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A qualitative study of the foster parent experience: “I try to weather the storm”

Ariel D. Marrero

A dissertation submitted to the Graduate Faculty of

JAMES MADISON UNIVERSITY

In

Partial Fulfillment of Requirements

for the degree of

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Department of Graduate Psychology

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Dedication

This is dedicated to all the foster and adoptive families that I have had the honor of working with over the last 5 years. You served as the inspiration for this study. Thank you for letting me into your world and allowing me to witness your hurdles, your successes, and your resilience.

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Abstract

This qualitative study examined the lived experiences of foster parents to understand how they make meaning of their child's behavior and their training needs. A survey posted to online foster parent support communities gathered information about foster parents' level of parental reflective functioning, perceptions of training experiences, and reflections on their parenting experience. Responses from 13 participants were collected and analyzed. Quantitative data gathered was used to characterize the sample of participants. Using thematic analysis, nine themes were rendered. Participants identified positive and negative aspects of their parenting experience, reported strong feelings of love, highlighted the impact of trauma on their child, described struggling with interpreting and responding to their child's difficult behavior, and struggled with navigating emotional responses. Participants reported being dissatisfied with their previous training experiences, found trauma focused training the most helpful, and disclosed a desire for more training on practical techniques. Implications for clinical treatment and foster parenting training are discussed.

Chapter I

INTRODUCTION

Over 500,000 children are placed in the foster care system each year in the United States (Administration for Children and Families, 2016). While the overall goal of the foster care system is to provide safe and stable homes that contribute to the wellbeing of children, issues with placement instability impact this process. Research indicates that greater than 40% of children experience placement instability in the first six months of being in the foster care system (Lockwood et al., 2015). Placement instability is a significant problem as it increases children's risks for emotional and behavioral problems.

There are three types of factors that contribute to placement instability: systemic factors, child factors, and foster parent factors. Systemic factors that impact placement stability include the availability and delivery of training for foster parents. For children, the biggest influence in the premature disruption of a placement is the presence of emotional or behavioral difficulties (Koh et al., 2014; Lockwood et al., 2015, Redding & Britner, 2000; Webster et al., 2000). Corresponding research makes it clear: 40% of foster parent-initiated placement disruptions were the result of the parent being unable to manage the child's behavior (Cross et al., 2013). It appears that foster parents struggle to manage the difficult behavior that can arise when a child is placed in out of home care. Difficult behavior increases parental stress, which increases the likely hood of a placement failing.

Comprehensive foster parent training has been identified as an important factor in a foster parent's ability to manage difficult behavior. Unfortunately, many foster parents

do not receive the type of training needed to manage the unique emotional and behavioral needs of foster children. Studies on the training needs of foster parents have found that they hold limited knowledge in understanding, interpreting, and responding to their foster child's behavior, and as a result, can develop negative views of the child (Taylor & McQuillan, 2014). As this narrative demonstrates, placement stability is strongly tied to the quality of training a foster parent receives. A lack of satisfaction with current training practices demonstrates that foster parents would benefit from training that focuses on understanding their child's needs.

Another factor that influences a foster parent's ability to manage challenging behavior is the way that they make sense of the behavior. When children display behavior, parents typically search for reasons why. These interpretations and evaluations of a child's behavior are known as parental attributions (Beckerman et al., 2017). Parents can attribute behavior to a variety of sources including situational and dispositional factors. The attributions that parents make can also vary in accuracy, which can significantly impact parental responsiveness to behavior (Grusec, 2006). Parents who attribute their child's behavior to negative characteristics or negative motivations tend to have a more difficult parenting experience (Grusec, 2006; Petrenko et al., 2016). These parents feel increased negative emotion and react to their child in harsh ways. These harsher parenting reactions then contribute to an increase in negative child behavior, thus becoming a negative feedback loop. As children in foster care often display more challenging externalizing behavior, foster parents are at an increased risk for parental stress, which contributes to negative parental attributions (Beckerman et al., 2017). If a foster parent begins to develop inaccurate and negative attributions of their child's

behavior, their ability to then manage the behavior decreases, which can lead to a placement breakdown.

One perspective that can be applied to better understand the mechanisms that underlie parental attributions is attachment theory. From an attachment perspective, the attributions that parents make are connected to the mentalization process. Mentalization is the process by which one person understand the thoughts, feelings, and motivations of another individual and it is crucial for sustaining social relationships (Fonagy et al., 1991; Slade, 2005). Thinking about what another person might be feeling allows us to make inferences about who they are and why they behave in certain ways. In attachment research, parent mentalization is also known as parental reflective functioning. It is operationalized to represent a parent's ability to reflect upon their own internal world, parenting behaviors, and the internal world of their child (Dejko-Wanczyk et al., 2020; Luyten et al., 2017; Slade, 2005). In doing so, parents can gather information about their child's thoughts, feelings, and motivations behind behavior, as well as develop an understanding of their own. This process is important in the parent-child relationship as a caregiver's ability to think about the mental states of their child allows them to think about their needs and how to be responsive (Slade, 2005).

Parental reflective functioning, or mentalization, is a predictor of externalizing behavior in children (Dejko-Wanczyk et al., 2020). The ways that parents understand, interpret, and respond to their child's behavior contributes to that child's affect regulation and emotional development. For example, a parent viewing their child's disruptive behavior a result of a difficult situation is going to respond differently than a parent who views their child's behavior a result of inherent badness. Mentalization shows that how

parents make meaning of their child's inner world influences their feelings toward their child and outward response. Good mentalization promotes caregiver emotion regulation, which contributes to increased understanding of the parent-child interactions, and results in more responsive parenting behaviors (Dejko-Wanczyk et al., 2020; Luyten et al., 2017). Unfortunately, parents who struggle with reflective functioning display an impaired ability to consider their child's inner world, increasing their risk for incorrect and inaccurate attributions of behavior. This is concerning as research indicates that foster parents are at an increased risk for struggles with reflective functioning due to the complexity that the parenting role brings (Lawler, 2008).

Purpose of the Current Study

While there is a wealth of research on behavior management, parental attribution, and children with emotional and behavioral difficulties, studies have primarily focused on biological parent-child dyads. The specific research related to parental attributions within foster families is limited, as previous research has predominantly highlighted the ways that child behavior has contributed to placement disruptions. Foster parents are at an increased risk for experiencing difficult, confusing, or misleading behavior, so understanding how they see, read, and respond to these behaviors prior to placement disruptions is crucial. While researchers have examined how biological parents interpret their child's behavior, further research is needed to fully understand what this experience is like for foster parents.

The current study will explore the parenting experiences of foster parents and the ways that they make meaning of their child's behavior. Specifically, using a qualitative research design, this study aims to describe the challenges that foster parents face in

making sense of their child's behavior. Due to the connection between foster parent training satisfaction, behavior management, and parenting stress, reflections about their previous training experiences will also be gathered. The specific research questions that guide this study are:

1. How do foster parents describe their parenting experience?
2. What challenges do they experience in trying to make sense of their foster child's behavior?
3. How do foster parents describe their training experiences?
4. What training needs do foster parents identify?

Chapter II

Review of Literature

This chapter provides a review of the relevant literature regarding the foster care system, the challenges experienced by foster parents, attachment theory, and parental reflective functioning to explain the theoretical and empirical support for this study.

