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UNIVERSITY OF NORTHERN COLORADO

Greeley, Colorado

The Graduate School

THE RESILIENCE WITHIN: PERSPECTIVES FROM
ADULTS SUPPORTING FOSTER CHILDREN

A Dissertation Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

Andrea Ellen Alvarado

College of Education and Behavioral Sciences
Department of School Psychology

May 2019

This Dissertation by: Andrea Ellen Alvarado

Entitled: *The Resilience Within: Perspectives from Adults Supporting Foster Children*

has been approved as meeting the requirement for the Degree of Doctor of Philosophy in the College of Education and Behavioral Sciences in the Department of School Psychology, Program of School Psychology,

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ABSTRACT

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The goal of this qualitative multicase study was to obtain a better understanding of resiliency in placement stable foster children through interviews with significant supportive adults. Case studies were centered on six foster children associated with a child welfare agency in a Rocky Mountain region. Children ranged in age from 5 to 15 years old and lived in foster-to-adopt placements. Information was gathered from the foster parent(s) and the social worker of each child, with a total of 7 foster parents and 4 social workers interviewed. Both within-case and cross-case analyses were conducted using a phenomenological approach to identify common themes and patterns of resilience, protective factors, and how system interactions contributed or acted as barriers to a successful placement.

The main characteristics of resilience in stable placement foster children included the reduction of problematic behaviors, an increase in positive and prosocial behaviors, and the development of relationships with others. Specifically, the relationship between the foster child and the foster parent appeared to influence the child's expression of resiliency as they provided the protective factors of a consistent and supportive home environment and a consistent dedication of care with the end goal of adoption. The supportive adults in the study helped to strengthen protective factors and provide a

nurturing environment to reduce the effects of stress and adverse experiences of these children in foster care. Therefore, resilient adults or resilient systems may influence the development of resiliency in the foster children with which they interact.

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LIST OF ACRONYMS

ADHD	Attention Deficit/Hyperactivity Disorder
AFCARS	Adoption and Foster Care Analysis and Reporting System
CASA	Court Appointed Special Advocate
CDC	Centers for Disease Control and Prevention
CDE	Colorado Department of Education
CDHS	Colorado Department of Human Services
C.F.R.	Code of Federal Regulations
CPS	Child Protective Services
DFPS	Texas Department of Family and Protective Services
DHHS	U.S. Department of Health & Human Services
ESSA	Every Student Succeeds Act
FCA	Foster Connections to Success and Increasing Adoptions Act
GAL	Guardian Ad Litem
IEP	Individualized Education Program
NCANDS	The National Child Abuse and Neglect Data System
PTSD	Post-Traumatic Stress Disorder
RAD	Reactive Attachment Disorder
SED	Serious Emotional Disability

CHAPTER I

INTRODUCTION

They've been through and seen some of the most horrific things that most adults will never even have to experience or hear about in their lifetime. And these children at a young age have experienced some of those things. But they're able to go to school and function in school, and make friends and keep friends, and do their schoolwork and get along with teachers, and get good grades, and still continue to have a positive outlook on their life. (Tammy, Permanency Social Worker)

These words were taken from an interview with one of the social workers from this study. Without going into great detail, she identified the horrors foster children can witness and experience. Her vagueness led me to conjure up some of the possible terrors these foster children experienced. Yet, she went on to describe the ability of these children to overcome adversity, to thrive in school, to build and keep friendships, and even to maintain their positivity. Her statement begs the question, how do foster children overcome the challenges they have faced? Is it something within themselves, the people around them, or some combination that allows them to move past their negative beginnings?

The term resilience originated from the Latin word 'resilire,' which means to leap back (Windle, 2011). Resilience can be analyzed within a variety of systems ranging from individuals to global perspectives. However, most research has focused on resilience in individuals (A. Masten, 2007), with the overwhelming conclusion all people have resilience (Luthar, Cicchetti, & Becker, 2000; A. Masten, 2001, 2007; A. Masten et al., 2004). Resilience develops from everyday adaptive processes (A. Masten, 2001) and

consists of both personal strengths and environmental protective factors (A. Masten, 2011). It is these factors of resilience, which aid in a person's ability to bounce back towards a normal course of development. Since, promotive and protective factors form the basis for resilience research, it is important to understand how these influences might play out within the context of the child's system including his or her family, school, community, and culture (A. Masten & Obradović, 2008). This framework is especially relevant in its application to children who are in the foster care system.

Past research has found one of the main sources of resilience develops from supportive relationships (Drapeau, Saint-Jacques, Lépine, Bégin, & Bernard, 2007; A. Masten, 2007). However, after a child is removed from the home, this placement change into foster care can cause a disruption in attachment between the child and his or her caregivers and other supportive persons. A placement in foster care usually means children are put into residential or home settings with the end goal of reunification with their parents or caregivers. Sometimes these children are moved around to different placements before this reunification can occur, which can further cause disruptions in attachments. Other times, children stay in foster care until they age out at 18-years-old.

Not only do children in foster care experience disruption in their families, they also lose the social supports and structures offered within their current school settings. Estimates range from 31% to 75% of foster children who move to a new school after they first enter into care (The Legal Center for Foster Care and Education, 2018). Additionally, both childhood maltreatment and being placed in foster care are associated with impairments in overall global functioning, which can also interfere with academic functioning (Frerer, Sosenko, Pellegrin, Manchik, & Horowitz, 2013). Not surprisingly,

the overall educational outcomes for students in foster care are grim (The Legal Center for Foster Care and Education, 2018). Some of these struggles may be attributed to changing schools when placed into a foster care setting located in a different part of the community.

Even though all people have resiliency, some may be better able to adapt to their changing situations than others. A child's separation from his or her family coupled with the effects of the maltreatment, abuse, and/or neglect, can have both short- and long-term developmental consequences. Fortunately, the supports offered by foster parents and the broader system have the potential to act as protective factors to help foster children overcome past trauma and to adapt and adjust to their new lives in the foster care system. Understanding how foster children overcome adversity and show resilience is important for helping supportive adults promote these factors in hopes of creating more successful placements and outcomes for this population.

Theoretical Orientation

Two frameworks, bioecological theory and resiliency theory, form the foundation for this study. First, in order to understand children's development within foster care, it is helpful to look at their interactions through a bioecological lens. This contextual model takes into consideration the various interactions between children and their systems and highlights those environments where resiliency may be nurtured (A. Masten, 2014). A bioecological framework allows development to be understood through changes in biopsychological traits of individuals and groups over time.

Urie Bronfenbrenner's (1979) ecology of human development has evolved since his first publication. The most updated model proposed people develop through the four

elements known as Process, Person, Context, and Time. Additionally, bioecological theory defines development as the “phenomenon of continuity and change in the biopsychological characteristics of human beings both as individuals and as groups. The phenomenon extends over the life course across successive generations and through historical time, both past and present” (Bronfenbrenner & Morris, 2006, p. 3).

Bronfenbrenner’s earlier work examined development with an emphasis on the contexts and the individual within these contexts. Over time, his conceptualization became more specific focusing on the everyday interactions between the contexts and the individual.

A key factor in development recognized in the updated model was called proximal processes, or the interactions between a person and his or her environment (Tudge, Mokrova, Hatfield, & Karnik, 2009). Examples of this process include parents or caregivers feeding their infant, a child playing with other children, or a child working with his or her teacher to learn new skills and acquire knowledge (Bronfenbrenner & Morris, 2006). These interactions are reciprocal and happen regularly over time making them influential in development as children engage in activities with others and on their own. Development occurs through these proximal processes to help children make sense of their world and the roles in which they play (Tudge et al., 2009).

Furthermore, in the bioecological model, children and individuals bring their own characteristics and traits into their interactions with others, which in turn, can affect their environments. Three types of personal characteristics individuals bring into social situations include demand, resource, and force characteristics (Bronfenbrenner & Morris, 2006; Tudge et al., 2009). A demand characteristic describes a personal characteristic, which “acts as an immediate stimulus to another person” (Tudge et al., 2009, p. 200). For

example, a demand characteristic can be a person's skin color, gender, or age. How a person looks or is perceived might influence how another person initially responds to or interacts with them. This is because the other person forms expectations of who the person is based on physical appearance. Next, resource characteristics, which are not always readily known, refer to a person's actual or perceived mental, emotional, social, and material capabilities. Examples of resource characteristics include a person's skills, intelligence, as well as broader concepts such as access to food and housing. Finally, force characteristics describe a person's personality such as his or her temperament, motivation, and persistence. For instance, two children may have a similar resource characteristic such as cognitive ability, but their development differs based on their motivation levels in which one child persists on a task more so than the other (Tudge et al., 2009). Therefore, all of the Person characteristics of demand, resource, and force are considered part of a proximal process. Any person can passively or actively change his or her environment or context, which then shapes subsequent interactions and development.

Bronfenbrenner's Context element refers to the environment and is similar to his original 1979 model. This model breaks down the context or environment into different systems: the microsystem, mesosystem, exosystem, and the macrosystem. The microsystem is the most direct environment for the individual and is where a person spends the most time. It can include the home, school, or peer group setting depending on the age of the child. Next is the mesosystem, which is any interconnection occurring between microsystem contexts. For example, the combination of the home and school environments and the shared friendships or events, which occur between the two settings, makes up one mesosystem. In the context of the foster care system, the mesosystem may

include the interactions between social workers and foster families. Another type of system that influences development and affects the individual in a broad and less direct manner is the exosystem. Examples of this system include broad contexts such as the neighborhood, but can also include a parent's job. In the context of foster care, child welfare services or extended family members may have limited contact with the individual but can nevertheless impact them in some way. The interaction of all the previous systems with one another and is called the macrosystem. The macrosystem can be an individual's "culture, subculture, or extend social structure" and can consist of their socioeconomic status, ethnicity, and shared values (Bronfenbrenner, 1993, p. 25). These transitions between environments and systems occur throughout an individual's life.

Time is the last element in the bioecological model (Bronfenbrenner & Morris, 2006; Tudge et al., 2009) and includes micro-time, meso-time, and macro-time. Micro-time is defined as the time in the moment or during an activity. Meso-time refers to the consistent happenings in a person's life, and macro-time or the chronosystem, refers to the processes of development and the variation that occurs with individuals as they are influenced by different events over time. Throughout the Process-Person-Context-Time model, time influences interactions and ranges from relative consistency to change. The circumstance of time is imperative to understanding development in the bioecological model.

To conclude, Bronfenbrenner's contemporary model examines development within all four elements: Process, Person, Context, and Time (Tudge et al., 2009). These elements create a framework for understanding foster children within their complex systems. Foster children develop through interactions with their changing and expanded

systems, which can include biological parents, foster parents, social/caseworkers, attorneys, advocates, teachers, peers, and the mental health workers. Their development occurs from the reciprocal interactions of these components over time. Therefore, different time periods and different interactions can increase or decrease their physical, mental, and emotional development. These interactions can also increase a child's risk or protective factors while they are in the foster care system.

Along with the bioecological theory, resiliency theory further forms the theoretical foundation for this study. In order for resilience to be identified the person or system in question has to be doing well or be in the process of adjusting or adapting despite having experienced adversity (A. Masten & Coatsworth, 1998). Therefore, these two criteria (better than expected adaptation and the experience of adversity) must be present to say resilience exists, although this definition is far from universal and many questions regarding resiliency persist. Unfortunately, there is no set criterion to determine good adaptation because contexts are ever-changing (A. Masten & Powell, 2003), meaning an individual may show resiliency in one setting (e.g., academic and social success in elementary school), but then struggle in another (e.g., defiance with parents at home). Further, resiliency theory is used to identify positive outcomes and the processes promoting development. Strengths and positive adaptation are therefore examined along with risks to understand how they may act as buffers against the negative effects of adversity (A. Masten, 2007). Consequently, researchers often study resilience to gain a better understanding of the interactions between risks and protective factors in order to enhance positive adaptation and prevent harm (A. Masten & Powell, 2003).

Resiliency theory may be conceptualized as a construct existing within the broader bioecological theory. Like any developmental process, resilience (or risk) is cultivated through the interactions between individuals and their various systems or environments. Furthermore, resilience is best conceptualized through a systemic framework because resilience is not a specific trait and a person's ability to adapt depends on their interactions, behaviors, and life patterns (A. Masten & Monn, 2015). Thus, resilience is developed through the interactions of individuals with ecological contexts and systems over time. Examining resilience within a systems theory model "refers to the capacity for successful adaptation to disturbances that threaten system function, viability, or development" (A. Masten, 2016, p. 298).

Like the bioecological model, resilience and risk occur throughout time and within each of the levels of an individual's environmental system. These factors influence the individual's development, and through their interactions or proximal processes the level of risk may be reduced or enhanced. Therefore, resilience can change over time depending on the interaction and interconnected systems of individuals and their environments. The combination of bioecological and resiliency theory may help to explain how resilience develops both inside the individual and across the interacting systems in the context of children in foster care.

Problem Statement

Despite the efforts of the child welfare system to create a better situation for children who come from abusive or neglectful homes, these children often experience ongoing adversity. Too often they move from one home to another which leads to disruption in their education and academic struggles. A recent trend analysis in Colorado

found only one-in-three students who were in foster care graduated high school in 4 years and around one-in-eleven students dropped out of school one or more times between seventh through 12th grade (Clemens, 2014). Furthermore, even as overall state trends in graduation improved, the graduation rates for foster children did not show the same level of growth. Students graduating while in foster care went from 27.5% in 2013, rose to 33.2% in 2016, and dropped down to 23.6% in 2017 (Colorado Department of Education [CDE], 2018b). This trend continues to be stagnant and significantly lower than the 79% state average of students who graduated in 4 years in 2017 (CDE, 2018c). Of those who graduate, only 2-10.8% will attain a bachelor's degree or higher, which is also significantly lower than the national average of 32.5% (The Legal Center for Foster Care and Education, 2018). Therefore, children in foster care do not perform nearly as well as their peers when it comes to academics (Zima et al., 2000) and graduation rates (Clemens, 2014; The Legal Center for Foster Care and Education, 2018).

When children enter into the foster care system or are transitioned between placements, social workers try to keep them in the same school setting. However, some children are not able to remain in their schools when it is not in their best interest, either educationally or because of the distance to their new placement (Every Student Succeeds Act [ESSA], 2015). In general, changing schools has been associated with lower achievement in math and reading during the school year in which the move occurred (Grigg, 2012). Changes made during the academic year tend to have worse outcomes in relation to the effect on short-term achievement than changes occurring at the end of the year for natural grade promotion. Furthermore, a student's social support from peers may be disrupted by a move to a new school (Grigg, 2012). Children who change schools as

well as experience family transitions are more at risk to experience social withdrawal or unhealthy friendships (Dupere, Archambault, Leventhal, Dion, & Anderson, 2015).

One factor hindering foster children's success in school may be related to being displaced from their home or placement, or from frequent moves within the foster care system (Zorc et al., 2013). The number of moves a foster child experiences while in care varies widely, but children who stay in care longer tend to experience a higher risk of mobility (Webster, Barth, & Needell, 2000). One study examining placement histories from young adults who had recently aged out of the foster care system, reported their number of living arrangements ranged from one to 38 placements (Stott, 2012). However, most youth are only in foster care for an average of 20.1 months (U.S. Department of Health & Human Services [DHHS], 2018c) and experience an average of 2.8 placements during their first foster care stay (Center for State Child Welfare Data, 2013; The Legal Center for Foster Care and Education, 2014).

Placement instability has been correlated with different factors such as age and gender. Children who enter into care at an older age (5.5 years) are more likely to move placements than children who are younger when they enter into care (Koh, Rolock, Cross, & Eblen-Manning, 2014). Additionally, males are more likely to experience a placement change than female foster children. Other factors negatively associated with placement stability include children who are placed in non-kinship care and children who have recently received a psychiatric diagnosis (Koh et al., 2014). All of these factors are associated with increased stress in caregivers and foster children. Stress from behavior problems or from children who require more caregiver support, increase the chance of

foster parents requesting a change in placement (Cross, Koh, Rolock, & Eblen-Manning, 2013).

A child's behavior is a major factor in influencing placement moves (Cross et al., 2013). These behavioral problems are seen as directly linked to a child's emotional health. It is estimated 29-80% of foster children experience emotional/behavioral problems (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998), which is higher than the 13-20% of children in the general population who are diagnosed with an emotional/behavioral disorder in a given year (Centers for Disease Control and Prevention [CDC], 2013). Behavior problems accounted for a third of the placement changes among children in foster care (Koh et al., 2014). Children who are better behaved and are relatively well-adjusted are less likely to experience a move while in foster care compared to foster children with behavioral problems (Macdonald & Turner, 2005). Therefore, learning to control maladaptive externalizing behaviors and to manage internalizing behaviors may decrease the likelihood of a foster child being removed from a foster placement (Blakey et al., 2012; Carnochan, Moore, & Austin, 2013).

Like most children, those in foster care have very little control or say in their lives; in many ways, their only control is over their behaviors as they try to adapt to their circumstances. Through adult support and the development of trusting relationships, foster children can begin to build their skills and learn to manage their emotions and behaviors. The ability to positively adapt to negative circumstances (e.g., adjust their behavior to fit with their new living situations) is one example of how foster parents might notice an increase in resiliency in their foster child. This example demonstrates how resilience is not a fixed attribute and is developed over time (Drapeau, et al., 2007;

A. Masten & Monn, 2015). Therefore, significant adults who are closest to a foster child may be the first to notice those subtle and overt changes indicating the child is developing resilience.

The significant adults in the life of a foster child may include foster parents and social workers, teachers, their Court Appointed Special Advocate (CASA), extended biological family members, or adults affiliated in the community. Presumably these adults know the child fairly well and can speak to his or her development and the elements helping to increase resiliency. These important individuals can also strengthen protective factors and provide a nurturing environment to reduce the effects of stress and adverse experiences on the child (Flores, Cicchetti, & Rogosch, 2005; A. Masten, 2001; A. Masten & Coatsworth, 1998). Through in-depth interviews, the interactions between significant adults (i.e., foster parents, assigned social workers) and foster children were explored to understand what helps or hinders the development of resiliency. Specifically, the goal of this study was to obtain a better understanding of resiliency in placement-stable foster children as this may help to identify and promote factors of stability in a home and school setting.

Purpose of the Study

The purpose of this qualitative study was to gain a better understanding of the proximal processes experienced by children in the foster care system who were in the process of being adopted. If family reunification is not possible, adoption represents another type of successful outcome for children in foster care. Understanding the context of this positive outcome may contribute to our knowledge as related to the development of resiliency in foster children. Specifically, I wanted to better understand resiliency

through the perspectives of significant caregivers and other supportive adults to children in foster care who had successfully stabilized in their placements. My hope was to identify trends, turning points, and supports helping foster children become successful and positively adapt, despite their adverse circumstances.

Increasing the stability in foster children's lives may enhance their ability to attain academic success (Frerer et al., 2013), as may be the case with children who have permanency plans of adoption. With a reduction in home displacements, foster children may be able to build trust and positive adult relationships with their caregivers, school teachers, and staff, as well as build friendships with their peers. Additionally, a reduction in displacement may afford foster children more consistency in their learning. Too often, foster children fall behind due to frequent moves, differences in school curriculum, and lapses in record exchanges (Pecora, 2012).

Resilience has historically been a concept difficult to define and understand (A. Masten, & Monn, 2015). Using qualitative research through a multicase study, I hope to expand upon the concept of resilience by increasing how inner and outer protective factors contribute to foster children's ability to overcome adversity. Learning how resilience unfolded within these contexts may provide other caregivers and support systems with strategies to help build up strengths and resiliency in their foster children. Resiliency includes not only the individual but also the whole system with which the child interacts; therefore, the whole system has the ability to adapt to adversity (Kaplan, 2013; A. Masten & Monn, 2015). Thus, understanding how individuals within those systems perceive resilience is important because the interactions between themselves and their foster children, as well as other important contexts (e.g., school, community

settings), may influence how their foster children adapt. Few studies have explored the perspectives of significant adults in the lives of foster children and their views of success in school and at home. My goal was to identify some of the shared experiences of foster children who had stabilized in their placements as told through the voices of the significant adults in their lives. The aim of this study was to help develop a better understanding of how resilience develops within this population.

Guiding Questions

The following questions helped guide this study:

- Q1 How do foster children in stable placements demonstrate resilience?
- Q2 How do system interactions (proximal processes) (e.g., foster parent and child, foster parent and child's teacher, foster parent and child's social worker or CASA) contribute to, or act as barriers, to successful placements for children in foster care?
- Q3 How do system interactions (as indicated above) act as protective factors for successful placements for children in foster care?
- Q4 How do resiliency factors contribute to foster children's stability at home and at school?

Definition of Terms

Case. This term refers to one of the six case studies in the multicase study. Each case centers on one foster child's experiences in the foster system and is based on perspectives from his or her foster parents and social worker.

Foster Care. This term refers to "24-hour substitute care for children placed away from their parents or guardians" and where systems of care have "responsibility for care and placement" (45 C.F.R. §1335, 2012, p. 272). Placements can include relative foster homes, group homes, emergency shelters, pre-adoptive homes, and residential facilities (45 C.F.R. §1335, 2012).

Placement. This term refers to the physical foster care setting where a child is placed after removal from the home (DHHS, 2008).

Placement Disruption/Move. This term refers to “when the foster care setting changes, for example, when a child moves from one foster family home to another or to a group home or institution” (DHHS, 2008, p. 13). Disruption or a move occurs when a child exits his or her current placement and enters another, which are both monitored by the system of care (Unrau, 2007).

Protective Factors. This term refers to factors that are thought to buffer against adversity or risks to either reduce negative outcomes or increase positive ones (O’Dougherty Wright, Masten, & Narayan, 2013). There are three main areas of protective factors including those within children, within their families (Ungar, 2013); and within their communities (Fergus & Zimmerman, 2005; Gutman & Feinstein, 2010). Examples of protective factors include individual problem-solving, good parenting skills, and having a good school system or strong relationship with a teacher (A. Masten & Monn, 2015).

Risk Factors. This term refers to factors within an individual, family, or community associated with increased negative outcomes (O’Dougherty Wright et al., 2013). Risk factors can be classified as a single or multiple in nature. Examples of risk factors include poverty, family violence (A. Masten & Monn, 2015), parental problems, and higher incidences of externalizing behaviors (Lanza, Rhoades, Nix, & Greenberg, 2010).

Resiliency. This term refers to the ability of a person, family, or system to adapt when faced with risk or adversity. For this study, the specific term comes from A. Masten

and Monn (2015) where “resilience refers to the capacity for adapting successfully in the context of adversity, typically inferred from evidence of successful adaption following significant challenges or system disturbances” (p. 298).

Stability. This term refers to the consistency of a length of stay with a caregiver. Currently, there is no U.S. federal definition for stability, but is a general term used when a child appears to be successful in the same placement over time.

Trauma bond. This term was used by the participants of the study to describe a destructive relationship between a foster child and his or her biological sibling. A foster child was described as having a trauma bond when he or she had repeated instances where they would act out, become emotionally dysregulated, act aggressive, or have inappropriate sexual contact during sibling interactions. Trauma bonds were described as being difficult for foster parents to manage and harmful to the sibling relationship.

Vulnerability. This term refers to the possibility that risk will result in a significant decline in wellbeing and individuals with higher levels of certain characteristics are more susceptible to stress than those with lower levels (Luthar, 1991).

Delimitations

My participants consisted of foster parents of children in one county of a Western region in the United States of America, who had permanency plans of adoption. In order to participate in the study, foster parents needed to be providing care to children who were in the foster care system, who were doing well in their placements (as determined by the social worker), who had been in the setting for at least 6 months, and who had not yet been adopted. However, the family of one child who had been adopted during the participant recruitment process and within two weeks of when the interview was

conducted was included due to low participant numbers. Interviewing previous foster parents a short time after adoption helped in understanding the resilience factors of this positive outcome. Only foster or adoptive parents of school-age children who were enrolled and attending school were interviewed so as to better understand resilience at home and at school. Other supportive adults, such the child's social worker, were also interviewed. However, first hand perspectives of resiliency from foster children could not be gathered and instead the perspectives of these important adults were used to construct the meaning of resiliency for school-age children in foster care.

CHAPTER II

REVIEW OF LITERATURE

Historically, knowledge about specific predictors of resilience of children in the foster care system, especially younger children, has been sparse. In order to better understand the broad context of foster care, an explanation of maltreatment and the effect adversity has on children was examined. An overview of the foster care system, characteristics of the children and families who are a part of this system, and resulting outcomes are also presented. Additionally, the current literature for home and school stability, resiliency, and factors that might affect resiliency are presented.

Maltreatment

Children are most often placed into foster care out of concerns for their safety, or due to abuse or neglect from a family member or parent. Each state within the United States has developed its own definition for the terms child abuse and neglect, resulting in differences across state lines. At a minimum, and as set forth by the Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), state definitions for child abuse and neglect should include, “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” (p. 6). Additionally, most states recognize four types of maltreatment, which are neglect, physical abuse, psychological maltreatment, and sexual abuse (DHHS, 2018a). Therefore, maltreatment or child maltreatment are overarching terms used to refer to any or all of

these four different types of abuse. Prevalence rate research has also classified child maltreatment to include threatened abuse, and parental drug or alcohol abuse (DHHS, 2018a).

The current statistics on child abuse and neglect come from The National Child Abuse and Neglect Data System (NCANDS), an annual collection of individual reports of alleged abuse or neglect in which Child Protective Services (CPS) were involved (DHHS, 2018a). Every state, including the District of Columbia and Puerto Rico, is included in the data collection. According to the most recent report published in 2018, the majority of children were identified to CPS for reasons of neglect (74.8%), followed by physical abuse (18.2%), and sexual abuse (8.5%) (DHHS, 2018a). Most of these reports were made to CPS (64.9%) from people employed in a job mandating the reporting of abuse or neglect such as teachers, whereas other reports were made by non-professionals such as friends or neighbors, or were made anonymously (DHHS, 2018a).

In the 2016 federal fiscal year report, NCANDS estimated that there were around 676,000 child victims of abuse and neglect (DHHS, 2018a). Of the children reported, most were White (44.9%), followed by Hispanic (22%), and African American (20.7%) (DHHS, 2018a). As might be expected, these percentages are demographically similar to the children currently in foster care (DHHS, 2018c). However, trends for gender and age as related to victimization differ slightly from the patterns seen in foster care placements. Overall, female children had higher rates of victimization during childhood as compared to their male peers (DHHS, 2018a). There were slightly more male children (52%) in foster care than female children (48%). Additionally, the victimization rate decreased with a child's age, with children under the age of one having twice the victimization rate

of any other age group (DHHS, 2018a). However, the number of children in foster care was fairly consistent at each age for children 17 and under (DHHS, 2018c).

Sometimes, the resulting outcome from an investigation by CPS included the removal of a child from his or her home. Of the children reported for maltreatment in 2016, 22.6% of victims and 1.9% of non-victims (e.g. the siblings of a victim) were placed into foster care (DHHS, 2018a). Non-victims included those children removed from the home of an identified victim or from parent request. Usually, the goals of these placements are to ensure children's safety and ultimately reunite them with their biological families.

Effects of Maltreatment on Developing Children

Children who are placed into foster care have different needs based on their history and development. As noted, many foster children have experienced abuse and neglect, which may contribute to later behavioral and academic challenges.

Consequently, increased levels of needs may require more intensive supports for parents and specific skill trainings. Therefore, it is important understand how maltreatment can effect cognitive and social and emotional development as it has important implications for how children may adjust to their foster placements.

Cognitive development. One of the most susceptible areas of development for children occurs in the brain. Harm to the brain can occur from maltreatment, especially when the abuse or neglect happens during a child's earliest years (Manly, Kim, Rogosch, & Cicchetti, 2001). Sadly, most abuse and neglect reports are made for children under the age of three, with the majority of victimization rates occurring to children under one year of age (DHHS, 2018a). This means that these children are at greater risk for deficits

brought on by maltreatment because brain development may be negatively impacted from physical harm, as well as from changes that occur as the child reacts to threatening environments (Perry, 2009). The types of insults and specific deficits differ for each case based on factors such as age, length of abuse, and type of maltreatment. Other confounding factors that many maltreated children face, such as low socioeconomic status, parent history of psychopathology, and exposure to substances in-utero (Hart & Rubia, 2012) make it difficult to parse out the exact deficits brought on by maltreatment alone.

Atypical brain development caused by maltreatment is often associated with a variety of deficits. These deficits include lower intellectual functioning, lower performance across different academic subjects (Clausen et al., 1998; Fantuzzo, Perlman, & Dobbins, 2011), difficulty with peer relationships (Clausen et al., 1998), an increased threat response, and higher rates of psychopathology (Klein, Gorter, & Rosenbaum, 2012; C. Masten et al., 2008; Robinson et al., 2009). Children who had been maltreated were also reported to be 2.5 times more likely to repeat a grade, have more absences, score lower on standardized tests, and have higher dropout rates (DeBellis, Hooper, Spratt, & Woolley, 2009; Staudt, 2001) than children who had no history of maltreatment. Furthermore, physically abused and neglected children were more likely to be identified for special education placement (Jonson-Reid, Kohl, & Drake, 2012; Staudt, 2001).

As stated, maltreatment can negatively impact brain development. A particularly susceptible area is the frontal lobe region because this part of the brain matures at a slower rate than the rest of the brain and is therefore at greater risk from the negative

impacts of maltreatment (Edmiston et al., 2011; Glaser, 2000; Pechtel & Pizzagalli, 2011). A slower developing brain region means that impacts to this area can manifest across a wide range of time (Pechtel & Pizzagalli, 2011) and may not become apparent until early adulthood when the frontal lobe becomes fully developed (Gogtay et al., 2004). Negative impacts to the frontal lobe specifically impact a child's executive functioning and attention abilities, which may contribute to the difficulties a maltreated child may face in school. Other negative cognitive impacts related to maltreatment can include memory, learning, and language deficits (DeBellis, et al., 2009).

Besides deficiencies in cognition, other neurodevelopment can also be impacted by threat (Perry, 2009). Impacts to neurodevelopment can occur from the monoamine systems used in stress-responses to the brain. Prolonged activation of the stress-response system can cause changes to individual neurons, synaptic distributions, and dendritic trees. Over time, the brain will act as if it is under constant threat, inhibiting normal emotional development and often causing various psychopathologies such as anxiety and impulsivity (Perry, 2009).

Emotional, social, and behavioral development. Many maltreated children have various difficulties with appropriate social skills and show a number of distressing externalizing behaviors. Children learn social and emotional adaptive behaviors from their caregivers, which may be hindered in cases of familial abuse and neglect. Children who have experienced abuse or neglect may have also been exposed to negative emotional cues by their caregivers, which has been associated with difficulties understanding and self-regulating emotions (Glaser, 2000). Additionally, these deficits may result from an absent or neglectful caregivers' unavailability or inability to show

their own emotions, to mirror their children's emotions (Glaser, 2000), or model how to appropriately calm down from a heightened state.

Maltreated children's difficulties with appropriate social skills and externalizing behaviors can also be seen in the school setting. Some maltreated children have been found to have difficulties with peer relationships in school and to have higher levels of aggression and withdrawal than their non-maltreated peers (Herrenkohl, Herrenkohl, & Egolf, 1994; Manly et al., 2001). C. Masten, et al. (2008) reported that maltreated children were more sensitive to negative facial emotions, which in turn may cause them to have a higher threat bias. Detecting threat quickly may serve maltreated children in an adaptive manner to warn of impending or future harm. However, this threat bias could negatively impact their ability to make friends or interact appropriately with others because they may perceive any ambiguous cue as a threat (C. Masten et al., 2008). These perceived threats might therefore increase aggression, avoidance, or withdrawal behaviors, which are not conducive towards building relationships with others. Yet, not all maltreated children develop high levels of aggression. Some younger children who experienced neglect were found to be less aggressive than those who experienced physical abuse (Manly et al., 2001). Additionally, males who experienced neglect were found to have increased interpersonal problems as compared to aggression.

Both externalizing and internalizing behaviors expressed by children who have been maltreated are often identified as a symptom of a psychological disorder. The specific disorders that are most commonly identified in maltreated children include Attention-Deficit Hyperactivity Disorder (ADHD), with rates of 20.7% compared to the 4-6.7% in non-maltreated children, or Oppositional Defiant Disorder (ODD).

Unfortunately, it is not known whether ADHD is the result of genetic or environmental factors because ADHD can influence the risk of maltreatment as well as occur as a result of maltreatment (Howe, 2010). Children who experience maltreatment and are subsequently placed in foster care, are also at risk for being identified with various mental health problems. One researcher found that 37% of foster children had a mental diagnosis compared to only 16.5% of children on Medicaid (Vanderwerker et al., 2014), suggesting that the rate of occurrence was not simply due to lower socioeconomic status. The most prevalent diagnoses for foster children were ADHD (17.3%), followed by disruptive mood dysregulation disorder (7.2%), and conduct disorder (2.3%). An increase in the expression of aggression in maltreated youth has contributed to a higher prevalence of the diagnosis of conduct disorder in both male and female youth (Staudt, 2001).

