Foster Parents' Perspectives on Factors Influencing the Development of and the Impact Associated with Secondary Traumatic Stress

by

Latronia Smith

Liberty University

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

The purpose of this qualitative phenomenological study was to understand secondary traumatic stress (STS) for foster parents who care for children who have experienced trauma. The three research questions that guided this study were: how do foster caregivers describe their experience with STS, what factors do foster parents perceive as contributors to the development of STS, and how do foster parents cope with symptoms of distress associated with STS? The theoretical framework for the study was based on the stress process theory by Pearlin (1981) which focuses on sources of stress, manifestations of stress, and coping strategies. Data was collected using the secondary traumatic stress scale (STSS) as a prescreening, a demographic questionnaire, and semi-structured interviews. The number of participants was selected from the data received on the STSS. The data was analyzed by transcribing the interviews, horizontalization, and cluster of meaning. Data analysis strategies were implemented to allow themes to develop. Seven themes and 13 subthemes were developed. After a thorough review of the findings, recommendations were made for future research.

Keywords: secondary traumatic stress (STS), foster parents, trauma, cope, distress

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Dedication

I dedicate this dissertation to my family. My children, Kaila Rose and Kamari, know that mommy loves you and you too can achieve anything you set your mind to! My husband, Darrien, for loving me, being patient with me, and supporting me each and every day. My mom, for being so giving and always showing how proud you are of me and my accomplishments. My Daddy, for instilling in me the value of education and the drive to never give up. You knew from the very beginning that I would become a doctor.

Acknowledgements

I want to express my gratitude to GOD first. As it is written in Jeremiah 29:11 (NIV), "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."

I also want to thank everyone who participated in my study. Your willingness to share a precious part of your life with me is highly appreciated. I extend my thanks to my family, friends, coworkers, and anyone who offered me encouraging words, listened to me, provided guidance, and showed interest in my doctoral journey. These small gestures meant a lot to me and helped me stay focused.

Table of Contents

List of Tables

List of Abbreviations

Child Protective Services (CPS)

Compassion Satisfaction (CS)

Comprehensive Organizational Health Assessment (COHA)

Constructivist Self-Development Theory (CSDT)

Diagnostic and Statistical Manual of Mental Disorder (DSM-5)

Post-Traumatic Stress Disorder (PTSD)

Secondary Traumatic Stress (STS)

Secondary Traumatic Stress Scale (STSS)

Chapter One: Introduction

Overview

The purpose of this qualitative phenomenological research was to describe the experiences of foster parents who care for children who have experienced trauma. Foster parents are exposed to the traumatic stories of the children in their care which could lead to the development of Secondary Traumatic Stress (STS) (Bridger et al., 2020). Research showed that STS was a concern in helping professionals, but research specific to foster parents and STS was limited (Bridger et al., 2020). Understanding the experiences of foster parents with STS strengthens research in the child welfare field. The need for foster caregivers is increasing while the number of individuals willing to foster is decreasing due to the high level of stress associated with the responsibility (Balu & McLean, 2019). This study revealed the factors that foster parents perceive as an aid in the development of STS and coping strategies implemented to reduce the impact of STS. The research was conducted through one-on-one interviews. These interviews allowed the participants to freely share their experiences with STS in a secure setting.

This chapter introduced recent research and the STS phenomenon. This chapter revealed the historical, social, and theoretical background of STS. Personal motivation, philosophical assumptions, and the framework used to guide this study were also explained. The problem that was being addressed by this research study was specifically stated along with research that led to exploration of the problem. The purpose statement was discussed and explained how the problem was explored and added to the existing empirical, theoretical, and practical research. This chapter also listed the central research question and two sub-questions with a description of the purpose of each question and how it related to the study. Lastly, definitions were provided for terms that were essential to the current research study.

Background

Children are vulnerable and are unfortunately sometimes exposed to maltreatment such as neglect, physical, sexual, and emotional abuse (Youngmin & Wildeman, 2018). This maltreatment can lead to trauma and lifelong negative consequences (Youngmin & Wildeman, 2018). Maltreatment can impact a child's development socially, emotionally, and mentally (Chodura et al., 2021). In the case of child maltreatment, child welfare sometimes must intervene to remove the child from the home and place them in foster care (Youngmin & Wildeman, 2018). Foster care and maltreatment rates in the United States have continuously shown high numbers (Yi et al., 2020). The current demand for foster homes far exceeds the supply of foster homes (Brown et al., 2021).

Due to the high number of children being placed in foster care, foster parents are essential. Foster parents are charged with the role of caring for all the needs of children in care and providing a safe nurturing home (Bridger et al., 2020). While caring for the children, foster parents are also exposed to the children's traumatic abuse stories (Bridger et al., 2020). Being exposed to these traumatic stories can lead to foster parents experiencing symptoms of distress like PTSD, which is referred to as STS (Bridger et al., 2020). The current study sought to gain a better understanding of the impact of STS for foster parents and the factors that lead to the development of STS.

Historical

When working with those who are suffering, caregivers are at risk of experiencing similar symptoms such as sadness, depression, anxiety, and sleeplessness due to their empathy (Figley, 1995). Figley (1995) explored the phenomenon of professionals absorbing their client's pain for ten years and came to label it as a form of burnout but then termed it compassion fatigue. Figley

(1995) continued to research individuals who were suffering specifically from traumatic and post-traumatic stress. This continued research led Figley to the term STS. STS can be defined as the psychological, spiritual, and social impact individuals experience when working with victims of trauma and being exposed to their stories (Eisenman et al., 2000). STS is the natural response to stress experienced when an individual is helping or wants to help someone who is suffering (Hajiesmaello et al., 2022). The symptoms of STS are like those related to post traumatic stress which include intrusive thoughts, hypervigilance, and avoiding memories of distress (Brown et al., 2022).

Social Context

STS not only impacts those working with individuals who have experienced trauma, but it also impacts their environment. Symptoms of STS decrease a professional's ability to provide productive services (Hamama et al., 2019). Both personal and professional relationships may begin to diminish (Hamama et al., 2019). The impact of STS continues to extend beyond the individual and into their professional organization (Ogińska-Bulik et al., 2021). Organizational functioning may become impacted due to actions of the professional such as increased absenteeism, low motivation, poor quality of work, impaired judgment, and an increased turnover rate (Hamama et al., 2019).

To reduce the social impact of STS, researchers have explored different strategies. Social support from family, friends, and other caring professionals has been shown to be a remedy to decrease the impact of stressors (Ogińska-Bulik et al., 2021). Professionals are also encouraged to develop a self-care routine (Bridger et al., 2020; Hendrix et al., 2021). Self-care allows professionals to develop social, emotional, physical, and spiritual well-being as it relates to personal and professional aspects (Glennon et al., 2019). It is essential for professionals working

with individuals who have experienced trauma to receive appropriate training and be prepared for the risk associated with the work (Bridger et al., 2020; Figley, 1995; Muomah et al., 2021; Scott et al., 2021).

The current study specifically explored STS among foster parents. Child welfare workers are charged with the task of recruiting and retaining foster parents (Gouveia et al., 2021). Child welfare workers seek to find foster parents who will contribute to the well-being of children in care (Shklarski, 2019). Foster parents are essential being that they have the compassion and a set of skills needed to care for children who have been removed from their homes (Gouveia et al., 2021). Children who are placed in foster care have often experienced trauma such as abuse and neglect which can lead to mental health and behavioral concerns (Greeson & Pynoos, 2011). Foster parents are exposed to the traumatic stories of the children in care and have a great chance of developing STS which is a major concern to the public (Bridger et al., 2020).

When foster parents experience STS there is a decrease in role effectiveness and a threat to retention (Bridger et al., 2020). A few factors that have led to foster parents leaving the profession include a lack of support, trust, and honesty from caseworkers (Shklarski, 2019). With a high turnover rate, child welfare agencies are constantly having to recruit and train new foster parents (Shklarski, 2019).

Theoretical Context

High levels of stress are linked to negative consequences that can impact an individual's physical and psychological health (Azaria & Lobel, 2018). Many foster parents have shared that they do not feel prepared to handle the stress that accompanies caring for children in foster care (Miller & Mihalec-Adkins, 2022). Having a better understanding of the sources of stress is essential and can lead to foster parents staying in the field of foster care (Hannah & Woolgar,

2018). The current study was guided by the stress process theory and sought to obtain a better understanding of foster parents' experience with STS. In addition, the study explored the foster parents' perspective on specific stressors that contribute to STS and coping strategies that aid in reducing STS.

The stress process theory focuses on an individual's self-esteem, mastery, and social support (Elliott, 2014). Pearlin (1981) found that the primary source of stress is related to a major life event and continuous strain. Mediators identified to reduce the impact of stress were social support and coping (Pearlin, 1981). Foster caregivers are an essential piece to ensuring that children in foster care receive daily care needs (Cooley et el., 2019). Caring for children in care exposes foster caregivers to many stressors and increases their need for support (Cooley et al., 2019).

Situation to Self

My motivation to conduct this qualitative study emerged from my work with children who have experienced trauma. I worked as a child welfare worker for approximately a year as a foster care case manager. As a case manager, I often felt distressed and concerned for the children on my caseload. I experienced children hearing their parents tell them that they do not want them back home, feeling unloved and not wanted. I experienced children being placed in a group home and being mistreated, not only by other children but by staff as well. I have also experienced children who run away continuously because all they want to do is go home but they cannot. These children were traumatized and then re-traumatized. These children were uprooted not only from their families, but from their homes, their schools, and their friends. To this day it brings tears to my eyes to think about it. These children were on my caseload, but I usually only saw them once or twice a month. This made me think of the foster parents who must spend each

day with them. These foster parents hear the story of what happened to these children from the case manager, in court, and sometimes from the child and must witness the effects of this trauma.

While I have personal experiences with children who have experienced trauma, this study was also developed using three philosophical assumptions. First, ontological assumption promotes the idea of the existence of multiple realities when viewing the world from the perspective of each participant (Creswell & Poth, 2018). The participants in the current study shared their personal experiences with STS and themes were developed to show the similarities and differences among these experiences. Second, epistemological assumption involved the construction of reality between both me and the participant using the participant's lived experiences (Creswell & Poth, 2018). I dedicated time to each specific participant to obtain as much knowledge as possible about the participant's experience with STS. Third, the axiological assumption revealed that I had personal values and biases that must be recognized before conducting the study (Creswell & Poth, 2018). Personal values and biases could have altered how I interpreted the data (Roger et al., 2018).

The interpretive framework used to guide this study was social constructivism which further emphasized the importance of focusing on the participants' lived experiences as they develop their reality. Social constructivism required me to look for a better understanding of the world in which the participants lived and worked (Creswell & Poth, 2018). When using the social constructivism framework, I relied on the participant's view of the phenomenon to develop subjective meaning (Creswell & Poth, 2018).

Problem Statement

The problem was that foster caregivers are being exposed to the traumatic stories of children in their care and developing STS. The number of children being placed in the foster care

system continues to increase (Bridger et al., 2020). Foster caregivers are in high demand, but not many people are willing to accept responsibility for these children who have experienced trauma (Balu & McLean, 2019). Children who have experienced a form of trauma are susceptible to mental health concerns such as anxiety, mood disorders, and emotion dysregulation (Balu & McLean, 2019). Caring for foster children is a well-known profession that exposes foster caregivers to the traumatic experiences and distress of children in care (Whit-Woosley et al., 2020). This exposure to traumatic experiences can lead to foster parents having symptoms of distress and developing STS (Balu & McLean, 2019). Even with this knowledge, research that focused on STS among foster parents was limited (Whit-Woosley et al., 2020).

A review of the literature revealed that STS has been widely researched about other helping professions such as counselors (Brown et al., 2022; Foreman, 2018; Maurya et al., 2021; Szilagyi, 2021), professionals in the medical field (Hamama-Raz & Minerbi, 2019; Neff et al., 2020; Scott et al., 2021) and child welfare workers (Ezell, 2019; Griffiths et al., 2020; Tullberg & Boothe, 2019). Minimum research was found that focused on STS among foster parents. The research from this study contributes to the literature on STS among helping professionals and factors that aid in the development. Understanding the impact of STS helps child welfare organizations better understand the needs of foster parents (Bridger et al., 2020). As foster parents' needs are met, research shows that they are more motivated to continue in the foster care profession (Gouveia et al., 2021).

Increased foster parent retention will help to ensure that children in foster care are receiving quality care (Gouveia et al., 2021). Research showed that children placed in foster homes present better behavior and mental health and show positive development (Gouveia et al.,

2021). This qualitative study specifically addressed the problem of STS among foster caregivers who are repeatedly exposed to the traumatic stories of children in foster care.

Purpose Statement

The purpose of this qualitative phenomenological study was to understand foster parents' lived experiences when caring for children who have experienced trauma and are impacted by STS. STS emerges when an individual has a close personal or professional relationship with a person who has experienced trauma and is indirectly exposed to their traumatic experiences (Muomah et al., 2021). Exposure to traumatic experiences leads to the individual developing symptoms like post-traumatic stress disorder (PTSD) such as re-experiencing, hyperarousal, and avoidance (Muomah et al., 2021).

The participants for the study were selected from child welfare agencies in the metro Atlanta area. Interviews allowed the foster parents to share what they believe contributed to their development of STS. The theory guiding this study was the Stress Process Theory developed by Perlin in 1981. The Stress Process Theory applied to this study as continuously hearing traumatizing stories is the source of stress and stress can develop at an increasing or decreasing rate depending on existing factors. The findings from this study aid child welfare professionals in understanding the prevalence of STS among foster caregivers and the factors associated with the development of STS.

Significance of the Study

This study explored the experiences of foster parents with STS and provided empirical significance to the research on STS, theoretical significance to the stress process theory, and practical significance to the field of foster care.

Empirical

Empirically, this study contributed to research on STS among foster parents. STS has been researched and discussed in the literature as it relates to helping professionals in multiple fields (Branson, 2019; Brown et al., 2022; Ezell, 2019; Muomah et al. 2021, Scott et al., 2021). Helping professionals work in high-stress environments and are often exposed to the trauma of those they are helping (Scott et al., 2021). STS is distinguishable by an individual experiencing symptoms like PTSD such as hypervigilance, intrusive thoughts, and avoidance of memories that cause distress (Brown et al., 2022). Foster caregivers are a part of the helping profession as they are tasked with caring for children who have experienced trauma (Bridger et al., 2020). Foster parents are often exposed to stories of children and young people who are vulnerable to trauma (Bridger et al., 2020). This study added to the literature as it continued to reveal the prevalence of STS among foster parents. Additionally, this study added to the literature by understanding the factors that increased and decreased the chance of a foster caregiver developing STS.

Theoretical

This study was guided by Perlin's (1981) stress process theory. The results of the study added to the growing literature on the stress process theory and benefit foster parents who experience STS and the field of child welfare. Pearlin's (1981) stress process theory has extensive research that relates to numerous types of caregivers (Cannon & Fawcett, 2018; Fabius et al., 2020; Kim et al., 2017; Koerner & Shirai, 2012; Lamborn & Cramer, 2020; Lee et al., 2013; Li & Lee, 2020; Liu et al., 2013; Pendergrass et al., 2017; Swinkels et al., 2019; Thorne, 2020; Wu & Pooler, 2014) and the mediating and moderating factors. However, the literature is limited to Perlin's (1981) stress process as it relates to foster caregivers and even further the factors associated with the development of STS. Through exploration of the foster caregivers

lived experiences with STS, themes are developed to show the impact of STS and factors foster caregivers associate with an increase or decrease in symptoms of STS.

Practical

Practically, this study contributed to the child welfare profession by bringing awareness to the prevalence of STS among foster caregivers. This research study specifically benefited foster caregivers, child welfare workers, and children in foster care. Foster caregivers benefited because their stress was recognized and can be better addressed. STS can cause foster caregivers to experience a range of distress symptoms like those of PTSD (Whit-Woosley et al., 2020). Increased STS among foster caregivers leads to a decrease in role effectiveness (Whit-Woosley et al., 2020). Child welfare workers benefited from this study as they have a better understanding of the stressors, from the foster caregiver perspective, that contribute to STS.

Recruiting and keeping foster caregivers can be a strenuous task, while the need for individuals in the foster caregiver role continues to increase (Bridger et al., 2020). Child welfare workers must understand the needs of foster parents to increase the rate of retention (Leake et al., 2019). Understanding the factors that increase and decrease the risk of STS can assist child welfare workers in ensuring support and developing training that will improve a foster caregiver's professional quality of life (Bridger et al., 2020). The children in care benefit greatly as the results provide guidance on the need for a higher level of support from both the foster caregiver and the child welfare worker. Children in foster care have reported feelings of loss, anger, instability, and mistrust (Hall & Semanchin Jones, 2018). A better understanding of how to support foster caregivers is essential for ensuring high-quality care for children who are in foster care (Leake et al., 2019).

Research Questions

The central research question explored was how do foster caregivers describe their experience with STS? The purpose of this central question was to gain greater insight into the phenomenon STS as it relates to foster caregivers. Foster caregivers are in a role that requires them to care for children who have experienced trauma, which increases their risk of secondary exposure to trauma and the associated distress (Whitt-Woosley et al., 2020).

The first sub-question asked was, what factors do foster caregivers perceive as contributors to the development of STS? Increased understanding of the factors associated with the development of STS benefit child welfare agencies as they attempt to increase the retention of foster caregivers and decrease the negative impact of caring for children who have experienced trauma (Bridger et al., 2020). The second sub-question asked was, how do foster caregivers cope with symptoms of distress associated with STS? The stress process theory was used to guide the current study and it states that people usually confront life's stressors with behaviors, perspectives, and cognitions that aim to reduce the impact (Pearlin et al., 1981). Just as it is essential to understand the factors that promote STS, it can be equally beneficial for a better understanding of factors that aid in reducing distress.

Definitions

1. *Secondary Traumatic Stress*- the natural consequent behaviors and emotions resulting from experiencing stress when helping or wanting to help a traumatized or suffering individual (Figley, 1995).
2. *Child Maltreatment*- The Child Abuse and Prevention Treatment Act defines child maltreatment as any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation, or an

act or failure to act which presents an imminent risk of serious harm (Perrin & Miller-Perrin, 2012).

3. *Trauma*- A sudden, potentially deadly experience, often leaving lasting, troubling memories (Figley, 2012)
4. *Distress*- An aversive, negative state in which coping and adaptation processes fail to return an organism to physiological and/or psychological homeostasis (National Research Council, 2008).
5. *Foster Care*- A safe respite for children being harmed by a caregiver through 24/7 care by placing children with relatives or non-relatives or, for children needing intensive levels of care or supervision in residential group care settings (Font & Gershoff, 2020).
6. *Foster Parent/Caregiver*- Individuals appointed to care for children in the child welfare system (Shdaimah & Rosen, 2020). These individuals are responsible for caring for the children's physical and mental health, ensuring receipt of medical care, supporting connections with birth families, and aiding in their growth and development (Shdaimah & Rosen, 2020).
7. *Child Welfare*- A group of public and private services that aim to ensure that all children live in safe, permanent, and stable environments that support their needs and well-being. (McTavish et al., 2022).
8. *Coping*- Strategies implemented to decrease stress and promote resilience and recovery (Polizzi et al., 2020).

Summary

This chapter introduced the current qualitative phenomenological study that researched the lived experiences of foster caregivers who care for children who have experienced trauma

and experience STS. The study was introduced by reviewing the historical, social, and theoretical background. Research showed that STS is prevalent among those who care for individuals who have experienced trauma, however, research was limited on the impact of STS among foster parents (Whit-Woosley et al., 2020). In this chapter, the problem was presented along with the purpose of the study. This research study added to the current research empirically, theoretically, and practically. The central question and two sub-questions are presented to show what was being answered as research is conducted. Important terms were defined to familiarize readers with the terminology that was used in research.

Chapter two provideed an extensive review of the literature related to foster care and STS. The literature provides a great amount of information on STS in helping professions such as counseling, the health field, and child welfare (Bridger et al., 2020). However, the literature revealed that there is more research needed to understand STS among foster parents (Bridger et al., 2020). The current study was conducted to aid in growth in literature and the child welfare field. Chapter three provided step-by-step details of how the research was conducted to gain more knowledge about the STS phenomenon.

Chapter Two: Literature Review

Overview

Chapter Two focuses on the theoretical framework and literature that guided the current study on STS. The theory used for this study is the stress process theory. The literature review revealed the present research on the foster care system and STS among those working with individuals who have experienced trauma. Chapter Two includes an overview of the foster care system, an explanation of how foster care can impact children in care, the importance of foster parents, an explanation of the terms related to indirect exposure to trauma which includes STS, the scale used to measure STS, research on STS in the child welfare and among foster parents and how foster parents are impacted by STS. The literature review provided in chapter two reveals the research gap and shows a need for additional research that focuses on STS among foster parents.

Theoretical Framework

The Stress Process Theory

Stress has increasingly become a social concern that has a strong impact on individuals (Dobrescu, 2021). Past research has studied various aspects of stress such as how health is impacted by major life events, life strains that increase susceptibility to depression, or the benefits of coping and support systems (Pearlin et al., 1981). However, before the stress process theory, little was known about how the aspects of stress are interconnected to form a process (Pearlin et al., 1981). A longitudinal research method was used to develop the stress process theory which combines three concepts: the sources of stress, the mediators of stress, and the manifestations of stress (Pearlin et al., 1981).

Sources of Stress

Sources of stress arise from discrete occurrences of stressful events and ongoing problems (Pearlin et al., 1981). Eventful changes are an inevitable part of life that occur due to aging and the life cycle (Pearlin et al., 1981). Though everyone must experience these changes, this does not mean they cannot be harmful and cause stress (Pearlin et al., 1981). A stressful life event causes a challenge to arise that an organism cannot respond to appropriately (Singh & Dubey, 2015). Research shows that organisms are in a natural state of equilibrium until a change occurs (Pearlin et al., 1981). These changes cause a disequilibrium and a period of readjustment in which the organism struggles to restore homeostasis (Pearlin et al., 1981). Readjusting can be exhausting and leave the organism susceptible to stress and physical and psychological consequences (Pearlin et al., 1981). Research shows that continuous response and adjustment to stress can lead to health concerns such as depression, obesity, diabetes, and cognitive impairment (Steinert & Haesner, 2019).

The impact of the eventful change, concerning physical and psychological stress, can be determined by the magnitude of the change and the number of eventful changes occurring in proximity (Pearlin et al., 1981). These life changes can be considered a single event or a chronic strain. Chronic life strains are those that are persistent and may not have a clear end (Russell et al., 2022). Life events usually occur in a short time and have a predictable time limit (Russell et al., 2022). Life events and life strains can lead to new strains or increase the intensity of current strains (Pearlin et al., 1981). The impact can be altered when considering the amount of control a person has over that change or if the changes are scheduled life-cycle transitions (Pearlin et al., 1981).