The Foster Care System

Currently, there are over 82 million families with children in the United States (United States Census Bureau, 2017). While the structure of the American family has changed across time, the family unit is still viewed as a central pillar in US culture. However, when a child's wellbeing is in danger due to parental neglect or abuse, the government must step in to action. The foster care system is a governmental agency run through the US Department of Health and Human Services that has the primary goal of ensuring the safety of children by removing them from their biological caregivers.

Foster care involves placing a child in substitute care when her primary caregivers are deemed unable or unwilling to provide appropriate care. This can be the result of physical abuse, sexual abuse, emotional abuse, physical neglect, or unsafe living conditions. The goal of the foster care system is usually to provide temporary care for children until they can be safely returned to their caregivers. Decisions about placement are made in the best interest of the child. If the biological caregivers are unable or unwilling to make the court ordered changes to ensure the safety of their child, then the goal can be changed to adoption rather than reunification. In the United States alone, over 500,000 children are provided with foster care services each year, with an average stay of

28 months (Administration for Children and Families, 2016; Rittner et al., 2011). Most of the children in the system are under 12 years old and placements can range from kinship care, where a child is placed with a relative, to group foster care, where a child is placed in a facility that houses anywhere from 4-12 children who are under the care of trained staff (Zill & Bramlett, 2014).

Historical Context

Historically, the foster care system has had problems with children remaining in care for long periods of time, eventually aging out when they turn 18. While the foster care system is designed to be protective, there is research that reveals that longer time spent in the foster care system increases a child's risk of mental health problems as well as increasing the likelihood of placement disruptions (Lockwood et al., 2015; Rubin et al., 2007). Federal acts were created that attempted to reduce the amount of time children spent in care and improve permanency (Rittner et al., 2011). Despite these well-intentions, these acts created tensions in the system that impacted the amount of improvements that could be achieved. For example, the federal acts created unrealistic expectations for the reunification process and added time constraints to the reunification process. Although rates have improved, as of today, the foster care system is still plagued with placement instability and a lack of permanency.

In 1997, the Adoption and Safe Families Act (ASFA) was passed to reduce length of time and improve permanency rates. This regulation was a significant change to child welfare policy and was created in hopes of correcting permanency related problems (Adoption and Safe Families Act, 1997). The act articulated three goals that child welfare agencies had to achieve in working with children and families: safety, permanency, and

well-being (Sullivan & van Zyl, 2008). Child safety was the priority while making continuous attempts to reunite children with their biological families. While this seemed like a promising for permanency, it created a tension in the system that contributed to placement instability. The ASFA limited reunification efforts to a 15-month period to make the transition to adoption easier (Rittner et al., 2011; Sullivan & van Zyl, 2008). However, because the focus was on returning to parents, this added to the instability experienced by the children. Many children were removed from loving foster homes and sent back to their biological parents, only to return to the system a short time later.

The act also required children to have permanency planning hearings and safety plans, which did attempt to minimize the harm experienced in reunification efforts by having concrete plans on when to change placements and plans for ensuring safety when returned to home. While meaningful changes were made with the passing of these federal acts, issues with placement instability still plagued the system (Rittner et al., 2011). While the time children spent in the foster care was lessened, the tension in the system of balancing the desire to return to biological caregivers as well as finding a safe and loving long-term placement created a problem that ultimately added to placement instability issues. While children are awaiting or participating in the reunification process, many are juggled between multiple foster homes and do not experience the consistency that the child welfare system claims to provide.

Placement Stability

Permanency is defined by the child welfare system as when a child is “either reunified with family, living with other relatives, living with a legal guardian, or legally adopted” (Lockwood et al., 2015, p. 308). While the foster care system aims to find a

safe, stable, and permanent placement until decisions can be made about a child's biological caregivers, there is a subset of children who will never achieve permanency. One in three children will be unable to find placement stability and will instead experience repetitive disruptions and transfers (Rubin et al., 2007). Around 13% of these children who will never experience a stable, permanent placement will eventually age out of the system (Lockwood et al., 2015). These statistics point to a glaring reality of the child welfare system: there is a significant amount of instability that is experienced within foster care placements. This is a concerning problem as there has been strong evidence to support the connection between placement instability and negative emotional and behavioral outcomes as well as a child's inability to achieve permanency (Lockwood et al., 2015; Rubin et al., 2007).

Child welfare reports indicate that around 40% of children experience placement instability within the first six months of being in the foster care system (Lockwood et al., 2015). Another study found that in 2010, 14.9% of children who were in foster care for less than a year experienced three or more different placements (Koh et al., 2014). Despite these concerning statistics, the number of placement changes experienced by children in care increases the longer they stay in the system. Thirty seven percent of children in care between 12 and 24 months experience three or more placements; for those in care longer than 24 months, the number jumps to 67% (Koh et al., 2014). When looking at the experiences of foster care alumni, the experience is similar. Once children are out of the system permanently whether it be by reunification, adoption, or ageing out, around 32.3% have experienced eight or more placement changes (Casey Family Programs, 2005; Cross et al., 2013).

Clearly, placement instability is an important issue for those in care, particularly since it increases the risk for later behavioral problems and can set children on a negative developmental trajectory (Koh et al., 2014; Lockwood et al., 2015; Webster et al., 2000). With each new placement, children experience disconnection, rejection, and a lack of trust in the system that is designed to take care of them. Research indicates that children who experience instability are at increased risk for subsequent placement disruptions, have increased difficulty finding permanent homes, and have negative outcomes as adults (Cross et al., 2013; Koh et al., 2014). These findings are alarming and point to a significant problem plaguing the foster care system. To appropriately address this issue of placement stability, it is crucial to understand why this occurs.

Factors Influencing Placement Stability

Factors that influence placement instability are broken down into three categories: the systemic factors addressed above, child characteristics, and foster parent training. While factors like the child's age, gender, age at entry, number of previous placements, and number of siblings influence the number of placements experienced, the biggest statistical influence is the presence of child emotional or behavioral problems (Koh et al., 2014; Lockwood et al., 2015, Redding & Britner, 2000; Webster et al., 2000). While some children display emotional or behavioral problems prior to entering the foster care system, many do not begin displaying behaviors until after being removed from home. It is no surprise that the removal from biological caregivers and the disruption in the attachment relationship is extremely distressing to children (Webster et al., 2000). In addition to the stress of separation, many children have experienced trauma that prompted the removal. Because of these experiences, many children experience

emotional and behavioral difficulties that can make parenting hard. Specifically, externalizing behaviors such as aggression, hyperactivity, and defiance cause the most difficulty (Newton et al., 2000). Research paints an alarming picture of mental health for children in care: between 35-80% of children in the foster care system are classified as having an emotional or behavior disorder (Barth et al., 2007).

Because difficult child behavior can be hard to manage on a daily basis, it is marked as being a significant factor in placement instability (Barth et al., 2007, Cross et al., 2013; Koh et al., 2014; Lockwood et al., 2015; Newton et al., 2000). In a study examining causes of foster care placement disruption, Cross and colleagues (2013) found that 40% of placement changes amongst their participants were attributed to child behavior related problems. Specifically, foster parents initiated the removal due to not being able to manage the difficult behavior (Cross et al., 2013). Interestingly, researchers found a bi-directional relationship between child behavior problems and instability; they found that placement instability can be both a cause of and a result of child behavior problems (Cross et al., 2013). This means that while difficult child behavior can prompt a change of placement, it can also arise due to a series of failed placements. This highlights a negative feedback loop that contributes to negative outcomes: behavior problems contribute to placement instability, which in turn contributes to increased behavior problems.

