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Exploring Relationships Between Parenting Style, Perceived Stress, Coping Efficacy and Coping Strategies in Foster Parents

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EXPLORING RELATIONSHIPS BETWEEN PARENTING STYLE, PERCEIVED STRESS, COPING EFFICACY AND COPING STRATEGIES IN FOSTER PARENTS

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DISSERTATION APPROVAL

This is to certify that the thesis presented to us by _____

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"In his heart a man plans his course but ONLY the lord determines his steps"
Proverbs 16:9

Abstract

Removing a youth from the care of their biological family can place them at heightened risk for behavioral, emotional, social, and academic problems, and contribute to parenting stress. Foster caregivers with a high burden level may be impeded in their ability to function effectively. Our study investigated relationships between foster parent stress, coping efficacy, coping strategies, and parenting style to identify effective coping strategies in 178 foster parents. Current foster parents completed self-report measures assessing parenting styles, Coping Self Efficacy Scale (CSE), Brief COPE, and Perceived Stress Scale (PSS). Results indicated foster parents with more than three years of experience fostering endorsed significantly higher levels of perceived stress in comparison to foster parents with less than three years' experience fostering, however there were no significant between group differences in coping self-efficacy. Problem focused coping strategies and problem focused coping strategies with support were found to significantly predict level of coping efficacy. Results suggest foster parents can still experience high amounts of stress even if they have effective coping strategies, however they remain confident in their abilities to manage their stressors. Results also indicated foster parents' that specifically implemented problem focused coping strategies with support, as compared to other coping strategies, experienced higher confidence in their coping abilities. Implications of this study for foster care agencies are discussed.

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Epigraph

"For these are ALL our children. We will all profit by or pay for, whatever they become."

James Baldwin

Chapter 1: Introduction

Statement of the Problem

There were approximately 437,465 youth in foster care in the United States of America as of October 20, 2017 (U.S. Department of Health and Human Services, 2017). Many of these youth removed from the care of their biological families have experienced trauma or neglect. Removing a youth from the care of their biological family and subsequent placement into foster exacerbate stress on youth and places them at heightened risk for behavioral, emotional, social, and academic problems. Maladaptive behaviors demonstrated by youth in resource placements can include temper tantrums, aggression, self-injurious behaviors, and indiscriminate sociability (Heller, Smyke, & Boris, 2002). Caring for youth who have experienced abuse and neglect can be challenging for foster parents in addition to managing challenging behaviors, multiple appointments, finances, potential rejection from youth, caring for their own biological families, and managing personal stressors. Parenting style utilized by a caregiver can impact emotional development, academic achievement, and other areas of development for a youth in placement. How a foster parent manages the many responsibilities associated with caring for youth in their resource homes may be affected by their individual parenting style. Many of the factors associated with caring for youth in resource homes, may impact parental stress, collectively contribute to foster parent "burnout", and negatively impact retention of foster parents throughout the United States. There is a dearth of literature examining how foster parents cope with and manage stress. Caregivers who have unmet needs or a high burden level may be impeded in their ability to function effectively (Deeken, Taylor, Mangan, Yabroff, & Ingham, 2003), or may be at risk for negative outcomes such as

decreased satisfaction with parenting, less optimal parent-child interactions, lower child developmental competence, and risk for child abuse (Adamakos, Ryan, & Ullman, 1986; Crnic & Greenberg, 1990). Researchers have demonstrated physiological and psychological benefits of social support in reducing stress (Bristol, 1984). Foster parents can benefit from research investigating the relationship between foster parent stress, parenting style, and coping strategies to identify effective coping strategies for foster parents to manage parenting stress.

Foster Care

There were approximately 437,465 children in foster care in the United States of America as of October 20, 2017 (U.S. Department of Health and Human Services (HHS), 2017). The Code of Federal Regulations (CFR) defines 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." This includes children placed in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes (Definitions-CFR, 2019). The average age entering foster care is 7.2 years old, and the average length of stay in foster care is 20.1 months (U.S. Department of Health and Human Services, 2016). Caucasian youth (191,433), African-American youth (101,825), and Hispanic youth (91,352) are the largest represented racial groups in foster care by percentage as of October 2017. Youth removed from their homes are placed into resource home placements with foster parents (also known as foster caregivers). Sixty-eight percent of all children and adolescents placed into resource homes in 2017 were placed into resource homes with non-relative caregivers (U.S. Department of Health and Human Services, 2016). Common reasons for a removal

and subsequent placement into a resource home included neglect (61%), parental drug abuse (34%), caretaker inability to cope (14%), and physical abuse 12% (U.S. Department of Health and Human Services, 2016). Youth removed from the care of their biological families may have experienced physical abuse, sexual abuse, neglect, abandonment, death, or incarceration, severe enough to bring them to the attention of Child Protective Services (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998). Experiences of trauma also appear to be common among youth entering foster care and may contribute to psychological and behavioral challenges many youth experience while in placement at a resource home. According to the California State Department of Social Services, within a three-month period, 87% (81,165) of youth referred to receive social services experienced abuse or neglect. In addition to experiencing maltreatment, youth must adapt to new environments and attempt to form a bond with a foster parent as their new caretaker. Children in foster care are at heightened risk for mental health problems due to the negative effect of separation from their family (Clausen et al., 1998). The loss of a familiar environment, separation from parents or guardians, and separation from siblings are some challenges that foster youth face during this transition period.

Relocation due to limited available resource homes is another immediate challenge for youth entering foster care. Any child who enters an out-of-home resource placement experiences significant trauma by virtue of the loss of familiar surroundings and relationships, no matter how detrimental these may seem to an outside observer (Littner, 1967). For many youth, there may not be an immediate placement available and these youth may be moved to temporary resource homes (such as respite care) until a permanent placement can be located. Changes in placement can compound trauma for youth in foster

care (Boyne, 1978; Goldstein, Freud, & Solnit, 1979). Entering foster care appears to increase the vulnerabilities of this population in multiple ways including academic performance, attachment, and development of social relationships. Children in foster care represent a high-risk population for maladaptive outcomes, including socio-emotional, behavioral, and psychiatric problems (Leslie, Hulburt, Lansverk, Barth, & Slymen, 2004).

Behavioral Challenges for Foster Youth

A common challenge for foster caregivers is managing risky or dangerous behaviors exhibited by the youth in placement. Problematic behaviors demonstrated by many foster children in placement can include; temper tantrums, fighting, aggression, stealing, sexually acting out, over-activity, self-endangering behaviors, and indiscriminate sociability (Heller, Smyke, & Boris, 2002). These behaviors may appear strange and uncommon to foster parents and individuals not familiar with symptoms of abuse and neglect. Youth with a history of abuse are often hyper-vigilant, hyper-aware, and may respond aggressively to behaviors they interpret as threatening (Lewis, Mallouh, & Webb, 1989). The placement of a youth into a new resource home may result in differential reactions from the youth in placement, including feelings of vulnerability, isolation, or aggressive behaviors. Clausen et al., (1998) found that over 40% of foster youth administered the Child Behavior Checklist (CBCL) demonstrated clinically significant behavior problems in a California sample of youth ages 0-16 years old. Additionally, youth that relocate to a resource placement may participate in risky behaviors or display underdeveloped social skills when interacting with caregivers and their families. In the home environment, foster parents may view negative behaviors as unmanageable, even when directed inwardly such as with self-harm behaviors. Foster parents may become

frustrated if such risky behaviors persist once a youth is placed into their resource home. Extreme behaviors demonstrated by some foster children can include head banging, hoarding food, masturbation, or disrupted sleep patterns (Simms, Dubowitz, & Szilagyi, 2000). Foster children displaying risky or maladaptive behaviors while in a resource home can be a significant source of stress for a foster parent. Youth in foster care exhibit significantly more behavioral, social, and adaptive challenges when compared with youth in the general population (Clausen et al., 1998).

In addition to behavioral and social challenges, placement disruptions are common and reoccurring for youth transitioning through the foster care system. Children within the foster care system are also likely to experience a placement disruption, and some will likely experience a large number of such placement changes (Newton, Litrownik, & Landsverk, 2000). Placement disruptions occur when youth relocate to another resource home due to a parental request, an inability of the foster parent to manage behavioral or emotional needs of the youth, or when an agency decision is made to move the youth (Smith, Stormshak, Chamberlain, & Whaley, 2001). Smith et al. (2001) investigated placement disruption for youth over one year and found that 25.5% of youth, out of a sample of 90, experienced at least one placement disruption. Foster youth that have experienced multiple resource home placements appear to access mental health services at higher rates when compared with other foster youth. Foster care placement instability has been associated with increased mental health costs during the first year in foster care (Rubin et al., 2004). Evidence appears to support a link between risky or maladaptive behaviors in foster children and multiple placements. Newton et al. (2000) identified behavior problems as both a cause and a consequence of placement disruption in a sample of 415 youth in California using CBCL

scores and case records. Experiencing multiple foster care placements may exacerbate the emotional, psychological, and behavioral issues that youth often encounter in foster care. Number of placements was a consistent predictor of increased internalizing, externalizing, and total behavioral problems in a sample of foster children originally identified as having no significant behavioral challenges (Newton et al., 2000). These results provide support for the recent moves by agencies to minimize the number of resource home placements youth experience while in foster care. Reducing the number of resource home placements may play an important role in reducing behavioral challenges and stressors youth and foster caretakers experience.

Emotional Challenges for Foster Youth

The emotional and psychological impact of maltreatment and neglect, combined with separation from familiar environmental supports, can effect psychological, emotional, and social development of youth in foster care. Halfon, Berkowitz, and Klee (1992) found that adjustment disorders (28.6%), conduct disorders (20.5%), anxiety disorders (13.8%), and emotional disorders (11.9%) accounted for 75% of mental health diagnoses for children in California's foster care system. The experiences of trauma and neglect experienced by many individuals in foster care make this population more vulnerable to the development of psychological disorders. Harman, Childs, and Kelleher (2000) found that in the state of Pennsylvania, children in foster care were more likely to suffer from depression (5.9% vs 1.1%), anxiety disorders (2.5% vs 0.8%), attention deficit hyperactivity disorder (14.7% vs 3.9%), conduct disorder (4.5% vs 0.6%), bipolar disorder (1.0% vs 0.1%), and oppositional defiant disorder (9.4% vs 1.9%) when compared to non-foster children.

Foster youth may have difficulty expressing or regulating negative emotions such as anger, frustration, and disappointment after entering foster care. These emotional difficulties can be demonstrated through difficulties connecting with peers, isolation, emotional lability, feelings of loneliness, and social skills deficits in the youth. Clausen et al., (1998) found over 74% of school age foster children endorsed scores in the problematic range for one or more of the social competence scale on the Child Behavior Checklist.

Leslie, Hurlburt, Landsverk, Barth, and Slyment (2004) found that 50% of foster youth indicted a high need for and high usage of mental health services in a sample of 462 children. This national study appears to validate many regional studies that have provided evidence that foster youth exhibit an increased need for mental health services. Medicaid is the primary funding source for individuals in foster care to access mental health services. Coverage for youth in foster care is mandatory. Medicaid eligible adolescents in resource homes demonstrated usage rates for mental health services approximately 28 times the usage rate of adolescents not in foster care (Halfon et al., 1992). The rate at which the foster care population utilizes mental health services may reflect the variety of psychological problems experienced by this population. Children in foster care represent less than 4% of individuals eligible for services but utilize 41% of mental health services (Halfon et al., 1992). Youth and adolescents in foster care continue to experience significant psychological and emotional problems even after removal from their biological homes. Youth in foster care demonstrated 10 to 20 times the utilization rates for mental health services compared to youth not in foster care. Youth currently in the foster care system also appear to develop psychological disorders disproportionately when compared with other populations. Children in foster care were 3 to 10 times more likely to have a mental

health problem compared with other children receiving Medicaid in southwestern Pennsylvania (Harman, Childs, and Kelleher, 2000). The frequent usage of mental health services among the foster care population is observable across various service providers and different settings. Children in foster care account for 53% of psychologist visits, 47% of psychiatry visits, 43% of inpatient stays in public hospitals, and 27% of inpatient residents in psychiatric hospitals (Halfon et al., 1992). Children in foster care are disproportionately more likely to utilize both inpatient and outpatient mental health services than the non-foster child reference population.

Need for Foster Parents

Parenting foster children is a time-consuming, stressful, exhausting, and challenging job. The recruitment of new foster parents has become a priority for many foster care agencies due to a shortage of available foster homes (Cox, Buehler, Orme, 2002). There are many reasons that some foster parents discontinue fostering, “burn-out”, or complete required trainings and never take in any foster children. Burnout is psychological strain defined as a prolonged response to chronic work stress (Maslach & Jackson, 1981). Many foster parents have reported feeling overwhelmed by psychological and behavioral challenges they face when caring for foster youth. Many foster parents discontinue fostering children within the first year of service (Rhodes, Orme, Cox, & Buehler, 2003). Rhodes et al. (2003) found in a sample of 131 prospective foster families, over 50% of families who started pre-service training did not complete it. Additionally, only 46% of families that began pre-service training completed training, and 46% of families that completed training discontinued or planned to discontinue their service after six months. The shortage of foster parents in many states across the United States of

America has resulted in limited available resource homes for youth that need resource home placements. Foster agencies have experienced difficulties finding available resource homes for youth (Chipungu and Bent-Goodley, 2004).

The number of youth currently in foster care varies according to specific state. The states with the highest numbers of foster youth currently in resource homes include; (1) California with 17,118 foster youth in care, (2) Texas with 30,738 foster youth in care (3) Florida with 23,810 foster youth in care, (4) Indiana with 19,837 foster youth in care, and (5) New York with 19,702 foster youth in care (HHS, 2016). The states with the lowest numbers of foster youth in care include; (1) Delaware with 780 foster youth in care, (2) District of Columbia with 826 foster youth in care, (3) Wyoming with 993 foster youth in care, (4) New Hampshire with 1,220 foster youth in care, and (5) Vermont with 1,323 foster youth in care (HHS, 2016).

There does not appear to be an agency or source that maintains statistics on the total number of foster homes in the United States (Kenny, 2016). Deficits in the numbers of available foster homes have been documented throughout numerous articles and news reports across the United States in recent years (Kendall, 2010). The state of Montana maintained 959 foster homes in 2013 for over 1,600 youth currently in foster care (according to a news report published (Gedeon, 2014). The state of Maine's Department of Health and Human Services requested an additional 100 foster families to serve the 1,994 children currently in need of foster care placements (Lawlor, 2016). In South Carolina many foster youth were placed into hotels due to lack of available foster homes, and the South Carolina Department of Social Services spent more than $5,500 housing foster children at an Embassy Suites hotel over a four-month period (Dill, 2015). The state

of Massachusetts Department of Children and Families reported 8,258 foster children in state compared with only 5,504 foster homes in December 31, 2014 (McNamara, 2015). The number of available resource homes in the state of Washington dropped from approximately 6,000 homes, to approximately 5,000 homes from the period of 2008 to 2016 (Abramo, 2016). Oregon Department of Human Services reported the state has lost the equivalent of 400 beds in family homes and has resorted to placing children into hotels when foster homes have not been available (Foden-Vencil, 2016). In the state of Washington, during the month of June 2016, foster children had 211 hotel stays due to lack of available resource homes (Abramo, 2016). In 2016, almost half of the 1,074 children in foster care in Travis County, Texas were placed into resource homes located outside of their county due to lack of available placements. Across the state of Texas, many youth spent at least 2 nights in state offices due to lack of available resource homes. Many of these children sleep, eat, and shower in state offices while they wait for an available foster parent to take them into their home (Ricke, 2016). This includes (67 youth) in Dallas, (42 youth) in Houston, (18 youth) in San Antonio, and (7 youth) in Austin from the period of December 2015, to April 2016 (Ricke, 2016).

Recent news reports that document the current need for resource homes in states across the United States of America reflect the importance of retaining current foster parents. Foster parents have identified severity of problems by children in placement as their primary reason to stop fostering (Chamberlain, Moreland, & Reid, 1992). Assisting foster parents in management of the challenges, negative experiences, and stressors related to parenting youth in their care may increase their confidence in dealing with challenges,

lower perceived stress, and may positively affect retention levels of current and future foster parents.