In addition, when a person's concept of self, specifically mastery and self-esteem, is diminished stress may arise (Pearlin et al., 1981). Mastery refers to an individual seeing

themselves in control of events that impact their life (Pearlin et al., 1981) and a resilience factor that helps to reduce negative effects (Slone et al., 2022). Self-esteem refers to how an individual determines their self-worth (Pearlin et al., 1981). Self-esteem is also a personality trait that serves as protection when a person experiences a life strain (Szczesniak & Timoszyk-Tomczak, 2020). Individuals who experience consistent life strains are constantly faced with proof of their failures and the fact that they are unable to stop unwanted strains in their life (Pearlin et al., 1981). With a persistent sense of failure, people become defenseless against a decrease in self-esteem and a loss of the sense of mastery (Pearlin et al., 1981).

Mediators of Stress

The source of stress is not the lone factor that determines the intensity of the stress that a person will experience (Pearlin et al., 1981). People respond to life events and life strains with various behaviors, perceptions, and cognitions that may mediate the impact of stress (Pearlin et al., 1981). Individuals who have an increased perception of strain as stress also have an increased chance of experiencing distress symptoms (Platania et al., 2022). Mediators are elements that allow a person to defend themselves against stress (Pearlin et al., 1981). The two mediators identified in the Stress Process Theory are social support and coping (Pearlin et al., 1981).

Social support can be described as a person's access and ability to use individuals, groups, and/or organizations when confronting life strains (Pearlin et al., 1981). It is not enough for an individual to have an excess amount of family, friends, and associates, but to have quality relationships that involve intimate communication and trust (Pearlin et al., 1981). Social support is an essential part of an individual's social environment which should be available when an individual is in need and increases an individual's ability to cope with stress (Singh & Dubey, 2015). Social support has proved to be a protective factor when facing stressful events (Singh &

Dubey, 2015). Lack of social support increases an individual's chance of developing physical and mental health conditions (Zambrana et al., 2021).

An important part of the stress process is coping (Pearlin et al., 1981). Coping is a strategy individuals implement to tolerate, reduce, or minimize stressful situations (Okechukwu et al., 2022). Coping strategies are categorized as a protective factor because in attempting to manage a great amount of stress, individuals are also reducing psychological distress (Yubonpunt et al., 2022). In developing the stress process theory, coping was viewed from a variety of angles (Pearlin et al.,1981). First, coping is viewed by what an individual learns from social groups (Pearlin et al., 1981). Secondly, coping behavior was looked at according to three functions (Pearlin et al., 1981). The three functions include changes made when a stressful situation arises, changes to the meaning behind the problem that helps reduce the threat of stress, and how stress symptoms are managed (Pearlin et al., 1981). Thirdly, coping is not viewed as a general response to stress but as specific behaviors that change depending on the magnitude of the stress (Pearlin et al., 1981). Lastly, coping strategies have limitations when being implemented towards stress in formal organization settings (Pearlin et al., 1981).

Manifestations of Stress

Stress can appear in a variety of ways such as physical, biological, or psychological (Dobrescu, 2021). Stress manifests differently from person to person when considering available emotional and motivational resources, a person's temperament, and the context in which the stressor occurs (Dobrescu, 2021). Surveys were utilized to collect data which required signs of stress to be measured that the participants had awareness of versus unconscious signs of stress (Pearlin et al., 1981). Manifestations of stress could not be manipulated, and natural manifestations were the focus instead. (Pearlin et al., 1981).

The stress process theory focused on depression as a global indicator of stress (Pearlin et al., 1981). Depression is a good indicator of stress to examine from an ecological view as depression varies with an individual's sex status, marital status, and income (Pearlin et al., 1981). Symptoms of depression have an increased chance of onset when the experience is challenging and resistant to efforts of change (Pearlin et al., 1981). The stress process theory was developed by examining how the manifestations of stress allowed the detection of problematic aspects within social and economic organizations (Pearlin et al., 1981). The stress process theory helps to explain how social identity relates to disproportion in well-being when being exposed to harmful stress and how this is altered when receiving beneficial resources (Blithe & Elliot, 2020). Resources help increase coping and decrease the negative impact of stressors (Blithe & Elliott, 2020). The elements crucial to social life, emotional life, and any connections between the two were also identified and observed. (Pearlin et al., 1981).

The stress process theory is a complementary framework to study foster parents who care for children who have experienced trauma and experience STS. Exploring the lived experiences of foster parents who experience STS will help reveal the sources of stress. Foster parents will have the opportunity to share how their stress manifests in their day-to-day life. The in-depth explanations from the foster parents will provide insight into the development of STS and how foster parents are managing stress.

Related Literature

Foster Care System

The child welfare system is essential for children who are experiencing maltreatment (Labella et al., 2020). Child maltreatment has been declared a major health concern by the Center of Disease Control and Prevention due to it leading to an increased risk of chronic disease and

premature mortality in adult survivors (Passmore et al., 2020). Child maltreatment refers to physical, sexual, emotional abuse and neglect towards a child that occurs frequently and has a lifelong negative impact (Youngmin & Wildeman, 2018). The most prevalent form of maltreatment is physical abuse. The estimated worldwide prevalence rate for physical abuse is 226 per 1000 children while the least prevalent form of maltreatment is sexual abuse (Shockley McCarthy et al., 2021). Sexual abuse has an estimated prevalence of 127 per 1000 children (Shockley McCarthy et al., 2021). In the United States, approximately 37.4% of children will be the subject of a child maltreatment investigation before the age of 18 (Shockley McCarthy et al., 2021).

In 2018, there were approximately 4.3 million referrals in the United States for suspected child maltreatment reported to child protective services (CPS) (Shockley McCarthy et al., 2021). These allegations concluded with approximately 678,000 substantiated cases of child abuse and neglect (Shockley McCarthy et al., 2021). Due to the impact child maltreatment imposes on society, there must be an intervention (Youngmin & Wildeman, 2018). Multiple interventions can be implemented but the most extreme intervention is the removal of children from their homes and their parents (Youngmin & Wildeman, 2018). Once removed, the children are placed in foster care (Youngmin & Wildeman, 2018).

Childcare agencies are charged with caring for the children once removed from their homes and implementing strategies to improve their well-being (Font, 2014). Determining the type of placement is one of the most important decisions the agency makes (Font, 2014). There are multiple options for placement when a child comes into foster care depending on the child's needs. One placement setting is a foster home, which can be kinship care or nonrelative care

(Stone et al., 2021). Other placement settings include group homes and residential treatment facilities (Stone et al., 2021).

Kinship care may also be called relative care (Font, 2014). Kinship care allows children to be placed with a person who is related to them through blood, marriage, or adoption (Font, 2014). The relative then becomes responsible for providing full-time care, protection, and nurturing to meet the needs of the child (Testa, 2017). Relatives can be granted permanent guardianship or become adoptive parents of the child (Testa, 2017). A child in nonrelative care is placed with an adult who has been licensed by the child welfare agency to care for children in foster care (Font, 2014). It is essential for foster parents, birth parents, and professionals to work together to ensure the focus is on the children's permanency and needs (Steenbakkers et al., 2018).

Group homes and residential treatment facilities provide a home for children who may have additional needs. Child welfare agencies in the United States utilize group homes for children in foster care whose needs cannot be met in a family-based foster home (Chow et al., 2014). Children placed in group homes usually have specific health needs that require specialized services in a more structured living environment (Chow et al., 2014). Group homes can differ across factors such as the number of children within the home, the types of services provided, the needs of the children, and the ability to attend school at the home (Chow et al., 2014). Children who exhibit behaviors that may cause self-harm, extremely aggressive behavior, or criminal behavior are usually referred to residential treatment facilities (Fisher & Gilliam, 2012). These behaviors make it difficult for children to be safe in a community setting (Fisher & Gilliam, 2012). Residential treatment facilities are the ideal treatment for children exhibiting

high-risk behaviors due to foster parents having limited skills and training needed to provide care (Fisher & Gilliam, 2012).

Prevalence of Children in Foster Care

The number of children being placed in foster care continues to grow (Whitt-Woosley et al., 2020). The 2017 Child Maltreatment Report from the United States Department of Health and Human Services showed that there were 4.1 million child abuse or neglect referrals submitted (Passmore et al., 2020). Those four million referrals involved over seven million children (Passmore et al., 2020). Numerous children are being removed from their homes and moved to foster care placement. Research shows that approximately 500,000 or more children in the United States are placed into the foster care system (Gardenhire et al., 2019). Approximately 45% of the children in foster care are placed in nonrelative homes (Bridger et al., 2020). Once placed in foster care, children spend an average of 20 months in foster care before finding a permanent placement or being reunited with their parents (Davidson et al., 2020).

The purpose of foster care is to protect children who are at risk and implement preventative strategies that will help them refrain from having to remove children from their homes (Storhaug et al., 2019). Foster care can be a benefit for children who are at risk of being harmed but can also be detrimental to the child's wellbeing. The focus of the child welfare system in the United States is to decrease the number of children entering care, decrease how long children are in care, and decrease the use of residential treatment homes as a placement option (Epstein et al., 2015).

Impact of Foster Care on Children

The foster care system is meant to protect children but can also have a negative impact on a child. Children who come into care have been shown to have double the rate of trauma

exposure when compared to the general population (Whitt-Woosley et al., 2020). The range of trauma children experience in foster care is very large and varies from child to child. Research shows that of the children in foster care, approximately 61% have experienced neglect, 32% lived with a parent who abused drugs, 13% experienced physical abuse, 10% lived in inadequate housing, 8% have parents who were incarcerated, 6% lived with parents who abused alcohol and 4% experienced sexual abuse (Gardenhire et al., 2019). Children who have experienced abuse and have trauma that goes unaddressed are likely to experience substance abuse, homelessness, educational concerns, concerns with the justice system, and mental health concerns (Gonzalez, 2014). These concerns may begin in adolescents but can persist into adulthood (Gonzalez, 2014).

Behavioral and Mental Health

Children who are placed in foster care experience an increased rate of behavioral and mental health concerns when compared to children in the general population (Ogg et al., 2015). Approximately half of the children placed in foster care present concerns with behavioral and mental health compared to one in five children in the general population (Ogg et al., 2015). Children who are diagnosed with a mental health condition may have difficulties when attempts are made to reunify them with their biological family (Gonzalez, 2014). Abused children who present with mental health concerns may also cause strain and delay the adoption process (Gonzalez, 2014).

Children in foster care are more likely to show concerns with internalizing and externalizing problems when compared to children who are not in care (Harden et al., 2017). External concerns are visible and are usually met with intervention while internal concerns may go unnoticed (Moussavi et al., 2022). Research shows that maltreated children in the foster care system present with both pediatric psychiatric and socio-emotional conditions (Gonzalez, 2014).

These conditions include depression, oppositional defiant and conduct disorders, self-destructive and aggressive behaviors, maladaptive interpersonal relationships, and attention disorders (Gonzalez, 2014).

Internal conflicts have an impact on a person's sense of well-being (Sabbadini, 2021). Children in foster care are faced with a difficult situation that is out of their control, yet they are left to face the tension within themselves (Sabbadini, 2021). The children may have feelings of guilt, rejection, abandonment, and shame (Gonzalez, 2014). These internal struggles can also lead to decreased trust in caregivers and an increase in destructively acting out with the foster parents, teachers, and other children (Gonzalez, 2014). In addition, children may exhibit self-destructive behavior such as self-mutilation and suicidal thoughts (Gonzalez, 2014).

Children respond in various ways to maltreatment as they attempt to adapt when placed in foster care (Carrera et al., 2020). Internal and external behaviors and mental health concerns vary among children in care (Goemans et al., 2020). Additionally, behavior and mental health concerns can differ depending on the type of abuse a child in foster care has experienced. Physically abused children usually exhibit external mental health conditions (Gonzalez, 2014). Behavior conditions that may present include increased aggression, hostility towards others, and anger outburst (Gonzalez, 2014). Mental health concerns for physically abused children include major depressive and anxiety disorder and posttraumatic stress disorder (Gonzalez, 2014). These children also showed higher rates of conduct and oppositional defiant disorders (Gonzalez, 2014). In contrast, neglected children usually exhibit internalized mental concerns (Gonzalez, 2014). These concerns include a lack of motivation, high dependency needs, depression, anxiety, and an insecure attachment style to caregivers (Gonzalez, 2014).

Children who have experienced sexual abuse may exhibit both internal and external mental health concerns (Gonzalez, 2014). Sexual abuse may lead to the child experiencing low self-esteem, feeling of worthlessness, an abnormal view of sex, social withdrawal, suicidal ideations, and mistrust of adults (Gonzalez, 2014). Psychological and behavioral concerns that may be present for a sexually abused child are extensive. These effects include depression, fear, anxiety, eating disorders, sexual dysfunction in adulthood, self-destructive behavior, dissociative identity personality disorder, depersonalization, substance abuse, prostitution, and posttraumatic stress disorder (Gonzalez, 2014). Specific factors may be identified as predictors related to the differentiation of mental health and behavioral concerns among children in foster care (Goemans et al., 2020). These factors include foster parents' stress and the type of placement (Goemans et al., 2020). The age at which maltreatment occurs can also be a predictor of the mental health and behavioral concerns that may present (Gonzalez, 2014).

Children who enter foster care and experience maltreatment at a young age, between zero and five, have distinctive mental health and developmental concerns (Gonzalez, 2014). During this age period, the brain is developing rapidly and is very sensitive to stress (Green et al., 2018). Abuse and neglect during the first 36 months of a child's life can lead to delays in gross and fine motor skills, failure to thrive, speech and language impairment, and increased arousal to negative emotions (Gonzalez, 2014). Maltreatment between the ages of two and five is associated with mental health concerns such as antisocial personality disorder and clinical depression (Gonzalez, 2014). These mental health concerns may not be present until adulthood (Gonzalez, 2014). Maltreatment experienced in childhood is damaging because it decreases the child's ability to achieve full psychological, social, and cognitive development (Gonzalez, 2014). Social challenges include the inability to trust others, acquire a sense of autonomy, and take initiative

(Green et al., 2018). The impact of maltreatment varies depending on the onset of maltreatment, the type of maltreatment, and the number of maltreatment types (Green et al., 2018).

Attachment Style

When a child has an adult caregiver who provides nurture, protection, trust, and security, the child is more likely to develop a healthy adult psychological (Gonzalez, 2014). Research shows that a strong attachment to a caregiver during childhood leads to reduced mental health concerns and increased emotional security, self-esteem, and self-worth (Gonzalez, 2014). Children being removed from their homes and the only family they know can impact their ability to develop a secure attachment style (Gardenhire et al., 2019). Maltreated children who lack attachment to a caregiver can cause impaired psychosocial functioning, emotional disturbances, and psychological distress (Gonzalez, 2014). A secure attachment with the foster parent is an essential part of the foster care placement process (Carr & Rockett, 2017).

As children in foster care process losses and traumatic experiences, a suitable and understanding caregiver must be prepared to provide a sense of security (Garcia Quiroga & Hamilton-Giachritsis, 2016). As the children begin to feel safe, they will start to develop an attachment with the foster caregiver (Garcia Quiroga & Hamilton-Giachritsis, 2016). Children who are placed in residential care struggle to develop a secure and stable relationship since there is no main caregiver (Molano et al., 2021). Unfortunately, attachment between the foster parent and the child in care is sometimes discouraged to reduce future separation concerns (Garcia Quiroga & Hamilton-Giachritsis, 2016).

***Educational* Concerns**

The impact of foster care extends to the children's educational abilities. Children can have three different foster care placements in a year (Day et al., 2015). Each time a child is moved, they risk having to change schools (Day et al., 2015). Continuous interruption of school leads to a negative impact on academic progress and halts the child's connection to peers and school professionals (Day et al., 2015). The child will lose approximately four to six months of academic progress each time they move to a new school (Hallett & Westland, 2015). Children in foster care have increased rates of learning disabilities, grade retention, and below-average scores in math and reading when compared to children in the general population (Hickey & Flynn, 2019).

Children in foster care are also more likely to exhibit cognitive deficits, language deficits, and a decrease in problem-solving and reasoning skills (Hickey & Flynn, 2019). Foster children are found eligible for special education at higher rates compared to children who are not in foster care (Day et al., 2015). Often, foster children are diagnosed with learning disabilities without their past trauma being considered a contributing factor (Day et al., 2015). Children who continue to experience academic difficulties have an increased risk of dropping out, economic hardship, drug abuse, and poor mental health (Hickey & Flynn, 2019).

Juvenile Justice System

A child who is involved in both the foster care system and the juvenile justice system may be referred to as dual-status youth (Simmons-Horton, 2021). Youth can become a dual status youth by being placed in foster care and then getting arrested or being involved in the juvenile justice system and then being placed in foster care (Simmons-Horton, 2021). However, research shows that many children are in foster care and then become involved in the juvenile justice system and then the adult justice system (Krinsky, 2010). Many children run away from

their placement which increases their chances of being involved with the juvenile justice system (Simmons-Horton, 2021). The trauma associated with being placed in foster care often leads to children exhibiting external behaviors such as aggression (Simmons-Horton, 2021). These children usually do not have a positive role model and began to feel isolated (Krinsky, 2010). These youth then turn to gang involvement to fill the void of not having a family (Krinsky, 2010). This in turn leads to the juvenile justice system (Simmons-Horton, 2021).

Being involved in both the foster care system and the juvenile justice system brings about more challenges for these children. Research shows that these children have a decreased chance of receiving a court dismissal and an increased chance of being repeat offenders (Simmons-Horton, 2021). These children are also faced with receiving harsher punishment even if they are first-time offenders (Simmons-Horton, 2021). Dual-status youth also have an increased chance of being placed in a residential placement versus a foster home placement (Simmons-Horton, 2021). Being a dual status youth decreased the chance of the child receiving independent living services once they age out of care (Lee & Ballew, 2018). Independent living services are implemented to assist children in foster care as they begin to take on adult responsibilities (Lee & Ballew, 2018). Being involved in both systems increases the probability of children experiencing mental and emotional health concerns with a decrease in services to address their needs (Simmons-Horton, 2021). The impact of being involved in the foster care system and the juvenile justice system is great and may extend into adulthood leading to homelessness and involvement in the adult criminal justice system (Simmons-Horton, 2021).

Drug Abuse

Children who are placed in foster care are exposed to adverse experiences which puts them at a higher risk for substance abuse (Ahmadi-Montecalvo et al., 2016). Reports show that

children in foster care are being exposed to illegal drugs at an increasing rate (JC & E, 2018). Factors related to increased substance use among children in foster care include the child's age at entry into foster care and multiple placement changes at an older age (Ahmadi-Montecalvo et al., 2016). Ahmadi-Montecalvo et al. (2016) conducted a study that revealed that children placed in a foster home were less likely to use tobacco versus children placed in an agency setting. The study also revealed that children placed in private homes showed a significant decrease in drug use (Ahmadi-Montecalvo et al., 2016). Adolescents who use drugs will experience significant consequences (Ahmadi-Montecalvo et al., 2016). Consequences associated with adolescent drug use include addiction, drug abuse, decreased mental and physical health, and a decrease in occupational and educational success (Ahmadi-Montecalvo et al., 2016). Additional consequences include the child having an increased risk of poverty, crime, and exposure to sexually transmitted diseases (JC & E, 2018).

Need For Foster Parents

When comparing the types of foster care available to children who are neglected or abused, a foster home is the preferred choice for placement (Gouveia et al., 2021). A foster home provides a familiar family setting that helps support the children's developmental needs (Gouveia et al., 2021). Research shows that children who are placed in a foster home have shown better behavior and psychosocial outcomes when compared to children who were placed in residential care (Gouveia et al., 2021). Foster parents are essential to the foster care field as they help to provide an environment that helps to lessen the trauma children have experienced through their maltreatment (Dickes et al., 2018). Unfortunately, social services are experiencing an increasing challenge to recruit and retain foster parents who are willing to care for children who have been removed from their homes (Gouveia et al., 2021).

Research has shown a decrease in applicants to become foster parents and a need for foster parents who are skilled in caring for children with complex needs (Herbert & Kulkin, 2018). States across the country continue to see a decrease in availability for foster homes while children coming into foster care continues to increase (Hanlon et al., 2021). Decreased availability of foster homes can lead to child welfare agencies relying on group homes and residential treatment facilities which also decreases the likelihood of permanency (Hanlon et al., 2021). Being that there are more children in care than foster families available, child welfare agencies must determine effective strategies to recruit and retain foster and kinship parents (Hanlon et al., 2021). Attention should be given to the fact that foster parents are continuously exposed to trauma histories of young children, which can lead to secondary trauma (Bridger et al., 2020).

Terms Related to Indirect Exposure to Trauma

Through the years, more terms have been introduced that describe an individual's response after indirectly being exposed to trauma. These terms include vicarious traumatization, burnout, compassion fatigue, and STS. Indirect exposure to trauma can occur when there is a close personal or professional relationship that involves a person who has experienced trauma and a continuous reminder of the person's traumatic experience (Muomah et al., 2021). Individuals in the professional community agree that being exposed to a client's trauma can have a negative impact on the professional's well-being and quality of work (Quitangon, 2019). The confusion lies with the ability for these terms to be used interchangeably or not (Quitangon, 2019). Having a better understanding of each term helps professionals to determine which term is appropriate for use (Quitangon, 2019).

Vicarious Trauma

Vicarious traumatization (VT) leads to a professional having negative views of self, others, and the world due to showing continuous empathy while working with patients and their trauma-related thoughts, memories, and emotions (Quitangon, 2019). VT has long been associated with the framework of the constructivist self-development theory (CSDT) (Foreman, 2018). CSDT further describes VT as a concern that develops over time and negatively and permanently transforms a helper's inner experiences and beliefs (McNeillie & Rose, 2021).

Beliefs that may be altered include those related to trust, safety, intimacy, esteem, and control (Sutton et al., 2022). Professionals' view of the world may be altered, and they may no longer view it as being safe, predictable, or caring (McNeillie & Rose, 2021). Helping professionals may begin to show an increase in cynicism, hopelessness, and risk awareness in day-to-day living (McNeillie & Rose, 2021). Emotional and behavioral responses that may arise as a result of VT include anxiety, sadness, anger, guilt, fear, and increased difficulty with handling experiences that cause intense emotions (McNeillie & Rose, 2021). These individuals may also begin to avoid situations that they perceive as dangerous (McNeillie & Rose, 2021).

Burnout

Burnout has continued to evolve over the years from being mainly associated with human services employees to being a concern across all professions (Nadon et al., 2022). Burnout has been recognized as a psychological concern that arises when a person is overly exposed to stress in the workplace (Scott et al., 2012). The stress is often related to an excessive workload demand and an increased sense of responsibility (Pittaka et al., 2022). The stress level may increase when there is a lack of support, insufficient communication, and inadequate training (Pittaka et al., 2022). The three components of burnout include complete emotional and physical exhaustion,

feeling detached or negative about work, and a lack of a sense of professional accomplishment (Scott et al., 2021).