Another common diagnosis among maltreated foster children has been Reactive Attachment Disorder (RAD). Slightly less than half (35-45%) of all young maltreated children in foster care (those under 5 years of age) have been diagnosed with RAD (Buckner, Lopez, Dunkel, & Joiner, 2008) as compared to 1.4% of children that came from a low socioeconomic status (Minnis et al., 2013). Currently, the prevalent rates of RAD in the general population are unknown (American Psychiatric Association, 2013). Children with RAD also have an increased risk of externalizing behavior problems and Post Traumatic Stress Disorder (PTSD). Their disrupted attachment and inability to trust caregivers can cause a greater number and persistence of social emotional problems (Klein et al., 2012).

Besides an increased level of externalizing behaviors, children in foster care also may have an increased level of internalizing behaviors. For example, some children in

foster placements have been found to have lower ego resiliency, or flexibility and responsivity, in reaction to their environment (Manly et al., 2001). This response may correspond with an increased diagnosis of internalizing disorders for this population. Around 25% of children in foster care have been diagnosed with PTSD compared to only 4% in the general population (Jackson, O'Brien, & Pecora, 2011). Other prevalent internalizing disorders include anxiety disorders and major depression. Consequently, adolescents in foster care who were between the age of 12 and 17 were found to be four times more likely to attempt suicide than the general population (Pilowsky & Wu, 2006).

Maltreatment is known to be associated with an increase in various cognitive, developmental, and social-emotional impairments. Therefore, maltreatment, especially early in a child's development may be associated with high levels of behavioral and emotional issues, which can lead to difficulties later on in a foster placement and at school. These emotional and behavioral difficulties may also result in children being removed to another foster home or to a more restrictive level of care to better address their needs.

Foster Care in the United States

The Adoption and Foster Care Analysis and Reporting System (AFCARS) and the Code of Federal Regulations (C.F.R) define foster care as, "24-hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility" (45 C.F.R. §1355.20(a); DHHS, 2012). Therefore, children who are in foster care are temporarily living under the care of another adult deemed appropriate by child welfare services. Title IV-E is a part of the Social Security Act that helps to offset childcare cost through guardianship assistance payments

and provides funds to help foster care agencies with the cost for the care of children, administrative needs, and training for staff and foster parents (45 C.F.R. §1355.20).

Initial placement decisions for foster children are made by child welfare agencies. Social workers take into account the needs of the child in the context of the skills, resources, and location of the foster parent. Location proximity to the child's biological family and school are important factors in a child's placement decision to encourage both family visits and educational stability (Colorado Department of Human Services [CDHS], 2016). Therefore, foster children can be placed in a variety of settings. These placements include "foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and preadoptive homes" (45 C.F.R. §1355.20(a)(1)). According to 2017 preliminary AFCARS report, the most common placements for foster children are nonrelative foster family homes (45%), followed by relative foster family homes (32%), institutions (7%), group homes (6%), trial home visits (5%), pre-adoptive homes (4%), and supervised independent living facilities (1%) (DHHS, 2018c). Approximately 1% of foster children are not currently living in any of these settings and are classified as being runaways. Based on the numerous types of placement settings, there are a wide variety of placements children can move in and out of during their time in foster care.

In 2017, 269,690 children entered into the foster care system, and 247,631 exited the system. Of the children exiting foster care, a little over half were to be reunited with their family (DHHS, 2018c). Overall trends suggest that the number of children entering into foster care declined from 2008 to 2012 and has increased every year since (DHHS, 2018b). Of the children who have entered into foster care, the average time in care was

around 20 months. However, some children remain in care for longer amounts of time, from 3 to 4 years (9%) to 5 or more years (4%) (DHHS, 2018c).

Males and females tended to be equally represented among children in foster care. Most of the children in foster care are ethnically classified as White (44%), followed by Black or African American (23%), Hispanic (21%), and other races such as American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander or multiracial (9%) (DHHS, 2018c). Additionally, the median age of a child in care was 7.1 years old (DHHS, 2018c). Any child can enter into foster care from infancy through age 18. However, with The Fostering Connections to Success and Increasing Adoptions Act of 2008 (42 U.S.C. § 1305) (FCA) some states are allowing adolescents and young adults to enter into or stay in the system up to and through the age of 21 years.

In 2017, the majority of children in foster care were removed from their homes due to neglect, physical abuse, and/or sexual abuse. Parental drug use and alcohol use were factors in half of the removals (DHHS, 2018c). Besides maltreatment, children can also be placed in foster care when parents are arrested, deceased, or when a parent voluntarily gives up custody (e.g., due to illness, inability to manage the child's behavior, or by abandoning the child with a relative) (DHHS, 2018c). Around a quarter of children are placed into care for these reasons. Overall, AFCARS categorizes fifteen different reasons as to why children are removed and placed into foster care, the majority of which are because of maltreatment.

Levels of Care

Being a foster parent is a difficult job, regardless of the age, gender, or history of the child who has been accepted into one's home. However, fostering a child who has

experienced abuse, who is older, and who may have experienced multiple placements can be especially challenging. In general, foster parents receive limited preparation or training as related to their new responsibility of raising a child in foster care. The type of education foster parents receive is often based on the level of care the foster parents are willing to provide in their home. In 2002, there were 25 states that had a level of care system that ranged from a least restrictive to most restrictive setting (National Resource Center for Family-Centered Practice and Permanency Planning at the Hunter College School of Social Work, 2006). Levels of care are typically determined and characterized by the physical, social, and emotional needs of the child. For example, the Texas Department of Family and Protective Services (DFPS) (2018) has a clear metric for characterizing and describing the levels of care provided to children. Care levels range from basic to intensive-plus, with basic services provided to children who are functioning at a normal developmental level and who have behavior that is typical of their age. At times they may exhibit behaviors or outbursts associated with stress or reactions to their specific situation. However, their behaviors are easily managed and are not considered too disruptive to the home setting. Additionally, children may also fall under the basic level of care classification if they have a developmental delay or intellectual disability with only some difficulties in the areas of conceptual, social, and adaptive skills (DFPS, 2018).

The other end of the care spectrum is categorized as intensive and intensive-plus. Children who need this level of care are considered to be a danger to themselves or others (DFPS, 2018). For example, these children may engage in severe self-injurious behavior, have a history of serious suicide attempts, and/or are children who exhibit extreme

physical aggression towards others. Most often these children are placed in more restrictive settings with caregivers who have the skills and experience to address their higher safety needs. These settings can include hospitals, residential treatment centers, or therapeutic foster homes. The intensive-plus level was enacted in 2017 and is a label only offered for children in residential treatment centers. Children who need this level of care have extreme behaviors that present “extreme, imminent and critical danger of harm to self or others” (DFPS, 2018).

Training of Caregivers

The training provided to caregivers is important given the number of children who have histories of abuse and neglect that enter the foster care system. Children who are placed in foster care are supposed to be transferred to a placement that meets the care standards of that specific state and whose caregivers have been adequately prepared and educated. However, there is no universal standard for determining the most appropriate type of care for children or a standard definition of adequate training for foster parents. Each state determines the criteria for how an adult can become a foster parent or caregiver based on their interpretation of the federal mandate set forth by the Foster Care Independence Act of 1999 (P.L. 106-169). Therefore, trainings and guidelines for care differ widely from state to state but typically include preservice and in-service trainings (Festinger & Baker, 2013; National Resource Center, 2007). Preservice training is provided and required for individuals who are seeking to become foster parents while in-service training is provided to current foster parents to maintain their license. However, some states do not mandate any training (e.g., Hawaii, Virginia, Wisconsin) while others

require 20 hours of in-service programming to provide basic foster care services (e.g. Texas, Colorado, Ohio) (National Resource Center, 2007).

The education and training of foster parents varies widely and as such, there is a limited but growing body of research on the effectiveness of specific trainings. Foster parents are trained using preservice and in-service programs. Preservice programs are designed to educate prospective foster parents on the role and responsibilities of a foster parent. An evaluation of foster parent trainings revealed a lack of effectiveness research on preservice training related to content or format (most commonly single session) (Festinger & Baker, 2013). There is also limited research on the preservice training that is used to screen prospective foster parents (Festinger & Baker, 2013). Therefore, it is difficult to gauge how well foster parents are being prepared and supported using this method. However, multi-session programs, which are the least likely to be offered to foster parents, have been better evaluated. Multi-session in-service trainings are provided over the course of a set time period. These types of trainings programs have shown benefits in helping parents manage behavior (Festinger & Baker, 2013; Maaskant, van Rooij, Overbeek, Oort, & Hermanns, 2016), increase their parenting skills, reduce foster parent attrition, and increase placement stability (Festinger & Baker, 2013). Even with trainings in place, researchers have discovered that foster parents continue to feel like they need more training in managing challenging behaviors, helping their foster child to adjust, understanding expectations as foster parents, and in understanding trauma. Researcher also found that foster parents have requested to attend the same trainings as foster care workers, which if allowed has the potential to increase communication and collaboration between themselves and the professionals (Hebert & Kulkin, 2018).

Some states provide manualized training to foster parents who are struggling to maintain and control their foster children's behavior in a basic placement. An example of this type of approach includes a modification of the Multidimensional Treatment Foster Care model for multi-session in-service training. This adapted model is called KEEP (Keeping Foster and Kinship Parents Trained and Supported) and is used to help address behavioral issues of children in foster care (Price et al., 2008). The KEEP intervention has been shown to reduce behavioral problems in foster children (Greeno et al., 2016; Price et al., 2008) and to help children with a high number of externalizing behaviors exit foster care in a positive manner by reunifying with their biological parents or a relative, or being adopted (Price et al., 2008).

However, not all states have a statewide system for support services and parent training. Instead, the counties that make up a state provide support services. As of 2017, only 40 states (including the District of Columbia) were considered to have state administered child welfare services. Nine other states administered their welfare services by county, while three states blended their state and county administration of services (Child Welfare Information Gateway, 2018). In Colorado, each county determines how it will fund services, make policies, license parents and facilities, and train workers (Child Welfare, 2018; National Resource Center, 2006). Therefore, in some states, it is especially difficult to evaluate programming designed to support foster parents because there is little ability to obtain a sufficient sample size or coordinate efforts due to the many different approaches used.

Attrition Rates in Foster Care

All foster parents are prepared and educated to care for foster children in some capacity. However, some foster parents are more successful than others in terms of how long foster children stay in their care. As noted, when there is a poor fit or children have serious behavior problems, the decision may be made to move them to another foster home or to a more restricted environment depending on the level of need. One evaluation of the success of education and preparation for foster parenting can be viewed in terms of how long foster parents stay in the system and foster parents' desire to continue to foster children in their home. Unfortunately, no current statistics on foster care retention were found. The last report was published in 2002 by the U.S. Department of Health and Human Services Office of Inspector General to address the challenges of retaining foster parents. This audit found that some of the reasons foster parents left the system were due to frustrations related to not feeling like their voices were considered in decisions about the foster child, false allegations of abuse, and slow responses from social workers. Unfortunately, the reasons that some foster parents left the system were difficult to determine because most states did not have a systematic approach to determine the cause of attrition (DHHS, 2002).

In 2005, DHHS sought to expand upon the information collected on foster parent retention through examining how long foster parents stayed in the system (Gibbs, 2005). Data were collected from New Mexico, Oklahoma, and Oregon. Findings revealed that annually, one in five foster homes left the system. Factors related to higher rates of attrition included foster homes of nonwhite foster parents who lived in rural or nonmetropolitan counties, and who had higher number of children needing care. Across the three states, foster parents stayed in the system for a median of 8 to 14 months.

Approximately half of foster parents left foster parenting within a year of taking in their first child placement. Current information on the length of stay for foster parents is unknown, and no new information was found on foster parent retention in the state of Colorado.

One reason for foster parent attrition and placement instability may be related to difficulties associated with the extra responsibility of managing the health and behavior problems of children who have been maltreated (DHHS, 2002; Fees et al., 1998). Many foster parents struggle to handle the higher needs of these children. Those foster parents who believed they were effective in meeting the needs of their children described a successful foster placement as one where the family was warm and patient. Other important traits of foster parents included being self-aware, knowing their skills and limits, and being willing to be flexible (J. Brown, 2008). In terms of support from human services, parents reported they needed adequate and timely information on the needs of the children (J. Brown, 2008; Lietz, Julien-Chinn, Geiger, & Piel, 2016; Rosenwald & Bronstein, 2008), to be respected by agency personnel, and to be involved in the screening and case planning of foster children for whom they will provide care (J. Brown, 2008; Rosenwald & Bronstein, 2008). Having these supports and strengths helped foster parents to be successful in helping foster children.

A recent study examined foster parents who had fostered for over five years and who were assessed to have a high level of family functioning (Geiger, Piel, Lietz, & Julien-Chinn, 2016). Participants reported their success came from showing empathy to their foster children, the foster children's biological families, and to child welfare workers. Parental empathy was also a key factor in their own family and foster children's

ability to learn and demonstrate empathy towards others. Additionally, the learning and use of empathy helped families to handle stress and other life difficulties. Additionally, successful placements were found to be related to foster parent's commitment to their foster children, the created sense of belonging, their ability to understand the past experiences of the children in their care, and feeling greater levels of support from others around them (Oke, Rostill-Brookes, & Larkin, 2011). Effective foster parents also had a sense of determination to help their foster children be successful, often in social and academic areas. All these factors helped foster children to maintain stability in their foster placements.

Foster Care in Colorado

Every state in the United States serves the needs of children and families by offering support through child welfare agencies. One of the services offered involves child welfare and moving children into out-of-home placements in order to protect them and to help their families receive services to reduce further maltreatment. In Colorado, from January to September 2018, the number of children placed into out of home placements was around 5,400, with around 3,800 children residing in foster homes (CDHS, 2018b). Out-of-home placements included children living in a family-like setting (e.g., various types of foster homes, trial home visits, and independent living) and in those children in congregate care (e.g., group homes, hospitals, residential placement, detention, and youth corrections secure placement) (CDHS, 2018b).

It is the job of the social workers and court system to work alongside the family to decide how children and their families will get the support services they need. The specific types of support services are assessed by the social worker with the help of the

family. Together, the family's current safety, risk and needs, along with their specific problems are identified. According to the state of Colorado, a family Service Plan is then constructed to address the changes that must occur to fix the problems that were brought to the attention of the agency (12 CCR 2509-41, 7.301.1) (Code of Colorado Regulations, 2018). A Family Service Plan assures that the child's need for "safety, permanency, and well-being, are met" (12 CCR 2509-41, 7.301.2) (Code of Colorado Regulations, 2018).

Children and Family Services provides help to families in hopes of keeping children in their home. The most recent data collected from the Colorado Department of Human Services (CDHS) Community Performance Center, identified that from January to September 2018, 7,507 children and their families received services to reduce repeated maltreatment (CDHS, 2018a). Of those families, 99% were able to get support services in their home in the form of conflict resolution, parenting training, and/or individual and family counseling. However, when safety is of immediate concern, another option for support is out-of-home placement. One percent of families were offered services while their child resided in out-of-home placements (CDHS, 2018a).

When a child meets criteria for being placed in out-of-home care, efforts will first be made to find another relative or caregiver (12 CCR 2509-41, 7.304.3) (Code of Colorado Regulations, 2018). If no relative or caregiver is found to have the ability to keep the child in the home, the child is then placed in the least restrictive and most appropriate setting as evaluated to best meet his or her needs. After the initial placement, and if the child's needs are not being met, then the child may be placed in a more restrictive setting (12 CCR 2509-41, 7.301.24) (Code of Colorado Regulations, 2018) such as a therapeutic foster home or group home.

The goal of foster placement is to help the child's biological family become safe and stable so that the child may return home. However, in some circumstances, such as when both parents are found guilty of repeated or severe abuse or both parents are deceased, there are different permanency goals. These goals include adoption by a relative, long-term foster care, or emancipation (12 CCR 2509-4, 7.301.24) (Code of Colorado Regulations, 2018). For those children who are placed in out-of-the home foster care and who have a goal to return home, placement options include kinship care, family foster care, county group care, child placement agency foster and group care, or residential child care facilities which include residential treatment centers. For children whose goal is something other than to return home, their options include those listed above with the addition of adoption (12 CCR 2509-4; 7.304.1) (Code of Colorado Regulations, 2018).

As noted earlier, training for foster parents varies greatly, even within the same state. Colorado foster parents are required to follow the responsibilities set forth in the Code of Colorado Regulations when a child is in their home. These responsibilities include keeping weekly records of their foster child's behavior and progress, working with the families of origin as specified in the Family Services plan, and participating in the case planning and service delivery for their foster child (12 CCR 2509-4; 7.304.74) (Code of Colorado Regulations, 2018). In the state of Colorado, foster parents and caregivers are prepared and educated by the county's Department of Health and Human Services.

In Colorado, foster parents must be at least 21 years of age; a U.S. citizen, a legal Permanent Resident, or lawfully present in the United States; have adequate space that

includes a bedroom for the foster child; have an adequate stable income; and be healthy and able bodied to care for a child (12 CCR 2509-8; 7.708.22) (Code of Colorado Regulations, 2018). A background check must be passed along with a home study and completion of mandated training. Twenty-seven hours of training, which includes certifications in CPR and First Aid, are required. An initial training of 12 hours must be completed before a child can be placed in the home, and the remaining hours must be completed within 3 months thereafter (12 CCR 2509-8, 7.708.65) (Code of Colorado Regulations, 2018). Furthermore, an additional 20 hours of ongoing training is required annually to maintain certification. If a foster family is in need of more training, it is the responsibility of the county or certifying authority to create a training development plan. Some foster parents who agree to take foster children with a high level of need must complete additional trainings to have the status of therapeutic or treatment foster parents. Due to caring for children with higher physical, medical, or emotional needs, they must complete 32 annual hours of on-going training instead of the usual required 20 hours (12 CCR 2509-8, 7.708.65) (Code of Colorado Regulations, 2018).

Although no research was found on the overall effectiveness of Colorado's foster parent training programs, based on research conducted in another state, it appears that the training component is a key factor for foster parent success and level of preparedness. In their study of foster parents' perceptions of how well they were prepared by the agency, researchers found that participants reported training to be the most important factor in their preparation (Esaki, Ahn, & Gregory, 2012). Training was more important than the support provided by resource social workers, child social workers, or the agency. Both newer and younger, along with older and more experienced foster parents, believed their

training was sufficient (Esaki et al., 2012). Interestingly, the older foster parents gave higher ratings to the training than did younger foster parents, which may be due to their experience or maturity (Esaki et al., 2012).

Placement Instability

Children in the foster care system experience at least one change in their home placement, the initial removal from their family of origin. This displacement can bring about several changes such as attending a new school, being placed in a new town, and changing social supports. After a child has been placed, the hope is for a stable placement and successful compatibility with their foster parents. Unfortunately, placement changes do occur and there are three systems that can request or influence this change, the child, the foster family, and the child welfare agency (Waid, 2014). Placement moves and transitions after initial removal have been found to occur in half of all foster care placements (Connell et al., 2006). Sometimes children are moved and placed with other family members or siblings. Other times, these moves can occur after a disrupted adoption, when parental rights are terminated, if the child runs away, or ages out of the system (Hyde & Kammerer, 2009). Several factors have been identified that can increase the risk of foster children moving placements.

Factors Influencing Placement Moves

Factors that have increased placement moves include those that are related to the child, their foster family, and the child welfare system (Waid, 2014). Research has identified a variety of factors related to placement instability including the child's age (Webster et al., 2000; Oosterman, Schuengel, Wim Slot, Bullens, & Doreleijers, 2007), severity of behavior problems (Hyde & Kammerer, 2009; Oosterman et al., 2007;

Proctor, Skriner, Roesch, & Litrownik, 2010), and the type and number of previous placements (Oosterman et al., 2007). The age of the child has been identified as an important factor in the stability of a placement. Children who were under the age of 3 were found to have stayed in a placement longer than those placed after the age of 3. Older girls were also more likely as a whole to experience a placement move than both younger girls and boys (Oosterman et al., 2007). Furthermore, if children enter the foster care system after the age of 12, they were more likely to age out of the system than transition back to their homes (Bass, Shields, & Behrman, 2004).

Other individual characteristics that can increase the likelihood of a placement change include the child's abuse history, health problems, and academic difficulties. Children who were initially placed into care due to sexual or physical abuse were more likely to experience a move compared to children who only experienced neglect (Webster et al., 2000). Health or mental health problems (Eggertsen, 2008; Sattler, Font, & Gershoff, 2018) and poor academic success (Wulczyn, Kogan, & Harden, 2003) also exacerbate instability in foster children. However, the most often cited reason for moving a foster child to a different placement has been related to behavioral problems (Oosterman et al., 2007; Sattler et al., 2018)

All children with severe behaviors should initially be placed in a setting that can provide them the appropriate care for their needs and safety. The settings that serve children with higher level needs include therapeutic foster homes, group homes, and residential treatment centers. Even when provided with this higher level of support, children who are placed in residential treatment facilities or in therapeutic foster homes are still at a higher risk for moving to other placements due to their increased mental

health and emotional needs (Hyde & Kammerer, 2009; Koh et al., 2014). Unfortunately, frequent moves and the resulting end of relationships can also result in an increase of problematic behaviors. These problematic behaviors may arise due to the child's perpetual state of loss and disruption in attachment (Hyde & Kammerer, 2009; Koh et al., 2014), which in turn, negatively impacts the stability of current and future placements.

The most significant factor in determining placement stability is child behavior (Koh et al., 2014; Leathers, Spielfogel, Gleeson, & Rolock, 2012), which is often a determining factor in how social workers make their placement decisions and whether foster families decide they are able to continue fostering a child. A long-term study of children's negative behavior in foster care indicated that behavioral adjustment could stabilize, but may take time to level out (Proctor et al., 2010). Often, externalizing behaviors stabilized before internalizing behavior. Unfortunately, waiting for behaviors to stabilize can be stressful on a foster family and a foster child may be removed from a home before achieving this behavioral control. Placement instability also places children at a greater risk for poorer health and well-being in physical and mental aspects (Villodas, Litrownik, Newton, & Davis, 2016), which may further exacerbate foster parent stress and increase future placement moves. Conversely, a longer length of stay in a placement has been associated with an increased sense of responsibility by foster parents, and greater level of social support received from family and friends (Geiger, Hayes, & Lietz, 2013). Therefore, if foster parents are able to wait for behavior to stabilize, they may gain a stronger sense of responsibility and feel more supported overall.

Another factor that influences stability includes the length of time a child spends in foster care. A longer stay in foster care has been associated with increased placement moves (DHHS, 2015). DHHS defines adequate placement stability as moves that occur “no more than two for a single foster care episode” (DHHS, 2015). The majority of the children (84.2%) who had been in care for less than a year were able to meet this standard. Notably, children have been identified as having the highest risk for placement moves during their first 6 to 7 months in care (Wulczyn et al., 2003). Furthermore, moving placements during a foster child’s first year in care has been connected with a greater risk of being moved again (Webster et al., 2000). For children who are in foster care longer than two years, only a third of children meet the DHHS standard for placement stability (DHHS, 2015).

Other factors associated with placement moves come from placement characteristics and the overall child welfare system (Carnochan et al., 2013). Individual placement characteristics can affect stability once a child has been placed in a home. Often, children who are placed with family members experience fewer placement moves than those placed with non-kin (Sattler et al., 2018; Waid, Kothari, Bank, & McBeath, 2016; Webster et al., 2000). Children are also more likely to move placements when they have been separated from their siblings while in care (Waid et al., 2016) as compared to those who did not have siblings or were not separated. Furthermore, research has indicated that living with siblings while in foster care can increase stability in the placement (Konijn et al., 2019; Waid et al., 2016). Foster children may also be moved if the foster parent and child are not a good match (Hyde & Kammerer, 2009; Sattler et al., 2018). Mismatch occurs when the parent does not believe he or she is able to care for the

child or that the child needs more services than can be provided. It is more likely that children who have a high level of need or have been in the system longer may experience subsequent mismatched placements (Sattler et al., 2018).

Overall, foster parents have the capacity to decide who stays in their care. Around 83% of placement changes that occur because of concerns with the child's behavior are foster parent initiated (Koh et al., 2014). Other factors that can influence placement moves include family stress and how much support they receive. Some foster parents stop providing foster care because of a lack of funding and financial support, a foster child's negative effect on the family of care, or the occurrence of a major event within the family such as a loss of a job or an illness (Geiger, Hayes, et al., 2013; Khoo & Skoog, 2014). Additionally, some foster parents have a mismatch in placement because they believe they were not given the necessary information about the child including prior difficulties in placements (Khoo & Skoog, 2014) and past behavior. Reasons foster parents have asked for foster children to be removed include chronic lying, running away, skipping school, stealing, and sexual behaviors (Castellanos-Brown & Lee, 2010).

Besides foster parent dissatisfaction or poor fit of the child to the foster family, social workers and the child welfare agency can decide to move a child for a variety of other reasons. In 2004, it was found that 70% of placement changes occurred due to changes in implementing procedural, policy, and/or system mandates (e.g., moving the child to live with relatives or a sibling) (James, 2004). Placement changes can also occur because of changes to, or the implementation of, reunification plans. For example, a child will move when they are able to step-down to a less restricted setting (Hyde & Kammerer, 2009) or move to longer or shorter-term facilities. Funding issues and efforts

to either reunite or separate siblings are also associated with placement moves (James, 2004). Furthermore, high turnover rates with social workers have been associated with placement changes (Ryan, Garnier, Zyphur, & Zhai, 2006), but this effect seems to be secondary to a child's length of time in care. That is, children who tend to stay in care longer are more likely to have multiple social workers.

Conclusively, placement instability is difficult to handle for all parties involved and is stressful on foster children. Sometimes foster children resort to running away to escape the constant moving and unpredictability in the length of their stay while in care (Geiger, Hayes, et al., 2013). Negative or inappropriate behaviors have been found to be a precursor to a move (Hyde & Kammerer, 2009; Proctor et al., 2010). Additionally, children who come into foster care with more significant behavior problems have a higher chance of instability and an increased number of placement changes (Price et al., 2008). Therefore, the most significant factor in determining placement stability is child behavior (Koh et al., 2014; Leathers et al., 2012), which is often a determining factor in how social workers make their placement decisions and whether foster families decide they are able to continue fostering a child. Placement instability can also affect a children's school success as high mobility hinders their ability to build and create supportive relationship with peers and teachers (South, Haynie, & Bose, 2007).

Students in Foster Care

Effects of Instability and High Mobility on School Success

Foster children often move between placements, which adds to the instability of their attachments and increases school disruption. Students who are in the foster care system tend to struggle more with educational achievement due to placement moves and

emotional issues (Tisdale, 2006). High mobility continues the cycle that leads to an increase in both academic and attachment difficulties with caregivers and school staff. Changes in home placements can also impact where foster children attend school. This may be due to a home placement change that is located in a different part of the community, or is a placement change that has their own required educational setting, such as can occur in a residential treatment center. Research has shown that foster children who experience instability in their home placements have gone on to have more school placements than home placements (Clemens, Klopfenstein, Tis, & Lalonde, 2017). Therefore, children who have more unstable placements are at a higher risk to have educational instability (Zorc et al., 2013) since the two are related (Leonard & Gudiño, 2016). Instability in placements increases absenteeism as well as the number of schools attended (Zorc et al., 2013). A direct correlation has also been found between the number of foster homes a child has been in and the likelihood of that child having a severe academic skill delay (Zima et al., 2000).

High mobility in school can also have other effects on a child's educational and social success. Foster children are more than twice as likely to switch schools three or more times before they enter into fifth grade than children who are not in foster care (Blome, 1997). Changing schools has been associated with lower academic achievement (Grigg, 2012; Reynolds, Chen, & Herbers, 2009). A study of children aged 3 to 4 years old were followed from preschool to fourth grade. Those children who moved three to four times during the 5-year period showed lower levels of math achievement and cognitive regulation (e.g., attention, inhibitory control, and working memory) based on math achievement tests and teacher reported measures (i.e., Barratt Impulsiveness Scale,

Behavior Rating Inventory of Executive Function (Friedman-Krauss & Raver, 2015) as compared to the less mobile children in the sample. Students who were highly mobile also tended to perform worse on standardized tests (Han, 2014). In Colorado, public school students in foster care changed schools an average of 3.46 times during their 4 years of high school (Clemens, Lalonde, & Sheesley, 2016). Foster children who experience school mobility are also less likely to graduate and more likely to earn an equivalence degree (Clemens et al., 2016).

School mobility has also been associated with an increase in mental health problems. Moving more than four times before the age of 12 has been associated with increased risk of psychotic symptoms in late adolescence. Children who moved more than four times were also more likely to be the victims of bullying (Winsper, Wolke, Bryson, Thompson, & Singh, 2016) and experienced more difficulties with friendships (Dupere et al., 2015; Winsper et al., 2016). However, these negative school factors accounted for more problems in mental health than with problems in academic achievement in foster children (Leonard & Gudiño, 2016).

Barriers to Educational Success in Foster Care

Children in foster care tend to struggle in school more than their peers as evidenced by higher rates of suspensions and expulsions, lower academic achievement, and higher placements in special education (Blome, 1997; Zima et al., 2000). In her qualitative study with foster children who had earned a traditional diploma or GED, Morton (2015) explored the barriers experienced during their education. Participants reported that the barriers they experienced were associated with the foster care system, the school system, and their own emotional dysregulation.

Participants described the foster care system as a barrier because it furthered a lack of mistrust between students and important adults such as social workers, their foster parents, and society. They described themselves as learning not to get too close to adults or to trust what they said. These young adults also reported struggling to catch up on credits after a move, losing credits, and having partial credits due to differences in curriculum and instruction (Morton, 2015). Some reported difficulty fitting in and transitioning to a public school after being in a treatment center or group home where schooling was provided. Finally, these foster children viewed themselves as disempowered about their education because they believed they did not have a voice in what happened to them. They “were at the mercy of the system and of their placement” (Morton, 2015, p. 488).

Another qualitative study (Clemens, Helm, Myers, Thomas, & Tis, 2017) with former foster youth sought information on their educational experiences and recommendations for improving educational outcomes. Some of the participants reported that their education and attendance at school was not as important as protecting their siblings or ensuring that their basic needs were met, like shelter and food. They also reported that the beliefs and messages they got from the adults and peers around them either hindered or hurt their own beliefs in their ability to succeed at school. One participant reported that school moves were always “really, really, really, hard” (Clemens, Helm, et al., 2017, p. 72). For many of the former foster youth, school moves resulted in a sense of disengagement and apathy. The recommendations to improve educational outcomes included increased collaboration between child welfare agencies and school systems, increasing training for teachers and school personnel to help them

understand how to work with students who have experienced trauma, and to increase their understanding of the child welfare system (Clemens, Helm, et al., 2017).

Within the school setting, many educational personnel are not familiar with the foster care system or the needs of these students. In their qualitative study, Zetlin, MacLeod, and Kimm (2012) examined training and experience in both beginning special education and general education teachers. Special education teachers were more informed about whether a student was in foster care compared to general education teachers. Further, they were more likely to report having contact information for the caregivers and social workers to discuss issues should they arise. Overall, teachers reported the behavior of students in foster care to be the greatest challenge and they desired more training on how to help foster children succeed and how to make them feel comfortable in class (Zetlin, MacLeod, et al., 2012).

Overcoming barriers. School stability is an issue for many students in foster care. Teachers and other school personnel are required to work with child welfare agencies to help meet the educational needs of foster children. For the first time, federal education law has embedded provisions that promote school stability through the collaboration between education and welfare agencies in the Every Student Succeeds Act (ESSA, 2015). This act improves and complements the FCA and aims to decrease the barriers caused by the school and foster care system. The new protections ensure that foster children can stay in their schools of origin and that they will be provided with transportation to that school if needed. If it is determined that attendance at their school of origin is not in their best interest, they are able to switch schools and can enroll immediately without waiting for the typical transfer paperwork. The new school is then

required to obtain a foster child's academic and educational records as soon as possible. During this process child welfare agencies and educational agencies are to work together to ensure a smooth transition to a new school setting.

Implementation of ESSA and its transition into the schools began in January of 2016 (Whalen, 2016). State plans for implementation of the provisions were to be fulfilled by March or September of 2017 (Amerikaner, 2016). Colorado fully transitioned to ESSA during May of 2018 (CDE, 2018a), which should provide benefits to all students, especially those in foster care.

Colorado Students in Foster Care

There are an estimated 5,000 students who are classified as a "student in foster care" during a given school year in Colorado (CDE, 2018b). Foster children in Colorado are known to be the most at risk population to drop out of high school or to not graduate on time (CDE, 2018c; Clemens, 2014). Trends show that these students have the lowest graduation rates of all subgroups reported, and continue to hover around the 30% mark (CDE, 2018c; Clemens, 2014). Their drop out rates have continued to increase from 4.5% in 2013 to 8.4% in 2017. Colorado students in foster care were also the most mobile group, with more than half of the students in foster care changing schools three or more times (CDE, 2018b).

Foster children experience a variety of adversities and struggle to maintain stability in both their home and school settings. Foster children's strengths as well as their behavioral problems are two important factors influencing placement moves and school disruption (Tisdale, 2006). However, the more strengths foster children possess the less likely they are to be placed in another home (Tisdale, 2006). Strengths and

resiliency can be found in both personal and environmental factors such as social competence, problem solving, autonomy, sense of purpose, and support from home, school, and the community (Hass & Graydon, 2009).