Foster parent training also plays a role in the decision to terminate a placement. When faced with difficult child behavior, many foster parents think about terminating the placement within the first 90 days (Redding & Britner, 2000). How the foster parent handles the first 90 days is influenced by the quality and quantity of training they have

received. Multiple studies have found that foster parents who are well trained as well as invested in and accepting of their foster child and her behavior contribute to greater placement stability (Koh et al., 2014; Lockwood et al., 2015). Unfortunately, if foster parents are poorly trained or have poor parenting skills, they are at an increased risk of ending a placement. A recent meta-analysis on the connection between training and parenting skills found that foster parents who received training on parenting skills reported experiencing fewer child behavioral problems (Kaasboll et al., 2019).

Additionally, foster parents who demonstrate poor parenting skills such as emotional instability and make decisions based on strong emotions are more likely to go through with a placement termination (Redding & Britner, 2000).

A wealth of research highlights how training makes a difference in providing responsive caregiving in the face of emotional and behavioral difficulties (Koh et al., 2014; Lockwood et al., 2015; Redding & Britner, 2000). Those that can handle their child's emotional and behavioral problems with emotional stability and resilience prolong placements (Koh et al., 2014; Redding & Britner, 2000). However, this is difficult to do if parents do not receive proper training about how best to support the children placed in their home. Many foster parents do not receive the quantity or quality of training needed to manage the emotional and behavioral problems of foster children. As a result, they feel incapable of handling the behavior and have difficulty managing their own reactions while parenting (Redding & Britner, 2000). Further, parents are not sure how to make sense of the difficult behavior and therefore do not know how to respond. This results in foster parents who are emotionally reactive and do not have the knowledge or skills

needed to understand and appropriately respond to their child's behavior, which contributes to placement instability.

Foster Parent Training and Education

Proper training and guidance on the realities of raising children in the foster care system is a primary concern for foster parents. Before foster parents can have children placed in their homes, it is the responsibility of the state to train, educate, and provide them with the skills needed to appropriately care for the unique needs of foster children (Gerstenzang, 2009). Training for foster parents falls into two different categories: either preservice programs, which aim to provide education before foster parents take their first placement, or in-service programs, which provide ongoing training (Gerstenzang, 2009). There is a wealth of research that demonstrates how appropriate, comprehensive foster parent training leads to reduced placement disruptions, improved relationships, and better foster parent retention rates (Benesh & Cui, 2017). However, when done ineffectively or minimally, it can lead to worse outcomes. Currently, research on foster parent training and policy requirements highlight significant problems with the current state of training in the United States.

Consistency Problems in Education and Training

One significant concern is with the varying initial training standards for foster parents; the amount of training hours and type of training received varies depending on the state (Beltran & Epstein, 2012). When looking at the broad requirements for training for foster parents in the United States, only 47 states had preservice training requirements (Beltran & Epstein, 2012). What is most concerning is that amongst those 47 states was a

wide range in minimum training hours. An analysis of licensing standards across the United States found that “19 states do not have any minimum number of hours of training requirement, 13 states require between 6-12 hours of training, 7 states require 13-21 hours of training, and 8 states require between 22-30 hours of training” (Beltran & Epstein, 2012, p. 10). With regards to in-service training requirements, these also varied according to state. Some states like Hawaii and Rhode Island have no required hours while states such as Colorado and Texas require 20 hours to maintain their license (Gerstenzang, 2009).

Another consistency problem that is found in foster care training is with the type of curriculum used for preservice and in-service trainings. Each state department and foster agency have different preferred curriculums that they use for training future foster parents. For example, in the state of Virginia some examples of training programs used include: the Parent Resources for Information, Development, and Education (PRIDE) curriculum, Model Approach to Partnerships in Parenting (MAPP), and Parents as Tender Healers (PATH) (Virginia Department of Social Services, 2013). Training programs also vary in the way information is delivered. Depending on the state, foster parents can receive their training individually or as a group and can learn through a variety of modalities such as online, on site, or through video instruction (Gerstenzang, 2009). Because training program curriculums vary by state, this means there is a lack of consistency in the content of training for foster parents in the United States. Some states require in-service training to be generalized, while other states require it be tailored to the specific needs of the foster child in care (Gerstenzang, 2009). Generalist training programs can cover topics like sexual abuse, working with birth parents, discipline, and

CPR. States that require tailored training often require an active role of the social worker or case worker in conducting individual needs assessments and working with the foster parent to create a continued education plan (Gerstenzang, 2009).

A study by Benesh and Cui (2017) provided a comprehensive review of the 22 different foster parent training programs that have been prevalent in the literature since 1970. They specifically looked at how the different program identified necessary content and implemented the training. In their review, Benesh and Cui (2017) found that the quality of pre-service trainings was insufficient: the training programs varied in both content and theoretical orientation. Out of all preservice training programs, only one focused on skills training (e.g., positive behavioral supports, positive reinforcement, etc.) rather than orienting to the foster system. In examining in-service training, the content was divided into three groups: psychoeducational, skill training, and reflective training (Benesh & Cui, 2017). While the in-service training was found to be adequate, the wide variability in pre-service training was extremely concerning. These findings demonstrate how preservice programs may be inadequately preparing foster parents how to understand, interpret, and respond to the needs of the children that are placed in their homes. Researchers concluded that this inadequate pre-service training can result in poor foster parent retention rates, increased placement instability, and increased child behavior problems.

Training Satisfaction

With the foster parent role comes heavy responsibility and expectations of care, as parents care for children with considerable needs. This results in foster parents having high needs for support and training (Kaasboll et al., 2019). Unfortunately, many foster

parents feel there is a lack of adequate training and support provided by the system. In fact, this lack of training and support is the most common reason why foster parents leave the system (Kaasboll et al., 2019). Despite this concerning statistic there is minimal research that evaluates training from the foster parents' perspectives. The few studies that do focus on their perspectives have mixed feelings about their training and feel unsatisfied by the topics covered (Kaasboll et al., 2019).

Barnett and colleagues (2018) conducted a study on the perspectives of foster and adoptive parents and found that they felt they did not receive enough preparation to foster or adopt. Researchers surveyed 512 foster and adoptive parents on topics related to child welfare services. They utilized a 91-item survey that asked for parent's opinions about their experiences with child welfare workers, trainings, and supports on a 5-point Likert scale (Barnett et al., 2018). Additionally, the researchers had one open-ended question that called for descriptions of foster and adoptive parent needs and challenges. The results indicated mixed opinions about their preparation in becoming foster and adoptive parents. Specifically, the parents mentioned poor training and a lack of communication about the child's background and how it impacts the child's needs (Barnett et al., 2018). Fifty seven percent of parents felt they needed more training on understanding their child's behavior and how to best meet their needs. While this study highlighted areas of need for foster parent training programs, the study used only one qualitative question, limiting the amount of information able to be collected about their training experiences and needs.

A systemic literature review on foster parent training research found that many studies have noted an increased need for training on "special needs children" (Kaasboll et al., 2019, p. 37). In this study, special needs children included those with emotional and

behavioral problems and trauma related behavior. Kaasboll and colleagues (2019) found that across the literature, foster parents felt they did not receive training on the topics that applied to their specific situations and wished for additional training. This focus on the difficult aspects of behavior, trauma, and real-life parenting experiences appeared to be an unmet training need. The authors also noted that parents expressed needs for trainings and support on these topics to be physically available after the trainings were over (Kaasboll et al., 2019).