Burnout is usually noticeable when a professional begins to miss many days of work or is continuously tardy and begins to underperform responsibilities (Quitangon, 2019). Individuals of all ages and all professions can be impacted by burnout (Pittaka et al., 2022). The consequences of burnout include both physical and psychological concerns such as sleep disturbances, headaches, higher levels of depression, suicidal ideation, and anxiety (Nadon et al, 2022). Due to the high impact burnout has on an individual's physical and psychological well-being, it has become a major public health concern (Pittaka et al., 2022).

Compassion Fatigue

Compassion fatigue refers to individuals who experience empathetic strain and exhaustion when a professional cares for others who are in constant distress (Quitangon, 2019). Compassion fatigue is sometimes used in the place of burnout, but these concepts are a result of different circumstances (Kabunga et al., 2021). Burnout develops from workplace stress while compassion fatigue develops when an individual works with those who have been exposed to a traumatic event (Kabunga et al., 2021). Additional Compassion fatigue is different from STS because the symptoms can be present without the professional being continuously exposed to indirect trauma and it does not always lead to cognitive disruptions (Quitangon, 2019). Many helping professionals, such as first responders, nurses, and disaster recovery workers have been identified as one to likely experience compassion fatigue (Quitangon, 2019).

Symptoms of compassion fatigue are like those of depression and PTSD that lead to physical and emotional drain (Varadarajan & Rani, 2021). Effects of compassion fatigue include

strained relationships, sleep disturbance, alcohol and drug abuse, depression, suicide, and a decreased quality of life (Kabunga et al., 2021). Individuals struggling with compassion fatigue may also begin to show less satisfaction with their work which can lead to lateness, absenteeism, and the individual leaving the profession (Kabunga et al., 2021).

What is Secondary Traumatic Stress

The term STS was first introduced into the literature as a term describing indirect exposure to trauma in 1983 (Figley, 1995). After many years of research, Figley began to refer to STS as compassion fatigue (Figley, 1995). STS has been defined as a natural behavioral response and accompanying emotions that appear when an individual learns about someone close to them experiencing a traumatic event (Figley, 1995). Stress arises due to the person helping or wanting to help a traumatized person (Figley, 1995). STS is closely related to Posttraumatic Stress (Bridger et al., 2020).

Revisions were made in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to include STS under the diagnostic criteria for PTSD (Hensel et al., 2015). This revision establishes that repeated exposure to specific details of a traumatic event while performing professional duties qualifies as a Criterion A stressor under PTSD (Hensel et al., 2015). Symptoms present in both PTSD and STS include reexperiencing, hyper-arousal, and avoidance (Muomah et al., 2021). Additional symptoms that may arise include fear, loss of confidence, intrusive thoughts, and sleep deprivation (Scott et al., 2021). Psychosocial and physical effects include anxiety, depression, insomnia, and an increased risk of cardiovascular disease (Scott et al., 2021).

Though individuals suffering from PTSD and STS show many similar symptoms, there is a difference between the two concepts. The major difference between the two is that STS is

developed when a person is indirectly exposed to trauma (Bridger et al., 2020). This indirect exposure could be a result of working with victims of trauma, similar to foster parents (Hamid & Musa, 2017). People who choose to work with traumatized people are at a higher risk of experiencing STS because they continuously show empathy, have insufficient recovery time, still dealing with personal trauma, and deal with a broken system that does not recognize their needs (Hamid & Musa, 2017).

The concept of STS is an essential piece for the current study. Having a firm understanding of the symptoms that are specific to STS will allow for the precise identification of foster parents who are experiencing STS. STS among foster parents can impact their ability to care for the vulnerable children who are entering the foster care system. The current research can assist in helping child welfare workers obtain a better view of the prevalence of STS among foster parents. The current research can also assist Child welfare workers with understanding how STS can impact both the foster parent and the children being placed in foster homes of foster parents who are experiencing STS.

Impact of Secondary Traumatic Stress on Foster parents

Becoming a foster parent involves the interpersonal relationship between the caregiver and the child (Bridger et al., 2020). Consistent exposure to the traumatic stories and experiences of children who have been exposed to child abuse, neglect, sexual abuse, domestic violence, grief, and loss of a caregiver can cause a significant impact (Balu & McLean, 2019). Learning about these traumatic events can hinder a caregiver's ability to develop compassion and empathy (Balu & McLean, 2019). Both compassion and empathy are essential when caregivers, such as foster parents, are beginning to engage and make relational connections (Balu & McLean, 2019). Children who have experienced trauma often begin to show changes physically, emotionally and

behaviorally (Mangold et al., 2022). The caregivers are now given the task of adapting to the trauma they have been vicariously exposed to and the emotional and social demands of caring for a child who has experienced trauma (Balu & McLean, 2019). These adaptations are called trauma exposure responses and are the beginning steps to STS (Balu & McLean, 2019).

Foster parents receive a great amount of exposure to traumatic stories and must be prepared to care for the children as they adjust emotionally, socially, and behaviorally to the trauma they have experienced (Bridger et al., 2020). The onset of STS will cause foster parents to begin to operate in survival mode (Balu & McLean, 2019). Foster parents who experience symptoms of STS may begin to see an impact in their personal and working lives which could also impact the quality of care given to the children in foster care (Hensel et al., 2015). STS can also impact an individual's ability to develop and maintain connected social relationships which is essential when fostering children (Balu & McLean, 2019). Prolonged STS can possibly lead to an increased risk of job dissatisfaction and burnout (Balu & McLean, 2019).

Secondary Traumatic Stress Scale

The STSS was developed by Bride et al. (2004) as a tool to measure the reactions of helping professionals who have experienced indirect trauma while working with individuals who have experienced trauma (Jacobs et al., 2019). The STSS contains 17 items that allow individuals to self-report their experience with STS (Benuto et al., 2021). The scale can be used to assess the effects on foster parents exposed to secondary trauma when caring for children in the foster care system (Roden-Foreman et al., 2017). The 17 items on the STSS align with the DSM-IV PTSD symptoms that fall under criteria B, which measures intrusion, Criteria C, which measures avoidance and Criteria D, which measures arousal (Roden-Foreman et al., 2017). Specifically, there are five items to measure intrusion, seven items to measure avoidance, and

five items to measure arousal (Favrod et al., 2018). Participants are asked to rate their symptoms of STS on a 5-point Likert-type scale with 1 being never and 5 being very often (Benuto et al., 2021).

The participants must make these ratings based on symptoms they have experienced within the past 7 days (Benuto et al., 2021). The score is calculated by totaling the scores for each subscale (Favrod et al., 2018). If a participant scores below 28, there is little or no STS present (Favrod et al., 2018). A score between 28 and 37 shows that there is mild STS present while a score between 38 and 43 shows that there is moderate STS present (Favrod et al., 2018). If a participant scores between 44 and 48 there is high STS present while any score beyond 49 signifies that an individual is experiencing severe STS (Favrod et al., 2018). A score of 38 is used as a threshold to show that an individual is in a critical state and indicates STS disorder (Favrod et al., 2018).

Child Welfare and Secondary Traumatic Stress

The current study seeks to obtain a better understanding of STS among foster parents who hear the traumatic stories of children in foster care; however, the literature specific to STS and foster parent's experiences is very limited and under-researched (Bridger et al., 2020). Being that child welfare workers also work closely with children who have experience with trauma, the literature will be reviewed to further understand child welfare workers' experience with STS. Child welfare workers are charged with protecting the child and rebuilding the family which often comes with great stress and minimum reward (Caringi & Hariman, 2012). STS is an established problem among child welfare workers (Tavormina & Clossey, 2017). The workers hear stories about the considerable abuse and neglect sustained by the children they care for (Tavormina & Clossey, 2017). The stressors experienced by child welfare workers and the

indirect exposure to trauma can lead to the workers experiencing symptoms like PTSD (Bride et al., 2007).

Bride et al. (2007) conducted a study that was specific to the prevalence of STS among child welfare workers. Individuals who work in child welfare experience high rates of stress (Griffiths et al., 2020). Child welfare workers are exposed to traumatic stories along with other job-related stress (Griffiths et al., 2020). The purpose of the study was to help increase what is known about STS among child welfare workers by examining how STS is correlated with personal trauma, peer support, administrative support, intent to continue working with children in need, years of experience, and the size of their caseload (Bride et al., 2007). Caringi and Hairman (2012) also conducted a study that looked at similar factors that contributed to STS, but they also included coping styles. Participation in the study conducted by Bride et al. (2007) was extended to all the case managers and supervisors in the state of Tennessee working for the Tennessee Department of Children's Services which consisted of 333 people, but only 187 individuals chose to participate (Bride et al., 2007). The results of the study revealed that 93% of the participants shared that they occasionally experienced at least one symptom of STS and 59% reported often experiencing two or more symptoms of STS the week prior to the survey (Bride et al., 2007).

A study conducted by Caringi and Hariman (2012) also investigated STS among child welfare workers by exploring the worker's perspective on situations at work that contribute to the development of STS. The study also researched factors that protect, reduce, or aid in child welfare workers experiencing STS (Caringi & Hariman, 2012). Specific factors that were explored include prior history of trauma, coping style, and factors related to the child welfare organization (Caringi & Hariman, 2012). The participants consisted of 103 individuals who

completed the STSS to assess their current level of STS (Caringi & Hariman, 2012). The participants must score at least 28 on the STSS to show they have been impacted by STS (Favrod et al., 2018). After the completion of the STSS, 12 participants were selected to share their lived experiences with STS via face-to-face interviews (Caringi & Hariman, 2012).

The results from the STSS revealed that 74.7% of the 103 participants experienced some level of STS (Caringi & Hariman, 2012). This is 18.3% less than the results from the study conducted by Bride et al. (2007), in which 93% of the child welfare workers were impacted by STS. The workers who participated in the one-on-one interviews also described having symptoms of STS such as numbness and hyperarousal (Caringi & Hariman, 2012). When assessing the impact of prior trauma history, the results showed that participants perceived this as being difficult but also as a positive due to the ability to increase empathy for the clients (Caringi & Hariman, 2012).

The study also assessed the perspectives of the participants on ways to cope with STS. Child welfare workers experiencing STS may utilize multiple strategies to help them cope which include meditation, yoga, spending time with others, and time away from work (Benuto et al., 2022). The study revealed that each participant had a common response when sharing ways to cope with STS, peer support from coworkers (Caringi & Hariman, 2012). When looking into the organizational factors, the research found that the case type, caseload size, and lack of acknowledgment of STS were each contributing factors to the development of STS (Caringi & Hariman, 2012).

Middleton and Potter (2015) conducted a research study that examined the relationship between STS and turnover in the child welfare profession. The study consisted of 1,192 participants who completed the 300-item Comprehensive Organizational Health Assessment

(COHA) and an instrument to measure retention (Middleton & Potter, 2015). The results of the study revealed that at least 26% of the participants experienced work related vicarious trauma that led to an impact on their interpersonal and emotional engagement (Middleton & Potter, 2015). Additional results showed that 10% of the participants felt that their personal trauma history is a concern while they are working (Middleton & Potter, 2015). Research shows that personal trauma history is a concern when determining factors that lead to STS in child welfare workers (Akinsulure et al., 2018; Bride et al., 2007; Caringi & Hariman, 2012). Past trauma that is similar to the individual being helped can increase the chance of STS developing (Akinsulure et al., 2018).

The results specific to the participant's intent to leave revealed that 50% have thought about leaving while 25% of the participants are searching for new employment and plan to leave within the next 12 months (Middleton & Potter, 2015). Middleton and Potter (2015) believe that the results show that retention is a concern among child welfare workers. Factors that have shown to increase retention among child welfare workers include a sense of accomplishment, commitment to the profession, job satisfaction, adequate salary, reasonable workloads, and opportunity for advancement (Griffiths et al., 2020).

Foster Parents and Secondary Traumatic Stress

As stated above, there is a gap in the literature when specifically assessing STS experienced by foster parents who care for children who have experienced trauma. The literature does show that when one cares for a person with a history of trauma, there is a risk for STS and symptoms of distress (Whitt-Woosley et al., 2020). The rate of trauma exposure for a child in foster care ranges from 80 to 93 percent with a great possibility for repeated or chronic exposure (Whit-Woosley et al., 2020). Foster parents are essential partners in the child welfare system, yet

the secondary trauma they are exposed to is rarely considered (Steen & Bernhardt, 2022). A review of the literature was conducted on the three studies that specifically address STS in relation to foster parents.

Bridger et al. (2020) conducted a study using cross-sectional surveys to assess STS as a primary variable among foster parents. The study also assessed self-care, burnout, compassion satisfaction (CS), empathy, and resilience as variables to provide a more in-depth look at the STS concept (Bridger et al, 2020). The participants for the study included 187 current foster parents (Bridger et al., 2020). Foster care is a profession that requires the foster parents to be exposed to the trauma stories of the children in their care (Whitt-Woosley et al., 2020). The results of the study revealed that foster parents are at a high risk of experiencing STS and further research should be conducted to examine the risk factors and preventative factors that can inform future training (Bridger et al., 2020).

The results of the study did reveal some variables that could help with the increase in foster parents' satisfaction. Compassion fatigue increased while symptoms of burnout decreased with self-care, resilience, and empathy (Bridger et al., 2020). Self-compassion has also been researched and found to decrease the negative impact associated with caring for individuals who have experienced trauma (Scott et al., 2021). The study conducted by Bridger et al. (2020) provided great insight into the factors that are related to foster parents developing symptoms of STS and what will help to increase their satisfaction as foster parents.

Another study conducted by Whitt-Woosley et al. (2020) investigated the experiences of foster parents associated with STS and the factors that contributed to the development of STS. The participants for this study included 1,213 individuals who serve as foster parents for United States child welfare agencies (Whitt-Woosley et al., 2020). The participants in the study shared

that much of their secondary exposure to trauma was from the caseworker's report and the child's report (Whitt-Woosley et al., 2020). Indirect exposure to trauma can cause intrusive thoughts, difficulty with emotion regulation, withdrawal, and avoidance in their personal lives (Benuto et al., 2022).

The result of the study showed that 77.8% of the foster parents shared that they had distressing thoughts or feelings about the foster child's trauma that lasted for more than 30 days (Whitt-Woosley et al., 2020). The results also revealed that 32.7% of the participants had additional concerns with their relationship while 30.6% had additional concerns at work (Whitt-Woosley et al., 2020). Social support has been researched as a protective factor against STS (Oginska-Bulik et al., 2021). In foster care, social support refers to resources or assistance from professionals or individuals not involved in the foster process (Cooley et al., 2019). The participants of the study shared that they had moderate to high levels of support with the main resources being foster parent training, a foster parent support network, and mentoring (Whitt-Woosley et al., 2020). The results of the study revealed that the dose of exposure is a direct risk for the development of STS while caregiver support was a direct beneficial factor (Whitt-Woosley et al., 2020). Personal trauma history was not shown to be a significant factor in the development of STS (Whitt-Woosley et al., 2020).

Steen and Bernhardt (2022) conducted a more recent study that examines STS and posttraumatic growth (PTG) among foster parents. The experience of the participants varied from half a year to 30 years (Steen & Bernhardt, 2022). The results showed that 60% of the participants had considered no longer being a foster parent (Steen & Bernhardt, 2022). Due to the challenges associated with fostering, it can be difficult to retain foster parents (Cooley et al.,

2021). Concerns with foster caregiver retention lead to an increase in placement disruption (Cooley et al., 2021).

The results also revealed that a great percentage of the participants looked for support from friends, family, other foster parents, and case managers (Steen & Bernhardt, 2022). Many of the participants also looked to a higher power for help and felt that it was the most helpful form of support (Steen & Bernhardt, 2022). Research has shown that social support aids in reducing STS among helping professionals (Cooley et al., 2019; Oginska-Bulik et al., 2021; Whitt-Woosley et al., 2020). Steen and Bernhardt (2022) examined three specific variables as possible factors contributing to the development of STS: race, age, and seeking support from God/Higher Power/Spiritual Beings. Further results from the study revealed that age had a negative association with STS, while race and seeking support from God/Higher Power/Spiritual Beings were positively associated with STS (Steen & Bernhardt, 2022).

Summary

Chapter two provided a complete review of the literature related to foster care and STS. This qualitative phenomenological study used The Stress Process theory as a guide. This theory focused on sources of stress, coping strategies, and manifestations of stress (Pearlin et al., 1981). The review of the literature revealed that children are being placed in foster care at increasing rates (Whitt-Woosley et al., 2020). Children in foster care have likely been exposed to traumatic experiences but even being removed from their home can be traumatic. As foster caregivers care for the children, they are exposed to their traumatic stories. The review of the literature also revealed that there has been a great amount of research conducted on STS and its impact on individuals working with clients who have experienced trauma (Bridger et al., 2020; Caringi & Hariman, 2012; Steen & Bernhardt, 2022; Whitt-Woosley et al., 2020).

Past research has focused on the impact of STS on professionals in the medical field, counseling, and child welfare (Bridger et al., 2020; Bride et al., 2007). However, there was limited research on the foster caregiver's experiences with STS. More research is needed that focuses on how foster caregivers are impacted by STS when working with children who have experienced trauma. Chapter three describes the research that was conducted to understand foster parent's experience with STS and discover the factors that contributed to STS.

Chapter Three: Methods

Overview

The purpose of this qualitative phenomenological study was to research and describe the lived experiences of foster parents who suffered from STS due to their care for children who have experienced trauma. Chapter Three provided an extensive explanation of the research design and the research questions to be answered. Additionally, this chapter described the participants, procedures, setting, and the researcher's role. Methods used to collect and analyze data were also discussed. This chapter also elaborated on specific measures that were taken to ensure trustworthiness and recognition of ethical considerations.

Design

Qualitative

The current study was qualitative. The purpose of this qualitative study was to observe people in their natural settings while attempting to understand a specific phenomenon from their perspective (Creswell & Poth, 2018). The current study reviewed STS as a phenomenon among foster parents. The current qualitative study benefited from obtaining authentic responses from participants on their personal experience with STS while caring for children in foster care. The start of qualitative research is the review of a theoretical framework that describes the meanings individuals have placed upon a social or human problem (Creswell & Poth, 2018). This study was developed using previous research that focused on the stress process theory which revealed the impact stress can have on a person and ways to mitigate stress.

Data collected from the study was analyzed to determine if the research revealed any patterns (Creswell & Poth, 2018). The current study attempted to determine if there is a pattern of factors associated with the development of STS among foster parents who experience STS. Qualitative research brought together the voice of the participants, an analysis of the

phenomenon, and research that can change the current worldview and future research (Creswell & Poth, 2018).

Transcendental Phenomenology

The specific type of qualitative approach that was used for this study was transcendental phenomenology. Phenomenological research is based on the writings of Edmund Husserl and is most popular in fields such as social and health sciences, psychology, nursing and health sciences, and education (Creswell & Poth, 2018). Phenomenology research requires focus to be on a specific phenomenon (Creswell & Poth, 2018). The word "phenomenon" derives from the Greek words "phainein" meaning "bring to light" and "phainesthai" meaning "to appear" (Williams, 2021). Transcendental phenomenology allowed the data to be analyzed from each participant and themes to be developed (Boschee et al., 2022). To develop themes research focused on how the participants described personal experiences with the phenomenon (Creswell & Poth, 2018). These themes aided in the development of a deeper understating and meaning of the phenomenon being studied (Boschee et al., 2022).

The current study focused on STS as the concept of interest. The phenomenon was researched with a group of people who have all had similar experiences that are directly related to the concept of study (Creswell & Poth, 2018). The participants in the study were all foster parents who have experienced STS. To obtain information from the participants, data collection procedures were utilized which included interviews, which are most widely used (Creswell & Poth, 2018). As the data was collected, it was also analyzed to provide a deeper meaning and more understanding of the phenomenon being studied. To analyze the data, the focus was first on significant statements throughout all the interviews, the focus was then shifted to a larger scope of similarities among the participants, and lastly, the data was reviewed to decipher between the

experience of the participants and how they experienced the phenomenon (Creswell & Poth, 2018).

Research Questions

There is currently a gap in the literature as it relates to foster caregivers and their experience with STS. Just as with other helping professions, foster caregivers are exposed to the traumatic stories of the children in their care. The research questions for this study allowed foster caregivers to share their experiences with STS. Additionally, foster caregivers had the opportunity to share the factors they believe contributed to their STS and the strategies used to cope with STS.

RQ 1: How do foster caregivers describe their experience with STS?

SQ 1: What factors do foster caregivers perceive as contributors to the development of STS?

SQ 2: How do foster caregivers cope with symptoms of distress associated with STS?

Setting

Qualitative research focused on the information participants provide but also on the setting in which this information is given, this cannot always be separated (Creswell & Poth, 2018). Different settings can determine how a participant will respond. Qualitative research usually takes place in the natural setting of the participants where the problem of the study is experienced (Creswell & Poth, 2018). The state of Georgia has a long list of foster care agencies. Some of these agencies include the Department, NTF, FB Foster Care, and LH Foster Care. Foster parents were selected from an agency in the Metro Atlanta area.

The setting for the research was via an online video conferencing system called Zoom. Remote video calls are used professionally as an alternative to face-to-face conversations (Zubek et al., 2022). Video calls allowed the participants to be seen and observed for visual cues such as gestures and facial expressions (Zubek et al., 2022). Zoom allowed the participants to stay in the comforts of their homes as they participate in the research. Each participant received the recruitment email (see Appendix A), consent form (see Appendix B), and the interview protocol (see Appendix C). Participants were asked to situate themselves in a private room with a good internet connection and without distraction.

Participants

The selection of the participants was very specific to ensure that the intended phenomenon is truly present and able to be examined. The selected participants should be a heterogeneous group that could range in size from three to four or 10 to 15 individuals (Creswell & Poth, 2018). The current study utilized 10 participants. Data saturation aided in determining the number of participants selected as data collection stopped once additional interview responses did not bring new information to the study (Fofana et al., 2020). Qualitative research has been criticized due to the small sample size, but this can be a benefit to gaining a true understanding of the phenomenon of study (Tutelman & Webster, 2020). Having a small sample size allowed in-depth research to be conducted and descriptive perspectives of the participants' experiences to be obtained (Tutelman & Webster, 2020).

The participants met specific criteria to be included in the study. The participants had experienced symptoms of STS within the last seven days. To ensure that the participants met these criteria, each were prescreened using two methods, the STSS and a survey. The STSS is a self-report assessment tool that consists of 17 items (Rayner et al., 2020). These 17 items

determined the frequency of symptoms related to STS that are related to indirect exposure to trauma based on three subcategories: Intrusion, avoidance, and arousal (Rayner et al., 2020). The participants answered the questions based on experiences from the last seven days on a 5-point Likert Scale (Rayner et al., 2020). The results from the STSS ensured that participants could give a true perspective of their experiences with STS. The survey was used to collect demographic information to select a diverse group of participants. The ability to generalize qualitative research results is difficult due to small sample sizes therefore researchers focus on the concept of transferability (Tutelman & Webster, 2020). Foster parents were sought out who differ in their relationship status, gender, and racial background.

