care caregivers have identified the child's behavior as a reason for foster care placement disruptions; in addition to the placement agency's inability to collaborate, feeling unheard and unappreciated, lack of support, and a discrepancy with the child's needs and their skillset (Tonheim & Iversen, 2019). Leathers et al. (2019) convey that foster care caregivers have acknowledged the child's risk to others and their stress level as a motive to disrupt a foster placement. Rhodes et al. (2001) also identified a lack of support, communication, post-licensure training, and mentorship, as reasons foster care caregivers consider discontinuing foster care services. Additionally, J. D. Brown (2008) reported that foster parents specified the need for the right personality and skills, historical information on the foster child, a positive working relationship with the child placing agency, child-specific services, community support, connections to other foster families, approved support from their immediate and extended families, in addition to their self-care skills. The impact of the identified reasons, in addition to the lack of gratitude provided to foster care caregivers, can be very damaging to the retention of foster care service providers (Cavazzi et al., 2010) and their ability to maintain placements. To improve the retention of foster care caregivers and minimize foster placement disruptions it is increasingly vital for foster caregivers to receive support and training, which will aid in decreasing their stress levels and enhance their ability to provide long-term care services.

Researchers have identified themes associated with foster care placement disruptions and stability. Deedat (2020) noted five sub-themes that repetitively affect foster care placement stability, including the child or youth's age, problem behaviors, medical/mental health needs, larger sibling groups, and attachment/bonding difficulties. Additional placement disruption

indicators include the child internalizing and externalizing symptoms, academics difficulties, and youth dysregulation histories (Vreeland et al., 2020). Foster care children with disabilities require specialized treatment services, and as a result, experience higher disruption rate (Platt & Gephart, 2022). Unfortunately, many foster care caregivers are not equipped to manage children with disabilities or intense behavior problems. Vanschoonlandt et al. (2013) noted that foster care caregivers who provide care to foster children with externalizing behaviors experienced more parenting stress than other caregivers. Escalated caregiver stress levels due to the foster child's problematic behavior are an indicator of the parent lacking the competency to manage such behaviors effectively (Bergsund et al., 2020). Emphasis needs to be placed on foster parent competencies as it relates to managing children with disabilities and difficult behaviors to reduce problematic behaviors of the foster child and improve caregivers' ability to cope with the behaviors (Price et al., 2008). Strategies must be considered to measure foster caregivers' stress levels, intervention proficiency, and attitudes toward parenting to prevent placement disruptions.

There are identifiable risks and protective factors associated with foster care disruptions. Because foster care placement disruptions are associated with risk factors such as older age at the time of placement and behavior problems, the quality of care provided to the foster child is a recognizable protective factor (Oosterman et al., 2007). This factor implies a need for greater attention to foster caregivers' stressors and self-care to propose a theoretical model to aid their self-care and well-being (Miller et al., 2019). However, Goemans et al. (2018) suggest that when it comes to managing foster care youths' problem behaviors, foster parents appear not to influence the outcome. When, in fact, proper behavior management training and access to therapeutic resources have a direct influence on the foster care caregiver's ability to manage problem youth's behaviors effectively. Rolock et al. (2009) noted that caregivers are the

stabilizers for children in foster care to prevent placement disruption. Increased consideration should be given to how foster parents are recruited, trained, and supported in providing foster care treatment services. Recruiting and licensing foster care caregivers who do not possess diverse behavior management techniques or the willingness to learn proper therapeutic interventions can cause short- and long-term negative effects on foster care placements. Additionally, this supports the need to assess foster care recruitment processes and other constructs potentially related to foster care disruptions.

Recruitment

Foster parent recruitment has become more challenging over the years. Prospective foster parents must adhere to minimum federal, state, and agency standards to obtain licensure as a foster parent. Federal policy requires prospective foster parents to submit criminal and child maltreatment checks (Adam Walsh Child Protection and Safety Act, 2006), and individual states establish foster care licensure procedures aligned with professional standards (S. A. Font & Gershoff, 2020). The Administration for Children and Families also issued a set of National Model Foster Home Licensing Standards (2019). The standards encompassed home safety requirements such as carbon monoxide detectors, no smoking in the home, harmless heating, safe drinking water, and up-to-date immunizations for all individuals residing there (Administration for Children and Families, 2019). The specifications in the document focused further on the well-being of all household members by requiring a physical exam and full disclosure of everyone's mental and substance abuse histories (Administration for Children and Families, 2019). The Administration for Children and Families (2019) declared that all physical or degrading punishment was prohibited, in addition to the use of any illegal substance or more than prescribed legal substance use. The prospective foster parent standards aid in the foster care

licensing agency's ability to ensure they are recruiting safe, nurturing home environments for foster children.

The detailed standards for prospective foster parents to adhere to may prevent many individuals from becoming licensed foster parents. Hanlon, Felter, Day et al. (2021) define barriers as the obstacles foster care licensing agencies and prospective foster parents experience during the foster care home licensing process. The United States Department of Health and Human Services, alongside the Office of the Inspector of General, issued a report in 2002 concluding the results from a national survey of child welfare employees and foster parents, identifying barriers to recruiting foster parents. The identified barriers included negative public opinions of foster parenting, lagging agency responsiveness to prospective foster parents' initial inquiries, complex application process, and inordinate licensing and training requirements (Office of the Inspector General, 2002). In the systemic review of foster parent recruitment, Hanlon, Felter, Day et al. (2021) identified barriers to recruitment as difficulties in training, the licensing process, personal factors, general foster care providing concerns, and agency factors. This information implies the need to consider the characteristics of successful foster parents and foster care program recruitment initiatives.

What are the ideal characteristics of a foster parent? Hanlon, Simon, Day et al. (2021) suggest evaluating factors that motivate individuals to become foster parents and characteristics that successful foster parents exhibit by evidence of social worker reports should be considered. According to Ciarrochi et al. (2011), many successful foster parent characteristics can aid in placement stability and success for foster children. Willis and Day (2017) systematically reviewed research on key factors and characteristics of a successful resource parent. The study focused on personal characteristics, attributes, knowledge, skills, and abilities. The identified

successful personal characteristics and attributes included the ability to tolerate rejection and negative feelings, fluid expectations, sense of humor, belief in a higher power, self-worth, having an advanced education, adequate economic resources, healthy marital functioning, access to support, and intrinsic motivation to foster children (Willis & Day, 2017). Of the characteristics mentioned above, the most cited are the ability to accept rejection, flexible expectations, and one's motivation to foster (Willis & Day, 2017). The knowledge, skills, and abilities identified by Willis and Day (2017) through training and experience were one's direct attention to the parent/child relationship, self-care, socio-emotional health, willingness to support the child's connection to their birth family, the ability to recognize and support grief and loss, cultural competence, and effective communication. Being committed to the parent/child relationship, self-care, and the ability to recognize, express, and process grief and loss with the child were the most consistently identified knowledge, skills, and abilities characteristics (Willis & Day, 2017).

In 2003, foster parents' perceptions of factors that promote or inhibit successful fostering were evaluated by Buehler et al. (2003). The characteristics of foster parents identified included having faith or church-related support, sincere care and concern for children, high tolerance, a strong parenting collaboration amongst married couples and families, and a well-organized and consistent daily routine as it relates to responding to the needs of the foster child (Buehler et al., 2003). The characteristics of foster parents believed to inhibit successful fostering included individuals possessing non-child-focused motivations to foster, conflicting demands for parents' time and energy, attachment concerns, and personal and social inflexibility (Buehler et al., 2003). Buehler et al. (2003) specifically highlighted the need to recruit foster parents skilled at developing family patterns characterized by transparent, systematic routines and expectations, and high tolerance and flexibility.

The Child Welfare League of America (CWLA) Foster Parent Retention and Recruitment: The State of the Art in Practice and Policy (2007) suggests experiential ways to support foster parents in retaining their services. The notions were identified as recognizing the foster parents' contributions, providing childcare and respite care, matching the placement needs of the foster children with the skills of the parents, joining with and respecting the foster parent as a part of the professional team, and enhancing their skills and competencies with training (Pasztor & Wynne, 1995). Many efforts have been made to explore and develop lucrative approaches to maintaining foster parents. According to Marcenko et al. (2009), the following initiatives were completed over the years to improve the recruitment and retention of foster families. In 2002, the Casey Family Programs provided guidance and support to child welfare units, foster and resource families, community representatives, and youth in care in 22 public child welfare agencies. The national organization AdoptUsKids partnered with states and communities to recruit foster and adoptive families by providing on-site training and technical assistance to child welfare service-providing agencies. Finally, the Family-to-Family initiative funded by the Annie E. Casey Foundation focused on reforming foster care emphasizing family engagement, community-based collaborations, and foster parent recruitment and retention. Other studies have identified specific program recruitment program characteristics to be considered for recruitment success.

The North Carolina Division of Social Services (NCDSS) (2015) Child Welfare Division conveys that recruitment is more than just hanging a flyer or putting an ad in a newspaper. It has been alleged that foster families should be broadly outlined in such a manner that it promotes one to measure the effectiveness of one's efforts in finding families for foster children (NCDSS, 2015). Many have suggested preferred processes for recruiting foster families. Documents state

that before a foster care agency initiates a recruitment process, an assessment of what children require of homes and current home availability should be noted (NCDSS, 2015), followed by the establishment of specific recruitment and retention objectives. Furthermore, specific characteristics of successful foster parent recruitment programs were identified in the document. The common traits specified included the need for all agency personnel to view it as their job to contribute to the recruitment and retention of families, utilizing current foster and adoptive parents to recruit, incorporating culturally sensitive recruitment approaches to meet the needs of all foster children, applying data to consistently plan and assess recruitment and retentions efforts, integrating media to enhance the agency's appearance in the community, initiate partnerships with other agencies to optimize recruitment outcomes, and to utilize targeted recruitment efforts to identify foster parents that will meet the specific need of foster children (NCDSS, 2015). Moreover, it has been regularly documented that the best foster parent recruitment is that of other foster parents. Marcenko et al. (2009) reported that satisfied foster parents' word of mouth is credited to being the most effective recruitment tool for foster care placement agencies (Marcenko et al., 2009). This requires foster care placement agencies to develop a profound understanding of factors contributing to foster parent satisfaction.

Satisfaction

Satisfaction is fulfilling a need or desire (Merriam-Webster, n.d.). In 2010, a study concluded that almost 40% of their sample foster parents were unsatisfied with their parenting role (Crum, 2010). Factors contributing to foster parents' satisfaction have been studied for decades in efforts to increase and maintain the supply of foster homes. One of the long-standing foster parent satisfaction contributors is the reimbursement rate (stipend) at which foster parents are compensated for caring for the foster children in their care (Cherry & Orme, 2013). The

United States General Accounting Office (1989) reported low reimbursement rates contributing factor to foster parents' satisfaction and intent to continue fostering. Research studies have statistically proven that foster parents do not receive adequate stipends that correlate with the actual costs of raising foster children (Cherry & Orme, 2013; McHugh, 2002). A study conducted to assess further the suitability of subsidy payments in meeting the costs of foster children's care in Australia found that minimal financial assistance paid by states to foster care service providers was not suitable for caring for children in care (McHugh, 2002). Specific monetary concerns of the foster parents were identified to include issues with obtaining reimbursement for additional services, associated costs with transporting the child to and from services, no reimbursement for property damage caused by the child or heightened water and energy costs for the home, and no annual adjustment to the stipend to coincide with the increased cost of living (McHugh, 2002). This resulted in debates with agency staff regarding reimbursable expenses (McHugh, 2002). Harris-Rome et al. (2011) evaluated the unionization of foster parents in Washington State. They discovered their motivation to unionize was because foster care stipends did not cover the cost of providing foster care children with their needs. Furthermore, the foster parents' efforts obtained access to health care and retirement benefits for them (Harris-Rome et al., 2011). The financial burden imposed by fostering continues, as current financial compensation has been depicted as inadequate to meet the needs of foster children (Ahn et al., 2017, 2018; Geiger et al., 2013). The statistics from other studies identified a correlation between increased stipends and placement stability for children in foster care.

The association between economic incentives and the supply of foster care services was explored and analyzed on 1,094 foster families in eight states (Campbell & Downs, 1987).

Unlike other studies, the evidence was controlled between the level of board rates and the supply

of foster care (Campbell & Downs, 1987). The outcomes of the regression analysis, however, signify that higher board rates are associated with the availability of more foster care families in a jurisdiction (Campbell & Downs, 1987). A study was conducted by Simon (1975) on the effect of stipend level on the quantity of potential foster homes. The study concluded that a percentage increase in foster parent stipend would trigger a positive percentage change in the number of foster care homes (Simon, 1975). The data suggest that the stipend effect substantially affects the quantity of available homes (Simon, 1975). Chamberlain et al. (1992) found that an average increase in foster parent stipend while refraining from adding additional services was linked with enhanced foster parent retention. Findings from Duncan and Argys (2007) study examining incentives of foster care service providers discovered that a \$100 foster parent stipend increase was associated with a 6.9% increase in children being served with a race/ethnicity match and a 29.5% increase in children being served with a race/ethnicity mismatch.

Additionally, the study concluded that with the increases in foster parent stipend there was an approximate 20 percent reduction in foster placement disruptions (Duncan & Argys, 2007). A study facilitated by Galaway et al. (1995) on the relationship between discharge outcomes for foster care recipients and program characteristics lacks any evidence of meaningful associations between program characteristic such as foster parent stipend rates and the type of discharge, unsuccessful or successful. Other studies have shown factors unrelated to monetary incentives.

Foster parents' confidence in their parenting abilities correlates directly with their satisfaction in their role as foster parent and their decision to disrupt a placement. However, there are limited studies precisely examining foster parents' confidence and satisfaction in their role or the connection between their satisfaction and intent to continue fostering (Geiger et al., 2013).

Most studies have assessed foster parents' retention and satisfaction in specific areas, such as training or relationships (Teculeasa et al., 2022). However, a study evaluated the correlation between foster parents' satisfaction and their desire to continue fostering. It concluded that one's satisfaction is directly related to continuing to foster the quality of parenting they provide and the ability to maintain placement stability for the child (Marcenko et al., 2009).

Additional studies concluded foster parent satisfaction to be directly related to their foster care placement agency and support, confidence with agency professionals, communication, training, teamwork, services, parenting effectiveness, and level of control (Fees et al., 1998; Geiger et al., 2013; Rhodes et al., 2003; Teculeasa et al., 2022). A current study by Teculeasa et al. (2022) proposes improving placement stability, child development, foster parent retention, and satisfaction by advising foster child placing agencies to focus their attention on foster parents' sensitivity towards child trauma as a mechanism to better support the trauma-stricken child, in addition to the well-being of foster parents, in efforts to recognize compassion fatigue as a risk to the professional quality of life. The literature confirms that foster parents' job satisfaction has beneficial psychological effects for the caregiver and foster child alike, as well as the foster parent's intent to continue fostering.

Intent to Continue Fostering

Most foster parents manage to foster for one year and then discontinue providing the service (Rhodes et al., 2003). Between 2013 and 2016, more than 50% of states experienced a decrease in foster homes (Hanlon, Simon, Day et al., 2021). The elevated turnover rate contributes to foster parent shortages and makes it more challenging to recruit and train the number of foster parents required to hold steady annually (Haskins et al., 2019). Reportedly, families frequently verbalize their reason for leaving as they do not feel supported in their role or

as valued decision-makers in the child's life (Haskins et al., 2019). Research studies over the years have examined several causes related to retention and foster parents' intent to continue fostering. Several of the studies provided evidence that was influential in maintaining foster parents as placement resources. The evidence concluded a variety of factors, including individual characteristics of motivation for being a foster parent, the advantages and challenges of foster parent support, and resources to improving foster parent retention (Ahn et al., 2017; Geiger et al., 2013; Rhodes et al., 2001, 2003). A comprehensive literature review from 1989 to 2018 was facilitated to identify specific factors affecting foster parent retention and concluded that foster parents' opinions of their own lacking skills within the child welfare system, the child welfare system's ability to function fluidly, and the foster parents' relationship with the agency affects foster parent retention (Hanlon, Simon, Day et al., 2021). Additional factors were identified to include lack of resources or funding for the cost of services for the foster child and personal attributes such as flexibility, confidence, and motivation, in addition to pre- and post-training and being linked to a seasoned foster parent for support (Hanlon, Simon, Day et al., 2021). Other studies have linked differing factors to one's intent to continue fostering.

As with satisfaction, studies have shown a link between foster parent stipends and foster parent's intent to continue fostering. Gibbs' (2005) study aimed to develop an understanding of foster parenting by utilizing administrative data, data management, and analytic approaches to investigate retention. The data utilized in the study was that of child welfare agencies from New Mexico, Oklahoma, and Oregon. In addition to other findings, the study revealed that an increased foster parent stipend linked to increased parent retention (Gibbs, 2005). In 2001, a comparison of foster parents who ceased fostering, consider ceasing, and planned to remain fostering was reviewed. The review consisted of data from a national survey of foster parents

carried out in 1991 (Rhodes et al., 2001). The findings suggested that foster parents planning to cease service providing were more likely to convey that they required daycare, transportation, and assistance with medical care costs for the foster child that they were not receiving (Rhodes et al., 2001). The Child Welfare League of America (CWLA) (2007) reported evidence of inadequate foster care rates negatively impacting foster parent retention and, as a result, causing a sequence of negative effects for foster children. Additionally, the data concluded that a shortage of appropriate homes is directly connected to placement instability for foster care children (The Child Welfare League of America, 2007). The Child Welfare League of America (2007) report suggests establishing foster care stipend rates covering actual costs to allow foster care recipients to receive required care, which can positively influence their overall well-being.

A study by The United States General Accounting Office reported causes for the nationwide shortage of foster parents. The information for the study was obtained from professionals and state officials. The study found that foster parents' decision to discontinue fostering was due to not receiving support and positive recognition while dealing with the challenges they encounter with foster children (United States General Accounting Office [USGAO], 1989). The identified examples of lack of support and recognition in the report included the failure of respect to be given to foster parents by social service agencies and to establish collaborative working relationships among foster parents, biological parents, prospective adoptive parents, children, and agencies (USGAO, 1989). Additional factors included agency caseworkers being impossible to reach and minimum respite opportunities when dealing with challenging child behaviors (USGAO, 1989).