Another study found that foster parents' struggles with behavior management may be in part caused by their difficulty understanding their behavior. Taylor and McQuillan (2014) sought to understand how foster parents and social workers understood placement disruptions and found narratives that highlight training issues. When asked what issue they believe has the biggest impact on foster placement disruptions, the majority of foster parents identified difficulty with managing the child's behaviors in both qualitative and quantitative responses as the most significant (Taylor & McQuillan, 2014). Foster parents held overwhelmingly negative views about their child and her behavior and social workers felt that foster parents held limited knowledge in understanding, interpreting, and appropriately responding to their child's behaviors (Taylor & McQuillan, 2014). This study illustrates two important issues related to training: foster parents may have difficulty understanding the attachment needs of the children if they are not given the proper framing and this difficulty may be connected to why a placement fails. Not only does this impact placement disruptions, but foster parents cite behavior management as the primary reason why they burn out and stop taking placements for new children (Chamberlain et al., 2008). While this study was helpful in supporting previous research

on foster parent training dissatisfaction, it analyzed difficulties with behavior management from the social worker perspective rather than focusing exclusively on the parent.

As stated earlier, chronic placement disruptions have a significant role in the negative mental health trajectory of children in care. In reflecting on foster parent training in the United States, it becomes clear that the training provided is often broad and inconsistent. Despite limited research, it appears that foster parents are left frustrated and overwhelmed with the lack of training in managing the difficult behaviors that this population tends to demonstrate. Some studies have highlighted a possible connection between foster parents' poor training and a lack of framework for understanding and interpreting their child's behavior.

Parental Attributions of Behavior

One mechanism involved in a foster parent's ability to manage difficult behavior is parental attribution. Parental attributions are the interpretations and evaluations that parents make from their child's behavior (Beckerman et al., 2017). Research on parental cognitions demonstrates that parents constantly search for reasons as to why their children behave in certain ways (Grusec, 2006). Depending on the accuracy of these attributions, they can have a noticeable impact on parenting practices (Grusec, 2006). The way parents make sense of behaviors and events influences their emotional and behavioral responses as well as quality of family relationships (Bugental, Johnston, New, & Silvester, 1998). If attributions are accurate, they can result in more effective parenting. However, if parental attributions are inaccurate or based in negative dispositional traits, they can result in negative parental feelings, which can interfere with

the parenting process (Grusec, 2006; Petrenko et al., 2016). Instead of responding with empathy and emotional stability, parents with inaccurate attributions react with strong emotions such as anger, which can negatively impact the parent-child relationship.

The connection between child behavioral problems and negative attributional bias is well documented. Research highlights that parents who have children with aggressive behavior often have hostile and negative interpretations of their child's actions (Bugental et al., 1998). This is important for the foster parent-child relationship as many children in the welfare system exhibit difficult externalizing behavior. For foster parents, raising children with emotional and behavioral difficulties significantly increases parental stress level. This is problematic as high stress levels are predictive of negative parental attributions (Beckerman et al., 2017). For many foster parents, the stress of child behavioral problems can lead them to be overwhelmed and develop biased thinking about the child in their care. When this happens, parents develop a viewpoint of their child's behavior as on purpose and blameworthy (i.e., "she's pushing my buttons on purpose!") (Beckerman et al., 2017). They begin to believe that the negative behavior is a result of stable, internal characteristics within the child (i.e., "it's because she's a bad child") (Beckerman et al., 2017; Bugental et al., 1998; Grusec, 2006).

Additionally, a negative attributional bias makes parents dismiss situational factors more quickly, which reduces their ability to come up with alternative explanations for their child's behavior. They become stuck in this negative mindset, which makes the parenting practices of day-to-day life, like discipline and bonding, more difficult. Research indicates that parents that make negative attributions engage in harsher disciplinary practices (Beckerman et al., 2017). They become more likely to use power-

assertive, reactive, and coercive parenting styles (Petrenko et al., 2016). This means that parents resort to yelling and making harsh demands of their child rather than employing positive parenting practices. Harsher parenting because of negative attributions also increases with child age. Trends demonstrate that as children mature, parents are more likely to assume the child knows the rules and then believes the child is intentionally behaving unfavorably (Petrenko et al., 2016). This further solidifies a negative attributional bias and in turn increases their risk of engaging in unhelpful, abusive and neglectful interactions with their child (Beckerman et al., 2017; Grusec, 2006).

Understanding parental attributional bias is essential as it plays a key role in the way a parent manages behavior, which is connected to placement instability in the foster care system. One way to understand the premature termination of foster care placements is to view it as a result of negative parental attributions. Foster parents are faced with caring for children who demonstrate challenging emotional and behavioral needs, which make day-to-day parenting stressful. Due to issues with training, many foster parents are not provided with a framework or perspective to understand the challenging behavior and are not taught how to be responsive to the child's needs. As a result, they may become overwhelmed, form negative assumptions about the child, and eventually terminate the placement when they decide they cannot deal with the behavior any longer.

Attachment Theory

One framework that can be useful in understanding the mechanisms that underlie parental attributions is attachment theory. According to Bowlby (1988), attachment is “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world”

(p. 26-27). For babies, attachment behavior is seen in the relationship with primary caregivers, which can be used to seek attention and soothing. Proximity seeking behaviors can include smiling, cooing, crying, clinging, and calling (Bowlby, 1969, 1978). This behavior is used to secure safety, ensure needs are met, and signal soothing from caregivers (Bowlby, 1978, 1988). As children get older their intensity in proximity seeking behavior changes in form as the attachment relationship with caregivers continues into adulthood.

Attunement

For a child to develop a strong attachment relationship with its caregivers, there must be attunement. Attunement is best described as the act of being aware of and responsive to another person. For the parent-child relationship, it requires the caregiver to be sensitive in detecting a child's signals, correctly interpreting and promptly responding (Bowlby, 1973, 1978). This is most important during times of intense stress and fear as children look to caregivers for safety and regulation. The act of attunement can be considered an "emotional dance" in the parent-child relationship (Goldsmith, 2010, p. 4). To learn this dance, the caregiver must learn what signals are being conveyed in the outward behavior of the child so that they can respond in a way that meets the needs being expressed (Whelan & Stewart, 2015). For example, over time an attuned caregiver learns to read their infant's crying as a signal for hunger and responds by giving her a bottle. A caregiver's ability to be attuned is heavily dependent on their ability to accurately interpret cues (Bowlby 1973, 1978). If their reading of signals is inaccurate, then they are not able to meet the child's needs, which can have negative consequences.

The type of response and frequency of response that a child receives from its caregivers influences the way the signals for attunement are sent out (Bowlby, 1969, 1978; Goldsmith, 2010; Pearlman & Courtois, 2005). For example, if a parent can appropriately interpret a child's stress and proximity seeking behavior as signaling their need for safety and security and responds appropriately, then the child will feel cared for. This shows them that the signals they send out are successful and that the caregiver can be counted on in times of need (Goldsmith, 2010). On the other hand, if the caregiver is inconsistent in their response or provides the wrong kind of responses, then that child can feel unsafe, uncared for, or insecure in the relationship. As children are biologically driven to sustain attachment, this can result in a child developing maladaptive signals, known as miscues, in an attempt to get their caregiver to partially meet their needs (Goldsmith, 2010). These misleading signals or behaviors can appear contradictory to what the child needs. For example, an infant whose cries are not responded to may begin to learn that expressions of distress are not accepted by the caregiver and may dampen their signals for comfort.