Procedures

To begin research, permission was requested to use the STSS (see Appendix D). The author, Brian E. Bride, granted permission for the use of the STSS for the current study. Approval was also needed from the Institutional Review Board (IRB). Once approval was received, child welfare agencies were contacted to determine the process of gathering potential participants for the current study. The potential participants were emailed the recruitment letter (see Appendix A) which explained the purpose of the research study. For the individuals who choose to participate, a link was provided for the demographic survey (see Appendix E) and the STSS (Appendix F). The final participants were selected after analyzing the data from the STSS. The final selection of participants received the consent form (see Appendix B) via email. Upon receipt of a signed consent form, interviews were then scheduled with each participant.

Semi-structured interviews were held with each selected participant. Each participant received a copy of the interview questions once the interview was scheduled. The interviews were scheduled for one hour as the allotted time. The interviews were conducted and transcribed

via zoom. The zoom interview was recorded and stored on a password protected computer. The interviews were reviewed and further transcribed as needed. The final transcription was shared with the participants for the validity of the findings. The transcription from the interviews were then analyzed to determine if there were any patterns and if themes could be formed.

Researcher's Role

As a researcher, I have completed an extensive review of the literature on STS. The review of the literature revealed that there is a lack of information specific to foster caregivers and their experiences with STS. I conducted this research study to gain a better understanding about the development of STS among foster caregivers and how they are impacted. I wanted to understand how the initial training prepared foster caregivers to care for foster children and the potential development of STS. I also wanted to gain a better understanding of how the child welfare agencies address the impact associated with STS. Foster caregivers are asked to care for children who have experienced trauma and should be given the tools and resources that prepare them for all concerns that could arise.

I developed a demographic survey (see Appendix E) to ensure that participants in the study were diverse and represented a wide range of individuals. I also utilized the STSS to ensure that the participants being interviewed could share a true experience with STS. The participants shared their experiences with STS and began to develop their own meaning of reality about the phenomenon (Ananth & Maistry, 2020). The qualitative researcher's role is to listen and facilitate which decreases the chance of personal bias impacting what is shared by the participant (Ananth & Maistry, 2020).

To facilitate meaningful responses, interview questions were developed that were specific to the research and allowed me to further understand the participants' experiences with the

phenomenon. I also was sure to actively listen to the responses provided by the participants. I did not contribute to what was being shared to ensure that the content was pure and from the participant's perspective (Fournier, 2020). Qualitative researchers must focus on the phenomenon from the participant's perspective and the meanings they have given to their experiences (Ananth & Maistry, 2020). I listened to participants' lived experiences and analyzed their explanations of their experiences to obtain a better understanding and develop themes. I also ensured that the relationship between myself and the participants remained fair, honest, respectful and show that I care about their experiences (Saleh et al., 2020).

Data Collection

Data collection is an essential part of the research process. Data collection required consideration of how permission will be obtained, the protection of the participants, and the methods used to secure the data (Creswell & Poth, 2018). Individuals selected to participate in the study received a consent form (see Appendix B) via email that explained the purpose of the study. The participants signed the consent form before an interview was scheduled. The participants were assigned a pseudonym to protect their identity.

Any data collected was managed appropriately to ensure proper collection, security, and extraction (Nourani et al., 2022). All data collected was stored on a password protected computer. The data will be stored for a period of five years and deleted once this period ends. Researchers usually use multiple strategies to collect data during the study (Creswell & Poth, 2018). Three data collection sources for the current study were used to gain authentic information about the participants' experiences with STS. The data collection sources include the STSS (see Appendix F), a demographic questionnaire (see Appendix E), and one-on-one semi-structured interviews. Qualtrics was used to administer the demographic questionnaire. Qualtrics

is a website used to create and distribute surveys electronically (Genter et al., 2022). Qualtrics allows the survey creator to gather feedback, receive a report, and analyze the data (Qualtrics, 2023).

Secondary Traumatic Stress Scale

The STSS was used as a pre-screening tool and assisted in the selection of participants for the study (see Appendix F). The author of the STSS, Brian E. Bride, was contacted via email to request permission to use the scale for this research (see Appendix D). Bride responded to the email and approved the usage of the STSS for this study. The participants were emailed a link to complete the scale electronically via Qualtrics. The STSS measured the response to the distress experienced by helping professionals who care for individuals who have experienced trauma (Jacobs et al., 2019). The scale specifically measured intrusion, avoidance, and arousal (Roden-Foreman et al., 2017). Individuals were asked to respond to 17 items on a 5-point Likert scale with one being never and five being very often (Benuto et al., 2021). The participants had experienced these symptoms within the past seven days. The participants also scored at least 28, which indicated that STS was present (Favrod et al., 2018).

Demographic Questionnaire

A demographic questionnaire was used to collect specific information about the participants (see Appendix E). To obtain a sufficient response rate and quality data the questionnaire was developed with questions that were easy to comprehend, relevant to the population, and easily accessible and administered (Sharma, 2022). The questionnaire for this study was self-administered electronically via Qualtrics. Electronic questionnaires are easily administered to a large group of people using an internet-based service (Sharma, 2022). The demographic questionnaire for this study included questions about the participants' gender, age,

ethnicity, income, education level, marital status, years as a foster parent, and the number of children they have fostered. Collecting demographic information ensured that the participant selection was diverse.

Semi-Structured Interview

Interviews allowed interaction with the participants and a better understanding of the world from their point of view (Creswell & Poth, 2018). The questions asked during the interview were specific to the phenomenon, STS. The interview questions were open-ended to allow participants to answer freely and provide essential information (Lee & Kim, 2021). These questions were also written and phrased in a way that was easy for the participants to understand (Creswell & Poth, 2018). The interview process started with questions that allowed the participant to feel comfortable and open to sharing (Creswell & Poth, 2018).

To prepare for the interview with the participants an interview protocol (see Appendix C) was developed. Being prepared with an interview protocol was essential for obtaining quality qualitative data (Creswell & Poth, 2018). The interview protocol also assisted in providing structure for the interview process. The interview protocol allowed an abundance of information to be gathered, there was a better understanding of the participant's experiences, and assisted with staying within the allocated time. (May Luu Yeong et al., 2018). The protocol was developed so that it was easy to understand and included all research aspects of the research questions (May Luu Yeong et al., 2018). This helped to ensure that the research questions and the interview questions were aligned (May Luu Yeong et al., 2018).

In addition, professional colleagues with knowledge on the topic of STS and foster care were contacted via telephone to participate on the expert panel. The participants on the expert panel included a school counselor and three child welfare workers who work directly with

children in foster care (see Appendix G). The school counselor worked in an elementary school while the three child welfare workers were foster care case managers. These individuals were selected because of their years of experience with children who have experienced trauma. Two of the social workers had seven years of experience while one had 10 years. The school counselor had 23 years of experience. Each individual was emailed the title of the study, the research questions, and a copy of the interview protocol (see Appendix C). The expert panelists were asked to review the interview questions for clarity and ease of understanding, if the questions answered the research questions, and any additional feedback. The panelists provided their feedback via email. Receiving expert feedback increased reliability (May Luu Yeong et al., 2018). Experts aided in ensuring that the interview questions were relevant to the study and appropriate for the participants (May Luu Yeong et al., 2018).

Interview Questions

Introduction

1. Please tell me a little bit about yourself as if we are meeting for the first time.
2. Can you describe what helped you decide to become a foster parent?
3. Can you describe the training you received to become a foster parent?
4. How would you describe your understanding of trauma?
5. Can you describe the training you received specific to trauma?
6. How would you describe your understanding of STS?

Experience

7. How would you describe your experience as a foster parent?

8. Please describe the most rewarding part of being a foster parent?

9. Please describe challenges you have faced as a foster parent?

Factors That Contribute to STS

10. Can you describe any trauma you experienced as a child?

11. Can you describe any trauma you experienced as an adult?

12. Please describe how you learned of your foster child's trauma?

13. Please describe your emotional or behavioral response after hearing of the child's trauma.

14. Can you describe how your current foster child/ren has responded, behaviorally and emotionally, to their traumatic experience while in your care?

15. Describe how stress has impacted your ability to care for a foster child in your care.

16. How would you describe the impact stress has had on your family?

17. How would you describe the impact stress has had on you while at work?

Coping

18. How would you describe the benefits of self-care?

19. Please describe your methods of self-care.

20. Please describe any other coping strategies you implement.

21. How would you describe the benefits of a support system?

22. Can you describe your support system?

23. Can you describe the child welfare agency's role as a support system?

24. How would you describe additional training needed to benefit foster caregivers?

Closing

25. Please describe the advice you would give to future foster caregivers.

26. Is there any additional information you would like to share as it relates to the current study?

The participants were given ample time to answer each question and the responses were recorded. Questions one through six were asked to establish a relationship with the participants. These questions also helped gain insight into the participant's understanding of trauma and STS. Questions seven through nine focused on the participant's experience as a foster caregiver who experienced STS. These questions were asked to answer the research question, RQ1: How do foster parents describe their experience with STS? Questions 10 through 17 specifically addressed a variety of factors that could contribute to the development of STS. These questions answered the research's sub question, SQ1: What factors contribute to the development of STS? Additionally, these questions allowed the participants to share more about their experiences as foster caregivers. Questions 18 through 24 were asked to allow the participant to share coping strategies they have implemented to decrease stress. These questions specifically helped to answer the research's second sub question, SQ2: How do foster parents cope with stress associated with STS? Questions 25 and 26 were asked to close out the interview. The participants were given the opportunity to share advice with future foster caregivers and any additional information that could be added to the current study.

Data Analysis

The purpose of the current study was to understand the impact STS has on foster parents. Data was collected using the STSS (see Appendix F), a demographic survey (see Appendix E), and semi-structured interviews. When collecting data, it was managed appropriately to ensure it was properly stored and secured (Nourani et al., 2022). The data for the current study was stored electronically on a password protected computer. The required time that data should be kept varies but usually ranges from three to 10 years (Lin, 2009). The data for the current study will be saved for a period of five years and deleted when this time expires.

All data collected must be analyzed. The data analysis process was implemented to break down the data that was collected to allow for a better understanding of the phenomenon STS from the participant's perspective. Data analysis involved the organization of the data, organizing themes, representing the data, and interpreting the data (Creswell & Poth, 2018). The data for the current study was analyzed by transcribing each interview, horizonalization, and cluster of meaning.

Transcribing the interviews immediately allowed for a review of the interview session, further breakdown of the information, and for the coding process to begin. This form of data analysis was completed as the recordings of the interviews that were conducted with the participants were reviewed. Coding allowed a large portion of text to be analyzed and interpretations to form a new view (Belotto, 2018).

Horizonalization required the collected data to be reviewed for quotes, statements, or sentences that could be highlighted and provided a better understanding of the participants' experiences with STS (Creswell & Poth, 2018). These quotes, statements, and sentences were then organized into cluster of meanings to form themes and subthemes (Creswell & Poth, 2018).

These themes were further analyzed to determine their alignment with the research questions (Belotto, 2018). Once the data was transcribed and coded, the transcripts were presented to the participants via email. The participants were asked to review the transcripts and determine if there was a need for corrections (Seidman, 2019).

Trustworthiness

Qualitative researchers should implement strategies to ensure that the results of the study are trustworthy. Trustworthiness ensures that those reading the study are confident that the data being reported is accurate (Stahl & King, 2020). Establishing trustworthiness strengthens the value of the qualitative research study (Amankwaa, 2016). To achieve trustworthiness the research should ensure that the study has credibility, dependability, confirmability, and transferability (Stahl & King, 2020).

Credibility

Credibility in qualitative research refers to the accuracy of the data collected from the participants and how this information is interpreted and represented (Cope, 2014). To ensure the credibility of the current study, member checking was implemented. Member checking was completed when the participants were allowed to give their perspectives on the results of the study (Creswell & Poth, 2018). Each participant received a copy of their interview transcript. The participants also received a copy and explanation of the themes and subthemes that were formed from their interview session. The participants were asked to read the transcripts and review the themes to determine if there were any misinterpretations or corrections needed. Obtaining the perspectives of the participants certified that the interview responses were correctly interpreted as intended by the participants.

Triangulation was another technique used to make certain that the results are credible. Triangulation aided in validating the results of the study and making connections to obtain a better understanding of the phenomenon by looking at multiple perspectives (Carter et al., 2014). Specifically, data source triangulation was used as data was collected from different participants to obtain multiple perspectives and validation of the data (Carter et al., 2014). To further establish credibility, direct quotes from the participants' interviews were included to show alignment with the research findings.

The final technique implemented to strengthen the credibility of the results was bracketing. Bracketing assisted with revealing personal experiences and views that related to the phenomenon (Creswell & Poth, 2018). Personal views and biases were noted before and after the participants were interviewed. This allowed the participants' perspectives to be heard and understood from a clear mind (Thomas & Sohn, 2023). Separating personal views and biases ensures that the data is interpreted according to the perspectives of the participants (Roger et al., 2018). Bracketing was completed by journaling before and after each interview. Before each interview a bible verse was recited and written down. Proverbs 3:5-6 (NIV) states, "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight." Personal thoughts and perspectives were also written prior to the start of each interview (See Appendix H). Once the interview concluded, personal thoughts and perspectives and noticeable mentions were journaled.

Dependability and Confirmability

Dependability is essential to the qualitative research process as it shows that the research findings are consistent and reliable (Moon et al., 2016). Dependability also certifies that the research can be repeated with similar participants, experiencing the same phenomenon, and

producing similar findings and conclusions (Amankwaa, 2016). The study's procedures were specific and followed the qualitative research design methods. This allows a researcher outside the study the ability to follow, critique, and audit the research process and findings as needed (Moon et al., 2016).

Confirmability shows that the data collected is solely based on the responses of the participants with no input from biases or views (Cope, 2014). The technique used to establish confirmability was an audit trail. An audit trail is a record of the steps taken to conduct the research and specifics on how conclusions were formed (Carcary, 2020). The audit trail required for detailed information to be provided about the data collected and how the data was analyzed (Carcary, 2020). These documents allowed external researchers to follow the research process step by step and determine if the findings aligned with the data (Creswell & Poth, 2018).

Transferability

Transferability shows that the findings of the research study can be applied to other settings and contexts (Stahl & King, 2020). Transferability also aids in establishing external validity (Moon et al., 2016). Thick description was used to ensure the findings were transferable. Thick description refers to very detailed information being provided about the phenomenon of study and the data collection process with the participants (Creswell & Poth, 2018). Implementing thick description aided in beginning to explain and bring meaning to the phenomenon of STS as it related to foster caregivers. Specific details were included in the study such as interview setting, participant's attitudes and reactions during the interview, and all additional data that is essential to understanding the findings of the research (Amankwaa, 2016). Providing a thick description served as a story to the readers that provided a very clear picture of what is being researched and the findings being reported (Amankwaa, 2016).

To further ensure that the results are transferable, the participants were selected using a criterion sampling strategy. Criterion sampling helped with quality assurance and participants had to meet a certain criterion to participate in the study (Croswell & Poth, 2018). Sample selection for this qualitative research was intentional and sought out participants who could contribute to the focus of the study (Whitehead & Whitehead, 2020). Each participant for the current study completed the STSS. The STSS ensured that the participants were currently experiencing distress symptoms associated with STS.

The results from this study expanded the current understanding of the phenomenon STS (Stahl & King, 2020). The results can be transferred and contributed to research theoretically, practically, and for future research. Theoretically, the results from this study added to Pearlin's (1981) stress process theory. The participants shared how they processed and managed their stress related to caring for children in foster care. Practically, child welfare agencies know more about how caring for children in foster care impacts the foster parent. Child welfare agencies are also aware of the factors that contribute to the development of STS and ways to mitigate these factors. With a better understanding of STS among foster parents, future research can focus on interventions and training to reduce the chance of foster parents developing STS.

Ethical Considerations

When conducting research, one must prepare for ethical issues that may arise and ways to address these issues if they do appear (Creswell & Poth, 2018). These ethical issues can arise at multiple stages of the research process. Before starting the research, it is essential to obtain permission from the Institutional Review Board (IRB) which required awareness of ethical issues that may arise and plans to address these issues and ensure respect for the participants, concern for welfare, and justice (Creswell & Poth, 2018). Participants were provided with a general

understanding of the purpose of the study and obtained the proper consent before the research began (Creswell & Poth, 2018). The participants were also informed that their participation in the study was voluntary. Specific precautions were taken in the data collection phase to remain ethical.

All data collected was securely stored on a locked computer that requires a password for entry. Each of the participants were identified by a pseudonym to keep their identity confidential. When collecting information from individuals in a research study, there is an ethical obligation to protect the identity of the participants (Dragga & Voss, 2020). When analyzing the data, the research continued to consider ethics. All findings were included, even the contrary data (Creswell & Poth, 2018). The data will be kept for 5 years and deleted from the computer files once that period ends.

Summary

Qualitative research is essential when attempting to explore a new problem or issue (Creswell & Poth, 2018). In addition, qualitative research allowed for an up close and personal encounter with the participants versus them just being a number. Through qualitative research, participants were given the opportunity to be comfortable sharing their stories about their personal experiences (Creswell & Poth). The specific approach for the current study was phenomenological as the phenomenon of STS will be researched. Specifically, the lived experiences of foster parents who suffer from STS. The selection of participants was specific to those currently experiencing STS symptoms.

The STSS was used as a pre-screening tool to ensure that the participants qualified to be a part of the study. Demographic information was also collected to ensure the participants were diverse. Data was also collected using one-on-one semi-structured interviews. The data collected

was analyzed to review the themes present in the findings shared among the participants. Specific strategies were also implemented to ensure that the results of the study were trustworthy and that all ethical concerns were addressed. The following chapter presents the results of the study.

Chapter Four: Findings

Overview

The purpose of this qualitative phenomenological study was to understand foster parents' lived experiences when caring for children who have experienced trauma and were impacted by STS. The study was guided by a central research question and two sub-questions. The central research question was, how do foster caregivers describe their experience with STS? The first sub-question was, what factors do foster caregivers perceive as contributors to the development of STS? The second sub-question was, how do foster caregivers cope with symptoms of distress associated with STS?

This chapter introduces the 10 participants selected to participate in the study using the data from the demographic survey, STSS, and individual interviews. Next, the data from the individual interviews was used to present the results through theme development. Seven themes and 13 sub-themes were developed and were discussed in detail. Lastly, this chapter discusses how each theme assists in answering the central research question and two sub-questions.

Participants

The participants selected for the study each had to complete the STSS and receive a score of 28 or higher. This score showed that the participants were currently experiencing symptoms of distress associated with STS. Additionally, the participants had to be a foster parent in the state of Georgia and currently have children placed in their homes. There was a total of 10 participants who participated in the study. Each participant was assigned a pseudonym to ensure their responses to the interview questions were confidential. Seven of the participants were recruited from child welfare agencies across the state of Georgia. Three of the participants were recruited by a local school social worker. Of the 10 participants, six were female and four were male. The

age of the participants ranged from 21 to 60. The race of the participants varied with five being black or African American, four being white, and one being Hispanic or Latino. Eight of the participants were married, one was divorced, and one was single. The number of years the participants had been fostering ranged from less than a year to nine years. Eight of the participants provided non-kinship care while two participants provided kinship care.

Table 1

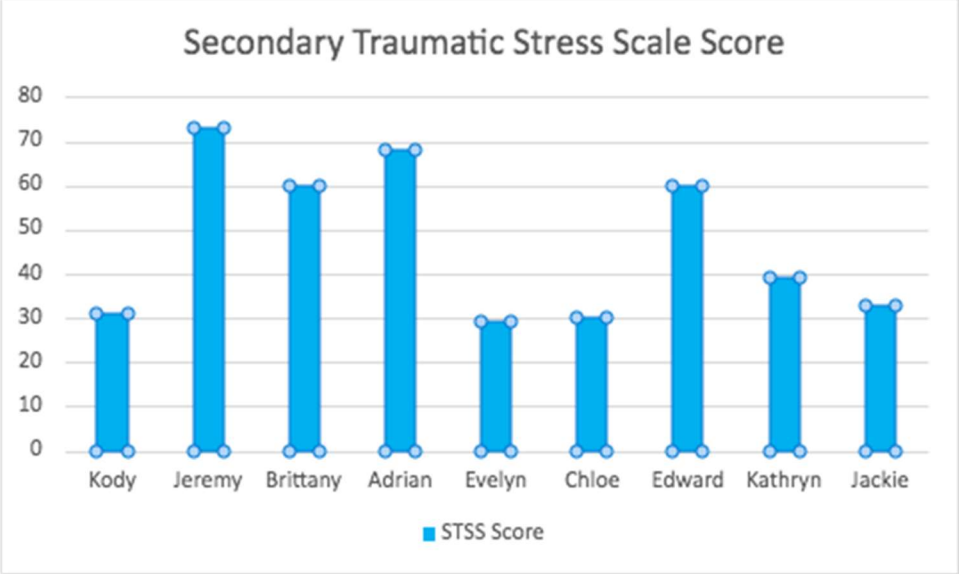
Characteristics of Participants

Pseudonym	**Gender**	**Age**	**Race**	**Marital Status**	**Years Fostering**	**Kinship/ Non-Kinship**
Kody	Male	51-60	Black or African American	Married or Domestic Partner	4-6 years	Non-Kinship
Jeremy	Male	31-40	Black or African American	Married or Domestic Partner	7-9 years	Non-Kinship
Brittany	Female	21-30	Hispanic or Latino	Married or domestic partner	4-6 years	Non-Kinship
Adrian	Male	21-30	Black or African American	Single	1-3 years	Kinship
Evelyn	Female	51-60	Black or African American	Divorced	7-9 years	Non-Kinship
Ava	Female	41-50	White	Married or Domestic Partner	4-6 years	Non-Kinship
Chloe	Female	21-30	White	Married or Domestic Partner	1-3 years	Non-Kinship
Edward	Male	31-40	White	Married or Domestic Partner	Less than a year	Non-Kinship
Kathryn	Female	31-40	White	Married or domestic partner	Less than a year	Non-Kinship

Jackie	Female	51-60	Black or African American	Married or domestic partner	Less than a year	Kinship

Table 2

Secondary Traumatic Stress Scale Results



Kody

Kody is an African American male between the ages of 51 and 60. Kody is married with two grown biological children and one foster child currently residing in the home. Kody shared that the idea of fostering was initially his wife's idea, but they wanted to wait until their biological children had moved out the home. Kody and his wife have been foster parents for four to six years. Within those six years, they fostered six children and have been fostering the current child for 10 to 12 months. Kody shared that they chose to only foster teenagers.

> We're kind of the crazy ones. I blame my wife because we do teenagers, as you know no one wants to do teenagers. They're a handful. Regular teenagers are a handful, but

> those in the foster care system are a handful. We just think we have a little bit more connection with them.

Kody completed the STSS which revealed that his prominent symptom associated with STS was avoidance. Kody received a score of 10 for intrusion, 12 for avoidance, and nine for arousal. Kody's total score on the STSS was 31 which indicates he had mild STS.