Resiliency

Research in the area of resilience has grown in the past three decades as evidenced by the increasing number of published studies. However, even with this increase in research, there is no common definition of resilience. Nevertheless, there are some common themes that have developed. Resiliency is generally described when an individual has done well despite being classified as high-risk (A. Masten, 2007).

Resilience also comes from understanding strengths and positive adaptation as compared to risks, which in turn prevent adversity (A. Masten, 2001, 2007). One definition for resilience was developed by Windle (2011) using a compilation of 270 research articles:

Resilience is the process of negotiating, managing, and adapting to significant sources of stress or trauma. Assets and resources within the individual, their life and environment facilitate this capacity for adaption and ‘bouncing back’ in the face of adversity. Across the life course, the experience of resilience will vary.
(p. 2)

These common themes demonstrate that resiliency can be seen as individual characteristics coupled with other systems including, family, social, school and education (A. Masten, 2016; Windle, 2011). Overall, resiliency can be thought of as consisting of internal qualities like empathy and self-esteem along with environmental supports, like having a significant relationship with an adult, positive peer relationships, and a supportive school environment (Donnon & Hammond, 2007).

Resiliency Research

There have been four waves of resiliency research, which spans four decades. The first wave identified resilience through descriptive observations correlating characteristics in the child, and well as in their family, relationships, and environments (A. Masten, 2007). Many of these resilient characteristics were found to be stable and included the ability to form relationships, have hopefulness and a sense of meaning in life, and the ability to regulate one's emotions (O'Dougherty Wright et al., 2013). The second wave of research examined the possibility of protective factors coming from attachment and familial interactions (A. Masten, 2007) and stress reactions and internal factors like self-regulating emotions and behaviors. The third wave focused on prevention and intervention to build protective factors that could help children adapt in negative situations. The fourth and current wave of research consists of analyzing different levels of resilience including an individual's genes, brain functioning, and development (A. Masten, 2007; O'Dougherty Wright et al., 2013). As perspectives of resilience have changed over time, the fluidity in resilience has complicated researchers' ability to measure this construct.

Examining resilience at different times can change the type of information gathered because resilience is not a static trait. Instead, resilience is dynamic and changes over time. Resilience changes with the development of the individual as well as with the areas that are functioning at a higher level (Drapeau et al., 2007). Therefore, children may appear more resilient or less resilient depending on what is occurring in their lives. Resilience can also be seen as a specific outcome occurring during a specific time, such as with school success or with a reduction in externalizing behaviors. Narrowing the

definition in resilience research or adding specifics may help with understanding the potential risks and protective factors of child and adolescent populations (Vanderbilt-Adriance & Shaw, 2008), specifically in different settings.

Development of Resilience

One way to look at resilience is through an individual's ability to cope in the face of adverse experiences (R. Brown, 2015). Resilience also develops through an increase in a sense of control over life and events. Together natural resilience, strategies such as growth mindset, self-regulation skills, locus of control, and values can increase the development of resilience (R. Brown, 2015). Resilience is also developed with the help of protective factors which have been associated with increased adaptation after adversity (A. Masten, 2011). Chronic adversities tend to have different recovery and resiliency trajectories than single events (Bonanno, & Diminich, 2013). Chronic adversity creates high distress and dysfunction, while minimal-impact adversity can help create resilience where there is low distress and positive adjustment before and after the event. Most of the research in resilience has looked at chronic maladaptation and adversity that occurred in childhood (Bonanno, & Diminich, 2013).

Protective factors help increase adaptation by buffering the negative effects of adverse events through support and come from the individual, family, and the community (A. Masten & Monn, 2015). Examples include empathy, self-esteem, and self-efficacy, a supportive family, positive peer influences, and having a supportive school and community environment (A. Masten & Monn, 2015; Short & Russell-Mayhew, 2009). Of particular interest is the support provided by school personnel, foster families, and other supportive adults in the lives of foster children.

Education and Resilience

Resilience aids in the success of foster children in their school setting. Qualitative researchers examined factors that contributed to the educational success of foster youth by interviewing 19 young adults who were transitioning out of foster care (Hass, Allen, & Amoah, 2014). These participants were seen as academically successful because they had either completed or were at junior standing at a post-secondary educational program. The researchers identified that these individuals seemed to have a higher sense of autonomy and independence. They also demonstrated other strengths such as positive identity, initiative, self-efficacy, and mastery. These identified strengths helped with developing, creating, and making decisions, all of which aided in their responses to adverse situations (Hass et al., 2014). Additionally, social supports that included caring adults, high expectations, and opportunities for participation in social and academic environments increased the perceived resilience among these participants as related to their education. Together, these factors along with environmental supports such as a school or home settings where foster children felt safe, helped foster youth in their educational success (Hass et al., 2014; Strolin-Goltzman, Woodhouse, Suter, & Werrbach, 2016).

Educators and other school personnel may play an important role in lives of foster children. They can be a resource for reducing the risk of academic and peer difficulties by enhancing resiliency factors such as goal setting and communication. They can also help advocate for their students and provide programs and services that help foster children and their families (Crosson-Tower, 2003). Research on factors that contributed to resiliency among older, academically successful foster children included increased social support, faith, self-motivation, as well as the ability to problem-solve (Hass & Graydon,

2009; Schroeter et al., 2015). Overall, those in foster placements who successfully transitioned from high school to college had low rates of school and mental health problems, and displayed higher problem solving skills (Hass & Graydon, 2009). Furthermore, the same resiliency factors that contributed to school success were also believed to have aided in their ability to adapt to different situations as an adult.

Much of the research focused on foster children and education has occurred with young adults who have exited the foster care system. This research is helpful for understanding older adolescents who have been in foster care, however, there is a dearth of literature on resiliency among younger foster children. Since early intervention is generally considered to be more effective, it is important to understand the factors that contribute to resiliency in academic and personal settings among younger populations of children in foster care settings. Particularly, it is important to identify the factors that may contribute to resiliency despite disruptions in attachments, changes in placement moves, and high levels of school mobility.

Family Interactions and Resilience

Resilience and the ability to adapt are often first learned through interactions with parents and family. Children spend most of their early childhood within the family unit where they learn how to develop relationships and interact with others. It is here where they first learn social, emotional, and behavioral interaction and control. Parents are a child's first teacher, helping them to learn language and about the world around them (A. Masten & Coatsworth, 1998).

However, foster children may not have had the opportunity to learn social and emotional skills from their family due to maltreatment. When that is the case, foster

parents may become the first adults to help children learn and use these skills and how to reciprocate with appropriate reactions. Therefore, foster parents play an important role in enhancing protective factors and teaching adaptive skills (Munford & Sanders, 2016). A qualitative study with foster parents provided insight into the different factors that they believed were helpful to the positive outcomes in their foster children (Munford & Sanders, 2016). The authors used a unique methodology where foster children were invited to choose a trusted adult to be interviewed that were the most knowledgeable about them, who had contributed to their identity development, and with whom they felt supported. Some of the foster children chose their foster parents as the person who fit the participant criteria. When interviewed, these foster parents reported that they had helped their foster children develop a sense of belonging by incorporating them into their families while also encouraging visits with their extended biological family. They also provided them with emotional support and included them fully into their family's life and routines.

Building resilience within foster families appears to come from love and support in the form of high expectations, consistent guidance that helps children feel safe, and interactions that help them view themselves as worthwhile and competent in their abilities (Luke & Coyne, 2008). Families exhibit high expectations when they model and teach that mistakes are opportunities for growth, articulate clear expectations and boundaries, and believe that their foster child has the ability to be successful. Foster parents can also provide opportunities for their child to develop and use their strengths and interests, and allow input into rules and discipline (O'Neill, 2004).

Supportive Adults in Foster Care

Other important individuals in the lives of foster children are the social workers who manage their cases, make placement decisions, and help children understand their placements. In order to better understand the perspective of social workers who have worked within the foster care system, Bell and Romano (2015) conducted a qualitative study of social workers' perspectives on resiliency among foster children. Participants viewed foster children as resilient when they could relate to others easily and could form and maintain relationships with others (Bell & Romano, 2015). One social worker also noted that the children who were doing well in school were the ones who seemed to do the best in other aspects of their lives. From the perspective of these participants, foster parents who were patient, honest, and could problem solve increased the success of forming a positive relationship with their foster child. Additionally, when the environment in the home was more predictable, stable, and caring, the children tended to fair better. However, children who had more adverse experiences in their early developmental history tended not do as well in foster care overall (Bell & Romano, 2015).

Conclusion

Most children who are placed into foster care have experienced some form of maltreatment. Exposure to maltreatment, especially in early development can have detrimental impacts for children in their ability to learn, regulate their emotions, and form healthy social relationships. However, many children are able to overcome their adverse experiences and succeed by attaching with caregivers, making friends, and doing well in school. This development of resiliency in foster children is impacted by interactions

across different contexts and varies across the home and school setting. Children's personalities and internal characteristics, coupled with supportive environments and adults, helps them to become more successful in their overall day-to-day life. The people in their life, including foster parents and social workers, are able to see the improvements and struggles that can affect placement stability and school success. Understanding how important adults (e.g., foster parents, social workers) in the lives of foster children perceive their development of resilience may provide insight into strategies for supporting these youth and helping them to overcome their early challenges.

CHAPTER III

METHODOLOGY

Foster parents and other significant adults in the lives of foster children have unique perspectives and insight to help us understand the journey of children in foster care. They see how the child they are fostering has changed over time and both foster parents and social workers have a contextual framework for understanding how a specific child may differ from others who have been less successful in their placements. This qualitative study was designed to enhance our existing knowledge of resiliency in foster children and how resiliency may play a part in the stability of placements. In-depth interviews were used to gather information from foster parents and social workers about their experiences in working with and supporting children in foster care.

Rationale for the Study Design

This qualitative study was designed to expand the existing knowledge of resiliency in foster children at home and at school. Qualitative research is defined as the “study of things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them” (Denzin & Lincoln, 2005, p. 3). Its roots come from anthropology and sociology and have been used to help understand phenomenon in the fields of education, law, counseling, health, and social work (Merriam, 2009). Qualitative research was optimal to use for my study of resiliency as I sought to understand and gain a depth of knowledge in how resiliency was viewed through the supportive adults surrounding children in foster care (i.e., foster parents and

social workers). Specifically, I have chosen to explore the lives of children who were considered to be “doing well” by their social workers and who were in the process of being adopted by their foster families. These two factors were believed to be markers of foster children who are stable, and therefore, adapting well, to the unfortunate events in their lives. Specifically, this study was designed to answer questions about how foster children in stable placements demonstrate resilience, the effect system interactions have on a placement, and how resiliency factors may contribute to stability for foster children in their home and school settings.

Interviewing supportive adults in foster children’s lives was valuable in gaining a depth and breadth of information on resilient foster children, especially in regard to younger school-aged children (e.g., 5 to 10 years old), who may have more difficulty expressing insight into their own resilience. The children in this study range in age from age 5 to 15, thus giving a broader perspective on the development of resiliency among younger and older foster children.

My approach to this research was guided by a social constructivist framework where I was reliant on the views and situations of my participants to find meaning and understanding of each foster child’s world (Merriam, 2009). I viewed the information collected through an interpretist lens such that the meaning of the world was constructed through interpretations of the participants’ cultural and historical context to understand and explain both human and social reality. With this lens there is no fixed reality (Merriam, 2009), which means various interpretations of resiliency could exist. Therefore, each participant’s experience had no true or valid interpretation, instead, a participant’s sense of the world was considered as valid as any other’s (Crotty, 1998).

Additionally, interviews helped me to understand how participants viewed resiliency in their foster child.

There are a variety of choices and approaches when it comes to conducting qualitative research (Creswell, 2013). Each approach helped to guide the researcher in her methodology and interpretation of the findings. The case study was especially well suited to the study because this demographic was naturally bounded by a system. Specifically, these children were bounded by a child welfare agency in a Rocky Mountain Region, their foster families, and their assigned social workers. Furthermore, the study was conducted within the parameters of examining resiliency in school-aged foster children who were in the process of being adopted by their foster families. The foster child was the subject of each case and each case included perspectives from at least one foster parent and one social worker. Therefore, my study was considered to be a multicase study.

Throughout my study, I used the multicase study approach to examine and understand resiliency in multiple foster care cases. By concentrating on resiliency, I was hoping to uncover the significant factors that are characteristic of resiliency in foster children and the interactions or processes that have supported this resiliency. Additionally, using this approach allowed me to get an in-depth understanding of each adult's experience with the foster child in question. By gathering these rich, contextual descriptions, I wanted to capture the essence of the children's time before entering foster care, their placement experiences in foster care, and their educational experiences in school.

Since my focus was on resiliency, this multicase study was considered to be a part of the heuristic category. Heuristic case studies are designed to increase the understanding of a phenomenon, which in this case was the phenomenon of resiliency. Therefore, the purpose of the information gathered was to bring new meaning to the construct of resiliency and to confirm what was already known. Each case helped uncover the phenomenon of resiliency as viewed in the home and school environments. Using a case study approach allowed me to gain a greater understanding of how supportive adults viewed their foster child's resiliency in the both settings. In this qualitative research, I, as the researcher, was the main instrument for data collection and analysis so that I could both understand the complexity of the supports that influenced resiliency in foster children as well as the interaction of resiliency within the systems in which each child was embedded.

Researcher Stance

Before research can be conducted with the participants, Merriam (2009) recommends the researcher reflect on her own experiences and be aware of any prejudices, biases, or assumptions. Self-reflection helps the researcher to practice *epoché*, a Greek word meaning to refrain from judgment. My desire to understand the factors that influence home displacement among foster children developed while I was working at a residential treatment center for young foster children (age 4 to 12). Many of the children had been in several placements before being placed into this more restrictive setting. Their placement usually resulted from their behavior challenges that put them and others at risk of harm. After the children entered the facility, they would be enrolled in the charter school ran by the local university. If they were able to maintain personal safety

they were given the opportunity to go to public school. However, many children who made this transition were not successful. The average stay in the treatment center was around 1.5 years. During this time, some children would have been enrolled in as many as three different schools before their discharge.

Through this experience I was able to see firsthand the effects that frequent school and placement moves had on children and how it negatively impacted their subsequent success in the next school or foster home. As a school psychology doctoral student, I have had the opportunity to further my knowledge and experiences with youth in foster care through my psychology internship in a residential treatment center and stabilization center for older foster youth (age 9 to 17). These personal observations and experiences have increased my desire to figure out ways to decrease home and school disruption among this vulnerable population.

As a previous therapeutic childcare specialist and doctoral clinician to foster children, I have certain assumptions and biases that I may have brought to this study. Through these experiences, I formed ideas and opinions about why some foster children were successful and others were not. Many of the children I interacted with who were in treatment had severe behavioral issues and were therefore not able to live safely in the community. I have not interacted with as many foster children who were not in a residential treatment facility and therefore, I suspected that I might view foster children as having more severe problems because most interactions were in restrictive settings. To help protect against this bias, I was careful to interpret the information in the context of a child who was in the community and tried to keep their placement setting in focus.

I was never a foster child nor have I ever been a foster parent. Therefore, my worldview was developed as a child who never experienced forced displacement. Additionally, my understanding of foster children's experiences comes from the view of a frontline staff person and clinician in a residential facility. Through these experiences, I may have developed ideas about the shortcomings of the system since my views were from an outside person looking in. That is, as a clinician I was not a part of the child welfare system; my only interaction with that system was to communicate with assigned social workers about their clients and their progress in treatment. I did not interact with each social worker on a daily basis and did not get to fully know the barriers they faced when interacting and placing the children on their caseload. However, I did experience my own exasperation, and observed the residents' frustrations, when trying to reach a social worker by phone and not getting a response. One of my biases was a perception that social workers were not as available for their clients and their support systems as may be needed. I protected against this bias by taking into account the information presented by and about the social worker in each case and not on interactions I have had in the past.

Finally, I am not a parent and my familial values and traditions on resilience may be different from those of the foster parents I interviewed. When interpreting the information gathered, I focused on what was said without inserting my own views and opinions on parenting and supporting children. In developing themes, I worked with other raters to confirm my grouping of data or themes. Additionally, I worked to check my biases through various other processes used to enhance the trustworthiness of my study

including reviewing my analysis with participants and having two other graduate students peer review my analysis and findings.

Context and Participants

For this study, I interviewed the foster parents and social workers of six foster children. Although a traditional case study design involves a single case, a multicase study design consists of more than one case that is bounded in the same manner. Stake (2006) recommended having more than four and fewer than ten cases and the six units in this study fit within those parameters. Multicase studies are beneficial when the researcher wants to examine how a phenomenon performs in different environments (Stake, 2006). For this study, the particular phenomenon of interest was resilience in both home and school settings with foster children who have permanency plans of adoption. The parameters for this case involved interviewing foster parents who were single or coupled, and who were providing care to any foster child who was school-aged (K-12) and currently attending school. All children were placed in a public school setting and four out of the six foster children had individualized educational plans (IEPs) which is typical among children in foster care (The Legal Center for Foster Care and Education, 2014). Additionally, foster parents needed to have had the child in their care for at least 6 months so that they would have an adequate understanding of their foster child. Participants were further narrowed to those who were in the process of adopting the child or the child had permanency plans of adoption, as it was believed that the foster children who were in this process would have been successful in being a good fit with their foster families (a potential indicator of resilience).

In order to be in the process of adoption, the parental rights of the foster child's biological family need to have been terminated. Termination of parental rights was important for two reasons. One, if parental rights had not been terminated, there was a stipulation to contact the child's biological parents to gain consent for participation in the research. Not only would this present a logistical challenge, but contact with biological parents to gain permission for research related to their child might have not been seen as beneficial to the parent-child relationship since it was not actively helping with reunification. Secondly, the possibility of adoption is not possible until parental rights have been terminated. In my study, being adopted or being in the process of adoption was viewed as a favorable outcome in foster care and therefore might occur more often for resilient children.

All foster parent participants were selected with the help of a supervisor in a county-wide child welfare agency. Due to the boundaries of the case study, only foster parents and social workers in the Rocky Mountain region were asked to participate. Supervisors for social workers in the county contacted prospective participants who fit the study parameters. Although efforts were made to only have families who were still fostering but planning to adopt, one of the recommended participant families included one family who had recently completed the adoption process during the recruitment phase (2 weeks prior) and therefore was included in the study as eligible. Most of the participants contacted by the child welfare agency agreed to participate after I contacted them directly. One kinship-foster parent tentatively agreed but was unable to be reached further. Participant recruitment spanned 10 months due to difficulties coordinating with the child welfare agency representative. Additionally, the role of agency representative

was transferred twice to other people, with the last representative recruiting the majority of participants during the ninth and 10th months.

With permission from the foster parents, I conducted interviews with another significant adult in the child's life. Every foster parent indicated that the social worker of the foster child was the best person to interview to gain another perspective on the foster child's resilience. By understanding each foster child's history (as provided by the social worker), his or her family life (as provided by the foster parent(s)), and his or her academic and social adaptation at school (as provided by both foster parent(s) and social worker), a more comprehensive picture of each child's functioning was developed. Even though social worker participants were all recruited from the same child welfare agency, many expressed discomfort on agreeing to interview until after receiving permission from their direct supervisor. Social workers were reluctant to participate, even after I sent a copy of the letter of permission (Appendix C) from their child welfare agency and a copy of the consent form signed by the foster parent. Some social workers cited being too busy and others were worried about confidentiality and needed their own direct permission from the foster parent. All social workers eventually agreed to participate.

In total, each case study contained at least two interviews, one from the foster parent and one from the social worker. The foster parents from the first case interviewed together, and in all other cases only the foster mother was interviewed. Therefore, there were a total of seven foster parents interviewed. All foster children lived with heterosexual married couples, except for one case, which consisted of a same-sex married couple. Foster parents had been fostering from anywhere from 6 months to 3 ½ years, and half of the foster parents had biological children before the specific foster child was

placed into their home. One foster family had adopted internationally, and one foster family had adopted previously from foster care prior to the interview. Additionally, foster parent experiences with other foster children ranged from no experience to having six foster placements.

The type of social worker interviewed varied depending where children were in their adoption process (i.e., permanency worker, adoption worker). In total four social workers were interviewed because one social worker was the adoption worker in three of the cases. This social worker completed two separate interviews during one phone call, and completed the last interview on a different day. Together with foster parent interviews and social worker interviews, the data collection produced 12 interviews total with 13 individuals. Table 1 provides significant demographic information about each case with all names being pseudonyms.

Table 1

Significant Demographic Information for the Six Cases

Name	Gender	Ethnicity	Current age/Age first placed into foster care	Total number of placements	Individual-ized Education Program	Adoption status	Foster parents	Social worker
Kelsey	Female	Hispanic	15/11	4	No	Adopted	*Melanie/*Conrad	Tammy
Darin	Male	Native American, Hispanic, French	13/4	12	Yes	Foster care	*Tina/Tom	Kayla
Nate	Male	Caucasian	13/11	3	Yes	Foster care	*Rachel/ Andy	Ellen
Emily	Female	Hispanic	5/2	5	Yes	Foster care	*Casey/ Hannah	Valarie
Caroline	Female	Caucasian	7/4	2	Yes	Foster care	*Sarah/Brian	Valarie
Heather	Female	Asian	6/5	3	No	Foster care	*Samantha/ Michael	Valarie

Note. * Indicates the foster parent who took part in the interview

Overview of Foster Care in the County Sampled

Foster care services differ from state to state and even from county to county within the same state. Therefore, to provide a context I have provided an overview of the foster care process and services from the county in which I conducted my interviews. This description is based on the interviews with the four social workers in the study.

Initially, when placing children in foster homes the child welfare agency evaluates the needs of the children, specifically whether there are any medical services or other supports that are needed. A child will then be placed in a home with foster parents who have had specific training to meet the needs of that child. The home study, the foster family's background, and the child's needs are all taken into consideration before a child

is placed. However, in emergency placements, finding a home becomes the priority over meeting specific needs, meaning a child will be placed wherever there is availability.

When a referral is made, the intake worker completes the initial assessment and the “finding and determination” in relation to next steps. This process could last between 30 and 60 days. If the case is determined to need further intervention, an ongoing caseworker is assigned. The caseworker and ongoing team works with the child’s biological family to deliver referrals and/or services that will hopefully lead to placing the child back into their care. Occasionally, if services can be put in place to ensure safety for the child in the home of origin, the child can remain within the family unit. However, if parental rights are terminated, the child is transferred to the child welfare agency’s permanency unit. This unit is divided into subunits: adoption, transition-aged youth, and children wishing to be adopted but who have not yet been successful in finding an adoptive home. Therefore, most foster children who make it to adoption or permanency status will have worked with at least three different social workers. Each time a child is transitioned to another unit or social worker, a meeting is held to help the new unit staff the case and learn basic information about the child.

Each child’s social worker in the child welfare agency was technically their legal guardian and advocated for their needs. Other advocates and supports for the child include a Guardian Ad Litem (GAL) and a Court Appointed Special Advocate (CASA) when deemed appropriate by the team and the court. All foster children are assigned a GAL as soon as their case is opened with the judge and these individuals usually remain assigned to their wards throughout their time in the foster care system. Generally, the GAL holds educational rights if a parent is not able or willing to be an appropriate

educational advocate for their child. A CASA may also be assigned to the child to help navigate and support the child through the foster care system after it has been determined that the child needs another advocate.

If the social worker considers it necessary, services such as psychotherapy, family therapy, speech therapy, or occupational therapy are provided to the foster child and foster family. Since foster children are covered by Medicaid, many of these services are funded. However, if services are not covered by a Medicaid provider, other funding sources are available. Sometimes, social workers wait to put services into place if the foster child has been placed with a very experienced foster family and it does not appear that services are needed in the immediate future.

All foster families who are certified within the child welfare agency have completed a required statewide training. The child welfare agency had recently modified the curriculum to certify foster parents to include more coverage of trauma-informed care. Additional trainings include information around understanding and working with children who have had multiple placements and understanding resiliency in foster children. Even with the required training, additional training, and the implementation of services, a foster child may not be a good match or fit with the foster family. The foster family may ask for the foster child to be removed through a 30-day notice of termination. When a 30-day notice is requested, the child welfare agency will implement remediation and offer additional services of support. However, some families are not interested or able to keep the foster child and a placement in a new home will occur within 30 days.

Data Collection

Collecting case study data typically occurs through various means including interviewing, observations, audio or visual material, and artifacts. Whatever means used should capture understanding, discovery, and clarification (Creswell, 2013; Merriam, 2009). Therefore, the types of data collected for my study included in-person or phone interviews with each supporting adult to gather detailed descriptions of resiliency in regard to their foster child in question. When more than one foster child fit the criteria in the same foster home, only one child was the focus of the interview. Foster parents were asked to consider the child who they believed had shown the most resiliency. Interviews were conducted with the foster parents and social workers of six different children. The children themselves could not be interviewed due to concerns regarding their vulnerability and the limits of permission granted by the participating child welfare agency.

Interviewing others helped me to gather information about the abilities, interactions, feelings, and behaviors of the foster child as perceived by the caregiver and supportive adult. Furthermore, this format allowed me to gather information about events that were impossible to replicate (Merriam, 2009), such as understanding past events that may demonstrate a child's development of resiliency. The interviews were considered short case study interviews (Yin, 2014) because they were focused and lasted between 1 to 2 hours. Specifically, interviews with foster parents tended to last longer due to the breadth and depth of information they provided about their foster child's daily experiences. These interviews lasted between 1 and 1.5 hours. Interviews with social workers typically lasted around 45 minutes, with the two interviews conducted

consecutively lasting 1 hour and 45 minutes. All interviews were transcribed from the audio recordings resulting in 191 pages of case study evidence. Additionally, an audit trail was kept where I wrote my initial impressions after each interview. During my analysis, I also wrote my assumptions and any additional questions I had about each case.

Interview Instrument

The interviews were developed to be semi-structured and included questions designed to capture examples of resiliency in the foster child at home, school, and other contexts. Respondents were asked to describe their thoughts about resilience, their foster child, and the perceived interactions and relationships between different aspects of the child's life as related to resiliency. All questions allowed for flexibility so that I could gather more information and clarify responses when needed. Sample questions and topic areas helped to guide me in gathering adequate information (see sample questions in Appendix A). Basic background information was also collected so that I could get an accurate portrayal of the boundaries of my cases. Furthermore, the semi-structured interview format allowed me to further explore my developing themes and specific responses from the participants.

My research questions were developed using the existing literature on resilience and were then broken down into more specific interview questions. These questions were then replicated and adapted as needed to apply to foster parents and social workers. To help gain an understanding of the interviewees' perceptions of resilience each participant was asked how they define resilience and what resilience looked like in their past or current foster children. The first question, "How do foster children in stable placements demonstrate resilience?" addresses how the interviewee currently views resilience in their

foster child. The second and third questions, “How do system interactions contribute to, or act as barriers, to successful placements for children in foster care?” and “How do system interactions (proximal processes) act as protective factors for successful placements for children in foster care?” address the various protective factors mentioned in resiliency literature (Bell & Romano, 2015; Drapeau et al., 2007; & Morton, 2015). The responses to these questions helped to guide my understanding of the barriers and protective factors in this small group of foster children. The last question, “How do resiliency factors contribute to foster children’s stability at home and at school?” allowed me to better understand if children were seen as more resilient the longer they stayed in a stable home or school setting and what factors promoted stability at home and at school.

Procedure

My study was approved by the University of Northern Colorado’s Institutional Review Board in accordance with university policy (see Appendix B). All procedures for research involving human participants were followed. These included but were not limited to obtaining informed consent and adequate security for collected data. A letter of cooperation was signed by the county’s child welfare supervisor as an agreement that I could commence with the study (see Appendix C). The child welfare agency involved had previously supported in helping recruit participants for a pilot study and agreed to provide additional participants for this study.

Specifically, I carried out a smaller pilot study as part of a course requirement to gain a better understanding of the children who were doing well in foster care and to better understand if, and what resiliency factors could contribute to a reduction in home displacement and school disruption. Several child welfare agencies in the Rocky

Mountain region were contacted to help recruit participants. However, only one child welfare agency agreed to support the study. From the pilot study, I determined that there were various similarities in the results to that already existing in literature. Furthermore, I found that the increase in the resiliency factors of emotional control and belongingness appeared to help strengthen the foster child's stability in the home, which might have increased the likelihood of staying in their present educational placement. I also identified two resiliency factors, which could be strengthened to help build resiliency: low self-confidence as reported by the foster parents, and hope or optimism.

The same child welfare agency supported this study and provided prospective participants with my contact information including my personal mobile phone number and email address. If they expressed interest in wanting to participate, I was then provided with the prospective participants contact information. Communication with each foster parent was conducted by email or phone during which preliminary questions were asked to make sure their foster child fit the criteria. After this determination, foster parents were asked to set up a mutually agreeable time for the interview (see Appendix C). Most participants responded to and preferred communication by email. Before interviews were conducted each participant was asked if audio recording of the interviews would be permissible. All participants agreed to be audio recorded for the purpose of transcribing for analysis. Each interview took place at the participant's home or over the phone.

At the beginning of the interview, a consent form to participate in the study and to be recorded was explained by the researcher and reviewed by the participant. Every participant signed the consent form and agreed to participate and to be audio recorded.

Each foster parent gave their permission to speak with another supportive adult who would be knowledgeable about the foster child. All foster parents gave their permission to speak with their foster child's social worker by including the social worker's contact information. No other supportive adults besides social workers were identified by foster parents.

All interviews followed the same procedure and were all conducted by phone or in person. The first interview with the foster parents occurred in person. The 11 remaining interviews were conducted over the phone (five interviews with foster parents and six interviews with social workers) due to the researcher moving out of the Rocky Mountain region. When interviews were conducted over the phone, consent forms were emailed or mailed directly to the participant after the interview was scheduled and before the actual interview took place. One consent form was sent via mail due to a foster parent's technical difficulties in accessing the emailed attachment. Participants were asked to complete the consent form either ahead of the interview or during the interview and return by mail or email. All participants returned the consent form via email, except for one foster parent. Three foster parents returned the consent form back ahead of the interview; two foster parents returned the consent form after the interview, with one foster parent sending the consent form back via mail due not having the means to scan and send in an email attachment. Three consent forms were returned from social workers before the interview, and three were returned after the interview took place.

Each interview was similar in format and used the pre-identified guiding questions (see Appendix A). Since the semi-structured questions allowed for flexibility, I asked clarifying questions when needed. After the interview was completed with the

foster parent, I wrote down my initial impressions in my audit trail and added additional questions to ask the social worker based on the responses of the foster parent. A similar procedure took place after my interview with the social worker. Initial impressions were written down and additional clarifying questions were added if applicable (e.g., What classification of social worker are you? How many official placements had the child been in? What were the reasons for being removed from previous homes?). Clarifying questions were later asked during the discussion of the within-case analysis to either the foster parent or social worker depending on content (e.g., What was the child's special education designation? How old was the child when he or she was first placed into foster care?).

Since one social worker was assigned to three of the foster children in the study, I allowed her to dictate how she wanted to complete the interviews with the caveat that she would complete one interview before moving on to another. She agreed to complete two interviews consecutively since both foster parent interviews had already commenced. She later completed the last interview on a different day after that foster parent interview was completed. Specific questions regarding the fit of the foster child for a placement and her previous definition of resilience was reviewed to allow for additional comments or modification.

To maximize confidentiality, all identifying information including the recordings, the signed permission forms, and any other information related to participants was stored using encrypted documents on a USB drive. The signed consent form sent in the mail was scanned and stored electronically before being shredded. Additionally, all documents and the USB drive were stored in a locked file cabinet located in McKee Hall on the UNC

campus and will be for 3 years after the completion of the study, at which point they will be destroyed.

Analysis of Case Study Evidence

The case study evidence collected through the 12 interviews was analyzed using the practice of phenomenological reduction or the continual returning to the essence of the interviewee's experience. All interviews were fully transcribed from audio recordings. Each interview was then coded to identify common themes and concepts. The themes were then further broken down and analyzed for interpretation through the use of a codebook (McAlister et al., 2017).

To guide my analysis, I used a modified multicase method that was developed by Stake (2006). Examining multiple cases increased variation and also helped with strengthening the interpretation of the case study evidence. Stake's (2006) method for analysis of multicase studies called for an analysis of evidence within each case to be completed before the cross-case analysis. Stake's (2006) method also called for the use of worksheets to assist in the multicase analysis that were located in his book, *Multiple Case Study Analysis*. Generally, Stake's (2006) worksheets were designed to help communicate findings among several researchers who did not have access to all the information in each case. Since I was the sole researcher, I adapted some these worksheets to help sift through my evidence to find common patterns, insights, and concepts (see Appendix D).

The steps in the analysis of evidence from the six cases was as follows: First, I modified Stake's (2006) "WORKSHEET 2. The Themes (Research Questions) of the Multicase Study" into my own "Worksheet 1. Research Questions of the Multicase

Study” to identify and rank my research questions I sought to answer in the interviews. After all interviews were transcribed and de-identified, I used these questions to guide the open coding of each interview. Next, I made a codebook with six overall categories based on my research questions: Demonstrating resilience, system contributions, system barriers, protective factors, home stability, and school stability. From these categories, 17 subcategories were developed from the codes found during the open-coding of each interview (see Appendix D, Worksheet 2.). Two subcategories were created to address the vague and differing experiences surrounding a child’s ability to remain in a placement in both the home and school setting, “General Statement of Remaining in Placement” and “General Statement about Remaining in School.”