Secure Base

Children who are securely attached to their caregivers and are confident in their ability to take care of them utilize their caregivers as a secure base to explore the world (Ainsworth et al., 1978; Bowlby, 1969). A secure base allows a child to venture out into the world "to which he can return knowing for sure that he will be welcomed when he gets there, nourished physically, and emotionally, comforted if distressed, reassured if frightened" (Bowlby, 1988, p. 11). Attuned caregivers demonstrate that they are open to the child's exploration and are emotionally available to respond to her needs when

necessary. In her seminal work examining the relationship between mother and child in the Strange Situation experiment, Mary Ainsworth found that babies whose mothers were highly attuned actively explored their environments, used their mothers as a base which they occasionally checked in with, and greeted them warmly after separation (Ainsworth et al., 1978; Bowlby, 1988). In comparison, babies whose mother ignored or rejected them demonstrated the hallmarks of an insecure attachment style: exploring too much or too little and having no reaction when their mothers returned. Ainsworth concluded that having a secure base helped children feel safe and confident in their ability to explore the world while also providing a safe haven in times of need (Ainsworth et al., 1978; Bowlby, 1988).

Internal Working Models

Internal working models is another concept introduced by Bowlby which described the effect that attuned and responsive caregiving can have on a child's understanding of the world. Bowlby (1969) described internal working models as cognitive maps that humans use to understand the world, themselves, and important others. This is directly related to attachment as children begin to develop their internal working models of the world in their relationships with caregivers. Bowlby (1969) explained that these models of the external world are formed based on the treatment the child receives from caregivers, acting as attachment "data." Therefore, these working models have the possibility to change according to the type of data received. Children use these models as a foundation which informs them of expectations, behaviors, and consequences in new and imagined situations (Bowlby, 1969). For example, if a child has a predictable, responsive caregiver who is able to be a safe, secure base, then that child

will develop a positive working model of the world, themselves, and others. The child develops a model of others as trustworthy and reliable, a model of themselves as loved and worthy, and a model of the world as manageable and safe. Bowlby (1969) also indicated that children will test their working model for consistency as “the more adequate the model the more accurate its predictions; and the more comprehensive the model the greater the number of situations in which its predictions apply” (p. 81).

Bowlby highlighted the connection between inadequate, inaccurate, or negative internal working models and psychopathology (Bowlby 1969, 1973). Specifically, he articulated that poor attachments with caregivers and chronic separations from caregivers in early childhood can be connected to disturbances later in life (Bowlby, 1969). Specifically, un-attuned caregiving, negative internal working models, and a lack of a secure base are associated with negative behavioral outcomes (Fonagy et al., 1991; Slade, 2005). Research highlights that maltreated, insecure children are more likely to have a poor understanding of their own emotional states, a poor sense of self, and struggle with dysregulation (Fonagy et al., 1991; Fonagy & Target, 1997). One theory for this connection between poor caregiving and poor behavioral outcomes is that due to negative interactions with the caregiver, the insecure child develops a working model of the world as scary, confusing, and hurtful (Fonagy & Target, 1997). They may view themselves as unloved and misunderstood, and view others as unable to meet their needs. This negative outlook of self, other, and the world can result in emotional and behavioral difficulties.

Mentalization

As demonstrated by attachment theory, attunement is a caregiver’s ability to read and respond to the messages their child sends them. This is important in understanding

the problem of placement stability as the way a foster parent interprets their child's emotional and behavior difficulties influences the type of attributions they make about their child, which influences their decision to terminate the placement. Attachment theory also posits that the mechanism that underlies attunement is mentalization (Fonagy et al., 1991; Slade, 2005). Recently, research has suggested that the association between placement instability, attunement, and behavior management can be explained by foster parent's mentalizing capacity (Redfern et al., 2018).

As noted above, it is natural for parents to try and seek out an understanding of their child's behavior (Fonagy et al., 1991). Doing this requires stepping into a child's inner world and examining their mental state. Mentalization refers to the ability to understand the intentions, feelings, thoughts, desires, and beliefs of another person as a way of interpreting and anticipating their behavior (Fonagy et al., 1991; Slade, 2005). This mechanism is a key component of all social relationships. Mentalization helps individuals see beyond the observable behavior to the underlying subjective experience of the other person (Slade, 2005). In doing so, one can make the connection that social behavior is linked to the ever-changing mental states in self and other. This is helpful as it provides a guide for managing relationships with important others. The more a person can imagine and reflect on the mental state of another, the better he/she will be able to have productive and connected relationships (Slade, 2005).

Parental Reflective Functioning

A parent's ability to mentalize is operationalized as parental reflective functioning. Parental reflective functioning specifically refers to a parent's capacity to keep her child in mind and is made up of primarily two parts: reflecting upon the child's

internal experience and upon one's own experience as a parent (Luyten et al., 2017; Slade, 2005). In reflecting on their child's inner world, parents consider how their child's behavior is a manifestation of their internal thoughts, feelings, wishes, and desires (Luyten et al., 2017). This allows a parent to contextualize their child's behavior. A high reflective functioning capacity increases a parent's ability to experience emotionally activating conflicts with their children without getting overwhelmed (Adkins et al., 2018). Additionally, research indicates that parental reflective functioning is associated with improved parent-child communication, positive parenting skills, and increased parent satisfaction (Adkins et al., 2018). When a parent has a high reflective functioning capacity, they are able to engage in sensitive, responsive caregiving that is mindful of the child's thoughts and feelings. However, if a parent demonstrates low reflective functioning capacity or problematic mentalizing, it can lead to harmful or ineffective parenting practices (Adkins et al., 2018).

Poor parental reflective functioning is associated with negative parent behavior and poor child outcomes. Those with low parental reflective functioning have more difficulty understanding the uniqueness of their child's inner world, their own parenting experiences, and struggle to see how it might influence their parent-child interactions. Research highlights how parents who struggle to mentalize are more emotionally reactive, experience more parental stress, and display harmful parenting practices (Adkins et al., 2018; Camoirano, 2017; Grienenberger et al., 2005; Slade, 2005). A study by Stacks and colleagues (2014) found that low parental reflective functioning was also associated with low parenting sensitivity. Specifically, parents who were not able to think about and understand their child's mental state demonstrated low behavioral sensitivity

(not following child's lead and no/poor awareness of child's cues) and low affective sensitivity (no reflection of child's affective experience) when interacting with their child (Stacks et al., 2014).

Non-reflective caregiving can also significantly impact a child's development of the self (Slade, 2005). For example, if a child is viewed through a negative, biased lens and experiences chronically mis-attuned caregiving, then that child is likely to internalize the negative picture the parent is putting forward. As a result, the child internalizes their negative self-state which can lead to behavior problems (Slade, 2005). This creates a complex negative feedback loop for foster parents: if they are unable to hold and consider their foster child's internal state as they interpret and consider difficult behavior, they provide a negative, un-attuned response, which leads to more difficult behavior.

Despite the potential connection between foster parent reflective functioning and placement instability, there has been minimal research in this area. This concept of parental reflective functioning is often applied to biological parenting without examining how foster parents may have different experiences or challenges. Recently, research has begun to highlight how foster parents may be at disadvantage when it comes to parental reflective functioning. According to Lawler (2008), fostering adds a layer of complexity to the parenting role that negatively impacts mentalizing ability because the foster parent-child relationship is heavily dependent on the interpretations of problem behavior. Foster parents are tasked with taking in children with complex histories, and with whom they do not have a previous relationship. This places higher demands for parental reflective functioning for foster parents as they are not familiar with the child's needs, signals, and behaviors (Kelly & Salmon, 2014).