Jeremy

Jeremy is an African American male between the ages of 31 and 40. Jeremy currently works part-time as a teacher at a high school. Jeremy is married with one biological child and one eight-year-old foster child currently in the home. Jeremy has been fostering the current child for over a year and has been a foster parent for seven to nine years. Jeremy was very open and shared that he lost his parents at a young age, and this contributed to his motivation to become a foster parent. "I grew up not to see my parents myself. Yeah, so I grew up in the custody of my uncles and my aunties." Jeremy completed the STSS which revealed that his prominent symptom associated with STS was avoidance. Jeremy received a score of 21 for intrusion, 29 for avoidance, and 23 for arousal. Jeremy's total score on the STSS was 73 which indicates he had severe STS.

Brittany

Brittany is a Hispanic female between the ages of 21 and 30. Brittany is married with one biological child of her own and two foster children currently in the home. Brittany shared that she makes sure that her biological child and the foster children do not experience differences within the home. "I don't make them feel like they are a foster, and this one is biological. No, no, no. I make them to feel like they are brothers and sisters. They stay together." Brittany and her husband have been fostering the current children for four to six months but have been foster

parents for four to six years. Brittany completed the STSS which revealed that her prominent symptom associated with STS was avoidance. Brittany received a score of 16 for intrusion, 25 for avoidance, and 19 for arousal. Brittany's total score on the STSS was 60 which indicates she was experiencing severe STS.

Adrian

Adrian is an African American male between the ages of 21 and 30. Adrian is not married but he is in a relationship. Adrian has no biological children of his own and one foster child currently in the home who is five years old. He has fostered the current child for over a year and has been a foster parent for one to three years. Adrian shared that he became a foster parent because he witnessed many children from Africa being abandoned. Adrian stated,

> What helped me decide to become a foster parent that was I, I'm an immigrant. I came from my hometown. Ghana and during my stay here I've I've seen a lot of African children Just abandoned in orphanages. So, I decided to just pick one up for myself and take care of someone. have a new part on a child.

Adrian currently works full-time as a manager. Adrian completed the STSS which revealed that his prominent symptom associated with STS was avoidance. Adrian received a score of 21 for intrusion, 27 for avoidance, and 20 for arousal. Adrian's total score on the STSS was 68 which indicated he was experiencing severe STS.

Evelyn

Evelyn is an African American female between the ages of 51 and 60. Evelyn is divorced and has two biological children, four adopted children, and is currently fostering three children. One of her biological children is an adult and lives in another state the second biological child unfortunately died at the age of seven from a drowning accident. Evelyn shared that she spoke

with both her children about wanting to foster and the loss of her son was an extra push to start the foster care process.

> I felt like that I had more to give to the kids because I know that foster children deal with the loss of not having their families with them and then me having that loss of my son is like I could communicate with them more so to let them know how it feel. And all the parents and then the parents, I would reassure them that I wasn't there to try to keep their kids from them, but I would like to help them be reunited with the children. I like to see, you know, the end result, that the families are doing well and back together.

Evelyn has had the current foster children for 10 to 12 months and has been a foster parent for about 10 years. Evelyn completed the STSS which revealed that her prominent symptom associated with STS was avoidance. Evelyn received a score of nine for intrusion, 12 for avoidance, and eight for arousal. Evelyn's total score on the STSS was 29 which indicates she was experiencing mild STS.

Ava

Ava is a white female between the ages of 41 and 50. Ava is married with nine children, four biological and five adopted. Ava currently has one foster child in the home that she has been fostering for seven to nine months. Ava and her husband have been foster parents for five years. Before Ava and her husband were officially foster parents, they took children into their homes to assist parents in need.

> We always wanted to be foster parents, but it just didn't seem like it was the right time, so we helped children without being in foster care. So, we had a sibling set of two girls for

> about a year that we brought into our house and their parents were unable to care for them. So I think that kind of helped jump-start us on into it.

As foster parents and in only a short period of time, Ava and her husband have helped many children and have great accomplishments. "You know we made foster parent of the year this year. We found out that we have had over 73 kids in our house. I was like, wow!" Ava completed the STSS which revealed that her prominent symptoms associated with STS were intrusion and arousal. Ava scored 15 for intrusion, seven for avoidance, and 15 for arousal. Ava's total score on the STSS was 37 which indicates she was experiencing mild STS.

Chloe

Chloe is a 27-year-old white female. Chloe is married and has two biological children and one adopted child. At the time of the interview, Chloe had two foster children in her home. Chloe shared that she has had up to 10 children in her home at one time. Chloe and her husband had been fostering for three years and had the foster child for zero to three months. Chloe was passionate about being a parent to her biological and foster children. Chloe expressed,

> I've wanted to be a mom since I was like 14 and when I was 17 or 18 one of my friends at church had a foster son.... and I just fell in love with him, like wanted to adopt him.

Chloe talked about how that experience led her to foster care.

> But yeah, that got me interested in foster care and I wanted to adopt and when I found out more about fostering it wasn't, I didn't wanna just adopt, like I wanted to do both. So, I mean, I really enjoy it. I love it very much.

Chloe completed the STSS which revealed that her prominent symptom associated with STS was intrusion. Chloe scored 12 for intrusion, 10 for avoidance, and seven for arousal. Chloe's total score on the STSS was 29 which showed that she was experiencing mild STS.

Edward

Edward is a white 32-year-old male who works as a nurse practitioner. Edward is married with no biological children and at the time of the interview there was only one foster child in the home. The foster child is almost three years old. The current foster child was Edward and his wife's first foster and they have been fostering him for four months. Edward shared that becoming foster parents has been a discussion for him and his wife, even before they were married.

> I think it's been something that was on our minds throughout our marriage and I think we even discussed adoption or fostering, you know, while we're dating as part of like a, hey, if we do get married, is this something that's gonna be on the table at some point?

Edward completed the STSS which revealed that his prominent symptom associated with STS was avoidance. Edward scored 16 for intrusion, 24 for avoidance, and 20 for arousal. Edward's total score on the STSS was 60 which shows that he was experiencing severe STS.

Kathryn

Kathryn is a 31-year-old white woman who works in sales. Kathryn is married with no biological children. At the time of the interview, Kathryn had one three-year-old foster in the home. The current foster child is Kathryn's first foster, and she has had him for four months. Kathryn shared, "It's been a good experience. A crazy one, but good for sure." Kathryn completed the STSS which revealed that her prominent symptom associated with STS was

arousal. Kathryn scored 10 for intrusion, 14 for avoidance, and 15 for arousal. Kathryn's total score on the STSS was 39 which indicated she was experiencing moderate STS.

Jackie

Jackie is an African American female between the ages of 51 and 60. Jackie was working as a pre-k teacher and looking forward to retiring in the coming two years. Jackie is married with two grown biological children and a grandchild. Jackie had one foster child in their home at the time of the interview. Jackie and her husband chose to foster a family member. Jackie expressed,

> Well, it was my husband's cousin and nobody in the family was willing to take her. So we, we were like her last resort. If we wouldn't have taken her, then she would have gone to some foster parents that we didn't know anything about.

Jackie is new to fostering with less than a year of experience. Jackie had been fostering the child for 3 months. The Jackie completed the STSS which revealed that her prominent symptom associated with STS was intrusion. Jackie has a score of 10 for intrusion, eight for avoidance, and eight for arousal. Jackie's total score on the STSS was 28 which shows that she was experiencing mild STS.

Results

Theme Development

Theme development is essential to the qualitative data analysis process. Theme development involves identifying, analyzing, and interpreting patterns found in the qualitative data set (Vaismoradi et al., 2016). Participants were recruited using criterion sampling. An email was sent with the recruitment letter attached to the state child welfare agency and private child welfare agencies in the state of Georgia. The potential participants completed a demographic survey and the STSS as a pre-screener. Participants were selected if their score on the STSS was

28 or above which showed that they were experiencing symptoms associated with STSS. Semi-structured interviews were conducted with each participant via Zoom. The Zoom software also produced a transcription of each interview. The interviews were listened to, and the transcripts were reviewed for errors. Corrections were made and the interviews were listened to again to ensure the interviews were accurately transcribed. The participants were asked to review the transcript for possible corrections. Allowing the participants to review the transcripts helps to validate the interview responses and the results of the study.

Thematic analysis of the interview responses was conducted to identify patterns and determine their meaning (Naeem et al., 2023). Inductive and deductive coding were used to assist with the thematic analysis process. Inductive coding required the review of the data, assignment of codes, and looking for patterns (Naeem et al., 2023). Inductive coding allows themes to develop naturally from the data (Naeem et al., 2023). Inductive coding was completed using horizontalization. Horizontalization required significant sentences and quotes to be selected that reveal participants' experience with the phenomenon STS (Creswell & Poth, 2018). Each transcript was read through again, one question at a time, to look for patterns in the data. A chart was developed that was split down the middle. On the left side were common quotes and statements from the participants and on the right each quote or statement identified was assigned a code. The codes were grouped to form a cluster of meaning by similarity to discover the emerging themes. Deductive coding was then implemented as a top-down approach using the developing codes and themes to further analyze the data (Naeem et al., 2023). Once the themes were formed, the transcripts were reviewed again to determine if additional quotes or statements would align with the themes that emerged. Through the qualitative data analysis process seven themes and 13 subthemes emerged. These themes answer the research question, two sub

questions, and represent the foster parent's experience with STS while caring for children who have experienced trauma. The themes are shown in table three.

Table 3

Themes and Subthemes

Themes	Subthemes
1. Preparation	a. Why Foster Care? b. Training
2. Trauma	a. General Trauma Knowledge b. STS Knowledge c. Personal Trauma
3. Discovering the Trauma	a. How did you find out? b. How did you feel?
4. The Impact	a. Family b. Work
5. Self-Care	
6. Support	c. Foster Parent to Foster Parent d. Family Support
7. Foster Parent/Foster Child Relationship	a. Safe b. Growth

Preparation

This theme describes the start of the foster care journey. This theme is divided into two sub-themes, Why Foster Care and Training. The participants shared their personal reasons for choosing to become a foster parent. It is essential for the child welfare agency to understand

what motivates individuals to want to become a foster caregiver which can assist with recruitment and retention (Gouveia et al., 2021). The participants also described the training received to help prepare them to care for the children. Children placed in foster care have a wide range of needs, therefore it is essential to review the effectiveness of the training provided (Herbert & Kulkin, 2018).

Why Foster Care? Intrinsic motivation is the type of motivation that drives foster parents to continue to work with foster children (Gouveia et al., 2021). Intrinsic motivation from a foster parent may include wanting to help and protect the children coming into care (Gouveia et al., 2021). Six of the participants shared that their motivation to foster was to help the children being placed in foster care. Jeremy stated, "I decided to help people, that really motivates me, and I feel like I can also help someone become great in the future." Evelyn shared her story about no longer being able to have more biological children and how this led her to become a foster parent.

> When I was in my earlier age, like 20 something, I had had miscarriages and stuff and the doctor literally just said to me, why don't you consider adoption? And at first, it was just like, I'm too young for that. You know, why would you say that? And, you know, it just stuck in my mind ever since then. And I was like, well, if I can't have one biologically for myself, why not help somebody else?

Ava shared the story of how she got her second foster child, who was a family member. Even though the parents were not close family members, she chose to help.

> We get a call and they're like, hey, can you help me out again? Another family member? So I'm like, these are like distant cousins or people who are married to a distant cousin,

> you know, or whatever that knew that we loved children and we had helped kids in our house and yada yada yada. So, I was like, just bring her, let's see if we connect, whatever, the kid the little girl is with us for literally two days and she's like, hey, can I call you mom? Absolutely you can. Needless to say, that was when she was three and she is now 11 and she is officially our daughter.

Jackie shared how she became a foster parent which is like Ava's experience. Jackie also became a foster parent for the first time through kinship care. Her current foster child is her husband's little cousin. Jackie stated, "If we wouldn't have taken her, then she would have gone to some foster parents that we didn't know anything about. But my husband said he didn't want that. So we became her foster parent."

Training. To begin the foster care journey, all foster parents must complete the initial training process (Riggs & Blythe, 2017). Becoming a foster parent is a challenging task and without appropriate training, the foster parent may find the transition and changes associated with fostering difficult to manage (Cooley et al., 2017). Nine of the participants were able to elaborate on the training they received while one participant, Jackie, shared that she had not received any training. Jackie stated, "I haven't received training yet. We just went to court, and they gave us emergency foster care. So, we haven't done any training yet at all." Kody shared how the training he received was just enough.

> So we went through, and I can't remember all the the specific names of all the training, but I guess that week long training on becoming a foster parent. We completed that and as you know, you know, you could always need more, you know, like this kind of thrown into the, well, I shouldn't say thrown into it. You got enough to start off with.

Four of the participants shared that during the training they had to acquire a great amount of information related to foster children and their trauma. Ava shared,

> So they, I mean, you try to compact all of this into four or eight-hour days. But I'll be honest with you the training, I mean, a lot of it is good, you know, and they give you like the direct but when it comes to, you really learn when you're knee deep in it.

Edward thought the training was beneficial but not exactly what he expected. Edward shared his training experience,

> We felt like the first session wasn't really a 101. It was just a little tickle of like, here's what foster care is, but then they immediately threw you into the deep end of like, let's explain what types of trauma these kids have.

Additionally, Edward stated, "It was honestly pretty helpful. But not quite what we were expecting when it came to training". Kathryn added that some real-life experiences were included in the initial training. Kathryn stated,

> It was very much kind of like big picture talking about trauma, talking about like kind of more of the heavy topics at first, and then at the end, it was where they would bring in people to talk a little bit more about their experience.

Along with the initial training, participants are also required to complete continuing education classes that focus on caring for foster children. Chloe shared, "We went through some kind of training, I think it's called, Impact, it was like few weeks. I don't think I've really had any training since besides like the monthly phone calls and the 15 hours a year." Evelyn and Brittany gave a different perspective on what they gained from the initial training. Brittany stated, "It provided strategies about stress and time management." Evelyn shared a story about how she lost

her son to an accidental drowning causing her to experience grief. Evelyn believes her personal experience with grief allowed her to better resonate with the training related to the grief children in foster care experience. Evelyn stated,

> Then it really, because I had went through grief when they went over that section about grief was a really inspiring for me, because you would never think that children deal with grief, but they do. It's not, it might not be a loss because they lost their parents, but it's a loss of a family dynamic that they was used to and now they gotta get used to other people. And when they move from home to home to home, they have multiple griefs that they can be dealing with and it could, you know, cause stress anxiety.

Trauma

This theme describes each participant's understanding of trauma and the training received that was specific to trauma. Additionally, this theme describes the personal trauma experienced by the participants. Research shows that personal trauma history is associated with an increase in symptoms associated with STS (Raynar et al., 2020; Roden et al., 2017). Gaining a better understanding of trauma and its potential impact can help to decrease foster parents' stress (Konijn et al., 2020). Additionally, having an understanding of how trauma can impact a child's behavior can help foster parents respond appropriately and continue to build a secure relationship (Konijn et al., 2020). This theme is divided into four sub-themes, General Trauma Knowledge, STS Knowledge, Personal Trauma, and Trauma Training.

General Trauma Knowledge. All 10 participants gave a definition for trauma that showed their understanding of the word. Two of the participants talked about how trauma occurs when an unexpected event happens. Jackie stated, "Trauma to me is something happened

unexpected unexpectedly, you know." Kody stated, "I'll call abuse almost something from not the norm that impacts a a, a child, or even an adult from doing their normal way of living." Two other participants explained that trauma impacts individuals differently. Evelyn stated, "It's a lot to go into knowing about trauma. You just, you have to take trauma for what it is, is trauma and everyone deal with trauma different ways." Chloe stated, "I mean, all trauma is different. I mean, for every kid I've had it's completely different." Three participants' definitions included that a person's experiences can lead to trauma. Ava stated,

> I feel like it's an experience that happens and then there are things that trigger that trauma, you know, sounds or noises or things that happen, that trigger that response and, and a lot of these kids are in fight or flight, you know, with, with their trauma.

Edward shared his understanding of trauma as it relates to an experience.

> I would say it's, you know, any, any experience that has, you know, whether it be, I mean, and there's multiple forms but it's any experience in a physical emotional neglectful, you know, abusive standpoint that impacts a child's psychosocial psy, psychological, emotional health. And it kind of limits their growth.

Kathryn also described trauma as an experience that leads to long lasting effects. Kathryn stated, "Anything that a child's experienced that is negatively affecting their development."

STS Knowledge. Six of the participants had some understanding of STS while four of the participants did not. Ava was upfront and stated, "I don't really know a lot about that if I'm being honest." Jackie was also candid and stated, "So, I don't know. I don't know how to say it. I don't know how to, how to put it out there." Brittany confused STS with post-traumatic stress experienced by the child. Brittany stated, "Maybe as the result of an event, it takes time, maybe

some days or some months, and then it will come up again." Evelyn described the impact of personal stress versus STS. Evelyn stated, "I put so much on my plate at one time that you get overwhelmed at times, but you gotta say, ok, I gotta take it one day at a time."

Chloe shared that as a foster parent she has not heard much about STS however she did have some understanding of STS. Chloe shared,

> I mean, it's not really talked about, honestly. I don't, until I saw your email. It's like I've not really heard of it but it, I mean, I know it's, if one of my kids are going through something traumatic, it's how it affects me, I guess, dealing with their trauma even though it's not mine."

Adrian also explained that STS impacts the foster parent because of the child's traumatic experience. Adrian stated. "It is trauma gained by the parent or this is trauma gained by someone through the child." Jeremy also explained that STS occurs due to secondary trauma exposure. Jeremy stated, "So secondary traumatic stress is that one is uneasiness that may not be directly from from you, that may be because of what you do. So it's not a first-hand, it's not a first-hand experience." Edward described the moment he realized that he was experiencing STS.

> I didn't really know how to differentiate, differentiate, differentiate the idea that me being compassionate and feeling for his situation and went, wow, that's really tough man. That makes me really sad, normal emotions, right? Like, hey, I am connecting with this child realizing that he's been through a lot and you know, with my background with a, a broken family, I, you know, there's like this pull at your heart and he goes, OK, I, I understand what you're going through and then all of a sudden I found myself really irritable, low mood.

Personal Trauma. The participants shared both childhood and adult trauma that they have personally experienced. Jeremy shared that he grew up without his parents and was raised by an aunt and uncle. Jeremy felt this caused him trauma as a child. Jeremy shared, "As a child, even at this age, I've always wanted to know what my parents look like." Brittany shared that her childhood trauma derived from conflict between her parents. Brittany stated, "As a child, the trauma I experienced was a kind of domestic violence and at the time it was actually with my parents." Chloe talked about how her health concerns caused her trauma as a child. Chloe shared,

> At the age of 10, I was diagnosed with, diagnosed with epilepsy. So I had seizures from 10 to 15 and when I was 15 I had brain surgery. So that was kind of traumatic. But it was like, oh, well, you could lose your vision or have a stroke or die just at 15. Like, that's a lot to hear.

Jackie, Evelyn, and Edward expressed that loss contributed to their adult trauma. Jackie's statement was simple, yet powerful. Jackie stated, "The loss of my mother." Again, Evelyn shared that her son passed away from an accidental drowning. Evelyn expressed,

> When my son drowned that day was just like something that I wouldn't wanna show nobody, you know, no, no parent to deal with your child, leave from you to go on a visit, with their, their parent and then to not to return home. That was hard.

Edward works in the healthcare field and experiences many losses while at work.

> I've seen a lot of death. I've seen a lot of dying. I have put more toe tags on dead bodies than I cared to in my entire life. And so I, I call myself the human car mechanic because I need to somewhat compartmentalize the trauma that I see on a regular basis.

Discovering the Trauma

STS symptoms can arise when an individual listens to the retelling of a traumatic event and is continuously exposed to the details of this traumatic event (Lawson et al., 2019). When a child is being placed in a foster home, the foster parent learns of that child's traumatic story. The foster parent must hear these traumatic stories repeatedly and from different sources. After hearing these stories over and over, foster parents can develop symptoms like PTSD such as intrusive thoughts, avoidance, negative changes, and behavioral arousal (Castro Schepers & Young, 2022).

How Did You Find Out? The participants shared that they gained knowledge of their foster child's trauma from the child, the case worker, and court. All 10 participants received the initial trauma knowledge from the case manager. Evelyn shared,

> Most of the time, it's the case manager will just give you a little brief background of the kids, but you really don't know the depths of what actually happened to the child until the child started talking to you about what happened to them.

Chloe also learned of her foster child's trauma from the case worker and the child. Chloe shared, "Well, the caseworkers tell us sometimes, and then my older kids, they, most of them will tell me what happened. Like my teen right now. She straight up told me everything."

Three of the participants, Jackie, Kathryn, and Edward, gained much of the child's trauma history while in court. Jackie stated, "I always find out details from the case worker and when we go to court because you find out everything when you go to court." Edward shared,

> It felt like every week, every other week as we get updates, as people would talk to the bio parents, the more stuff just started coming out and then court felt like a very, it was

> the first time where I think everyone met together mostly in person and then all the detail came out.

Kathryn shared her experience when learning additional information about the child's traumatic experiences. Kathryn stated,

> I feel like throughout even the last court case when we were sitting there, I was like there was about 10 huge pieces of information that was news to both of us that I was like, that's different. Like I didn't know that that was suspected, or I didn't know that some of these things were even in play.

How Did You Feel? After hearing the traumatic experiences of the children in care, the foster parents experienced emotional and behavioral responses. Kathryn shared, "I remember just starting to cry." Evelyn expressed her compassion, "I take it to heart because I don't like this to hear a child is hurting. I just wanna hug them or you know I say it's gonna be ok." Jeremy shared his emotional response along with how he was reminded of his personal childhood trauma. Jeremy stated,

> Well, I must say that having heard of his story, the experience, and I should say his sadness, I was sad myself. It evoked some some kind of thoughts in me about myself and how I was in a similar situation, and it also made me to be sad because I never grew up to see my parents myself.

Ava had intrusive thoughts that disrupted her sleep. Ava shared, "you're laying in the bed at night going, oh my God, is that and what can I do to help her fix it knowing that there is no fixing it."

Some participants also recalled feelings of frustration and anger. Kody shared that his current foster child was abused by the family that adopted him. The child then had to come back into foster care. Kody expressed his frustration,

> My current Foster, I was really pissed. To find out what he went through. And I I was really upset. I'll probably say more pissed than upset, but, like I said, it was to the point where these individuals should be locked up in jail.

Edward also expressed frustration. Edward stated,

> I'm getting this little undertone of just frustration and builds up aggression. So I, I just like after court and you feel all these things, you know. Yes, you want to pause and, and you feel like kind of shell shock of like, wow, that is a lot to digest and then you sit there and you mull it over and you digest it for a little bit. And then meanwhile, while she's crying, I'm just like clinching my fist a little bit more.