Stress

Lazarus (1966) conceptualized stress as including three parts; primary appraisal (i.e., process of perceived threat to oneself), secondary appraisal (i.e., process of bringing to mind a potential response to the threat), and coping (i.e., the process of executing that response). Stress has also been described as the psychological and physical state resulting from insufficient resources (Miche, 2002); and "Stress" or "a stressor" can also be defined as an event or experience that expends the resources of an individual (Blount et al., 2008). Folkman and Lazarus (1985) defined "stress" as resulting from the interaction of an individual or family with their environment. Signs of stress can include changes in behavior (unmotivated, lethargic), emotional (anxiety, depression, irritability), cognitive problems (concentration, problem-solving), or physical such as headaches (Michie, 2002). Parenting stress is the experience of distress or discomfort that results from demands associated with the role of parenting (Deater-Deckard, 1998). Hans Selye (1973) defined stress as the non-specific response of the body to any demand made upon it. The terms "stress", "stressor", and "strain" are used interchangeably in literature to define enduring problems that have the potential for generating a threat (Pearlin & Schooler, 1978). Stress encompasses both objective and subjective dimensions (Blount et al., 2008). Stressors are events interpreted as threatening to an individual and which elicit physiological and behavioral responses (McEwen, 2000). Predominance of specific stressors may be dependent on many variables including work, individual responsibilities, geographical location, psychological vulnerabilities, or socioeconomic status. The effect of a stressor will differ for people

depending on perception of the stressor and individual resources. An individual's ability to respond to, manage, or tolerate a stressor is demonstrated through coping. Consequences of stress, including psychiatric problems are widespread in industrial societies; possibly because of changes in the type of stressors we face (Klatt, 2012). Exposure to stress over a length of time can affect mental and physical health. A prolonged stress response produces symptoms similar to depression and weakens the immune system (Lim, Huang, Grueter, Rothwell, & Malenka, 2012).

Foster Parent Stress

Caring for youth that have experienced abuse, neglect, or maltreatment can be a challenging job. Foster caregivers identified general stresses (63.8%) and behavior problems (59.2%) as top reasons they believed most parents discontinued fostering (Whiting & Huber, 2007). Stahmer et al., (2005) found that only 22.7% of children under age five entering foster care are receiving services for behavioral and developmental needs when looking at a national probability sample in the United States. Youth that have recently entered foster care may have unmet mental health needs or new challenges that must be managed by parents and this may also contribute to foster parent stress. Foster parents face the challenge of caring for children that may arrive to the foster home with recent psychological trauma or untreated mental health needs. The Caring for Children in Child Welfare (CCCW) study found that 47.8% of child welfare agencies had inclusive policies for mental health assessments, 57.8% of agencies had policies for developmental assessments, and 30% of surveyed agencies had no mental health or developmental assessment as part of the intake process for new youth (Leslie et al., 2003). Undetermined medical, psychological, and social needs of a youth in placement may add to difficult

challenges foster parents face in attempting to nurture, discipline, and form attachments with the youth in care. Over a 15-month period, 25% of foster children identified as "high risk" by their scores on the Child Behavior Checklist (CBCL) had not accessed mental health services (Leslie, Hurlburt, Lansverk, Barth, & Slymen, 2004). Unmet health needs of youth in placement may serve as an additional barrier for foster parents when attempting to nurture, form attachments, and discipline youth in their care. Another major challenge in parenting maltreated children entering foster care is the children's profound lack of trust and their need to control others (Schofield & Beek, 2005). Distrust and skepticism of a caregiver may serve as potential barriers to relationship building and can make it difficult for a parent to establish rapport with the youth in placement.

Previous experiences with trauma, abuse and neglect can affect a foster parent's ability to establish a relationship with the youth in placement. Even in infancy, previous adverse experiences may lead to behaviors that reject or alienate the foster caregiver (Stovall & Dozier, 1998). Foster parents may experience disappointment or frustration if their attempts to bond with the youth in their care are resisted. Many foster parents may view the child's rejection or acceptance of the relationship as a direct reflection of their parenting skills. This group of parents may be more vulnerable to experiencing increased feelings of stress and dissatisfaction related to their role as a foster parent. The more foster parents may try to offer good care, the more devious the parents may appear to the child and the more likely they are to be treated with fear and contempt (Schofield & Beek, 2005). Youth in placement may ignore a foster parent's requests or reject efforts made by the foster parent to build a relationship through activities, meals, or conversation. Distancing behaviors demonstrated by youth may be perceived by foster parents as a rejection,

refutation of their parenting skills, and often contribute directly to placement breakdown (Rice & Semmelroth, 1968; Walsh and Walsh, 1990). If a foster parent feels rejected after attempting to establish a relationship with a youth, this can cause strain on the relationship in the home. Attempting to establish a relationship with the youth in placement, managing potential rejection, and caring for the needs of the youth in placement may contribute to perceived stress in foster parents.

Parenting Youth with Difficult Behaviors

Managing the difficult and sometimes destructive behaviors of foster children can be a significant source of stress for caregivers. Foster parents identified aggression, destruction of property, temper tantrums, stealing, and inappropriate sexual behaviors as factors contributing to their perceived stress (Jones & Morrissette, 1999). Some foster parents have expressed concern about how the behavior(s) of youth in care affected how they were viewed by other people. Foster parents identified false allegations of abuse, and having to remove children from social situations due to negative behaviors as factors contributing to their perceived stress. Foster parents have also reported specific problem behaviors and difficulties in parenting older youth. Adolescents sometimes run away and this behavior often contributes to placement breakdown as few treatment foster families can repeatedly tolerate the overt rejection (Dore & Eisner, 1993). James (2004), investigated problem behaviors and placement disruption in 1,084 children; results indicated 20% of all placement changes were related to behavior problems in the home environment.

Psychological Impact of Fostering

Some foster parents have reported experiencing stress related to witnessing the emotional and psychological burden bore by the children in their care. Foster parents that incorporate the youth in placement into the family often struggle when the child must leave to return home (Urquhart, 1989). Foster parents can experience feelings of grief when having to separate from a foster child (Edelstien, 1981). In a questionnaire completed by 66 caregivers, responses indicated foster parents experienced stress related to leaving a child in temporary care (Hudson & Levasseur, 2002). Fanshell (1966) studied over 600 foster parents in New York City and 33% of participants described the experience of foster children leaving their home as a "challenging experience". Additionally, foster parents identified helping children leave for an adoption as a difficult issue to cope with. Foster parents that have established relationships with their children experience disappointment and frustration related to the inability to affect future planning for the children in their care. Foster parents have reported experiencing stress related to returning children in their care to parents they perceive to be unfit (Jones & Morrissette, 1999).

A common issue and source of stress for foster parents are behavioral problems that may occur after visits with biological parents and siblings (Simms, Dubowitz, & Szilagyi, 2000). Foster parents have reported experiencing stress related to informing children in their care that weekly sibling visits had been canceled (Jones & Morrissette, 1999). Foster parents must manage difficult behaviors exhibited by youth in care after negative interactions with biological parents or siblings during weekly visitation. Responses from 68 foster parents during interviews indicated that 37% of youth in care displayed negative behaviors following inconsistent family attendance during visitation (Moyers, Farmer, &

Lipscombe, 2006). Results also indicated that 41% of foster care providers identified biological visits as an additional stressor, and a "negative effect" on the entire foster family.

Parenting stress may impact quality of life for a foster parent when there are limited opportunities for relaxation or self-care. Some demanding and potentially stressful requirements of a foster caregiver include; caring for the youth, responding to emotional and behavioral challenges, providing transportation, medical appointments, psychological appointments, visitation, court dates, and foster parent trainings (Chipungu & Bent-Goodley, 2004). Scheduling and activity planning can often take time away from foster parents that they may use for relaxation or rest. Foster parent needs are often over-shadowed by the ongoing needs and circumstances of foster children (Jones & Morrissette, 1999). Some foster parents have advocated for increased pay arguing that current stipends are not enough to take care of the needs of youth. Some foster caregivers identified finances as their main source(s) of stress, and reported not having adequate financial resources to take care of the children in their care. Foster parents have indicated that they feel poorly paid and supported (Heller, Smyke, & Boris, 2002). Financial challenges can create barriers to forming alliances and good relationships between the child in placement and the foster family. In a questionnaire completed by 66 caregivers, responses indicated foster parents experienced stress related to not having adequate funds to pay for family vacations and meals out for both foster and biological members of the family (Hudson & Levasseur, 2002). Lack of financial support may be a significant source of stress and that foster caregivers identify as a reason for resigning from service. Responses from 102 foster parent interviews indicated caregivers report fewer resources (i.e., finances, food, shelter) and less support experienced higher levels of psychological distress, and 28% scored in the clinical

range for psychological distress (Kelley, Whitley, Sipe, &Yorker, 2000). Adequate financial reimbursement is an important component of support, and has been linked to the decision for parents to quit fostering (Brown & Bednar, 2006).

Although parenting foster children is a demanding job, it does not require an advanced degree or specialized education. The existing societal belief that fostering youth is menial work can lead many foster parents to feel as if their work is underappreciated. Parenting is not viewed by society as an activity that warrants any special training and thus foster parents often feel undervalued (Heller, Smyke, & Boris, 2002). On a questionnaire related to emotional support, 66 foster parents identified "respect, recognition, and acknowledgement" of their role as care givers as important support(s) needed to successfully care for youth (Hudson & Lavasseur, 2002). Brown and Calder (1999) interviewed 49 foster parents to identify challenges and sources of stress faced by foster parents. Responses indicated foster parents reported difficulties with the perception of their work being of low importance and the negative response to fostering from community members.

Many foster parents also report discouragement and stress related to the lack of control over the care of children in their homes. Over time, negative experiences with agency or system policies discourage many foster parents from continuing to care for foster youth (Brown & Bednar, 2006). Foster parents have reported that some biological families have a negative influence on children in their care and cause challenges in the home of the foster parent. Foster parents must deal with the child's varying reactions after family visits and are expected to support biological parents (Rosenfield et al., 1997). Negative behaviors experienced after family or sibling visits can include increased irritability, defiant

behaviors, or anger directed towards the foster parent after visiting with the biological family. In a survey about factors that contribute to burnout and resignation, 49 foster parents identified potential violence against family members, allegations of abuse, and "threats to our family" as sources of stress that could influence them to stop fostering youth (Brown and Calder, 1999). The nature and strength of the relationship between the foster parent's biological family and the children in care (or negative interactions between biological children and foster children) is associated with placement breakdown.

An additional challenge foster parents face are the many medical appointments, therapy sessions, and other required services youth in care must attend. Foster parents with multiple children or biological children may experience increased strain related to coordinating these many appointments. Additionally, many foster youth are removed from the care of biological parents in emergency situations, and the foster parent may not always receive essential documents (birth certificates, records, etc.) when they take the youth into their home. Not having a child's complete history (medical, psychiatric, etc.) leads to difficulties when the foster parent is required to complete medical and developmental evaluation forms (Heller, Smyke, & Boris, 2002).

Stress and Parenting

Parenting stress is the aversive psychological reaction to the demands of being a parent (Deater-Deckard, 1998). Distress related to parenting demands is integral in the formation of dysfunctional parent-child relationships and a risk factor for development of psychopathology. Behaviors that may affect the parenting relationship can include: allegations of abuse, resistance to form attachment to foster parents, aggressive behaviors, and rejection of parental attempts to bond with the youth (Wilson, Sinclair, & Gibbs, 2000).

Duties of a foster parent may include; redirecting negative behaviors, collaborating through bonding activities with a youth in placement, or managing negative experiences when a youth in placement rejects the caregivers attempts to bond. Parenting stress can be experienced as negative feelings toward the child (or self), directly related to tasks or requirements in parenting. Fostering is a job that intrudes into family life and produces acute distress (Wilson et al., 2000). The challenges related to doing the job of a foster parent may increase perceived stress in many foster parents.

A lot of research on foster parent stress has focused on the parenting stress associated with caregivers of youth with Autism Spectrum Disorder (ASD). Wolf, Noh, Fisman, & Speechly (1989) found caretakers of children with Autism Spectrum Disorder scored significantly higher on the Parenting Stress Index Questionnaire when compared with caretakers of youth with Down syndrome and caretakers of a group of developmentally average children. Prior research has shown that parents of children with ASD experience significant caregiver stress. Anthony, Anthony, Glanville, Naiman, Wanders, and Shaffer (2005) used the parenting stress index-short form to study relationships between parenting stress, parenting behavior, social competence, and behavior problems in a non-clinical sample of 260 parents of children in Baltimore City. Parents that reported greater stress used strict discipline, had lower expectations of their children and demonstrated less nurturing behaviors. Many foster parents need support to manage difficult psychological challenges of caring for a foster child (Simms, Dubowitz, & Szilagyi, 2000). Managing problematic behaviors, medical needs, psychological needs, and other associated responsibilities for a youth in care can result in high foster parent

stress, impact parenting strategies, as well as interactions with youth in placement (Fisher & Stoolmiller, 2008).

Parenting Styles

Parenting style developed initially as a universal construct to describe the parenting process and initially included parental belief system, parental behaviors, as well as the parent and child relationship (Darling & Sternberg, 1993). Early approaches to defining parenting style focused on different aspects of the parenting process. The psychodynamic approach focused on defining parenting through the parent-child relationship and the influence on psychosocial, psychosexual, and personality development. The social learning and behaviorist approach focused on defining parenting through specific parenting behaviors. Influences of both psychodynamic and behaviorist approaches encouraged an increased focus on measures of behavior and parent attitudes toward nurturing youth in their care. Darling and Sternberg (1993) defined parenting style as a constellation of attitudes communicated to the youth that create an emotional climate where parental behaviors are expressed. Both parenting style and parenting practices result in part from personal and specific goals and values parent's hold. Personal values, as well as specific ideas of how children should behave or act may be observed through individual parenting styles. The specific goals that parents socialize their children towards are critical determinants of parenting behavior (Darling and Sternberg, 1993).

Baumrind's identified parenting style categories consisted of varied combinations of three dimensions of parenting including demandingness, responsiveness (warmth), and autonomy granting (Domenech-Rodriguez, Donovick, & Crowley, 2009). *Demandingness* refers to the extent that parents show control. Baumrind (1991), described demandingness

as; “the claims parents make on children to become integrated into the family whole, by their maturity demands, supervision, disciplinary efforts and willingness to confront the child who disobeys.” *Responsiveness* refers to the extent to which parents show affective warmth, acceptance, and involvement (Aunola, Stattin, & Nurmi, 2000); and has also been described as being involved and interested in the child’s activities, listening to the child, and being supportive (Broderick & Blewitt, 2003). Baumrind (1991) described responsiveness as; “the extent to which parents intentionally foster intentionally foster individuality, self-regulation, and self-assertion by being attuned, supportive, and acquiescent to children’s special needs and demands.” The parenting dimension of “autonomy granting” is described as allowing children autonomy and individual expression within the family (Steinberg, Lamborn, Darling, Mounts, & Dornbush, 1994). Although Baumrind’s identified parenting styles are conceptually built on three dimensions, only two dimensions (warmth and demandingness) are typically measured (Domenech-Rodriguez, Donovick, & Crowley, 2009). The extent to which a parent or caretaker displays demandingness and responsiveness is indicative of specific parenting behaviors that form an example of a parenting style or category. Baumrind identified three parenting styles that corresponded to high and low values of responsiveness and control dimensions (Power, 2103).

Baumrind (1966) identified three parenting styles: authoritative, permissive, and authoritarian. Individual parenting styles of caregivers can affect the adjustment, social skills, and psychological health of a child in placement. A permissive parenting style is associated with caregivers that set less limits for their children and allow children to figure things out for themselves within the home environment. A permissive parenting style is

high on responsiveness but low on demandingness. The permissive parenting style has been associated with poor self-control, low self-esteem, and aggression (Power, 2013). Some characteristics of permissive parenting include few parental demands, minimal punishment, and a lack of rules (Turner, Chandler, & Heffer, 2009). A caregiver displaying a permissive parenting style may appear to be "hands off" or allow the children more freedom, less structure, and the absence of rigid rules for behavior. These caregivers are accepting of behaviors demonstrated by the youth, and display less desire to control the behaviors of youth in their care (Onder & Gulay, 2009). Baumrind (1967) looked at parenting styles and youth development in three groups of children; results indicated that "permissive" parents demonstrated non-controlling, non-demanding, and relatively "warm" behaviors towards their children. Youth in the care of permissive parents (or caregivers) appeared self-reliant, explorative, and displayed self-control. When parenting, permissive caregivers tend to allow their children more leeway to make decisions and may appear less controlling than other caregivers.