A study by Bunday and colleagues (2015) examined foster parents' reflective understanding of the children in their care using a mixed methods design. They had 12 foster parents go through the Parent Development Interview (PDI), a structured assessment of caregiver representations of their child, resulting in a quantitative measure of parental reflective functioning. They also qualitatively analyzed the responses to the PDI for themes. They found considerable variability of parental reflective functioning scores amongst the sample, suggesting that some foster parents struggled to build this capacity with their child (Bunday et al., 2015). They also found foster parents had more difficulty with their ability to reflect on their own internal world as a parent (Bunday et al., 2015). Researchers also found that their parental reflective functioning patterns demonstrated difficulty with recognizing the developmental aspects of their child's mental states. The authors concluded that the foster parents in their study seemed to have more difficulty understanding their child's inner world due to a lack of time spent with child (Bunday et al., 2015). The results from this study support Lawler's (2008) theory that the fostering role makes the aspect of mentalizing more difficult and that a lack of past experience with a child potentially limits the type of reflection foster parents can engage in (Bunday et al., 2015).

Research indicates that higher parental stress reduces mentalization ability and increases the chances of mentalization errors (Luyten et al., 2017). While this has not been specifically applied to this population, it is concerning as foster parents experience increased levels of parental stress combined with the increased demand for parental reflective functioning (Adkins et al., 2018; Bunday et al., 2015; Luyten et al., 2017). Luyten and colleagues (2017) emphasized how hypermentalizing occurs when a parent

over interprets their child's mental state in a way that is absolute and rigid. This mentalization error can occur when foster parents are faced with chronic difficult child behavior. As stated earlier, some foster parents can become overwhelmed by their child's behavior, develop a negative attributional bias, and rigidly assume the behavior is due to an inherent negative dispositional trait (e.g., "They did it on purpose because they're a bad kid!").

It appears that there is a connection between parental reflective functioning and managing difficult behavior in foster care. As the research indicates, high parental reflective capacity helps parents "anticipate and respond in a sensitive and appropriate manner to their child's cues, especially in times of heightened affect, by stepping back from their own affective experience and reflecting on their child's internal experience" (Stacks et al., 2014, p. 516). This means that rather than responding to their child's behavior with fear, anger, or exasperation, they respond with empathy, love, and firmness. Parental reflective functioning also helps parents understand how their child's intentions, feelings, thoughts, and desires are not always clear and can be hidden due to previous experiences (Stacks et al., 2014). This ability is crucial for foster parents as many children in care come in with certain attachment related wounds, which can make the foster parent-child relationship difficult.

Trauma and Attachment Difficulties

Foster families face unique challenges that arise from the experience of being in the foster care system. Due to the many circumstances that can prompt social services intervention, children in foster care experience trauma at disproportionately higher rates than children not in care. Rates of trauma exposure for this population vary; ranging from

40% - 90%, which is significantly higher than the rates for the general population (Dorsey et al., 2012). Common traumatic events that children in care experience are: physical abuse, neglect, exposure to domestic violence, traumatic loss, and sexual abuse. Because of these high exposure rates, children in the foster care system often experience social, behavioral, and emotional difficulties, which result in high rates of mental health diagnoses (Scott, 2011). Specifically, many children appear to struggle with conduct issues, aggression, oppositional behavior, and attention regulation difficulties. Population studies of North America, Europe, and Australia have found that as high as 50% of children in care meet criteria for a PTSD diagnosis (Tarren-Sweeney, 2013).

While the experience of physical, sexual, and emotional abuse is traumatic, research indicates that for children, the separation from caregivers adds an additional level of trauma (Rittner et al., 2011; Tyrrell & Dozier, 1999). Children are abruptly removed from their families by people they often do not know with little explanation and are placed either in shelters, group homes, or foster homes. While older children may have a grasp of what is happening, for young children the separation is confusing and can be similar to experiencing a parental death (Tyrrell & Dozier, 1999). This separation is traumatic as it prompts unresolved grief and mourning. Bowlby (1960) described grief and mourning being triggered any time attachment behavior is activated and the attachment figure is unable to respond (in Tyrrell and Dozier, 1999).

As reflected above, early experiences between child and caregiver set the stage for later development. Because this population experiences such high rates of trauma at the hands of biological caregivers, the foster families who care for them face unique challenges that stem from attachment. Additionally, the traumatic separation from their

family combined with the experience of frequent placement disruptions adds an additional layer of attachment complexity. When these children enter a new relationship with a foster parent, they bring with them a history of disrupted attachments (Bowlby, 1973; Pearlman & Courtois, 2005; Rittner et al., 2001). This puts them at an increased risk for attachment difficulties with new caregivers (Tyrrell & Dozier, 1999).

As attachment theory states, internal working models are the relational maps that children form in their relationships with primary caregivers (Bowlby, 1969).

Unfortunately, this history of disrupted attachments has a negative impact on the way they view themselves, others, and the world (Rittner et al., 2011). Research indicates children who enter foster care often have difficulty trusting new caregivers as they have developed a skewed internal working model of the world as unsafe (Tyrrell & Dozier, 1999). Their previous experiences teach them to be untrusting of future relationships as they have developed negative perceptions of attachment relationships (Kelly & Salmon, 2014). This was demonstrated in a study by Milan and Pinderhughes (2000) that examined the perceptions of abused preschool children in foster care. They found that abused children had significantly more negative views of the parent-child relationship as unreliable and unsafe than non-abused children (in Kelly & Salmon, 2004). This finding is crucial as these negative internal working models are then manifested behaviorally.

There is strong evidence that foster children often display maladaptive relational styles that negatively impact their ability to form secure relationships with new caregivers (Tyrrell & Dozier, 1999). For example, toddlers in foster care are often rejecting and avoidant in relation to foster parents and take longer to develop patterns of attachment security (Kelly & Salmon, 2014). These maladaptive relational styles can be viewed as

foster children testing the accuracy of their negative internal working models. If they assume the new caregivers will be unreliable and unsafe, they will display behaviors to test this hypothesis. This testing is unhelpful as this difficulty forming relationships with new caregivers also impacts the foster parent's ability to provide responsive parenting. Insecure attachment behavior (avoidance, resistance, etc.) sends two confusing messages to caregivers: they suggest that either the child does not need anything from the caregiver or that the caregiver is not doing a good enough job in providing the child what he/she needs (Kelly & Salmon, 2014). These perceived messages can have a negative impact on the parent-child relationship. Foster parents begin to feel alienated leading to less availability and responsiveness which interferes with their ability to provide warm and responsive care (Kelly & Salmon, 2014). This leads to a negative cycle as this parenting behavior unintentionally reinforces the child's negative internal working model, which reinforces the maladaptive relational style.

Foster Parent-Child Relationship

The research is clear: foster parents can play a large role in contributing to the wellbeing of the children in their care (Buehler et al., 2006; Cooley et al., 2015; Healey & Fisher, 2011; Tyrrell & Dozier, 1999). While some children do have negative experiences within foster care, successful foster care placements do happen, and they play a very important role in improving outcomes. A successful foster care placement is where a child's "physical, emotional, psychological, intellectual, social, and familial needs are met and their growth in these areas is promoted within a safe, secure environment" (Buehler et al., 2006, p. 527). Successful foster placements can reduce attachment related problems, increase child well-being, and mediate the effects of prior maltreatment and

abuse (Buehler et al., 2006, Healey & Fisher, 2011; Tyrrell & Dozier, 1999). However, in order to achieve these powerful effects, they must be able to provide reflective and responsive caregiving.