The behavior of foster children may be an important factor in an individual's decision to continue fostering. If the foster parents perceive as though they are not properly equipped to

manage a foster child's challenging behaviors, they may request to terminate their role and responsibilities as a foster parent. Preceding research has identified child behaviors as a significant factor impacting foster parents' decision to continue fostering, and additional research is required to understand the influence (M. E. Cooley et al., 2015). Deficiency in the skills required to effectively perform the parenting role by evidence of efficiently managing the child's behaviors can cause strain and potential risk for unfavorable outcomes such as disruption of the child or the decision to terminate foster care providing services. Feeling competent enough to handle the children in the home is one of the strongest influences on a foster parent's satisfaction, intent to continue fostering, and the decision to disrupt a child (Denby et al., 1999; Sinclair & Wilson, 2003). Furthermore, it is vital to understand how child behaviors may facilitate the benefits of foster parent resources and support their satisfaction with providing foster care services and their desire to continue fostering (M. E. Cooley et al., 2015). After individuals have begun to foster, a greater need and consideration for support, training, and professional regard should be considered to maintain placements and retain foster parents.

Training

Foster parent training is a legal requirement in the United States and most countries. According to the Foster Care Independence Act of 1999 (H.R. 3443), by federal law, specific state-mandated training must be completed prior to a child under guardianship of the state being placed with prospective foster parents (Social Security Administration, 1999); however, the training content varies by state. Foster parents have an increased need for training and support due to the high burden of care they provide (Murray et al., 2010). Foster parent training programs are intended to sufficiently prepare potential foster parents with the knowledge, skills, and support to provide adequate and effective parenting to children in their care. As a result,

foster parent training is offered continuously following the placement of a child. Using foster parent pre-service and in-service training has increased service rates and placement stability (Hudson & Levasseur, 2002). Studies have concluded the potential benefits of pre-and in-service foster parent training and the results of insufficient training to assist foster parents with the pressures of caring for foster children with behavioral and emotional challenges.

The state of North Carolina requires that all potential foster and kinship parents receive 30 hours of preservice training (NCDSS, 2015). Preservice training has several benefits, such as ensuring that all prospective foster parents can make an informed decision about whether or not fostering or adoption is suitable for them and their families (NCDSS, 2015). Additionally, foster care placing agencies can get familiar with each participant so that they may encourage the well-suited and prepare them for fostering and adopting, identify families who may require additional support and training, and identify families that may be suitable for assisting children in other ways but not as a foster parent (NCDSS, 2015). The initial 30-hour training also allows potential families and agency personnel to determine if the family may be appropriate for providing intensive foster care services. North Carolina requires parents interested in therapeutic foster care services to receive an additional 10 hours of specialized training (NCDSS, 2015). Therapeutic foster care requires foster parents to meet the child's physical, emotional, developmental, and social needs and employ interventions to manage challenging behaviors (Dorsey et al., 2008). However, the expectation is that they receive higher stipends, consistent training, and ongoing support to assist the foster child in obtaining their therapeutic goals (Chamberlain & Mihalic, 1998; Dorsey et al., 2008). Solomon et al. (2017) conducted a meta-analysis of the foster parent training outcome research from 1984 to 2014. They found that foster parents involved in consistent training reported fewer behaviors than those who did not receive training. These

authors suggested that the knowledge, skills, and abilities of the individuals receiving constant training was higher than those who did not have training (Solomon et al., 2017). This evidence reflects the need to employ consistent training with foster parents and further evaluate the training types required for parenting success.

Dorsey et al. (2008) proposed because of the severity of foster children's trauma histories and related symptoms, that individuals who are becoming foster parents should be provided reliable, evidence-based training in the bounds of areas that will support successful parenting of the children residing in their care. Evidence-based training provides a cost-effective method for managing child behavior challenges, decreasing placement disruptions, and maintaining safe and stable placement for children in foster care (Price et al., 2008). Additionally, evidence-based foster parent training is utilized to develop the potential foster parent's ability to develop positive parent-child relationships (Murray et al., 2010). This training may allow foster parents to find value in their training, resulting in higher satisfaction as caregivers (Rhodes et al., 2001). Furthermore, Uretsky and Hoffman (2017) examined the effectiveness of group-based in-service foster parent training programs in reducing foster children's externalizing behaviors. They found that group-based programs are an effective system for decreasing challenging behaviors among children in care. Nevertheless, researchers have also noted in some cases that foster parents still feel unequipped for their role, with one study reporting that less than one-third of the foster parents rated themselves well-equipped following training (Cuddeback & Orme, 2002), which may support the need for ongoing specialized foster parent training.

Murray et al. (2010) conveyed the need for specialized foster parent training skills and acknowledged that foster parents often request additional training in behavior management methods. Hebert and Kulkin (2018) reported that foster parents identified training to aid in their

ability to assist children in adjusting to their living environments and managing challenging behaviors as most desired. Additionally, a study by the United States General Accounting Office (1989) identified insufficient training as contributing to foster parent satisfaction and willingness to continue fostering. This idea indicates that the current training programs may not adequately prepare foster parents for their role. Han et al. (2020) confirmed evaluations of the widely facilitated Model Approach to Partnerships in Parenting (MAPP/GPS) training program failed to sufficiently prepare foster parents for their role and to address the behavioral difficulties of a foster child. The foster parent training system in North Carolina (NC) focuses most of its resources on preservice training with the MAPP mentioned above/GPS (McMahon et al., 2011). There appears to be an overall satisfaction amongst foster care placing agencies and foster parents as it relates to MAPP/GPS, except for the desire to have the content updated. However, stakeholders are concerned that the training model does not accurately depict the representation of children in foster care (McMahon et al., 2011). North Carolina has parts of an efficient foster care system, yet there may be some areas for improvement, especially concerning foster parent training options.

Foster parents throughout North Carolina, other states, and countries all possess differing foster care training experiences. Nonetheless, they all have special needs that must be addressed to retain foster parents and prevent disruptions, through their foster parent training experiences (Rork & McNeil, 2011). Literature specifies that when foster parents are provided enhanced support and training, it contributes to their retention and satisfaction while concurrently reducing the child's challenging behaviors (James, 2016). Price et al. (2008) concluded that providing evidence-based foster parent training in specific behavior intervention skills could be a cost-effective plan for managing child behaviors, increasing placement stability, and contributing to

maintaining safe and consistent placements for children receiving foster care services.

Understanding the needs of foster parents' service-providing agencies may have the opportunity to tailor all training to those needs to increase fostering competencies.

Foster care placing agencies would need to thoroughly evaluate their foster parent training curriculum to obtain the data required to support their parents' training needs. It is noted that rigorous foster parent training evaluations are rarely conducted (Festinger & Baker, 2013; Rork & McNeil, 2011), even though foster care placing agencies are advised to assess their programs and utilize data to plan for trainings (NCDSS, 2015). Obtaining various perspectives on the foster parent training curriculum from individuals such as the training professionals involved, foster parents, and child welfare staff may benefit the program's future success. Several studies evaluate training programs from the professional's point of view, but comparatively limited studies focus on the foster parent's perspective (J. D. Brown & Bednar, 2006). Moreover, adequate foster parent training has been associated with several positive benefits in the foster care community. Recorded benefits include higher levels of parenting skills (B. A. Akin et al., 2017), overall well-being, and increased role satisfaction (Randle et al., 2017), in addition to a greater willingness of the foster parents to participate in shared parenting with the foster child's birth family (Kaasbøll et al., 2019). Research literature reinforces the notion that adequate training effectively supports foster parents in their role.

Support

Foster parent support has been an ongoing point of discussion by child welfare and foster care placement agencies for decades. Foster care professionals have been under pressure from the retention crisis to identify more effective ways for supporting foster parents. Once foster parents have been recruited and trained, agencies are challenged to provide consistent support to

aid successful foster placement outcomes (Goodman & Steinfield, 2012). National foster care statistics confirm consistently high rates of foster parent turnover (Haskins et al., 2019), primarily due to inadequate foster parent support (H. C. Brown et al., 2014; Murray et al., 2010; Rhodes et al., 2001). The inadequate support provided to foster parents has been studied across several domains.

Studies have shown explicitly that support from foster care professionals is one of the strongest influences on foster parents' contentment in their roles (Denby et al., 1999). A qualitative study on the needs of foster parents, including motivation, support, and retention, was facilitated by MacGregor et al. (2006). The study found the most valuable supports and deficits in support reported were emotional support, trust, effective communication with workers, respect for foster parents' abilities and opinions, and being considered part of the child and family team (MacGregor et al., 2006). The MacGregor et al. (2006) study identified an association between improving support for fostering and increased foster parents' satisfaction and the intent to continue fostering. In 2010 a qualitative analysis of interviews concluded that foster parents perceive the need for support imperative based on evidence of foster parents reporting substantive, unmet needs related to support (Murray et al., 2010). Unmet needs specifically related to managing and responding to foster children's mental health challenges were identified (Murray et al., 2010). A qualitative study in 2019 similarly reported during crises foster parents communicated their need to receive support and resources to effectively deal with challenging situations that led to retention (Shklarski, 2019). In addition to the need for support with managing difficult foster children's behaviors, Rhodes et al. (2001) also found that agencies lacked support in communicating with the foster parent and advocating for the foster parent to have a say in the foster child's future. H. C. Brown et al. (2014) reported that many studies have

linked the quality and quantity of support provided to foster parents as a predictor of retention, particularly support provided by their supervising case worker.

In 2014, W. A. Walsh and Mattingly's qualitative study highlighted the need to pay attention to the type and availability of support services for all foster parents (W. A. Walsh & Mattingly, 2014). The study demonstrated a difference in support depending on the type of foster parent. Kinship foster parents were less likely to receive training, respite care, and peer support, regardless of their need or status; typically, foster parents in lower economic status households had higher or equivalent rates of support services as compared to those in wealthier households (W. A. Walsh & Mattingly, 2014). Moreover, respite care was predominantly requested for the abovementioned services (W. A. Walsh & Mattingly, 2014). Respite care services are designed to provide the foster parents with temporary relief by placing the foster children in another licensed foster home for an agreed-upon number of days (Shklarski, 2019). The participants of the Shklarski (2019) qualitative study expressed mixed feelings about respite care support. Participants were reluctant to utilize respite services and referred to the support as unfavorable (Shklarski, 2019). Shklarski (2019) specified from the foster parents' perspective that it was an unhealthy solution to place the child with a family the child did not have a relationship with. H. C. Brown et al. (2014) reported that several foster parents' studies perceived respite as an element of support that they valued, which influenced their assessment of the support offered by the foster care placing agency.

Similar studies outlined in an international literature review of the role of a supervising social worker in foster care conveyed other preferred support methods for foster parents. One of the primary themes identified in the studies was emotional support provided to foster parents, supporting them in their role (H. C. Brown et al., 2014). MacGregor et al. (2006) reported a lack

of support for foster parents to discontinue fostering. Additionally, Hudson and Levasseur (2002) found that emotional support was slightly preferred over other types of support by foster parents. Other studies reported that foster parents ranked social work support's availability and reliability superior to other supports (H. C. Brown et al., 2014). Emphasis on availability and reliability is referred to direct contact with foster care case workers when needed for support. The value foster parents found with direct contact was focused on telephone contact because it communicated investment (J. D. Brown et al., 2005; P. A. Fisher & Chamberlain, 2000; Sinclair et al., 2004). In addition to phone contact, face-to-face home visits were equally viewed as beneficial to foster parents (J. D. Brown, 2008; J. D. Brown et al., 2005; Hudson & Levasseur, 2002; Kirton et al., 2007; MacGregor et al., 2006; Sinclair et al., 2004; Triseliotis et al., 2000; Wade et al., 2012). Foster parents particularly desired the need for case worker support and availability during crises to help them navigate triggers and interventions for the foster child (Cavazzi et al., 2010; Hudson & Levasseur, 2002; MacGregor et al., 2006; Triseliotis et al., 2000). Understanding foster parents' perceptions of what they desire and require to be successful in their role can be vital in minimizing foster parents' stress.

Stress

According to the literature, there are systemic consequences associated with foster parent stress. Jones and Morrisette (1999) found that foster parents encounter numerous stressful occurrences affecting their well-being and their rapport with foster children and foster care professionals they interact with. The study further delves into direct considerations for foster care caseworkers and supervisors to become educated on foster parent stressors through direct service and training (Jones & Morrisette, 1999). The action mentioned above is a recommendation for assisting professionals with recognizing the intense and stressful interventions required of foster

parents when addressing personal hygiene, processing grief and loss, and diffusing challenging behaviors (Jones & Morrisette, 1999). The study suggests that there is a need for additional training and support to minimize foster parent stress, knowing that foster parents are expected to intervene emotionally and behaviorally, involving various foster child concerns (Jones & Morrisette, 1999).

Foster parents reported increased parenting stress involving a broad range of foster children's mental health challenges, including rare and severe challenges (Murray et al., 2010). Vanschoonlandt et al. (2013) found that foster parents serving children with externalizing behavior difficulties reported more parenting stress than other parents. However, a study the year prior found that caregivers reported the highest levels of stress, with both domains internalizing in addition to externalizing behaviors (Vaughn et al., 1979). Goemans et al. 2020 reported that high foster parent stress levels were repetitively identified as being the most profound predictor of foster children's mental health outcomes. Though the results conclude that the children's mental health levels typically stabilize over time, their developmental outcomes were primarily induced by foster parent stress (Goemans et al., 2020). The study suggests the significance of foster parent stress screenings while considering conditions beneficial to foster children's mental health (Goemans et al., 2020).

Factors unrelated to foster children's internalizing and externalizing behaviors also have a direct effect on foster parents' stress levels. Foster parents' relationships with foster children's birth families have been identified as an issue resulting in reoccurring stress for foster parents (Jones & Morrisette, 1999). Wilson et al. (2000) concluded from a foster parent survey that serious family conflicts or difficulties with the foster children's biological family can result in foster parent stress. In 2013, parallel data was reported of foster children's biological family

contact being identified as a potential area of stress for foster parents. (Austerberry et al., 2013). Contingent upon foster parents' abilities in managing the challenges mentioned above, a discrepancy in foster parent resources and the stresses of being a foster parent could surface (Gabler et al., 2018). The primary concern is the notion of parenting stress potentially leading to dysfunctional interactions among foster parents and foster children and, therefore, causing adverse long-term effects for the child (Gabler et al., 2018).

Effects of Placement Disruptions

Foster care placement disruptions have produced brief and extended adverse effects on children and families. Research suggests that a placement disruption may compound and worsen previously existing problems in foster children (Vreeland et al., 2020). A study conducted in 2007 found that foster children who had previous experiences of placement disruptions had up to 63% higher risk for behavior problems compared to foster children who had no placement disruptions (Rubin et al., 2007). The prevalence of attachment disorders and the severity of behavioral problems of youth and adolescents in foster care is directly associated with their placement history (Strijker et al., 2008). This analysis demonstrates a link between multiple foster care placement moves and the foster child's inability to develop meaningful relationships and establish secure attachments. Research states that multiple foster care placement moves produce long-term emotional traumas, specifically around trusting people and establishing and maintaining relationships (Unrau, 2008). Hillen and Gafson (2015) found that multiple placement moves of children in foster care also have a significant correlation with the development of mental health disorders. In addition to mental health disorders, foster care placement instability has shown a correlation with foster youth's probability of utilizing substances, making the need for placement stability in foster care even more essential (Stott,

2012). Findings further suggest that foster care children with multiple placement moves are more likely to get a psychiatric diagnosis than stable children (Rolock et al., 2009). However, the researchers are uncertain of the extent to which instability leads to an enhanced likelihood of diagnosis, or a diagnosis enhances the likelihood of instability (Rolock et al., 2009). Foster care placement instability can produce long-lasting effects on children.

Research insinuates that most children in foster care are not achieving in school and a concerted effort must be enforced if substantial progress is to be made in their educational outcomes (Pecora, 2012). This notion implies that foster care children and adolescents without the prevalence of placement instability already demonstrate academic difficulties and commonly have significant gaps in educational success throughout subjects and grade levels (Clemensa et al., 2018). Their academic outcomes are delayed further by multiple placement moves that require the child to change schools. It would be ideal for foster care children to remain in the same communities when moving placements to avoid too many changes and prevent educational setbacks (Clemensa et al., 2018; Pecora, 2012). Limiting placement changes may allow foster children to establish better community social support networks instead of limiting them (Pecora, 2012). Hindt and Leon (2022) noted that disrupting foster care youth from their communities has correlated with their externalizing behaviors.

On the other hand, there has been data to support improved behavioral functioning when the disruption results in separation from friends when they move schools. The effects mentioned above suggest that the lack of safety and placement stability of children in foster care has lasting consequences on the youth's educational development (Harden, 2004). However, it is advised to exercise caution in accrediting foster children's childhood experiences to the lack of education, mental health, and employment in adulthood because the cause may stem from genetic

vulnerabilities and other factors (Coulling, 2000). Nevertheless, all factors should be considered when a foster child is being disrupted from placement; one factor should not be considered over others.

When foster care placements prematurely end, the children are left in a vulnerable, somewhat lifeless position. Foster children are often unaware of the placement ending and are unprepared for what is next (Rostill-Brookes et al., 2011). Rostill-Brookes et al. (2011) also stated that the foster child's confusion is intensified by the multiple losses they encounter when the placement ends in a crisis. There is more to placement disruption for a foster child than just relocating; it requires them to end many relationships and endure many setbacks. Many foster children refer to themselves as "not being wanted" when an unexpected disruption in their placement occurs (Rostill-Brookes et al., 2011). The unwanted notion of foster children is frequently carried with them throughout their foster care services span. Rich (1996) observed that the effects of foster children's disruptions often form part of a self-perpetuating cycle by jeopardizing future placement stability. P. Fisher et al. (2005) reported that foster children's behavior problems, in turn, predict increased risk for future placement instability.

Placement instability affects not only the foster child but also the child welfare and foster care child-placing agencies. There are limited economic analyses evaluating the comparative costs and benefits of a reactive versus proactive approach to placement disruptions (P. A. Fisher, Mannering, Van Scoyoc et al., 2013). However, the reactive approach is probably more costly regarding the casework required to identify a new placement, foster parent attrition, and additional services required to stabilize the child following the disruption (P.A. Fisher, Mannering, Van Scoyoc et al., 2013). P. A. Fisher, Mannering, Van Scoyoc et al. (2013) state the importance of acknowledging beyond the direct cost associated with disruptions, to other

negative monetary outcomes such as emergency room visits and nonmonetary costs such as psychiatric disorder medications. All entities involved in the foster care system could benefit from establishing effective placement stability strategies.