Using the codebook, I read through the first two case interviews from the foster parent and the social worker. Throughout my reading and rereading of the interviews, I took notes and identified patterns and themes using a color system for coding. After my initial coding using the codebook, I reread and reviewed each interview several times to make sure I captured the essence of the meaning expressed by the participant.

Next, I developed an Excel Spreadsheet and labeled it “Worksheet 3. Coding During Reading of a Case,” that was a similar to Stake’s (2006) process for taking notes while reading a case report. The headers used in the Excel Spreadsheet can be found in Appendix D. I read through the two cases of interviews (one foster parent and one social worker interview from each of the first two cases) and placed specific color-coded words and phrases into Worksheet 3. Each highlighted word or phrase was placed into the 17 subcategories. Eleven demographic categories were placed into the spreadsheet. This

technique visually helped to identify unique perspectives and experiences from each case, thus facilitating the within analysis from each interview and case.

After I read and coded the first two cases of interviews using the codebook and completed each section in my Worksheet 3., I asked two school psychology graduate students who had been trained in qualitative coding to use the codes in the codebook to review the foster parent and social worker transcripts for the first case. Comparing the words and phrases highlighted by the peer reviewers to identify resilience, system contributions, system barriers, protective factors, home stability, and school stability, with my own highlighted words and phrases for the categories, there was an 88% agreement between the first coder and myself, and an 80% agreement between the second coder and myself. Together there was an average of 84% agreement in coding and inter-rater reliability, which met the suggested minimum agreement of 80% for the initial coding of the interviews (Miles, Huberman, & Saldaña, 2014). Determining a sufficient inter-rater reliability increased the trustworthiness that I coded the interviews correctly (see discussion below). Upon further analysis, most of the disagreements were due to the discrepancies in the “Staying Home” code, where I determined a foster parent’s desire to adopt as a protective factor without also including it as contributing to a foster child’s stability within the home. After completing the coding process with the rest of the interviews, I made sure to reread over each interview again to focus on words and phrases that indicated stability within the home and school setting.

The completed Worksheet 3. was then used to complete “Worksheet 4. Rating of Expected Utility of Each Case” (see Appendix D), which was based on Stake’s (2006) “WORKSHEET 4. Rating of Expected Utility of Each Case for Each Theme.” This

worksheet was created to analyze the utility of each case, or the usefulness of the information in the case for developing a specific theme. The number of highlighted phrases from the foster parent and social worker interviews coinciding with each of the six codes and were added together to identify utility. Stake (2006) identified utility range as H= high utility, M= middling utility, and L= low utility. However, Stake did not identify concrete definitions on how to categorize each theme. To reduce bias, the amount of information gathered in Worksheet 3. was quantitatively categorized to determine the utility and usefulness of each category. The number range was created to resemble a bell curve, with the average at 40 and a standard deviation of 10 (H= high utility ($61 \leq X$); M=middling utility ($20 \leq X \leq 60$); L= low utility ($19 \geq X$). Therefore, ratings were based on the total amount of information in each code from the interviews with foster parents and social workers. The codes with the lowest utility fell in the “Home Stability” and “School Stability” categories, which indicated that these themes were not discussed as much during the interview. This is to be expected because home and school stability in this population was identified as being stable and stability was also influenced by the other themes. Additionally, the factors surrounding school stability were not able to be adequately addressed since school teachers were not allowed to be interviewed. Overall, Worksheet 4. was used to facilitate the identification and usefulness of each case in the understanding and development of answering my research questions.

Worksheet 3. was also used in completing my “Worksheet 5. Within-Case Analysis Themes.” This worksheet helped me to organized and construct the themes for each case. They were used to provide the participants with the themes I found from their interviews and helped to facilitate the member checks to increase credibility. I

completed this worksheet making sure to use language free from jargon and included sufficient information that would help the foster parent and social worker know what meaning I was conveying within the themes. For example, instead of writing “understanding roles,” I wrote “understanding roles in the family and becoming a part of the family.” Lastly from the interviews, I developed two tables, “Emerging Protective Factors and Positive Influences” and “Barriers and Negative Influences” that affected stability in at least one of the cases (see Appendix E, Tables 2 and 3). These tables may be used to guide future research related to resilience and stability.

Finally, I used the information gathered from Worksheet 3. and Worksheet 5. to aggregate findings across all individual cases (see Appendix D). For example, “Resilience in Foster Child” was examined across all interviews and cases to determine the common themes found in all six cases. The common themes were further explained by subthemes, which were features that influenced and perpetuated the common theme. Subthemes were further broken down to determined important characteristics to the development of the subtheme.

Trustworthiness

Several steps were taken to increase the trustworthiness of my study. Trustworthiness is the measure of reliability and validity of a qualitative study. However, since qualitative studies do not use instruments, the reliability and validity, or trustworthiness was determined by credibility, dependability, transferability, and confirmability (Guba, 1981). The credibility, or the internal validity of a study, takes into account whether the findings of the study are congruent with reality and if what was captured was accurate (Merriam, 2009). Dependability is the consistency or reliability of

results based on the information collected (Lincoln & Guba, 1985). Transferability is the ability to generalize the results and findings of a study to other situations (Merriam, 2009). Lastly, conformability ensures that the findings of the study occurred as a result of information provided by participants and not due to my own preferences or biases (Shenton, 2004).

Various strategies were used to enhance trustworthiness in the process and findings of my study. Stake (2006) recommended using triangulation and member checks to reduce the chance of misinterpretation and to reduce researcher bias in multicase studies. Therefore, I made sure to include these strategies. First, I increased credibility and dependability by using triangulation or by gathering multiple viewpoints of resiliency from different foster parents and social workers. By comparing interviews within each case as well as across cases I was able to compare similarities on perspectives of resiliency that could be used to establish whether what I had captured was credible. Furthermore, multiple interviews within similar bounded cases allowed me to spend significant time with the information collected to ensure that adequate engagement was reached. I solely gathered information from participants, conducted the interviews, and transcribed the interviews. During the interviews, I made sure to ask clarifying questions and probes until I believed that no new information was being given. I also spent time reading and rereading the transcription of the interviews, to decide whether there were any other possible themes or concepts to be found. This adequate engagement led to data saturation and allowed me to gather rich, thick descriptions. By providing rich, thick descriptions of resiliency perspectives of foster children, I was able to provide an understanding of how resiliency may look in similar situations.

Secondly, member checks were conducted with foster parents, social workers, and verified by an agency representative from the county child welfare agency to reduce misinterpretation. Participants were asked to provide input on the accuracy of my interpretations. To conduct member checks, I sent the foster child's specific within-case analysis worksheet (see Appendix D, Worksheet 3.) to their foster parent and social worker to explain how I conceptualized the broader themes and their characteristics. I also included any clarifying questions I had and an invitation to share their reflections. They had two weeks to read the document and to determine whether I captured the meaning of what they said accurately. After two weeks, I communicated with them to discuss the themes and to ask follow-up questions for clarification. If I was unable to reach them, I responded with another follow-up email and a phone call.

When completing the member checks, five out of the seven foster parent participants responded. Unfortunately, Kelsey's foster mother and father were unable to be reached. Additionally, all but one social worker responded. The social worker that was assigned to Emily, Heather, and Caroline had moved away from her position within the agency. Even with the absence of the foster parents and social worker, one participant in each of the six cases was able to provide feedback on my emerging findings. All foster parents and social workers agreed with my findings. However, some foster parents added more specific information about the foster child's special education determination, updated me on how their child was doing, and how far along they were in process of adoption.

Next, I used reflexivity and an audit trail to increase the trustworthiness that the findings from my study occurred as a result of information provided by my participants

and that was not due to my own preferences or biases. I demonstrated reflexivity by writing down my potential biases, assumptions, and perspectives before any interviews were conducted. I included these in my composition notebook as a part of my audit trail. An audit trail also aided in helping me keep track of my process, explain how I got to my results, and how I came to my conclusions. Details included all the steps I took in conducting my research, how I conducted my interviews, analyzed my data, and the thought processes behind any large decisions. A simplified visual version that depicts a diagram of my data collection and interpretations modeled after the work of Shenton (2004) has been included (see Appendix F).

Lastly, to increase trustworthiness, peer reviews were conducted to assess the interviews and determine whether my findings were plausible. Peer reviews were conducted by two other school psychology graduate students who had completed a course on qualitative methods. They were given my codebook and granted access to one case consisting of a foster parent and a social worker interview, which were transcribed and de-identified. The codebook explained each code with a concrete definition and example from the transcribed interviews (see Appendix D, Worksheet 2). The codes were developed to align with my research questions and the subcategories of the codes were developed during the open coding of the case interviews. Both graduate students were asked to code the same foster parent and social worker interview by identifying words or phrases that fit into each code name category. Inter-rater reliability was then established from the two graduate students' coding of the interviews. Inter-rater reliability was established through the formula described in Miles et al. (2014), $\text{reliability} = \frac{\text{number of agreement}}{\text{number of agreements} + \text{disagreements}}$ with the aim of reaching 80%

average agreement. McAlister et al. (2017) recommended establishing inter-rater reliability to make sure data are analyzed correctly. This process reduces interpretive bias of a single researcher.

After the completion of my findings and analysis, another peer review occurred to see if what I reported was reasonable and accurate. “Worksheet 5.” and “Chapter IV Findings” were emailed to the same two peer reviewers. They had three weeks to read it over and provide feedback on the themes and whether the examples I had listed seemed accurate. Both peer reviewers reported the finding as accurate and representative of the data.

Conclusion

The multicase study consisted of six cases, each consisting of an interview with a child’s foster parent and social worker. This multicase study was conducted using participants from one child welfare agency in a county of a Rocky Mountain region and used interviews to gather evidence about the resilience of foster children who were in the process of becoming adopted. Using a highly structured technique for identifying and extracting themes, I was able to identify unique themes within and across cases that highlighted examples of resilience, protective factors, barriers, and stability for this sample of children in foster care.

CHAPTER IV

FINDINGS

This chapter describes case study clusters that were drawn from in-depth individual interviews with the foster parents and social workers of six different foster children. First, I briefly introduce the foster children and their journey in the foster care system. Information about each child is provided so that the reader can understand the experiences of these foster children and gain an understanding of their adversities and ability to adapt to their situations. Some information was purposefully left out or written vaguely to enhance the confidentiality of the foster child and family. Even so, sufficient information and detail about each case has been provided so the reader can make their own comparisons between the cases if desired (Stake, 2006). After each introduction, central themes about resilience, barriers, and protective factors from across the cases clusters are presented. These were drawn from the perspectives of foster parents and social workers, including examples of resilience and the barriers they experienced with current and past foster children. All names and places have been changed to enhance participant confidentiality.

Introductions to the Six Cases

Kelsey

The first case study consisted of information gathered from interviews conducted with Kelsey's foster-to-adopt mother and father, Melanie and Conrad, as well as with her social worker, Tammy. Kelsey is a Hispanic female, who was 15 at the time of the

interview and a junior in high school. She had been in her current school for the past two years and was adopted 2 weeks before the interview was conducted. At the time of Kelsey's adoption, she had been with her foster-to-adopt parents approximately twenty-five months, and her adoption occurred about three years after she was removed from her biological mother's care.

The child welfare agency first became involved with Kelsey's family due to school truancy. Soon after the police arrested Kelsey's mother for an outstanding warrant of child abuse and neglect. Kelsey was reported to have experienced housing and food instability, was encouraged to use substances, and was sexually abused. After Kelsey was removed from her mother's care, she was separated from her siblings and placed in a short-term foster home.

Kelsey's initial case plan was reunification with her biological mother, but her plan changed after her parental rights were terminated. Kelsey was then moved into an adoptive home and assigned a new social worker, Tammy, who focused on permanency placements. After Kelsey expressed to her social worker that she wanted to reunite with her brothers and sisters, she was placed with Melanie and Conrad, foster parents to three of her siblings. Melanie, a stay-at-home mother, and Conrad, who traveled for his job, planned to adopt Kelsey and her seven siblings.

Before foster care, Kelsey missed most of the fifth, sixth, and seventh grade. Fortunately, during her time with her first foster parents, she was able to remain at her current middle school and completed eighth grade. Kelsey transitioned to her adoptive placement and to a new high school within the same district. Even though Kelsey remained in her home district and was around familiar peers, she initially did not do well.

Conrad believed that Kelsey's history of poor attendance and the influence of her older sister made it difficult for her to attend classes consistently. According to Tammy, Kelsey “hooked up with the wrong crowd right off the bat” and was suspended twice.

Unfortunately, her older sister was removed from the home due to her negative influence and her worsening behavior problems.

Kelsey not only had problems in school but was also exhibiting problematic behaviors in her foster home (i.e., substance use, noncompliance, inappropriate use of social media). Kelsey’s foster parents attempted to use discipline (e.g., taking away phone and internet privileges) as a means to address her behavior. However, Kelsey did not accept being disciplined. Tammy stated that to Kelsey, “Melanie and Conrad were the devil” because they “were doing these horrible things, like taking her phone away and taking the internet away and kind of laying these harsh rules on her.” Additionally, the adults in her life became worried after a drastic change occurred in her appearance. Tammy reported the once “well-dressed” and “put-together girl,” was “not doing her hair, not doing her make-up, and not caring about her appearance.” She was also experiencing mood swings, was easily triggered, and was quick to cry. Due to these concerns, Kelsey was offered mental health services but resisted treatment. Tammy viewed Kelsey’s refusal to engage in therapy as “the beginning of her spiraling downhill point. She didn’t think she needed it; she thought it was stupid.”

Without treatment, Kelsey’s mental health continued to decline. Tammy was ultimately forced to move her into a residential treatment center after she reported homicidal ideations towards her foster father. While in treatment, Kelsey reluctantly engaged in individual and family therapy. Over the course of three months, she learned to

control her anger, built trust with others, and developed a better understanding of how her trauma affected her. After Kelsey returned to her foster home, she continued to work towards a healthier relationship with her foster parents through outpatient mental health services.

According to Melanie and Conrad, both inpatient and outpatient mental health services allowed Kelsey to understand the dynamics of healthy parent-child relationships and the use of appropriate discipline. Mental health treatment also helped Kelsey work to reach her goals of getting better grades in school and dating. After this intensive treatment and her continued work with her outpatient therapist, Kelsey decided she wanted to be adopted by Melanie and Conrad. Nine months after this decision, Kelsey's adoption was finalized.

Darin

Darin is a Native American/Hispanic/French male, who was 13 years old and in the seventh grade at the time of the interview. Information about Darin was gathered from interviews conducted with Tina, Darin's foster mother, and Kayla, his fourth and current social worker/adoption worker. Darin's long history in the foster care system began when he was placed into relative care when he was 4 years old. He was removed from his parents' care due to their drug and alcohol addictions, domestic violence, physical abuse, and neglect. Darin was briefly reunited with his biological parents only to be removed again. Overall, Darin had been in 12 placements including two residential treatment centers.

Darin's problematic behaviors caused most of his frequent placement changes. His social worker described his behaviors as "unusual" and unlike any she encountered on her

caseload. Darin collected sharp objects and knives and had a fascination with making bombs. These perseverations were prevalent throughout all settings, including school. According to his social worker, his behavior and fascination with violent themes culminated in “threats to the school” which led him to be “taken out of the school in handcuffs.” Ultimately, Darin’s behaviors resulted in his removal from several schools and homes. Kayla had been Darin’s social worker for the past 4 years and guessed he had been in as many different schools as placements.

Most recently, Kayla placed Darin with Tina and Tom after he was removed from an adoptive home for setting a fire. Tina and Tom first met Darin at a mentoring event where they were going to meet a possible mentee. Tina and Tom had adopted international children and were not planning on fostering or adopting any more. Their adopted children had various needs specific to prenatal exposure to alcohol. According to Tina, they “did not want to be in a situation where we were going to have to parent yet another seriously mental ill child.” However, Darin left a lasting impression on Tina and Tom at the event.

After meeting Darin, Tina and Tom contacted his child welfare agency for more information on his case and the possibility of fostering him. According to Tina, Darin has “some developmental delays, so he's not a typical 13-year-old. He’s sort of 10 or 11 years old.” Tina reported that his paperwork described him as having severe issues.

[Darin] had serious emotional dysregulation, that he would fly into violent rages, that he would curse and he would never, as far as we know, there was no indication that he had physically attacked another child. But there were indications that he was very verbally abusive towards teachers, towards other kids, especially towards the foster parents. A lot of issues with control, there was reference to fire setting and that he had possibly been sexually abused previously. There were no behaviors like acting out sexually; it was all kind of a combination of just a lot of rage and anger.

Tina and Tom also learned that Darin was diagnosed with autism spectrum disorder and attention-deficit/hyperactivity disorder (ADHD). Based on their experience with their adopted children, both she and Tom believed they could manage his behaviors. Over the course of 7 months, Darin was able to move in with them.

Darin initially “had a couple of violent incidents where he became really physically aggressive and very angry” (Tina). He also did not have basic manners and did not understand how to interact appropriately and respectfully with others. After his placement with Tina and Tom, Darin had two incidents that required police involvement. The second incident involved Darin physically assaulting Tina by punching and biting her. His social worker decided to place him in a foster shelter for 3 days to give his foster parents and social work team time to consider Darin’s placement status. After 3 days, Darin, Tina, and Tom wanted to be reunited. Reunification seemed to mark the time where he began to change his behavior. Since that day, he has been able to build a strong relationship with Tom and has learned to model his behavior from the positive adult and peer relationships he has made.

At the time of the interview, Darin had been living with Tina and Tom for about eight months. Tina described him as “more regulated now than he’s ever been, and he’s just wickedly funny.” Remarkably, the medications used to help him control his behavior, reduce his symptoms of ADHD, and regulate his mood, had been cut in half. She also reported that he did well in school after his placement in a program specializing in serious emotional disabilities (SED). Tina believed this placement gave him access to adapted strategies and instructions allowing him to learn and stay focused in the classroom.

Nate

Nate is a White male, who was 13 years old at the time of the interview. Rachel, his foster mother, and Ellen, his social worker, provided information about his placement. Nate was first removed from his biological family's care when he was 11 years old due to his parents' drug addiction. He also faced several other adverse experiences including neglect and witnessing the death of his father during early childhood. Additionally, throughout the time he lived with his biological family his attendance in elementary school was sparse.

At the time of the interview, Nate was on his third placement and, correspondingly, Ellen was his third social worker. Initially, Nate was placed with a couple but only for a brief period, as he had to change placements when they divorced. Around the time of this move and because of his mother's continued drug use, Nate transitioned into long-term foster care. Nate was placed with a new couple and transitioned to a new school where Rachel was one of his teachers. Nate lived with this couple for almost a year, but the placement was not a good fit, as they set "unrealistic consequences" (Ellen).

Rachel was warned of Nate's problematic behaviors by his then-foster mother. However, she did not view his behaviors as problematic and instead saw him as more mischievous. Rachel described their initial meeting, where Nate pulled a trick on her, her colleagues, and his then-foster mother.

Nate points to the big clock on the wall and he says, "What's that?" and we all turned to look at it. And when we turned back to answer him he was gone. And he had just turned, he hid around a wall. Absolutely gone.

His then-foster mother expressed annoyance, but Rachel viewed his behavior as funny. After this interaction, Rachel believed she could work well with Nate because of his engaging personality.

Rachel and her husband, Andy, had biological children of their own and had fostered and adopted another child. As Rachel learned more about Nate's situation, she and her husband decided to become recertified as foster parents in hopes that he could be placed with them. Nate was also in agreement with this placement change. However, this decision came with important implications for Rachel, as she had to change her role in the school because she could not be both his teacher and his foster parent. The new placement was considered a kinship placement even though he was not technically kin. The child welfare agency extends the term to someone who is not family but has a significant relationship with the child (e.g., neighbors, friends, teachers).

At the time of the interview, Nate had lived with Rachel and Andy for a year. Nate wanted to remain in their care but expressed hesitancy around adoption. Therefore, he was placed in an alternative program within the child welfare agency that allowed for him to be permanently placed without being legally adopted. Rachel described his hesitancy as resulting from an internal conflict about his loyalty to his family of origin.

Nate has the desire, he's expressed a desire to be a permanent part of our family. Just is unsure and uncertain about wanting to be adopted because of what that would mean as far as loyalty issues go with his birth family.

During his time with Rachel, Nate switched from attending a charter school to a public school where he could be better helped with his learning disability. After this transition, Rachel noticed an increase in his academic and social confidence. He even joined his school's basketball team.

However, his placement with Rachel was not without some struggles. Although Nate seemed to have worked through his grief surrounding the loss of his biological father, he still experienced suicidal thoughts, social issues at school, and was very argumentative with Rachel's adopted son. Nate was offered individual, grief, and family therapy to help him with these difficulties and was reportedly doing better. If all continues to go well, Nate will maintain the path of being permanently placed with Rachel and Andy.

Emily

Emily is a White female, who was 5 years old and in kindergarten at the time of the interview. Information about Emily was gathered from interviews with Casey, one of her foster mothers, and Valarie, her social worker/adoption worker. Emily has two foster mothers, Casey and Hannah, and attended the same school where Casey taught second grade. Her wife Hannah was completing a Master's degree in mental health. Valarie was Emily's fourth social worker since she entered the foster care system. At the time of the interview, Valarie had worked with Emily and her foster family for about four months.

Casey and Hannah decided to become foster parents in part because of Hannah's desire to foster children who were in difficult situations. Casey and Hannah were Emily's fifth placement after she was removed from a foster-to-adopt home where she lived for the past year with her brother and sister. Emily's previous foster family submitted a 30-day-notice for her removal because of her severe and uncontrollable behavior. The foster family believed a possible "trauma bond" was fueling her inappropriate behavior with her siblings. Casey described the sibling relationship as "violent and difficult to control."

Unfortunately, when “trauma bonds” occur between siblings and are harmful, the solution is often to place them in separate foster homes.

When Emily was first placed with Casey and Hannah, she displayed many concerning behaviors. Emily had a history of sexual, physical, and emotional abuse, as well as neglect. Her concerning behaviors included touching herself inappropriately, exposing herself at school, and regressive behaviors like baby-talk. Emily would also become very aggressive by screaming, throwing tantrums, and spitting in peoples’ faces. Her behaviors tended to be worse at school than at home.

According to Valarie, Emily was “one of the higher needs” children on her caseload. Casey believes Emily has fetal alcohol syndrome, although it was not yet formally diagnosed. At the time of the interview, she was on a yearlong waitlist for an evaluation. To help with her behaviors, Emily received weekly occupational therapy and play therapy. She was also assigned a CASA. Even though Emily was removed from four foster homes and schools, she was able to continue her mental health treatment with the same therapist.

Casey reported that Emily's mental health treatment had improved her ability to appropriately communicating her needs. Her tantrums and sexual acting out behaviors had also decreased. Additionally, she seemed to like the responsibility of being a big sister to her 15-month-old sister. Casey described Emily as having a trusting relationship with her and her wife as she refers to them as Mom and Dad. Emily also received support at school from a paraprofessional and her special education teacher was aware of her past trauma and related behaviors. Her placement in special education provided her with occupational therapy and academic support.

Caroline

Caroline is a White female, who was 7 years old at the time of the interview. Information about Caroline was gathered from interviews with Sarah, her foster mother of 3 years, and Valarie, her social worker/adoption worker. Caroline is the biological sister of Emily (described above) and Valerie was also her social worker. Similar to Emily, Caroline was placed in foster care due to physical, emotional, and sexual abuse, and neglect. Sarah and her husband, Brian, were Caroline's second foster placement. Her first placement was a kinship placement with her grandmother who ultimately was not able to care for her or her siblings. Sarah had a background teaching special education and Brian was a police officer. Additionally and around the time of the interview, Sarah had her own biological child.

Caroline was Sarah and Brian's only foster child for a year. Sarah believed this allowed them "to build a rapport with her and have all that one-on-one attention and build that emotional bond with her early on." The development of a strong emotional bond helped them to support Caroline, especially in her interactions with others.

She used to stare at people a lot and not say anything to them. And it was actually very awkward and we had to say to her, like, 'Say hi,' and she never did. It was like open mouth staring, intently watching what her peers were doing. Like she never really engaged or played. And she would just watch them. She would just observe what was going on.

Other behaviors of concern included tantrums of throwing herself on the ground while kicking and screaming. Sarah noticed that her tantrums seemed to be worse after very emotional events like visits with her biological mother, visits with her siblings, and after her siblings were removed from the home.

At Sarah and Brian's request, Caroline's siblings were removed entirely from the home. Sarah believed their removal was necessary because of their inappropriate interactions with each other. Valarie reported that all three of them had a suspected "trauma bond" which, "affected their behaviors, their school, just their home environment, and discipline issues." Furthermore, Valarie had concerns about Caroline and Emily sexually acting out together. For example, both required supervision during bath-time because they would put toys into their vaginas. Due to these behaviors, Sarah asked for Caroline to have therap. Caroline had consistently attended play therapy during the three years she had been in their care

Caroline's concerning behaviors also occurred at school. These behaviors included throwing furniture and books, crawling under desks, stealing, and refusing to complete work. A couple of months before the interview, Caroline was placed in special education to provide academic and emotional support for her SED. Similar to Emily, Caroline was also on a yearlong waitlist for a comprehensive evaluation. Since being placed with Sarah and Brian, Caroline had moved to a different part of town and transferred to a new school within the district.

Over the three years Caroline lived with Sarah and Brian, her tantrums decreased in number and duration. Caroline's tantrums used to occur several times a day and last several minutes. According to Sarah, they now occur about once per week and were much briefer. Sarah also noted that Caroline seemed to be taking more responsibility for her actions. Unfortunately, two weeks before the interview, Caroline's brother was removed from the home and placed into a different foster home. After his move, Caroline

had a rough week at school where she threw objects and was noncompliant. Sarah described an event where she took responsibility for her actions

Caroline took the initiative on her own to ask her teacher if she could share with the class what has been going on with her, like her personal life, and shared that her brother had left and she wasn't going to see him until she was a grown-up again.

Overall, Sarah described Caroline in a positive light. She noted that she was "helpful, silly, witty, and funny" and that she was "very loving and caring." Valarie noticed that Caroline had increased her self-confidence and had increased her ability to communicate her feelings with others.

Heather

Heather is an Asian American female, who was 6 years old at the time of the interview. Information about Heather was gathered from interviews with Samantha, her foster mother, and Valarie, her social worker/adoption worker. Samantha identified Heather as more resilient than her identical twin sister and was therefore chosen to discuss her resilience. Heather had been living in her current placement for 15 months with her biological siblings (her twin and a much younger sister), her foster parents, Samantha and Michael, and their biological son.

Heather was initially placed in foster care due to domestic violence and parental substance use. Additionally, Heather's housing situation was often unstable, and she was suspected of being physically abused. Her twin sister had evidence of cigarette burns, but no physical evidence was found on Heather. Heather (and her twin) were placed with Samantha and Michael because her younger sister was already in their care. This home was the second placement for Heather. Throughout her placements, Heather had infrequent visits with her biological mother. Eventually, Heather's biological mother's

rights were terminated due to her inconsistent engagement. Heather's case plan was then changed, and Samantha and Michael planned to adopt all three children.

When Heather was first placed with Samantha and Michael, she exhibited a lot of negative behaviors such as “self-harming, huge freak-outs, meltdowns, just retraumatization every time she would see her birth mom.” According to Samantha, Heather worried her mother would bring in drugs or would try to steal her during the visits. When she returned to her foster home, these negative behaviors would appear, especially her self-harming behavior. Heather hurt herself by ripping out her hair, kicking, throwing herself down, hitting herself, and smashing her fingers in the cupboard doors. She also broke objects in various rooms and urinated in her pants in apparent defiance. Heather was diagnosed with PTSD and a possible attachment disorder. Approximately two months after being placed with Samantha and Michael, Heather started trauma-based therapy with accompanying home visits.

Before she was placed with Samantha and Michael, Heather had only been enrolled in school for two weeks for kindergarten. Her skills were very low as might be expected given her lack of opportunity. Behaviorally, Heather did well in school and was described by Samantha as a “people pleaser.” This characteristic helped her to get along well with her peers and her teachers, but hindered her ability to ask for help or to let others know when she was scared or worried. Her social worker also noted Heather's pleasant disposition. Valarie described Heather as “extremely bright. She’s super smart, she’s super articulate. She can answer questions, she’s got a really fun personality and so she’s super talkative.”

Heather had made significant improvements since living with Samantha and Michael. Samantha reported, Heather now physically looks healthy due to proper nutrition and "not being in fight or flight mode anymore...there's been so many physical changes. Like you could take a picture of when she first came to our house to now, she doesn't even look the same." Heather also started to grasp the concept of cause and effect in her actions, increased her frustration tolerance, and can recognize when she is becoming upset. Additionally, Heather now identifies Samantha as her mom and Michael as her dad, while also recognizing that she once had a birth mother.

After her biological mother's rights were terminated, Samantha enrolled Heather and her twin sister into their third school, where Samantha's biological son attended. When they first started school, Heather and her sister were low in their academic skills. However, they were both able to sufficiently improve throughout the year and were able to move up to first grade. While in school, Heather was identified with having reading difficulties and was evaluated by the special education team. She received a 504 plan to help support her development of reading. However, at the time of the interview, the specific supports outlined in her plan were not yet in place.

Summary of the Cross-Case Analysis

As part of the data analysis plan, a within-case analysis was first completed for each case cluster. This process allowed me to describe, understand, and explain the indicators of resilience in each foster child. Unique aspects of each case were related to participants' understanding and perspectives on resilience, protective factors, system interactions, and identified barriers. See Appendix D, Worksheet 5, for outlines of the overall themes of this study.

The goal of this study was to explore the common relationships between all cases (not individual characteristics) to gain a better understanding of the phenomenon of resilience in foster children who are in the process of being adopted. The common themes associated with the research questions are Resilience in Foster Children, Protective Factors, Helpful Interactions, and Barriers. Additional subthemes were identified and are presented from the most to least frequently discussed. Before delving into the cross-case analysis, an understanding of how participants viewed resilience will be presented.

Personal Understanding of Resilience

All participants, seven foster parents, and four social workers provided their perspectives on the concept of resilience with accompanying examples of resilient behaviors in their foster children. Overall, every participant talked about resilience as the ability to adapt and move forward after a traumatic or challenging experience. Melanie, Conrad, and Samantha, further explained that resilience included becoming stronger or better after an adverse event or being able to overcome or bounce back from hardship. From these answers, all participants appeared to have a basic understanding of resilience.

Participants were asked to provide examples of the resilience they had seen in their foster children. Kayla and Samantha struggled to identify resilience as an overtly noticeable characteristic within current or past foster children. Kayla reported her understanding of resilience as the ability to bounce back or return to baseline.

To me, resilience is the ability to overcome challenges, to get back to a sense of normalcy of balance. Because everybody has stress in their life, it's the ability to get back to baseline to where you're not so stressed that it's causing problems in your life.

According to her, foster children demonstrate resilience when they can demonstrate attachment to their foster family and show positive emotional changes. Although her description of resilience was similar to others, she viewed the positive changes associated with resilience as an artifact of the structure that is "forced" upon foster children. She mentioned these "forced" changes made children seem resilient but in actuality "they have no control over their lives" and "do not want to change." To her, families where foster children are placed need "to understand that they are going to need to be the source of change in the family because children don't always have the, don't usually have the cognitive ability to want or desire change in their behaviors in life." Thus, "foster parents, adoptive parents, have to do more work than the child ever will, because like I said, children don't have a desire to change." According to her, resilience demonstrated by the foster child only occurs because of the foster family's desire for change.

Samantha identified resilience as the ability to overcome a traumatic experience in a positive manner.

Resilience to me, is basically that child or adult that has experienced trauma but they can come out of that traumatic experience more in a positive light. That's how I would describe it. It's something that whatever happened, whatever type of trauma it was, it could be in a car accident for someone who knows, but that they come out that experience, and that they can process the experience, and can still come out and it'd be in a positive manner.

Although Samantha had a basic understanding of resilience, she did not identify most of her past foster children as being resilient because they did not demonstrate an ability to process trauma. When asked to provide examples of the resilience she observed, she described what she called "a lot of resilience in a negative place." For example, she mentioned that one of her past foster children was "totally okay with being by themselves" because in their biological home, "they were left by themselves a lot." Even

though this child had demonstrated an ability to adapt, his or her resilience was not seen as a good resilience. Despite Samantha's clear definition, she struggled to provide an example of how this resilience was observed in her previous foster children.

Even with differences in the understanding and observing of resilience in previous foster children, all participants described various ways their current foster child adapted while in their care.

Resilience in Foster Children

Different subthemes of resilience emerged that captured how each foster child adapted in their homes, schools, and community settings. From the perspectives of foster parents and social workers, evidences of resilience were captured through the following subthemes: reductions in problem behavior, development of relationships, increases in positive and prosocial behavior, understanding past abuse/neglect/trauma, and increases in confidence and self-identity (Figure 1).