The authoritarian parenting style is associated with caregivers that set rigid rules and expectations. The authoritarian parenting style is high on demandingness but low on responsiveness. An authoritarian parenting style has been associated with poor academic achievement and depressive symptoms (Power, 2013). Some characteristics of authoritarian caregivers include highly directive behaviors, high levels of restriction, and reject behaviors that break rules (Turner, Chandler, & Heffer, 2009). Authoritarian caregivers expect children to be obedient, often set limitations for youth in care and often enforce consequences for not meeting expectations (Onder & Gulay, 2009). Baumrind (1967) found that "authoritarian" parents demonstrated detached, controlling, and "less

warm" behaviors towards their children. Children of these authoritarian parents (or caregivers) appeared discontent, withdrawn, and distrustful (Baumrind, 1967).

The authoritative parenting style is associated with caregivers that provide support, limits, as well as encouragement to youth. The authoritative parenting style is high on demandingness and high on responsiveness. The authoritative parenting style has been associated with positive developmental outcomes such as emotional stability and adaptive patterns of coping (Power, 2013). Some characteristics of authoritative parents include high levels of nurturance, encouragement of autonomy, and high sensitivity (Turner, Chandler, & Heffer, 2009). Parents described as authoritative are more likely to negotiate rules with children in their care and allow them to express disagreement. These caregivers are more likely to utilize a more collaborative approach to interacting with youth by tailoring expectations (of behaviors, etc.) to abilities of the youth (Onder & Gulay, 2009). Baumrind (1967) found that "authoritative" parents demonstrated demanding, communicative, rational, "warm" behaviors towards their children. Children in the care of these authoritative parents (or caregivers) appeared the most self-reliant, self-controlled, explorative, and content.

Maccoby and Martin (1983) also described a fourth parenting style that was low on both responsiveness and demandingness that they labeled the "uninvolved" style; which was similar in description to the neglectful parenting style Baumrind identified in her third study which described caregivers that implemented no rules, and appeared cold and unresponsive interactions with children in their care (Power, 2013).

Individual parenting styles are impacted by cultural traditions, individual beliefs, caregiver parenting style, and life experiences. Cultural beliefs have implications for

parenting and cross-cultural differences in parenting have been found among groups in the United States (Querido, Warner, & Eyberg, 2002). In the United States, many different parenting practices and approaches to raising children can be linked to different cultural influences. Latino cultural traditions as well as current country of residence both influence Latino parents' thoughts and behaviors (Halgunseth, Ispa, & Rudy, 2006). Calzada and Eyberg (2002) investigated parenting practices in 130 U.S. born Dominican and Puerto Rican mothers; results indicated Puerto Rican and Dominican mothers engage in high levels of authoritative parenting practice (praise, physical affection), and lower levels of authoritarian parenting behaviors. Specifically, over 80% of Puerto Rican and Dominican mothers reported using praise and affection several times per day, however Puerto Rican mothers endorsed more use of punitive strategies, and more use of ignoring compared with Dominican mothers (Calzada & Eyberg, 2002). It is important to recognize that although there may be similarities between many Latino cultures, individual families will value and practice cultural traditions differently. The U.S. Latino population is very diverse and generalizing across nationalities can be problematic because various factors contribute to the values and behaviors displayed by these parents (Halgunseth, Ispa, & Rudy, 2006). Some research suggests that Latino cultural parenting practices may not be able to be adequately categorized utilizing the four traditional parenting categories suggested by Baumrind and other researchers. Rodriguez, Donovick, and Crowley (2009) used the Parenting Style Observation Rating Scale (P-SOS) to study parenting style in a sample of 49 Latino families of Mexican origin. Results indicated 31% of Latino parents observed could be categorized according to a traditional parenting category (authoritative, authoritarian, permissive or neglectful) which was authoritative. Knowledge of Hispanic

family functioning is incomplete and under-researched. More research must be completed to determine if traditional categories adequately capture parenting behaviors of Latino parents (Calzada & Eyberg, 2002).

African American families also appear to be impacted differently by the various parenting styles implemented within families. Cross culturally, parenting behaviors may be similar, but their meaning and implications for a child's development may differ (Hill, 1995). Baumrind (1972) studied black and white preschool children and found that child rearing practices designated as authoritarian appeared to result in assertiveness and independence in African-American children. In White families, authoritative parenting resulted in the most competent children (Baumrind, 1972). Querido, Warner, and Eyberg (2002) investigated parenting styles and child behavior problems in 108 African-American caregivers (for African-American children); an authoritative parenting style was the most predictive of fewer child behavior problems. Authoritative parenting practices have shown a positive relationship to academic achievement across multiple cultures, including African-Americans. Taylor, Hinton, and Wilson (1995) studied parenting style and achievement in a sample of 566 students; results indicated African-American students with parents who used authoritative parenting style had higher grades than students of parents using an authoritarian parenting style (Taylor, Hinton, & Wilson, 1995). However, for some African American caregivers (specifically living in dangerous environments) implementation of authoritarian parenting practices may serve a meaningful purpose. Rigid parental control and high expectations of obedience may be in the best interest of youth living in high crime or dangerous environments where they may serve to protect the youth from danger (Taylor, Hinton, & Wilson, 1995). Authoritarian parenting characteristics

(such as high parental control) were found to be related to higher competence among adolescents in high risk environments (Baldwin, Baldwin, and Cole, 1990). Although authoritative parenting may enhance academic achievement, the authoritarian parenting style used by some African American parents may serve as a protective factor for the youth (Taylor, Hinton, and Wilson, 1995).

Parenting Style and Youth Development

Multiple parts of the care-giving process including parenting style, parental support, and management of stress can affect child psychosocial well-being (Fisher and Stoolmiller, 2008). Experiences with parents or caregivers during childhood or adolescence may affect youth's confidence in their own abilities to manage challenges throughout their lifetime. Interactions between a caretaker and youth in the home environment can affect development of self-esteem in youth. Dehart, Pelham, and Tennen (2006) found individuals who reported their parents as "more nurturing" (more authoritative) reported higher implicit self-esteem compared with those who reported their parents were "less nurturing" in a sample of undergraduate students. In a follow-up to the previous study, Dehart et al., (2006) used participant mothers' independent reports of their parenting styles to replicate results linking self-esteem to parenting style. Mothers who reported being more nurturing and less overprotective behaviors, had children with higher levels of implicit self-esteem. Buri, Louiselle, Misukanis, and Mueller (1988) measured effects of authoritarianism and authoritativeness on self-esteem in a sample of 230 college students. Results indicated that level of self-esteem decreased with increased authoritarian parenting practices. When authoritative parenting practices increased, self-esteem also increased.

How a foster parent interacts with a youth, or individual "parenting style" can affect emotional regulation of youth in a resource home. In a sample of 84 youth from a mid-southwestern city, parenting behaviors common to an authoritative parenting style (increased support, involvement with youth) were found to be positively associated with pro-social behaviors and anger regulation (Houltberg, Morris, Henry, and Criss, 2016). Conversely, parenting behaviors common to permissive parenting style (inconsistent discipline, poor supervision) were found to be positively related to antisocial behaviors and anger reactivity for youth in care.

Parenting styles can affect youth in the classroom environment. Aunola, Sattin, and Nurmi (2000) conducted a study of 354 adolescents to determine associations between achievement strategies and parenting styles experienced in families. Adolescents from authoritative families endorsed the most adaptive achievement strategies including low expectations of failure, task-orientated strategies, and positive self-talk when compared to other parenting styles. Yasmin, Kiani, and Chaudhry (2014), found maternal and paternal authoritative style to be a positive predictor of academic achievement in adolescents, while maternal and paternal authoritarian parenting style was found to be a negative predictor of academic achievement in a sample of 350 students.

The parenting style utilized by the caretaker has an impact on the home environment. An important part of fostering a youth is to provide a secure and enriching environment for the youth within the resource home. Providing youth in placement with supportive foster parent(s) and a nurturing home environment may reduce some of the poor outcomes occurring among former foster children (Fisher and Stoolmiller, 2008). Findings from a 9-year longitudinal study of 146 male children (2-12 years old) indicated positive

family and neighborhood experiences in early childhood were significantly related to lower levels of antisocial behavior and higher levels of social skills in early adolescence (Criss, Shaw, Moilanen, Hitchings, and Ingoldsby, 2009).

Impact of Stress on Parenting

Parental stress negatively affects parent-child interactions, health of youth in placement, relationship-building, discipline, and overall parenting practices in the home. Foster care providers "under strain" were less aware of mental health needs and educational needs of youth in care when compared to resource providers not experiencing strain (Farmer, Lipscombe, & Moyers, 2005). Increased perceived stress can also be observed in foster parents who must manage difficult externalizing behaviors (physical aggression, running away, self-harm) of youth in placement. Conduct problems, hyperactivity, and violent behavior demonstrated by foster youth increased strain on foster parents and reduced parenting abilities of foster parents (Lipscombe, Moyers, & Farmer, 2004). Risky behaviors can increase perceived stress of a foster parent since they are responsible for the health and safety of the youth in placement. Foster mothers of children with externalizing problems (children that had a borderline or clinically elevated externalizing scale of the Child Behavior Checklist, CBCL) experienced more parenting stress than the norm group of foster parents, and 71.8% of the foster mothers endorsed items in the clinical range for at least one parenting stressor (Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechets, 2013). Parents with foster children may experience increased parenting stress related to management of difficult, risky, or dangerous behaviors demonstrated by youth in care. Farmer, Lipscombe, and Moyers (2005) found that a sample of 68 foster caregivers reported increased strain when youth in care exhibited hyperactive behavior,

violence, or experienced difficulties contacting their biological families. Parental stress also can affect the length of time a youth spends with a particular family. Youth that experience negative or deteriorating relationships with foster caregivers are more likely to experience placement disruptions. The quality of relationship between the foster parent and child can impact the ability of the foster parent to redirect harmful behavior, nurture, guide, or provide consequences to the youth in placement. Lipscombe, Moyers, and Farmer (2004) found foster parents demonstrated lower levels of supervision when the youth in placement rejected attempts to introduce structure, consequences, or when behaviors became extreme. Quinton, Rushton, Dance, and Mayes (1998) demonstrated a close relationship between parenting styles, youth behavior, and placement stability in foster homes. Foster parents provided less structure for the youth in care as their stress level increased, and lower levels of supervision were found to be related to placement disruption. Emotional challenges that caregivers may experience also appear to affect parenting practices. Brannan, Heflinger, and Foster (2003) used the Caregiver Strain Questionnaire (CGSQ) to assess negative effects of caring for a child with emotional or behavioral problems. Results indicated caregivers that reported experiencing emotions such as worry, guilt, and fatigue were more likely to have children who required restrictive or higher levels of care (Brannan et al., 2003). Caring for children with emotional and behavior problems was a predictor of caregiver strain (Angold et al.,1998). Families caring for youth with psychosocial challenges reported barriers to accessing mental health services and parenting difficulties (Owens et al., 2002). It appears that parents managing psychological and behavioral difficulties of youth in placement may neglect important services for the youth. Parents may be overwhelmed by their child's psychosocial problems, or may lack

necessary resources to overcome barriers to mental health care. Parenting stress can potentially affect overall mental health of youth in placement. Farmer, Lipscombe, and Moyers (2005) examined strain on foster parents and the influence on parenting practices; results indicated when foster care providers were dissatisfied with the youth in placement, fewer of the youth in these placements showed improved well-being.

The experience of caregiver strain is different across cultures. Studies of caregivers of family members indicate important differences in the caregiver experience (McCabe, Yeh, Lau, Garland, & Hough, 2003). Connell and Gibson (1997) found White caregivers generally reported higher levels of caregiver stress, burden, and depression then non-White caregivers when examining the impact of race, culture, and ethnicity on the dementia caregiver experience (Connell & Gibson, 1997). Research has suggested African-American caregivers report lower levels of stress related to caregiver duties. In a sample of 999 African American caregivers given the caregiver strain questionnaire, African-American caregivers reported significantly lower caregiver strain then did non-Hispanic whites (McCabe, Yeh, Lau, Garland, & Hough, 2003). Additionally, caregiver strain reported by Asian caregivers and Latino caregivers did not differ significantly from caregiver strain reported by non-Hispanic whites. Cultural differences in the caregiver experience have an impact on mental health of the caregiver. Skarupski, McCann, Bienias, & Evans (2009) found African-American caregivers reported fewer depressive symptoms over time compared to white caregivers in a sample of 396 family caregivers of patients with Alzheimer's disease. Research has been conflicted related to potential causes of decreased perceived caregiver strain in some minority groups. Many minority families may benefit from extended networks of biological and non-biological family members that may

increase social support in these families and decrease perceived caregiver strain (McCabe, Yeh, Lau, Garland, & Hough, 2003). However, research is conflicting and other studies have found similar levels of social support across cultures. Haley et al. (1996) investigated 197 black and white family caregivers and found White and Black caregivers differed significantly in coping responses but not in social supports.

Coping

Lazaraus (1966) viewed coping as a process in the transaction of the individual and a stressor. Coping includes the cognitive and behavioral efforts to manage demands appraised as taxing or exceeding the resources of the individual (Folkmann & Lazarus, 1988). Monat and Lazarus (1991) describe coping as an individual's efforts to master demands (conditions of harm, threat, or challenge) that are appraised or perceived as exceeding or taking his or her resources. Coping is defined in the literature as a process of adaption to a perceived threat (Roger, Jarvis, & Najarian, 1993). Coping has also been explained as behaviors, cognitions and perceptions that people utilize to avoid being harmed by life strains or any response to external life strains that serves to prevent, avoid, or control emotional distress (Pearlin & Schooler, 1978). Historically, the process of coping has been described and subcategorized a variety of different ways throughout the literature (Blount et al., 2008).

Coping is any response to external life-strains that serves to prevent, avoid, or control emotional distress (Pearlin & Schooler, 1978). An individual's ability to react to a stressor, or cope can affect their psychological wellbeing. Coping relates to both life-strains experienced by people and the emotional state of an individual. Individuals participate in coping strategies to reduce the impact of stressors however, when implemented strategies

are ineffective or maladaptive, the result is stress or strain on the individual (Folkman & Lazarus, 1985). Parenting stress results when the family is unable to restore functioning following the introduction of a stressor by engaging in their regular coping strategies (Hayes & Watson, 2013). Events that are perceived as stressful are antecedents to coping (Blount et al., 2007). Coping and stress exist within a complex framework with the effectiveness of the particular coping strategies that are employed influencing psychosocial, emotional, behavioral functioning, and quality of life.

Coping Efficacy

Coping Self Efficacy (CSE) is the perception of one's capability for managing stressful or threatening environmental demands (Benight, Swift, Sanger, Smith, & Zeppelin, 1999). Coping efficacy is also an individual's level of confidence when employing a coping strategy to approach a problem, stressor, or challenge. Coping efficacy refers to the perception that the coping effort was successful in achieving the individual's goals in a particular situation where they face stressor or a threat (Aldwin & Revenson, 1987). A persons coping self-efficacy may influence their reaction to stress and its outcomes (Kraaij, Garnefski, & Maes, 2002). Individuals may differ in their abilities to manage similar stressors based on their coping efficacy and coping strategies employed. Different individuals have unequal success when dealing with the same life problems (Pearlin & Schooler, 1978).

A foster caregiver's level of confidence in implementing a coping strategy may affect their perceived levels of stress and coping strategies foster caregivers utilize. It is because of variations in coping efficacy that people exposed to similar life-strains may harbor quite different levels of stress (Pearlin & Schooler, 1978). Confidence in the ability

to implement a coping strategy appears to affect an individual's ability to manage a stressor. Coping self-efficacy can lead people to reduce, eliminate, or buffer their stress when handling challenging situations (Colodro Godoy-Izquierdo, & Godoy, 2010). Bandura (1988) demonstrated perceived inability to cope with a stressor (inefficacy) accompanies high levels of subjective distress. Ozer and Bandura (1990) demonstrated that increasing coping self-efficacy decreased psychological distress with implementation of an active coping strategy to reduce danger.