While the entrance into foster care can increase a child's likelihood of future emotional and behavioral problems, the presence of a loving relationship with an attuned, stable foster parent can act as a protective factor. Research has found that one of the strongest variables that contributes to a child's positive adjustment to being in care is feeling accepted and cared for by foster parents (Buehler et al., 2006). One study found that youth who feel they have helpful foster parents reported significantly higher levels of self-esteem than those who did not (Cooley et al., 2015). This demonstrates how healing a strong attachment relationship with a responsive caregiver can be. Foster parents who can provide stability in a safe, nurturing home act as a protective factor because they help children develop healthy relationships, which fosters normative development (Price et al., 2008). For adolescents, a strong foster-parent child relationship can lead to a decreased risk of delinquency, problematic behavior in school, and substance use (Cooley et al., 2015).

While many children who enter foster care demonstrate insecure attachment strategies, this has the ability to be changed in response to a strong relationship with a safe adult (Tyrrell & Dozier, 1999). Attachment theory helps explain why children who previously had neglecting or abusive caregivers will demonstrate ambivalent, avoidant, or anxious behaviors toward future caregivers (Pearlman & Courtois, 2005; Tyrrell & Dozier, 1999). Because many children enter care due to neglect or abuse by primary caregivers, many have learned that the world is not safe and they cannot depend on others

to fulfill their needs. However, this outlook and assumptions about the world and others can be changed via a successful foster placement. They can learn to trust others again. Children who have a lengthy placement with a loving, responsive, and attuned adult can begin to demonstrate secure attachment behavior (Cooley et al., 2015).

Purpose of Current Study

Overall, the presence of a stable foster parent can have a powerful effect on a child's life and can actually improve outcomes. However, issues with training stand in the way. Repeatedly, foster parents report being uncertain about how to appropriately manage their foster child's behavior (Chamberlain et al., 2008; Taylor & McQuillan, 2014). When faced with symptoms of traumatic stress and externalizing behaviors, foster parents are at a loss for how to understand, respond, and manage these behaviors. These training deficiencies also contribute to increased burnout in the foster parent role and early placement disruptions (Chamberlain et al., 2008).

While there is a wealth of research highlighting the connection between difficulty managing behavior and early placement disruptions, there is minimal research that examine the specific challenges of behavior management that foster parents struggle with. Even fewer are the studies that look to understand how foster parents view, interpret, and make sense of their foster child's behavior. Additionally, while previous research has highlighted foster parents' perceptions of training, there is a lack of research that examines the connection between training and behavior management qualitatively, from the foster parent perspective. Therefore, the purpose of this dissertation is to address this gap, providing a qualitative exploration of the experience of foster parenting, the specific parenting struggles that foster parents face, and their training experiences. This

project aims to specifically examine the ways in which foster parents understand, interpret, and respond to their foster child's behavior and how these experiences connect to their training needs.

Research Questions

This study will use a qualitative approach to better understand the parenting difficulties that foster parents experience and their perception of training needs. To accomplish this, an online survey will be used to collect narratives from foster parents. The participant responses will be used to reflect on common themes, which will help construct a deeper understanding of the way foster parents make meaning of their foster child's behavior and how it contributes to the assumptions they make about the behavior. The research questions that guide this study are:

1. How do foster parents describe their parenting experience?
2. What challenges do they experience in trying to make sense of their foster child's behavior?
3. How do foster parents describe their training experiences?
4. What training needs do foster parents identify?

Chapter III

METHODOLOGY

The current study used qualitative analysis to examine the ways that foster parents describe their foster child's behavior and their training needs. Using an attachment informed perspective, the following research questions were examined:

1. How do foster parents describe their parenting experience?
2. What challenges do they experience in trying to make sense of their foster child's behavior?
3. How do foster parents describe their training experiences?
4. What training needs do foster parents identify?

Participants provided written responses to an online survey that was posted across anonymous online foster parent support websites. This chapter explains the methods involved in conducting the current study and addresses the research design, participants, recruitment, instruments, procedures for data collection, and protocol for data analysis. The study was approved by the James Madison University Internal Review Board and the protocol was assigned No. 20-1564.

Participants

Participants in this study were foster parents in the United States who were, at the time of study, caring for a child who was placed in foster care. Participants were recruited via an online snowball sampling method across a period of eight weeks. Online foster parent communities, including Reddit, Facebook, and Adoption Network, and foster care agencies including DSS and outpatient psychotherapy clinics posted an online survey

link. Users of these online communities were encouraged to refer other foster parents to the study. Online communities that were open to the public, anonymous, and specifically focused on foster and adoptive families were selected (A complete list of sites can be found in Appendix A).

Purposive sampling was used in this study to gather an in-depth understanding about the experience of being a foster parent. Thus, to gather a sample of participants that were part of this unique population, snowball sampling was used (Braun & Clarke, 2013). Snowball sampling is a form of non-random sampling that allows researchers to access specific populations that are smaller, hard to reach, and marginalized (Braun & Clarke, 2013; Woodley & Lockard, 2016). This approach utilizes the social networking and connections within a specialized group to overcome the difficulties of data sampling within hidden populations (Braun & Clarke, 2013; Woodley & Lockard, 2016). Initially, this study intended to utilize face-to-face interviews to gather information from foster parents in Harrisonburg, Virginia; however, finding foster parents willing to participate was a challenge. After three months of advertising for participants, the study was changed to an online format to improve access to the participant group. By advertising on online foster parent social networking communities and asking foster parents to pass the study information to others in their social group, the participants were able to be identified and recruited.

Research Design

This study utilized a qualitative research design, collecting participant responses to open-ended survey questions to gather information about their experiences as foster parents. The goal of this study was to gather detailed descriptions from each participant

to understand their subjective experience of being a foster parent and how they understand and describe their foster children's behaviors. Reflexive thematic analysis was used to identify patterns and themes within the participants' responses (Braun & Clark, 2006; 2019). While a qualitative design was used, quantitative data were also gathered for the purpose of characterizing the participant sample.

A qualitative design was chosen due to its emphasis on subjectivity and contextualized analyses. This approach to research focuses on gathering information about the lived experiences of participants to understand a phenomenon (Creswell, 2012; Morrow & Smith, 2000). Specifically, qualitative research is interested in capturing aspects of the participant's social and psychological world to understand how they make meaning (Braun & Clarke, 2013; Rahman, 2017; Watkins, 2012). To do so, it must recognize that their experience is situated within and shaped by a larger socio-historic context (Braun & Clarke, 2013). This means that who they are, what they experience, and how they make meaning of their experiences are all shaped by their interactions with the larger environment. Due to the subjective nature of the construct being studied, a qualitative research design was a good fit. The experience of being a foster parent is multidimensional, variable, and is heavily influenced by many environmental factors such as public policy, training, and geographic location. As such, to get an in-depth understanding of this experience and for the subtle nuances to be recognized, it was important for it to be studied as it is experienced, rather than in a controlled environment.