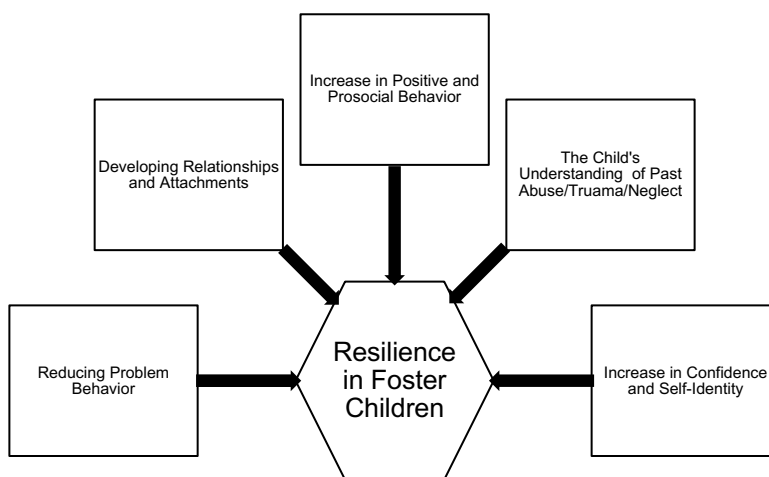


Figure 1. Subthemes of resilience within the six cases. This diagram depicts the different subthemes that contributed to the foster children's resilience and success within their foster home.

Reducing Problem Behavior

The most frequently discussed aspect of resilience in foster children was the reduction of problem behaviors. Each foster child in the six cases engaged in numerous problematic behaviors such as lying, stealing, skipping classes, and/or harming themselves or others. The foster parents and social workers of the younger children identified problematic behaviors as tantrumming, invading personal space, and sexually acting out, while older foster children were described as struggling with hoarding, substance use, physical and verbal aggression, and homicidal and suicidal ideation.

A reduction in problem behaviors and the willingness to accept help and support from the people around them, demonstrated foster children's ability to adapt. This reduction in problematic behaviors continued even through continued exposure to adverse experiences, like the termination of visits with their biological parents or siblings. Even when foster children were hesitant or required to receive support services, their acceptance of supports facilitated their reduction of problem behaviors.

For example, Darin accepted support from his foster parents and therapist and learned how to use his words to ask for space or voice when he was feeling upset. The specific aspect of the event that may have contributed to the change in Darin's behavior—he hit his foster mother, went to another placement for a few days, was accepted back into his foster home—all in a short period of time, was difficult to identify. However, after the event the result seemed to significantly reduce his violent behaviors at home and at school. Darin even continued to show improvement in his behaviors after his psychotropic medications were reduced. His new skill of learning to ask for help instead of showing violent behaviors was an example of him beginning to show resilience.

Similarly, Heather reduced her instances of self harm after accepting help from her therapist and parents, and Kelsey's adoption—which was in jeopardy to that point—went through when after she accepted support during her stay in residential treatment and from her outpatient therapist.

Developing Relationships and Attachments

Every foster child was in a different placement before being placed in his or her current foster home. When children experience several transitions, it may become difficult for them to build attachments and trust the adults in their lives. The second most identifiable way participants identified resilience was through the foster child's ability to develop relationships with his or her foster family, peers, teachers, extended family members, and therapists. However, the development of relationships was largely discussed in regards to the foster children's attachment in their caregivers and their ability to accept love and care.

Participants identified resilience in foster children who were able to attach to caregivers and other significant people in their lives (e.g., foster siblings, therapists, extended family members). When asked about this attachment, foster parents provided examples of engagement, seeking support, and in one case, the removal of a physical barrier. Darin began to seek out his foster father after he returned from school to discuss issues and to ask for help with social situations. His foster father became Darin's confidant and mentor because he trusted him to help solve issues at school. Kelsey increased her engagement with them and started to open up about her relationship with her boyfriend.

Other foster parents reported subtle changes in their foster child's routine or behavior that indicated he or she was attaching to them. Nate demonstrated his trust in his foster parents by removing the tent from his bed, which was originally placed to help him feel safe at night. Heather sought out Samantha when felt unsafe or scared by the thoughts of her past abuse. Heather also demonstrated her desire to be a part of the family when she asked for a baby book similar to the one Samantha created for her biological son.

One sign of attachment occurred when foster children spontaneously and independently began to call their foster parents "mom or dad." For example, Emily initially clarified to others that Casey was not her mom, and that she was on a sleepover. Eventually, Emily began to label both her foster mothers as mom and dad. Additional signs of attachment were identified when foster children explicitly expressed their love and appreciation to their foster parents saying, "I love you" or "I appreciate you"

Another aspect of attachment involved foster children trusting they would be provided for and not given up on. All foster parents enhanced this trust by expressing their desire to continue to care for their child no matter the circumstances. Kelsey's foster parents believed the change in her behavior and attitude came about in part because she witnessed their constant support to their older biological daughter who struggled with drug addiction. Kelsey experienced first hand Melanie and Conrad's constant support, even after she expressed homicidal ideation toward her foster father. After this event, Melanie and Conrad felt she was attaching to them when she started to call and ask to come back from residential treatment. Over time, it appeared Kelsey came to accept that she needed adults in her life to help her be successful.

Within the family context, foster parents believed their foster child demonstrated resilience when they accepted their status as a member of the family. All of the foster children in the study developed an understanding of who they were within the family unit. Rachel believed Nate did well in integrating into the family because he “definitely tried to assimilate with the other kids, he’s really tried to figure out how our family works and to fit himself into that.” For example, he changed from saying “your things” to “our things” and learned the nicknames of his extended foster family members. Another way foster children integrated into the foster family was through learning how to be an appropriate sibling. Both Kelsey and Caroline were used to “parenting” their biological siblings because of the chaos in their homes. However, as part of the foster family unit, they learned to let their foster parents take on this responsibility.

Increase in Positive and Prosocial Behaviors

As foster children’s problematic behaviors decreased, their positive and prosocial behaviors increased. Examples of positive behaviors included completing tasks independently, attending class, finishing homework, cleaning or picking up after oneself, or completing activities of daily living. Prosocial behaviors included respectful communication such as talking at an appropriate volume, making eye contact, respecting physical boundaries, and using polite words. In all cases, foster parents perceived that communication had improved between themselves and their foster children, with other significant adults, and in their ability to express their emotions.

Tina and other adults noticed Darin’s improvement in his communication and prosocial skills. She described him at his last meeting with his psychiatrist as “sitting up, he was making eye contact...he was having normal conversation.” Darin’s psychiatrist

shared these improvements with his therapist, and his therapist reported to Tina what was said.

He said Darin is the miracle that he needed. The psychiatrist needed to continue going on because he said Darin's changes and Darin's behavior, his demeanor, everything about him, he said is a miracle. And he said Darin is giving him the hope that he needs to continue to do this really difficult work. I talked with him at his last visit and the guy got, the guy had tears in his eyes and he said, 'I just, I can't wait to see how his life rolls out because I know it's going to be great.'

Another way foster children demonstrated positive and prosocial behaviors was through their increased awareness of others and how their behaviors affected those around them. For example, holding the door open for someone entering a room, or grabbing another chair for a person who was without. Caroline was described as becoming increasingly aware of her behavior in her classroom. After a particularly rough week at school, she apologized for her behavior and explained to her classroom of peers why she was having a hard time.

One result from increased positive and prosocial behavior at school was improved academic engagement and grades. Nate improved his behavior and academic engagement to perform his best than at any other point in his school career. Kelsey's attendance and completion of assignments allowed her to advance to the next grade level. Darin's improvement in taking his backpack to school facilitated in an increase in homework completion.

The Child's Understanding of Past Abuse, Neglect, and Trauma

All participants discussed their foster children's ability to work through their past experiences of abuse and neglect. This concept was understandably vague as there is no shared understanding of "working through" trauma. However, Samantha provided an

example of how Heather demonstrated more resilience than her identical twin sister as related to this process.

If a trauma is brought up, you can say a name, and she [the twin sister] will have a flashback, and her PTSD, that will go off, and she disengages, she disassociates, we haven't even made a step in processing her trauma.

On the other hand, Heather accepted that she needed "a new mom...to be safe." She was able to cry, emote, and talk about her past traumatic experiences without "self-harming" or having "meltdowns"

The "working through" process was also conceptualized through the foster children's development of understanding how their biological parents' behavior resulted in their placement in foster care. Kelsey's foster parents spoke at length about her ability to heal from her abuse and neglect and how they saw her resilience grow as she integrated into their family. According to Conrad, "just the emotional trauma of coming through this, being yanked away from her mom...and her being able to settle in here and just become a part of our family" was one of the strongest examples of how Kelsey was a very resilient young woman.

[Kelsey] put a ton of work into really understanding it and realizing that where she was, wasn't our fault any more than it was her fault. And the blame that belonged with her mom she assigns to that. She still, even months after that would blame the department, but she no longer blamed us. And now I think she really puts more blame on her mom. I've heard her say a few little things but nothing very, really negative, but definitely an understanding that her mom didn't do what she needed to.

Time, a supportive foster family, and therapy while in residential treatment allowed Kelsey to shift her negative perspective about her foster parents and the child welfare agency, to understand why being removed from her home was necessary. Tina and his therapist helped Nate to "work through" how his mother's in utero drug and alcohol use

resulted in his placement in foster care. He also learned how her substance use might have impacted his executive functioning and ability to socialize.

Unfortunately, some negative or traumatic events do not end after a child is placed in foster care. All participants shared that many of their foster children had been exposed to additional negative or critical circumstances. Most negative events were described in relation to the termination of biological parents' rights. As might be expected, this transition was difficult for foster children as they learned they could no longer see their parents.

Foster parents and social workers perceived resiliency when foster children shifted their perspective and accepted termination as necessary to keep them safe and healthy. This also held true for siblings who were removed from each other due to a "trauma bond." This separation can be very difficult to accept or to understand how the split could be beneficial. Kelsey, Emily, and Caroline all experienced a decrease in their problematic behaviors after they were removed from a sibling with which they had a "trauma bond." As with the termination of parental rights, foster parents and other supportive persons helped their foster child to understand the necessity of the separation, which assisted in a shift of perspective towards a more positive viewpoint.

Increase in Confidence and Self-Identity

Resilience was demonstrated when the foster child showed an increase in his or her confidence and self-identity. Often foster parents noticed their foster child would become easily frustrated or mad at themselves. Sometimes this occurred over minor events, such as struggling to complete schoolwork or having an uncomfortable interaction with peers. Over time, foster parents noticed their foster children becoming more engaged and

talkative, and expressing they were proud of themselves. According to Rachel, Nate had a “huge, huge, jump in academic confidence. Going from thinking that he was the worst student in the world to actually feeling quite proud of his last semester’s grades.” Melanie and Conrad notice an increase in Kelsey’s confidence when she expressed pride about retaining a romantic relationship for a relatively long period of time.

Additionally, foster parents and social workers noted that confidence was often seen in how their foster children carried and presented themselves. As confidence increased they appeared to take more pride in their appearance and in self-care. They also seemed more comfortable in expressing their identity as a child of the foster family. Samantha identified Heather’s acceptance of her new family when she explained to her classmates, “I don’t look like my mom because I’m being adopted...I had a birth mom and now I’m being adopted.” This change in confidence was also reflected in foster children’s outward appearances, in ways beyond the “healthier appearance” described earlier. All foster parents noticed improvements in their foster child’s physical aspects. For example, Sarah described Caroline’s change in her appearance after she was placed into her care. When Sarah first met Caroline her hair was “matted and ratty and she’d cut her own bangs.” While in Sarah’s home, she learned to take care of herself and her “hair is long and shiny again.”

Protective Factors

Protective factors are considered to be personal or environmental conditions that help to promote better outcomes in situations where there is risk or adversity. There are a number of different conditions that describe protective factors for foster children, such as personal and family dynamics of foster parents (e.g., encouraging and supportive

dedication, experience), personal characteristics within the foster child (e.g., cognitive ability, agreeableness), and factors related to external systems (e.g., experience with foster children, knowledge of trauma). Together, these protective factors have the potential to help foster children adapt and overcome their difficult circumstances.

Protective factors might also help foster children adjust to living in their foster-to-adopt homes, and if needed, integrate into their new schools and communities. Several protective factors were identified within the children and the systems with which they interacted. Figure 2 displays the different internal and external protective factors that contributed to the resilience of the foster children living successfully in their adoptive or permanent placement.

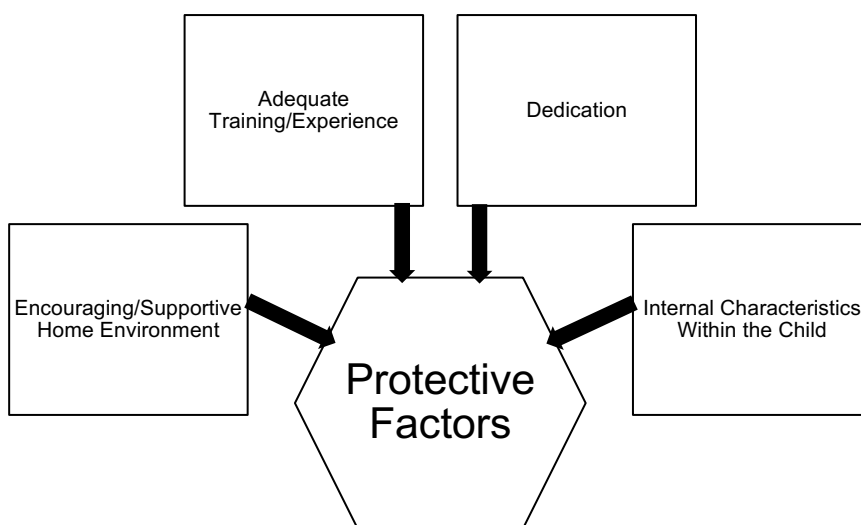


Figure 2. Subthemes of Protective Factors. This diagram depicts the four subthemes that make up the different protective factors that helped to promote the stability and success within the home and school setting.

Encouraging and Supportive Home Environment

Participants overwhelmingly identified the foster family's ability to provide an environment of encouragement and support as the most important protective factors for

children in foster care. Foster parents reported their ability to provide a stable household was in part due to the encouragement and reassurance they found in their spouse, or immediate and extended family members. Conrad confessed, “Without Melanie helping me, I might have tapped out in the process because it was so brutal.” Conrad identified Melanie as a vital support person when they were going through the legal process of trying to adopt Kelsey and her siblings. Similarly, Sarah reported that her husband’s family and “immediate family has been pretty supportive.” When they “needed to vent or something, [they] would call them and ask for support or advice.”

A support system separated from the child welfare agency, provided encouragement and reassurance to help foster families remain stable. Social workers are not always readily available to listen and help parents, so outside supports as crucial to have established. Darin's social worker stressed to his foster parents the need to have a good support system in place.

I've encouraged to them, you need to have a support system after we're not involved. Somebody you can call in the middle of the night when he's having a fit. There's a good chance it's going to happen again and you're going to need to talk to somebody.

During the first few months he was in their care, Darin’s foster parents frequently called his social worker. Over time, they had been able to reduce their dependency on her and as they found a supportive community of people.

The support and encouragement foster parents received from their own family also extended to their foster children. Even though foster children had the support of their foster parents, they also gravitated towards other family members. According to Melanie, Kelsey had support from several immediate and extended family members but “she really thinks of my sister as her aunt, and I think she feels like my sister is very supportive to

her." Similarly, Casey discussed the love Emily felt for her foster aunt, who babysat her, styled her hair, and painted her nails. In all six cases, immediate and extended family members were identified as important aspects in helping the foster families and foster children manage their struggles and persevere towards their goal of adoption.

Foster families described integrating their foster children into the existing family system through the celebration and recognition of the successes in their foster child's life. For example, Melanie and Conrad emphasized the importance of celebrating the numerous positives in Kelsey's accomplishments, such as her behavioral and academic achievements. Likewise, Nate's foster mother believed he did well in her home because they "tend to celebrate the success and the positive features of people rather than focus on the negative." According to foster parents, no positive event was too small to acknowledge. For instance, Nate's foster mother celebrated his first time being cavity-free. Nate was unaware that being cavity-free was an accomplishment and enjoyed celebrating the results of his improvements in hygiene. Samantha continually identified and praised Heather for her academic and behavioral improvements. According to her, Heather did well because her home was "a home with...positive rewards, positive affirmation, words of affirmation, positive even to the point of physical touch...giving hugs." Lastly, integration occurred when the foster child became seen as a part of the family. Foster parents treated their foster children as they would treat their own biological children. Furthermore, they did not label their foster child as a foster child, but as their own child.

In some cases, acceptance of a foster child was shown by treating him or her as the same as the other children in the family. However, for some foster families, it was

about acknowledging aspects of the foster child that were unique, such as with his or her culture. Foster parents provided an encouraging home environment by including and respecting the child's beliefs and culture. For example, Samantha and Michael talked with Heather about the cultural celebrations important to her, including holidays and birthdays. Even though Heather and her sister were from a different culture and race than their foster parents, they recognized the importance of respecting the girls' Asian culture and integrating it into their home environment. The integration of culture also included the beliefs surrounding a family. Foster parents encouraged their foster children to develop healthy relationships with approved individuals from their lives from before foster care and to talk about the people that were important to them. In this way, foster parents were able to fully integrate foster children into their home, while still acknowledging the need to maintain important aspects from their past (e.g., culture, extended family or friends).

Adequate Training and Experience

Another identified protective factor was adequately trained or experienced adults working with foster children. Every foster parent had previous experiences with foster children, adoption, or in working with students with emotional disabilities. Parents used their experiences to understand their foster child and to implement supports and interventions into their home. For instance, Sarah, who used to teach in a special education classroom, “pulled from her knowledge of working with kids with behaviors” to “put into place behavior plans” for Caroline. Other supports in the home included creating “social stories for her, calm down strategies, and coping skills.” Similarly, Emily's other foster mother, Hannah, previously worked at a child welfare agency and

was completing her Master's degree in mental health. She used her experience and training to help her wife understand how trauma was affecting Emily's emotions and behavior.

All participants appeared well versed on the possible effects of trauma on their foster children. Valarie, the social worker to Emily, Caroline, and Heather, discussed the recent implementation of a trauma training program provided to the foster parents.

They've added a lot more trauma-based training for [parents] to kind of understand what [trauma] looks like and that you know trauma can kind of hide and manifest itself in kind of different things and behaviors. And so that's gotten a lot of positive feedback from our foster parents in kind of being able to understand that a little bit better.

Tammy further summarized the need for foster parents to be invested in understanding trauma and in being patient with their foster children.

I think training, trauma and informed care is huge. Understanding that parenting a child with trauma is very different and approaching things differently with those kids is going to be huge, and understanding that it's not going to be like how you were parented or how you parented your children.

Various social workers identified the importance of foster parents seeking out additional training to make sure they are adequately prepared to parent their foster child. Many of the foster parents identified taking advantage of the additional trainings offered through the child welfare agency.

Foster parents identified that their foster child performed better and felt supported when the school system also had experience working with students with trauma or behavior issues. Emily's foster mother felt that her school was adequately prepared to address her needs because "they also have a lot of experience dealing with kids that have different behaviors. And so I know they won't like kick her out or anything." Caroline's foster mother believed she performed well in the classroom because her teacher

understood how trauma affected her. In the classroom, Caroline can do “amazing things and great things” but her teacher knew she had to be “firm with her and tough with her sometimes because she’s burned, she’s tough.” Caroline’s teacher understood that one aspect of working with a traumatized child was to set limits and be consistent with what was asked.

Dedication

Being dedicated towards reaching the goal of adoption may help increased the likelihood of a successful placement because foster parents asked for and accepted services that would help their foster child remain in the home. Many of these services were mental health-related and were provided to both the foster child and foster family. Valarie explained the need for dedication, perseverance, and patience in working with foster children saying "patience is huge too cause these kids, you know, they don't have a lot of trust and they're not going to come in right away, especially older kids, with open arms, you know, trusting everything that you do."

Foster parents demonstrated dedication towards adoptions when they worked to overcome challenges and were not afraid to tackle difficult behaviors. Nate's foster mother discussed her and her husband's dedication in working with him and his homicidal and suicidal thoughts in order to make sure he remained in their home. Caroline and Emily's foster parents worked through their children's sexually acting out behavior but did not shame, embarrass, or demean. Instead, they repeatedly redirected and taught the appropriate place for that behavior. Sarah specifically described how she worked through Caroline's behavior of placing toys in her vagina.

We've had to reiterate, like we've had to have lots of discussions on why things that [were] done in the past [were] not ok. And how they were unsafe, or you know, and why. And just discussing it over and over, and just kind of getting over each hurdle.

Similarly, Emily's foster parents repeatedly reminded her that her self-soothing behavior was "something that you do in your bedroom or in the bathroom when you're alone."

Over time, their sexually acting out behavior diminished and was no longer identified as a problem.

One way foster parents expressed dedication in keeping the foster child in their home was through the modeling of how to overcome challenges. At times, this modeling included demonstrating calming techniques, emotion regulation skills, and problem-solving skills. Heather's foster mother discussed one instance of helping her get through the challenges of schoolwork.

We've had a lot of nights of crying, crying, crying, crying, she doesn't understand her homework and me sitting there saying, 'Hey, it's OK. If you don't understand it, that's totally ok. Your teacher can, we can get you help.'

Foster parents were also willing to work through and persevere through challenges presented in other systems, such as within the school system and the child welfare agency. Due to her perseverance and dedication in getting him the services he needed, Darin was finally able to be evaluated and placed in a program for students with emotional disabilities.

Sarah and Brian experienced significant challenges when Emily and her brother David were placed with Caroline. All three siblings struggled to have appropriate and healthy interactions with each other. When the child welfare agency was unable to put services and supports into the home, Sarah took it upon herself to try to preserve the placement.

I had to keep things very structured for them and basically had to, I had to help model every interaction that they had together, because they didn't know how to appropriately socialize with one another. So every time they had an interaction I had to be there 100% to facilitate their interactions with each other.

Unfortunately, Sarah singlehandedly was not able to preserve the placement for all three siblings, as Emily and David had to be removed. Even so, she continued to persevere and remained dedicated to adopting Caroline. Overall, foster parents identified that their perseverance in working through challenges continued the dedication of adoption and aided in keeping the child in a stable placement.

Internal Characteristics Within the Child

Several protective factors were identified from the internal characteristics that made up the personalities of the foster children, including their intelligence, kindness, and humor. Foster parents felt the connection with their child was largely in part due to these characteristics. All of the foster children were identified as being intelligent in their own way. For example, even though Heather was far behind her peers in her academics, her social worker described her as “extremely bright” and “super smart.” Darin's social worker identified his intelligence as a strength saying, "He's got a higher IQ than most of the kids that are in the system and it just makes him really interesting." Kelsey was also highly spoken of about her intelligence and was identified as being social yet also quiet, appreciative of what had been done for her, and being positive and polite even when she was not feeling those emotions internally.

All the female foster children were identified as possessing a kind, helpful, and social personality. Caroline's foster mother identified her characteristic of being “really helpful” as blending well with her husband's personality. She also reported that Caroline

“was eager to please adults” and was “hardworking.” Emily’s foster parents reported her to be “really sweet and she’s really bright...she’s interested in a lot of things and really likes little kids and animals,” and “she’s pretty calm at home.” Kelsey’s foster parents and her social worker both reported that she was well liked by her peers and her teachers.

On the other hand, all the male foster children were identified as having a good sense of humor. Nate’s foster mother described him as “funny, he has a great sense of humor. He’s creative; he’s a creative thinker. He’s respectful of people’s belongings and people’s space. He’s entertaining, even my 9-year-old, when they are not arguing they entertain each other.” Even when Nate and his foster family needed services to help with his integration into the home, he was still well-liked and connected with his foster family. Nate’s social worker also commented on his personality as being one of his strengths saying, “He’s the funny guy. I mean that’s pretty much how I can explain it. He likes to joke around a lot, he likes to play games, he doesn’t like to take anything seriously.”

Darin’s foster mother quickly recognized his desire to connect with them by being funny during their first meeting. Tina described him as being “wickedly funny,” which made him enjoyable to be around. Tina also felt she understood his humor and appreciated his willingness to connect with them. For example, during a serious discussion about a misunderstanding with his peers, Darin was only able to see the positive in his struggle to connect socially saying, “I mean it’s not really good that I’m pissing people off, but I just think everybody’s my friend and that’s a pretty good place to be.”

Foster parents identified the compatibility of their foster child’s internal characteristics with their own. The internal characteristics of the foster children might

have increased the connection between them and their foster parents, helping to build stronger attachments in their relationships. Additionally, the connection foster children developed with their foster family possibly helped them to better adapt to their home and school settings.

Characteristics of System Interactions

In keeping with the bioecological perspective, it is essential to understand resilience within the context of the systems interacting with the child. A child's immediate environment or microsystem has the most influence on his or her development and includes family members, peers, and other significant persons that directly interact with the child. Therefore, understanding resilience within the microsystem is important because a child's ability to adapt to distressing situations occurs within multiple systems and depends on his or her established relationships.

All of the foster children had been in two or more placements and had interacted with several different systems including their biological and foster families, school systems, the child welfare agency, and other community systems (i.e., sports teams, music lessons, religious activities). The interactions between the child and a system (the microsystem), as well as those between different systems (the mesosystem), were examined to understand how they helped or hindered foster children while in their foster-to-adopt placements. Two themes were identified as a result of the examination of the system interactions and included helpful interactions and barriers (Figure 3).

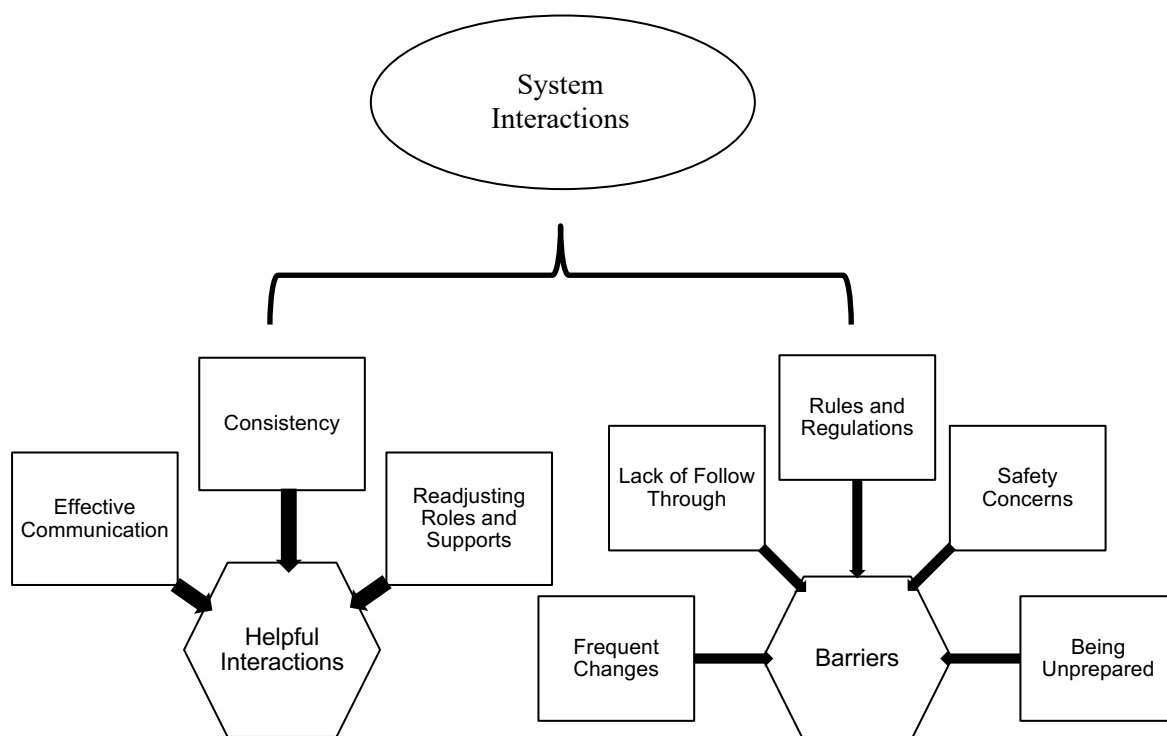


Figure 3. Themes of System Interactions. This diagram depicts the characteristics that make up the two themes identified from system interactions: Helpful Interactions and Barriers. These two themes describe the interactions that occurred between the various systems, which helped or possibly hindered the child in remaining in a stable and successful placement.

Helpful Interactions

The theme of Helpful Interactions was identified from the interactions that families and social workers found most supportive to the initial and continued placement of their foster children. Helpful interactions supported the foster children and the people who directly interacted with them. The general ideas articulated within this theme include effective communication, consistency, and readjusting roles and supports (see Figure 4). These subthemes are described below, beginning with the most helpful characteristic that occurred between the child and a system, and between systems.

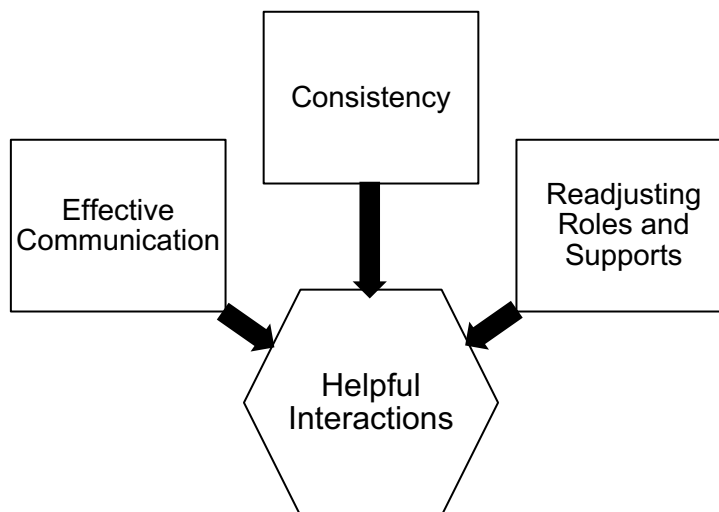


Figure 4. Subthemes of Helpful Interactions. This figure depicts the subthemes found in Helpful Interactions that occurred between systems with which the foster child and their supportive adults interacted.

Effective Communication

Both foster parents and social workers mentioned communication between systems, and with the child, as being crucial to their foster children's placement success. Effective communication was identified as being informational, open, timely, frequent, and proactive. The need for effective communication began before placement when potential foster parents were provided with information about the child. Most of the time, the information was minimal and included the reason the child was placed into foster care, placement history, problematic behaviors, and special needs. Some foster parents were provided with more information because of the child's longer history in foster care. Foster parents reported this information, even if minimal, was helpful for them to decide whether the foster child would be a good fit for their family and if they could care for his or her needs. Kelsey's foster father explained the impact of learning about her past and the impact this had on his and his wife's decision to adopt her and her siblings.

Learning the whole story about what all the kids had been through I think made a difference in just how much we were resolved to try make this work. Just because they'd been through, especially Kelsey, she'd been through so much. And it made a difference in just how I felt, and how we both felt, about making sure we get this done to give her a safe place.

This information helped Kelsey's foster parents strengthen their commitment to her adoption, even when her behavior became difficult.

Initial communication between foster parents and social workers also allowed families to prepare for the placement of the foster child. Tina used the information they received to develop an awareness of Darin's mental health needs and to decide whether they would be able to care for him adequately. Before he was placed, they found a therapist that was skilled in trauma-informed practices and attachment, and who had a specialty in working with adopted children. They also found a psychiatrist who could provide continued care. Overall, every foster parent reported that they used the information communicated by the foster child's social worker to help make decisions about placement and to prepare themselves for the child's arrival.

After the child was placed, foster parents reported that open communication with the child's social worker, teacher, and therapist, made them feel supported and heard. Open communication was identified as being able to communicate at any time through talk, text, or email, with a prompt reply or proactive response. These responses were identified as being very important to foster parents because they felt heard and supported. For example, Samantha discussed the benefit of open communication with Heather's previous social worker. This social worker texted new information to Samantha as soon as she learned about schedule changes or important dates. For instance, Samantha would receive a text of an upcoming visit for Heather with her biological mother. This

communication allowed Samantha to prepare Heather mentally and emotionally for an difficult task.

Foster parents and social workers also discussed the benefits of having honest and frequent communication between systems. Honest and frequent communication allowed the different systems to be proactive in collaborative problem-solving to find solutions for the foster child and the foster family. The solutions that occurred from communication and collaboration between systems included children receiving therapeutic services for their mental and physical health. For instance, Rachel was honest with the child welfare agency about the conflict between her biological son and her foster son. Due to this honesty, Ellen was able to put necessary in-home family therapy into place.

I let the department know that if the relationship, the tension continued on the path that it was, it probably wasn't going to work long term. It would not be in his best interest to be in an environment full of tension and conflict, and it wouldn't be in our best interest, so we needed to address it if this is going to continue on.

Rachel's honest communication about what was occurring in her house allowed her family and Nate to receive services, which contributed to an improvement in Nate's interactions. Similarly, Darin's foster mother collaborated with his therapist to have an honest conversation with him about the seriousness of his behaviors and possible consequences.