The Impact

Being a foster parent comes with many challenges that foster parents must navigate daily. Foster parents are exposed to the traumatic stories of the children in their care which leads to the development of STS (Whitt-Woosley et al., 2020). The stress symptoms associated with STS can have an impact on the foster parent's day to day life leading to additional stressors (Miller et al., 2019). The participants shared how STS has impacted their families and them while they are at work.

Family. Eight of the participants expressed some form of negative impact on their family while fostering. Brittany shared how fostering has caused some of her family members to be concerned. Brittany stated, "It's caused people to get worried, especially when they put up a. He

puts up a particular behavior." Jackie shared that becoming foster parents has changed her family dynamic as her husband has taken on a different role. Jackie shared, "It's a lot on my husband because he is taken over as like her caregiver." Edward expressed that being a foster parent has hindered his ability to assist with his aging parents. Edward shared,

> You know, we got some, our parents are aging with some medical issues and it's been, you know, they've needed a little bit more nursing and tending to, but we haven't really been able to kind of meet all of those needs just based on our stress and what's going on and on.

Chloe, Evelyn, and Ava shared how being a foster parent has had an impact on their biological children. Chloe spoke about having to remove foster children from her home to keep her biological children safe. Chloe shared,

> I have younger children and I had a 10-year-old bullying my six-year-old and so he was getting angry, and he was acting out. So at that point, we had to disrupt the placement, so it does affect them, but as soon as I notice, like we fix it because, you know, I can't traumatize my children trying to care for the other ones.

Chloe shared more about how fostering has impacted the safety of her biological children. Chloe shared, "I had a six-year-old get in my son's crib, he was two, and stomped on his face." Ava discussed how her biological child felt that she was not getting enough attention. Ava shared,

> For my oldest daughter, it was that I was missing everything in her life. You know, she was in high school, and she felt like I was cheating her. You know, I didn't care. All I cared about was them, you know, and what was best for them. I didn't care about what was best for her.

Similarly, Evelyn's biological children also felt they needed more attention. Evelyn shared,

> My kids be like, oh, I can't wait until they're not in my home anymore. I can't do anything. They're taking my stuff, they touching my stuff. Not feeling like they can keep their own belongings in their rooms, feeling like, you know, they're coming in, taking their spotlight at the moment or they're not getting enough attention.

Work. Six participants expressed a change at work associated with the STS. Brittany talked about how she has a hard time focusing at work because she is thinking about her foster child. Brittany stated, "Sometimes I do have difficulty, maybe overthinking. It's thinking about the health, thinking about the child and sometimes I feel so bad. So, it really affects my performance at work." Adrian also struggles with focusing while at work. Adrian stated, "At work, I can't really focus at work. So my mind, my mind is in shifts. My mind will find a pass from one thing to another, and sometimes I don't concentrate." Evelyn also shared that not being able to focus at work has impacted her work performance. Evelyn stated, "Sometimes I just can't focus, because it gets a little overwhelming and then, you know, you just can't focus on getting things done. It takes a little bit longer than what you expected."

Edward and Kathryn have seen a decrease in motivation while at work since becoming foster parents. Kathryn stated,

> I'm just like, ok, like I can't really deal with that right now. Like if it's a big deal, let me know, but if we're gonna talk about like trivial things, let me know if it becomes a big deal type deal.

Edward shared how he has seen a reduction in his productivity and motivation decrease. Edward stated,

> I've seen, you know, my productivity fall at work. I'm a pleasant person at work, I'm not, I'm not gonna be that kind of grouch person but, I just don't care. I, if somebody brings up something about, I need to do something different, you're like, look, unless you're mandating it and I, maybe, maybe not honestly, like, unless I'm being penalized for it. I don't like, I don't know, if I really care anymore.

Self-Care

Self-care involves activities and behaviors that an individual implements to aid in reducing stress and increase personal well-being (Keesler et al., 2020). Self-care also helps individuals to be better prepared for challenges that arise from a stressful situation (Keesler et al., 2020). All 10 participants acknowledge that self-care is essential. Kody simply stated, "Oh, it's very important." Brittany stated, "The benefits of self-care is actually a good one. It's very important for me to care about myself." Evelyn expressed how self-care allows her to refocus on herself and worry less about her current stressors. Evelyn stated,

> The benefits from self-care is you get that time to just, let loose. Oh, reenergize, take care of yourself. Being able to not worry about. Ok, I gotta meet this deadline now. I could just take care of myself feel good about yourself in ways that you know, you felt like you let it, let it go.

Chloe talked about how self-care allows her to better care for the foster child. Chloe stated,

> Well, it helps me be a better parent. Yeah, because like like I said, if I cannot handle my emotions and my stress level not gonna be able to handle them. So I make sure that I've got my stuff together before I try to parent my Children.

Kathryn shared that as a new foster parent, she and her husband are still struggling to implement self-care into their normal routine. Kathryn stated,

> Very Beneficial. Yeah, I think we're still trying to figure out what that looks like in this stage, you know, but I think the times that we do get that time, like even us being able to get away for two days, this past weekend has been really great.

Support

Support can assist in reducing symptoms associated with stress for those who are faced with indirect exposure to trauma (Guroweic et al., 2023). Support also aides in encouraging effective coping strategies to help mitigate stress responses (Guroweic et al., 2023). Social support was mentioned a great deal throughout the research. All 10 participants recognized the need for social support as a foster parent.

Foster Parent to Foster Parent. Six participants believed that having support from other foster parents is very beneficial. Chloe explained that she appreciates having other foster parents as support because they have a better understanding of the foster parent experience. Chloe stated,

> It's very important, like you, if you don't have a support system, I couldn't be a foster parent without my support system. Like foster parent friends, they're, they're really nice to have because they understand what you're going through. So, when you're telling them something, they're not like looking at you crazy.

Kody is not only a part of a foster parent support group, but he also ensures that he shares the information with other foster parents when they meet. Kody shared,

> I don't know how any foster parent would do without them. In fact, every single foster parent that didn't know about it that did go about it, they came to thank us. I'll tell everyone we tell our case workers like, if you have foster parents, that don't know anything about care community team, here's the contact it will help them. So I don't know what I would do without the care community team.

Four of the participants, Edward, Kathryn, Ava, and Jeremy believed that foster parent to foster parent mentoring should be a part of the onboarding process to become a foster parent. Jeremy explained that having a foster parent organization can help foster parents with the tools to better care for the foster children. Jeremy stated, "Maybe having a foster parent organization that assist foster parents who in turn will assist foster child." Ava expressed that having support from other foster parents can help new foster parents have a true understanding of fostering. Ava explained,

> Somebody wants some training with the person who's been in the trenches with you. Like I don't want somebody telling me what could happen or what happened in this situation. I know every situation is different, but I want life learned experiences. I don't want what if or this could or, or whatever. Bring me some people who know. That's had a learned experience, you know, or other foster parents.

Edward spoke about a potential foster parent mentoring program, especially for new foster parents. Edward stated,

> Set it up where like, you have like a big and a little like, like who's my mentor? Like, could you help assign like mentors like this is gonna be your newbie? And then like when you get a year into it, then you're assigned like a fresh foster that kind of thing.

Kathryn shared that she had to seek out foster parent support on her own, but she would have appreciated receiving information about these groups during the training process. Kathryn stated,

> Now I'm starting to see like where you can find those places. But I think at first I kind of was like, I don't know. So maybe even just kind of sharing how other people have found community. but it's been us trying to like, search it out versus being like, hey, you have a list of podcasts that we've recommended there. Here's some like, blogs that can maybe like, help you through some of these like complex emotions that I don't think that neither of us like, thought that we'd be experiencing. And then all of a sudden, you're in it and you're like, what do I do with this? And it's like, like for some of the podcasts that I've listened to, I'm like, oh, you've put that perfectly how I'm feeling. But like, I've been feeling crazy because I didn't know that like other people feel that way. So, yeah, I think just maybe helping to connect people more.

Family Support. Seven participants viewed family as a source of support. Brittany took pride in saying that her family is always a phone call away if she needs anything. Brittany shared, "Okay, support system is really from a family. I'll call on to my family member, and I can tell you there's no time that they turn me down." Evelyn spoke about how her family is not just a support to her but also to her foster children. Evelyn shared, "Well, I have family that really looks out, for me and it be like, there's a, hey, I just bought this for you, you know, do you think you can use it or here or something for the kids." Jackie also shared how her family supports both her and the foster child. Jackie shared,

> You know that, that's a wonderful thing to have a support system. My family give her a lot of stuff. They give her a lot of attention even my dad, they give her a lot of attention.

> Which that's, and I think that's what she needs. I think she never had a family and then she, then she's seeing a family.

Ava expressed with appreciation that she has a large tight knit family that has been very supportive. Ava shared,

> Oh, I think it's huge. Like I have a huge support system. I have a huge family. So for that, I'm very lucky. So all of my grown kids are a huge support. My mom and my dad, my brother and his wife. So like I said, I all of my family is from here. We all still live here. So and we all live right here, close together. So that's a huge, huge plus I think.

Foster Parent/Foster Child Relationship

The relationship between the foster parent and the foster child is an important piece to consider when placing a child in a foster home. A positive relationship between the foster parent and the foster child can assist in reducing the presence of internal and external behaviors from the foster child and the foster parent (Cooley et al., 2021). Participants shared that while the foster children were in their care, they wanted to ensure they felt safe. The participants also expressed that the reward associated with being a foster parent is seeing the children's growth.

Safe. Five of the participants spoke about building relationships with the children in their care and ensuring that they knew they were safe. Kody and his wife foster teenagers and try to keep open communication with the children. Kody stated, "My wife and I is just constantly communicating to our fosters that they're in a safe place. They'll never be neglected without a roof over their head, food on the table, and that they're in a safe place." Brittany and Evelyn shared how they ensured a safe environment to allow the children in their care to feel comfortable talking to them. Brittany stated,

> You have to be close to them like close to them, so that if they need anything they can come up to you. If they have any problem, they can disclose it with you at any time without having that, mind that you you gonna shout for them, or you gonna blame them for anything.

Evelyn stated,

> Just letting them know it's ok to talk to me, about things. I keep an open mind and I was like, look, whatever you tell me, I'll let it be just that you talk to me and I'll put it in the sea of forgetfulness and you don't have to worry anymore.

Ensuring a safe environment was also helpful in reducing the emotional and behavioral responses shown by the foster children. Chloe discussed how children in her care would feel attacked when being redirected. Chloe shared,

> We would be like, hey, you can't do that in her mind she is being attacked and I told her I was like, this is a safe place. We're not gonna yell at you, we're not gonna cuss you out, we're not gonna attack you.

Ava shared that her foster child was very withdrawn when placed in her home, but over time Ava has seen the child become more comfortable. Evelyn shared,

> Initially, when she first came, she was super withdrawn, she could not leave my side. She would cry hysterically, you know, she had been through a lot. There was probably 100 people here and she was playing just outside playing and we all just watch it in awe, like, six months ago, this kid would not have been, like, I think it's like she feels safe, she feels secure. She knows that, you know, that things are all good.

Evelyn shared the strategy she uses to calm her foster children down when they are exhibiting emotional and behavioral responses. Evelyn shared,

> Sometimes they have night terrors, sometimes they might have anger outbursts, where they wanna just, they wanna hit themselves. It's more so them blaming themselves and wanna hurt themselves at that point. I just try to calm them down as, you know, by talking to them and stuff like that and redirecting them, you know, just making sure they're in a safe place.

Growth. As the participants build relationships with the foster children, they begin to see changes and improvements in the child's emotions, behaviors, and development. Adrian stated, "So to me the most rewarding part to being a foster parent is the satisfaction that comes with taking care of a child, seeing, seeing him grow. It's something that I enjoy." Jackie shared that she has been able to see her foster child's knowledge of the world around her grow. Jackie and her family have been able to expose things she has never experienced. Jackie stated,

> I've been trying to teach her life lessons, you know, these are things that you're gonna need that's gonna carry you through life. It was a lot, she didn't know a lot of things she never seen and a lot of things she never done.

Brittany shared that as she has been building a relationship with her foster child, she has seen a decrease in symptoms associated with the child's trauma. Brittany stated, "Okay, the most rewarding for is you working on a particular condition. How we with someone and you trying to see that the person is really coming out of it." Similarly, Chloe shared that she enjoys it when children can truly communicate with reduced trauma responses. Chloe shared, "you break

through all that hardcore, and you finally get to like that middle and they're, they're sweet. They act like they're hardcore kids are not, they just want somebody to love them."

Participants with younger foster children have been able to assist their foster children with developmental growth as they build a relationship. Kathryn and Edward are fostering a three-year-old boy and have seen major developmental changes since he has been in their care. Kathryn stated, "the amount of growth that he's had in just a short amount of time, I think like watching him learning how to communicate has been really great." Edward shared,

> I think it's super rewarding to see that this, we are impacting this kid's like cognitive development to help him with all those early milestones. So that maybe he'll get a chance to like ideally, if he gets reunified, you know, to have a chance of really keeping up with his peers, having a, a very happy, good fun childhood and not being set back too much.

Research Question Responses

The current study was guided by one central research question and two sub questions. The central research question was: How do foster caregivers describe their experience with STS? The first sub question was: What factors do foster caregivers perceive as contributors to the development of STS? The second sub question was: How do foster caregivers cope with symptoms of distress associated with STS? This section will explain how the themes and subthemes correspond with the research questions.

How do foster caregivers describe their experience with STS?

The central research question corresponds with themes four and seven. Theme four, The Impact, is divided into two subthemes, Family and Work. Participants talked about the changes they noticed with their family and at work since experiencing symptoms associated with STS.

The participants noticed emotional responses such as irritability and overwhelm both at work and at home. Participants shared that their family would become worried because of these emotional changes. Ava shared,

> I'll be honest with you, that last little set of three really did a number. Like when the case manager came, I think they were more worried about me than they were about themselves. But they were like, my mama's struggling and I guess maybe in my eyes I didn't see it, but they could all see it.

The participants shared that there were changes in their family roles and some participants noticed significant changes with their biological children. At work the participants noticed an impact on their productivity, motivation, and focus.

Theme seven, Foster Parent Foster Child Relationship, was divided into two sub themes, Safe and Growth. The participants discussed the process of building relationships with the children in their care. The foster children had personal trauma and the foster parents had to endure the emotional and behavioral responses that came with the trauma. The participants realized that assuring the foster children that they were safe helped strengthen their relationship. Participants shared that assuring safety helped the children in care feel comfortable enough to share their story and to not feel attacked when redirected. Despite experiencing symptoms of distress associated with STS, the participants shared that the reward of being a foster parent is seeing the children grow and being a part of that growth. Participants saw a decrease in the emotional and behavioral responses associated with the children's trauma. The participants also discussed helping the children learn life lessons and seeing developmental growth.

What factors do foster caregivers perceive as contributors to the development of STS?

The first sub question correspond with themes one, two, and three. Theme one, Preparation, was divided into two sub themes, Why Foster Care and Training. Most of the participants shared that their reason for choosing to become a foster parent was to help the children who were coming into care. Many of the participants expressed that to be a foster parent one has to want to help and have a love for children. Chloe stated,

> Like you need to make sure you're ready and make sure you have a heart for it because there's a lot of times where it's like we should just quit. But if you have the heart for it, like, I, I mean, sometimes I'm like, dear Jesus but like I love it. So, I mean, I just keep going because you gotta love it to do it because if you don't, you're not, you're not gonna make it.

Most of the participants shared the training they received that was meant to prepare them to become a foster parent and cope with the stress associated with being a foster caregiver was ineffective. One participant shared that she has yet to gain training as a foster parent. The participants shared that the initial training required them to obtain a great amount of information at one time. Some of the participants felt that the information obtained during training was beneficial, but the training was not what they expected. Some participants expressed that the initial training was just enough to get a foster parent started and the real training began once a foster child is placed in the home. Many of the participants stated that in addition to the initial training, they are required to complete 15 hours of training each year. The interview responses display the participants' drive to become a foster parent and explained that the training is informative but does not completely prepare them to handle all that comes with being a foster parent which can aid in the development of STS.

Theme two, Trauma, was divided into three sub themes, General Trauma Knowledge, STS Knowledge, and Personal Trauma. Each of the participants had a general understanding of the meaning of trauma. The participants described trauma as an event or experience that has a negative impact on a person's emotions, behavior, or development. Four of the participants did not know the meaning of STS. However, many of the participants were able to provide a general understanding of STS and explained it as stress associated with caring for someone who has had a traumatic experience. One participant, Edward, noticed distress symptoms associated with caring for the foster child but was not aware of the term STS until receiving information about the current research study. Another participant, Chloe, discussed having a prior experience with distress symptoms associated with STS and now experiencing this as a foster parent.

The participants also shared their personal trauma from childhood and as an adult. Two participants shared that they did not have traumatic experiences in their childhood or adulthood. Three participants, Jackie, Evelyn, and Edward shared that grief was a part of their personal trauma. Jackie and Edward experienced grief in adulthood while Evelyn experienced grief in both adulthood and childhood. These participants expressed that their personal grief allowed them to connect with the foster child and show empathy. Adrian and Jeremy also shared the ability to empathize with the children in their care because they too grew up in the care of someone other than their parents.

Theme three, Discovering the Trauma, was divided into two sub themes How Did You Find Out and How Did You Feel. All the participants initially learned about the foster child's trauma from the case worker. The participants shared that the case manager would provide a general overview of the child's traumatic experience and the reason the child is being placed in foster care. This is the beginning of the foster parent's exposure to the child's trauma.

Participants with older foster children shared that once the children were comfortable, the children would share their traumatic stories. Three participants shared that they obtained a great number of details about the child's trauma story at court. The foster parents continue to hear these stories while the foster child is in their care.

Repeated exposure to the traumatic experiences of foster children caused the foster parents to exhibit emotional and behavioral responses. One participant shared crying when hearing of her foster child's trauma. Some participants preferred to be alone when they felt overloaded. Kathryn expressed, "And then I think just like having a time where it's like, I don't have any form of responsibility. So even if it's me, just like sitting and doing nothing like that's great too. So." When Jeremy heard the traumatic stories of his foster child, it caused him to reexperience his personal childhood trauma because he too did not grow up with his parents as his caregivers. One participant expressed that she experienced intrusive thoughts and had a difficult time sleeping. Two of the participants expressed that they became frustrated and angry after hearing of their foster child's traumatic experiences.

How do foster caregivers cope with symptoms of distress associated with STS?

The second sub questions correspond with themes five and six. Theme five is Self-care. All the participants felt that self-care is essential as a foster parent and aids in reducing stress symptoms associated with STS. One participant expressed that self-care is important, but she has struggled with implementing effective self-care strategies. Without these strategies, the participant has seen little reduction in her distress and is still searching for ways to cope with the stress. Some participants shared that implementing self-care strategies helps them worry less about day-to-day stress and focus more on themselves. One participant, Chloe, explained that

implementing self-care strategies benefits her and the foster child in her care. Chloe shared that self-care allows her to better care for the foster child.

Theme six, Support, is divided into two sub themes, Foster Parent to Foster Parent and Family Support. Most of the participants shared that they obtained support from their family. Many of the participants expressed the need for support from other foster parents. The participants believed that other foster parents can better understand what they are going through as a foster parent. One of the participants shared that he is in a group for foster parents and makes a point to share the group as often as possible. Another participant shared that she often serves in the role of a mentor foster parent for new incoming foster parents. Four of the participants felt that a connection with a veteran foster parent should be made during the training. Having support from veteran foster parents from the start of the foster care training process allows for a firm foundation. The participants shared that these connections can be made through blogs, podcasts, support groups, church groups, community groups, and other foster parents at the child welfare agency.

Seven of the participants stated that family is a source of support when attempting to cope with distress symptoms associated with STS. Each of the participants were appreciative of the support they receive from their family. One participant shared that she could ask her family for anything, and they were always willing to help. The participants also were grateful that their families also serve as a support to the foster children in their care. Having support from family for both the foster parent and the foster child aids in reducing stress symptoms associated with STS.

Summary

This chapter provides a detailed description of the research findings derived from foster parents' lived experiences caring for children who have experienced trauma and are impacted by

STS. There were 10 participants selected to participate in this study and each was introduced and described in detail. Data was collected from each participant using a demographic survey, the STSS, and semi-structured interviews. Through data analysis, seven themes and 13 sub-themes emerged. The first theme to emerge was Preparation with the two sub-themes, Why Foster Care and Training. The second theme was Trauma with the three sub-themes, General Trauma Knowledge, STS Knowledge, and Personal Trauma. The third theme to emerge was Discovering the Trauma with the two sub-themes, How did you find out and How did you feel. The fourth theme was The Impact with the two sub-themes, Family and Work. The fifth theme to emerge was Self-Care. The sixth theme was Support with the two sub-themes, Foster Parent to Foster Parent and Family Support. The seventh and final theme to emerge was Foster Parent/Foster Child Relationship with the two sub-themes, Safe and Growth. The themes corresponded with the central research question and the two-sub questions. The seven themes and 13 sub-themes help to describe the lived experiences of foster parents impacted by STS and caring for children who have experienced trauma. Chapter five concludes by providing a summary of the findings, a discussion of how the results add to the current literature and implications derived from the interview responses. Additionally, chapter five will present the delimitations, limitations, and suggestions for future research.

Chapter 5: Conclusion

Overview

The purpose of the study was to understand the lived experiences of foster parents caring for children who have experienced trauma and are impacted by STS. This chapter will present a summary of the research findings. Next, this chapter will discuss how the results of the study help to expand the current empirical, theoretical, and practical literature. The next section used the data to discuss empirical, theoretical, and practical implications. Delimitations and limitations were also discussed, which helped to form recommendations for future research. Recommendations for future research were discussed in detail.

Summary of Findings

The purpose of this phenomenological study was to gain a better understanding of how foster parents experience the phenomenon STS. Interviews were conducted with 10 foster parents who were experiencing distress symptoms associated with STS. Analysis of the data collected from each interview revealed seven themes and 13 subthemes. Theme one is Preparation, which is divided into two sub themes, Why Foster Care and Training. Theme two is Trauma which is divided into three sub themes, General Trauma Knowledge, STS Knowledge, and Personal Trauma. Theme three is Discovering the Trauma and is divided into two sub themes, How Did You Find Out and How Did You Feel. Theme four is The Impact and is divided into two sub themes, Family and Work. Theme five is Self-Care. Theme six is Support and is divided into two sub themes, Foster Parent to Foster Parent and Family Support. Theme seven is Foster Parent/Foster Child Relationship and is divided into two sub themes, Safe and Growth.

The study was guided by a central research question and two sub questions. The research questions were developed to obtain a better understanding of the lived experiences of foster parents caring for children who have experienced trauma and impacted by STS. The central research question guiding the study was: How do foster caregivers describe their experience with STS? Themes four and seven answer the central research question. Theme four allowed the participants to describe changes that occurred due to their experiences with STS. The participants described changes within their family roles and increased distress due to the impact of foster care on their biological children. The participants also described feeling isolated from other family members such as their parents and siblings. Participants expressed changes at work due to their experience with STS. Participants noticed a decrease in motivation and a decrease in their ability to focus while at work.