Placement Stability Strategies

Foster children with problem behaviors were identified as the leading factor for placement disruptions. T. Fisher, Stoolmiller, Mannering et al. (2011) suggested that early interventions and preventative resources for problematic behaviors lower the risk of disruptions. Positive foster care placement outcomes are linked to authoritative yet sensitive parenting styles, increased social, emotional, and informational support levels, and well-defined service delivery treatment models (Redding et al., 2000). Providing constant support to foster parents can assist in guaranteeing that children do not suffer from frequent changes in placement (W. A. Walsh & Mattingly, 2014). Foster parents could benefit from developing support models that create other formal agency supports and help foster parents recognize current support needs and expand their natural support networks (Piescher et al., 2008). However, beneficial support starts with an in-depth understanding of the importance of foster parents and a sincere respect for their contribution to the foster care team (Goodman & Steinfield, 2012). Establishing appropriate parent management models can also reduce the likelihood of placement disruptions (Price et al., 2008). Integrating intervention approaches based on a parent management training model into child welfare services may further increase placement outcomes for children in foster care (T. Fisher, Stoolmiller, Mannering et al., 2011).

To further improve foster care placement stability, emphasis and effort must be placed on recruiting and retaining diverse groups of foster families to meet the specific needs of foster children (S. Font & Sattler, 2018). Mallette et al. (2020) concluded that fostering healthy families

requires a clear need for appropriate and applicable foster parent training, coupled with support from both formal and informal systems. Training on how to better assist foster children with adjusting to the home and managing problem behaviors was identified as a training need specifically by foster parents (Hebert & Kulkin, 2018). Solomon et al. (2017) found that foster parents who receive consistent training on managing youth's behaviors experience fewer disruptive behaviors. Findings from P. A. Fisher, Stoolmiller, Mannering et al. (2011) replicate previous studies by confirming that training foster parents in effective behavior management methods reduce foster children's challenging behaviors and prevents placement disruptions (Chamberlain et al., 1992; P. Fisher et al., 2005). There is a correlation between foster children demonstrating problem behaviors and foster care caregivers lacking the skills to manage the behaviors, resulting in disruption. A collaborative process of identifying the foster child's presenting behaviors and the foster parent's lagging skills related to parenting and managing behaviors would be beneficial.

Both children and foster parents emphasized the importance of inclusion in the decision-making process and the need for additional help from specialists in preventing placement disruptions. Children and foster parents emphasized the need for inclusion in decision-making and additional support from foster care placement agencies as a necessity for successful foster care placements (Saarnik, 2021). It has also been noted that when youth in foster care remain connected to their biological family and parent parental figures, they are reported to have better placement and permanency outcomes (Cushing et al., 2014). However, Andersen and Fallesen (2015) noted that foster care youth placed in kinship placements do not demonstrate improved stability or disruption rates compared to non-kinship placements. If of the appropriate age, foster children should be included in deciding whether to be placed in kinship care or foster care, as

kinship care does not produce better placement outcomes. To improve foster care placement stability, foster children and foster care caregivers should be heard as it relates to placement, educational, and treatment decisions.

Lastly, Hyde and Kammerer (2009) concluded that managing placement moves with a strength-based approach for child welfare personnel and foster parents could positively affect the child's perspective on the move and minimize the likelihood of disruption, by evidence of referring to the disruption or move as a new beginning for the foster child. Additionally, having a keen awareness of foster care youths' placement histories and establishing and sustaining a social support system may be major components in their long-term adaptive functioning (Negriff et al., 2015). Considering the foster child's history, in addition to establishing a support system for the child, is of utmost importance when considering the placement of a foster child. Researchers have noted improved foster care placement outcomes by establishing a social support system that supports foster care caregivers. Sharda (2022) notes that when foster parents are well-supported and positioned to effectively provide care for foster care youth, they can meet goals of safety, permanence, and well-being for the children. Taylor and McQuillan (2014) suggested the following strategies for practice: increased supervision and support for new foster parents, efforts to demonstrate the value of foster parents, the recording and evaluating disruption data, and a behavior management training plan. Foster care caregivers require ample information, resources, and lasting support to provide foster care services effectively.

Summary

The identified problem is the need for more research and information on factors causing foster care caregivers to disrupt foster care placements (Konijn et al., 2019). The act of disrupting previously trauma-stricken foster care placements is causing negative short- and long-

term consequences on the youth's mental, social, and developmental health, in addition to their ability to bond and establish attachments with others (T. Fisher, Stoolmiller, Mannering et al., 2011). Because the disruptions are associated with a range of physical and mental health problems for foster care children, the development of disruption preventive strategies is essential. The categories reviewed in this study were the placement disruption perspectives and placement disruption constructs, including recruitment, satisfaction, intent to continue fostering, training, support, and stress. The effects of foster care placement disruptions and placement stability strategies were also explored. To effectively prevent foster care placement disruptions and cease the risk of further harm to foster care placements caused by multiple placement moves, we must first understand the needs of the caregiver and their reason for disrupting a youth they once agreed to serve in their home. Foster care caregiving is one of the many ways an individual can carry out God's command to love and care for others. Hebrews 13:16 reminds us, "And do not forget to do good and share with others, for with such sacrifices God is pleased."

CHAPTER THREE: METHODS

Overview

A qualitative phenomenological methodology was used to gain an in-depth understanding of foster care caregivers' disruption experiences and to identify factors that predict the disruption of children in foster care. A transcendental qualitative study will expound upon how foster care caregivers (21 and older) perceive their foster care encounters, which has resulted in the disruption of foster children while limiting the researcher's interpretations (Creswell & Poth, 2018). According to Creswell and Poth (2018), qualitative research originates with assumptions and the utilization of interpretive frameworks that inform the study of research problems acknowledging the meaning individuals or groups ascribe to a social or human problem (p. 8). The qualitative study allowed for data collection in a physical setting that is sensitive to foster care caregivers (Creswell & Poth, 2018). As the researcher, it is imperative to acknowledge that the foster care caregivers' experiences being explored can be fresh in the participant's mind and, on occasion, reliving their past experiences, which may be difficult (Sutton & Austin, 2015). The study provided inductive and deductive data analysis, creating patterns and themes (Creswell & Poth, 2018) of the foster care caregivers' individualized perspectives. (Creswell & Poth, 2018), of the foster care caregivers individualized perspectives. The chapter will include the research design, research questions, setting, participant information, the researcher's role, and data collection plan and procedures. The chapter includes the researcher's role, individual interview questions, a data analysis plan, an explanation of the trustworthiness of the research, ethical considerations, and a summary.

Research Design

Phenomenological research generally focuses on common grounds (Creswell & Poth, 2018), such as the study of the lived experiences of the participants, the belief that these experiences are conscious ones, and the development of descriptive passages discussing the essence of the individuals incorporating “what” and “how” they experienced it, not explanations or analyses (Moustakas, 1994). Several approaches and research designs exist for organizing and analyzing a phenomenological study. However, when researchers construct any phenomenology, they report how the study participants view their experiences contrarily (Creswell & Poth, 2018; Moustakas, 1994). The specific use of transcendental phenomenology will work well for this study as it will provide a renewed perspective (Creswell & Poth, 2018, p. 78) towards the foster care placement disruption experiences of foster care parents. The approach further allows the researcher to establish a subjective meaning of each participant's experience and identify common themes in the participant's statements. This phenomenological approach allowed for an ontological assumption related to each foster care caregiver's individualized reality of their foster children's disruption of lived experiences and contributing factors. Creswell and Poth (2018) stated when researchers perform qualitative studies, they embrace the notion of multiple realities (p. 20).

The researcher's objective was to understand how the participants experienced foster care disruption and to see the experience from that person's perspective (Sutton & Austin, 2015). The researcher noted the different perspectives as themes presented themselves from the participants. To validate the accuracy of the participants' perspectives, the researcher verified that the notes were correct with the participants (Smith et al., 2012). However, the researcher developed broad generalizations through specific observations and experiences while accumulating and

examining the data (Creswell & Poth, 2018). Transcendental phenomenology was chosen as the appropriate methodology for this research as we were searching for an understanding of each participant's lived disruption experience in its own terms.

Research Questions

RQ1: What are the lived foster care placement disruption experiences of the foster parents?

SQ1: What are foster parents' experiences with training and support?

SQ2: How do foster parents describe their experience with stress while fostering?

SQ3: What changes are needed to minimize foster care disruptions?

Settings

Phenomenological studies typically collect data through interviews and several interviews with the same individuals (Creswell & Poth, 2018). The information for this study was obtained through individual interviews and a focus group. Participants could select one of three settings for their interviews to be facilitated. Research participants were given a choice about where they would be interviewed and may have felt more empowered in their interaction with the researcher (Elwood & Martin, 2000). Conversing with the participants about the content of the interview was helpful in determining a place they would feel most comfortable speaking openly. Pre-determined settings for this study consist of foster parent residences, community locations with access to private areas, and virtual platforms. Virtual interviews were facilitated as an alternative if a participant was restricted from in-person interviews for any reason.

Participants

Selecting the study's sample group is crucial to obtaining effective outcomes. In a phenomenological research study, there is no attempt to generalize the findings to a broader

population (Sutton & Austin, 2015). The participant's experience of the phenomenon under study was the most crucial criterion for participation (Moser & Korstjens, 2018). The only genuine source of data the researcher can access is through individuals who have experienced the reality of the topic being investigated (Priest, 2002). Moreover, a phenomenological approach requires participants to meet predefined standards. In this study, participants must be licensed foster care caregivers, 21 years old or older, who have experienced the phenomenon of disrupting a foster child. Although the sampling group included participants who shared the experience of disrupting a foster child, their characteristics and individual experiences were different.

The sample group will be derived from a heterogeneous collection of foster care service-providing individuals based on an intentional sampling approach. The researcher's objective was to intentionally sample a group of individuals that would best inform the researcher about the investigated concern (Creswell & Poth, 2018). The sample of participants selected for this phenomenological study of foster care caregivers who have disrupted foster children were deliberately selected by Lutheran Services Carolinas (LSC). Lutheran Services for the Aging was originally founded in 1960 by the Evangelical Lutheran Church. Lutheran Family Services of the Carolinas became an affiliate in 2011, and in 2012, both ministries combined and became known as LSC. Across two states, North Carolina and South Carolina, LSC provides foster care/adoption services, refugee services, disaster response, independent living, rehabilitation services, assisted living, transitional housing, adult day services, nursing facilities, counseling, and psychiatric services. The researcher submitted a research proposal to Lutheran Services Carolinas for consent to conduct research within their North Carolina statewide foster care program.

LSC's consent specifically notates that the participants identified for the study must be selected with purpose. Qualitative studies require that participants are always sampled deliberately, not at random (Moser & Korstjens, 2018). This study consisted of eight intentionally selected licensed LSC foster parents/families over 21 in North Carolina with a history of at least one foster child disruption over the last six months. The anticipated sample size of eight participants is appropriate for a phenomenological research study (Creswell & Poth, 2018). A member of LSC's Foster Care Management Team identified the foster care caregiver participants. LSC's Foster Care Management Team member identified the foster care caregiver participants. The identified families will be males and females, singles, and couples with therapeutic foster care training and licenses. Although the researcher knew the participants' self-reported sex and marital status, it was not utilized as a means to determine an individual's participation in the study. Additionally, all participants were required to acknowledge their understanding of their role and participation in the study as voluntary, and that they could discontinue their involvement in the research study at any moment. Informed consent documentation for participation was provided to participants and required to be signed specifically addressing potential risks associated with involvement in the study.

Procedures

Before the step-by-step data analysis process, the researcher transcribed all audio recordings from interviews and focus groups (Sutton & Austin, 2015), and organized all field notes. Field notes benefit the data analysis process because they can assist the researcher with interpreting the data and remind the researcher of situational factors (Sutton & Austin, 2015). Once the processes above are completed the data analysis process could occur. Specific data analysis procedures for this phenomenological study included bracketing, horizontalization,

clusters of meaning, textural description, and structural description. Bracketing was essential to interpreting the data because it created an environment for the researcher to understand the participants' experiences best while eliminating biases (Greening, 2019). Horizontalization was imperative because it would permit the researcher to note significant statements verbalized by the study's participants, referred to as horizons (Eddles-Hirsch, 2015). Clustering all meaningful statements made available to the researcher gave the researcher the ability to create a more textural depiction of “what” happened and “how” the phenomenon was experienced by the participants (Creswell & Poth, 2018). The textural description included verbatim examples “what” the participants in the study experienced- the disruption of a foster placement (Eddles-Hirsch, 2015). Finally, the structural description was a written summary of “how” the participants experienced the phenomenon disruption of a foster care placement in terms of conditions, specific situations, or context (Eddles-Hirsch, 2015). The procedures mentioned above were utilized to synthesize and present the study’s findings, as outlined in the data analysis plan below.

The Researcher’s Role

The role of a qualitative researcher is to study and extend the potential opportunities and possibilities the approach provides them (Alase, 2017). However, the most significant role of the researcher prior to data collection in this study was the practice of epoché or bracketing (Creswell & Poth, 2018). The researcher described and set aside her own experiences, increasing her awareness of the qualitative researcher’s underlying feelings regarding the research topic to take a fresh perspective (Creswell & Poth, 2018). The intent of the qualitative researcher in this study is to identify factors that predict the disruption of children in foster care, from the foster care caregiver’s perspective, with the objective of understanding the phenomenon from the foster

care caregivers encounter, the how and what must be explored. To obtain this information their experiences must be studied both in terms of what was experienced and how it was experienced (Neubauer et al., 2019). The researcher's purpose in this study was to attempt to access the thoughts and feelings of foster care parents (Sutton & Austin, 2015). The information was obtained through interviews and focus group discussions facilitated by the researcher. The interview questions were developed to obtain specific information on everyone's experiences of foster care disruptions.

As the individual researcher of the study, I served as a human instrument for data collection through a semi-structured interview process. A semi-structured interview was more powerful as it allowed me, as a qualitative researcher, to acquire in-depth information from the participants compared to structured interviews with flexibility and adaptability (Ruslin et al., 2022). Each participant interview will be audio-recorded for transcription, review, and data analysis. The role of the researcher in this study was to draw on what the participants verbalized in the interviews to interpret how the experience impacted them and their lives as foster parents.

As a clinical professional who has worked directly with foster care children and the relative of a former foster care recipient, I have an in-depth investment in this research study. Although I had no professional or personal rapport or relationship with the foster care parents identified for the study, I am a supervisor of a team of clinical professionals who manage staff that provide direct clinical and case management services to foster care families and children. I have no direct contact with foster care parents or service recipients in the program I supervise. Furthermore, to address this dynamic, I was holistically transparent about my clinical role in foster care services versus my role as a doctoral research student and not a counseling professional in the study. I also guaranteed that each participant reviewed the permission

approval to conduct the research and reviewed and signed the informed consent form, indicating they were serving as a study volunteer and that their identity and reported information would be kept confidential.

Data Collection

Before the official interview process, the following demographic information was collected from participants: age, sex, race, religion, highest level of education, relationship status, income, occupation, and total number of children (non-foster) in their household. Creswell and Poth (2018) Creswell and Poth (2018) stated that when you prepare to conduct research, the researcher should inquire about participants' cultural, religious, gender, and other differences that must be respected (p.55). The demographic was not utilized to determine an individual's participation in the study.

Customary phenomenology study data collecting steps were utilized for this study, in addition to a standard protocol for all interviews. Data were collected from three sources for this qualitative study: in-depth, semi-structured interviews, focus groups, and field notes. According to Creswell and Poth (2018), data collecting strategies are appropriate for obtaining data about the lived experiences of a phenomenon (p. 77). The data collected from the identified participants who have experienced the phenomenon were specifically obtained by using in-depth and multiple interviews (Creswell & Poth, 2018). The interviews were conducted once only, with a single participant or with a group and covered the duration of thirty minutes to more than an hour (Jamshed, 2014). The participants in the study will determine the location, date, and time for their interviews. The researcher's initial option and preference for the interview setting should always be according to the participant's convenience and comfort (Elwood & Martin, 2000). However, alternative places should be provided by the researcher if required. Finally, two

methods of collecting data were utilized for this study. Data were collected using electronic voice recording devices and traditional handwriting (Creswell & Poth, 2018). Phenomenological studies require various technological devices and written notes when noting notable observations (Alase, 2017). The data collection concepts mentioned above were beneficial in collecting data from the participants on their lived foster care placement disruption experiences.

Furthermore, the in-depth semi-structured interview questions were open-ended and phrased so the participants could understand. As the interviews progressed, subsequent primary and subordinate questions became more focused, resulting in a more extended interview at or around 90 minutes (Moser & Korstjens, 2018). Each interview required the researcher to record the data using handwritten notes, audio, or videotaping (Sutton & Austin, 2015). As previously mentioned, the collected data from interviews and focus groups for this research study will be hand-written and audio recorded, then transcribed.

Interviews

The qualitative interviewer utilized dialogue to develop an understanding of and identify the meaning of the participant's experiences with the phenomenon (Roberts, 2020). The researcher facilitated an extensive interview with licensed foster care parents who experienced a foster placement disruption. The interview questions were critical to the qualitative study to ensure in-depth information and participant evidence were obtained while considering the focus of the study (Ruslin et al., 2022). The proposed open-ended interview questions were appropriately detailed to assure readers that no harm would occur to the study's participants (Roberts, 2020). The questions allowed for unexpected information to surface during the interview. The following interview questions were utilized to assist the researcher in answering the central research question (marked by RQ1) and sub-research questions (marked by SQ1-3):

Individual Interview Questions

1. Please introduce yourself and tell me about your experience as a foster parent.
2. What motivated you to become a foster parent?
3. How long have you been a licensed foster parent?
4. How do you define foster care placement disruption? (The researcher was equipped to define if required).
5. What happened during your most recent disruption?
6. How do you feel you impacted the disruption?
7. What other factors impacted your disruption?
8. Tell me about your foster care training experience.
9. What training(s) do you feel would have been helpful in preventing the disruption?
10. What support do you have as a foster parent?
11. What support did you need during the disruption that you did not have?
12. What is your normal day-to-day stress level? (The researcher explained the scale (1-mild, 3-moderate, 5- 5-severe)).
13. What was your stress level during the disruption experience? (The researcher explained the scale (1-mild, 3-moderate, 5- 5-severe)).
14. What do you do to manage your stress as a foster parent?
15. What is needed to stabilize foster care placements and reduce disruptions?