[Darin] came back and my husband and I had some pretty serious talks with him, and we also brought his therapist into the discussion and basically said, 'We're not going to be afraid in our home.' My husband said, 'I'm not going to have you kicking or spitting at Tina, pounding on her, that's not going to happen, and if this happens again then we can't continue to have you in our home, and we're going to have to find another solution.'

Darin was able to hear from both his parents and his therapist that his actions needed to change for him to continue to have a placement with Tina and Tom. After the conversation took place, Darin's behaviors started to change, and Tina reported that he had not had another a violent episode against her or Tom.

Social workers have limited interactions with a foster child's school. Therefore, foster parents took up the role of being a liaison between the child welfare agency and the school system. Effective communication by foster parents helped their foster children's teachers and other school personnel understand how their history and placement in foster care may affect school behavior. Foster parents were the primary communicators with the foster child's school system, which usually occurred through email or text. This frequent, open communication allowed foster parents and teachers to work together to support learning and to address any behavioral problems that occurred in the classroom. Caroline's foster mother, Sarah, described her initial conversations with Caroline's teachers about her history and what they might expect from her.

I was pretty much up front with all of her teachers in the very beginning. Even before we started school, I emailed them and said, you know like, like who I was, you know that Caroline's going to be in your class and this is her background, this is what I've seen. I really tried to give them everything that I knew, like from the start. So that way they weren't shocked when you know stuff was getting stolen off their desk, which it did. Or stuff was being taken from friends.

Caroline's teacher believed this information was necessary to understand her situation and to work with her. Conversely, foster parents found it helpful when their children's teachers communicated openly with them. Darin's foster mother reported texting with his teacher "a couple times a week. He's got a main teacher who is really good about keeping us informed about what's going on, what he needs." Kelsey's foster father also reported

that he frequently texted with one of her teachers to stay informed about how she was doing in her classes.

Overall, effective communication was valued and viewed as crucial to the success of foster children and their foster families. Foster parents used effective communication to ensure supports, coordinate additional services, or help other systems to understand the foster child's needs.

Consistency

The second most discussed aspect of helpful interactions was the aspect of consistency. Consistency was beneficial to the foster child and to the different systems with which they interacted. Examples of consistency include a consistent place to call home, consistent expectations and rules, and consistent interactions with other systems, like therapists and siblings.

Participants discussed the benefits of consistency, such as having a constant place to call home, consistent caretakers, and that adoption would occur with their foster family. When Tina first met Darin, he had recently come out of a hospital stay. She told him she understood that children sometimes need extra support in the form of mental health services. Tina described how having a consistent expectation of a placement, despite hospitalization, helped Darin.

The most important thing that has helped him is just to have people that he knows, really and truly have his back, and that are not going to let him down, not going to tread him out, not going to reject him. That when, you know he has slip-ups, which every kid does, that we're not going to say "pack your bags," you know we're going to be like, 'okay let's do this over, let's try this again. Here's how this is going to work.'

Tina reported that she frequently verbalized this expectation and that if a mistake was made, there was still the expectation that he would not be asked to leave and instead

would be offered help. His foster parents stayed true to their word and provided a stable and consistent home for him, welcoming him back after he was placed in an emergency respite shelter for a mental health evaluation.

Other foster parents also reported providing constant reassurance to their foster children about their ability to remain in their home despite possible problematic behaviors. Sarah believed Caroline's consistent placement with them, even with behavioral difficulties, was a significant factor in her success.

I think seriously just having us as a constant for her has really helped her because while everything else was changing in her life we were the only consistency and I think that helped ground her because she knew that she had us and we were going to be there even when she was kicking and screaming and being crazy having a temper tantrum, that I was going to sit there and I wasn't going anywhere.

Likewise, Heather's foster mother restated what Valarie had told her about how her ability to be consistent, helped Heather and her sister's success.

You and your husband do an awesome job, like being consistent, and showing love, at showing the kids, 'Hey these are our rules, but we're going to help you, we're going to help you. Like these are the expectations, but we're going to help you get to these expectations, we're always going to be by your side. And when you fail, we know you're going to fail, but we still love you.' We're really good at being able to tell them that. No matter what, we still love you. No matter if you make a mistake we still love you. And we're going to be there to help you to the next step.

Similarly to Tina, Samantha would also frequently verbalize the expectation that she was not going to leave Heather or her sister, and would work with them to become adopted.

Participants reported that their foster children often performed better in the home and at school when expectations, rules, and consequences were clear and consistent.

Casey reported a part of Emily's success had been attributed to "having the routines and structures in place so that things [were] more predictable." Similarly, Rachel believed

Nate had done well in their home because of their “willingness to be consistent and follow through with what we say we’re going to do.”

Conrad identified stability and consistency in rules as being a major factor in Kelsey’s ability to remain in their home, even though it took her some time to get used to having rules in a home setting.

Just the fact that there’s been a lot of stability out of us, and consistency. This is how we’re going to do things. If you want to go to your friend’s, we have to have a parent home. It’s the rule. It always will be. It’s never going to change and the fact that we didn’t give up after everything that we went through and I think that made a difference.

Stability and consistency in rules also helped foster children to succeed in the classroom and at school. Sarah reported that Caroline’s teacher was able to set rules and expectations which helped her to focus and complete her work in the classroom. Tina and Conrad collaborated and communicated with their children’s teacher to help create consistency with expectations on homework. These consistent expectations helped their children to follow through with work completion and to progress in their improvement in their academics.

Consistency was also described with the foster child and with the different systems as having consistent interactions with each other, such as with biological siblings and approved family members, therapists, and extended foster family members. These consistent interactions allowed foster children and adults to means to build and sustain relationships with each other. Participants identified that their foster child did better with consistent visits from approved family members or trusted adults. Melanie and Conrad made it a point to support her in visiting her siblings who were placed outside of their home. Conrad believed living with and seeing their siblings was important “because

they're never willing to trust people outside of that circle the same the same way that they trust each other." Nate was also able to continue visits with his brothers, one of which was also in foster care. Heather's reunification with her younger sister had a positive impact on her placement. According to Valarie, to "be able to all get back together and be placed together has been huge for her because she doesn't have to worry about where is her sister, you know who is with her sister, anything like that." According to Rachel, "following through with visits with his brother and nurturing that relationship was a significant factor in Nate's success in her home." Additionally, Darin was able to reunite with his biological sister while in his current foster home. His social worker described the impact of his renewed relationship with his sister.

He just recently started talking to his sister and that, you know, I think actually his adoptive mom feels that it was more not knowing how his sister was doing and now that there's contact it seems to have eased his you know, fears, and he's a little bit more relaxed, having contact with his sister. He didn't have contact with his sister since I have been involved.

Darin was also able to maintain the relationship he had with his previous foster-to-adopt home of 4 years. These visits with siblings and other family-like individuals are important to the foster child.

Furthermore, several foster children had consistency with the relationship they had developed with their therapist. Emily remained with her therapist when she was placed with Casey and Hannah. Her therapist was the one consistent adult in her life during the changes she experienced from her previous foster home. Caroline also had consistency with her therapist with whom she had been working with for the past 3 years. Similarly, Kelsey started to see a community-based therapist before she was placed into a residential treatment center. She was able to return to her therapist after she was

discharged, which helped her to work towards integrating into her foster home and accept her adoption. Having a consistent therapeutic relationship was viewed as helpful to the foster children, especially when other systems continued to change around them.

Lastly, all foster children were able to build relationships with extended family members or with members of the community. Some foster children were finally able to sustain friendships or take part in extracurricular activities because they have a consistent foster home placement. For example, Darin was in 12 different placements and had few chances to build friendships or get to know the other children in his neighborhood. With a consistent placement, he was finally able to begin making friends. Nate's foster mom reported that since he has been in her care, he had been able to join the basketball team at school and had developed friendships. Rachel believed that Nate feels he finally "has a lot of people who [are] rooting for him to succeed and [they have] the confidence in him that he can succeed."

Readjusting Roles and Supports

Foster parents reported their foster children did better overall when their social worker and other supportive people had an awareness and understanding of their needs. Foster families adapted to having a new child in the home by learning about and observing the foster child's reactions to certain situations. Ellen identified a good foster parent as someone who was sensitive to the child's needs and could accommodate them. She reported, "If they're not accommodating the child's needs then they trigger, sometimes these foster parents trigger kids more than helping these kids." For example, Ellen described Rachel and Andy's willingness to adjust their role of parenting in their home based on Nate's preferences and past experiences.

Rachel and Andy, they don't believe in violent video games, but they know that Nate loves playing video games and there's certain video games that Nate loves to play so some of them are video games where Rachel and Andy would never allow in their house, but they're accommodating to him knowing that. And they understand the type of environment that he came from before, and that was probably normal to him to play with those types of games.

Other foster parents identified adjusting their parenting position to fit their foster child's needs. Rachel made the most drastic adjustment when she quit her job as Nate's teacher in order to be able to be his foster parent. Melanie and Conrad learned through observation that Kelsey did not respond well to an authoritarian parenting style, a previous method used in raising their own biological children. Instead, they adjusted their parenting methods accordingly as they learned through trial and error about what worked with her.

Observing their foster child allowed foster parents to identify weaknesses and times when more supports would be needed. Based on their knowledge of their foster child's preferences and responses, each foster parent developed their own way to show support. For example, all foster parents identified unique ways their foster child liked to be comforted and helped when they were in distress. Emily would become soothed when she and her wife sat next to her when she was upset. Casey reported that they "don't necessarily have to talk but we would just sit and be together. That was always just helpful for her too. Like when she was ever in a difficult position emotionally."

Overall, each foster parent had to readjust his or her role as a parent to care for a foster child that had experienced trauma and had mental health and behavioral needs. At times their foster children needed a higher level of supervision and support. Then after earning trust and working on problematic behaviors, the foster parents again readjusted their supervision and support to allow for more autonomy. Similarly, teachers and other

school personnel were classified as effective when they readjusted their roles and supports given to the foster child. Even without formalized services in place, foster parents reported that teachers and school personnel demonstrated awareness and understanding when they would adapt the classroom and learning methods to fit the needs of the foster child.

Lastly, foster parents readjusted their roles when it came to interacting with the confines of the child welfare agency and with social workers. Many of the foster parents reported having preconceived ideas about the foster care system. Melanie and Conrad believed the child welfare agency and the court system would want to keep all siblings together. However, for Kelsey and her siblings, this was not the case. Melanie and Conrad were eventually able to modify their thinking and shift their perspective to include the concerns of the child welfare agency. Similarly, Samantha was able to understand her role in being a surrogate mother and in being an advocate for Heather after she met Heather's biological mother. Samantha updated Heather's family with recent photographs of the girls and gathered more information about their medical and developmental history.

Even though foster parents initially learned about their children's difficult background histories and possible diagnoses or behavioral issues from their social workers, the most critical information came through their own direct observations and interactions. This first-hand experience with the child allowed them to build their knowledge about their foster child.

Barriers

Every foster parent and social worker discussed numerous barriers that had impacted their child's success throughout the foster care system and their school settings. Many of the barriers seemed to reflect the opposite of the previous themes. For example, although clear communication might reflect a positive system interaction, poor or inconsistent communication represented a barrier. Consistency in the home or school setting reduced anxiety in the child, but not being able to follow through with a case plan or foster placement increased anxiety and caused disruption in a placement.

Even though several barriers were identified, every foster child's placement was ultimately deemed a success, which may be reflective of this unique sample of foster children. Even so, the identified barriers hindered the success in previous placements or slowed down the adoption process in the current placement. The identified barriers included frequent changes, lack of follow-through, rules and regulations, safety concerns, and being unprepared (see Figure 5).

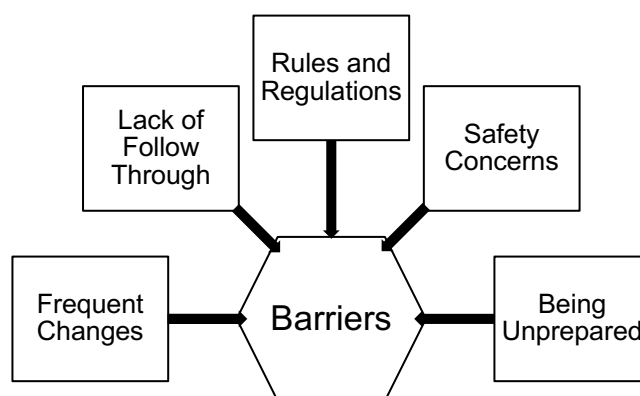


Figure 5. Subthemes of Barriers. This figure depicts the subthemes of barriers that occurred with the different system interactions of the foster child and supportive adults.

Frequent Changes

As noted in the literature review, the overall goal of the foster care system and the child welfare agency is to help children reunite with their families. As such, many of the policies and practices are oriented towards this reunification goal until it becomes apparent that this outcome is not possible. When the decision is made to terminate parental rights, the child welfare agency develops a plan for a permanent placement. Unfortunately, this process of adoption or permanency creates a multitude of changes for the foster child.

Initially, some children are placed into an emergency foster home when they enter foster care. Valarie explained that for emergency placements, "a lot of the time we just need a placement in general, and so sometimes [foster children] are just placed in whatever home has room or availability." Children are then placed into a temporary foster home while they wait for their biological parents to complete their case plan. Children may again be moved to a foster-to-adopt home when their biological parental rights' are terminated. Kayla explained, "we move [the foster children] a lot of times from foster home to foster home until we can find a good adoptive placement." Therefore, when foster children progress through to the adoption process, they will have had at least three different social workers, and may have been in at least two different foster homes. A change in social workers ranges from systemic reasons to a termination or resignation of the job.

Each foster parent described how a change in social workers had caused a disruption for their foster child. Not only was loss experienced, but also the need to start the relationship building process for both the foster child and foster parent. Emily's social

worker discussed her opinion on the difficulties associated with a change in social workers.

I think having different workers is a struggle because our kids don't understand why now you have a new worker. Whether it's from unit to unit, or people quit or people leave, and ok now it's a new worker. And even with foster parents, it's like, now I have to tell the story all over again. You know what's happened, what hasn't happened.

Additionally, Samantha described the difficulties her children experienced when they had a switch in social workers.

So with their second caseworker, it was not a good experience. It was actually really tough. It was someone that they didn't trust and it was someone that reintroduced some trauma, and that did not go over well. It was actually a really, really, negative experience. We only had him as a caseworker for about two months, and then termination happened.

Unfortunately, a change in social workers can cause a disruption in the success of a placement. Switching social workers was a challenge for not only the foster child and foster parent but also for the new social worker.

Other frequent changes occurred when foster children were moved around between different foster homes. These moves often arose after changes occurred to the foster child's reunification plan or from unmanageable behaviors. Kelsey's older sister was removed from the home because of problems in their interactions with each other. Emily and Caroline were also removed from each other and their brother due to similar difficulties in their interactions. Emily's social worker described the challenges experienced by Emily when she was moved away from her siblings.

She struggled originally with the move to her foster placement. Understanding that she wasn't going back to the prior placement and she really didn't understand why she had to move. But she couldn't really verbalize some of those questions, and you know trying to answer that in the most kid-friendly way, but also it's still a confusing situation to her.

Frequent moves impact the child's ability to build relationships with their foster family as well as with their social worker. They may lose contact with their siblings and not understand why that particular change was for the best.

As mentioned by participants and from what we know in the literature, these frequent moves often result in foster children being moved to new schools, which can hinder in the development of relationships (Dupere et al., 2015; South et al., 2007; Winsper et al., 2016). Tammy described her beliefs surrounding a child's need for stability within the school setting.

Kids are moved from school, to school, to school, they start over every single time, and that has an impact on them educationally because every school teaches different curriculum, so they're either playing catch up or learning every time that they move what another school does differently or where they're at. Every school has different standards. So I think that definitely impacts the kids when they're constantly moved around, just not getting that stability.

Various moves also increased the probability of disruptions in school placements. Darin's foster mother described his displacement pattern.

He'd be in the school, and then he would be in, like a group home, and then he would be with a family, and it'd be a different school, and then he would be back in the group home, and so his education was really interrupted.

Similarly, Kelsey's school placement was disrupted when she was placed into the residential treatment center over safety concerns. The moves in home and school placements, as well as with social workers also caused disruption in the continuity of information being presented and provided between each system.

Lack of Follow-Through

Another systemic barrier came from the difficulties experienced by the social worker and foster parent to obtain needed support services to the children. Most often, difficulties with communication and follow-through represented a barrier to accessing

these services. Foster parents described times when they had asked for services for their child and were ignored, denied, or had to wait for an extended length of time for services to be provided. Caroline's foster mother described her difficulties with accessing services that she thought were important and needed for her child.

We had a caseworker that was hard to work with, was hard to deal with, communicate with, and so like we had lots of concerns and needs and things that we wanted her to get and services. And it was hard to get those, just because of the lack of communication we had with her, our caseworker.

This lack of communication and action made Sarah feel like she was on her own in caring for the needs of Caroline. Casey had a similar experience with Emily's previously assigned social worker, "We did not really like her because she would not do what she said she was going to do, and it was just very frustrating." Emily had to wait five weeks to get therapeutic services because the necessary form was not completed in a timely manner by the social worker.

When communication and follow through were problematic, it impacted the care foster children were able to receive and damaged the relationships between the foster child's foster parent and social worker. Further, this mistrust sometimes spilled over on to the next social worker as some of the social workers described how these families had been hesitant and reserved towards them because of their previous experience.

Unfortunately, poor communication with members of the foster child's school system was challenging and interfered with how the family was able to support their child. Darin, Nate, and Emily were moved to different schools by their foster families so that their academic and behavioral needs could be met. Darin's previous school frequently relied on suspension when he would misbehave. Tina described this pattern and how it might actually have reinforced his negative behavior.

What ended up happening was he got routinely expelled or suspended, and the foster mom would pick him up, and he would sit at home and watch cartoons and play on the iPad, so there was really no incentive for him to change his behavior because it was to his advantage. I mean he got one-on-one time with the foster mom, he got to watch cartoons, he got to hang out and chill, and he didn't have to do anything.

Nate's social worker reported that the reason for his change in school placement was "they weren't willing to be as accommodating with his IEP, and they didn't have as much patience with his behaviors."

Foster parents were primarily responsible for deciding whether the school was meeting their child's needs. They were also responsible for communicating to the child welfare agency how their foster child was performing and behaving in the school setting. Foster parents described working hard to make sure communication was consistent and that there was follow through with educational services or IEPs. Unfortunately, the social workers in this study indicated that they did not have a lot of interaction with the school due to their own time limitations and identified responsibilities within the child welfare agency. Most of the social workers described becoming involved with the child's school system only when there was an IEP meeting or evaluation for special education. Therefore, social workers did not have a lot of information or knowledge about how the foster child was doing in their school.

Moreover, as a social worker, Valarie explained that some of the problems communicating with school system stemmed from the fact that social workers had limited information about a child's previous schooling and education. The child welfare agency often "don't know when they were with their biological family and how many schools that they've attended because there's not a general like school database where we can pull from." Biological parents are not required to disclose what schools their child had

previously attended and for how long. This hinders the information the child welfare agency can access, as they do not know where to look to obtain records. The Family Educational Rights and Privacy Act can also hinder the obtainment of records because in a lot of cases the child's parents are still their educational rights holder and have to provide permission for records to be released (The Legal Center for Foster Care and Education, 2013).

Sometimes, social workers identified that they were able to communicate with the child's biological parent about whether the child had missed a lot of school in the past. However, this information was not always provided or accurate. Valarie also reported that she had difficulty communicating with school personnel because they were unclear about what information they could disclose or ask about the foster child. These uncertainties created a breakdown in communication between school personnel and the child welfare agency.

Rules and Regulations

Several foster parents described the foster care system as “broken” and noted that the number of rules and regulations isolated them and their foster children. They were surprised by some of the processes and procedures in the foster care system with which they had to comply. Many of these policies related to the goal of reunifying families, such as mandated visits with biological parents and siblings. Foster parents recognized these visits as necessary but also as harmful and confusing for some of their children. Before Caroline's biological parent's rights were terminated, Sarah observed that Caroline would become more dysregulated after she had visits with her mother or siblings.

Heather's visits with her mother were inconsistent and increased her worries about her safety, as visits meant the possibility for reunification. Heather was fearful about returning to a home where she had witnessed domestic violence. Furthermore, Samantha described the impact this inconsistency had on Heather's adoption process.

When they're engaging and doing what they're supposed to be doing then of course adoption is not being looked at because the parents are engaging in what they are supposed to do. But during the times that they're not, then it's like ok we're heading towards termination because they're not engaging.

At times it appeared that Heather's biological parents were working on their case plan to get her placed back into their care. When they were following their case plan their visits would occur. However, when they were inconsistent and would stop progressing on their case plan, visits would stop, and the process of termination would start. Therefore, the reunification and termination process started and stopped depending on the biological parent's progress. Heather's parents eventually lost their chance to complete the case plan, and their rights were terminated.

Foster parents also reported a wide range of mixed emotions when following the rules and regulations of the foster care system. For example, after a parent's rights were terminated, the child was placed in a foster-to-adopt home or in another permanency program. Although this type of move might be seen as positive for both the adoptive parent and child, it was also challenging for some children due to their commitment and loyalty to their biological parents. Valarie explained that "99% of the time usually our kids regardless of what happened to them still want to go back to their parents because at the end of the day that's their family." This move can also be challenging because children have to learn what a safe and supportive home is like and learn a new set of expectations.

Another challenge identified by foster parents occurred with the legal processes of adoption. Melanie and Conrad described this aspect as the most challenging aspect of adopting Kelsey and her siblings. Initially, they communicated and coordinated with three separate social workers, all of whom had differing opinions on keeping Kelsey and her siblings together. Their first judge agreed to keep the children together. However, they were assigned another judge that did not agree with this decision. Conrad talked about this incident as being one of his worst experiences of working with the foster care system. He was “torn to shreds by that judge.” He felt that the judge “acted like we were criminals for trying to keep the kids together and we were stupid for doing it.”

Caroline’s foster mother also identified challenges with the legal aspects of adoption. Caroline’s adoption was placed on hold because her birth parents appealed their termination of rights. Due to the appeal process, Caroline and her birth mother continued with visits. However, Samantha believed these visits were confusing to Caroline and set her back.

Going from like being with us for a week and having you know the stability and regularity to then, we’re going to do a 2-hour visit with mom, and now it’s like she can get away with stuff when she’s with her mom for 2 hours, but then she comes home, and it’s like, that’s not ok. I think that definitely impacted her a lot too.

Clearly, there is a large bureaucracy within the foster care system that is confusing and overwhelming for parents to navigate. However, these rules and regulations are designed to help biological parents reunify with their children. The foster care system makes every attempt to support both the child and their biological family. If reunification is not possible, then an adoption or a permanency plan is put into place. Often by the time this occurs, children have been in foster care for an extended amount of time. As evidenced in

research, the longer a child remains in foster care, the more likely they are to remain in foster care (DHHS, 2015). Additionally, the impact of losing their biological parents combined with their past trauma and maltreatment can cause behavioral problems which could impact stability in a foster home.

Safety Concerns

Both foster parents and social workers identified safety concerns as a barrier to successful home and school placements. Foster parents' expressed safety concerns for themselves and their family, which was the main barrier in taking in or keeping a foster child in their home. There were background experiences such as a history of sexual abuse that would serve to dissuade foster parents from accepting a placement. Many foster parents expressed worry that a history of being sexually abused would result in sexually acting out behaviors from the child that might result in offending on their biological children.

A child's history of extremely dangerous behaviors was also a deterrent to foster parents and included suicidal and homicidal tendencies, arson, and aggression towards animals. Darin was removed from his previous adoptive placement of 4 years due to arson. Emily was removed from her previous adoptive home because of sexually acting out behaviors with her sister. She was also removed from an after-school program after repeatedly removing her clothes. Kelsey's was in jeopardy of losing her adoptive placement due to her substance use and noncompliance.

Another factor in a child remaining in the home dealt with the child's ability to reduce their problematic behaviors and behaviors that were seen as safety concerns. Emily was placed in an emergency respite shelter for three weeks before being placed

with Casey and Hannah due to safety concerns with her and her sister. Even when children are removed to keep themselves and others safe, this practice impacts the foster child's confidence as described by Darin's social worker.

The bouncing around is not healthy. It's really hard for them it affects their self-esteem especially when all of a sudden you have a temper tantrum and then the next day the caseworker is coming to get you. They know it has something to do with them and their behaviors.

All foster parents discussed their need to keep their families safe. When presented with the proposition to foster a child, they would initially try to identify children that would be a good fit for their family. However, some foster parents reported that they did not feel they were prepared to handle some of their foster children's behaviors. Even so, asking for a child to be removed due to safety concerns was often identified as their last resort.

Being Unprepared

All foster parents received some information about their foster child before they were placed with them. However, some foster parents expressed wanting to know more about their foster children, which would have helped them to feel more prepared to care and provide for their needs. Emily's foster mother described not knowing what to expect when she went to pick her up. "We really didn't have a lot of information. We didn't get the red folder that has all of her forms and stuff until like a week after we had her."

Other foster parents reported that what they were told did not match with their experience of the foster child. This was true for both Darin and Nate's foster parents. Incorrect or limited information created anxiety in the foster parents and left them feeling unsure when difficulties arose. Being or feeling unprepared was also identified as a barrier in the stability of foster children remaining in kinship placements.

Valarie noted that kinship foster families did not get the same amount of training so at times can they be very unprepared to support and care for the children placed in their homes. Surprisingly, this pattern was true for four out of the six children. Emily and Caroline were first placed with their grandmother, but she could not adequately care for them nor keep them safe. Kelsey and her siblings were also placed with their grandmother and experienced a similar situation. Lastly, Nate was placed with his older brother who was unable to care for him and his own family at the same time. Although kinship care is the desired outcome to keep the child in touch with his or her extended families, it sometimes results in another placement change.

Social workers also described feeling unprepared to care for the children in their care in regard to the challenges that occurred when they were transferred cases. Social workers would meet to "staff the case" and discuss the child in a 20-30 minute meeting. Kayla discussed the limited amount of information that was provided to her when she was transferred to Darin's case, as well as another foster child's case.

I wasn't told anything. All of a sudden the previous caseworker gave her two-weeks-notice and then I learned about it. Yeah, you don't get to really, a lot of time we don't know much at all. You know we might have a staffing like a 20-minute meeting to just kind of talk about the kids, or half-hour or whatever. Yeah, we don't really know much of anything. You are so busy that it's like if you're lucky to get that. Other times you know I just got to, I just got a case recently where a child I just moved to an adoptive home, and I didn't know anything. The caseworker was so busy, and I was so busy before she left, we didn't even get to have a staffing where we talked about this little girl.

Even with the limited amount of information, social workers identified that they worked hard to try to get to know and understand the child in their care. Feeling unprepared was a part of the job.

Conclusion

This chapter introduced the stories of six children in foster care as told through the perspectives of their foster parents and social workers. These cases highlighted their unique experiences in the foster care system and described how they demonstrated resilience as seen by their foster parent and social worker. The broad themes of resilience in children, protective factors, helpful interactions and barriers found in system interactions, as well as the subthemes for each, further described how these constructs were exemplified in the children and their families. By focusing on youth in foster care who had found stability, I was able to begin to understand how the child, family, and broader systems worked together to help continue on the path toward adoption and a permanent placement.

CHAPTER V

DISCUSSION

Half of all foster children experience at least one move to a new placement during their time in foster care (Connell et al., 2006). With each new foster home, they experience new losses associated with changes in caregivers, peers, and schools. Unfortunately, numerous placement moves can negatively affect developmental outcomes (Herrenkohl et al., 1994) and increase academic (Dupere, et al., 2015; Grigg, 2012) and behavioral problems (Newton, Litrownik, & Landsverk, 2000; Oosterman et al., 2007). Given the negative consequences of frequent moves, it is imperative to explore resiliency factors, protective factors, and the systems surrounding foster children to identify strategies that may increase their stability in placement. The primary purpose of the study was to understand how foster children who had stabilized in their foster homes demonstrate resilience as perceived by the significant adults (i.e., foster parents and social workers) in their lives.

Using bioecological and resilience theories as a framework and a phenomenological approach as a methodology, I examined adult perspectives of resilience and how these adults worked with other systems to promote positive outcomes in their foster children. My analysis was based on 12 interview transcripts from foster parents and social workers of six foster children in stable placements. Analysis of the interviews highlighted the characteristics of resilience, internal and external factors that

contributed to success and stability, and the barriers foster children and families faced on their journey towards adoption.

Four common themes emerged from the interviews: resilience in foster children, protective factors, helpful interactions, and barriers. Each of these themes had various subthemes that defined aspects of resiliency in this population. A theme map (Figure 4) was developed to capture a visual model of how each theme impacted the placement of these foster children. Overall, resilience and protective factors, coupled with helpful interactions aided in the ability of foster children and their foster families to overcome barriers and increase the stability of their placements. With continuity in their placements, these foster children had more time to build relationships with their caregivers, peers, and teachers. By developing a better understanding of what facilitates this resiliency in foster children, social workers and others who work with this population may be able to offer supports that enhance this positive adaptation.

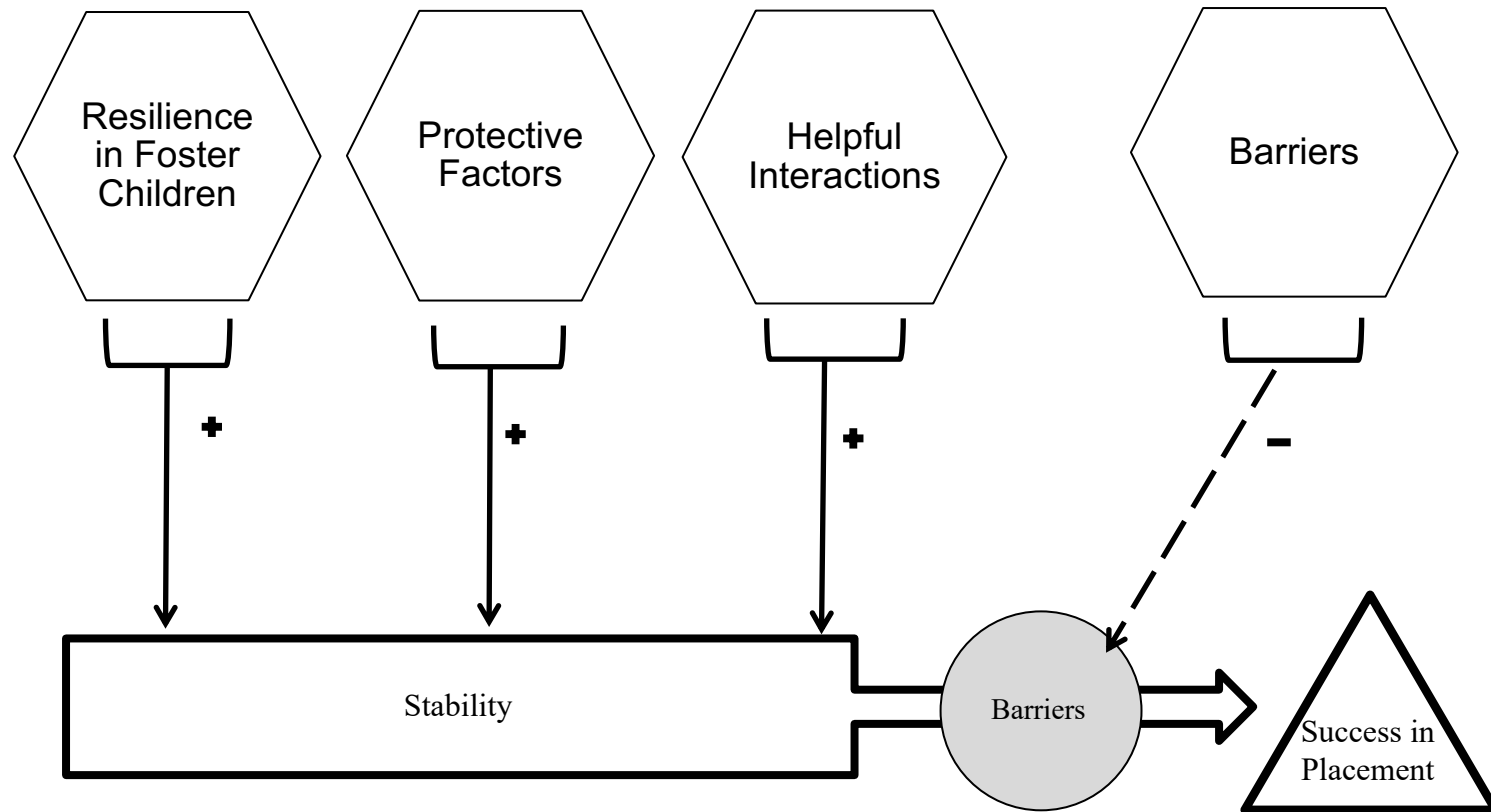


Figure 6. Theme Map. This map depicts the overall themes identified in the interviews of the six cases, and each themes possible effect on the stability of the placement. The stability of the placement helped to overcome barriers the foster child and foster family faced that led to a successful placement.