The Coping Self Efficacy Scale (CSE) is a 26-item measure of a person's perceived ability or confidence to cope effectively with life challenges, as well as a way to assess changes in CSE over time (Chesney, Neilands, Chambers, Taylor, & Folkman, 2006). The Coping Self Efficacy Scale (CSE) was found to be an adequate measure for assessment of a person's confidence in his or her perceived ability to perform certain actions aimed at coping effectively with stress (Colodro, Godoy-Izquierdo, & Godoy, 2010). The Coping Self-Efficacy Scale (CSE) demonstrated that change scores using problem and emotion focused coping skills were predictive of reduced psychological stress in a population of 348 participants coping with chronic illness (Chesney, et al., 2006). Kraaij, Garnefski, & Maes (2002) found respondents with higher coping self-efficacy used more task orientated coping (planning, problems solving) and had lower depression scores when examining joint effects of stress coping, and coping resources in predicting depressive symptoms. Coping self-efficacy was identified as a significant predictor of global distress and PTSD symptoms in a sample of 50 participants following a recently experienced stressful event (Benight & Harper, 2002). Coping self-efficacy was a strong predictor of general distress and trauma related distress in assessing psychological response to a natural disaster.

Coping Strategies

A coping strategy is a behavior that protects people from psychological harm related to problematic social experience, or a behavior that importantly mediates the impact societies have on their members (Pearlin & Schooler, 1978). It is through these behaviors, or coping strategies that individuals manage daily life experiences that may be stressful, challenging, or potentially harmful. There is no mutual agreement in the literature on which specific coping strategies most effectively lead to stress reduction (Aldwin & Revenson, 1987). Specific coping strategies implemented by a parent may differ depending on what stressor is presented, specific skills required to implement a coping strategy, and the resources available. The effectiveness of a particular coping strategy for each individual person may determine its usage. The specific behaviors, thoughts, and actions implemented in response to stress represent an individual's coping response (Pearlin & Schooler, 1978). Cultural values and differences between culturally distinct groups appear to influence the choice and use of coping strategies, coping strategies available to caregiver, and use of social support (Knight & Sayegh, 2010). Terms such as coping behaviors, coping responses, and coping strategies appear to be used interchangeably in the literature.

Pearlin and Schooler (1978) define the protective function of coping behaviors as (1) eliminating or modifying conditions giving rise to problems, (2) perceptually controlling the meaning of experience in a manner that neutralizes its problematic character, and (3) keeping the emotional consequences of a stressor once it has emerged. Foster care can be potentially harmful to both caregiver and youth in placement depending on the caregivers' ability to cope with the stressors related to parenting. Coping refers to things that people do to avoid harm from life strains.

Folkman and Lazarus (1980) defined *problem focused coping* as doing something to alter the source of the stress, and *emotion focused coping* as reducing or managing emotional distress. An *avoidant coping* style includes disengagement or denial of the stressor. (Knight & Sayegh, 2010). The function of problem focused coping is to act on the environment (or oneself) to affect the stressor (Shin et al., 2014). Problem focused coping strategies have been described as an active way to influence a stressful situation through the use of cognitive or behavioral efforts (Heber, Lehr, Ebert, Berking, & Riper, 2016). The function of emotion focused coping is to reduce the stressful emotional reaction to the experienced strain. The function of avoidant coping is to decrease the emotional consequences of stressor (Knight & Sayegh, 2010). Emotion focused coping strategies have been described as functioning to assist an individual in managing emotions such as anger, disappointment and sadness in relation to the stressful situation (Heber et al., 2016).

Folkman and Lazarus (1980) determined problem-focused coping was predominate in situations where individuals felt that they had more control over the stressor experienced, while emotion-focused coping emerged more when people felt as if they could not prevent experiencing the stressor. ., Examples of problem focused coping strategies include active coping, planning, restraint coping, and seeking social support for instrumental reasons (Carver, Scheier, & Weintraub, 1989). Shin et al., (2014) found problem focused coping strategies (including active coping, engagement, and planning) were negatively correlated with psychological strain in a meta-analysis composed of 9,729 participants. Examples of emotion focused coping strategies include seeking support for emotional reasons, focusing on and venting emotions, behavioral disengagement, and mental disengagement (Carver, Scheier, & Weintraub, 1989). Emotion focused coping utilizes reasoning, critical thinking,

emotional expression, and understanding as strategies to reduce psychological strain. Spiritual belief, acceptance, and positive reappraisal are emotional focused coping strategies (Shin et al., 2014). Emotion focused coping strategies (including seeking support, religious coping, and acceptance) were positively correlated with psychological strain in a meta-analysis composed of 9,729 participants. Examples of avoidant coping can include maladaptive thoughts or actions such as drug use, refusing to believe that it has happened, or denying that the stressor is occurring. A person's utilization of problem focused or emotion focused coping strategies may change over time. Problem focused coping strategies are associated with younger adults, while emotions focused coping strategies have been associated with older adults (Lazarus, 1996). This literature appears consistent with longitudinal studies of utilization coping strategies for caregivers of children with behavioral, psychological, and medical problems. Gray (2006) found over a ten year period, fewer caregivers of children with Autism relied on problem focused coping (service providers, treatment services) and there was a general shift toward utilization of emotion focused coping strategies (religion, positivity). Carver, Scheier, and Weintraub (1989) expanded on proposed problem focused and emotion focused coping strategies (adding additional dimensions) in their development of the COPE inventory. The COPE is a multi-dimensional inventory for assessing the different ways in which people respond to stress. *Active coping* is the process of taking direct action and increasing efforts to remove or reduce the stressor. *Planning* is thinking about how to deal with a stressor and suppression of competing activities is focusing exclusively on the stressor and not on anything else. *Restraint coping* is holding back a response to the stressor until the appropriate time to remove or reduce the stressor, and *Seeking social support* for instrumental reasons involves

information, psycho-education, or knowledge that can assist a person in dealing with a stressor. *Seeking support for emotional reasons* can be demonstrated through providing comfort, sympathy, or mutual understanding by another person. *Focusing on and venting emotions* can include expressing negative feelings related to the stressor while *behavioral disengagement* can involve complete avoidance of the stressor altogether or *mental disengagement* can involve multiple behaviors to distract or actively prevent an individual from thinking about or engaging the source of stress. Additional dimensions were added to this measure to increase the ability of the COPE to capture additional coping strategies of individuals. *Positive reinterpretation and growth* includes focusing on soothing and addressing negative emotions rather than addressing the stressor directly. *Acceptance* is acknowledgement of the stressor and its impact whereas *denial* can include ignoring the stressor or disregarding its existence. *Religion* as a coping strategy is an individual utilizing church, prayer, or religious activities to deal with stressor.

The abbreviated version of the COPE multidimensional inventory, also known as the Brief COPE omits two scales of the full COPE, reduces others to two items per scale, and adds one scale (Carver, 1997). The Brief COPE inventory is a self-report measure that contains 28 items and provides a measure of how frequently participants use a variety of different coping strategies. Responses are rated on a 4-point scale with higher scores reflecting greater use of a particular coping strategy. The Brief COPE identified emotion focused coping as associated with increased anxiety in caregivers of patients in vegetative or minimally conscious state (Cruzado & Morena, 2013). The coping strategy of denial was associated with increased depression. The COPE multi-dimensional inventory identified the coping strategies of denial and disengagement as predictors of increased

distress in distress in a study of breast cancer patients (Carver et al.,, 1993). The various coping strategies that individuals implement to manage and respond to stress can significantly affect an individual's mental health.

Coping Strategies and Stress

The use of coping strategies has been shown to impact level of perceived stress in individuals. Aldwin and Revenson (1987) found that individuals under greater stress used less adaptive coping strategies in a community survey of 291 adults investigating coping strategies and psychological symptoms. When foster parents employ ineffective coping styles or strategies, it can lead to increased stress, resignation from service, or burnout. Burnout is common among individuals working in various fields of human service work and health care (Shin et al., 2014). Foster parents report stress related to limited social supports and a common reason foster parents report for discontinuing service is a lack of support. Lack of external support (respite care, day care) can lead to disruption of a foster placement (Brown & Bednar, 2006).

A dearth of research on coping has focused on coping strategies for caregivers of youth with Autism Spectrum Disorder (ASD). Prior research has shown that parents of children with ASD experience significant caregiver stress. Among caregivers of youth with ASD, emotion-orientated coping strategies were associated with more parent and family problems (Lyons, Leon, Roecker, Phelps, & Dunleavy, 2010). Emotion focused-coping styles have been positively correlated with social support, depression, and maladaptive coping style (Han et al., 2014). Active avoidance coping was related to increased stress level and mental health problems in both male and female caregivers of youth with ASD (Hastings, Kovshoff, Brown, Ward, Degli-Espinosa, & Remington, 2005). Kraaij,

Garnefski, and Maes (2002) found individuals utilizing emotion-oriented coping strategies reported experiencing more life stress and higher depression scores in a community sample of 194 respondents. The use of religion and denial as coping strategies were related to more mental health problems in caregivers of children with autism (Hastings et al., 2005).

Studies have confirmed the effectiveness of specific coping strategies in managing certain perceived stressors. The COPE multi-dimensional inventory identified the use of acceptance and humor (coping strategies) as a predictors of lower levels of distress in a study of breast cancer patients (Carver et al., 1993). Different coping strategies implemented by individuals may vary depending on the specific threat that is experienced. The Brief COPE identified distraction (behavioral disengagement) as the most common coping strategy utilized among a sample of Chinese family caregivers of patients with esophageal cancer (Han et al., 2014). Additionally, male and female caregivers both utilized emotion focused coping, emotional support, and religious coping strategies but male caregivers used more problem focused and adaptive coping styles.

An effective coping strategy must be accessible, readily available, and continuously implemented to reduce distress in an individual. Family caregivers of dementia patients demonstrated lower levels of depression after utilizing an emotion-focused coping intervention program implementing positive reframing and emotional support (Li et al., 2014). The Brief COPE identified the coping strategy of acceptance as a predictor for absence of depression in a sample of caregivers of patients in vegetative or minimally conscious state. Within this sample, coping strategies of planning, acceptance, active coping, and instrumental support were the most frequently utilized methods of coping (Cruzado & Morena, 2013). Soliday, McCluskey-Fawcett, and Meek (1994) found

parenting stress and satisfaction to be significantly correlated with social support when comparing foster parent and non-foster parent groups. Foster parents' have identified additional training and support as an integral part of the management of parenting stress (Murray, Tarren-Sweeney, & France, 2011). Lyons et al., (2010) surveyed a sample of caregivers with lower levels of perceived parental stress and found they utilized distraction more frequently as a coping strategy. Specific strategies such as positive coping, have been associated with lower levels of depression in female caregivers, and positive mental health (Hastings et al., 2005).

Conclusion

Many foster youth that are removed from the care of their biological families have experienced physical abuse, sexual abuse, neglect, or abandonment. Entering foster care appears to increase the vulnerabilities of this population in a variety of ways. Children in foster care represent a high-risk population for maladaptive outcomes, including socio-emotional, behavioral, and psychiatric problems (Leslie, Hulburt, Lansverk, Barth, & Slymen, 2004). The emotional and psychological impact of maltreatment and neglect, combined with separation from familiar environmental supports, can effect psychological, emotional, and social development of youth in foster care. Compared to non-foster care Medicaid eligible child population, children in foster care have 10-20 times the utilization rate per Medicaid eligible child (Halfon et al.,1992). Deficits in available foster homes were documented in news reports across the United States in recent years. This reported evidence of the current need for foster parents throughout the United States further emphasizes the importance of supporting and retaining current foster parents. Caring for youth that have experienced abuse, neglect, or maltreatment can be a challenging job for

foster parents. The challenges related to doing the job of a foster parent may increase perceived stress. Individual parenting styles of caregivers can affect the adjustment, social skills, and psychological health of a child in placement. Experiences with parents or caregivers during childhood or adolescence can affect self-esteem, academic achievement, social skills, and expression of emotions in youth. Conduct problems, hyperactivity, violent behavior by foster youth, increased strain and reduced parenting abilities of foster parents (Lipscombe, Moyers, & Farmer, 2004). Parental stress may negatively affect parent-child interactions, health of child in placement, relationship building, discipline, and overall parenting practices in the home. Individuals may differ in their abilities to manage similar stressors based on their coping efficacy and coping strategies employed. It is through these behaviors, or coping strategies that individuals manage daily life experiences that may be stressful, challenging, or potentially harmful.

The purpose of this study was to identify effective coping strategies and parenting styles in foster parents that report low amounts of perceived stress. Another goal of the study was to explore relationships between years fostering, coping efficacy, and utilized coping strategies. Additionally, this study may provide information to agencies, training organizations, and foster parents on effective coping strategies to manage the stressors associated with working as a foster parent (foster caregiver). Identifying effective coping strategies, parenting styles in foster parents with low levels of stress may help increase retention of many foster parents and may reduce rates of “burnout”.

Chapter 2: Hypotheses

1.

It is hypothesized that foster parents with more time fostering (more than three years' experience group) will endorse higher ratings of coping efficacy and decreased perceived stress in comparison to a group of foster parents with less time (less than three years' experience group) fostering youth. Wolters and Daughtery (2007) demonstrated experience-related improvements in teachers' sense of efficacy related to their ability to manage and instruct their difficult-to-reach students.

2.

It is hypothesized that level of perceived stress will predict parenting style. Caretakers of children with ASD who reported greater total stress used more discipline and less nurturing behaviors (Anthony et al., 2005).

3.

It is hypothesized that level of perceived stress will predict coping efficacy. Bandura (1988) demonstrated perceived inability to cope with a stressor accompanies high levels of subjective distress.

4.

It is hypothesized that foster parents with more than three years' experience fostering will utilize more problem focused coping strategies (compared to avoidant or emotion focused coping) and endorse lower levels of perceived stress then foster parents with less than three years experience fostering. Stienhardt and Dolbeir (2008) participants who

implemented problem-solving coping strategies during increased stress experienced less negative affect, and lower levels of perceived stress.

5.

It is hypothesized that problem focused coping strategies will predict coping efficacy. Ozer and Bandura (1990) demonstrated that increasing coping efficacy decreased psychological distress with implementation of an active coping strategy to reduce danger.

Chapter 3: Methods

Design and Design Justification

This study used a quantitative, correlational, and between groups design to understand and identify effective coping strategies and parenting styles in foster caregivers that report low amounts of perceived stress. Data was collected from current foster parents through self-report assessments, which was viewed as the best method to explore relationships between years fostering, perceived stress, coping efficacy, and utilized coping strategies.

Participants

Foster caregivers with youth (children or teenagers) currently residing in placement in their homes for at least 3 months were recruited to participate in this study. One hundred-seventy eight participants were included in this study. This study included foster caregivers ages 25-34 years old (28.1%) and 35-65 + years old (71.9%).Participants identified their ethnicity as Caucasian/White (82%), Black/African-American (6.7%), Hispanic/Latino (5.6%), American Indian (1.1%), Asian/Pacific Islander (0.6%), “Biracial” (2.2%), and “other” (1.7%).Participants in this study had varying years of experience fostering youth, ranging from less than three years’ experience fostering (64.6%), to more than three years’ experience fostering (35.4%) . Participants ranged in the number of youth in their resource homes; 41.6% of caregivers had one youth in placement, 58.4% had two or more youth in placement. Participants hailed from 35 states across the United States with the highest percentages of participants coming from Pennsylvania (10.1%), New Jersey (8.4%), New York (8.4%), Arizona (8.4%), and California (7.9%). 75.8% of participants identified their relationship status as married, 8% as single, 4.5% as divorced, and 1.7% as widowed. Participants were

representative of multiple educational levels including 33.2% of participants with partial high school, high school, or associates degrees, and 66.8% of participants had bachelor's, graduate, or professional degrees.

Inclusion

Participants were required to be licensed foster parents for at least 3 months prior to participating in this study, and to have a child or teenager currently placed in their homes.

Exclusion

There were no exclusion criteria if inclusion criteria were met.

Recruitment

Potential participants were recruited through several ways. The researcher utilized internet support groups for foster parents, email, and social media (Facebook, Twitter, Instagram, etc.) to advertise for the study and extend access to prospective participants across the United States.

Measures

Demographic Questionnaire

A demographic questionnaire was used to gather information about the respondent's to the survey. The demographic questionnaire asked respondents to provide information including age, race, experience (years fostering), ethnicity, education, children in placement, marital status, state of residence, and services received as a caretaker for foster youth.

Parenting Styles and Dimensions Questionnaire, (Robinson, Mandleco, Olsen, & Hart, 1995).