The semi-structured interview style allowed the researcher to present a schematic presentation of questions requiring exploration for this study (Jamshed, 2014). The interview questions were organized and can elicit an in-depth response relevant to the studied phenomenon (Roberts, 2020). Each interview question aligned explicitly with either the central research

question or one of the sub-research questions. The initial interview question was directly aligned with the central research question, as in, “Tell me about your experience...” with follow-up questions and probes designed to support the researcher’s efforts to obtain a deep detailed description of the participant’s experience with the phenomenon (Roberts, 2020).

Focus Groups

The focus groups were utilized to understand the meaning of the participant's lived experience related to the experience of disrupting foster children. The focus groups were beneficial and yielded the most significant information, particularly when time was a factor in collecting data or the participants were hesitant to interview individually. The strategy allowed the researcher to dialogue with the participants and understand the data to produce a multi-layered experience description. (Alhazmi & Kaufmann, 2022). Detailed questions were asked while magnifying their experiences of the phenomena. The focus group was facilitated to explore participants' foster care disruptions experiences, assess their training, and support during disruptions, and understand their needs and perspectives on the disruptions. A focus group discussion usually lasts 90–120 mins (Moser & Korstjens, 2018). As mentioned, the focus group data were handwritten, audio recorded, and transcribed.

Focus Group Interview Questions

1. You are licensed foster parents and have experienced a disruption within the last six months. Would you please describe your most recent disruption experience?
2. How do you feel you impacted the disruption, and what other factors impacted your decision to disrupt?
3. What foster care training experience do you have and how has it prepared you for fostering challenges? (If the participant responded that it has not prepared them, the

researcher asked, what training do you feel you need that will be helpful with fostering challenges and avoiding disruptions?

4. What support do you receive as a foster parent? Who supports you?
5. Would you rate your stress as a foster parent at the time of the disruption? (The researcher will explain the scale (1-mild, 3-moderate, 5- 5-severe)).
6. What did you need to avoid the decision to disrupt the child(ren) in your foster home?

The researcher encouraged progressive interactions among the focus group participants.

Focus groups are most beneficial to the research study when the participants are similar and cooperative, which enhances communication and yields the best information (Creswell & Poth, 2018). The consistent involvement of the researcher was required to be ongoing throughout the facilitation of the focus group. Focus groups rely immensely on guided discussion to produce results; therefore, facilitating the discussion is critical (Leung & Savithiri, 2009). Focus groups were used for this study to obtain the required research data.

A template to collect data was utilized. However, it was not time stamped. The template included two data collection sections: interview and document notes. The transcriptions obtained from the interviews precisely described the participants' verbalizations. According to Heppner et al. (2016), the transcription of the interview was analyzed through four logical sets as follows:

1. Read the transcription of each interview multiple times.
2. Categorize the transcripts into meaningful themes.
3. Convert each meaningful theme into psychologically sensitive language.
4. Combine the converted meaning of themes.

Data Analysis

Interpreting the data obtained by individual interviewing and facilitating focus groups with foster care caregivers included trustworthiness and ethical considerations, which were explored in detail in the next section. All conclusions drawn from the study must be supported by direct quotations (Sutton & Austin, 2015) from the foster care caregiver participants. In addition to the processes above and the use of memos were utilized. The memo process allowed for the development of meaning units to formulate ideas and a developing theory (Creswell & Poth, 2018). It is important for themes that formulate the developing theory to emerge from the foster care caregivers' interviews and not the researcher's personal point of view. This process minimized the chances of having a skewed reliability of the analysis and depiction of the foster care caregivers' verbalizations. The steps of the data analysis process are described in detail next.

The data analysis process consisted of four main steps, including (a) the use of epoche also referred to as bracketing, which occurs prior to the data collection process; (b) horizontalization; (c) organizing/clustering invariant themes; and (d) developing textural descriptions (Moustakas, 1994). Although bracketing is a step relevant before the data collection process, it is noted that data analysis commenced as soon as the first set of data was made available to the researcher (Creswell & Poth, 2018). This step required that the researcher set aside any preconceived experiences related to the topic to best understand the participant's experience (Creswell & Poth, 2018). The second step involved the researcher noting essential details from each participant's interview. Defined as horizontalization, the researcher listed every significant statement relevant to the research topic (Creswell & Poth, 2018). The third step involved the researcher identifying emerging themes in the pre-recorded lists. Creswell and Poth (2018) refer to this step as clusters of meaning, in which the researcher clusters the statements

into themes, while eliminating repetitive statements (p. 313). At this point in the data analysis process, the researcher repeated steps one through three for each participant in the study before moving on to the fourth and final step. The fourth step involved the researcher searching for patterns and themes across all participants' cases (Jeong & Othman, 2016). The researcher used a table to organize and group the themes obtained from the study's findings. This step allowed the researcher to develop textual and structural descriptions of the participants' experiences with the phenomenon based on information from the first three steps (Creswell & Poth, 2018). This data prepared the researcher to write the report on the findings for all participants.

Trustworthiness

By understanding and utilizing trustworthiness in qualitative research, the researcher establishes a sense of confidence for the reader as it provides substantial value to the study. For a researcher to establish trustworthiness, they must rely on four general principles (Stahl & King, 2020). The four principles credibility, dependability, transferability, and confirmability (Lincoln & Guba, 1985). Each term was further explored to validate the trustworthiness of the research.

Credibility

The credibility of the research is deeply rooted in honest, transparent reporting of how biases and other possible confounding factors are identified and addressed throughout the study's procedures (Johnson et al., 2020). It was critical to the study's credibility for the researcher to employ unbiased interpretations while analyzing the data from participants' interviews. Credibility is also associated with the participant's ability to report their lived experiences with the phenomenon accurately. Other methods for ensuring research credibility that the researcher utilized included data triangulation and member checks. Triangulating means using several sources of information or procedures from the field to repeatedly establish identifiable themes

such as demographic information, written notes, and audio recordings (Stahl & King, 2020). One of the most important aspects of triangulation is member checking. Member checking allows the participants to confirm or deny the authenticity of the researcher's data (Candela, 2019). The participants were provided with a pre-publication copy of the research descriptions to obtain their feedback for accuracy. Member checking can also be facilitated in the face-to-face interview (Stahl & King, 2020). The study was strengthened by collecting the lived experiences of foster care parents who have disrupted foster care placement in various data forms.

Dependability and Confirmability

Dependability requires the research method to be reported in detail so that the reader can conclude that appropriate research practices have been followed and that future researchers can repeat the study (Johnson et al., 2020). Research dependability strategies can include a detailed description of the study methods, an audit trail, and a stepwise data replication (Forero et al., 2018). The researcher developed a thorough description of the study methods and an audit trail, allowing the dissertation committee, readers, and future researchers to access the raw data that led to the study results.

Confirmability results are influenced by limiting or, at a minimum, explaining any researcher's influence on the research results (Johnson et al., 2020). Strategies to achieve confirmability include reflexivity and previously discussed triangulation (Forero et al., 2018). Reflexivity is referred to by Creswell and Poth (2018) as the researcher discussing their experiences with the phenomenon being studied and how the experiences may impact the researcher's analysis (p. 327). The researcher utilized a reflexive journaling process to document presuppositions, experiences, and actions in addition to triangulation techniques.

Transferability

Transferability is the process of which the research data can be transferred through a description of sampling factors, including the location of the study, participant numbers and characteristics, and the timeframe of data collection and analysis (Johnson et al., 2020).

However, data transfer is only applicable when it encompasses thick descriptions of the participants and findings for application to transferable others' situations (Stahl & King, 2020).

If the completed research does not carry the value required for transferability, it may not apply to other contexts. The researcher ensured that the richness and thickness of the data and its findings are thoroughly captured throughout the analytical process.

Ethical Considerations

Ethical considerations are significant in protecting human subjects in clinical research studies (Wu et al., 2019) by protecting participants from harm, coercion, or exploitation. Ethical considerations were implemented throughout the entire research process and prior approval from Liberty University IRB was granted prior to the start of the study. First, respecting privacy and protecting the participants' identities were critical in the study (Creswell & Poth, 2018). Consent to participate in the study and potential risks were reviewed with all foster care caregiver participants before facilitating interview processes. Participants were not pressured into signing consent forms and were made aware of their voluntary participation (Creswell & Poth, 2018). Finally, from the foster care caregiver's perspective, all data obtained from the research study on identifying factors that predict the disruption of children in foster care will remain confidential and stored for five years. The researcher will ensure ethical principles are met during the entire research process.

Summary

The proposed research on the foster care placement disruption experiences (within the last six months) of foster care parents (aged 21 or older) was conducted using a transcendental phenomenological approach to identify factors contributing to the foster parent's decision to disrupt. Literature on foster care placement instability concluded that foster parents' disruption experiences need to be explored. Data were collected through in-person interviews, then precisely transcribed, thoroughly analyzed, and categorized into meaningful themes. The findings will outline specific factors of foster parents that lead to foster placement disruptions. Thus, the research will allow for changes to be identified and implemented within the foster care system to increase placement stability and improve foster children's overall service outcomes.

CHAPTER FOUR: FINDINGS

Overview

The purpose of the study was to explore foster care placement disruption experiences of foster parents, to identify factors contributing to the foster parent's decision to disrupt, and to identify interventions to increase foster care placement stability. Chapter four will provide demographic information on each of the study's participants and detailed results of the qualitative phenomenological study of the lived disruption experiences of foster parents (Creswell & Poth, 2018). The study's data was collected by interviewing eight licensed foster parents in the state of North Carolina, 21 years old or older, who have experienced the phenomenon of disrupting a foster child within the last six months. Lutheran Services Carolinas identified qualified participants and regional Team Managers and individually screened them. The first four participants who were elected as the focus group compromised the focus group and all remaining participants completed an individual interview. All interviews were facilitated virtually through Microsoft Teams. Each interview was approximately 30 minutes, depending on the degree of detail provided by the participant. The duration of the focus group was roughly 90 minutes. An audio recording of the interviews was obtained and then transcribed to ensure the accuracy of the reported information. Following the transcription, each participant was provided with a copy of their transcription to confirm the accuracy of the interviews. Nvivo software was utilized as a resource to assist with coding, organizing, and organizing and identifying themes in the transcriptions. The collected data was analyzed further to answer the research questions.

Participants

Participants were allowed to elect whether to participate in the focus group or an individual interview. Once the focus group of four participants was established, the other four participants completed individual interviews. The process of facilitating the interviews entailed the researcher reading each question to the participant and the participant directly responding to the questions. The researcher did not deviate from the pre-written interview or focus group questions, abstaining from commenting or providing feedback on the participant's responses to the questions. The researcher utilized this approach to ensure no influence from the researcher throughout the data collection process. Each participant in the individual interviews followed the structured interview questions by evidence of only answering the provided questions. A couple of the focus group participants adhered to the interview questions format by answering the questions and providing additional voluntary information through portions of the interview.

Individual Interview: Participant One

The participant is a divorced African American female. She is retired and has one biological child. She reported being a licensed foster parent in North Carolina for two years. She communicated that her motivation to become a foster parent was due to her grown son being and her long-term desire to help foster children. She described her foster care experience as a "great one," although her recent disruption was "rough and emotionally tough on everyone." She reported that she disrupted the foster child from her home due to the child's display of aggression and property destruction and her inability to manage the child's behaviors. She described her foster care pre-service training as a seven-month, very thoroughly informative training; however, she did not have the proper training to handle violent occurrences. She stated her support as a foster parent and during the crisis that occurred resulting in the disruption was from her Lutheran

case manager. She said that she would have appreciated receiving support from the child's Department of Social Services (DSS) guardian, and her case manager. She considers herself well-managed with mild stress, even during the disruption process. When asked how she manages her stress, she reported individualized self-care routines. She believes that foster parent support groups will aid in stabilizing children in foster care and minimizing disruptions.

Individual Interview: Participant Two

The participant is a divorced African American female. She works full-time and has two biological children, in addition to a handful of former foster children that she considers her forever children. She stated that her background in social work motivated her to become a foster parent 15 years ago. She defines foster care disruption as the foster child and family's inability to get along and live in harmony due to the child's unmanageable behaviors. She reported that she disrupted her most current placement due to the foster child's aggressive threats towards her daughter and the child's lack of progress with her aggression after being in her care for two years. She stated she tried everything she could to avoid the disruption, but she could not continue to allow her child to be targeted with aggression by the foster child. She identified the foster child's mental history, lagging skills, and lack of motivation as factors that contributed to the disruption. She stated that Lutheran does a good job of training their foster parents. However, the training lacks in preparing foster parents for dealing with difficult children and what to do in problematic situations with the foster child. She identified her foster care case manager and their weekly supervision as support, but not much else was offered. She conveyed that she required more effective interventions and support from the child's therapist when the child was disruptive. She reported that she typically has moderate stress, but during the disruption, her stress was severe. She stated she manages her stress by attending classes at the YMCA, dancing, walking,

and having regular massages. She specified that constant support, regular check-ins, more respite care, and role plays on how to manage crises during training are needed to stabilize foster children and minimize disruptions.

Individual Interview: Participant Three

The participant is a married Caucasian American female. She is employed part-time and has one biological child and one stepchild. She has been a licensed foster parent for five years. She transferred to Lutheran from another foster care service-providing agency after a one-year break from providing foster care services. In addition to fostering children full-time, she has provided respite care services. Her desire to assist disadvantaged children and families motivated her to become a foster parent. She conveyed that a foster care disruption occurs when the foster parent cannot meet the foster child's needs. She reported that her most recent current disruption was due to the foster child's escalating behaviors and running away in the middle of the night. She believes she impacted the disruption by needing more skills to manage the foster child's behaviors. She identified sibling conflict and the absence of the foster child's social worker as additional factors that impacted the disruption. She described her foster care training experience as very informative. However, the training lacked crisis response training and how to intervene when a child is engaged in self-injurious behaviors. She stated she receives support from Foster Village of Charlotte, her husband, and her mother-in-law. During the disruption, she stated she would have benefitted from support and communication from the foster child's Department of Social Services (DSS) legal guardian. She reported her stress a typical day as mild and moderate during the disruption occurrence. She stated that she works out and utilizes respite care services to manage her stress as a foster parent. She conveyed better communication regarding the child's

behaviors and understanding of the foster child's treatment plan, and more supportive staff workers are required to lessen disruptions and stabilize foster children's placements.

Individual Interview: Participant Four

The participant identifies as an African American female, separated from her spouse. She is employed full-time and has one biological child. She was motivated to become a foster parent when she encountered a child who was taken out of their home 15 years ago. She described a foster care disruption as foster children lacking appropriate services for their needs. She reported that her most recent disruption was prompted by the foster child's physical aggression, property destruction, and absence without official leave (AWOL). She stated that not being privy to all the appropriate information on the child before placement impacted the disruption. She reported she completed 20 hours of foster parent training, but it did not include training on managing children who exhibit property destruction or the protocol for handling crisis occurrences. She stated that her foster care case manager and other foster parents support her. She described her stress on a normal day as mild to moderate but severe during the disruption process. She reported that she manages her stress as a foster parent by listening to music and taking therapeutic walks. She stated that more information about the children should be provided during pre-placement to stabilize children and reduce foster care placement disruptions.

Focus Group: Participant Five

The participant is a divorced African American female who has been serving the foster care community for 15 years. She is retired and has two biological children. She reported that her most current disruption was due to the foster child exhibiting unmanageable aggressive tantrums and property destruction. She reported that she attempted to impact the disruption by avoiding a confrontation with the child, but it was unsuccessful. She conveyed other factors that impacted

the disruption, including the child's need for medication, which was not provided due to the child's biological mother's non-compliance with service recommendations. She reported that the required therapeutic foster care and anger management training provided by LSC has been beneficial to her role as a foster parent. However, she stated she believes extensive training in behavior management would be helpful to aid in managing foster children's challenging behaviors. She identified therapeutic leave and respite care services as support, in addition to her LSC case worker, other licensed foster families, the Regional Foster Care Manager, and her family. During the disruption process, she rated her stress level as severe; she stated she did not feel safe.

Focus Group: Participant Six

The participant identifies as a married African American female who has been providing foster care services in North Carolina for seven years. She is employed full-time and has five biological children. The participant reported she disrupted her most recent foster child due to the child's unmanageable schizophrenic behaviors. She communicated that other factors contributing to the disruption included the child's fabrication of stories to split the foster mother, foster father, and other treatment team members. She stated she questioned her therapeutic skills and whether they were a factor in the disruption as well. She conveyed that she has several hours of training including trauma-focused, Non-Violent Crisis Intervention (NCI), and crisis interventions. She stated that specific training on how to diffuse a crisis or what to look for from a child before them going into crisis would have been helpful in possibly avoiding the disruption. She identified once or twice-a-month supervision with her foster care case manager and the foster care program supervisor as support. However, she would also prefer to be able to utilize respite services as support. During the disruption, she rated her stress level as severe. She explained that

not much could have prevented the disruption as the child was the problem, and she did not feel safe.

Focus Group: Participant Seven

The participant is a married Caucasian American male with 18 years of foster care experience. He works full-time and has four biological children. He reported his most recent disruption experience was due to the foster child distancing herself from everyone else in the home while being overly attached to him, in addition to the child verbally and physically attacking others in the home. He stated he believes the child's attachment to him and his inability to be in the home continually due to his work schedule impacted the disruption. He conveyed that he has had years of training experience from CPR and First Aid to client-specific training. He talked about more client-specific training potentially being the answer to fostering challenges. He stated he has a large support group of extended family and former foster youth, in addition to the basic support provided by LSC. At the time of the disruption, he reported his stress level as severe. However, better therapy and team members who understood the child may have prevented the disruption.

Focus Group: Participant Eight

The participant identifies as a married Caucasian American female. She reported serving the foster care community for approximately two decades. She is unemployed and has two biological children. She stated her most recent disruption was due to the foster child hitting and throwing things at her in addition to spitting and throwing her food because she did not want to eat healthy. She stated she felt she could do nothing to make the child happy. She conveyed that everything appeared to trigger the child quickly. She stated she has many years of foster care training, but it was not helpful with the child. She stated that detailed training on how to work

with the specific child would have been helpful. She reported a supportive family, including her daughter, son-in-law, and grandchildren. Additionally, she stated that her Lutheran case worker provided great support. During the disruption event. She reported her stress level as severe. She communicated the importance of feeling safe in her home, and had that been the case, the disruption may not have occurred.