Theme seven allowed the participants to share how they were able to continue to care for the foster children, even while experiencing distress symptoms associated with STS. The participants expressed wanting to assure the foster child that they were safe in their home. The foster children would be withdrawn and become irritated when redirected. The participants discussed talking with the foster children to build a relationship so that the children felt comfortable and safe. The participants also shared the challenges that came with being a foster parent. Some of these challenges included caring for children with disabilities, developmental delays, and those who display emotional and behavioral responses to their trauma such as tantrums, excessive crying, and head banging. The participants expressed seeing major improvements and growth with the foster children as they built a relationship.

The first sub question for this study was: What factors do foster caregivers perceive as contributors to the development of STS? Themes one, two, and three answered the first sub

question. Theme one allowed the participants to share what motivated them to become a foster parent and the training they received to become foster parents. Each participant was driven to foster care because they wanted to help. Having a similar childhood experience also led some participants to foster care. Participants shared that they grew up without their parents and wanted to help children being removed from their homes. All participants were required to complete state required training before becoming foster parents. The participants shared that training required them to obtain a great amount of information in a short time. Participants felt the training was beneficial, however, the true training began once a child was placed in their home. The participants shared that the training provided them with information but not enough strategies to assist when challenges arise. Foster parents are also required to complete 15 hours of training each year. The participants earn these yearly training hours via online training courses, monthly training calls from the child welfare agency, foster care community groups, and conferences.

Theme two allowed the foster parents to describe their knowledge of trauma and how their personal trauma has contributed to their development of STS. All the participants had a general understanding of trauma and some potential negative impacts it can have on a child. The participants shared that trauma could have a negative impact on a child's development, emotions, and behavior. The participants also had a general understanding of STS. Participants explained that STS causes distress to individuals caring for someone who has experienced trauma. The participants shared personal trauma from childhood and adulthood. Caring for the foster children caused some of the participants to re-experience as their personal traumas reemerged.

Theme three allowed the participants to share how they were told of their foster child's trauma and reason for coming into foster care. The participants also discussed emotional and

behavioral responses they experienced once they heard of the foster child's trauma. All the participants shared that the case worker was the first person to give insight into the child's trauma. Participants described the information provided by the case workers as limited. Participants also gained information about the foster child's trauma by speaking with the child, depending on their age, and from court. The participants shared that much of the information about the child's trauma was given in court. The participants experienced a range of emotional and behavioral responses after hearing of the child's traumatic experiences. The emotional and behavioral responses included crying, withdrawal, frustration, anger, reexperiencing, and intrusive thoughts.

The second sub question for this study was: How do foster caregivers cope with symptoms of distress associated with STS? Themes five and six answered the second sub question. Theme five allowed the participants to share the methods of self-care they implemented to help reduce their distress associated with STS. Participants expressed that self-care allows them to focus on themselves and their personal needs. Participants shared that when implementing self-care strategies, they felt better prepared to care for the foster children in their home while other participants were struggling to find effective self-care strategies. Methods of self-care implemented by the participants include time alone, exercise, reading, spending time with family and friends, grooming, therapy, and prayer.

Theme six allowed the participants to share their support system. The main source of support for the participants was from family and other foster parents. Participants expressed gratitude when speaking of the support they received from their families. The participants shared that their family does not just support them but also the foster child. Some participants were connected to a support group while other participants actively sought out a foster parent support

group. Many of the participants expressed that support from another foster parent was beneficial as it allowed them to build a relationship with individuals who have first-hand knowledge and understanding of the foster care experience.

Discussion

The purpose of this section is to discuss how the results of the study add to the current empirical and theoretical literature presented in Chapter Two. The research findings aid in closing the gap in the literature as it relates to foster parents and STS. This section will also discuss how this research findings support the stress process theory.

Empirical Literature

Interviews were conducted with 10 participants to gain a better understanding of their experience as foster parents with distress symptoms associated with STS. Through data analysis, seven themes emerged and explained the shared experiences of the participants which aligns with the current literature. The central research question was answered by theme four, The Impact. The data revealed that many of the participants saw an impact with their family and while at work due to STS. Research shows that individuals impacted by STS may feel they need a break from work and show a decrease in role effectiveness (Bridger et al., 2020; Cummings et al., 2021; Hamama et al., 2019; Ji et al., 2019).

The participants in the study shared that they struggled with focusing and being motivated while at work. Adrian stated, "My mind will pass from one thing to another, and sometimes I don't concentrate." Edward stated, "I've seen, you know, my productivity fall at work." Foster parents experiencing STS may also have distress symptoms such as avoidance, negative alterations in mood, and intrusive thoughts which can impact their interactions with their family (Bridger et al., 2020; Oginska-Bulik et al., 2021). Adrian shared how STS impacts

his mood. Adrian stated, "I get very angry sometimes, it sometimes tends to piss me off." Edward discussed how his time with his family has decreased due to his distress. Edward shared, "People see that we just don't have the time anymore. We don't have the emotional capacity anymore."

Theme seven, Foster Parent Foster Child Relationship, also answered the central question. Research shows that when children are taken from their homes and families, their ability to develop a secure attachment is diminished (Gardenhire et al., 2019). A secure attachment between the foster parent and the foster child is important when securing the placement (Carr & Rockett, 2017). The participants shared having difficulties connecting with the foster children due to them being withdrawn, wanting to be alone, and not speaking. Adrian stated, "He would prefer to just be alone in his room rather than us being together. So, the distance in the first year." Similarly, Brittany stated, "That feels so isolated. They don't want to talk to anybody." The children in care process their traumatic experiences differently and need foster parents who are understanding and provide a secure environment (Garcia Quiroga & Hamilton-Giachritsis, 2016). The data revealed that the foster parents formed relationships with the children by letting them know they were safe. Brittany stated,

> You have to take your time to watch over them so if they need anything, they can come to you.... If they have any problem, they can disclose it to you at any time without having that mind that you you gonna shout at them or you gonna blame them for anything.

Children in foster care struggle with internal and external concerns (Harden et al., 2017; Youngmin & Wildeman, 2018). These concerns lead to decreased trust in adults, acting out behaviors, and self-destructive behavior such as suicidal thoughts (Gonzalez, 2014). Chloe shared that she fosters many teens, and they often talk about self-harm. Chloe stated, "I guess

teen suicide has to do with mental health, but just that in particular. A lot of my kids are like, I wanna kill myself. Like, a lot of them." As the participants cared for the foster children and continued to build relationships, they saw improvements in the child's behavioral responses, emotional responses and development. Research shows that maltreatment between the ages of zero to five leads to mental health, and developmental concerns because the brain is rapidly developing and sensitive to stress (Gonzalez, 2014; Young-Southward et al., 2020). The child may have delays in gross and fine motor skills and speech and language impairment (Gonzalez, 2014; Rosen et al., 2018). Edward noticed delays in his two-year-old foster child when he was placed in their care but began to see growth the longer he was in the home. Edward stated, "He only came into our house with three words." Additionally, Edward added, "Once he was given consistency and you can see he's slowly catching up....and you can see all the normal childhood development skills, you know, coming in and blossoming."

The first sub question was answered by themes one, two, and three. The data for theme one, Preparation, showed that the participants became foster parents because they wanted to help. Research shows that developing STS is a natural response when experiencing stress from helping someone struggling with trauma (Bridger et al., 2020; Cummings et al., 2021; Hajiesmaello et al., 2022; Hamama et al., 2019). Chloe expressed that she enjoys being a foster parent, but it is challenging. Chloe stated, "So it is really hard on your emotions, but I mean, I love it. Like, especially like my kids, I don't mind breaking my heart to help heal theirs." Kody also shared that being a foster parent can be hard, but it is worth it to help the children. Kody stated,

> I mean, it is definitely challenging, but it is some reward because again, we just feel as though we we're doing the right thing. It's what we enjoy doing, even though these kids will drive you up the wall, but what kids don't.

The data also showed that the participants did not believe the initial training received to become a foster parent truly prepared them for receiving a foster child.

Research shows that when working with individuals who have experienced trauma, it is essential to have proper training and be prepared for the potential risks (Bridger et al., 2020; Figley, 1995; Muomah et al., 2021; Scott et al., 2021). An individual's stress level can increase when there is inadequate training (Pittaka et al., 2022). Jackie has been a foster parent for a short time and has not received the initial training. Jackie stated, "I haven't received training yet. We just went to court, and they gave us emergency foster care. So, we haven't done any training yet at all." Ava received training but did not think it was enough to prepare her for all the challenges that come with caring for foster children. Ava explains, "They can give you all the training they want, but every child is so different that I don't know that there is training that they can give you that prepares you for that."

Theme two, Trauma, also answered sub question two. The subtheme, personal trauma supports research that states a person has an increased chance of developing STS when they have personal trauma similar to an individual they are helping (Akinsulure et al., 2018; Caringi & Hariman, 2012; Middleton & Potter, 2015; Raynar et al., 2020). Jeremy shared that caring for a foster child reminded him of his childhood without his parents. Jeremy shared, "I must say that having heard of his story, the experience, and I should say his sadness, I was sad myself. It evoked some kind of thoughts in me about myself and how I was in a similar situation."

The last theme to answer the first sub question was theme three, Discovering the trauma. This theme supported the research that many foster parents receive secondary exposure to the foster child's trauma from the case worker (Balu & McLean, 2019; Whitt-Woosley et al., 2020). Edward shared that he gained his initial knowledge about his foster child from the case manager.

Edward stated, "We got the initial call from our case worker just explaining.... Here's kind of generally what has occurred, what we know so far. And then it felt like every week, every other week we get updates." Research also shows that foster parents received secondary exposure from the children in their care (Whitt-Woosley et al., 2020). Chloe shared, "My older kids, they, most of them will tell me what happened. Like my teen right now, she straight up told me everything." Evelyn also explained that the foster children provide their trauma story once they start to open up. Evelyn shared, "You really don't know the depths of what actually happened to the child until the child started talking to you about what happened to them."

After hearing the trauma stories of the foster children, the participants expressed a range of emotional and behavioral responses. Research states that secondary exposure to trauma can lead to intrusive thoughts, withdrawal, avoidance, and difficulty with emotion regulation (Benuto et al., 2022). Foster parents must adapt to vicarious trauma exposure while taking on the emotional and social demands needed to care for the foster children (Balu & McLean, 2019). Ava shared that she experienced intrusive thoughts after hearing of her foster child's trauma story. Ava stated, "You're lying in bed at night going, oh my God, is that, and what can I do to help her fix it. Knowing that there is no fixing it." Kody expressed that he felt angry. Kody shared, "I was really pissed to find out what he went through, and I was really upset."

The third sub question was answered by themes five and six which support the current literature. The data for theme five, self-care, showed that foster parents use a variety of self-care strategies to cope with the distress symptoms associated with STS. Individuals working with people who have experienced trauma are encouraged to have a self-care routine (Bridger et al., 2020; Hendrix et al., 2021). Research shows that self-care helps to increase emotional, social, physical, and spiritual well-being (Glennon et al., 2019). Chloe discussed that being a foster

parent is difficult, but she implements strategies to help her reduce stress. Chloe stated, "I mean it's stressful, but I will like, do things to help me get through it. Like I'll take time to myself." Edward is a new foster parent and shared how he has implemented self-care to help with the new emotions he is experiencing. Edward expressed,

> It's been really challenging. Now granted, I've also had a very very stressful job with a lot of sleep deprivation, so that's very much been exacerbated. But I've started, you know, I've had some, you know, therapy over the last six weeks just to address it.

Evelyn shared that she has to remind herself to implement self-care. Evelyn stated, "Take care of yourself in the midst of taking care of those children too because we tend to forget about ourselves."

The data from theme six, support, showed that the foster parents did seek support from family and other foster parents. Research shows that receiving support from family, friends, and others in a caring profession aids in reducing distress symptoms (Caringi & Hariman, 2012; Cooley et al., 2019; Ogińska-Bulik et al., 2021). Social support was shown to be preferred by foster parents and is defined as resources and assistance from those not involved in the foster care process (Cooley et al., 2019). Research shows that social support is a protective factor against STS (Ogińska-Bulik et al., 2021). Brittany expressed the need for support as a foster parent. Brittany stated, "It require time and support, maybe mental support, financial support, and other support." Additionally, Brittany stated, "Support system is really from a family member and a community." Kody shares that his support system is what helps him continue to foster. Kody shared, "I know for a fact, if we didn't have that team, I probably would have stopped fostering long time ago... so that's a big plus for us." Adrian expressed that a support

system has assisted him in reducing his stress. Adrian stated, "The support system has made me cope with stress and I would also see it as in a way it does teach me to be a better foster parent."

Theoretical Literature

The theory used to guide the current study is the stress process theory. This study aimed to gain a better understanding of the perspective of foster parents on the factors that contribute to the development of STS. This study also aimed to understand the foster parent's perspective on the impact of STS. The stress process theory includes three concepts: sources of stress, mediators of stress, and manifestations of stress (Pearlin et al., 1981). Sources of stress are eventful changes that an individual is unable to respond to appropriately (Singh & Dubey, 2015).

All 10 participants experienced a major change when they accepted a child into their home who had experienced trauma. A major change interrupts the norm and forces an individual to readjust which can be exhausting and lead to stress (Pearlin et al.,1981; Steinert & Haesner, 2019). The participants discussed the challenges that came with becoming a foster parent. Kathyrn has been fostering for less than a year and she shared, "I think, yea, it's been much more like, emotionally challenging than what I originally thought. I think part of it also is just like, it's the non-stopness." Another participant, Chloe, discussed that hearing the trauma stories of her children has been difficult for her as a foster parent. Chloe shared, "I mean, you love kids, and you care for them, and they tell you all these horrible things that have happened to them and you're like, it's just as a parent, it's hard."

A person is also more susceptible to stress if their sense of mastery or self-esteem is challenged (Pearlin et al., 1981). The impact of stress can vary depending on a person's control over the change (Pearlin et al., 1981). The participants in the study wanted to help the children in their care but sometimes felt that their efforts were not enough. Kathryn expressed,

> The first time that he had a visit with his mom, she reported us to DFCS and she said that we were being abusive and neglectful. So, I think think that was a really hard time for me. Like, I think it, it kind of was like a before and after where I think I felt like decently confident of like, oh, we're doing this and like, look at these changes and then after that, I think it just really knocked my confidence.

The second concept of the stress process theory is the mediators of stress. Mediators assist people in fighting against the development of stress (Pearlin et al., 1981). Two mediators are identified in the stress process theory which includes social support and coping (Pearlin et al., 1981). Social support refers to access to individuals, organizations, and groups when attempting to reduce stress (Pearlin et al., 1981). Research shows that social support is a protective factor for those challenged with stressful events (Singh & Dubey, 2015). Data collected from the participants aligns with the stress process theory. The participants sought out support from family, other foster parents, support groups, and conferences.

Implementing coping strategies also aids in reducing or minimizing stress (Okechukwu et al., 2022). Coping behaviors can be described as changes made when stressful situations arise, changing the meaning behind what is causing the stress to decrease the chance of stress arising, and how a person manages stress symptoms (Pearlin et al., 1981). All 10 participants believed that self-care was an effective coping strategy to help reduce stress. Evelyn expressed with excitement, "The benefits from self-care is you get that time to just, let loose, re-energize, take care of yourself." The participants shared a variety of self-care strategies used for coping. These self-care strategies included going to the gym, time alone, sports, therapy, and spending time with friends and family. Edward shared that even spending a short time with friends helped to decrease his stress level. Edward stated, "I went out for an hour dinner with a buddy of mine just

to grab a slice of pizza and it was great. It was really helpful and helped me feel like I still had some sort of sense of normal life."

The stress process theory observes how stress presents from person to person. Stress can be seen as a physical, biological, or psychological response (Dobrescu, 2021; Steinert & Haesner, 2019). The presentation of stress can be determined by a person's temperaments, emotional and motivational resources, and the context and cause of the stress (Dobrescu, 2021). The participants in the current study shared their emotional and behavioral response as a foster parent who is experiencing STS. Adrian shared, "I get very angry sometimes. It sometimes tends to piss me off, sometimes headaches, so just kind of physical pain. Sometimes I can't really do anything. I just sit on the bed alone." Edward shared how his stress associated with STS impacted his emotions while caring for the foster child. Edward explained,

> I almost hit like a boiling point. I was like, I don't know what needs to give right now, but I am at my wits end. I mean, I am at peak exhaustion. I was getting frustrated, I mean snap frustrated and he would do something benign.... I mean, I would have to catch myself of like, do not respond to this child in this frustrated tone, he does not deserve that, that is not appropriate, like go take some time.

Evelyn spoke about how STS impacted her while at work. Evelyn stated, "Sometimes I just can't focus, because it gets a little overwhelming and then, you know, you just can't focus on getting things done."

Implications

The results of this study have empirical, theoretical, and practical implications. The following section provides details of the implications. Empirical implications assist in closing the

research gap by presenting the perspective of the foster parents who have lived with the impact of STS. Theoretical implications add to the stress process theory. Practical implications add to the child welfare field and assist foster parents as they care for children who have experienced trauma.

Empirical Implications

The results from this research study provide empirical implications. The data obtained from the study aid in filling the research gap as it relates to foster parents and STS. The current research focuses on helping professionals in multiple fields such as child welfare workers (Akinsulure et al., 2018; Bride et al., 2007; Caringi & Hariman, 2012; Griffiths et al., 2020; Middleton & Potter, 2015), counselors (Brown et al., 2022; Foreman, 2018; Maurya et al., 2021; Szilagyi, 2021) and professionals in the medical field (Hamama-Raz & Minerbi, 2019; Neff et al., 2020, Scott et al., 2021). Research focusing on the development and impact of STS among foster parents is limited. Foster parents are considered helping professionals as they care for children who have experienced trauma (Bridger et al., 2020).

The data from the study revealed that STS is a concern among foster parents. The participants' STSS score showed that they were suffering from mild to severe STS. Research shows that the amount of exposure to the child's trauma story is a direct risk for the development of STS (Balu & McLean, 2019; Whitt-Woosley et al., 2020). In research, indirect trauma exposure for foster parents comes from caseworkers and the children in care. The data from the study revealed that all the foster parents gained initial knowledge of the child's trauma from the caseworker, and in some cases, participants heard the trauma stories from the child directly. Participants also shared that a great amount of information about the child's traumatic experience was learned while in court.

Developing STS can lead to a foster parent experiencing distress symptoms such as reexperiencing, hyper-arousal, avoidance (Muomah et al., 2021), intrusive thoughts, loss of confidence, and sleep deprivation (Scott et al., 2021). The data from the study revealed that participants with similar childhood trauma as the foster child began to reexperience. Participants also experienced intrusive thoughts which led to sleep deprivation. The data also revealed that participants with STS became less confident in their ability to care for the foster child and their needs. Distress symptoms associated with STS can have a negative impact on a foster parent's personal and work life (Hansel et al., 2015). The data from the study revealed that participants noticed a change in their family roles, experienced isolation from their family, and noticed a negative impact on their biological children. Participants also noticed low motivation and difficulty focusing while at work.

Implementing a self-care routine is essential for foster parents working with children who have experienced trauma (Hendrix et al., 2021). Research shows that self-care aids in increasing the foster parent's well-being and decreasing stress (Glennon et al., 2019). Data from the study revealed that the participants implement self-care strategies to assist with reducing their distress symptoms. Self-care strategies implemented by the participants include exercise, time alone, therapy, grooming, and spending time with family and friends. Research shows that social support received from family and friends is essential in reducing the impact of stress (Ogińska-Bulik et al., 2021). Results from the study show that participants receive support from family and seek support from other foster parents. These results reveal that foster parents need a strong support system. Foster parents should establish their support system before receiving a foster child into their home. Child welfare agencies should connect foster caregivers with veteran foster parents and foster parent support groups.

Theoretical Implications

The results from this study provide theoretical implications for those researching the impact of STS. The theory guiding this study is Pearlin's (1981) stress process theory. The stress process theory focuses on sources of stress, mediators of stress, and manifestations of stress (Pearlin et al, 1981). A source of stress is the occurrence of stressful events and continuous problems (Pearlin et al., 1981). When a foster parent receives a foster child, there are major changes that occur in their home and their day-to-day lives. The stressful impact of an eventful change can be increased depending on the amount of control a person has over that change (Pearlin et al, 1981; Singh & Dubey, 2015). Foster parents have no control over the time or day they will be called to receive a foster child, the child's trauma experience or the behavioral, or emotional changes that present due to their trauma. The foster parent must also continue to hear the trauma story from the case manager, the child, and court. Regardless of the concerns that come with the foster child, the foster parent is left to care for them.

While foster parents usually receive training prior to receiving a child, foster parents feel that the true training begins once the child is in their home. Without proper hands-on training, the foster parents began to lose a sense of mastery and self-esteem. There is a decrease in self-esteem and a sense of mastery when an individual feels they are continuously failing (Pearlin et al., 1981; Szczesniak & Timoszyk-Tomczak, 2020). In addition, the foster parents must deal with being under constant watch from case managers and biological parents. Two of the participants shared that they were reported to the child welfare agency by the biological parents, saying they were abusing the foster child in their care. Foster parents need continued hands-on assistance once they receive a foster child in their home. Foster parents need to know what to expect from a child who has experienced trauma but also need support in handling these concerns.

Stress symptoms can present in a variety of ways depending on the person and can impact a person physically, biologically, and psychologically (Dobrescu, 2021). The participants in the study reported having intrusive thoughts. These intrusive thoughts disrupted their sleep and impacted them while at work. At work, the foster parents noticed a change in their motivation and focus. Additionally, the foster parents had increased irritability both at work and at home. The foster parents who had a similar background to the foster children began to reexperience their personal childhood trauma. A major stressor that aided the development of STS was repeatedly hearing the foster children's trauma stories. Hearing of the child's trauma caused the foster parents to display emotional and behavioral responses which include withdrawal, frustration, anger, hyperarousal, and crying. When resources are available it helps to increase coping and decrease the potential negative impact of stressors (Blithe & Elliott, 2020).

The stress process theory recognizes two mediators of stress, social support and coping (Pearlin et al., 1981). Research shows that social support is a protective factor against stressors (Singh & Dubey, 2015). The foster parents in the current study received much of their support from family. Family helped to support the foster parents and the children in their care. However, foster parents need support from individuals who truly understand life as a foster parent. Foster parents need support from other foster parents. Social support requires intimate communication and trust (Pearlin et al., 1981). These relationships can be formed through initial training, support groups, conferences, or other foster parents at the child welfare agency.

Research also shows that coping strategies are a protective factor as these strategies aid in reducing psychological distress (Blithe & Elliott, 2020; Okechukwu et al., 2022; Yubonpunt et al., 2022). To cope with the distress symptoms associated with STS, the foster parents practiced self-care. Each of the participants in the current study believed that self-care was beneficial.