The Parenting Practices Questionnaire is a self-report assessment measuring three main parenting styles: authoritative, authoritarian, and permissive. The PSDQ contains 62 items measured on a 5-point likert scale. Responses on this scale range between: 1 (never), 2 (once in a while), 3 (about half of the time), 4 (very often), and 5 (always). In terms of reliability, Robinson, et al., (1995) reported high internal consistency with the PSDQ, specifically; Authoritative Items (Cronbach's alpha: .91), Authoritarian Items (Cronbach's alpha: .86), and Permissive Items (Cronbach's alpha: .75). Additionally, Onder and Gulay (2009), reported acceptable internal reliability (Cronbach's alpha: .63) and high test-retest consistency with the PSDQ in a population of Turkish parents. In terms of scale validity, the validity of criteria could not be tested because a similar scale with the same sub-dimensions was not found in Turkish language. Because the internal consistency coefficients of the subscales were high (between .38-.84) it was decided that those scales were related and this was accepted as evidence of structural validity of the scale.

Brief COPE (Carver, 1997).

The Brief COPE inventory is a self-report assessment measuring how frequently participants use a variety of different coping strategies. The Brief COPE contains 28 items measured on a 4-point Likert scale. Responses on this scale range between: 1 ("I haven't been doing this at all"), 2 ("I've been doing this a little bit"), 3 ("I've been doing this a medium amount") and 4 ("I've been doing this a lot"). Items are summed to produce scale scores, with higher scores reflecting greater use of a particular coping

strategy. The Brief COPE measures 14 (factors) theoretically identified coping responses: self-distraction, active coping, denial, substance use, use of emotional support, use of instrumental support, behavioral disengagement, venting, positive reframing, planning, humor, acceptance, religion, and self-blame. The author of the Brief COPE reports looking at each coping strategy individually, and did not report an aggregate of scores to create subscales or dominant coping styles. The author suggested creating second order factors and using these factors as predictors. Therefore, for the purposes of this study, a small validity study was conducted by computing a factor analysis and determining which questions were most closely related to each other to form factors for this sample.

Cooper, Katona, and Livingston (2008) reported good internal consistency when the questions were grouped as emotion-focused, problem-focused, and dysfunctional coping strategies (with Cronbach's alpha ranging from 0.72–0.84), among caregivers of individuals with dementia. In addition, adequate test–retest reliability for caregivers of individuals with dementia over a 1-year and 2-year period (intraclass correlation coefficient ranges from 0.44–0.72 depending on the scale) was found. Concerning criterion validity, the Brief COPE demonstrated adequate predictive validity over a 2-year testing period for changes in caregiver burden (0.32–0.33) among caregivers of individuals with dementia, and dysfunctional coping (measured by the Brief COPE) was significantly related to increased depressive symptoms measured by the Center for Epidemiologic Studies Depression Scale (CES-D) (r.59) among caregivers of individuals with acquired brain injury.

The Coping Self-Efficacy (CSE) Scale (Chesney et al., 2006)

The Coping Self-Efficacy Scale (CSE) is a self-report assessment measuring a person's perceived ability to cope effectively with life challenges, as well as a way to assess changes in coping self-efficacy over time. Responses are indicative of the extent to which they believe they could perform behaviors important to adaptive coping. The CSE also has 3 factors (use problem focused coping, stop unpleasant thoughts and emotions, and get support from friends and family) in addition to generating a total score. The CSE contains 26 items measured on an 11-point Likert scale. Responses on this scale range between: 0 ("cannot do at all"), 5 ("moderately certain I can do") and 10 ("certain I can do"). An overall CSE score is created by summing the item ratings. Chesney et al. (2006) reported strong internal consistency and test retest reliability for all three factors: problem focused coping (6 items, α=.91), ability to stop unpleasant thoughts and emotions (4 items, α=.91), and support from friends and family (3 items, α=.80). Concurrent validity analysis showed that these factors assess self-efficacy for different types of coping. Predictive validity analyses showed that residualized change scores in using problem and emotion focused coping skills were predictive of reduced psychological distress and increased psychological well-being over time (Chesney et al., 2006).

Perceived Stress Scale (PSS) (Cohen, Kamarck, & Mermelstein, 1983)

The Perceived stress scale (PSS) is a self-report assessment measuring the frequency with which participants have experienced stress-related thoughts and feelings during the past month. The PSS contains 10 items measured on a 5-point Likert scale. Responses on this scale range from 1 ("never") to 5 ("very often"). An overall score is generated by summing the item ratings. Cohen, Kamarck, and Mermelstein (1983)

reported Cronbach's α between .84-.86, test-retest reliability .85, and concurrent validity was between .52-.76.

Procedures

Participants were recruited through snowballing, email blasts, flyers, conversations with active foster parents, and social media platforms including; Twitter, Facebook, and Instagram. Participants were provided with and required to click on an online link to access the survey through the website survey monkey. Participants responded to several screening questions before completing the survey. Participants that did not meet inclusion criteria were thanked for their time and disconnected from the survey. The survey took participants approximately 30 minutes to complete. The link for the survey remained open until data collection was completed. All participants were notified that upon completion of the survey, they were eligible to win a raffle for one of two ($50) gift cards to Target. Participants who were interested in being part of the raffle were asked to provide their email addresses to the investigator. Their email addresses were placed into a jar and two names were randomly selected as the winners of the raffle. Data collected was stored in survey monkey. Once all data was collected, the data received via survey monkey was transferred into an SPSS database and analyses were run using SPSS.

Chapter 4: Results

Preliminary Analyses and Descriptive Statistics

All statistical analyses were completed using statistical software, SPSS version 21. Statistical analyses were conducted on demographic characteristics of all participants that completed the entire survey. Demographic questions provided information about marital status, number of youth in placement, number of years spent fostering, foster parent age, cultural background, marital status, level of education, and geographical state of residence. Information from demographic questions is listed below:

Table 1

Foster Parent Participant Ages

Age	Frequency	Percent	Cumulative Percent
25-34	50	28.1	28.1
35-49	96	53.9	82.0
50-64	27	15.2	97.2
65+	5	2.8	100.0
Total	178	100.0	100.0

Table 2

Foster Parent Relationship Status

Status	Frequency	Percent	Cumulative Percent
Single	32	18.0	18.0
Married	135	75.8	93.8
Divorced	8	4.5	98.3
Widowed	3	1.7	100.0
Total	178	100.0	100.0

Table 3

Foster Parent Experience

Years	Frequency	Percent	Cumulative Percent
<1 year	41	23.0	23.0
1-3 years	74	41.6	64.6
3-5 years	24	13.5	78.1
5-7 years	15	8.4	86.5
7-9 years	9	5.1	91.6
>9 years	15	8.4	100.0
Total	178	100.0	100.0

Table 4

Number of Youth in Placement

Youth	Frequency	Percent	Cumulative Percent
1	74	41.6	41.6
2	57	32.0	73.6
3	31	17.4	91.0
4	8	4.5	95.5
55	4	2.2	97.8
6	3	1.7	99.4
7	1	.6	100.0
Total	178	100.0	100.0

Table 5

Foster Parent Ethnicity/Cultural Background

Ethnicity	Frequency	Percent	Cumulative Percent
White/Caucasian	146	82.0	82.0
Black/African-American	12	6.7	88.8
American Indian	2	1.1	89.9
Hispanic/Latina(o)	10	5.6	95.5
Asian/Pacific Islander	1	.6	96.1
Biracial	4	2.2	98.3
Other	3	1.7	100.0
Total	178	100.0	100.0

Table 6

Foster Parent Educational Level

Education	Frequency	Percent	Cumulative Percent
Middle school/Partial high school	1	.6	.6
High school diploma	30	16.9	17.4
Associate's degree	28	15.7	33.1
Bachelor's degree	63	35.4	68.5
Graduate degree	46	25.8	94.4
Professional degree	10	5.6	100.0
Total	178	100.0	100.0

Table 7

Foster Parent Geographical Location

Location	Frequency	Percent	Cumulative Percent
Rural	50	28.1	28.1
Suburban	101	56.7	84.8
Urban	27	15.2	100.0
Total	178	100.0	100.0

Table 8

Participant State of Residence

State	Frequency	Percent	Cumulative Percent
Alabama	1	.6	.6
Arizona	15	8.4	9.0
Arkansas	8	4.5	13.5
California	14	7.9	21.3
Colorado	1	.6	21.9
Delaware	1	.6	22.5
Florida	5	2.8	25.3
Georgia	8	4.5	29.8
Idaho	1	.6	30.3
Indiana	4	2.2	32.6
Kentucky	3	1.7	34.3
Louisiana	2	1.1	35.4
Massachusetts	6	3.3	38.8
Michigan	1	.6	39.3

Minnesota	2	1.1	40.4

(continued)

Table 8

Participant State of Residence (continued)

State	Frequency	Percent	Cumulative Percent
Mississippi	1	.6	41.0
Missouri	4	2.2	43.3
Montana	3	1.7	44.9
Nebraska	1	.6	45.5
Nevada	7	3.9	49.4
New Hampshire	3	1.7	51.1
New Jersey	15	8.4	59.6
New York	15	8.4	68.0
North Carolina	3	1.7	69.7
Ohio	5	2.8	72.5
Oklahoma	6	3.4	75.8
Oregon	1	.6	76.4
Pennsylvania	18	10.1	86.5
Rhode Island	2	1.1	87.6
South Carolina	3	1.7	89.3
Tennessee	8	4.5	93.8
Texas	5	2.8	96.6
Virginia	2	1.1	97.8
Washington	4	2.2	100.0
Total	178	100.0	100.0

Hypothesis 1

A one-way MANOVA was conducted to determine if foster parents with more than three years' experience fostering endorsed higher ratings of coping efficacy and decreased ratings of perceived stress in comparison to foster parents with less than three years' experience fostering youth. The Levene's test was found to be significant for foster parent's perceived stress ($p = .037$) and coping efficacy ($p = .002$), thus, equal variances could not be assumed ($p < .001$). Because of unequal variances, a Brown-Forsythe was conducted; an overall significant difference was found for perceived stress, $F(1, 109.52) = 9.90$, $p < .01$, but a significant difference was not found for coping efficacy, $F(1, 96.12) = .001$, $p < .001$. The test of between-subjects effects were examined. Foster parents with more than three years of experience fostering endorsed significantly higher levels of perceived stress ($M = 25.49$, $SD = 4.98$) in comparison to foster parents with less than three years' experience fostering ($M = 23.17$, $SD = 4.17$). There were no significant differences in coping self-efficacy between foster parents with more than three years of experience fostering ($M = 178.46$, $SD = 52.80$) and foster parents with less than three years' experience fostering ($M = 178.17$, $SD = 37.03$).

Hypothesis 2

It was anticipated that a one way ANOVA would be used to test the hypothesis that foster parent ratings of perceived stress would differ based on parenting style. All 178 participants (100%) endorsed the same parenting style, authoritarian, hence hypothesis 2 could not be tested.

Hypothesis 3

A simple linear regression was conducted to investigate if perceived stress predicted coping efficacy in a population of foster parents. The results were not significant, $F(1, 176) = 1.98$, $p = .16$. The adjusted R squared value was .006. This indicates that 0.6% of the variance in coping efficacy was explained by perceived stress. Therefore, foster parent's perceived stress did not predict their level of coping efficacy.

Hypothesis 4

A one-way MANOVA was conducted to determine if coping strategies differed by foster parent years of experience fostering youth. Before running a MANOVA, a principle component analysis with varimax rotation was conducted to assess the underlying structures for 28 items of the Brief COPE, as recommended by the author of the Brief COPE. Six factors with rotated eigenvalues above 2.0 were examined and accounted for 53.67% of the total variance. The first factor of problem focused coping strategies with support accounted for 11.26% of the variance, the second factor of problem focused coping strategies accounted for 10%, the third factor of denial accounted for 9.02%, the fourth factor of avoidant alcohol accounted for 8.04%, the fifth factor of making light accounted for 7.8%, and the sixth factor of acceptance accounted for 7.6% of the variance. Items with loading of .48 and above were included to improve clarity.

The first factor, problem focused coping strategies with support, had a significant eigenvalue (3.04) and consisted of items involving direct action coping strategies using outside support(s). Four items loaded uniquely for this factor: getting emotional support

(.83), getting help or advice (.80), getting comfort or understanding (.79), and getting advice on what to do (.73).

The second factor, problem focused coping strategies, had a significant eigenvalue (2.70) and consisted of items involving direct action coping strategies. Four items loaded uniquely for this factor: coming up with a strategy (.76), concentrating efforts on doing something (.76), thinking hard about steps to take (.71), and taking action to improve situation (.70).

The third factor, denial, had a significant eigenvalue (2.44) and consisted of items involving refusing to acknowledge a stressor(s). Three items loaded uniquely for this factor: refusing to believe it happened (.84), saying it isn't real (.80), and saying things to let unpleasant feelings escape (.61).

The fourth factor, avoidant-alcohol, had a significant eigenvalue (2.2) and consisted of items involving consuming alcohol to avoid stressor(s). Two items loaded uniquely for this factor: using alcohol or drugs (.90), and using alcohol or drugs to feel better (.86).

The fifth factor, making light of the situation, had a significant eigenvalue (2.1) and consisted of items involving minimizing or downplaying the impact of a stressor(s). Two items loaded uniquely for this factor: making fun of the situation (.82), and making jokes about the situation (.81).

The sixth factor, acceptance, had a significant eigenvalue (2.1) and consisted of items involving eluding of a stressor(s). Four items loaded uniquely for this factor: trying

to see things more positively (.68), learning to live with it (.68), trying to find good in the situation (.64), and accepting the fact that it happened (.48).

These factors were then used in the following MANOVA. A one-way MANOVA was conducted to determine if coping strategies differed by foster parent years of experience fostering youth. The Levene's test was found to be non-significant for problem focused coping strategies (p = .74), acceptance (p = .55), avoidant alcohol (p = .67), denial (.35), and making light (.25); therefore equal variances can be assumed across groups. However, the Levene's test was significant for problem focused coping strategies with support (p = .03), thus equal variances cannot be assumed. Tests of between-subjects effects were examined. No significant differences were found for problem focused coping strategies (p = .49), problem focused coping strategies with support using Brown-Forsythe (p = .47), avoidant alcohol (p = .68), making light (p =. 49), acceptance (p = .43), and denial/blame/negative self-talk (p =. 99). Foster parents with more than three years' experience fostering youth did not differ significantly in coping strategies including, problem focused (M = 12.98), problem focused with support (M =11.51), avoidant alcohol (M = 2.44), acceptance (M = 12.37), denial (M = 5.13), and making light (M = 4.27), when compared with the coping styles of foster parents with less than three years fostering experience (problem focused, M = 12.7; problem focused with support, M = 12.18; avoidant alcohol, M = 2.53; acceptance, M = 12.28; denial, M = 5.12; and making light, M = 4.5).

Hypothesis 5

A multiple regression was conducted to determine if problem focused coping strategies and problem focused coping strategies with support, predict coping efficacy.

First, a Pearson correlation was performed between problem focused coping strategies and problem focused coping strategies with support and was found to be statistically significant, but the coefficient was not large enough to suggest multi-collinearity, $r(176) = .425$, $p < .00$. Then, a multiple regression was conducted and found to be significant, $F(2, 175) = 16.28$, $p < .001$. The adjusted R squared value was .15. This indicates that 15% of the variance in coping efficacy was explained by a combination of problem focused coping strategies and problem focused coping strategies with support. Therefore, problem focused coping strategies and problem focused coping strategies with support predicted level of coping efficacy.

This study included a question asking participants about the type(s) of support provided by different foster care agencies. For the 178 foster parents included in this sample, a majority of foster parents (93%) reported receiving at least one type of support from the sponsoring agency, Fifty-five percent of foster parents reported receiving training, 28% of foster parents reported receiving respite care, 24% of foster parents reported receiving agency support, 21% of foster parents reported receiving foster parent appreciation, 20% of foster parents reported receiving peer support, 18.5% of foster parents reported receiving financial support, and 13% of foster parents reported receiving community organization supports.

Chapter 5: Discussion

It was hypothesized that foster parents with more than three years' experience fostering youth would endorse higher ratings of coping efficacy and decreased perceived stress in comparison to a group of foster parents with less than three years' experience fostering youth. Yamamoto, Hara, Kikuchi and Fujiwara (1990) provided evidence that negative stress responses decrease with experience among surgeons. The literature has also provided evidence for the relationship between experience and increased confidence. Wolters and Daughtery (2007) showed experience related improvements in self-efficacy among teachers**,** and Kim and Kim (2010) provided evidence for a strong positive relationship between years of teaching experience and teacher self-efficacy.