Results

The data for the study was obtained by asking individual participants a series of 15 questions and focus group participants a series of six questions. The 15 individual interviews and six focus group questions were utilized to answer the four research questions. The study aimed to investigate foster care placement disruption experiences of foster parents, identify factors contributing to the foster parents' decision to disrupt and identify interventions to increase foster care placement stability. The initial step of analyzing the transcriptions involved using Nvivo software to code the transcribed data manually. Deductive coding was utilized to initiate the analysis process. Initial codes were pre-established based on the questions the researcher asked the participants—a line-by-line analysis of the direct quotes from participants allowed for additional codes to emerge in the data. As the trends emerged in the data, additional codes were added, reducing any inferred meaning.

Development of Themes

To organize the emerging codes, the researcher created a coding table. The organization of the coding table was derived from the four research questions. As the codes emerged, they were categorized underneath one of the four research question sets. By method of further analysis themes emerged in the coded data. Five specific themes were developed, with sub-question one emerging two themes. First, disruption was experienced when all available

resources and support were exhausted. Second, social and community support was adequate, but agency support was lacking, and the foster parents could not meet the child's needs. Third, training was thorough and ongoing but lacked an adequate crisis response element. Fourth, stress was most severe during disruption and can be alleviated with self-care. Fifth, when safety considerations are not an issue, better support, and communication from DSS may reduce disruption. The associated codes and subcodes were categorized under each theme (see Appendix J).

Research Question Responses

RQ1: *What are the lived foster care placement disruption experiences of the foster parents?* The data generated one identified theme, four codes, and thirteen subcodes in correlation with the central research question. The most prominent codes that emerged from the data were the foster parents' inability to meet the child's needs, the foster child's destruction of property, the foster child presenting as a safety risk, the foster parent using all available resources but it not being enough, the foster child continuously acting out, and the foster parents' lack of resources and support. The results in Table 1 indicate that a foster placement disruption was experienced by foster parents when all available resources and support were exhausted, and the foster parents could not meet the child's needs. Foster parents have referenced the child's behavior as the reason for foster care placement disruptions, lack of support, and a discrepancy with the child's needs and their skillset (Tonheim & Iversen, 2019). There are many quotes throughout the study that support this finding.

Participant 3: *"When the foster parent is beyond the point of being able to help the child as far as wanting to help them or just being able to, for many purposes like safety or having the ability to meet the child's needs."*

Participant 5: *"She began throwing items. She destroyed my entire room. After she destroyed the room, she destroyed the hallway and even came in the kitchen, and destroyed all of my live plants, and 911 had to be called."*

Participant 2: *"I feel like I tried everything that I could to keep him in my home. And like I said, the only thing that really triggered or led me to that decision was the threatening behaviors."*

Participant 4: *"Not having the proper information and the proper resources to support her."*

Table 1

Disruption Experiences

Theme – Category Code	Files	References
RQ1 – Lived foster care disruption experiences		
Theme 1: Disruption was experienced when all available resources and support were exhausted, and the foster parents could not meet the child's needs.	5*	29*
Definition foster care disruption	4*	4*
<i>emotionally rough</i>	1	1
<i>inability to meet child's need</i>	3	3
Describing recent disruptions	5*	11*
<i>destruction of property</i>	3	3
<i>eating issues</i>	1	1
<i>running away</i>	2	2
<i>safety risk</i>	2	5
Impact on disruption	5*	8*
<i>unable to impact</i>	1	1
<i>uncertainty on how to manage</i>	1	1
<i>using all available resources is not enough</i>	2	5
<i>worked to de-escalate</i>	1	1
Other factors impacting disruption	5*	6*
<i>continuous acting out</i>	2	2
<i>lack of resources and support</i>	3	3
<i>temporary absence</i>	1	1

*Indicates aggregated total

SQ1: What are foster parents' experiences with training and support?

Two themes emerged from the data for sub-question one. The first theme was associated with two codes and seven sub-codes. The most prominent codes from the data included foster

parent support from the supervisor and case manager and lack of support from DSS. The results in Table 2 indicate that foster parents received adequate support from social and community partners but lacked agency support. The lived disruption experiences of the foster parents imply they have support systems from other foster parents, their family, and their supervising agency. However, limited support if any, is provided by child-placing agencies like DSS. Foster child-placing agencies have been advised to focus on foster parents as a mechanism to support the child and the well-being of the foster parents (Teculeasa et al., 2022). There are many quotes throughout the study that support this finding.

Participant 3: *“We are involved with Foster Village of Charlotte, so I’ve made some friends that are also foster parents.”*

Participant 4: *“Other than that, it’s my outside resources of other foster parents that I’ve met in the past.”*

Participant 6: *“The support, that would be from my case manager. She provides, I guess, mostly supervision. She comes over to the home, maybe once or twice a month, to provide resources as needs be.”*

Participant 1: *“From Lutheran’s point of view, I got all that I needed, I believe. The only thing that I would’ve needed was from the DSS workers. That’s where the ball was dropped. But from Luther, I received the support that I needed.”*

Table 2*Social, Community, and Agency Support*

Theme – Category Code	Files	References
SQ1 – Experiences with training and support		
Theme 2: Social and community supports were adequate, but agency support was lacking	5*	20*
Support as foster parents	5*	16*
<i>Child's parents</i>	1	1
<i>Other foster parents</i>	2	2
<i>Own family</i>	2	5
Support needed	4*	4*
<i>Agency support</i>	1	1
<i>DSS support lacking</i>	2	2
<i>More effective therapist</i>	1	1

SQ1: What are foster parents' experiences with training and support?

The next theme from sub-question one was associated with two codes and four subcodes. The most prominent codes from the data included the foster parents' experience receiving thorough training and the need for crisis response training. The results in Table 3 indicate that foster parents training was consistent and thorough but lacked an adequate crisis response element. Previous studies found that foster parents involved in consistent training reported fewer behaviors than foster parents who did not receive training (Solomon et al., 2017). The lived disruption experiences of foster parents indicate they do not have the skills to manage crises and desire crisis management training. There are many quotes throughout the study that support this finding.

Participant 6: *“Like the other participant said, through our foster care agency, we have to take several hours of training each year to become relicensed. I think it's about 10+ hours per year. So, we do take the training that Lutheran offers us. And I go outside of the agency as well and get different trainings that I might find, that are free trainings.”*

Participant 7: *“We have taken multiple classes over and over again, obviously for training on year-to-year basis. There is a 50+ hour training log that's required by Lutheran throughout the year.”*

Participant 1: *“Lutheran was very thorough in their training; I think the whole thing lasts seven months.”*

Participant 2: *“Something along the lines of dealing with difficult kids or maybe some ideas on what to do in difficult situations, like when a child is threatening you, what do you do? How do you handle that situation?”*

Participant 3: *“Probably more crisis training, like what to do when the child wants to hurt herself. What should I do?”*

Table 3

Training

Theme – Category Code	Files	References
SQ1 – Experiences with training and support		
Theme 3: Training was thorough and on-going but lacked an adequate crisis response element	5*	13*
Foster care training experience	5*	9*
<i>Ongoing training</i>	2	4
<i>Sometimes trainings not enough</i>	1	2
<i>Thorough training</i>	3	3
Trainings that would not helpful	4*	4*
<i>Crisis response training</i>	4	4

*Indicates aggregated total

SQ2: How do foster parents describe their experience with stress while fostering?

The data generated one identified theme, three codes, and seven subcodes in correlation with sub-question two. The most prominent codes that emerged from the data included foster parents' reports of having mild to moderate stress on a normal day, severe stress during disruptions, and the use of self-care to manage foster parent stress. The results in Table 4 indicate that foster parents' stress was most severe during the disruption and can be alleviated with self-

care routines. Previous findings suggest that additional training and support can minimize foster parents' stress when dealing with the emotional and behavioral concerns of foster children (Jones & Morrisette, 1999). The lived experiences of foster parents suggest disruptions can generate high stress, yet adequate self-care can manage stress as a foster parent. There are many quotes throughout the study that support this finding.

Participant 8: *"Five severe."*

Participant 7: *"I'd have to say five severe."*

Participant 3: *"I work out and take breaks. I'm in a gym. I go to a gym and take breaks from the child."*

Participant 2: *"I oftentimes will go to the Y, to my dance class, or I go out and walk in my cul-de-sac. I have gone to get a massage from time to time. So, I try to do some self-care here and there when I can."*

Table 4

Stress and Self-Care

Theme – Category Code	Files	References
SQ2 – Experience with stress		
Theme 4: Stress was most severe during disruption and can be alleviated with self-care	5*	17*
Normal stress level	4*	4*
<i>Mild</i>	2	2
<i>moderate</i>	2	2
Stress level during disruption	5*	8*
<i>mild</i>	1	1
<i>moderate</i>	1	1
<i>severe</i>	3	6
Managing stress as a foster parent	4*	5*
<i>Self-care time</i>	4	4
<i>Using respite care</i>	1	1

*Indicates aggregated total

SQ3: What changes are needed to minimize foster care disruptions?

The data generated one identified theme and four codes correlating with sub-question three. The most prominent code from the data included the foster parents' desire for better

support and communication from DSS. The results in Table 5 indicate that when safety considerations are not an issue, improved support and communication from DSS may reduce disruption. There is a need for appropriate and applicable foster parent training, coupled with support from both formal and informal systems, to foster healthier foster families (Mallette et al., 2020). The lived experiences of foster parents with disruptions suggest the need for better communication, support, respite, and safety. There are many quotes throughout the study that support this finding.

Participant 4: *“More information about the child or children that's being placed in your home. They did not give enough information.”*

Participant 1: *“I think meeting with the foster parents, whether it be once every four months, three times a year, or whatever the case may be. Like I said, just as a group of foster parents, get together and talk, encourage one another, lift each other up.”*

Participant 2: *“Well, one thing is, I guess, constant support, checking in, being able to send a child to respite at some point. So, more respite care.”*

Participant 8: *“It was a safety issue. I mean, she was throwing stuff at me. She was like putting the dogs in danger. She came after my other foster daughter. For me, it was a safety issue.”*

Table 5*Safety Considerations*

Theme – Category Code	Files	References
SQ3 – Changes needed to minimize disruptions		
Theme 5: When safety considerations are not an issue better support and communication from DSS may reduce disruption	5*	8*
<i>Better DSS support and communication</i>	2	2
<i>Foster parent support group</i>	1	1
<i>More respite care</i>	1	1
<i>Safety</i>	1	1

*Indicates aggregated total

Summary

This chapter provided a detailed demographic summary of all the foster parents who participated in the research study. This chapter provided a detailed demographic summary of all the foster parents who participated in the research study. The lived experiences of the eight foster parents were used to answer one central research question and three sub-questions through structured individual interviews and one focus group interview. Four individual interviews were conducted which consisted of fifteen interview questions and one focus group of four participants with six questions to gather the data. Details on the researcher's use of the interview data to identify categories, codes, and themes were included.

By interpreting the study's data, the researcher determined that foster placement disruptions were experienced when foster parents exhausted all available resources and support. A primary theme in many studies has been the need for emotional support to be provided to foster parents and support them in their role (H. C. Brown et al., 2014). The research also identified that foster parents lacking support from DSS child placing agencies and adequate crisis management training. The need for case worker support and availability during crises to navigate triggers and interventions for the foster child are most desired by foster parents (Cavazzi et al., 2010). The study conveyed that foster parents experience severe stress during disruptions, which

can be alleviated with proper self-care. A need for enhanced attention to foster parents' stressors and self-care has been proposed to aid in their well-being (Miller et al., 2019). The study concluded that when safety is not an issue, adequate support and communication from DSS may minimize the likelihood of a disruption. It has been suggested that foster care agency staff and management become educated on foster parents' needs and stressors through direct service and training (Jones & Morrisette, 1999).

CHAPTER FIVE: CONCLUSION

Overview

The purpose of this qualitative study of eight foster parents was to investigate foster care placement disruption experiences of foster parents, to identify factors contributing to the foster parent's decision to disrupt and to identify interventions to increase foster care placement stability. The central research question in focus: *What are the lived foster care placement disruption experiences of the foster parents?* In addition to three sub-questions: *What are foster parents' experiences with training and support? How do foster parents describe their experience with stress while fostering? What changes are needed to minimize foster care disruptions?* Four individual interviews were facilitated with fifteen interview questions and one focus group of four participants with six questions to answer the research questions. A summary of the findings identified, and a detailed discussion of those findings are presented in this chapter. In addition to a detailed discussion of the findings. The discussion will entail a comparison analysis between the findings from the study and related literature. Implications, delimitations, and limitations within the study are discussed by defining the boundaries of the study and identifying the study's viable weaknesses. The researcher concludes with recommendations for future research concerning the study's findings and other related factors.

Summary of Findings

The findings from the study demonstrate that lived foster care disruption experiences occur in various ways and for individual reasons. Although each participant had their own individualized disruption experiences, combining their experiences created well-defined themes in the data. All parents in the study described their most recent disruption experience, how they impacted the disruption, their foster parent training experience, their support as foster parents,

their stress during the disruption, and what is required from their perspective to stabilize placements and reduce disruptions. This current study is beneficial as it solely focuses on the foster parents' perspectives on the disruption experience. Previous literature lacks data on the foster parents' disruption perspective and focuses on agency and child-related disruption encounters (Deedat, 2020). The data provided by the eight participants were analyzed into categories, codes, and themes in correlation with the one central and three sub-research questions.

RQ1

What are the lived foster care placement disruption experiences of the foster parents?

The responses from the eight participants indicated that foster parents who experience foster placement disruptions often believe that they are not equipped to meet the needs of the child, resulting in their decision to disrupt the placement. Based on the research, the foster parents struggle with managing the aggressive behaviors and acts of property destruction of foster placements, which presents as a safety risk. Foster parents are provided basic resources and support to manage foster placements, which is not enough. Foster parents are not supported with additional resources and support when children continuously act out or during placement disruptions. Foster children's behaviors were the primary reason for the foster care disruptions. However, service providers and caregivers can implement more strategies to prevent instability in the placement (Cross et al., 2013). An example from Participant Three that directly contributed to this finding was as follows: "The social worker, her social worker was a big, big factor. Couldn't get her on the phone for two days. She wouldn't respond when we're in the middle of a crisis." Other participants indicated they felt unsupported and unequipped to manage the disruption.

SQ1

What are foster parents' experiences with training and support? The study found that foster parents feel adequately supported by other foster parents, their families, and their foster care supervising case manager and supervisor. Child placing agencies like the Department of Social Services (DSS), who serve as the legal guardians of foster children, however, do not provide sufficient support to the foster parents. Foster parents feel support is imperative in their roles (Murray et al., 2010) and everyone but DSS provides reliable support. This interpretation is supported by Participant One's statement, "The only thing that I would've needed was from the DSS workers. That's where the ball was dropped. But from Lutheran, I received the support that I needed." In addition to the foster parents' support their foster parent training experience was considered in the study. The study discovered that foster parents receive sufficient training for their roles foster parent training is considered consistent and thorough for most. Contrarily, all foster parents noted the need for applicable crisis response training to prevent disruptions. Foster parents desire client-specific training to assist children with adjustment and managing challenging behaviors (Hebert & Kulkin, 2018). The foster parents' direct statements supported this interpretation. Participant Three stated, "More crisis training, like what to do when the child wants to hurt herself. What should I do?". The other participants conveyed similar statements indicating they require training on intervening when a child becomes violent, managing self-harm, and acts of property destruction.

SQ2

How do foster parents describe their experience with stress while fostering? The collected data showed that foster parents experience mild to moderate stress on most days in their roles. However, during the disruption process of a child, most foster parents experience

severe stress. Foster parents' extreme stress during a disruption is associated with the foster parents' lack of support and ability to manage the child's behavior. Foster parents who provide services to children with externalizing behavior difficulties report more parenting stress than others (Vanschoonlandt et al., 2013). The study indicated that foster parents manage their stress by employing self-care strategies. Many of the participants identified specific self-care routines utilized to control their stress. Participant Three stated, "I work out and take breaks. I'm in a gym. I go to a gym and take breaks from the child." There is a need for additional training and support to minimize foster parents' stress (Jones & Morrisette, 1999), in addition to person-centered self-care strategies.

SQ3

What changes are needed to minimize foster care disruptions? The study concluded that to minimize foster placement disruptions and stabilize placements, foster parents must feel safe in their roles. Half the participants in the study conveyed safety as a necessity to avoid disruptions. Participant Six stated, "If we were feeling safe, because it became to be a safety matter. If we continued to feel safe, it wasn't constantly lying or anything like that, she would still be here." In addition, Participant Eight directly stated "It was a safety issue." Furthermore, the collected data identified that when safety considerations are not a concern for foster parents, added support and communication from DSS will aid in minimizing disruptions. Participant Three's statement supports this interpretation, "Families have a hard time with the DSS workers. At one time, the DSS worker said to me that I was going to have to facilitate the visit." Foster parents also expressed that disruptions can be minimized if DSS workers provide more information at the time of placement. Participant Four stated, "More information about the child or children that's being placed in your home. They did not give enough information." Foster

parents find the most value in support, trust, and effective communication with workers (MacGregor et al., 2006).

Discussion

The outcomes of this research study have provided insight into foster parents' experiences with placement disruptions, and the support and resources needed to prevent disruptions. Related literature on foster care disruptions from the child welfare worker's experience suggests disruption outcomes resulted from conflicting expectations of the foster parent and the foster child's presenting behaviors (Leathers, 2006). This idea indicates that the foster parents have misleading expectations for the foster children, and when the children's behaviors are not what they expected, they disrupt the child. The current study determined that child welfare agencies lack support and fail to communicate all the information on the children at the time of placement. Which requires the foster parents to learn how to manage specific behaviors they are not trained to manage.

Child placing agencies provide required foster parent training curriculums that are expected to prepare participants for their roles as foster parents adequately. Associated literature proposed using evidence-based training as a cost-effective resource for managing challenging behaviors, minimizing disruptions, and maintaining the placement stability of the foster child (Price et al., 2008). Results from the current study conclude that foster parents are receiving thorough training, however, the training lacks a crisis response training component. With approved evidenced-based crisis management training identified and implemented with foster parents, they may develop the competency to manage crises effectively and experience less stress, reducing disruptions.

The current study assessed the foster parents' normal stress, and their stress during the disruption occurrence. The study concluded that foster parents experienced severe stress during the disruption. Related literature reported that increased foster parent stress is recognized as the most profound predictor of foster children's mental health outcomes (Goemans et al., 2020). This notion suggests that when foster parents' stress is high and uncontrolled, they may not be able to effectively parent the child, hurting the child's service outcomes. The study's results on foster parents' stress provided insight into the importance of foster parents being able to recognize their stress and develop appropriate stress management strategies.