Guiding Questions

The first goal of the study was to identify the resiliency factors of foster children in stable adoptive placements. Participants viewed resilience as the ability to adapt and move forward after a traumatic experience, which aligned with the consensus in research that resilience refers to the capacity of “adapting successfully in the context of adversity” (A. Masten & Monn, 2015, p. 298). Participants primarily identified resilience through observed behavior changes such as the reduction of problem behaviors and the increase of prosocial behaviors, the development of relationships, the understanding of past maltreatment, and the increase of confidence and self-identity.

Most overtly, resilience was identified when foster children showed a decrease in problematic behaviors and an increase in positive and prosocial behaviors. Addressing problematic behaviors in foster children is vital because challenging behaviors are known to increase the likelihood of a placement move (Aarons et al., 2010; Koh et al., 2014; Leathers et al., 2012) and reduce the likelihood of adoption (Leathers et al., 2012). In this study, the reduction in problematic behaviors seemed to occur after the foster child accepted help and support from significant adults. As is known, the fundamental process for adaption and overall development comes from the attachment relationships with caregivers (Fergus & Zimmerman, 2005; A. Masten, 2001; A. Masten & Coatsworth, 1998). The adults in the study frequently offered support by demonstrating and encouraging the use of healthy coping skills, giving foster children the space to practice and improve positive behaviors. Additionally, the foster children’s acceptance and support from adults also coincided with a substantial negative event (e.g., hospitalization, threat of being removed from the home, removal of siblings from the home). Therefore,

perhaps some foster children must have to experience a significant negative event where they must develop a trusting relationship in order to successfully adapt. A process similar to infants in their attachment to adults, where they have to depend on adults to get their needs met, and which opens them up to learning other skills such as how to regulate their emotions (A. Masten & Coatsworth, 1998).

As foster children were able to allow themselves to trust their caregivers, their relationships and attachments subsequently grew closer. Through this trust, foster children began to feel comfortable to express aspects of this attachment, including labeling foster parents as mom and dad, asking for help, and seeking out comfort. Further enhancing this trust was the continued devotion of foster parents to help, love, and care for their foster child. Therefore, foster parents who are able to provide consistency, support, and love, even when their foster child experiences enormous struggles, may influence foster child's expression of resilience because they feel comfortable and supported by the relationships they have developed.

This strengthening of relationships and attachments may have also contributed to the foster child's growth of self-identity. For foster children, the external markers of developing self-identity included taking care of oneself (e.g., better hygiene) and projecting an increase in self-confidence. Foster children also came to understand their past abuse and neglect (i.e., talking about past abuse, understanding that their biological parent's behavior was unsafe), while also not allowing it to be their defining characteristic. As foster children worked to develop an identity separate from their abusive pasts there seemed to be an internal process that was unique to them. Even though adults recognized these apparent changes in confidence and self-identity, they are

personal and internal attributes that would be important to understand from the foster children's perspective.

The findings from this study were similar to other research related to resilience in foster children. For example, resilient foster children exhibited socially acceptable behavior, developed relationships with adults and peers, improved in schoolwork, increased self-esteem (Drapeau et al., 2007), and showed a reduction in emotional and behavioral problems (Leve et al., 2012). As this study represented a point in time, it is not possible to say how these aspects of resilience developed longitudinally. Even though the participants' stories helped to provide some of this detail, more information is needed on the specific developmental process of resilience.

The second research question explored how system interactions contributed to the success of, or acted as barriers, to a placement. One way to determine success was by the sustained placement of the foster child in a foster-to-adopt home. To identify helpful interactions and barriers impacting stability, the micro- and mesosystem of the foster child and family was examined. Helpful interactions included effective communication, consistency, and the ability for people within systems to readjust their roles and supports. Barriers were identified as frequent changes, a lack of follow-through, rules and regulations, safety concerns, and being unprepared.

The most crucial system interaction benefiting the success of a placement was effective communication. Foster parents were the chief communicators between the child and the child welfare agency, the child and the school system, and between the school system and the child welfare agency. When there was effective communication between these various systems, foster parents seemed to feel supported in their parenting and it

helped them to navigate their children's behavioral and mental health concerns.

Therefore, effective communication was paramount in helping foster parents get the support services they needed to be successful caregivers. In turn, these services help foster parents feel less stressed and can improve their confidence to provide care (Cooley, Farineau, & Mullis, 2015).

As noted, consistency in the form of support, care, and discipline helped foster children feel secure. Consistent but fair rules also assisted foster children to develop healthy habits (Affronti, Rittner, & Semanchin Jones, 2015) and to get a handle on their ever-changing world (Semanchin Jones, Rittner, & Affronti, 2016). Similarly, just as the consistency of foster family support was necessary for foster children to build trust, consistency was an important aspect for all systems to build trust in each other to reach the goal of adoption. Perhaps, consistent expectations and goals for the foster child led toward the success of a placement only when every system shared that goal and collectively moved to reach it. For example, placements appeared to become stable when all systems jointly helped the foster child move towards the goal of adoption. These systems included the foster child, their biological family, foster family, therapist, teachers, and the child welfare system. All must work together to create an environment of consistency for the foster child to help them stabilize in their placement.

However, not all consistency was beneficial to a placement. Consistently living with biological siblings only facilitated placement success when interactions were positive. Generally, foster children behave better when they can continue to see and know how their siblings are doing, perhaps due to the reduction in their anxiety and uncertainty about their brothers or sisters' well-being. Additionally, being placed with siblings has

been shown to reduce placement moves (Konijn et al., 2019), especially when all siblings are placed together (Sattler et al., 2018). In this study, one whole sibling group was able to remain together, which may have aided in the stability of that placement. In three other cases, one or more sibling interactions were identified as harmful and thus were not conducive to the continuation in the placement. Even so, consistent interactions with siblings, even if only through visits, appeared to allow foster children to feel more at ease in their placements which was similar to past research on sibling relationships in foster care (Affronti et al., 2015).

Frequent changes in placement not only disrupt the relationships foster children have built with their foster families, it may also create additional disruptions to other systems, such as with the school system or child welfare system. Even in a stable placement, foster children may continue to experience changes in the systems they interact with including social workers or therapists. These changes may further disrupt the communication and follow-through of expectations and goals. All of the foster children in this study had experienced a placement disruption in the home or school setting. At times this placement change negatively impacted the follow-through of support services and the communication between systems that was needed to address a problem with the foster child. For example, moving schools may disrupt the testing needed for special education services and the necessary interventions to improve learning. Providing services to overcome problems (i.e., effects from maltreatment, learning difficulties, behavioral problems) is essential because if not addressed, these issues can increase the likelihood of a placement disruption (Eggertsen, 2008; Sattler et al., 2018; Wulczyn et al., 2003). In this study, several foster children were moved from a

previous placement due to behavior issues. Some of the current foster parents feared that if their foster children did not get the needed support services they were in jeopardy of being removed again.

Another barrier to foster families was the lack of adequate information about their foster child. Ultimately, the decision to take in a foster child must be made by the foster family and many were less likely to accept a child with severe behavior problems or a history of sexual abuse. Foster families may be hesitant to accept children with a history of sexual abuse because they believe these children have higher rates of sexually acting out behavior and worry about the safety of the other children in the home. Foster parents may also not feel prepared to manage these challenging behaviors. Without sufficient information about the foster child, they may not have their own supports in place to ensure safety in the home.

Lastly, barriers in system interactions occurred from the complex foster care system and legal processes of adoption. For example, many foster parents felt the visits their foster children were required to attend with their biological parents were harmful or even traumatic. After these visits, some foster parents reported that their foster children's behavior declined. Additional frustrations were expressed about needing permission for small matters such as being driven around by a family friend or attending a sleepover at friend's house. Foster parents felt they should be able to make these decisions on their own and expressed that these rules created an environment of otherness with their foster children. These findings were consistent with the qualitative work of Cooley, Thompson and Wojciak (2017) who found that foster parents described the foster care system as "broken" because the court-mandated steps and complexity of the foster care process (p.

37). Consequently, foster parents may benefit from being provided with as much information as possible about the foster care process so they can prepare themselves and their foster children for any upcoming challenges. Additionally, comprehensive information about the foster care system may prevent placement disruptions and improve negative attitudes and beliefs about the foster care system (Khoo & Skoog, 2014).

The third research question addressed the interactions of systems that might serve as protective factors in helping foster children be successful in their placements. For this study, protective factors were mainly identified within the foster family, as parents provided daily interactions that had the potential to influence the success of their foster child. Additional protective factors were also identified within the foster child. Together, the protective factors included an encouraging and supportive home environment, adequate training and experience among parents, dedication, and the internal characteristics of the foster children.

A foster family's ability to provide a "warm, stable, and predictable environment" has been identified as the most important protective factor in a foster placement (Zabern & Bouteyre, 2018, p. 334). A willingness to be engaged in a foster child's life can also lead to a sense of belonging that creates an encouraging and supportive home environment (Storer et al., 2014). In this study, the ability to provide a safe and encouraging home environment seemed to provide reassurance and a positive platform for foster children. Foster parents and other foster family members pulled together to find ways to support each other. This encouragement towards each other was paramount in creating a safe environment for their foster children, even when they were acting out or were threatening to hurt themselves or others. Research has indicated that foster parents

who felt that they had social support were better able to handle their foster child's problematic behaviors and other stresses associated with fostering (Cooley, Thompson, & Newell, 2018).

Adequate training and experience in understanding foster children and their needs were identified as another protective factor. Participants in this study had been trained in trauma-informed care, but it is not clear how widespread this type of training is for all foster parents. With this type of training, foster parents were able to understand problematic behaviors within a trauma framework and change their view on “bad” behaviors. They also developed an increased awareness of how trauma may have affected the neurodevelopment of their children. Trauma-informed parenting has been shown to decrease the prevalence of foster parent requests to change placements for foster children with higher levels of behavioral and emotional needs (Sullivan, Murray, & Ake, 2016). Additionally, extensive training or experience may allow foster parents the ability to implement behavioral and emotional supports in their own home, reducing their reliance on the child welfare agency's support services.

One important theme that emerged as a protective factor was termed “dedication” and seemed to reflect this absolute belief, commitment, and perseverance in maintaining their foster children in their homes. One way foster parents expressed dedication was through verbal reassurances of a continued placement and love. Research has indicated that when foster parents exhibit "claiming behaviors" towards their foster children, they are better able to adapt to their new home environment (Semanchin Jones et al., 2016). An example of claiming behavior occurs when foster parents treat foster children as their own. For example, foster parents introduced their foster children as their son or daughter

and did not include the label of “foster.” Another example is that of collaborative problem-solving. Foster parents expressed dedication when they were continually willing to work with their foster child on challenging behaviors. Foster parents modeled healthy coping skills (i.e., counting to ten, slow breathing) and guided their foster child on ways to solve social and behavioral problems. Additionally, foster parents verbalized their dedication to continue to love and care for their foster child, even after challenging behaviors or situations.

Lastly, participants identified aspects of their foster children's internal characteristics as protective factors aiding in the success of the adoptive placement. The most notable internal characteristics were the foster child's intelligence, humor, helpfulness, kindness, and perseverance. Other known internal protective factors include agreeableness, optimism, a belief in a sense of meaning, and the capacity to self-regulate behaviors and emotions (Zabern & Boutheyre, 2018). Perhaps these internal characteristics improve and strengthen the attachment between the foster child and the foster parent. However, little has been researched about internal characteristics with parent-child connectedness in foster-to-adopt children. Though research on parent-child connectedness has revealed a sense of togetherness and the ability to get along well as protective factors in the parent-child relationship. Having a high degree of connectedness was also identified with a child's ability to trust adults, build confidence, and build social skills (Lezin, Rolleri, Bean, & Taylor, 2004).

Overall, protective factors that involve the foster parents appear to develop from the characteristics of resilience within themselves. Even though characteristics of resilience were only identified in the foster children, in telling their stories foster parents

described their own ability to overcome adversity and hardships while navigating the foster care system. Therefore, resiliency in the systems within which foster children interact may contribute to their own resiliency. This was especially true for foster families, but it also emerged for some in relation to school. When children in foster care had a good connection with their teachers and the foster families had solid communication with school personnel, it seemed to strengthen children's performance and success in that system. Therefore, resiliency may not only be important to the child, but to the whole system such that each component (e.g., family, school, social worker) is able to adapt to adversity (Kaplan, 2013; A. Masten & Monn, 2015) and be resilient.

From the interviews about the foster children's stability, a revelation occurred about each system's resilience, especially within the family system. Foster families demonstrated resilience and the ability to adapt to changes that their foster child brought into the dynamics of the existing family. All foster parents worked with their foster child on behavior and educational challenges and drew upon their past professional or personal experiences. Challenges included helping foster children learn to use appropriate coping and social skills. Additionally, behavior change was seen over time and was also sustained.

The resilience characteristics found in foster children, coupled with the protective factors and helpful system interactions, combined to combat the barriers associated with the foster care system. Notably, foster children reduced their problem behaviors while living in an encouraging and supportive home where effective communication between systems occurred. Therefore, a breakdown in one of these key elements may contribute to placement instability, but when all are present, there is greater resistance to the natural

challenges and barriers that are inherent to the foster care system. The relationships and connectedness between the foster children and foster parents also appeared to be key features in bringing out resilience in foster children and in promoting stability in the home setting. The stability of the foster-to-adopt placement helped to promote stability within the school setting because foster children were no longer moving between placements. Every foster parent reiterated their investment in their foster child's education and success in the school setting. Therefore, a system's ability to adapt to the complexity of changes in foster care appear to contribute to the development of resilience and the stability of foster children.

Implications and Recommendations

By understanding the resilience and protective factors of foster children in stable placements, systems such as schools, foster families, and child welfare agencies can work to promote interventions that help to build and support resilience. One intervention may be to put into place prevention services. For example, incorporating the complexity of the foster care system that include aspects of trauma-informed care into pre-placement trainings. Foster parents may be able to put into place their own prevention services if they are able to have adequate information on the foster child's needs and history. Therefore, prevention services in the child welfare agency could include increasing the amount of information families know about their potential foster children. These prevention services may help reduce the degree of behavioral issues and stress foster families and other systems feel.

Even with excellent preparation for foster parents, many foster children will struggle with emotional and behavioral challenges. One method to help prepare families

is to provide programs and interventions that decrease problem behaviors and increase the development of positive and supportive relationships. Previous studies indicate that interventions can improve relationships with foster parents and peers, as well as improve a foster child's behavior and mental health problems (Leve et al., 2012). One of the most researched interventions, Keeping Foster Parents Trained and Supported (KEEP), has been shown to reduce externalizing behavior problems and placement disruptions (Price, Chamberlain, Landsverk, & Reid, 2009). KEEP was designed for foster families serving typical (not high needs) children ages 4 to 12, and provides tools for dealing with externalizing behaviors, trauma, and emotional problems. The goals of KEEP are consistent with the findings of this study where foster parents were able to enact some of these strategies to positively impact their foster children's resilience and protective factors.

This program is offered in a 16-week format where foster parents are taught how to create a safe environment, balance encouragement with limits, and learn how to manage the stress of foster care (The California Evidence-Based Clearinghouse for Child Welfare, 2018). Improvements in these areas are necessary because, as evidenced in this study, relationships with caregivers, improvements in problematic behavior, and supports offered to the foster parent, are significantly related to a foster child stability. This training may also help to build resiliency in the foster family which may further improve resiliency in the foster children they care for.

Additionally, providing training to foster families on trauma-informed parenting has been identified to be useful in managing foster children's difficult behavior and reducing placement disruptions (Bartlett & Rushovich, 2018). As noted, all of the

families in this study had received this type of training which may have contributed to the stability of the children's placements. A newer intervention, ARC Reflections, is a trauma-specific training for foster parents and was created on the principles of attachment, self-regulation, and competency (ARC) (Dym Bartlett, Rushovich, & Todd, 2017). ARC Reflections is a nine-course training program providing foster parents help in increasing their understanding of trauma to support recovery. Through this program, foster parents can increase their knowledge of resilience, trauma, and emotion regulation. Preliminary findings indicate that this training can increase family protective factors to improve parent-child attachments, decrease placement disruptions, and reduce the closing of foster homes (Dym Bartlett et al., 2017).

Similar to this study, ARC Reflections-trained foster parents identified the usefulness of the trauma-informed training they received to provide care and better understand their foster child. Specifically, training increased foster parents' use of trauma-informed parenting skills, increased the tolerance of problematic behaviors, and boosted the foster parents' sense of worth (Dym Bartlett et al., 2017). Even though ARC Reflections is relatively new, this training and others like it show promise in helping child welfare agencies educate foster parents on trauma, protective factors, and resilience in foster children. Therefore, training foster parents and other systems to be trauma-informed may increase placement stability, especially in foster children with externalizing behavior problems.

Both of the trainings above targeted foster parents as the medium for change in the behaviors of foster children. This may be because the development of supportive relationships between caregivers and foster children has been identified as a vital

component for building understanding and trust with the caregiver (Mitchell, Kuczynski, Tubbs, & Ross, 2010). One way foster parents have aided in the development of the relationship was through the creation of a personal narrative about who the foster child is and where he or she came from (Fergeus, Humphreys, Harvey, & Herrman, 2019). In this study, positive changes with the foster child appeared to be driven by the development of the relationship between the foster child and his or her foster parents. One technique all foster parents used to build trust was to continuously verbalize their willingness to parent, care for, and love their foster child, no matter the circumstance. Foster parents not only encouraged and worked on the relationship with their foster child but also encouraged positive relationships outside of the foster home. Relationships included those with peers, extended family members, and approved biological family members. Furthermore, the development of relationships, especially with the foster children's siblings, aided the children in their ability to accept being in the foster care system and to adapt to difficult circumstances. Relationships are important for all children but for foster children having a rich network of supportive adults who represent both their past and future seems to be especially critical.

Information provided by foster parents and social workers revealed that resilience was attributed to the ability of the overall system to adapt to and meet the needs of foster children. That is, the resilience of any one system also influences the resilience of the foster children that are served. Consequently, child welfare agencies may benefit from assessing resilience and adaptability in their current and perspective social workers and foster parents. This can be completed through different resilience measures (Madewell, Ponce-Garcia, & Martin, 2016). Social workers with higher resiliency can help children

and families adapt to inevitable changes within the child welfare system. Social workers with higher resiliency may experience less burnout reducing the likelihood of a foster child changing social workers. Placing children identified with lower resiliency with higher resilient foster parents may improve the development of resilience of foster children as they learn how to adapt and cope. Furthermore, resilience may also improve if the individuals (e.g., teacher, child care providers, social workers) in the systems that interact with foster children have undergone trauma-informed training. Research points towards the need for trauma-informed training within the school system as a means to better understand and work with foster children (Crosby, Day, Baroni, & Somers, 2015). Therefore, trauma-training for all social workers, foster parents, teachers, and school personnel may improve outcomes for foster children and other children who have experienced adversity.

In this study, all foster children were described as improving academically while in their current placement. Even though there was a lack of access in academic records and the inability to obtain interviews with teachers, a foster child's stability and relationship with his or her teacher appeared to have positively impacted academic success. As we know, assumptions from research indicate consistency in a school placement facilitates the building of positive relationships with teachers and peers, and increases consistency in learning (Grigg, 2012; Pears, Kim, Buchanan, & Fisher, 2015). Therefore, if possible foster children should remain the their school of origin. Additionally, an increased collaboration between the child welfare system and the school system will help to ensure consistency in learning and increase the building of trusting relationships.

Every foster parent and social worker discussed the difficulties of collaborating with the child welfare agency and the school system. Within each case unit, participants experienced at least one difficulty associated with collaboration between the child welfare agency and school, including a lack of educational knowledge about the foster child, an inability to provide needed services to the child, and poor communication between the school system. These types of collaboration difficulties have been identified as a barrier to school success in foster children (Zetlin, Weinberg, & Shea, 2010). The difficulty of knowing the child's past educational experiences may also be complicated by the difficulty with obtaining school records. Biological parents are not required to disclose to child welfare agencies what schools their child had previously attended and for how long. This can hinder the information child welfare services can access. Other times, educational records are unknown to child welfare agencies due to frequent moves before placement, a lack of schooling, or lost records. Fortunately, with the enactment of the ESSA, foster children will have more protections in staying at their school of origin (ESSA, 2015) hopefully reducing the potential for frequent school moves that can occur with new foster placements and the loss of records. Next steps should include an evaluation of the implementation of ESSA to ensure that this legislature reduces the number of school changes among children in foster care.

Lastly, communication and the breakdown of information were critical elements of this study. For example, foster parents are often responsible for communication between the child welfare agency and the school system. However, foster parents often did not hold educational rights and therefore could not make any educational decisions for the foster child. This hindered foster parent's ability to collaborate with the school

system and to have their concerns addressed, as they needed to first go through the educational rights holder. All systems should make a point to work together towards effective communication to increase collaboration among the different entities that surround children in the foster care system. Clear, consistent, and frequent communication is needed to support the success of those who work with foster children as well as the children themselves. To increase communication, professional development may be needed for child welfare workers, foster parents, teachers, and educational liaisons, to understand and provide guidance on the rights of children in foster care.

In terms of children who are of school age, school psychologists or educational liaisons may be essential in helping students in foster care transition to their new schools if this type of change is unavoidable. Plan for students to transfer midyear by keeping copies of school notices, newsletters, and school procedures. After enrollment, use sample assignments and tests to determine and gain an understanding of the student's instructional level and help with credit recovery if applicable (McKellar & Cowan, 2011). School psychologists can be helpful in tracking down educational records, especially if there were previous special education services. If necessary, they can advocate for prompt enrollment even without appropriate records based on FCA and the ESSA. School psychologists can also be especially helpful as a point person who maintains consistent communication with the foster family to let them know how their child is adapting, to put preventive programming in place, and to troubleshoot any concerns early on.

Students in foster care may have unique needs related to their educational and placement instability, including social skill deficits, behavioral problems, and gaps in

their academic achievement. School psychologists need to understand the vulnerabilities of these students and create supports within a multitier framework (Palmieri & La Salle, 2017). These can include individual and group social skills supports, access to social and emotional curriculum, and trauma-informed mental health services. School psychologists can also provide a safe, stable, and caring environment within the school setting by consulting with teachers of students in foster care to promote clear expectations, structured classrooms, and natural consequences. Lastly, school psychologists can help provide a continuum of services for this highly mobile population by creating clearly written behavioral and academic expectations in their educational records. School psychologists of students in foster care should update and complete records for any possible moves and to make sure future educators are able to understand and implement any needed social-emotional, behavioral, and academic supports.

Limitations

This multicase sample was taken from one county in a Rocky Mountain region and included foster-to-adopt children that were doing well in their placements. Thus, some limitations have been identified due to the study sample and the mode of data collection. For example, transferability of the results may be limited in other regions because of training and policy differences. Additionally, all foster parents had extensive professional training or personal experience in education, behavioral management, or in the foster care system. They were also trained in understanding and dealing with trauma by their county's child welfare department. Their training may have influenced how they treated and viewed their foster child's resiliency and improvement. Additional research is

needed to assess the transferability of resilience and protective fosters of foster children in other regions.

Related to this issue, there may have been a sampling bias may because sample selection was completed by one representative of the child welfare agency. The representative was asked to choose foster-to-adopt families of foster children who were doing well. Not only may this representative have chosen some of the most well-prepared parents, but participants may have felt pressured to comply after being contacted by this person. Participants may have also withheld less favorable information or beliefs surrounding their experiences with social workers or foster parents out of a fear of harming the working relationship.

Multicase studies typically include an examination of artifacts, records, observations, and multiple interviews within each case. However, this study was limited to secondary interviews as the primary instrument of data collection. Additionally, the information gathered may have been limited by the mode of data collection. Most of the interviews were conducted over the telephone, which may have reduced the dialog and empathy needed in discussing an emotional subject such as foster care and trauma. Furthermore, interviews were typically completed with one parent which may have reduced the completeness of the information about the foster child. If interviews with parents were conducted with both parents present, the interactions and communication style between foster parents could have been documented and used to enhance the data collected.

Multicase studies typically include an examination of artifacts, records, observations, and multiple interviews within each case. However, this study was limited

to secondary interviews as the primary instrument of data collection. Since interviews with foster children were not permissible, the multicase study was designed to include interviews with individuals the foster children interacted with the most (i.e., foster parents, teachers, and social workers). Unfortunately, teachers were not accessible due to the variability and access of the educational rights holder. Therefore, the foster child's foster parent and social worker provided their perception of how the child was doing in the school setting rather than direct dialog with someone within that system. The additional perspective of the foster child's teacher may have influenced the context of resilience and identified additional barriers within the school system.

Another threat to trustworthiness may include maturation, where the foster child and the systems they interacted with matured and developed in a natural progression of resilience. Resilience has been related to physical and cognitive outcomes (Yousafzai, Rasheed, & Bhutta, 2013) and should be examined as a process that evolves over development (Panter-Brick & Leckman, 2013). Therefore, as children become older, they learn to control their emotions and how to care for themselves. Communication skills, the ability to process and understand abstract information, and cognitive development also increase. All of these characteristics were identified as factors of resilience and are therefore difficult to parse out from the natural course of development.

Lastly, to enhance credibility, a single-case analysis was sent out to each participant for review. However, one foster family could not be reached and a social worker for three cases was unavailable as she had moved on from the agency. Fortunately, each case had at least one participant who provided input on the credibility of the analysis. Even though this study contained various limitations, the findings

nevertheless contribute to the growing research on the scarcity of perspectives on foster children and their resilience as it relates to stability.

Future Directions

For too long, research on children in foster care has focused on the factors that cause instability in placements, rather than those that promote stability. The emerging themes from this study suggested that resilience in foster children who are in the process of becoming adopted may be influenced by the resilience of the systems with which they interact. Most notably, foster parents' use of effective communication, consistency, providing a supportive home, and seeking out additional supports helped to promote resilience in their foster-to-adopt children. Future research should continue to explore the resilience of foster families in how they adapt and remain dedicated to their foster child. The examination of resilience in foster families may help to identify how to build resilience and stability in prospective foster families.

Similarly, resilience factors related to other systems surrounding foster children such as school settings, child welfare agencies, and broader communities should also be examined to identify how these systems influence foster children's resilience. For example, an evaluation should be completed of the school system's effect on a foster child's stability in the home and the school setting. Similar to foster parents' daily interactions in observing minor changes over time, teachers may be better suited to provide nuanced examples of resilience in the school setting. By identifying the characteristics and factors that promote resilience and stability in school placements, interventions and prevention techniques may be developed to help foster children thrive and succeed in their educational settings. By enhancing the protective factors in home

and school settings, we may be able to increase the likelihood that more children in foster care will experience stable foster placements.

Additionally, there is a need to understand the perspective of the foster child and their experiences in what they believe has helped them to succeed in their placements. Understanding foster children's perspectives on resilience and their process for accepting adoption would lend to a deeper understanding of how to promote stability in placements. Likewise, it is important to identify the factors that have helped them to succeed in school and feel supported while in foster care. With this information, changes could be enacted to further support foster children in their home and school placements.

Placement stability has been a concern of the child welfare system for decades (Oosterman et al., 2007) because multiple placements negatively affect the outcomes of children in foster care. Some siblings of foster children helped them to remain stable in their placement, while other sibling relationships were detrimental and harmful. Future research should focus on sibling interactions, the determinates of when to continue the relationship and when to separate, and the longitudinal success of stability based on these decisions. Placement stability has also affected school success and has influenced the recent passing of the ESSA to complement the protections provided by the FCA (U.S. Department of Education, 2016) and reduce school displacements of foster children (ESSA, 2015). In 2017-2018, school systems were required to begin collaborating with child welfare agencies to determine a foster child's best school placement and to provide transportation to that school of origin if it was identified as the most appropriate educational setting (Whalen, 2016). Therefore, future research may be directed toward evaluating how school systems, including school psychologists, and child welfare system

collaborate in determining the best placement for foster child. Additional research may also be needed to evaluate the evolving needs of students in foster care and the effectiveness of this legislation in reducing school moves among foster children.

Conclusion

By using qualitative research through a multicase study, I hoped to understand the resiliency and protective factors that contributed to foster children's ability to overcome adversity and remain stable in a placement. Stories from their foster parents and social workers highlighted a web of resilience that worked together to overcome the barriers leading towards stability and adoption. Results suggest foster parents are essential in the development of resiliency and in keeping their foster child on track in their education. Foster parents were also influential in the development of their foster child's resilience. Common resiliency factors in stable foster-to-adopt children included the ability to reduce problem behaviors and develop healthy relationships. Effective communication was also essential in the interaction between the systems with whom the foster child interacted. Lastly, the compatibility and parent-child connectedness between foster parents and foster children seemed to continue the commitment of the foster family towards adoption. However, foster parents sometimes struggled to find adequate support and services for their child due to a lack of follow through and from various rules and regulations associated with the bureaucracy of the child welfare agency.

In this study, resilience was not only indicated in foster children but also in the systems with which they interacted. Most notably, resilience was identified in the foster family system when they worked through challenges and adapted to the demands of the foster care system. Their commitment and dedication to their foster child also allowed

them to see the growth of resilience, which ultimately increased the stability of the placement.

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APPENDIX A
INTERVIEW QUESTIONS

Parent Interview Questions

Background Information

Gender:
 Age:
 Grade:
 Length of attendance at current school:
 Ethnicity:

What lead you to become a foster parent?

How long have you been a foster parent? Tell me about your experience.

How many other foster children have you cared for?

How do you decide when a child is a “good fit” for your home? Have you ever decided a child wasn’t a “good fit” and if so, tell me about that experience?

How do you define resilience? What would that “look like” in any of the foster children you’ve cared for?

For the rest of these questions, I want to focus specifically on _____ (child’s name)

How long has _____ been in your care?

My understanding is that _____ permanency plan is to be adopted – how far along are you in that process?

What lead you to pursue adoption with _____? What do you think made adoption a possibility with him/her? Was this your original plan? Were there any concerns that adoption would not be a possibility?

Parents	
Research Questions	Interview Questions
RQ 1 How do foster children in stable placements demonstrate resilience?	IQ1.1: Tell me about a time when you saw your child demonstrate resilience (or other similar term)? IQ1.2: Tell me about any differences you have seen in your foster child while in your care? Follow-up probes for physical, emotional, and behavioral changes.

<p>RQ 2 How do system interactions (e.g., you and your child, you and your child's teacher, you and your child's social/caseworker) contribute to, or act as barriers, to successful placements for children in foster care?</p> <p>RQ3 How do system interactions (proximal processes) act as protective factors for successful placements for children in foster care?</p>	<p>IQ2-3.1: Tell me about the people or systems (supports) in your life that are important to your family? Probe for additional people or supports in the foster child's life.</p> <p>IQ2-3.2: Tell me about your interactions with your child's teachers. With your child's case worker. How have these changed over time?</p> <p>IQ2-3.3: Describe how your foster child's interactions with others have changed over time. Follow-up probe for at home and school.</p> <p>IQ2-3.4: What are some successes that your child has experienced while in this current placement? Challenges? Follow-up probe for successes and challenges at school.</p> <p>IQ2-3.5: How have these successes/ challenges impacted _____ while in foster care? Follow-up probe for impacts on their education.</p> <p>IQ2-3.6: Describe to me what you believe has/has not helped your child to succeed while in foster care? Follow-up probes to explore how similar/different from other foster children, as well as success at school.</p>
<p>RQ 4 How do resiliency factors contribute to foster children's stability at home and at school?</p>	<p>IQ4.1: Tell me about what you knew of your child before he/she came into your care? Probes about what they knew of past schooling.</p> <p>IQ4.12: What did you know of his/her behaviors and placement moves in the home setting? Probe for behaviors and placement moves for school. Probe for number of moves and why these changes occurred.</p>

	<p>IQ4.13: How did your knowledge of _____ past placements affect how you interacted with him/her? Follow-up probes to ask about interactions with teacher, social worker/CASA.</p> <p>IQ4.3: Describe any changes you have seen at home that have carried over at school?</p> <p>IQ4.4: What factors do you think have helped _____ to be stable in your home? Follow-up probe for stability at school.</p> <p>IQ4.5: Any other factors that you believe have helped _____ to maintain placement stability?</p>
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Social/Caseworker/CASA Interview Questions

Background Information

How do you decide when a child is a “good fit” for a placement? Have you ever decided a child wasn’t a “good fit” and if so, tell me some of those experiences?

How do you define resilience? What would that “look like” in one of the foster children you’ve worked with?

For the rest of these questions, I want to focus specifically on _____ (child’s name.)

How long have you been a social worker? How long have you known and/or worked with this foster child?

How many home placements has _____ had since she/he has been in foster care?

How many school placements has _____ had since she/he had while in foster care?

One of the reasons this family was identified for this study was that they were perceived as being a successful placement. What kinds of interactions have you seen that lead you to recommend this family/child as successful?

Social Worker/CASA	
Research Questions	Interview Questions
RQ 1 How do foster children in stable placements demonstrate resilience?	IQ1.1: Tell me about a time when you saw _____ demonstrate resilience (or other similar term)? IQ1.2: Tell me about any differences you have seen in _____ while you have worked with him/her? Follow-up probes for physical, emotional, and behavioral changes.