However, results did not confirm this hypothesis but rather indicated parents with more than three years' experience fostering reported increased stress and equal coping efficacy when compared with parents less than three years of fostering. The finding of increased levels of stress over time is consistent with Hauser-Cram, Warfield. Shonkoff & Krauss (2001) found that parental stress in caregivers of children with developmental delays increased over a ten-year span, and by year ten, four times as many parents reported stress in the clinical range. In another study that investigated parenting stress over time, Neece, Shulamite, & Baker (2012) found over a span of six years, there was a positive slope in parenting stress for caregivers' of children with developmental delays.

In regards to coping efficacy, foster parents with more than three years' experience fostering youth reported strong coping efficacy despite reporting increased stress. In reviewing the literature on coping self-efficacy, Wood and Bandura (1989) demonstrated perceived self-efficacy and efficient usage of strategies increased over trials

during a managerial task; and Chwalisz, Altimaier, & Russell (1992) provided evidence that teachers with higher perceived coping efficacy managed academic stressors by directing their efforts at resolving problems. Consistent with this research, foster parents reported equal confidence in ability to cope despite high levels of stress, which may indicate that foster parents felt better prepared to manage their stressors due to their coping skills. The sense of mastery and control engendered by successful problem-focused efforts helps explain caregivers' reports of positive affect in the midst of distress (Folkman & Moskowitz, 2000). In fact, there is literature confirming that formalized training increases confidence in managing tasks (Watters et al., 2015). Foster parents acquire the coping skills necessary to manage stressors in a variety of ways such as trainings, psycho-education, research, modeling, and technology. Elevated levels of confidence in ability to cope observed in this sample of foster parents may provide support for foster parent agency training programs developed to increase the knowledge and abilities of foster parents.

Results suggest that the most experienced foster parents (more than three years' experience group) reported higher levels of stress, perhaps implicating one of the causes of burnout among foster parents. Many researchers consider burnout to be a job-related stress condition or a "work related mental health impairment" (Awa, Plaumann, & Walter, 2010, p. 184). Burnout is defined as psychological strain that is a prolonged response to chronic work stress common among individuals working in human service (Shin et al., 2014). The relationship between burnout and stress has been well documented. Stress is expressed as a mental or emotional state during which a person encounters adverse conditions, while burnout refers to a mental, emotional, or physical

condition of chronic exhaustion that occurs due to exposure to intense emotional stress (Maslach & Schaufeli, 1993). Burnout is often expressed as emotional exhaustion and negative attitudes (Maslach & Schaufeli, 1993). Although viewed as a condition that will result from ongoing and excessive stress, the condition of burnout involves many factors common to stress. Research on correlates and antecedents of burnout suggest that a number of organizational-environmental variables are related to burnout including excessive workload, an absence of job resources, and insufficient social recognition (Maslach, Schaufeli, & Leiter, 2001; Paris & Hoge, 2010; Van Dierendonck, Schaufeli, & Buunk 2001).

Different than what was hypothesized, level of stress was not a predictor of coping efficacy. Results suggest foster parents can still experience high amounts of stress even if they have many coping strategies to manage stress. Foster parent responses indicated high levels of stress, which provides additional support for the experience of "burnout" identified by many foster parents as a reason they stopped being caregivers. Research has indicated that foster caregivers identified general stresses (63.8%) and behavior problems (59.2%) as top reasons they believed most parents discontinued fostering (Whiting & Huber, 2007).

There are several identifiable solutions for foster care agencies and mental health professionals to assist foster parents in managing stress and reducing burnout among foster parents. As previous researchers have stated, (Awa, et al., 2010; Halbesleben & Buckey, 2004; Maslach, et al., 2001; Van Dierendonck, Schuafeli, & Buunk,1998), most burnout programs have focused on goals of reducing work stress by improving the person's coping skills or social support. Although foster parent participants included in

this study reported confidence in their coping abilities, it can be helpful for foster parents to learn new strategies to enhance their coping and alleviate stress. Current research findings support the notion that evidence-based stress reduction techniques such as progressive muscle relaxation, diaphragmatic breathing, or guided imagery, and cognitive behavioral therapy (CBT) can lower stress levels of an individual (Varvogli & Darviri, 2011). Practical examples of implementation may include training foster parents on relaxation strategies to assist them in self-soothing or relaxing when they begin to experience stress. Implementation can also include group workshops or individual therapy sessions to teach additional evidenced based relaxation techniques such as positive self-talk, positive affirmations, and meditation. Erikson, Gernundsjo, Astrom, and Ronnlund, (2018) found after mindfulness training for a group of practicing psychologists, they showed improved mindfulness skills, lower levels of perceived stress and lower burnout symptoms post intervention. Learning evidenced based relaxation techniques may empower foster parents by teaching them techniques to directly alleviate or manage their stressors.

Research has shown that cognitive behavioral stress management can improve quality of life in patients (Ghazavi, Rahimi, Yazdani, & Afshar, 2016). Foster parents experiencing stress may also benefit from cognitive behavioral techniques to manage stress. Cognitive behavioral techniques may assist foster parents in managing stress through modifying negative thoughts, identifying triggers of anxiety, and managing negative emotions when they experience stress. It would be beneficial for foster care agencies to normalize individual therapy and to provide appropriate resources to caregivers when required. Foster parents who can develop effective strategies to manage

parenting stress may be more effective at facilitating a relationship with the youth in placement.

Confidence in coping between those with more or less experience fostering was equal regardless of time spent by a caregiver fostering children. Foster parents retained a similar level of confidence in coping ability despite demonstrating differing levels of perceived level of stress. The confidence levels of many foster parents to manage challenges related to parenting may be related to training opportunities, psycho-education, and feeling supported. For the 178 foster parents included in this sample, a majority of foster parents (93%) reported receiving at least one support from the sponsoring agency and 55% of foster parents reported receiving training. Watters et al. (2015) demonstrated that training (or simulation) increases participant's self-efficacy and management of a particular task. Consistent ratings of self-efficacy among foster parents included in this study may provide support for the positive effect and lasting impact of foster parent training. Ruchala and James (2006) demonstrated that higher levels of psycho-education were significantly related to development of maternal confidence when providing care for infants. Foster parent trainings often include psycho-education related to development, management of difficult behaviors, emotional challenges, and coping skills for stress, which may have increased the confidence of foster caregivers in this sample.

It was hypothesized that coping strategies utilized by those with more than three years' experience fostering youth would differ from the coping strategies utilized by those with less than three years' experience fostering youth. Results did not support this hypothesis and indicated there were no significant differences found in coping strategies

implemented between groups. It should be note that the desired level of power (.80) was not met for this hypothesis (.68), therefore, it is possible that there were significant differences between groups which could not be seen statistically because the analyses were underpowered. Furthermore, a more discrete differentiation of years fostering could not be assessed due to an error in collecting the data related to years of experience fostering youth. Participants selected a specific range of time rather than indicated a specific number of years' experience they had fostering youth. It may be that the difference between more than three years is not a significant time difference, but rather comparing one year of fostering experience to three years fostering experience may have demonstrated more of a differential. In addition, the ranges themselves overlapped which created some question as to the division of subjects into categories of years fostering experience. Some people who fostered for three years may have placed themselves into the one to three years range, while others may have endorsed the three-five years range. It is also possible the foster parents utilize similar coping strategies over time because they receive formalized training on coping strategies. Participant responses suggested a significant number of foster parents utilized problem focused and acceptance based coping strategies which have been shown to be effective in managing stress.

When looking at specific coping strategies, problem focused coping and acceptance predicted coping efficacy. These finding are consistent with current literature supporting problem focused coping strategies as effective in managing stress. Utilization of problem focused coping strategies predicted foster parent confidence in coping. Problem focused coping can be meaningful because it involves identifying situation-specific goals that engage the individual, focus their attention on the task, makes the

individual feel effective, and allows them to experience situational mastery and control (Folkman & Moskowitz, 2000). Foster parents that implemented effective problem focused coping strategies may have developed increased confidence in their ability to manage stressors they experienced. The sense of mastery and control engendered by successful problem-focused efforts helps explain caregivers' reports of positive affect in the midst of distress (Folkman & Moskowitz, 2000). Foster parents who experience relief implementing a problem focused coping strategy to manage stress may be more confident when implementing the same coping strategy when they encounter future stressors. There are many practical advantages of identifying problem-focused strategies as a predictor of coping efficacy in foster parents. Many problem focused coping strategies can be taught to large groups, learned through modeling, or built into the core components of pre-training curriculum. Foster care agencies can also incorporate novel problem focused strategies into curriculums, or target identified problem areas for foster parents with problem focused coping based solutions.

Problem focused coping strategies with support were found to predict confidence in coping abilities in foster parents. Foster parents' that implemented problem focused copings strategies with support, experienced higher confidence in their coping abilities. Results of this study were consistent with literature that supports social support as effective in managing stress. Rees and Freeman (2007) demonstrated the beneficial impact of social support on self-confidence through directly reducing the negative effect of stress. When foster parents felt supported, or had assistance in managing stressors, they were more confident in their ability to cope. Foster parents in this study described support(s) received from their sponsoring agencies including; financial support, respite

care, foster parent training, foster parent appreciation, peer support, agency support, and community support. Stansfeld, Fuhrer, Head, Ferrie, and Shipley (1997), showed that high job demand was associated with increased risk of psychiatric disorder, however high levels of social support were protective of mental health in both men and women. These results provide additional support for the importance of foster care agencies to provide services to assist their resource parents after youth have been placed into their resource homes**.**

It was hypothesized that foster parent's level of perceived stress would differ based on parenting style. This hypothesis could not be tested because all participants reported the same type of parenting style, authoritative parenting. Authoritative parenting practices have been identified as a predictor of academic achievement (Yasmin, Kiani, & Chaudhry, 2014), pro-social behaviors, and anger regulation (Houltberg, Morris, Cui, Henry, & Criss, 2016). Training programs for foster parents often incorporate authoritative parenting practices into curriculum including, providing support, high levels of nurturance, encouragement of autonomy, and boundary setting within the home environment (Turner, Chandler & Heffer, 2009). One possible explanation for the emergence of a common set of authoritative parenting practices for foster parents is the effectiveness of foster parent training programs implemented by foster care agencies. Results may indicate that foster parents have internalized and use the skills taught in training programs.

Another explanation may be related to the parenting categories themselves, as proposed by Baumrind. Classification of parenting as defined by Baumrind has differing levels of support throughout the research. Because Baumrind based her categorization of

parenting styles on the behavior of about a third (31 out of a sample of 110) of her sample of preschool children, it is possible that other parenting styles may exist (Power, 2013). Traditional methods characterizing parenting style may not adequately capture specific behavioral practices salient to parents of different cultural backgrounds (Calzada & Eyberg, 2002). For example, Steward and Bond (2002) theorized parenting dimensions were better indicators of parenting behaviors, specifically when characterizing ethnic cultural groups due to differing culture-specific meanings of behavior. More specifically, Domenech-Rodriguez, Donovick, and Crowley (2009) utilized Baumrind's parenting style classifications for their study, and found traditional parenting styles only accounted for approximately (33%) of their sample of Latino parents, suggesting traditional parenting categories do not capture Latino's parenting styles well. In studying African-American parents, Querido, Warner, and Eyberg (2002) found a high correlation between authoritarian and permissive parenting styles, suggesting overlap in the two scales of the PSD (Parenting Styles and Dimensions Questionnaire) for African-American families. Alternative terms have also been utilized by researchers to characterize and describe parenting style. Domenech-Rodriguez, Donovick, and Crowley (2009), utilized Baumrind's parenting style classifications in their study and identified additional parenting styles such as: "protective" parents (i.e., characterized by high demandingness, high warmth, low autonomy) and "affiliative" parents (i.e., characterized by high warmth, low demandingness, low autonomy). Other researchers such as Keller et. al., (2009), identified a "proximal" parenting style, characterized by bodily proximity, body stimulation and as more prevalent in urban educated middle-class families of Western cultures. Keller (2007) identified the "distal" parenting style as communication through

distant senses such as face-to-face contact, object stimulation and as prevalent in rural, low-educated families. Introduction of novel theoretical approaches, the elaboration of Baumrind's defined parenting styles, and support for identification of different criteria for classification of parenting style provides support for the possibility there are additional aspects of measuring parenting that current parenting measures may not include, may overlook, or may not adequately incorporate into assessments of parenting style.

Results from this study may also suggest that desirability impacted foster parent responses on the survey. It is a possibility that questions related to parenting style may have influenced participants to present themselves in an overly positive view. Specifically, foster parents that demonstrate passive (i.e., few rules, indulgent) or authoritarian parenting (i.e., strict rules, unresponsive to needs) behaviors may be aware that these behaviors are viewed as less desirable so they are presenting themselves in the best light.

Limitations of Study

There were several limitations to this study. A major limitation to this study was the inability to more distinctly separate participants by years' experience fostering youth. Participants selected a specific range of time rather than a specific number of years' experience fostering youth. Furthermore, some of the ranges overlapped so it was impossible to truly determine how many years they fostered. Given that some of the hypotheses were based on years fostering, some of the results may be questionable. The use of self-report instruments was a limitation as participants in this study may have underreported stress levels in an attempt to present themselves in a more favorable manner. Additionally, although this survey is anonymous, the negative perception

associated with certain parenting styles may have diminished the likelihood of participants accurately reporting these behaviors.

Furthermore, participant gender was not considered due to a missed opportunity in data collection. Although it seems plausible that most of the respondents were women, it is not known how many males vs. females participated in this study. As discussed earlier, all participants identified themselves as having the same authoritative parenting style. The lack of differentiation in identified parenting style prevented the examination of a hypothesis if level of perceived stress differed based on parenting style. The generalizability of this study is questionable since the majority of the participants in this study identified as Caucasian (82%), and the cultural make-up of this specific sample may not be representative of the many cultures and ethnicities of foster parents across the United States of America. Additionally, a larger percentage of foster parents identified as married (75.8%) compared with participants that identified as single (18%). While the researcher was not able to determine the percentage of married vs. single foster parents across the United States, it is possible that this group who participated are not representative of a typical foster parent.

Implications for Future Research

Future researchers can build on this study by recruiting a larger sample that will include participants from geographical locations under-represented in the current study such as participants residing in urban cities and rural communities. Future studies should replicate this study with an emphasis on recruiting participants from ethnic or cultural groups under-represented in the current study such as Asian-Americans, African-Americans, Latino/a Americans, and Native Americans. It is not clear why these groups

were under-represented but it would be beneficial for a future study to target these ethnic/cultural groups to observe possible differences in coping strategies implemented, perceived stress, and coping efficacy across cultures. Do foster parents representing different ethnic or cultural groups utilize different strategies for coping, or are there common strategies for coping that appear to be effective regardless of the ethnicity or culture of the participant? Future studies can use mental health screening or assessment tools to investigate the mental health status of foster parents, as well as other additional factors that may impact perceived stress in foster caregivers. Future studies should also investigate specific characteristics of foster youth themselves that may impact behavior(s) in resource placement and ability to form attachments with a foster parent such as; mental health status, and adverse childhood experiences (trauma).

Future studies could also further examine relationships between quality of life, perceived stress of participants, and motivation to foster youth (financial, obligation, service, etc.). Many foster parents have identified financial difficulties as a contributing factor to their perceived stress. Additional studies may examine the differences in reported pay rates among different foster caregivers, to explore the relationship between financial support and perceived stress level among resource parents. Future researchers may also measure baseline levels of coping efficacy in new resource parents, and compare with levels of coping efficacy after parent training. Many resource youth in placement exhibit behavioral and emotional difficulties such as rejecting resource parents' attempts to build a relationship with them while in placement. Finally, this study included a question about resources made available to the foster parents by the agencies that employ them. Although it was possible to determine what services participants were

receiving, the researcher was not able to assess the impact of these supportive services on parenting stress, or value of services to each individual participant. It would be useful for future research studies to examine impact of the specific services provided by foster care agencies on foster parents perceived parenting stress, in an effort to prioritize services identified as most impactful and useful by foster parents.

References

Abramo, A. (2016, September 19). Foster care crisis. *KCTS 9-Public Television,* Retrieved from: http://kcts9.org/programs/system-in-crisis/foster-care-crisis.

Adamakos, H., Ryan, K., & Ulman, D. (1986). Maternal social support as a predictor of mother/child stress and stimulation. *Child Abuse and Neglect: The International Journal, 10,* 463-470.

Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? Reexamination of the relationship between coping and mental health. *Journal of Personality and Social Psychology, 53*(2), 337-348.

Angold, A., Messer, S. C., Stangl, D., Farmer, E. M. Z, Costello, E. J., & Burns, B. J., (1998). Perceived parental burden and service use for child and adolescent psychiatric disorders. *American Journal of Public Health, 88*(1), 75-79.

Anthony, L. G., Anthony, B. J., Glanville, D. N., Naiman, D. Q., Wanders, C., & Shaffer, S. (2005). The relationships between parenting stress, parenting behavior and preschoolers' social competence and behavior problems in the classroom. *Infant and Child Development, 14,* 133-154. doi: 0.1002/icd.385

Aunola, K., Stattin, H., & Nurmi, J. E. (2000). Parenting styles and adolescents achievement strategies. *Journal of Adolescence, 23, 205-222*. doi:10.1006/jado.2000.0308.

Awa, W. L., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Educational Counseling, 78*(2), 184-190. [PubMed: 19467822].

Baldwin, A., Baldwin, C., & Cole, R. (1990). Stress-resistant families and stress resistant children. In J. Rold, Masten, A., Cichetti, D., Nuchterlein, K., & Weintraub, S.

(Eds.), *Risk and Protective Factors in the Development of Psychopathology* (pp. 257-280). Cambridge: Cambridge University Press. doi: 10.1017/CBO9780511752872.016

Bandura, A. (1988). Self-conception of anxiety. *Anxiety Research, 1,* 77-98.

Baumrind, D. (1966). Effects of authoritative parental control on child behavior. *Child Development, 37*(4), 887-907.

Baumrind, D. (1967). Child care practices anteceding three patterns of preschool behavior. *Genetic Psychology Monographs, 75*(1), 43-88.

Baumrind, D. (1972). An exploratory study of socialization effects on black children: some black-white comparisons. *Child Development, 43*, 262-267.

Baumrind, D. (1991). The influence of parenting style on adolescent competence and substance use. *The Journal of Early Adolescence, 11*(1), 56–95. https://doi.org/10.1177/0272431691111004

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of posttraumatic recovery: The role of perceived self-efficacy. *Behavior Research and Therapy, 42,* 129-1148. doi: 10.1016/j.brat.2003.08.008.

Benight, C. C., & Harper, M. L. (2002). Coping self-efficacy perceptions as a mediator between acute stress response and long term distress following natural disasters. *Journal of Traumatic Stress, 15*(3), 177-186.

Benight, C. C., Swift, E., Sanger, J., Smith, A., & Zeppelin, D. (1999). Coping self-efficacy as a mediator of distress following a natural disaster. *Journal of Applied Psychology, 29*(12), 2443-2464.

Blount, R. L, Simons, L. E., Devine, K. A., Jaaniste, T. M.P, Cohen, L L., Chambers, C.

T., & Hayutin, L. G. (2007). Evidence based assessment of coping and stress in pediatric psychology. *Journal of Pediatric Psychology, 33*(9), 1021-1045. doi:10.1093/jpepsy/jsm071.

Boyne, J. (1978). A mental health note in adoption of school age and teen-age children. *Child Welfare, 57*, 196-199.

Brannan, A. M., Heflinger, C. A., & Foster, E. M. (2003). The role of caregiver strain and other family variables in determining children's use of mental health services. *Journal of Emotional and Behavioral Disorders, 11*(2), 77-91.

Bristol, M. M. (1984). Family resources and successful adaptation to autistic children. In E. Schopler & G.B. Mesibov (Eds.), *The effects of autism on the family* (pp. 289-310). New York: Plenum Press.

Broderick, P. C., & Blewett, P. (2003). *The life span; Human development for helping professionals.* Upper Saddle River, NJ: Pearson Education Inc.

Brown, J. D., & Bednar, L. M. (2006). Foster parent perceptions of placement breakdown. *Children and Youth Services Review, 28,* 1497-1511. doi:10.101016/j.childyouth.2006.003.004.

Brown, J., & Calder, P. (1999). Concept-mapping the challenges faced by foster parents. *Children and Youth Services Review, 21*(6), 481-495.

Buri, J. R., Louiselle, P. A., Misukanis, T. M., & Mueller, R. A. (1988). Effects of parental authoritarianism and authoritativeness on self-esteem. *Personality and Social Psychology, 14*(2), 271-282.

Calzada, E. J., & Eyberg, S. M. (2002). Self-reported parenting practices in Dominican and Puerto Rican mothers of youth children. *Journal of Clinical and Adolescent*

Psychology, 31(3), 354-363.

Carver, C. S. (1997). You want to measure coping but your protocol's too long: Consider the Brief COPE. *International Journal of Behavioral Medicine, 4*(1), 92-100.

Carver, C. S., Pozo, C., Harris, S. D., Noriega, V., Scheier, M., Robinson, D. S., Ketcham, A. S., Moffat, F. L., & Clark, K. C. (1993). How coping mediates the effect of optimism on distress: A study of women with early stage breast cancer. *Journal of Personality and Social Psychology, 65*(2), 375-390.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: A theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-283.

Chamberlain, P., Moreland, S., & Reid, K. (1992). Enhanced services and stipends for foster parents: Effects on retention rates and outcomes for children. *Child Welfare, 21*(5), 387-401.

Chesney, M. A., Neilands, T. B., Chambers, D. B., Taylor, J. M., & Folkman, S. (2006). A validity and reliability study of the coping efficacy scale. *British Journal of Health Psychology, 11*, 421-437. doi:10.1348/1359 10705X53155.

Chipungu, S. S., & Bent-Goodley, T. B. (2004). Meeting the challenges of contemporary foster care. *The Future of Children*, 75-93. Retrieved from: www.futureofchildren.org.

Chwalisz, K. D., Altmaier, E. M., & Russell, D. W. (1992). Casual attributions, self-efficacy cognitions, and coping with stress. *Journal of Social and Clinical Psychology, 11*, 377-400.

Clausen, J. M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998).

Mental health problems of children in foster care. *Journal of child and family studies, 7*(3), 283-296.

Cohen, S., Karmarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior, 24,* 385-396.

Colodro, H., Godoy-Izquierdo, D., & Godoy, J. (2010). Coping self-efficacy in a community based sample of women and men from the United Kingdom: The impact of sex and health status. *Behavioral Medicine, 36*(1), 12-23. doi:10.1080/08964280903521362.

Connell, C. M., & Gibson, G. D. (1997). Racial, ethnic, and cultural differences in dementia caregiving: Review and analysis. *The Gerontologist, 37*(3), 355-364.

Cooper, C., Katona, C., & Livingston, G. (2008). Validity and reliability of the Brief COPE in carers of people with dementia: The LASWE-AD study. *The Journal of Nervous and Mental Disease, 196*(1), 838-843. doi: http://d.doi.org/10.1016/j.jad.2014.07.008.

Cox, M. E., Buehler, C., & Orme, J. G. (2002). Recruitment and foster family service. *Journal of Sociology and Social Welfare, 29*(3), 151-177. Retrieved from: http://scholarworks.wmich.edu/jssw/vol33/iss4/9.

Criss, M. M., Shaw, D. S., Moilanen, K. L., Hitchings, J. E., & Ingoldsby, E. M. (2009). Family, neighborhood, and other characteristics as predictors of child adjustment: A longitudinal analysis of additive and mediation models. *Social Development, 18*(3), 511-533. doi:10.1111/j.1467-9507.2008.00520.x

Crnic, K. A., & Greenberg, M. T. (1990). Minor parenting stress with young children. *Child Development, 61,* 1628-1637.

Cruzado, J. A., & Elvira de la Morena, M. J. (2013). Coping and distress in caregivers of patients with disorders of consciousness. *Brain Injury, 27*(7-8), 793-798. doi: 10.3109/02699052.2013.793402.

Darling, N., & Sternberg, L. (1993). Parenting style as context: An integrative model. *Psychological Bulletin, 113*(3), 487-496.

Deater-Deckard, K. (1998). Parenting stress and child adjustment: Some old hypothesis and new questions. *Clinical Psychology Science and Practice, 5,* 314-332. https://doi.org/10.1111/j.1468-2850.1998.tb00152.x

Deeken, J. F., Taylor, K. L., Mangan, P., Yabroff, K. R., & Ingham, J. M. (2003). Care for the caregivers: A review of self-report instruments developed to measure the burden, needs, and quality of life of informal caregivers. *Journal of Pain and Symptom Management, 26*(4), 922-952. doi:10.1016/S0885-3924(03)00327-0.

Definitions, Foster Care, 45 C.F.R. § 1355.2 (2019).

DeHart, T., Pelham, B. W., & Tennen, H. (2006). What lies beneath: Parenting style and implicit self-esteem. *Journal of Experimental and Social Psychology, 1-17.*doi: 10.1016/j.jesp.2004.12.005

Dill, G. (2015, July 20). Lack of foster homes forces some South Carolina children into hotels. 7NEWS-WSPA.COM, Retrieved from https://wspa.com/2015/07/20/lackof-foster-homes-forces-some-south-carolina-children-into-hotels/

Domenech-Rodriguez, M. M., Donovick, M. R., & Crowley, S. L. (2009). Parenting styles in a cultural context: Observations of "protective parenting" in first generation Latinos. *Family Process, 48*(2), 195-210.

Dore, M. M. & Eisner, E. (1993). Child-related dimensions of placement stability in treatment foster care. *Child and Adolescent Social Work Journal, 10*(4), 301-317.

Dozier, M., Albus, K., Fisher, P. A., & Sepulveda, S. (2002). Interventions for foster parents: Implications for developmental theory. *Development and Psychopathology,14,* 843-860. doi: 10.1017.S0954579402004091.

Edelstein, S. (1981).When foster children leave: Helping foster parents to grieve. *Child Welfare, 60*(7), 467-473.

Eriksson, T., Germundsjo, L. Astrom, E., & Ronnlund, M. (2018). Mindfulness self-compassion training reduces stress and burnout symptoms among practicing psychologists: A randomized controlled trial of a brief web-based intervention. *Frontiers in Psychology, 9*(2340), 1-9. doi: 10.3389/fpsyg.2018.02340.

Fanshel, D. (1966). *Foster parenthood*. Foster Minneapolis: University of Minnesota Press.

Farmer, E., Lipscombe, J., & Moyers, S. (2005). Foster carer strain and its impact on parenting and placement outcomes for adolescents. *British Journal of Social Work, 35*(2), 237-253. https://doi.org/10.1093/bjsw/bch181

Fisher, P. A. & Stoolmiller, M. (2008). Intervention effects on foster parent stress: Associations with children's cortisol levels. *Developmental Psychopathology, 20*(3), 1003-1021. doi: 101017/S0954579408000473.

Foden-Vencil, K. (2016, July 6). With foster care system 'crisis' Oregon puts kids in hotel rooms. OPB News, Retrieved from http: www.embraceoregon.org/

Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle aged community sample. *Journal of Health and Social Behavior, 21,* 219-239.

Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion

and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*(1), 150-170.

Folkman S., & Lazarus, R. S. (1988). Manual for the ways of coping questionnaire (research edition) Palo Alto, CA: Consulting Psychologist's Press.

Folkman, S. & Moskowitz, J. T. (2000). Positive affect and the other side of coping. *American Psychologist, 55*(6), 647-654. doi:10.1037//0003-066X.555.6.647.

Gedeon, J. (2014, July 15). Children in foster care increase amid shortage of foster families. *NBC Montana*, Retrieved from https://www.nbcmontana.com/

Ghazavi, Z., Rhimi, E., Yazdani, M., & Afshar, H. (2016). Effect of cognitive behavioral stress management program on psychosomatic patient's quality of life. *Iran Journal of Nursing and Midwifery Research, 21*(5), 510-515. doi:10.4103/1735-9066. 193415

Goldstein, J., Freud, A., & Sonit, A. J. (1979). Before the best interest of the child. New York: The Free Press.

Gray, D. E. (2006). Coping over time: The parents of children with autism. *Journal of Intellectual Disability Research, 50*(12), 970-976. doi:10.1111/j.1365-2788.2006.00933.x

Halbesleben, J. R. B., & Buckley, M. R. (2004). Burnout in organizational life. *Journal of Management, 30*(6), 859-879.

Haley, W. E., Roth, D. L., Coleton, M. I., Ford, G. R., West, C., Collins, R. P., & Isobe, T. L. (1996). Appraisal, coping, and social support as mediators of well-being in black and white family caregivers of patients with Alzheimer's disease. *Journal of Consulting and Clinical Psychology, 64*(1), 121-129.

Halfon, N., Berkowitz, G, & Klee, L. (1992). Mental health service utilization by

children in foster care in California. *Pediatrics, 89,* 1238-1244.

Halgunseth, L. C., Ispa, J. M., Rudy, D. (2006). Parental control in Latino families: An integrated review of literature. *Child Development, 77*(5), 1282-1297. doi: 10.1111/j.1467-8624.2006.00934.x

Han, Y., Hu, D., Liu, Y., Lu., C., Luo, Z., Zhao, J., Lopez, V., & Mao, J. (2014). Coping styles and social support among depressed Chinese family caregivers of patients with esophageal cancer. *European Journal of Oncology Nursing, 18,* 571-577. doi: http:://dx.doi.org/10.1016/j.ejon.2014.07.002.

Harman, J. S., Childs, G.E., & Kelleher, K.J. (2000). Mental health care utilization and expenditures by children in foster care. *Archives of Pediatric Adolescent Medicine, 154,* 1114-1117. doi:10.1001/arch-pedi.154.11.1114.

Hastings, R. P., Kovshoff, H., Brown, T., Ward, N. J., Degli-Espinosa, F., & Remington, B. (2005). Coping strategies in mothers and fathers of preschool and school age children with autism. *Autism, 9*(4), 377-391. doi: 10.1177/136236305056078.

Hauser-Cram, P., Warfield, M. E., Shonkoff, J. P., & Krauss, M. W. (2001). Children with disabilities: A longitudinal study of child development and parental well-being. *Monographs of the Society for Research in Child Development, 66,* 1-131.

Hayes, S. A. & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without Autism Spectrum Disorder. *Journal of Autism Developmental Disorders, 43,* 629-642.doi:10.1007/s10803-012-1604-y.

Heber, E., Lehr., D., Ebert, D. D., Berking, M., & Riper, H. (2016). Web-based and mobile stress management intervention for employees: A randomized controlled

trial. *Journal of Medical Internet Research, 18*(1), 1-23. doi:10.2196/jmir.5112:10.2196/jmr.5112

Heller, S. S., Smyke, A. T., & Boris, N. W. (2002). Very young foster children and foster families: Clinical challenges and interventions. *Infant Mental Health Journal, 23*(5), 555-75. doi: 10.1002/imh.10033.

Hill, N. E. (1995). The relationship between family environment and parenting style: A preliminary study of African-American families. *Journal of Black Psychology, 21*(4),408-423.

Houtlberg, B. J., Morris, A. S., Cui, L., Henry, C. S., & Criss, M. M. (2016). The role of youth anger in explaining links between parenting and early adolescent prosocial and antisocial behavior. *Journal of Early Adolescence, 36*(3), 297-318. doi: 10.177/0272431614562834.

Hudson, P. & Levasseur, K. (2002).Supporting foster parents: Caring voices. *Child Welfare, 81*(6), 854-871.

James, S. (2004). Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review,* 601-626.

Jones, G. & Morrissette, P.J. (1999). Foster parent stress. *Canadian Journal of Counseling, 33(1),* 13-27.

Keller, H., Borke, J., Staufenbiel, T., Relindis, Y. D., Abels, M., Papaligoura, Z., Jenson, H., Lohaus, A., Chaudhary, N., Wingshan., L., & Yanjie, S. (2009). Distal and proximal parenting as alternative parenting strategies during infants' early months of life: A cross cultural study. *International Journal of Behavioral Development, 33*(5), 412-420. doi: 10.1177/0165025409338441

Kelly, S. J., Whitley, D., Sipe, T. A., Yorker, B. C. (2000). Psychological distress in grandmother kinship care providers: the role of resources, socials support, and physical health. *Child Abuse and Neglect, 24*(3), 311-321.