One notably distinctive result from the study regarding foster parents' safety emerged whereas the researcher could not obtain preceding data. The study concluded that when foster parents experience safety concerns and all available resources and support to meet the child's needs are exhausted, a disruption occurs. Sufficient support and resources to assist foster parents during crises and to manage challenging behaviors will help them feel safe and equipped to parent their children effectively. With all the resources mentioned above considered for foster parents' placement, stability will increase, and disruptions will decrease. However, the results from the study should be interpreted with caution due to the limitations of the current study.

Implications

Theoretical Implications

This study generated a unique perspective on foster care placement disruptions by considering the disruption experience from the foster parents' point of view. Preceding research focused on child welfare placing agency workers and former foster care placements opinions and experiences. Though there are some differing details from the current research study and previous data, there were also similarities. The current study presented data comparable to a

2010 study, concluding that foster parents identify support as imperative due to their unmet needs associated with support and resources (Murray et al., 2010). The identical 2010 study reported high stress in foster parents because of having to manage foster children's rare and severe mental health challenges (Murray et al., 2010). Like the 2010 study, the current study presented an equivalent theory on foster parents' stress levels increasing because of their inability to manage the foster children's behaviors amid a disruption. Previous studies also theorized that with early intervention and preventive resources for fostering children with problematic behaviors, the risk of disruption is lowered (T. Fisher, Stoolmiller, Mannering et al., 2011). The results of the current study suggest that disruptions could be prevented with support and crisis response training as an available resource.

Empirical Implications

The findings from the current study coincide with other study's empirical inferences. The current study did not assess foster parents' satisfaction or intent to continue fostering following a disruption. Nonetheless, previous studies concluded that foster parent satisfaction is directly related to their support, communication from caseworkers, training, and effectiveness as foster parents (Geiger et al., 2013; Teculeasa et al., 2022). Concerns with support, communication, training, and the inability to meet foster children's needs emerged from the current study's data. The data suggest that foster parents may be unsatisfied with their fostering experience, and their intent to continue fostering may be at risk. Recruiting foster parents continues to be a significant struggle across the United States, making it imperative for child placing agencies to maintain their current census of licensed foster parents. The impact of unsatisfied foster parents is detrimental to the growth and retention of the foster care community. Prior research states that the most effective foster parent recruitment method is word of mouth from currently satisfied

foster parents (Marcenko et al., 2009). Although this was not directly observed in the current study, this could present as a concern with the other foster parent factors that were observed.

Practical Implications

This study produces meaningful implications for child welfare and private child-placing agencies. Foster parents desire support and communication from all team members, including the DSS worker/legal guardian, foster care case worker, and other relevant child and family team members. Previous research concluded that well-supported and trained foster parents are positioned to effectively meet foster children's goals for overall well-being and permanence (Sharda, 2022). There is an immediate need for foster care agencies to consider their methods of support and training curriculum for their foster parents. A 2020 study concluded that healthy foster families have adequate foster parent training and indirect and direct support (Mallette et al., 2020). Specialized training and support focusing on the individualized needs of each parent and child could reduce foster parent stress, stabilize foster placements, and reduce disruptions.

Christian Worldview

Serving children in any capacity can be a challenging, yet in most cases, an increasingly rewarding experience. Being a foster parent comes with its own set of challenges from adhering to child rights to meeting agency and state requirements while balancing a work, life, and intense parenting lifestyle. Unlike their biological children, foster parents can start over with a foster child and intervene in their lives during a very critical period. Proverbs 22:6 reminds us to "Start children off on the way they should go, and even when they are old, they will not turn from it". This bible verse is significant when considering the role foster parents play in the lives of their foster children. Foster parents often have a small window of opportunity to make a difference in their foster children's lives before the child experiences another unprompted event. If foster

parents can plant one meaningful seed in a child's life, whether it is an act of love, kindness, or forgiveness, that child will carry that with them for life.

In the same context of foster parents teaching forgiveness, it is equally important for them to practice forgiveness. Believers are encouraged to present themselves and invite their children to Jesus to confess their sins and ask for forgiveness. Acts 2 38-39 states, "Repent, and be baptized every one of you in the name of Jesus Christ so that your sins may be forgiven; and you will receive the gift of the Holy Spirit. For the promise is for you, for your children, and for all who are far away, everyone whom the Lord our God calls to him". Foster parents should allow this scripture to guide them through their parenting shortcomings, specifically when they feel ill-equipped in their role as foster parents. Ideally, this scripture should prompt foster parents to transform their thinking and motivate them to reevaluate their course of action regarding disrupting the foster child.

Delimitations and Limitations

The researcher instituted consistency in the study by establishing detailed participant eligibility requirements (Creswell & Poth, 2018). Each participant was required to meet the specific criteria for the targeted population. Each participant had to be a licensed foster parent in the state of North Carolina to participate in the research study. Additional eligibility requirements included individuals 21 years old or older who have experienced the phenomenon of disrupting a foster child within the last six months. Individuals who did not meet the participant-mentioned eligibility requirements were excluded from the research study. As a result, the current study has limitations.

Considering the small sample size from a single foster care placement agency, this study may not be considered universal to all foster parents. The sample size was predominantly African American females, divorced or separated, from one of two counties in North Carolina. Relatedly, most of the participants average ten or more years of foster care experience and an average of two biological children. To increase generalizability, a larger sample size, and including more than one foster care placement agency would benefit future studies. Although the participants were explicitly identified by the child placing agency, participation in the study was voluntary. Suppose the eligibility criteria were broader regarding when the foster parent experienced the phenomenon of disrupting a foster child. In that case, more participants may meet the criteria and voluntarily share their experiences. With a larger sample size, the characteristics and experiences of the participants may differ.

In addition to the small sample size, the current study utilized individual interviews and a focus group. Future research could focus on each participant's experience in an individual interview setting if the sample is limited. The study also utilized limited interview questions to investigate the foster parents' experiences. Future research would benefit from evaluating factors like foster parent satisfaction, intent to continue fostering, and descriptions of the foster parent's report of severe stress during a disruption. Foster parents commonly convey that their rationale for not fostering long-term is due to a lack of support in their role (Haskins et al., 2019). Data from the current study presented a compelling theme for foster parent support to minimize disruptions. Future research can assess the correlation between foster parent support, satisfaction, and the intent to foster long-term.

Recommendations for Future Research

The results of this study should be considered as a foundation for future research in assessing foster parent disruption experiences. This study serves as a primary work to theorize the needs of foster parents to avoid placement disruption by evaluating three specific protective factors (i.e., training, support, and stress). Moreover, the delimitations from this study should be considered for future research. The researcher recommends further research that includes foster care caregivers who have experienced the phenomenon of disrupting a foster child within one year of the study. Due to the reoccurring safety theme in the current study, the researcher recommends future research on foster care caregivers' experiences with placement safety concerns. Additionally, it was mentioned that it would be beneficial to evaluate other foster parent factors such as satisfaction and intent to continue fostering following the disruption experience. Finally, future research should be conducted on foster parents' increased stress levels and specific self-care recommendations to avoid burnout and disruptions.

Summary

This study was the initial step in investigating foster care placement disruption experiences of foster parents, identifying factors contributing to the foster parent's decision to disrupt, and identifying interventions to increase foster care placement stability. The research on foster care disruptions and the lasting effects on the placements has proliferated over the past few decades. However, there needs to be more research assessing the foster parents' disruption experiences from their perspective and what they need to stabilize and maintain placements. The inability to stabilize foster care placements and minimize disruptions has been the most urgent challenge that foster care youth and service providers faced over the years (Deedat, 2020), which prompted this research study.

The researcher considered the importance of focusing on the needs and experiences of foster parents as factors contributing to the disruption of foster care placements in the current study. By considering Abraham Maslow's (1943) hierarchy of needs theory, the researcher was able to connect that the unmet needs of the foster parents can meaningfully affect their ability to parent effectively. Maslow's hierarchy is composed of five basic needs, one of which is safety. The need and desire to feel "safe" was a recurrent theme in the current study's data. According to Maslow, when an individual's basic needs are unmet, they cannot transition up the hierarchy to meet additional social, emotional, and self-actualization needs (Trivedi & Mehta, 2019). Maslow's concept of safety consists of being physically and emotionally stable in one's environment. The participants in the study reported a loss of stability in their environments due to exposure to verbally and physically aggressive children in their homes and the lack of crisis intervention training to intervene effectively.

Previous foster care placement instability studies conceptualized the researcher's interest in further investigating disruptions. Prior research produced altering viewpoints on factors contributing to foster children's disruption and placement stability. DSS workers proposed that specific characteristics of the foster child, such as age, race, biological sex, and history of placement experiences, impact the child's stability in foster care (Liming et al., 2021). In this study, it was found that disruptions were experienced when all available resources and support were exhausted, and the foster parents could not meet the child's needs. This premise indicates that foster parents require beneficial resources to aid in their ability to meet each child's individual needs. The study further conveyed that foster parents are adequately supported, but not by DSS, and they receive thorough training but require crisis response training to manage children's behaviors during crises. It was determined that foster parents' stress during disruptions

is extremely severe, and self-care strategies can be utilized to aid in managing their stress.

Finally, the study concluded that when safety concerns are not prevalent, with better support and communication from DSS, a disruption may be prevented.

References

- Adam Walsh Child Protection and Safety Act. (2006). *Pub. L. No. 109–248*.
<https://www.congress.gov/bill/109th-congress/house-bill/4472>
- Administration for Children and Families. (2019). *Information memorandum: National Model Foster Family Home Licensing Standards (ACYF-CB-IM-19–01) (IM-19–01)*.
<https://www.acf.hhs.gov/cb/resource/im1901>
- Ahn, H., DePanfilis, D., Frick, K., & Barth, R. P. (2018). Estimating minimum adequate foster care costs for children in the United States. *Children and Youth Services Review*, 84, 55–67.
- Ahn, H., Greeno, E. J., Bright, C. L., Hartzel, S., & Reiman, S. (2017). A survival analysis of the length of foster parenting duration and implications for recruitment and retention of foster parents. *Children and Youth Services Review*, 79, 478-484.
- Akin, B. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship, and adoption. *Child Youth Services Review*, 33(6), 999–1011.
- Akin, B. A., Yan, Y., McDonald, T., & Moon, J. (2017). Changes in parenting practices during Parent Management Training Oregon model with parents of children in foster care. *Children and Youth Services Review*, 76, 181-191.
- Alase, A. (2017). The interpretative phenomenological analysis (IPA): A guide to a good qualitative research approach. *International Journal of Education & Literacy Studies*, 5(2), 9-19. <http://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9>.
- Alhazmi, A. A., & Kaufmann, A. (2022). Phenomenological qualitative methods applied to the analysis of cross-cultural experience in novel educational social contexts. *Front Psycho*, 13,785134.

- Allen, B., & Vacca, J. S. (2010). Frequent moving has a negative effect on the school achievement of foster children makes the case for reform. *Children and Youth Services Review, 32*, 829–832.
- Andersen, S. H., & Fallesen, P. (2015). Family matters? The effect of kinship care on foster care disruption rates. *Child Abuse & Neglect, 48*, 68-79.
<https://doi.org/10.1016/j.chiabu.2015.06.005>.
- Austerberry, H., Stanley, N., Larkins, C., Ridley, J., Farrelly, N., Manthorpe, J., & Hussein, S. (2013). Foster carers and family contact: foster carers' views of social work support. *Adoption & Fostering, 37*(2), 116-129.
- Babinski, D. E., & Waschbusch, D. A. (2022). *Comprehensive Clinical Psychology (2nd Ed.)*. Elsevier. <https://doi.org/10.1016/B978-0-12-818697-8.00065-0>.
- Bartlett, J., & Rushovich, B. (2018). Implementation of trauma systems therapy foster care in child welfare. *Children in Youth Services Review, 91*, 30-38.
- Bergsund, H. B., Wentzel-Larsen, T., & Jacobsen, H. (2020). Parenting stress in long-term foster carers: A longitudinal study. *Child & Family Social Work, 25*, 53-62.
- Brown, H. C., Sebba, J., & Luke, N. (2014). *The role of the supervising social worker in foster care: An international literature review*. Rees Centre for Research in Fostering, Oxford University.
- Brown, J. D. (2008). Foster parents' perceptions of factors needed for successful foster placements. *Journal of Child and Family Studies, 17*, 538-554.
- Brown, J. D., & Bednar, L. M. (2006). Foster parent perceptions of placement breakdown. *Children and Youth Services Review, 28*(12), 1497-1511.

- Brown, J. D., Moraes, S., & Mayhew, J. (2005). Service needs of foster families with children who have disabilities. *Journal of Child and Family Studies*, 14(3), 417-429.
- Buehler, C., Cox, M. E., & Cuddeback, G. (2003). Foster parents' perceptions of factors that promote or inhibit successful fostering. *Qualitative Social Work*, 2(1), 61-83.
- Campbell, C., & Downs, S. W. (1987). The impact of economic incentives on foster parents. *Social Service Review*, 61(4), 599-609.
- Candela, A. (2019). Exploring the function of member checking. *The Qualitative Report*.
<https://www.doi.org/10.46743/2160-3715/2019.3726>.
- Cavazzi, T., Guilfoyle, A., & Sims, M. (2010). A phenomenological study of foster caregivers' experiences of formal and informal support. *Illinois Child Welfare*, 5(1), 125-141.
- Chamberlain, P., & Mihalic, S. F. (1998). Blueprints for violence prevention, book eight: Multidimensional treatment foster care. *United States Department of Justice*.
<https://www.ojp.gov/pdffiles1/Digitization/174201NCJRS.pdf>
- Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare*, 71(5), 387-401.
- Cherry, D. J., & Orme, J. G. (2013). The vital few foster mothers. *Children and Youth Services Review*, 35(9), 1625-1633.
- Child Welfare League of America (CWLA). (2007). Hitting the M.A.R.C.: Establishing foster care minimum adequate rates for children. *Child Welfare League of America*.
<http://www.cwla.org/ADVOCACY/marcsummary.pdf>.

- Ciarrochi, J., Randle, M., Miller, L., & Dolnicar, S. (2011). Hope for the future: Identifying the individual difference characteristics of people who are interested in and intent to foster. *British Journal of Social Work*, 42(1), 7-25.
- Clemensa, E. V., Klopfenstein, K., Lalondes, T. L., & Tisa, M. (2018). The effects of placement and school stability on academic growth trajectories of students in foster care. *Children and Youth Services Review*, 87, 86-94.
- Connell, C. M., Vanderploeg, J. J., Flaspohler, P., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Changes in placement among children in foster care: A longitudinal study of child and case influences. *Social Service Review*, 80(3), 398-418.
- Cooley, M., Wojciak, A. S., Farineau, H., & Mullis, A. (2015). The association between perception of relationship with caregivers and behaviours of youth in foster care: A child and caregiver perspective. *Journal of Social Work Practice*, 29(2), 205-221.
- Cooley, M. E., Farineau, H. M., & Mullis, A. K. (2015). Child behaviors as a moderator: Examining the relationship between foster parent supports, satisfaction, and intent to continue fostering, *Child Abuse & Neglect*, 45, 46-56.
<https://www.doi.org/10.1016/j.chiabu.2015.05.007>.
- Coulling, N. (2000). Definitions of successful education for the 'looked after' child: A multi-agency perspective. *Support for Learning*, 12(1), 30-36.
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry & research design: Choosing among five approaches* (4th ed.). Sage Publications.

- Cross, T. P., Koh, E., Rolock, N., & Eblen-Manning, J. (2013). Why do children experience multiple placement changes in foster care? Content analysis on reasons for instability. *Journal of Public Child Welfare*, 7, 39–58. <https://doi.org/10.1080/15548732.2012.751300>.
- Crum, W. (2010). Foster parent parenting characteristics that lead to increased placement stability or disruption. *Children and Youth Services Review*, 32(2), 185-190.
- Cuddeback, G., & Orme, J. (2002). Training and services for kinship and nonkinship foster families. *Child Welfare*, 81, 879-909.
- Cushing, G., Samuels, G. M., & Kerman, B. (2014). Profiles of relational permanence at 22: Variability in parental supports and outcomes among young adults with foster care histories. *Children and Youth Services Review*, 39, 73–83. <https://doi.org/10.1016/j.childyouth.2014.01.001>.
- Deedat, H. A. (2020). Perennial factors impacting foster care placement stability: Perspectives of alumni of foster care who worked directly with children and youth in foster care. *The Journal of Foster Care*, 1(1), 36-48.
- de Haan, W. D., van Berkel, S. R., van der Asdonk, S., Finkenauer, C., Forder, C. J., van IJzendoorn, M. H., Schuengel, C., & Alink, L. R. A. (2019). Out-of-home placement decisions: How individual characteristics of professionals are reflected in deciding about child protection cases. *Developmental Child Welfare*, 1(4), 312–326. <https://doi.org/10.1177/2516103219887974>.
- Denby, R., Rindfleisch, N., & Bean, G. (1999). Predictors of foster parents' satisfaction and intent to continue to foster. *Child Abuse & Neglect*, 23(3), 287-303. [https://www.doi.org/10.1016/S0145-2134\(98\)00126-4](https://www.doi.org/10.1016/S0145-2134(98)00126-4)

- Dorsey, S., Farmer, E. M., Barth, R. P., Greene, K., Reid, J., & Landsverk, J. (2008). Current status and evidence base of training for foster and treatment foster parents. *Children and youth services review*, 30(12), 1403–1416. <https://doi.org/10.1016/j.childyouth.2008.04.008>.
- Duncan, B., & Argys, L. (2007). Economic incentives and foster care placement. *Southern Economic Journal*, 74(1), 114–142.
- Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research*, 3(8), pp.251-260.
- Elwood, S., & Martin, D. (2000). “Placing” interviews: Location and scales of power in qualitative research. *Professional Geographer*, 52, 649-657.
- Epstein, R. A., Schlueter, D., Gracey, K. A., Chandrasekhar, R., & Cull, M. J. (2015). *Examining Placement Disruption in Child Welfare, Residential Treatment for Children & Youth*, 32(3), 224-232. <https://doi.org/10.1080/0886571X.2015.1102484>
- Fees, B. S., Stockdale, D. F., Crase, S. J., Riggins-Caspers, K., Yates, A. M., Lekies, K. S., & Gillis-Arnold, R. (1998). Satisfaction with foster parenting: Assessment one year after training. *Children and Youth Services Review*, 20(4), 347–363. [https://www.doi.org/10.1016/S0190-7409\(98\)00011-5](https://www.doi.org/10.1016/S0190-7409(98)00011-5).
- Fergeus, J., Humphreys, C., Harvey, C., & Herrman, H. (2019). The needs of carers: Applying a hierarchy of needs to a foster and kinship care context. *Adoption & Fostering*, 43(2), 155–168. <https://doi.org/10.1177/0308575919845457>.
- Festinger, T., & Baker, A. J. L. (2013). The quality of evaluations of foster parent training: An empirical review. *Children and Youth Services Review*, 35(12), 2147–2153.