Foster parents who have been fostering children for a short period of time may have difficulties with implementing self-care strategies. Foster parents who effectively implemented self-care strategies noticed a decrease in their day-to-day stress. Self-care strategies implemented by the foster parents include therapy, time alone, exercise, grooming, and socializing with friends.

Practical Implications

This research study had practical implications for the child welfare profession. This study brought awareness to the prevalence, development, and impact of STS among foster parents. The participants in the study completed the STSS and received scores that showed they were experiencing mild to high STS. The risk factors that contributed to the development of STS were ineffective training and repeatedly hearing the child's trauma stories. Foster children come into a foster parent's home with a great amount of trauma and emotional and behavioral responses to that trauma. Child welfare agencies need to ensure that foster parents receive the proper training that will prepare them to effectively care for foster children. Each of the participants, with the exception of one, received the initial training before receiving children into their homes. However, the participants did not feel that the training prepared them to care for the foster children. Foster parents need training that teaches them to implement strategies that address the concerns that may present in children who have experienced trauma.

The data from the study showed that support and self-care were protective factors against STS. Child welfare agencies need to provide in-home support to foster parents during the beginning stage of a child being placed. This allows those in the child welfare profession to observe the foster child's specific behavioral and emotional response and assist in determining the appropriate strategies to implement. Foster parents also seek support from other foster parents. Child welfare agencies need to connect foster parents with other foster parents who

understand the foster care process. Child welfare agencies should also provide a list of foster parent support groups that will allow the foster parents to make additional foster parent to foster parent connections. Lastly, the child welfare agency should ensure that foster parents are given the opportunity to take time for self-care when needed.

This research study also had implications for foster parents. Foster parents should know about STS and the signs and symptoms related to STS. Many of the participants in the study shared that they were unaware of the term STS until they received the information for the research. Foster parents should also ask for help. Participants shared that there were resources available that they did not know about until they asked the case manager or other foster parents. Many foster parents also shared that they did not feel that family members or church members understood what they were going through as foster parents. Foster parents should look for a foster parent support group. Foster parents should also participate in training that addresses the specific needs of the children in their care.

Christian Worldview

This study did not directly address a Christian worldview; however, many of the participants discussed their faith in their interview responses. Foster parents are an essential piece of the foster care process as they are given the task of caring for children who have experienced trauma. Psalm 127: 3 (NIV) states, "Children are a heritage from the Lord, offspring a reward from him." Five participants shared that their faith is what led them to become foster parents. Hebrews 13:16 (NIV) states, "And do not forget to do good and share with others, for with such sacrifices God is pleased." To further support the Christian worldview, 1 Peter 4:10 (NIV) states, "Each of you should use whatever gift you have received to serve others, as faithful stewards of God's grace in its various forms."

Eight participants shared that their church served as a form of support for them as foster parents. Isaiah 41:10 (NIV) states, "So do not fear, for I am with you; do not be dismayed, for I am your God. I will strengthen you and help you; I will uphold you with my righteous hand." Being connected to a faith-based community positively impacted the participants in the current study as it assisted with leading them to foster care and supporting them through the foster care process.

Delimitations and Limitations

Delimitations

Delimitations are factors that were selected to be included or excluded from the research study, helped to ensure the participants are within the boundaries of the study and assisted with keeping the study focused on the research question (Coker, 2022). To participate in the study an individual had to be a foster parent and at least 18 years of age. Each participant also had to live in Georgia. With all the participants living in Georgia, the training and procedures for the foster care process are the same. Another delimitation was the foster parent had to be currently experiencing distress symptoms associated with STS. Each participant had to complete the STSS and score 29 or higher which shows they were experiencing mild to severe STS. The final delimitation was that the foster parents had to have foster children currently in their home. This helps to ensure the foster parents provide their experiences from the perspective of someone currently caring for a child who has experienced trauma.

Limitations

Providing limitations is an essential piece to the research process as limitations show weaknesses within the study that could potentially influence the research outcome (Ross & Bibler Zaidi, 2019). Limitations cannot be controlled. There were several limitations in the

current research study. The first limitation was the marital status of the participants. Eight of the 10 participants were married. The perspective of foster parents who were married added meaningful insight to the current study. The study would benefit from more input from foster parents who are single and experiencing STS. Research shows that 30% of foster parents in the US are single but, there is minimal research on the experiences and needs of single foster parents (Cooley et al., 2021).

Another limitation was the type of care being provided. Eight of the 10 participants were foster parents to children who were not related to them or in non-kinship care. There were only two participants who were able to share their lived experiences as foster parents caring for a family member who has experienced trauma. While there are benefits to kinship care such as children in care being able to maintain a connection with their family, there can also be a negative impact on the caregiver. Disadvantages for kinship caregivers include financial strain, depression and isolation (Hassall et al., 2021). The current study and the field of social work will benefit from additional research on the development and impact of STS among foster parents who provide kinship care.

Lastly, the use of the STSS posed a significant limitation. The STSS is a self-report questionnaire that was administered to determine whether the participants were currently experiencing symptoms of STS. However, it is possible that the participants responded to the questions with social desirability bias (D'Urso & Symonds, 2021). While answering the questions on the STSS, the participants were instructed to have their current foster children in mind. However, there is no way to determine if the participants only thought of their current foster children and not their past foster children while answering the questions on the STSS. This limitation should be considered when viewing the STSS data.

Recommendations for Future Research

The purpose of this research study was to gain a better understanding of the lived experiences of foster parents caring for children who have experienced trauma and are impacted by STS. The participants in the study shared their experience with STS, the factors that contributed to the development of STS, and their strategies to cope with the distress symptoms associated with STS. The data, implications, and limitations from the current study combine to propose recommendations for future research.

The data from the research study revealed that foster parents did not find the initial training provided by the child welfare agency helpful when caring for foster children. The training to become a foster parent needs to be revamped. Future research should seek the foster parent's perspective on what should be included in the initial foster care training. Future research should also evaluate how including strategies for addressing a child's trauma response changes the effectiveness of the initial training. The initial training should also include information about STS and strategies to mitigate the distress symptoms associated with STS. The data from the study showed that self-care and support from other foster parents aid in reducing STS distress symptoms.

Future research should analyze the effectiveness of a foster parent to foster parent mentoring program. The participants in the study shared that they sought out support from someone who understood the foster care process and the challenges that come with being a foster parent. A foster parent to foster parent mentoring program could provide foster parents with additional support from individuals who understand what they are experiencing. This could be especially beneficial for first time foster parents and foster parents who are also first-time parents. Additionally, research should examine the benefits of case managers supporting the

foster parents just as they support the foster child. Case managers should talk to foster parents about their personal emotional needs while caring for a child in foster care. Future research should also evaluate if foster parents will benefit from therapeutic services that address distress symptoms that may arise due to them caring for a child who has experienced trauma.

A delimitation for the study required the participants to reside in the state of Georgia. Future research should expand the current study to other states. Different states may have different procedures for the initial training process or support programs available to foster parents. The limitations of the current study include insight from married foster parents and those caring for children who are non-kinship. Future research should consider additional insight from single and divorced foster parents. As a single or divorced foster parent, there is not a spouse to provide support. Single and divorced foster parents may provide a different perspective on factors that contribute to the development of STS. Single and divorced foster parents may also provide a different perspective on their support system. Lastly, future research should explore the lived experience and impact of STS for foster parents who provide kinship care. In this study, the perspective of kinship foster caregivers is lacking. Child welfare agencies and foster parents will benefit from having a better understanding of the factors that contribute to the development of STS for kinship caregivers.

Summary

The purpose of this phenomenological research study was to understand the lived experiences of foster parents when caring for children who have experienced trauma and impacted by STS. This study was guided by the stress process theory. The results of the study revealed seven themes and 13 sub-themes. The seven themes that emerged were Preparation,

Trauma, Discovering the Trauma, The Impact, Self-Care, Support, and Foster Parent/Foster Child Relationship.

The central research question guiding the study was how do foster caregivers describe their experience with STS. The central question corresponded with themes four and seven. The participants shared that STS impacted them while with their family and while at work. The foster parents noticed emotional and behavioral responses such as irritability, decreased motivation, and decreased focus. The foster parents also provided perspective on their relationship with the children in care. The participants shared that providing a safe environment allowed them to build a relationship with the foster children. As foster parents continued to build relationships with the children, they began to see positive changes. The changes include developmental growth, learning life skills, and a decrease in emotional and behavioral responses associated with the child's trauma.

The first sub question was what factors do foster caregivers perceive as contributors to the development of STS. This sub question was answered by themes one, two, and three. Having a passion for helping others was the main reason many of the participants chose to become foster parents. The participants shared that the training to become a foster parent was not effective in assisting them with caring for the children in care. The foster parents felt that they received real life training once the children were placed in their home. All the participants had a general understanding of the term trauma while some were unaware of the term STS.

The participants were asked to share their personal trauma history from both childhood and adulthood. Three participants shared their trauma related to their grief and two participants shared that they also grew up in the care of someone other than their parents. The trauma history of the participants allowed them to have a better understanding and connect with the children in

their care. Exposure to the child's trauma story has an impact on the participants developing STS. All participants stated that they were initially exposed to the child's trauma history through the case worker. Foster parents also hear of the child's trauma directly from the children and at court. Repeatedly hearing the stories of the child's trauma led to the foster parent exhibiting emotional and behavioral responses such as crying, withdrawal, intrusive thoughts, frustration, and anger.

The second sub question was how do foster caregivers cope with symptoms of distress associated with STS. Themes five and six answered the second sub question. Each participant shared that implementing self-care has been beneficial and helps to reduce their stress. Support was also an important factor in reducing distress symptoms associated with STS. Many of the participants gained support from their families. However, the participants sought out support from someone who could understand their experience as a foster parent. The participants felt that being connected with veteran foster parents or a foster parent support group at the start of their foster care journey had great advantages.

The results of the study provided empirical, theoretical, and practical implications. Individuals in the child welfare field should continue to monitor the prevalence of STS among foster parents. For foster parents experiencing STS, self-care and social support is essential in reducing the development of STS. Case managers play a major role in assisting with the reduction of STS by ensuring foster parents can implement coping strategies and have the support they need. These implications will help strengthen the current research on STS and inform the child welfare field. Limitations of the study included the participants' marital status the type of care provided, and the use of a self-report questionnaire. Future research should focus

on changes to the training to become a foster parent, a foster parent mentoring program, increased support from case managers, and implementing therapeutic services for foster parents.

Children placed in foster care have unfortunately been subjected to maltreatment, often at the hands of those who they trusted to love and care for them. Foster parents are essential to the child welfare field but, more importantly, to the foster children in care. The current research study has provided insight into the foster parent's perspective on the development and impact of STS. Foster parents in the current study were repeatedly hearing the trauma story of their foster child from the case managers, the biological parent, the child, and court. Hearing these stories and wanting to care for the children led to the foster parents developing STS. STS impacted the participants while at work, their families and day to day lives. Though the impact was great, all the participants truly loved being a foster parent and genuinely wanted to help the children in their care.

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APPENDIX A

Recruitment Letter

Dear Foster Parent,

As a graduate student in the School of Behavioral Sciences at Liberty University, I am conducting research as part of the requirements for a doctoral degree. The purpose of my research is to understand the lived experiences of foster parents caring for children who have experienced trauma and impacted by Secondary Traumatic Stress (STS), and I am writing to invite eligible participants to join my study.

Participants must be 18 years of age or older, a current foster caregiver with children in your home, and currently experiencing distress symptoms associated with secondary traumatic stress (STS). Participants, if willing, will be asked to participate in a one-on-one interview. It should take approximately 60 minutes to complete. Participants will be asked to review their interview transcript to validate the data collected and provide clarity as needed. Names and other identifying information will be requested as part of the study, but the information will remain confidential.

To be considered for participation, please click here to complete the demographic survey and the Secondary Traumatic Stress Scale (STSS).

A consent document will be emailed to you if the STSS shows that you are experiencing distress symptoms from Secondary Traumatic Stress (STS). The consent document contains additional information about my research. If you choose to participate, you will need to sign the consent document and return it to me prior to the interview.

Participants will receive a $20 dollar Amazon gift card.

Sincerely,

Latronia Smith
Doctoral Student at Liberty University
xxxxxxxxx@liberty.edu

APPENDIX B

Consent Form

Title of the Project: Foster Parents' Perspectives on Factors Influencing the Development of and the Impact Associated with Secondary Traumatic Stress

Principal Investigator: Latronia Smith, Doctoral Candidate, School of Behavioral Sciences, Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, a current foster caregiver with children in your home, and currently experiencing distress symptoms associated with secondary traumatic stress (STS). 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 understand the lived experiences of foster parents caring for children who have experienced trauma and impacted by Secondary Traumatic Stress (STS).

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 a virtual interview that will be audio and video recorded. The interview will take approximately 60 minutes.

2. Review your interview transcript to validate the data collected and provide clarity as needed. The transcript will be sent via email.

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 child welfare agencies implemented strategies to reduce the development of STS, foster parent retention, and increase support for foster parents.

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 the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants, discontinue the interview if needed, and provide referral information for counseling services as needed.

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. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses to the Secondary Traumatic Stress Scale (STSS), demographic survey and interview 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 or 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. After five years, all electronic records will be deleted. Recordings will also be stored on a password locked computer for five years and then deleted. Only the researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants will be compensated for participating in this study. At the conclusion of the interview participants will receive a $20 Amazon gift card. Email addresses will be requested for

compensation purposes; however, they will be collected at the conclusion of the interview to maintain your anonymity.

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 contact the researcher at the email address/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 Latronia Smith. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [redacted] You may also contact the researcher's faculty sponsor, Dr. Tracy Baker, 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, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

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

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

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

___ The researcher has my permission to video-record me as part of my participation in this study.

_____

Printed Subject Name

_____

Signature & Date

APPENDIX C

Interview Protocol

Opening script:

Welcome and thank you for your participation today. My name is Latronia Smith, and I am a graduate student at Liberty University conducting a research study in partial fulfillment of the requirements for the degree Doctor of Education in the School of Behavioral Sciences. The purpose of this study is to gain a better understanding of how you and other foster parents are impacted by Secondary Traumatic Stress (STS) and the factors that contribute to its development. Thank you for completing the Secondary Traumatic Stress Scale (STSS) and the demographic survey. This follow-up interview will take about 60 minutes and will include 26 questions regarding your experiences as a foster parent with distress associated with STS. I would like your permission to record this interview, so I may accurately document the information you share. All your responses are confidential.

Your participation in this interview is completely voluntary. If at any time you need to stop or take a break, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission we will begin the interview.

Introduction

1. Please tell me a little bit about yourself as if we are meeting for the first time.

2. Can you describe what helped you decide to become a foster parent?

3. Can you describe the training you received to become a foster parent?

4. How would you describe your understanding of trauma?

5. Can you describe the training you received specific to trauma?

6. How would you describe your understanding of STS?

Experience

7. How would you describe your experience as a foster parent?

8. Please describe the most rewarding part of being a foster parent?

9. Please describe challenges you have faced as a foster parent?

Factors That Contribute to Secondary Traumatic Stress

10. Can you describe any trauma you experienced as a child?

11. Can you describe any trauma you experienced as an adult?

12. Please describe how you learned of your foster child's trauma?

13. Please describe your emotional or behavioral response after hearing of the child's trauma.

14. Can you describe how your current foster child/ren has responded, behaviorally and emotionally, to their traumatic experience while in your care?

15. Describe how stress has impacted your ability to care for a foster child in your care.

16. How would you describe the impact stress has had on your family?

17. How would you describe the impact stress has had on you while at work?

Coping

18. How would you describe the benefits of self-care?

19. Please describe your methods of self-care.

20. Please describe any other coping strategies you implement.

21. How would you describe the benefits of a support system?

22. Can you describe your support system?

23. Can you describe the child welfare agency's role as a support system?

24. How would you describe additional training needed to benefit foster caregivers?

Closing

25. Please describe the advice you would give to future foster caregivers.

26. Is there any additional information you would like to share as it relates to the current study?

Closing Script

Again, I would like to thank you for volunteering your time and sharing your experience. Your responses to these interview questions will remain confidential. The information you have shared will be a great contribution to the current study and the field of social work as it relates to foster care. Once the interview is transcribed, you will be provided with a copy of the transcription for your review. There is also a possibility of future interviews if additional information is needed or to provide clarity.

APPENDIX D

Permission to use Secondary Traumatic Stress Scale (STSS)

[External] Re: Permission to use STSS

Brian Bride[redacted]
Fri 2/10/2023 1:51 PM
To: Smith, Latronia S [redacted]

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Hi Latronia,
Permission granted.
Brian

Brian E. Bride, Ph.D., M.S.W., M.P.H.
Distinguished University Professor
[redacted]

From: Smith, Latronia S [redacted]
Date: Friday, February 10, 2023 at 12:57 AM
To: Brian Bride [redacted]
Subject: Permission to use STSS

Greetings Dr. Bride!

My name is Latronia Smith and I am a doctoral student at Liberty University. I am currently preparing to conduct a research study on Secondary Traumatic Stress among foster parents. I would like to request your permission to use the Secondary Traumatic Stress Scale (STSS) for my research.

Hope to hear from you soon.

Best,

Latronia Smith

APPENDIX E

Demographic Survey

1. What is your age?

   18-20 21-30 31-40 41-50 51-60 60+

2. What is your gender?

   Male Female

3. What is your Ethnicity/Race?

   White Hispanic or Latino Black or African American

   Native American or American Indian Asian / Pacific Islander Other

4. What is your marital status?

   Single Married or domestic partner Widowed Divorced Separated

5. Do you have biological children that live in the home? If so, how many?

   Yes No How Many_____

6. What is the household family income?

   $25,000-$45,000 $46,000-$65,000 $66,000-$85,000 $86,000 or more

7. What is your highest level of education completed?

   GED High School Bachelor's Associate's

   Master's Doctorate

8. What is your employment status?

   Employed (P/T) Employed (F/T) Unemployed Retired

   Self-employed Military Student Unable to work

9. Do you have a religious affiliation? If so, what is your religious affiliation?

   No Catholic Protestant Christian Muslim

   Hinduism Other:_____

10. How long have you been a foster parent?

    Less than a year 1-3 years 4-6 Years 7-8 Years 9-10 years More

11. How long have you been fostering your current child/children?

0-3 months 4-6 months 7-9 months 10-12 months 1year+

12. What type of foster care do you currently provide?

Kinship NonKinship

APPENDIX F

Secondary Traumatic Stress Scale

SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE: *"Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.*

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb……..	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients……	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)……..	1	2	3	4	5
4. I had trouble sleeping……..	1	2	3	4	5
5. I felt discouraged about the future……..	1	2	3	4	5
6. Reminders of my work with clients upset me……..	1	2	3	4	5
7. I had little interest in being around others……	1	2	3	4	5
8. I felt jumpy……	1	2	3	4	5
9. I was less active than usual……	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to……	1	2	3	4	5
11. I had trouble concentrating……..	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients……	1	2	3	4	5
13. I had disturbing dreams about my work with clients……..	1	2	3	4	5
14. I wanted to avoid working with some clients……..	1	2	3	4	5
15. I was easily annoyed……....	1	2	3	4	5
16. I expected something bad to happen……....	1	2	3	4	5
17. I noticed gaps in my memory about client sessions……	1	2	3	4	5

Intrusion Subscale (add items 2, 3, 6, 10, 13)	Intrusion Score _____
Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17)	Avoidance Score _____
Arousal Subscale (add items 4, 8, 11, 15, 16)	Arousal Score _____
TOTAL (add Intrusion, Arousal, and Avoidance Scores)	Total Score _____

APPENDIX G

Expert Panel

Name	Professional Domain	Years of Experience
Chasity	Child Welfare/ Social Worker	7
Conner	Child Welfare/ Social Worker	7
Tracy	School Counselor	23
Bridget	Child Welfare/ Social Worker	10

APPENDIX H

Bracketing

Interview 1

Start:

Proverbs 3:5-6 Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight.

I am nervous. The participant for this interview is also Hispanic. I am trying to remain patient and open, but the language barrier can be a little frustrating. I am still nervous but looking forward to the interview. Keeping an open mind.

End:

The interview went well. Again, there was a language barrier. I had to repeat myself a lot and so did the participant. It's really frustrating.

What I noticed:

He was very open about his stress

Similar childhood story as the child he fosters

Interview 2

Start:

Proverbs 3:5-6 Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight.

I say this verse before each interview because I want to gain an understanding from the people I am speaking with. They are experiencing something that I have never experienced. I am excited about this interview. I will be aware of my opinions and perspectives and be sure to remain impartial.

End:

The interview went really well. The participant made me feel very comfortable which made it hard to not add my input during the interview. It was like having a phone conversation with a friend. I did have to remind myself mid-interview to actively listen to the participant without adding in my personal stories or perspectives. The participant gave great information.

What I noticed:

Participates in a foster parent group to provide trainings-**vice president**

Churches will assist foster parents

Foster parents should have a therapist to talk to

Interview 5

Start:

Proverbs 3:5-6 Trust in the Lord with all your heart and lean not on your own understanding; in all your ways submit to him, and he will make your paths straight.

My nerves have kicked back in. I am hoping that this participant remembers to sign in. However, I am open and ready to receive the information and understand the information that the participant will share. Again, I am reminding myself to allow the participant to share their experiences with no input or opinions from me. This participant is also Hispanic, so I am keeping an open mind. I will be patient and pay close attention.

End:

The interview was rough. This participant actually was not Hispanic, he was African. This made me realize that I did not put a group on my demographic survey that includes individuals from Africa. I had the same concerns with this interview. Language Barrier. I had to ask the participant to repeat himself multiple times and he also had to ask me to repeat myself. I was also concerned about some of his responses. They did not seem consistent. He did seem to have some understanding of STS

What I noticed:

Therapist

Not good with self-care. self-care including things he could do for the foster child and his sibling but not for himself. He actually did not seem to know what self-care was.

Preferred the term caregiver over foster parent

APPENDIX I

Permission to Publish the Secondary Traumatic Stress Scale (STSS)

Brian Bride [redacted]
Fri 3/29/2024 3:03 PM
To:Smith, Latronia S [redacted]

[EXTERNAL EMAIL: Do not click any links or open attachments unless you know the sender and trust the content.]

Permission granted.

Brian

Brian E. Bride, Ph.D., M.S.W., M.P.H.
Distinguished University Professor
[redacted]

From: Smith, Latronia S [redacted]
Date: Thursday, March 28, 2024 at 11:18 PM
To: Brian Bride [redacted]
Subject: Permission to Publish

Greetings Dr. Bride!

My name is Latronia Smith and I am a doctoral student at Liberty University. I requested permission to use your Secondary Traumatic Stress Scale (STSS) for my research back in February of last year and you did give me permission. Thank you so much again!

My research has concluded and my university requires that I also have permission to publish any copyrighted materials.

I would like to request your permission to publish the STSS as copyright material included in my final dissertation publication.

Hope to hear from you soon!

Best,

Latronia Smith