Kendall, M. (2010, September 22). Shortage of foster parents seen as U.S. trend. USA TODAY, Retrieved from http://usatoday30.usatoday.com/news/nation/2010-09-23-fostercare23_ST_N.htm

Kenny, J. (2016, August, 26). More kids for fewer homes? *The Chronicle of Social Change.* Retrieved from https://chronicleofsocialchange.org/child-welfare-2/kids fewer-homes/20504

Kim, Y. H., & Kim, Y. E. (2010). Korean early childhood educators' multi-dimensional teacher self-efficacy and ECE center climate and depression severity in teachers as contributing factors. *Teaching and Teacher Education, 26,* 1117-1123.

Klatt, J. W. (2012). Biological Psychology (12th edition). Boston, MA: Cengage Learning

Knight, B.G., & Sayegh, P. (2010). Cultural values and caregiving: The updated sociocultural stress and coping model. *Journal of Gerontology, 65B*(1), 5-13. doi: 10.1093/geronb/gbp096.

Kraaij, V., Garnefski, N., & Maes, S. (2002). The joint effects of stress, coping, and coping resources on depressive symptoms in the elderly. *Anxiety, Stress, and Coping, 15*(2),163-177. doi:10.1080/10615800290028468.

Lawlor, J. (2016, March 30). Facing shortage of homes, Maine DHHS calls on families to take in foster children, *The Portland Press,* Retrieved from https://pressherald.com/2015/03/30/facing-shortage-maine-dhhs-calls-on-families-to-take-in-foster-kids/

Lazarus, R. S. (1966). Psychological stress and the coping process. New York: McGraw-Hill.

Lazarus, R. S. (1996). The role of coping in the emotions and how coping changes over the life course. In *Handbook of Emotion, Adult Development, and Aging* (eds C. Magai & S.H. McFadden), pp. 289-306. San Diego, CA: Academic Press.

Leslie, L. K., Hurlburt, M. S., Landsverk, J., Barth, R., & Slymen, D. (2004). Outpatient mental health services for children in foster care: a national perspective. *Child Abuse & Neglect, 28*(6), 697-712. https://doi.org/10.1016/j.chiabu.2004.01.004

Leslie, L. K., Hurlburt, M. S., Landsverk, J., Rolls, J. A., Wood, P. A., & Kelleher, K. J. (2003). Comprehensive assessments for children entering foster care: A national perspective. *Pediatrics, 112*(1 Pt 1), 134–142. doi:10.1542/peds.112.1.134

Lewis, D. O., Mallouh, C., & Webb, V. (1989). Child abuse, delinquency, and violent criminality. In D. Cicchetti & V. Carlson (Eds.), *Child Maltreatment: Theory and research on the causes and consequences of child abuse and neglect* (pp. 707-721). New York, NY, US: Cambridge University Press. http://dx.doi.org/10.1017/CBO9780511665707.023

Li, R., Cooper, C., Barber, J., Rapaport, P., Griffin, M. & Livingston, G. (2014). Coping strategies as mediators of the effect of the START (strategies for relatives) intervention on psychological morbidity for family carers of people with dementia in a randomized controlled trial. *Journal of Affective Disorders, 168,* 298-305. doi: http://dx.doi.org/10.1016/j.jad.2014.07.008.

Lim, B. K., Huang, K. W., Grueter, B. A., Rothwell, P. E., Malenka, R. C. (2012). Anhedonia requires MC4 receptor-mediated synaptic adaptions in nucleus accumbens. *Nature; 487* (7406), 183-189. doi:10.1038/nature11160.

Lipscombe, J., Moyers, S., & Farmer, E. (2004). What changes in parenting approaches Occur over the course of adolescent foster care placements? *Child and Family*

Social Work, 9, 347-357.

Littner, N. (1967). The effects on child welfare of recent trends in mental health theory and practice. *Child Welfare, 46*(5), 254-262.

Lyons, A. M., Leon, S. C., Roecker-Phelps, C. E., & Dunleavy, A. M. (2010). The impact of child symptom severity on stress among parents of children with ASD: The moderating role of coping styles. *Journal of Child and Family Studies, 19,* 516-524.

Maccoby, E. E., & Martin, J. (1983). Socialization in context of the family: Parent-child interaction. In E.M. Hetherington (Ed.), Handbook of Child Psychology: Vol. 4.

Maslach, C. & Jackson, S.E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2,* 99-113.

Maslach, C. & Schaufeli, W. B. (1993). Historical and conceptual development of burnout. In W.B. Schaufeli, C. Maslach, & E.T. Marek (Eds), Professional burnout. *Recent developments in theory and research*, 1351-1396.

Maslach, C. Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52,* 397-422. [PubMed:1114831].

McCabe, K. M., Yeh, M., Lau, A., Garland, and Hough, R. (2003). Racial/ethnic differences in caregiver strain and perceived social support among parents of youth with emotional and behavioral problems. *Mental Health Services Research, 5*(3), 137-147.

McEwen, B. S. (2000). The neurobiology of stress: from serendipity to clinical relevance. *Brain Research, 886,* 172-189.

McNamara, B. (2015, August 31). Foster family shortage stretches existing homes thin. *Milford Daily News,* Retrieved from:

https:www.milforddailynews.com/article/20150831/NEWS/15039602

Michie, S. (2002).Causes and management of stress at work. *Occupational and Environmental Medicine, 59,* 67-72.

Monat, A., & Lazarus, R. S. (Eds.). (1991). Stress and coping: An anthology (3rd ed.) New York, NY, USA: Columbia University Press.

Moyers, S., Farmer, E., & Lispscombe, J. (2006). Contact with family members and its impact on adolescents and their foster placements. *British Journal of Social Work, 36,* 541-559. doi:10.1093/bjsw/bch270.

Murray, L., Tarren-Sweeney, M., & France, K. (2011). Foster carer perceptions of support and training in the context of high burden of care. *Child and Family Social Work, 16,* 149-158. doi: 10.1111/j.1365-2206.2010.00722.x

Neece, C. L., Shulamite, A. G., & Baker, B. L. (2012). Parenting stress and child behavior problems: A transactional relationship across time. *American Journal of Intellectual Developmental Disabilities, 117*(1), 48-66. doi:10.1352/1944-7558-117.1.48.

Newton, R. R., Litrownick, A. J., Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse and Neglect, 10,* 1363-1374. doi: https://doi.org/10.1016/S0145-2134(00)00189-7.

Onder, A., & Gulay, H. (2009). Reliability and validity of parenting styles and dimensions questionnaire. *Social and Behavioral Sciences, 1,* 508-514. doi: 10.1016/j.sbspro.2009.01.092.

Owens, P. L., Hoagwood, K., Horwitz, S. M., Leaf, P. J., Poduska, J. M., Kellam, S. G., & Ialongo, N. S. (2002). Barriers to children's mental health services. *Journal of*

the American Academy of Child & Adolescent Psychiatry, *41*(6), 731-738. doi: https://doi.org/10.1097/00004583-200206000-0003.

Ozer, E. M. & Bandura, A. (1990). Mechanisms governing empowerment effects: A self-efficacy analysis. *Journal of Personality and Social Psychology*, *58*(3), 472-486.

Paris, M. & Hoge, M. A. (2010).Burnout in the mental health workforce: A review. *Journal of Behavioral Health Services & Research, 37*(4), 519-528. [Pebmed: 20013066].

Pearlin, L. I., & Schooler, C. (1978).The structure of coping. *Journal of Health and Social Behavior, 19,* 2-21.doi: 130.37.164.140

Power, T. G. (2013). Parenting dimensions and styles: A brief history and recommendations for future research. *Childhood Obesity, 9*(1), S15-S21.doi:10.1089/chi.2013.0034

Querido, J. G., Warner, T. D., & Eyberg, S. M. (2002). Parenting styles and child behavior in African-American families of pre-school children. *Journal of Clinical Child Psychology, 31*(2), 272-277.

Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1998). *Joining New Families: A Study of Adoption and Fostering in Middle Childhood.* Chichester: Wiley

Rees, T. & Freeman, P. (2007). The effects of perceived and received support on self-confidence. *Journal of Sports Sciences, 25,* 1057-1065. doi:10.1080/02640410600982279.

Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psycho-social functioning, and retention. *Social Work Research, 27*(3), 135-150.

Rice, D. L & Semmelroth, S. (1968). Foster care for emotionally disturbed children. *American Journal of Orthopsychiatry, 38*(3), 539-542.

Ricke, C. (2016, July, 6). Rising number of Texas foster kids left without homes. KXAN NEWS, Retrieved from: http://kxan.com/2016/07/06/rising-number-of-texas-foster-kids-left-without-homes/

Robinson, C. C., Mandleco, B., Olsen, S. F., & Hart, C. H. (1995). Authoritative, authoritarian, and permissive parenting practices: Development of a new measure. *Psychological Reports, 7,* 819-830.

Rodriguez, M. D., Donovick, M. R., & Crowley, S. L. (2009). Parenting styles in cultural context: Observations of "protective parenting" in first-generation Latinos. *Family Process, 48*(2),195-210.

Roger, D., Jarvis, G., & Najarian, B. (1993). Detachment and coping: The construction and validation of a new scale for measuring coping strategies. *Personality and Individual Differences,* 619-626. https://psycnet.apa.org/doi/10.1016/0191-8869(93)90003-L

Rosenfeld, A. A., Pilowsky, D. J., Fine, P., Thorpe, M., Fein, E., Simms, M. D., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R., & Nickman, S. (1997). Foster care: An update. *Journal of American Child and Adolescent Psychiatry, 34*(4), 448-457.

Rubin, D. M., Alessandrini, E. A., Feudtner, C., Mandell, D. S., Localio, A. R., & Hadley, T. (2004). Placement stability and mental health costs for children in foster care. *Pediatrics, 113*(5), 1336-1341. Retrieved from:/content/113/5/1336.full.html.

Ruchala, P. L. & James, D. C. (2006). Social support, knowledge of infant development, and maternal confidence among adolescent and adult mothers. *Journal of*

Obstetric, Gynecologic & Neonatal Nursing, 26, 685-689. doi: https://doi.org/10.1111/j.1552-6909.1997.tb02743.x

Sandstrom, M. J. (2007). A link between mothers' disciplinary strategies and children's relational aggression. *British Journal of Developmental Psychology, 25,* 399-407. doi: 10.1348/026151006X158753.

Schofield, G., & Beek, M. (2005). Providing a secure base: Parenting children in long-term foster family care. *Attachment & Human Development, 7,* 3-26. https://doi.org/10.1080/14616730500049019.

Selye, H. (1973). The evolution of the stress concept. *American Scientist, 61(6),* 692-699.

Shin, H., Park, Y. M., Ying, J. Y., Kim, B., Noh, H., & Lee, S. M. (2014). Relationships between coping strategies and burnout symptoms: A meta-analytic approach. *Professional Psychology, 45*(1), 44-56. doi: 10.1037/a0035220.

Simms, M. D. (1989). The foster care clinic: A community program to identify treatment needs of children in foster care. *Developmental and Behavioral Pediatrics, 10*(3), 121-127.

Simms, M. D., Dubowitz, H., & Szilagyii, M. A. (2000). Health care needs of children in the foster care system. *Pediatrics, 106*(4), 909-918.

Skarupski, K. A., McCann, J. J, Bienas, J. L, & Evans, D. A. (2009). Race differences in emotional adaption of family caregivers. *Aging and Mental Health, 13*(5), 715-724. doi: 10.1080/13607860902845582.

Smith, D. K., Stormshak, E., Chamberlain, P., & Whaley, R. B. (2001). Placement disruption in treatment foster care. *Journal of Emotional and Behavioral Disorders, 9*(3), 200-205. doi: https://doi.org/10.1177/106342660100900306.

Soliday, E., McCluskey-Fawcett, K., & Meek, N. (1994). Foster mothers' stress, coping, and social support in parenting drug-exposed and other at risk toddlers. *Children's Health Care, 23*(1), 5-32.

Stahmer, A. C., Leslie, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., & Zhang, J. (2005). Developmental and behavioral needs and service use for young children in child welfare. *Pediatrics, 116*(4), 891-900. doi: 10.1542/peds.2004-2135.

Standsfeld, S. A., Fuhrer, R., Head, J., Ferrie, J., & Shipley, M. (1997). Work and psychiatric disorder in The Whitehall 2 study. *Journal of Psychosomatic Research, 43*(1), 73-81.

Steinberg, L., Lamborn, S. D., Darling, N., Mounts, N. S., & Dournbush, S. M. (1994). Overtime changes in adjustment and competence among adolescents from authoritative, authoritarian, indulgent, and neglectful families. *Child Development, 63*, 754-770.

Steinhardt, M. & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomology. *Journal of American College Health, 56*(4), 445-453.

Steward, S. M., & Bond, M. H. (2002). A critical look at parenting research form the mainstream: Problems uncovered while adapting western research to non-western cultures. *The British Journal of Developmental Psychology, 20*, 379-392. doi: 10.1348/026151002320620389.

Stovall, K.C., & Dozier, M. (1998).An attachment theory perspective. *Adoption Quarterly, 2*, 55-88. doi: https://doi.org/10.1300/J145v02n01_05.

Taylor, L. C, Hinton, I. D., & Wilson, M. N. (1995). Parental influences on academic performance in African-American Students. *Journal of Child and Family Studies, 4*(3), 293-302.

Turner, E. A., Chandler, M., & Heffer, R. W. (2009). The influence of parenting styles, achievement motivation, and self-efficacy on academic performance in college students. *Journal of College Student Development, 50*(3), 337-346.

Urquhart, L. R. (1989). Separation and loss: Assessing the impacts on foster parent retention.*Child and Adolescent Social Work, 6*(5), 193-209.

U.S. Department of Health and Human Services, Administration for children and families, Administration on children, youth, and families. (2017). The AFCARS report: Preliminary FY 2016 estimates as of October 20, 2017. http:www.acf.hhs.gov/cb

Van Dierendonck, D., Schuafeli, W. B., & Buunk, B. P. (1998). The evaluation of and individual burnout intervention program: The role of inequity and social support. *Journal of Applied Psychology, 83*(3), 392-407.

Van Dierendonck, D., Schuafeli, W. B., & Buunk, B. P. (2001). Burnout and inequity among human service professionals: A longitudinal study. *Journal of Occupational Health Psychology, 83*(3), 392-407.

Vanschoonlandt, G., Vanderfaeillie, J., Van Holen, F., Maeyer, S. D., & Robberechts, M. (2013). Parenting stress and parenting behavior among foster mothers of foster children with externalizing problems. *Children and Youth Services Review, 35*, 1742-1750. doi: http://dx.doi.oorg/10.1016/j.childyouth.2013.07.012.

Varvogli, L., & Darviri, C. (2011). Stress management techniques: Evidence-based procedures that reduce stress and promote health. *Health Science Journal, 5*(2), 74-89.

Walsh, J. A., & Walsh, R. A. (1990). Studies of the maintenance of subsidized foster placements in the Casey family program. *Child Welfare, 69*, 99-114.

Watters, C., Reedy, G., Ross, A., Morgan, N. J., Handslip, R., & Jaye, P. (2015). Does inter-personal stimulation increase self-efficacy: A comparative study. *BMJ OPEN, 5,* 1-7. doi:10.1136/bmjopen-2014-005472.

Whiting, J. B., & Huber, J. T. (2007). Significant stress and real rewards: The ecological and ambiguous experiences of foster parents. *Relational Child and Youth Care Practice, 20*(2), 9-20.

Wilson, K., Sinclair, I., & Gibbs, I. (2000). The trouble with foster care: The impact of stressful events on foster carers. *British Journal of Social Work, 30,* 193-209.

Wolf, L. C., Noh, S., Fisman, S. N., & Speechley, M. (1989). Brief report: Psychological effects of parenting stress on parents of Autistic children. *Journal of Autism and Developmental Disorders, 19*(1), 157-166.

Wolters, C. A., & Daugherty, S. G. (2007). Goal structures and teacher's sense of efficacy: Their relation and association to teaching experience and academic level. *Journal of Educational Psychology, 99*(1),181-193.

Wood, R., & Bandura, A. (1989). Impact of conceptions of ability on self-regulatory mechanisms and complex decision making. *Journal of Personality and Social Psychology, 56,* 407-415.

Yamamoto A., Hara T., Kikuchi K., & Fujiwara, T. (1999). Intraoperative stress experienced by surgeons and assistants. *Ophthalmic Surgery, Lasers and Imaging Retina, 30,* 27–30.

Yasmin, S., Kiani, A., & Chaudhry, A. G. (2014). Parenting styles as predictors of academic achievement of students. *International Journal of Technical Research and Applications, 2*(6), *28-31.*