- Fisher, P. A., Burraston, B., & Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child maltreatment*, 10(1), 61-71.
- Fisher, P. A., & Chamberlain, P. (2000). Multidimensional treatment foster care: A program for intensive parenting, family support, and skill building. *Journal of Emotional & Behavioral Disorders*, 8, 155.
- Fisher, P. A., Mannering, A. M., Van Scoyoc, A., & Graham, A. M. (2013). A translational neuroscience perspective on the importance of reducing placement instability among foster children. *Child Welfare*, 92(5), 9.
- Fisher, P. A., Stoolmiller, M., Mannering, A. M., Takahashi, A., & Chamberlain, P. (2011). Foster placement disruptions associated with problem behavior: mitigating a threshold effect. *Journal of Consulting Clinical Psychology*, 79(4), 481-7.
<https://doi.org/10.1037/a0024313>.
- Fisher, T., Gibbs, I., Sinclair, I., & Wilson, K. (2000). Sharing the care: The qualities sought of social workers by foster carers, *Child and Family Social Work*, 5(3), 225-233.
- Font, S., & Sattler, K. (2018). Measurement and correlates of foster care placement moves. *Child Youth Services Review*, 91, 248-258. <https://doi.org/10.1016/j.childyouth.2018.06.019>.
- Font, S. A., & Gershoff, E. T. (2020). Foster care: How we can, and should, do more for maltreated children. *Social Policy Report*, 33, 1– 40. <https://doi.org/10.1002/sop2.10>.
- Forero, R., Nahidi, S., De Costa, J., Mohsin, M., Fitzgerald, G., Gibson, N., McCarthy, S., & Aboagye-Sarfo, P. (2018). Application of four-dimension criteria to assess rigour of qualitative research in emergency medicine. *BMC Health Service Res*, 18(1), 120.
<https://www.doi.org/10.1186/s12913-018-2915-2>.

- Gabler, S., Kungl, M., Bovenschen, I., Lang, K., Zimmermann, J., Nowacki, K., & Spangler, G. (2018). Predictors of foster parents' stress and associations to sensitivity in the first year after placement. *Child Abuse & Neglect*, 79, 325-338.
- Galaway, B., Nutter, R. W., & Hudson, J. (1995). Relationship between discharge outcomes for treatment foster care clients and program characteristics. *Journal of Emotional and Behavioral Disorders*, 3(1), 46-54.
- Geiger, J. M., Hayes, M. J., & Lietz, C. A. (2013). Should I stay or should I go? A mixed methods study examining the factors influencing foster parents' decisions to continue or discontinue providing foster care. *Children and Youth Services Review*, 35(9), 1356–1365. <https://www.doi.org/10.1016/j.childyouth.2013.05.003>
- Gibbs, D. (2005). *Understanding Foster Parenting: Using Administrative Data to Explore Retention*. U.S. Department of Health and Human Services: Washington D.C.
- Goemans, A., Buisman, R. S., van Geel, M., & Vedder, P. (2020). Foster parent stress as key factor relating to foster children's mental health: A 1-year prospective longitudinal study. In *Child & Youth Care Forum* (Vol. 49, No. 5, pp. 661-686). Springer US.
- Goemans, A., Geel, M. V., & Vedder, P. (2018). Foster children's behavioral development and foster parent stress: Testing a transactional model. *Journal of Child and Family Studies*, 27(3), 990-1001.
- Goodman, D., & Steinfield, F. (2012). Building successful resource families: A guide for public agencies. *The Annie E. Casey Foundation*. <http://www.nrc4tribes.org/files/Building%20Successful%20Resource%20Families.pdf>

- Greening, N. (2019). Phenomenological research methodology. *Scientific Research Journal*, 7(5), pp. 88-92.
- Han, R. C., Owen, C. K., Lieneman, C. C., & McNeil, C. B. (2020). “Fostering” effective foster parent training programs: Parent-child interaction therapy adaptations for the child welfare setting. *The Open Family Studies Journal*, 12, 10-17.
<https://doi.org/10.2174/1874922402012010010>
- Hanlon, R., Feltner, A., Day, A., Vanderwill, L., Kim, J., & Dallimore, E. J. (2021). Systematic Review of Foster Parent Recruitment. *Child Welfare*, 99(1), 117–142.
<https://www.jstor.org/stable/48623713>
- Hanlon, R., Simon, J., Day, A., Vanderwill, L., Kim, J., & Dallimore, E. (2021). Systematic review of factors affecting foster parent retention. *Families in Society*, 102(3), 285–299.
<https://doi.org/10.1177/1044389420970034>
- Harden, B. J. (2004). Safety and stability for foster children: A developmental perspective. *The Future of Children*, 14(1), 31–47. <https://doi.org/10.2307/1602753>.
- Harris-Rome, S., Whiting-Blome, W., & Raskin, M. (2011). An examination of foster parent unionization: The Washington state experience. *Journal of Community Practice*, 19(3), 292-307.
- Haskins, R., Kohomban, J., & Rodriguez, J. (2019). Keeping up with the caseload: How to recruit and retain foster parents. *Institute for Government Research: Brookings*.
https://www.supremecourt.gov/opinions/URLs_Cited/OT2020/19-123/19-123-6.pdf
- Hebert, C. G., & Kulkin, H. (2018). An investigation of foster parent training needs. *Child & Family Social Work*, 23(2), 256-263.

- Heppner, P. P., Wampold, B. E., Owen, J., Wang, K. T., & Thompson, M. M. (2016). *Research design in counseling*. (4th ed.). Cengage Learning.
- Hillen, T., & Gafson, L. (2015). Why good placements matter: Pre-placement and placement risk factors associated with mental health disorders in pre-school children in foster care. *Clinical Child Psychology Psychiatry*, 20(3), 486-99. <https://doi.org/10.1177/1359104514530733>.
- Hindt, L. A., & Leon, S. C. (2022). Ecological disruptions and well-being among children in foster care. *American Journal of Orthopsychiatry*, 92(1), 39.
- Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare*, 81(6), 853–877. <http://www.jstor.org/stable/45390096>
- Hyde, J., & Kammerer, N. (2009). Adolescents' perspectives on placement moves and congregate settings: Complex and cumulative instabilities in out-of-home care. *Children and Youth Services Review*, 31(2), 265-273.
- Ie, J., Ursin, M., & Vicente-Mariño, M. (2022). Foster children's views of family: A systematic review and qualitative synthesis. *Children and Youth Services Review*, 132, 106337. <https://doi.org/10.1016/j.childyouth.2021.106337>.
- Ikiugu, M. N. (2007). Self-actualization: Psychological theories that have contributed to the development of occupational therapy practice. *Psychosocial Conceptual Practice Models in Occupational Therapy*, 41-74. <https://doi.org/10.1016/B978-032304182-9.50007-6>.
- James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *The Social Service Review*, 78(4), 601-627. <http://www.jstor.org/stable/30013213>.

- James, S. (2016). *Encyclopedia of mental health* (2nd Ed.). Academic Press.
<https://doi.org/10.1016/B978-0-12-397045-9.00239-1>.
- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic Clinical Pharmacy*, 5(4), 87-88. <https://doi.org/10.4103/0976-0105.141942>.
- Jeong, H., & Othman, J. (2016). Using interpretative phenomenological analysis from a realist perspective. *The Qualitative Report*, 21(3), 558-570.
<https://doi.org/10.46743/2160-3715/2016.2300>.
- Johnson, J. L., Adkins, D., & Chauvin, S. A. (2020). Review of the quality indicators of rigor in qualitative research. *American Journal of Pharmacy Education*, 84(1), 7120.
<https://www.doi.org/10.5688/ajpe7120>.
- Jones, G., & Morrisette, P. J. (1999). Foster parent stress. *Canadian Journal of Counselling and Psychotherapy*, 33(1).
- Kaasbøll, J., Lassemo, E., Paulsen, V., Melby, L., & Osborg, S. O. (2019). Foster parents' needs, perceptions and satisfaction with foster parent training: A systematic literature review. *Children and Youth Services Review*, 101, 33-41.
- Kirton, D., Beecham, J. & Ogilvie, K. (2007). Still the poor relations? Perspectives on valuing and listening to foster carers. *Adoption and Fostering*, 31(3), 6-17.
- Konijn, C., Admiraal, S., & Baart, J. (2019). Foster care placement instability: A meta-analytic review. *Child Youth Services Review*, 96, 483–499.
- Leathers, S. J. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse & Neglect*, 30(3), 307-324.

- Leathers, S. J., Spielfogel, J. E., Geiger, J., Barnett, J., Vande, B. L., & Voort, V. (2019). Placement disruption in foster care: Children's behavior, foster parent support, and parenting experiences. *Child Abuse & Neglect*, 91, 147-159.
- Leung, F. H., & Savithiri, R. (2009). Spotlight on focus groups. *Canadian Family Physician*, 55(2):218-219.
- Liming, K. W., Akin, B., & Brook, J. (2021). Adverse childhood experiences and foster care placement stability. *Pediatrics*, 148(6), 1-9.
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Sage.
[https://doi.org/10.1016/0147-1767\(85\)90062-8](https://doi.org/10.1016/0147-1767(85)90062-8).
- Lyubomirsky, S., & Boehm, J. K. (2010). Human motives, happiness, and the puzzle of parenthood: Commentary on Kenrick et al. (2010). *Perspectives on Psychological Science*, 5(3), 327–334.
- MacGregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006). The needs of foster parents: A qualitative study of motivation, support, and retention. *Qualitative Social Work*, 5(3), 351–368.
- Mallette, J. K., Almond, L., & Leonard, H. (2020). Fostering healthy families: An exploration of the informal and formal support needs of foster caregivers. *Children and Youth Services Review*, 110, 104760.
- Mancinelli, E., Dell'Arciprete, G., & Salcuni, S. (2021). A systematic review on foster parents' psychological adjustment and parenting style-An evaluation of foster parents and foster children variables. *International Journal of Environmental Research and Public Health*, 18(20):10916. <https://doi.org/10.3390/ijerph182010916>.

- Marcdante, K. J., & Kliegman, R. M. (2019). *Nelson essentials of pediatrics (8th Ed.)*. Elsevier.
- Marcenko, M., Brennan, K., & Lyons, S. (2009). Foster parent recruitment and retention: Developing resource families for Washington states' children in care. *Partnerships for Out Children: Building a Case for Change*, 1-14.
- Maslow, A. H. (1943). A theory of human motivation. *Psychological Review*, 50(4), 370–396.
<https://doi.org/10.1037/h0054346>
- McHugh, M. (2002). The Costs of caring: A study of appropriate foster care payments for stable and adequate out of home care in Australia. *Social Policy Research Centre*. University of New South Wales.
- McMahon, J. (2005). Foster care placement disruption in North Carolina. *Fostering Perspectives*, 10(1). https://fosteringperspectives.org/fp_v10n1/disruption.htm.
- McMahon, J., Blythe, M., Gimenez, V., & Price, T. (2011). An assessment of foster parent training in North Carolina. *NC Department of Health and Human Services*.
<https://www.ncdhhs.gov/documents/files/dss/licensing/assessment-foster-parent-training-nc-feb-2011/download>
- McMersky, J. P., Topitzes, J., Janczewski, C. E., & McNeil, C. B. (2015). Enhancing foster parent training with parent-child interaction therapy: Evidence from a randomized field experiment. *Journal of the Society for Social Work and Research*, 6(4), 591-616.
- Merriam-Webster. (n.d.). Satisfaction. In *Merriam-Webster.com dictionary*. Retrieved April 13, 2023, from <https://www.merriam-webster.com/dictionary/satisfaction>
- Miller, A. E., Green, T. D., & Lambros, K. M. (2019). Foster parent self-care: A conceptual model. *Children and Youth Services Review*, 99, 107-114.

- Moser, A., & Korstjens, I. (2018). Series: Practical guidance to qualitative research. Part 3: sampling, data collection and analysis. *European Journal of General Practice*, 24(1), pp. 9-18.
- Moustakas, C. E. (1994). *Phenomenological research methods*. Sage.
- Murray, L., Tarren-Sweeney, M., & France, K. (2010). Foster carer perceptions of support and training in the context of high burden of care. *Child & Family Social Work*, 16(2), 149-158.
- Negriff, S., James, A., & Trickett, P. K. (2015). Characteristics of the social support networks of maltreated youth: Exploring the effects of maltreatment experience and foster placement. *Social Development*, 24(3), 483-500.
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspect Medical Education*, 8(2), pp. 90-97.
- Newquist, J., Ladd, L. D., & Cooley, M. E. (2020). Processing the removal and managing the moves or removals of foster children: A qualitative exploration of foster parents' experiences. *Child Adolesc Social Work J*, 37(5), 537-545.
doi: 10.1007/s10560-020-00652-w.
- Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Distangling the relationship between problem behaviors and number of placements. *Child Abuse and Neglect*, 24(10), 1363–1374.
- New World Encyclopedia. (n.d.). Child welfare. In *New World Encyclopedia*. Retrieved March 4, 2023, from https://www.newworldencyclopedia.org/entry/Child_welfare.

North Carolina Division of Social Services [NCDSS]. (2015). Treat them like gold: A best practice guide to partnering with resource families. *NCDSS*.

<https://www.ncdhhs.gov/partnering-resource-families/download>

Office of the Inspector General. (2002). Recruiting foster parents. *Department of Health & Human Services*.

Oosterman, M., Schuengel, C., Slot, N. W., Bullens, R. A., & Doreleijers, T. A. (2007).

Disruptions in foster care: A review and meta-analysis. *Children and Youth Services Review*, 29(1), 53-76.

Passtor, E. M., & Wynne, S. F. (1995). Foster parent retention and recruitment: The state of the art in practice and policy. *Child Welfare League of America*: Washington D.C.

Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni:

Factors associated with success. *Children and Youth Services Review*, 34(6), 1121-1129.

Piescher, K. N., Schmidt, M., & LaLiberte, T. (2008). Evidence-based practice in foster parent training and support: Implications for treatment foster care providers. *Center for*

Advanced Studies in Child Welfare. University of Minnesota School of Social Work.

Platt, C., & Gephart, S. M. (2022). Placement disruption of children with disabilities in foster care. *Journal of Pediatric Nursing*, 66, 30-35.

Price, J. M., Chamberlain, P., Landsverk, J., Reid, J. B., Leve, L. D., & Laurent, H. (2008).

Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*, 13(1), 64-75.

Priest, H. (2002). An approach to the phenomenological analysis of data. *Nurse Researcher*,

10, 50-63. <https://dx.doi.org/10.7748/nr2003.01.10.2.50.c5888>.

- Randle, M., Miller, L., & Dolnicar, S. (2017). What can agencies do to increase foster carer satisfaction?. *Child & Family Social Work, 23*(2), 212-221.
- Redding, R. E., Fried, C., & Britner, P. A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies, 9*(4), 425-447.
- Rhodes, K. W., Orme, J. G., & Buehler, C. (2001). A comparison of family foster parents who quit, consider quitting, and plan to continue fostering. *Social Service Review, 75*, 84-114. <https://www.doi.org/0.1086/591883>.
- Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. *Social Work Research, 27*(3), 135–150. <https://www.doi.org/10.1093/swr/27.3.135>.
- Rich, H. (1996). The effects of a health newsletter for foster parents on their perceptions of the behaviour and development of foster children. *Child Abuse and Neglect, 20*, 437–445.
- Roberts, R. E. (2020). Qualitative interview questions: Guidance for novice researchers. *The Qualitative Report, 25*(9), 3185-3203. <https://doi.org/10.46743/2160-3715/2020.4640>.
- Rolock, N., Koh, E., Cross, T., & Eblen Manning, J. (2009). *Multiple move study: Understanding reasons for foster care instability*. Champaign-Urbana, IL: University of Illinois, Children and Family Research Center.
- Rork, K. E., & McNeil, C. B. (2011). Evaluation of foster parent training programs: A critical review. *Child & Family Behavior Therapy, 33*(2), 139-170.
- Rostill-Brookes, H., Larkin, M., Toms, A., & Churchman, C. (2011). A shared experience of fragmentation: Making sense of foster placement breakdown. *Clinical Child Psychology and Psychiatry, 16*(1), 103-127.

- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, 119(2), 336-344. doi:10.1542/peds.2006-1995.
- Ruslin, R., Mashuri, S., Sarib, M., Alhabsyi, F., & Syam, H. (2022). Semi-structured interview: A methodological reflection on the development of a qualitative research instrument in educational studies. *Journal of Research & Method in Education*, 12(1), 22-29. <https://doi.org/10.9790/7388-1201052229>.
- Saarnik, H. (2021). A Systematic review of factors needed for successful foster placements: Perspectives from children and foster parents. *Child & Youth Services*, 42(4), 374-392.
- Salazar, A. M., Jones, K. R., Amemiya, J., Cherry, A., Brown, E. C., Catalano, R. F., & Monahan, K. C. (2018). Defining and achieving permanency among older youth in foster care. *Child Youth Services Review*, 87, 9-16. doi: 10.1016/j.childyouth.2018.02.006.
- Seibert, J., Feinberg, R., Ayub, A., Helburn, A., & Gibbs, D. (2018). *State practices in treatment/therapeutic foster care*. U.S. Department of Human Services. <https://aspe.hhs.gov/sites/default/files/private/pdf/259121/TREATMENTFOSTERCARE.pdf>.
- Sharda, E. (2022). Parenting stress and well-being among foster parents: The moderating effect of social support. *Child and Adolescent Social Work Journal*, 1-13.
- Shi, Y., & Lin, X. (2021). A test of maslow's hierarchy of needs concept by a correlational model among adult learners. *American Association for Adult and Continuing Education*, 229-234. <https://files.eric.ed.gov/fulltext/ED611655.pdf>.
- Shklarski, L. (2019). Foster parent skills and dilemmas: A qualitative study. *Child Welfare*, 97(2), 41-62.