<p>RQ 2 How do system interactions (e.g., you and your child, you and your child's teacher, you and your child's social/caseworker) contribute to, or act as barriers, to successful placements for children in foster care?</p> <p>RQ3 How do system interactions (proximal processes) act as protective factors for successful placements for children in foster care?</p>	<p>IQ2-3.1: Tell me about the people or systems (supports) in _____'s life that are important to them.</p> <p>IQ2-3.2: Tell me about your interactions with _____'s foster parent. With _____'s teachers? How have these changed over time?</p> <p>IQ2-3.3: Describe how _____'s interactions with others have changed over time. Follow-up probe for at home and school.</p> <p>IQ2-3.4: What are some successes _____ has experienced while in his/her current placement? Challenges? Follow-up probe for successes and challenges at school.</p> <p>IQ2-3.5: How have these successes/ challenges impacted him/her while in foster care? Follow-up probe for impacts on their education.</p> <p>IQ2-3.6: Describe to me what you believe has/has not helped _____ to succeed while in foster care? Follow-up probe to explore how similar/different from other foster children, as well as success at school.</p>
<p>RQ 4 How do resiliency factors contribute to foster children's stability at home and at school?</p>	<p>IQ4.1: Tell me about what you knew of _____ before you began working with him/her? Probe about what they knew of past schooling.</p> <p>IQ4.12: What did you know of his/her behaviors and placement moves? Probe for behaviors and placement moves for school. Probe for number of moves and how these changes occurred.</p>

IQ4.13: How did your knowledge of your _____ past placements affect how you interacted with him/her? Follow-up probe to ask about interactions with foster parents, teachers.

IQ4.4: What factors do you think help a foster child's stability in a foster home? Probe to ask about factors influencing stability in the current home.

IQ4.5: What factors help _____ to maintain stability in school? Follow-up probes to explore how similar/different from other foster children.

APPENDIX B
INSTITUTIONAL REVIEW BOARD APPROVAL



Institutional Review Board

DATE: April 15, 2017

TO: Andrea Alvarado, B.A.
FROM: University of Northern Colorado (UNCO) IRB

PROJECT TITLE: [1039615-2] The resilience within: Perspectives from adults supporting foster children

SUBMISSION TYPE: Amendment/Modification

ACTION: APPROVED

APPROVAL DATE: April 15, 2017

EXPIRATION DATE: April 15, 2018

REVIEW TYPE: Expedited Review

Thank you for your submission of Amendment/Modification materials for this project. The University of Northern Colorado (UNCO) IRB has APPROVED your submission. All research must be conducted in accordance with this approved submission.

This submission has received Expedited Review based on applicable federal regulations.

Please remember that informed consent is a process beginning with a description of the project and insurance of participant understanding. Informed consent must continue throughout the project via a dialogue between the researcher and research participant. Federal regulations require that each participant receives a copy of the consent document.

Please note that any revision to previously approved materials must be approved by this committee prior to initiation. Please use the appropriate revision forms for this procedure.

All UNANTICIPATED PROBLEMS involving risks to subjects or others and SERIOUS and UNEXPECTED adverse events must be reported promptly to this office.

All NON-COMPLIANCE issues or COMPLAINTS regarding this project must be reported promptly to this office.

Based on the risks, this project requires continuing review by this committee on an annual basis. Please use the appropriate forms for this procedure. Your documentation for continuing review must be received with sufficient time for review and continued approval before the expiration date of April 15, 2018.

Please note that all research records must be retained for a minimum of three years after the completion of the project.

If you have any questions, please contact Sherry May at 970-351-1910 or Sherry.May@unco.edu. Please include your project title and reference number in all correspondence with this committee.

APPENDIX C
RECRUITMENT MATERIALS



UNIVERSITY OF
NORTHERN
COLORADO

March 23, 2017

Andrea Alvarado
[REDACTED]@bears.unco.edu
[REDACTED]

Dear [REDACTED] Human Services,

I am currently enrolled as a Ph.D. student in the school psychology program at the University of Northern Colorado in Greeley and I am in the process of collecting data for my dissertation. I am writing to request permission for your and [REDACTED] County's help in the recruitment of foster parents to interview about their perspectives of resiliency in their foster children.

Criteria for participation include:

- Children who are in foster care and their parental rights have been terminated
- Children whose permanency plan is for adoption
- Children who are in kindergarten through 12th grade and have an educator other than their foster parent
- Children who have been in their current placement for at least 6 months

I hope to interview foster parents, social workers or CASAs to gain a sense of how foster children have adapted while in their care. All interviews will be transcribed and de-identified according to *HIPAA* Privacy Rules. All participants will be given a consent form that will explain the purpose of the study and will allow them to give their permission to participate. Additionally, consent forms, interviews, and other materials will be and locked at UNC in Greeley. At anytime during the process, you can have access to information that has been collected. A final copy of my dissertation can also be provided to you.

Please sign below and return the signed form to Andrea Alvarado. Or you may submit by email, a signed letter of permission with your institution's letterhead acknowledging [REDACTED] County and your willingness to participate in my dissertation research.

Sincerely,

Andrea Alvarado

School Psychology Ph.D. Student
University of Northern Colorado

Approved by:

[REDACTED]

[REDACTED]

3/30/17

Print your name and title here

Signature

Date

Dear (Foster Parent),

Thank you so much for expressing interest in helping me understand the resiliency of foster children. I am currently a sixth year school psychology doctoral student at the University of Northern Colorado in Greeley. I am hoping to interview you about a foster child in your care and the changes you have seen in them. This study is for my dissertation. I will need between 1-1.5 hours of your time and interviews can be conducted in your home, by video chat, or by phone. If these options do not work, we can meet at a local library and use a conference or study room. If this is something you are still interested in please email me back at [REDACTED]@bears.unco.edu or call me at [REDACTED]. All your information and as well as the interview will be kept confidential and locked in a filing cabinet at UNC. You will be asked to sign a consent form before interviews can begin. I have permission to conduct interviews by Adams County and the University of Northern Colorado International Review Board. Again, thank you for your time and interest in helping me understand the resiliency of foster children.

Sincerely,

Andrea Alvarado

Dear (Social Worker/CASA),

I am currently a sixth year school psychology doctoral student at the University of Northern Colorado in Greeley. I am hoping to interview you about a foster child in your care and the changes you have seen in them. This study is for my dissertation. I will need between 1-1.5 hours of your time and interviews can be conducted in your home, by video chat, or by phone. If these options do not work, we can meet at a local library and use a conference or study room. Please email me back at [REDACTED]@bears.unco.edu or call me at [REDACTED] to set up a time to interview. All your information and as well as the interview will be kept confidential and locked in a filing cabinet at UNC. You will be asked to sign a consent form before interviews can begin. I have permission to conduct interviews by Adams County and the University of Northern Colorado International Review Board. Again, thank you for your time and interest in helping me understand the resiliency of foster children.

Sincerely,

Andrea Alvarado
[REDACTED]@bears.unco.edu
[REDACTED]

APPENDIX D

MULTICASE ANALYSIS WORKSHEETS

Adapted from Stake's (2006) Worksheets

Worksheet 1. Research Questions of the Multicase Study

Question 1:

How to foster children in stable placements **demonstrate** resilience?

Question 2:

How do system interactions (e.g. you and your child, you and your child's teacher, you and your child's social worker) **contribute to** or act as **barriers** to successful placements for children in foster care?

Question 3:

How do systems interactions (proximal processes) act as **protective factors** for successful placements for children in foster care?

Question 4:

How do resiliency factors contribute to foster children's stability at **home** and at **school**?

Worksheet 2. Codebook

Code Name	Code Definition	Code Includes
1. Demonstrating Resilience	Resilience refers to the capacity for adapting successfully in the context of adversity, typically inferred from evidence of successful adaption following significant challenges or system disturbances.	1a Behavior, thoughts, words indicating the foster child is adapting 1b Behavior, thoughts, words indicating the foster family is adapting 1c Behavior, thoughts, word indicating the school is adapting
2. System Contributions	System interactions include the family systems, school systems, community systems, child welfare services system and their interactions between each other that might possibly help the foster child.	2a A system's direct interaction with the foster child 2b Communication of systems through in person contact, phone, email, text such as school to family or school to child welfare services. 2c Maintaining consistency such as reducing moves, providing consistent expectations between systems
3. System Barriers	System interactions include the family systems, school systems, community systems, child welfare services system and their interactions between each other that might negatively impact the foster child.	3a Lack of interactions for the foster child or negative interactions such as missing school, and withdrawing from away from the family or peers, or the foster child breaking the rules/rebelling 3b Communication barriers between systems 3c Lack of consistency such as multiple moves, changes in social workers
4. Protective Factors	Refers to factors that are thought to buffer against adversity or risks to either reduce negative outcomes or increase positive ones.	4a Factors within children such as good cognitive abilities, problem solving skills, and executive functions, ability to form and maintain positive peer relationships, characteristics valued by society and self (talents, sense of humor, attractiveness to others),

		<p>effective emotional and behavioral regulation strategies.</p> <p>4b Factors within families such as stable and supportive home environment, positive sibling relationships, supportive connections with extended family members, and parents involved in child’s education.</p> <p>4c Factors within community/schools such as well trained teachers, providing a caring and supportive environment, encourages the child, challenges and supports the child</p>
5. Home Stability	Refers to remaining in the home placement or being able to return to their home placement.	<p>5a Returning to home from being in a group home or hospitalized</p> <p>5b Verbalizing wanting to keep the child or the child wanting to stay in the home</p> <p>5c General statement of remaining in the home not tied to returning home or verbalizations</p>
6. School Stability	Refers to remaining in their school or school district.	<p>6a The child’s school engagement or an increase in school engagement</p> <p>6b General statement or remaining in the same school</p>

Worksheet 3. Coding during Reading of Cases

Name	Foster Parent	Age	Race	Grade	Age at Removal	Diagnoses	Placement Number	Social Worker Type	Number of Social Workers	Definition of Resilience
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Resilience Foster Child	Resilience Family	Resilience School	Direct Interaction	Communication	Consistency	Lack of Interaction	Communication Barriers	Lack of Consistency
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Within Children	Within Families	Within School or Community	Returning Home	Staying Home	General Statement of Remaining in Placement	School Engagement	General Statement about Remaining in School
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Worksheet 4. Rating of Expected Utility of Each Case for Each Question

Utility of Cases	Kelsey	Darin	Nate	Emily	Caroline	Heather
Original Multicase Questions						
Demonstrating Resilience	*H **43/22	H 33/35	M 17/14	M 28/25	H 35/34	H 49/11
System Contributions	H 49/39	H 43/19	M 19/23	H 26/44	H 31/29	H 35/35
System Barriers	H 35/35	H 25/47	M 26/16	H 28/42	H 50/31	H 49/19
Protective Factors	H 45/38	M 30/19	M 21/23	M 44/15	M 34/21	H 28/43
Home Stability	M 15/7	M 10/10	L 9/5	L 4/5	L 3/2	M 14/10
School Stability	L 7/6	L 10/3	L 8/2	L 3/9	L 5/6	L 7/4

* H= high utility ($61 \leq X$); M=middling utility ($20 \leq X \leq 60$); L= low utility ($19 \geq X$);
X= total number in cell

**Ratings are based on the total amount of information provided by parents and social workers during the interview Foster Parent/Social Worker

Worksheet 5. Themes from Within-Case Analysis

Kelsey

Resilience in Foster Child

- Reducing problem behaviors
- Accepting status as a foster child
- Working through and understanding past traumas (abuse and neglect)
- Being able to assign responsibility to correct parties
- Understanding roles in the family and becoming part of the family
- Physical improvements
- Building trust with caregivers and other positive adults
- Improvement in school
- Being able to return home
- Making positive choices, friends
- Increase in confidence and self-identify

Resilience in Family

- Work through challenges as a family
- Work to understand outside systems such as child welfare services, GAL, CASA, school
- Respect past bio-family relationships and help continue healthy bio-family connections
- Integrate child wholly into family
- Learned to trust foster child and foster care process
- Adapt parenting style to foster child's needs
- Fought for placement, accepted child back into the home

School Resilience

- Understood foster child's circumstances and how it may effect their education

Successful system interactions

- Involvement of foster parents, group home, therapist, mentors, extended foster family (aunt, cousin), social worker, family not living with foster family, GAL, teachers, boyfriend, boyfriends family, church
- Working together through problem solving
 - In-home therapy, improving relationship with foster mom
 - Foster parents working with school, checking attendance
 - Possible IEP
- Adjusting roles within systems
 - Role of foster parent, role of child

- Recognizing changes and improvements
 - Improvement in therapy, child's ability to make decisions about treatment
 - Improvement in school and dealing with anger
- Respecting decisions surrounding foster care and identity
 - Foster mom respecting child's decision to not be known as a foster child
 - Regular sibling visits
- Genuine listening and understanding
 - Social worker talked with her about what she wanted in a family
- Collaborative and supportive communication between systems
 - Learning history about foster child, substance use
 - Open communication with email and phone, text with ESL teacher, social worker
 - School called about homicidal ideation
 - Social worker more involvement with high school than middle school, IEP meetings, reinstatement meetings
- Respect foster child's identity and see as more than just a foster child
 - Foster parent not stigmatize label of foster child
 - Involvement of bio-siblings
- Commitment to adoption/permanent placement
 - First judge approved of keeping siblings together
 - Social worker putting therapy in place, sending to group home
- Consistency
 - Keeping siblings together
 - Same therapist while with foster parent
 - Expectations and rules
 - Same school district
- Connection
 - Meeting with child, getting to know her before placement

System barriers

- Trauma bond with siblings
- County concerns with the child placement
 - Anger, noncompliance with rules
- Redefining mom and dad
 - Loyalty to her biological mom
- Lack of services/late implementation of services
- Broken trust
 - With foster parents due to stealing, misuse of social media, truancy, substance use
- Lack of interactions
 - Missed schooling
 - Social experiences
 - With biological family
- Difficulty communication and collaborating with child welfare services
 - Not understanding reasons behind decisions and rules within foster care
 - Communication difficulties between social workers and other systems

- Perpetuating being other; feeling like an outsider
- Mental health symptoms
 - Problem behaviors
 - Testing boundaries
 - Multiple moves

Protective Factors

- Foster parents supporting each other
- Connections to supports outside of the family
 - Siblings, extended family members
- Foster family resiliency
 - Authoritative parenting: high warmth, structure, high expectations
- Goal of adoption or permanency
 - Perseverance
- Foster child's personality and compatibility
 - Goal oriented
 - Social
 - Well-liked
- Supportive school environment
- Minimal behavior issues in school
- Good working relationship with supportive services, social worker

Darin

Resilience in Foster Child

- Reducing problem behaviors
- Building trust in adults and seeking out mentorship and advice
- Understanding biological parents shortcomings and past abuse
- Attachment, returning back home and wanted to be placed back
- Increase in positive behaviors
- Continued physical growth
- Increase in prosocial behavior
- Trying to understand how to do better
- Awareness of others and how behaviors effects others
- Developing attachment with others
- Accepting changes
- Creating and sustaining friendship
- Improvement in school

Resilience in Family

- Changed routine to support the child
- Changed parenting style to support child: trauma-informed and attachment based
- Accepted child and normalized behaviors
- Accepted child back into their care
- Accepted and integrated child's previous relationships
- Work through challenges
- Integrate child wholly into family

School Resilience

- Utilized in-school-suspension over out-of-school-suspension
- Adapted instruction and strategies for understanding and to meet his learning needs
- Encouraged and pushed him to do better and more with his school work
- Had a program for serious emotional disability
- Taking personal threats to the child seriously

Successful system interactions

- Involvement of foster parents, respite shelter, therapist, psychiatrist, extended foster family (aunt, cousins), social worker, family not living with foster family, GAL, teachers
- Working together through problem solving
 - Collaborative, watched and modeled behavior of foster dad, cousins
 - Not punitive, teacher and foster parents
 - Honest about behaviors and their impact on placement and feelings

- Understand the past to move forward, how his neurological deficits effect him, autism, exposure to substances in utero
- Connection
 - Recognizing changes and improvement
 - Identify concerns: being over medicated
 - Foster parents enjoyed child's company, liked his humor
 - Calm parenting style
- Trauma-informed parenting, attachment parenting
 - Seek out interventions when needed
 - Advocate
- Genuine listening and understanding
 - Listened to his problems
 - Understood how he interacted with others and his difficulties with social skills
- Collaborative and supportive communication between systems
 - Learning history about foster child
 - Open communication with teacher, text a couple times a week
- Commitment to adoption/permanent placement
 - Seeking out therapist to help
 - Private psychological evaluation
- Consistency
 - Expectations and rules
 - Previous foster family
 - Biological sister

System barriers

- County concerns with the child placement
 - Safety concerns, arson
 - Foster home with developmental delay siblings
- Redefining mom and dad
 - 12 different placements
- Mismatched parenting style or environment
 - Directive, dictative does not work
- Lack of services/late implementation of services
 - Trauma and attachment focused
- Misunderstanding child and their behaviors
 - Beliefs about the foster child
 - Minimal interactions
 - Language miscommunication
- Broken trust
 - Does not see environment as safe
- Frustration with child
 - Behaviors
- Lack of interactions
 - Social experiences

- With biological family
- School disruptions due to multiple placements
- Social worker only sees monthly
- Perpetuating being other; feeling like an outsider
- Mental health symptoms
 - Problem behaviors- police involvement
 - Testing boundaries
 - Multiple move
 - Autism
- No constant advocate

Protective Factors

- Parents sensitive to child's needs
 - Honored positive memories of biological parents, respected child's memories
 - Normalizing mental health needs
 - Foster parents encouraged involvement with past relationships
- Accepted the child for who he is
- Consistent placement, previous placement was 4 years
- Foster child's personality and compatibility
 - Optimistic
- Parents had the means
 - Had previous experience with adoption
 - Financial means
 - Physically able
- Authoritative parenting style
- Foster parents advocated for his needs
- Foster child had manageable mental health needs
- Child has higher IQ

Nate

Resilience in Foster Child

- Reducing problem behaviors
- Being positive, seeing the positive despite circumstances, uses humor
- Improvement in academics
- Learning emotion regulation and healthy coping skills
- Physical improvements
- Trusting caregivers, attaching and feeling safe
- Understanding his role within the family
- Understanding and working through past traumas
- Accepting responsibility, autonomy
- Engaging and doing well in extracurricular activities
- Improvement in school

Resilience in Family

- No longer needing family therapy
- Accepted supports
- Less dependence on social worker
- Adapted parenting style to fit the child's needs
- Changed routine to support the child
- Work through challenges
- Integrate child wholly into family

School Resilience

- Reduction in school phone calls of behaviors or concerns
- Fitting instruction and adapting expectations for his needs
- Accommodating teachers

Successful system interactions

- Involvement of foster parents, Loss Center, social worker, brother, CASA, GAL, therapist, family therapist, violin teacher, basketball team
- Working together through problem solving
 - Collaborative
 - Honest about behaviors and placement
 - Understand the past to move forward, the Loss Center
 - Child feels supported by teachers
- Connection
 - Foster parent liked his personality
 - Basketball team
- Trauma-informed parenting, attachment parenting

- Seek out interventions when needed
- Advocate
- Respecting decisions surrounding foster care and identity
 - Social worker explained options for permanency
- Genuine listening and understanding
 - Social worker understands the needs of the child
 - School teachers understand his situation
- Collaborative and supportive communication between systems
 - Learning history about foster child
 - Open communication
 - IEP created
- Commitment to adoption/permanent placement
- Consistency
 - Expectations and rules
 - Sees biological brother once a month
 - Foster parent had daily communication with child's school

System barriers

- County concerns with the child placement
- Redefining mom and dad
 - Loyalty to parents
- Lack of services/late implementation of services
- Broken trust
- Lack of interactions
 - Missed schooling
 - Social experiences
 - With biological family, 22 year old brother
- Difficulty communication and collaborating with child welfare services and other systems
 - Not understanding reasons behind decisions and rules within foster care
 - Communication difficulties between social workers and other systems, school systems
 - Personal issues, divorce
 - Revamping of sped department
- Perpetuating being other; feeling like an outsider
- Mental health symptoms
 - Problem behaviors
 - Multiple moves
- Mismatched parenting style or environment
 - With previous foster home
- Frustration with child and behaviors

Protective Factors

- Foster parents had a good working relationship with the school
- Foster parents intended to adopt

- Previous experience with foster care, experience with special needs
- Foster parent personality
 - Celebrate little successes
 - Patient
 - Communicative
- Foster child's personality and compatibility
 - Entertaining
 - Creative, good sense of humor
 - Advocate for his needs
- Foster child had manageable behaviors
 - Never needed residential treatment
- Prior relationship and good understanding of the child before taking in
- School had special education team approach and realistic expectations

Emily

Resilience in Foster Child

- Reducing problem behaviors
- Accepted and built trust with foster parents
- Increase in independence, autonomy
- Understanding how her behavior effects others
- Increase in prosocial behavior
- Increase in emotional regulation and healthy coping skills
- Understanding role within the family
- Improvement in school

Resilience in Family

- Integrated wholly into family
- Understanding behaviors of the child and their needs
- Changing routines to support the child
- Adapting parenting style to fit child's needs
- Building trust with social worker
- Work through challenges

School Resilience

- Adaptions and modifications in classroom environment
- Trained in working with students with behaviors
- Open to communicating with child's outside supports

Successful system interactions

- Involvement of foster parents and family, OT, ST, CASA, play therapist, extended foster family (aunts, grandmother), school (School psych, sped teacher, ST, OT), county judge, gymnastics, certification worker for parents
- Working together through problem solving
 - Collaborative
 - Honest about frustrations, behaviors
 - Understand the past to move forward
- Connection
 - Extended family connections
 - Community based with sports
 - With younger foster sister
- Trauma-informed parenting, attachment parenting
 - Seek out interventions when needed
 - Foster parent advocated for services
- Respecting decisions surrounding foster care and identity

- Child labeling of foster parent
- Genuine listening and understanding
 - Understanding behaviors toward foster siblings
- Collaborative and supportive communication between systems
 - Learning history about foster child
 - Open communication
 - Foster parent constant communication with teachers
 - Social worker is responsive
- Commitment to adoption/permanent placement
- Consistency
 - Expectations and rules

System barriers

- County concerns with the child placement
- Redefining mom and dad
 - Family alliance
- Trauma bond
- Lack of services/late implementation of services
 - Lack of training
 - Little info on child and history
 - Speech delay difficult to coordinate services
- Broken trust
 - Severe behavior (violence against animals, setting fires, extreme violence)
 - Slow to build relationships
- Lack of interactions
 - Missed schooling
 - Social experiences
 - With biological family
- Difficulty communication and collaborating with child welfare services and other systems
 - Not understanding reasons behind decisions and rules within foster care (switching case workers)
 - Communication difficulties between social workers and other systems
 - Personal issues with social workers
 - Inconsistent expectations by social workers, from bio family
- Mental health symptoms
 - Problem behaviors
 - Multiple moves
 - Social skill deficits
- Mismatched parenting style or environment
- Frustration or overwhelmed with child

Protective Factors

- Foster parent works in the school, social work experience, both have experience, either with special needs or foster children
 - Knowledge and experience with providing routines and structure

- Foster parents are able to provide attention to needs
 - Therapy
 - Extracurricular activities
- Foster parents had goal of fostering to adopt
- Foster parents have outside support systems
- Child welfare services incorporating trainings on trauma
- School systems that are open to communicating with child welfare services and understand different needs of foster children
- Foster child's personality and compatibility
 - Sweet personality
 - Manageable behaviors
 - Described as smart

Caroline

Resilience in Foster Child

- Reducing problem behaviors
- Working through and understanding past traumas
- Maintaining sense of self, increase in self-confidence
- Increase in prosocial behavior
- Increase in emotion regulation and healthy coping skills
- Increase in independence and autonomy
- Academic achievements
- Making friends
- Understanding her behaviors and how they effect herself and others
- Understanding her role within the family
- Attaching and trusting caregivers

Resilience in Family

- Changed routine to support the child
- Understanding behaviors of the child and their needs
- Work through challenges together
- Maintaining respect of foster child's biological family
- Accepting supports and resources
- Integrate child wholly into family

School Resilience

- Understanding needs and foster child's situation

Successful system interactions

- Involvement of foster parents, special education, play therapist, CASA, GAL, bio brother and sister, county worker for parents, school therapist, extended foster family
- Working together through problem solving
 - Used past experiences, social stories, behavior plans
 - Mom models emotion regulation skills
 - Increase in independence when ready
- Connection
 - Only placement for the first year
 - Role modeled healthy relationships
- Trauma-informed practices
 - Normalizes feelings/emotions in self and others
 - Helped child to understand trauma, need to be placed into foster care
 - Teacher know about trauma and her situation

- Placed into therapy right away
- Respecting decisions surrounding foster care and identity
 - Inclusive of culture
- Genuine listening and understanding
 - Providing comfort, even without words
 - School personnel chunking information
 - Understanding sexual trauma, no shaming
 - Listening of social worker by parents
- Collaborative and supportive communication between systems
 - Quick responses from social worker
 - Mom collaborates with therapist
 - School helpful in outside psych testing materials
 - Weekly school reports with teacher
 - Mom talked with school prior to admission
 - Told about abuse/neglect
 - Social worker increased her interaction with IEP
- Commitment to adoption/permanent placement
 - Only for Caroline
- Consistency
 - Expectations and rules
 - Rules in the classroom
 - Therapy for the last 3 years, same therapist
 - Placement for 3 years

System barriers

- Redefining mom and dad
 - What is ok and not ok for parents to do
- Lack of services/late implementation of services
 - Foster parent asked for services, was not able to get
 - Year-long waitlist at Children's Hospital
 - Financial strain of getting services on their own
 - Appropriate services for needs
- Broken trust
 - Child quiet before she gained trust
 - Child stealing
 - With social worker from previous social worker
- Lack of interactions
 - Child had difficulty interacting with others, appropriate social skills
 - More difficult for foster parent to connect with siblings
 - Interacting with siblings in a healthy manner
- Difficulty communication and collaborating with child welfare services and other systems
 - Social worker lack of communication with school, minimal involvement
 - Lack of communication with previous social worker
 - Limited information on foster child to parents

- Foster parent felt they might keep the siblings together, disrupt adoption possibility
- Mental health symptoms
 - Behavior problems in school requires one-on-one attention
 - Tantrums, hitting, kicking
 - Emily had more delays, symptoms than Caroline
 - Comorbidity and identifying true diagnoses
 - Increased with visits with mom or siblings
 - Effects of trauma
- Lack of consistency
 - Moved so had to change schools
 - Siblings had to move out
 - Visit's with bio mom stopped
 - Unknowns of being in foster care
 - Having to listen to foster mom and bio mom
- Frustration or overwhelmed with child
 - Difficulty with sibling behaviors and outbursts
 - Removal of siblings
- Feeling other than
 - Child's experiences in school
- Rules and Regulations
 - Foster parent having to work with social worker visits, rules
 - Siblings not having a place to all stay together
 - Appeal for termination by bio mother

Protective Factors

- Foster parents experience with special education, trauma
- Foster parents had goal of adoption
- Parents had high expectations and warm disposition
 - Proud
 - Patient
- Child had fewer placements
 - Received one-on-one support from parents
 - Receive and maintain therapeutic services
- Supportive school environment
- Supports from extended family
- Trauma focused training
- Foster child's personality and compatibility
 - Eager to please
 - Smart
 - Manageable behaviors
 - Older and knew how to take care of herself

Heather

Resilience in Foster Child

- Understanding and working through her past trauma
- Attaching and building trust with family members
- Increase in emotion regulation and healthy coping skills
- Physical improvements
- Academic improvements
- Reduction in problem behaviors
- Increase in prosocial behaviors
- Development of friendships

Resilience in Family

- Changed routine to support the child
- Understanding behaviors of the child and their needs
- Building trust with social worker
- Work through challenges
- Integrate child wholly into family

School Resilience

- Teacher's understanding foster child's situation

Successful system interactions

- Involvement of foster parents and family, therapist, adoption worker, school teachers, piano teacher, GAL, birth mom
- Working together through problem solving
 - Collaborative
 - Honest
 - Understand the past to move forward
 - Voice concerns
- Connection
 - Get to know before placement
 - Met with birth mom
- Trauma-informed parenting, attachment parenting
 - Seek out interventions when needed
 - Advocate
 - Piano, creative outlet
- Respecting decisions surrounding foster care and identity
 - Inclusive of culture
- Genuine listening and understanding
- Collaborative and supportive communication between systems

- Learning history about foster child
- Open, regular, communication, texting
- Transition plan when needed
- Commitment to adoption/permanent placement
 - Feels included
- Consistency
 - Expectations and rules

System barriers

- Redefining mom and dad
 - Family alliance
- Lack of services/late implementation of services
 - Lack of training
 - Little info on child and history
- Broken trust
 - Severe behavior (violence against animals, setting fires, extreme violence)
 - Slow to build relationships
- Lack of interactions
 - Missed schooling, gaps in learning
 - Social experiences
 - With biological family
- Difficulty communication and collaborating with child welfare services and other systems
 - Not understanding reasons behind decisions and rules within foster care (switching case workers), not understanding the system
 - Appeal process
 - Communication difficulties between social workers and other systems
 - Personal issues
 - Inconsistent expectation
 - Difference in opinion on child's best interest
- MH symptoms
 - Problem behaviors
 - Multiple moves
 - Social skill deficits
 - Sexual abuse concerns, determining placement
 - Trauma related behaviors (Fight/Flight/Freeze)
- Mismatched parenting style or environment
- Frustration or overwhelmed with child
 - Slow progression in improvement of behaviors
- Feeling other than

Protective Factors

- Mental health services quickly for the child
- Foster parents feeling well trained
 - Trauma informed parenting
- Foster parents had goal to adopt

- Foster child's personality and compatibility
 - Desire to please
 - Smart
 - Bubbly, talkative
 - Manageable behaviors
- Foster parents involvement
 - With education
 - Advocate for services
- Teachers understanding child's needs
- Extended family supports for child and parents, church support
- Foster parents can provide extracurricular activities
- Support of biological siblings in the home

APPENDIX E

TABLE OF EMERGING PROTECTIVE
FACTORS AND BARRIERS

Table E.1

Emerging Protective Factors and Positive Influences
on a Foster-to-Adopt Child's Stability in Placement

Type of System	Positive Characteristics
Foster Child	<ul style="list-style-type: none"> • Reduces problem behaviors • Accepts support or help • Develops positive relationships • Builds trust in caregivers • Assimilates as a member of the foster family • Increases and/or uses effective communication • Increases awareness of others and how their behaviors affect those around them • Independently completes age appropriate tasks • Understands how biological parents' behavior resulted in a placement in foster care • Understands perspectives of others • Increases self-confidence and identity • Maintains a consistent supportive relationship with siblings and/or therapist • Intelligent • Personable • Liked by peers and teachers
Foster Family	<ul style="list-style-type: none"> • Respects foster child's birth parents and their relationship • Effectively communicates with the child welfare agency and school personnel • Is proactive and collaborates in problem solving • Is honest about how they and the foster child are doing • Provides helpful information to teachers and school personnel about the foster child's needs and abilities • Maintains clear and consistent expectations and rules • Maintains and encourages healthy relationships with approved biological siblings and extended family members • Is sensitive to the child's needs, strengths, and weaknesses and Adjusts parenting style and supports given to the child • Takes into account the perspectives of the child welfare agency • Provides a home environment of encouragement, support, and positive affirmation • Had a premeditated or developed a goal of adoption • Supportive and reassuring personal support system • Fully integrate the foster child into the existing family system • Respects foster child's culture • Does not use the label of "foster child" • Prior experience with special education or foster children • Asks for supports/services from the child welfare agency to maintain placement • Willing to work through challenges • Models emotional regulation skills • Compatible personality with the foster child, "good fit"

Type of System	Positive Characteristics
Child Welfare	<ul style="list-style-type: none"> • Has effective communication with foster parents and school personnel • Replies promptly or is proactive with concerns or questions • Is proactive and collaborate in problem-solving • Provide sufficient information of the foster child to the foster family before placement • Provides training in trauma-informed care
School System	<ul style="list-style-type: none"> • Is proactive and collaborate in problem solving with foster parents and the child welfare agency • Communicates frequently and honestly about foster child's progress • Maintains clear and consistent expectations and rules in the classroom

Table E.2

Barriers and Negative Influences on a Foster-to-Adopt Child's Stability in Placement

Type of System	Negative Characteristics
Foster Child	<ul style="list-style-type: none"> • Having changes in social workers • Having changes in home placements • Moving school placements • Exhibiting unmanageable behaviors, threat to self or others • Loss of having a relationship with siblings • Disruption in being able to build relationships • History of sexual abuse, sexually acting out
Foster Family	<ul style="list-style-type: none"> • Changes in social workers • Waiting for supportive services to be put into place • Lack of communication with the child welfare agency • Having a negative experience with a social worker • Navigating and understanding a complex foster care system • Navigating a long and complex legal process to obtain adoption • Receiving incorrect or minimal information about foster child
Child Welfare	<ul style="list-style-type: none"> • Limited communication and interaction with a foster child's school system • Limited information about previous personal and academic history
School System	<ul style="list-style-type: none"> • Unable to accommodate IEP or provide adequate support services

APPENDIX F
ANALYSIS PROCESS OVERVIEW