- Simon, J. L. (1975). The effect of foster-care payment levels on the number of foster children given homes. *Social Service Review*, 49(3), 405–411.
- Sinclair, I., Gibbs, I., & Wilson, K. (2004). *Foster carers: Why they stay and why they leave*. Jessica Kingsley Publications.
- Sinclair, I., & Wilson, K. (2003). Matches and mismatches: The contribution of carers and children to the success of foster placements. *British Journal of Social Work*, 33, 871–884.
- Smith, J. A., Flowers, P., & Larkin, M. (2012). *Interpretive phenomenological analysis: Theory, method, and research*. Sage Publications, Inc.
- Social Security Administration. (1999). *Foster care independence act of 1999*. Social Security Administration. <https://www.ssa.gov/history/pdf/Downey%20PDFs/Foster%20Care%20Independence%20Act%20of%201999.pdf>
- Solomon, D. T., Niec, L. N., & Schoonover, C. E. (2017). The impact of foster parent training on parenting skills and child disruptive behavior: A meta-analysis. *Child Maltreatment*, 22(1), 3-13.
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education*, 44(1), 26-28.
- Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child and Adolescent Social Work Journal*, 29(1), 61-83.
- Strickler, A., Trunzo, A. C., & Kaelin, M. S. (2018, February). Treatment foster care pre-service trainings: Changes in parenting attitudes and fostering readiness. In *Child & Youth Care Forum* 47(1), 61-79).

- Strijker, J., Knorth, E. J., & Knot-Dickscheit, J. (2008). Placement history of foster children: A study of placement history and outcomes in long-term family foster care. *Child Welfare*, 87(5), 107-125.
- Sutton, J., & Austin, Z. (2015). Qualitative Research: Data collection, analysis, and management. *Canadian Journal of Hospital Pharmacy*, 68(3), pp. 226-31.
- Taylor, B. J., & McQuillan, K. (2014). Perspectives of foster parents and social workers on foster placement disruption. *Child Care in Practice*, 20(2), 232-249.
- Teculeasa, F., Golu, F., & Gorbănescu, A. (2022). What mediates the link between foster parents' sensitivity towards child posttraumatic stress symptoms and job satisfaction? The role of compassion fatigue and foster parent-child relationship. *Journal of Child & Adolescent Trauma*, 1–12. <https://www.doi.org/10.1007/s40653-022-00513-x>
- Thompson, H. M., Wojciak, A. S., & Cooley, M. E. (2017). Through their lens: Case managers' experiences of the child welfare system. *Qualitative Social Work*, 16(3), 411–429. <https://doi.org/10.1177/1473325015619667>.
- Tonheim, M., & Iversen, A. C. (2019). “We felt completely left to ourselves.” Foster parents' views on placement disruption. *Child & Family Social Work*, 24(1), 90-97.
- Triseliotis, J., Borland, M., & Hill, M. (2000). *Delivering foster care*. British Agencies for Adoption and Fostering.
- Trivedi, A. J., & Mehta, A. (2019). Maslow's hierarchy of needs. Theory of human motivation. *International Journal of Multidisciplinary Research*, 7(6), 38-41.
- United States General Accounting Office (USGAO). (1989). *Foster parents recruiting and preservice training practices need evaluation*. United States General Accounting Office.

- Unrau, Y. A. (2008). Former foster youth remember multiple placement moves: A journey of loss and hope. *Children and Youth Services Review*, 30 (11), 1256-1266.
<https://doi.org/10.1016/j.childyouth.2008.03.010>.
- Unrau, Y. A., Chambers, R., Seita, J. R., & Putney, K. S. (2010). Defining a foster care placement move: The perspective of adults who formerly lived in multiple out-of-home placements. *Families in Society*, 91(4), 426-432.
- Uretsky, M. C., & Hoffman, J. A. (2017). Evidence for group-based foster parent training programs in reducing externalizing child behaviors: A systematic review and meta-analysis. *Journal of Public Child Welfare*, 11(4-5), 464-486.
- U.S. Department of Health and Human Services. (2019). *The AFCARS Report: Preliminary FYI 2018 Estimates as of August 22, 2019 (No. 26)*.
<https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport26.pdf>.
- Vanschoonlandt, F., Vanderfaeillie, J., Van Holen, F., De Maeyer, S., & Robberechts, M. (2013). Parenting stress and parenting behavior among foster mothers of foster children with externalizing problems. *Children and Youth Services Review*, 35(10), 1742-1750.
- Vaughn, B., Egeland, B., Sroufe, L. A., & Waters, E. (1979). Individual differences in infant-mother attachment at twelve and eighteen months: Stability and change in families under Stress. *Child Development*, 50, 971-975.
- Vreeland, A., Ebert, J. S., Kuhn, T. M., Gracey, K. A., Shaffer, A. M., Watson, K. H., Gruhn, M. A., Henry, L., Dickey, L., Siciliano, R. E., Anderson, A., & Compas, B. E. (2020). Predictors of placement disruptions in foster care. *Child Abuse Neglect*, 99, 104283.
<https://doi.org/10.1016/j.chiabu.2019.104283>.

- Wade, J., Sirriyeh, A., Kohli, R., & Simmonds, J. (2012). *Fostering unaccompanied asylum-seeking young people: Creating a family life across a 'world of difference'*. British Association for Adoption and Fostering.
- Walsh, W. A., & Mattingly, M. J. (2014). *Related foster parents less likely to receive support services compared with nonrelative foster parents*. The Carsey School of Public Policy at the Scholars' Repository. 216. <https://scholars.unh.edu/cgi/viewcontent.cgi?article=1216&context=carsey>
- Webster, D., Barth, R. P., & Needell, B. (2000). Placement stability for children in out-of-home care: A longitudinal analysis. *Child Welfare*, 79(5), 614–632.
- Willis, T., & Day, A. (2017). *Key factors and characteristics of successful resource parents who care for older youth: A systemic review of research*. North American Council on Adoptable Children [NACAC]. <https://nacac.org/resource/key-factors-and-characteristics-of-successful-resource-parents-who-care-for-older-youth-a-systematic-review-of-research/>
- Wilson, K., Sinclair, I., & Gibbs, I. (2000). The trouble with foster care: The impact of stressful events on foster carers. *British Journal of Social Work*, 30(2), 193-209.
- Wu, Y., Howarth, M., Zhou, C., Hu, M., & Cong, W. (2019). Reporting of ethical approval and informed consent in clinical research published in leading nursing journals: A retrospective observational study. *BMC Medical Ethics*, 20(1). <https://doi.org/10.1186/s12910-019-0431-5>
- Wulczyn, F. (2004). Family reunification. *U.S. Department of Education*. <https://files.eric.ed.gov/fulltext/EJ795826.pdf>.

Appendices

Appendix A

Institutional Review Board Approval Letter

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

August 21, 2023

Latoya Smiling
Mollie Boyd

Re: IRB Exemption - IRB-FY22-23-1689 A Phenomenological Approach of Foster Parent Factors that Predict Placement Disruption of Children in Foster Care

Dear Latoya Smiling, Mollie Boyd,

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).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

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.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B

Research Questions

Research Questions One

What are the lived foster care placement disruption experiences of the foster parents?

Sub-Question One

What are foster parents' experiences with training and support?

Sub-Question Two

How do foster parents describe their experience with stress while fostering?

Sub-Question Three

What changes are needed to minimize foster care disruptions?

Appendix C

Individual Interview Questions

1. Would you please introduce yourself and tell me about your experience as a foster parent?
2. What motivated you to become a foster parent?
3. How long have you been a licensed foster parent?
4. How do you define foster care placement disruption? (Researcher will be equipped to provide a definition, if required).
5. What happened during your most recent disruption?
6. How do you feel you impacted the disruption?
7. What other factors impacted your disruption?
8. Tell me about your foster care training experience.
9. What training(s) do you feel would have been helpful in preventing the disruption?
10. What support do you have as a foster parent?
11. What support did you need during the disruption, that you did not have?
12. What is your normal day to day stress level? (Researcher will explain the scale (1-mild, 3-moderate, 5- severe)).
13. What was your stress level during the disruption experience? (Researcher will explain the scale (1-mild, 3-moderate, 5- severe)).
14. What do you do to manage your stress as a foster parent?
15. What is needed to stabilize foster care placements and reduce disruptions?

Appendix D

Focus Group Interview Questions

1. You all are licensed foster parents and have experienced a disruption within the last 6 months. Would you please describe your most recent disruption experience?
2. How do you feel you impacted the disruption and what other factors impacted your decision to disrupt?
3. What foster care training experience do you have and how has it prepared you for fostering challenges? (If the participant responds with it has not prepared them, the researcher will ask the question, What training do you feel you need that will be helpful with fostering challenges and avoiding disruptions?)
4. What support do you receive as a foster parent? Who supports you?
5. Would you rate your stress as a foster parent at the time of the disruption? (Researcher will explain the scale (1-mild, 3-moderate, 5- severe).
6. What did you need to avoid the decision to disrupt the child(ren) in your foster home?

Appendix E

Study Information Sheet

Title of the Project: A Phenomenological Approach of Foster Parent Factors that Predict Placement Disruption of Children in Foster Care

Principal Investigator: LaToya Moore, researcher with Liberty University. Doctoral Candidate, in the Community Care and Counseling Department. The School of Behavioral Health at Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be a licensed foster parent with the state of North Carolina, 21 years old or older, who has experienced the phenomenon of disrupting a foster child, within the last 6 months. 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 the study is to investigate foster care placement disruption experiences of foster parents, to identify factors contributing to the foster parent's decision to disrupt, and to identify interventions to increase foster care placement stability.

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:

1. Participate in an in-person (virtual), audio-recorded individual interview that will take approximately 1 hour or an in-person (virtual) focus group that will take approximately 1 and ½ hours. The first three to four participants that elect the focus group will compromise the focus group and all remaining participants will complete an individual interview.
2. Participate in a transcript review where I will complete the dictation of the interview and provide you a copy to review to ensure that the interview transcript is accurate and not taken out of context. This process will take no more than 30 minutes (total time needed for both engagements will be no longer than approximately 1 hour and 30 minutes for an individual interview and 2 hours for a focus group).

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 preventative measures to be put in place to eliminate some of the stereotypes, prejudice, and stigmas placed on African Americans. When this is done, progress can be made towards providing more hope within the community. By doing this, the hypothesis is that with increased hope and motivation, many of these differing numbers around education, incarceration rates, and socioeconomic progression will begin to balance out amongst the races and ethnicities.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include potentially rehashing traumatic experiences and may illicit negative memories and feelings. To reduce risk, I will monitor your body language and tone of voice to identify any discomfort. I will also periodically inquire about your comfort level verbally to ensure emotional stability and comfort. If at any time you report discomfort or I observe significant emotional distress, I will cease from engaging in the line of questioning and provide time to de-escalate, discontinue the interview for another time and date, or honor a decision to not engage in the study completely. I will discuss options with you during this time and choose which selection is best for you. If needed, a referral to counseling services will be made if you report the need.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate 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 the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data collected from you may be used in future research studies and shared with other researchers. If data collected from you is reused or shared, any information that could identify you, if applicable, will be removed beforehand.
- Data will be stored on a password-locked computer in a locked drawer. After five years, all electronic records will be deleted, and all hardcopy records (if applicable) will be shredded.
- Recordings will be stored on a password locked computer until participants have reviewed and confirmed the accuracy of the transcripts and then erased. The researcher and members of his doctoral committee will have access to these recordings.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether 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 inform the researcher that you wish to discontinue your participation, and do not submit your study materials. Your responses will not be recorded or included in the study.

If you choose to withdraw from the study, please contact the researcher at the email address or phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

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

The researcher conducting this study is LaToya Moore. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or email [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Mollie Boyd 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 IRB. Our physical address is Institutional Review Board, [REDACTED], [REDACTED] our phone number is [REDACTED], and our email address is [REDACTED].

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.

Appendix F

Demographic Questionnaire

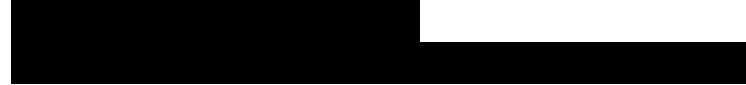
1. Please provide your contact information
 - a. Email address _____
 - b. Phone number _____
2. What is your gender? Female, Male, Other, Prefer not to answer.
3. How would you classify yourself? (You may select more than one)
 - a. African American or Black
 - b. Caucasian American or White
 - c. Hispanic or Latino
 - d. Other _____
4. What is your marital status?
 - a. Married
 - b. Single
 - c. Separated
 - d. Divorced
 - e. Widow
5. Do you have biological children? If so, how many? _____
6. What is your employment status?
 - a. Full-time
 - b. Part-time
 - c. Unemployed
 - d. Retired

Appendix G

Permission for Site Request

April 1, 2023

Myra Griffie
Chief Operating Officer



Dear Mrs. Griffie,

As a graduate student in the Department of Community Care and Counseling at Liberty University, I am conducting research as part of the requirements for a doctoral degree in Community Care and Counseling. The title of my research project is A Phenomenological Approach of Foster Parent Factors that Predict Placement Disruption of Children in Foster Care and the purpose of my research will be to discover foster parent factors contributing to foster care disruptions in effort to increase placement stability and reduce foster care children's negative impact of placement moves.

I am writing to request your permission to conduct my research at Lutheran Services Carolinas and utilize your agency's foster parents to recruit participants for my research. The study will include eight participants that meet the following criteria: licensed foster care caregiver, 21 years old or older, who has experienced the phenomenon of disrupting a foster child in the last six months.

Participants will be asked to contact me to schedule an interview. Participants will be presented with informed consent information prior to participating. Taking part in this study is completely voluntary, and participants are welcome to discontinue participation at any time.

Thank you for considering my request. If you choose to grant permission, please provide a signed statement on an official letterhead indicating your approval. A permission letter document is attached for your convenience.

Sincerely,

LaToya Moore


LaToya Moore Doctoral Candidate

Appendix H

Signed Consent for Site Usage



6/1/2023

LaToya Moore
Doctoral Candidate
Liberty University


Dear Mrs. Moore

After careful review of your research proposal entitled A Phenomenological Approach of Foster Parent Factors that Predict Placement Disruption of Children in Foster Care We have decided to grant you permission to conduct your study at Lutheran Services Carolinas

Check the following boxes, as applicable:

- ☒ [[I/We] grant permission for Latoya Moore to contact LSC foster parents to invite them to participate in her research study.
- ☐ [[I/We] will not provide potential participant information to [your name], but we agree to [[send/provide] [his/her] study information to [description of potential participants] on [his/her] behalf.]
- ☒ [The requested data WILL BE STRIPPED of all identifying information before it is provided to the researcher.]
- ☐ [The requested data WILL NOT BE STRIPPED of identifying information before it is provided to the researcher.]
- ☒ We are requesting a copy of the results upon study completion and/or publication.

Sincerely,



Myra N. Griffie
Vice President for Child and Family Services
Lutheran Services Carolinas

Appendix I

Recruitment Letter

Dear Potential Research Participant,

As a doctoral candidate in the Department of Community Care and Counseling, at Liberty University, I am conducting research on foster parent factors that predict placement disruption of children in foster care as a part of the requirements for a Doctor of Education Degree in Community Care and Counseling. The purpose of my research is to investigate foster care placement disruption experiences of foster parents, to identify factors contributing to the foster parent's decision to disrupt, and to recognize interventions to increase foster care placement stability, and I am writing to invite you to join my study.

Participants must be licensed North Carolina foster care parents, 21 years old or older, who has experienced the phenomenon of disrupting a foster child, within the last 6 months. Participants will be asked to participate in a virtual audio-recorded individual interview and/or focus group. The first three to four participants that elect the focus group will compromise the focus group and all remaining participants will complete an individual interview. It should take approximately 60 to 90 minutes for an individual interview and 90 to 120 minutes for a focus group to complete the procedures listed. Names and other identifying information will be requested as part of this study, but participant identities will not be disclosed. Participants will be asked to review their interview transcripts for accuracy. It should take approximately 30 minutes to complete.

To participate, please contact me at [REDACTED] to schedule an interview.

Sincerely,

LaToya Moore

LaToya Moore
Doctoral Candidate
[REDACTED]

Appendix J

Coding Table

Name	Description	Files	References
RQ Lived foster care disruption experiences		0	0
Background		0	0
experience as foster parent		4	4
long history of fostering		1	1
moved from respite to full placement		1	1
positive and enjoyable		2	2
how long a foster parent		4	4
15 years		2	2
2 years		1	1
5 years		1	1
motivation to become foster parent		4	4

Name	Description	Files	References
compassion for children		4	4
Theme 1. Disruption was experienced when all available resources and supports were exhausted and the foster parents could not meet the child's needs		5	29
definition foster care disruption		4	4
emotionally rough		1	1
inability to meet child needs		3	3
describing recent disruption		5	11
destruction of property		3	3
eating issues		1	1
running away		2	2
safety risk		2	5
impact on disruption		5	8

Name	Description	Files	References
unable to impact		1	1
uncertainty on how to manage		1	1
using all available resources not enough		2	5
worked to de-escalate		1	1
other factors impacting disruption		5	6
continuous acting out		2	2
lack of resources and support		3	3
temporary absence		1	1
SQ1 Experiences with training and support		0	0
Theme 2. Social and community supports were adequate but agency support was lacking		5	20
support as foster parent		5	16

Name	Description	Files	References
child's parent		1	1
other foster parents		2	2
own family		2	5
supervisor and case manager		4	8
support needed		4	4
agency support		1	1
DSS support lacking		2	2
more effective therapist		1	1
Theme 3. Training was thorough and ongoing but lacked an adequate crisis response element		5	13
foster care training experience		5	9
ongoing training		2	4
sometimes training's not enough		1	2

Name	Description	Files	References
thorough training		3	3
trainings that would have been helpful		4	4
crisis response training		4	4
SQ2 Experience with stress		0	0
Theme 4. Stress was most severe during disruption and can be alleviated with self-care		5	17
normal stress level		4	4
mild		2	2
moderate		2	2
stress level during disruption		5	8
mild		1	1
moderate		1	1
severe		3	6
managing stress as foster parent		4	5

Name	Description	Files	References
self-care time		4	4
using respite care		1	1
SQ3 Changes needed to minimize disruptions		0	0
Theme 5. When safety considerations are not an issue better support and communication from DSS may reduce disruption		5	8
better DSS support and communication		2	2
foster parent support group		1	1
more respite care		1	1
safety		1	4