A qualitative design also aligned well with the epistemological assumptions of this study. Specifically, this study operates from a social constructivist perspective, arguing that there is no one objective truth that can be measured. Instead, there are

multiple realities that are constructed within social and cultural systems of meaning (Braun & Clarke, 2013; Morrow & Smith, 2000). The qualitative paradigm recognizes this perspective and highlights that researchers also carry their own social histories and realities which influence the research process (Braun & Clarke, 2013). This is seen as a strength in research rather than a weakness. As qualitative research embraces this subjectivity, it utilizes methodology that allows for multiple realities to be acknowledged and honored. The gathering of narrative data, emphasis on researcher reflexivity, and focus on explaining rather than proving make this approach a good fit for studying the foster parenting experience.

Lastly, qualitative research has the ability to empower populations who are marginalized, hidden, and whose perspectives are often absent from research literature (Stein & Mankowski, 2004; Woodley & Lockard, 2016). In this study, foster parents were considered a marginalized population due to their status of being disempowered in their relationships with federal governments, state agencies, and biological families. Research has found that foster parents often feel excluded from the decision making for the children in their care and feel impaired in their ability to navigate biological family interactions autonomously (Neil et al., 2003). These experiences can cause many foster parents to feel restricted and unable to be heard by the systems that they are involved in. Due to this marginalized status, it was essential that the research design of this study allow participants to be heard. Qualitative research was seen as an appropriate fit due to its ability to give disempowered individuals the power to give voice to their stories (Creswell, 2012; Stein & Mankowski, 2004; Woodley & Lockard, 2016). Through use of personal narratives, marginalized populations can tell their story on their own terms in a

way that is perceived as more holistic and natural than quantitative research (Stein & Mankowski, 2004; Woodley & Lockard, 2016).

Procedures for Data Collection

Prior to the study, permission from the Institutional Review Board (IRB) at James Madison University was granted to conduct the research project. Participants were made aware of the study via postings on online foster parent communities and email invitations from various foster parent agencies containing a link to the survey. Upon clicking the link, participants were asked to complete an informed consent document (Appendix B), followed by demographic questions, the Parental Reflective Functioning Questionnaire (PRFQ), and the Foster Parent Survey (FPS). Upon completion of the online survey, participants had the opportunity to enter a raffle for a gift card as an incentive for participating in the study.

Instruments

Foster Parenting Survey (FPS)

The FPS (See Appendix C) is a 21-item questionnaire consisting of online open-ended questions about foster parents' relationships with their foster children, their parenting experiences, and training needs. It was designed specifically for the current study to assess participants' experience of the parent-child relationship with respect to attachment and reflective functioning. The questions on the FPS were divided into two sections: parenting questions and training questions. The parenting questions asked participants to reflect on their positive and negative experiences of caring for a child in the foster care system, their perception of the parent-child relationship, and their ability to

reflect on their child's behaviors and motives. To examine the participants meaning making process, questions were focused on mentalization, or their ability to understand the mental state of themselves and others. The training questions asked participants to reflect on their most helpful and unhelpful training experiences, what they felt was missing, and their beliefs about how training impacted their day-to-day parenting.

The FPS was informed by the Adult Attachment Interview (AAI) and the Parent Development Interview (PDI) (Hesse, 2008; Main et al., 1985; Sleet et al., 2018). The AAI is a semi-structured interview that asks adults to reflect on their relationships with their parents during childhood as well as their history of separations and losses (Hesse, 2008; Main et al., 1985). The goal of the AAI is to help adults reflect on memories related to attachment while maintaining a coherent discourse with the interview (Hesse, 2008). As part of the protocol, adults are asked to identify five adjectives or words to describe their relationship with their parent and to identify a memory or incident that illustrates the word they chose. These responses are then coded for security of attachment. Important to the coding process is the coherence of their responses (Hesse, 2008).

The PDI was modeled after the AAI, except it switches the focus to the adult's relationship with their child. The PDI is a semi-structured interview that asks parents to reflect on the parent-child relationship, their understanding of themselves as a parent, and their understanding of their child (Sleet et al., 2018). Parents are asked, amongst other questions, to choose three words that describe their relationship with their child and then a memory or incident that illustrates the adjective they chose. On the PDI, these

responses are coded and rated across a variety of constructs such as compliance and comfort (Sleed et al., 2018).

On the FPS, participants were asked to identify three words or adjectives that reflect their relationship with their foster child. Like the AAI and PDI, they were asked to provide a memory or incident that illustrates what they mean by each adjective. The coherence of the participants responses will be analyzed.

Parental Reflective Functioning Questionnaire (PRFQ)

The Parental Reflective Functioning Questionnaire (PRFQ) was administered to help characterize the sample data. The PRFQ is used to screen parents' ability to understand the internal mental states of their child (Luyten et al., 2017). Currently there are two versions of the PRFQ (see Appendices D and E): one used for children 0-5 years of age and one for children 6 to 18 years old. Each version of the PRFQ is an 18 item self-report questionnaire that asks caregivers to rate their level of agreement with different statements about themselves and their child (e.g., "I always know what my child wants;") (Luyten et al., 2017). Answers are measured on a 7-point Likert scale that ranges from 1 (strongly disagree) to 7 (strongly agree). Items were formulated based on descriptions and examples from the Adult Attachment Interview (AAI) and the Parent Development Interview (PDI) (Luyten et al., 2017).

Due to the complexity and multidimensionality of parental reflective functioning, this measure yields scores across three different theoretically consistent and clinically meaningful factors (Luyten et al., 2017). The three subscales that make up the PRFQ are: Pre-mentalizing modes (PM), Certainty about mental states (CMS), and Interest and

Curiosity in mental states (IC). The PM subscale assesses characteristics of non-mentalizing ability, which is characteristic of those with significant impairment in parental reflective functioning (Luyten et al., 2017). Items on this subscale examine the inability to enter their child's inner world and the tendency to make maladaptive or negative attributions about their child's behavior (Luyten et al., 2017). High scores on this scale indicate characteristics of impaired parental reflective functioning. The CMS subscale assesses parents' certainty about their child's mental states. High scores reflect hypermentalizing, or being rigidly certain about their child's mental states, while low scores reflect hypomentalizing, or being completely uncertain about their mental states (Luyten et al., 2017). The IC subscale assesses the level of interest in and curiosity about their child's mental states. High scores can indicate intrusive hypermentalizing while low scores can indicate no interest in their child's mental states (Luyten et al., 2017).

The PRFQ has been found to display good internal consistency with a Cronbach's alpha of .70 for the PM subscale, .82 for the CMS subscale, and .75 for the IC subscale (Luyten et al., 2017). This measure also has acceptable convergent validity with attachment anxiety and attachment avoidance constructs in the Experience of Close Relationships- Revised Scale (ECR-R) scale. The PM scale was positively correlated with attachment anxiety ($r = .49$) and attachment avoidance ($r = .49$). Additionally, the CMS scale was found to be correlated with affect attunement ($r = .38$) (Luyten et al., 2017).

Analysis of Data

Demographic Data

The demographic data (e.g., age, gender identity, number of previous placements, etc.) were used to report a description of the sample. Descriptive statistics (e.g., mean, frequency etc.) were used to provide additional information about each participant's experience as a foster parent. These data are included in the results.

Quantitative Data

The quantitative data (PRFQ scores) were used to characterize the participant sample and to provide information about the foster parents' ability to respond to the qualitative questions. No inferential statistics were completed due to the qualitative study design.

Qualitative Data

Qualitative data were examined holistically and analyzed using Braun and Clark's (2006; 2019) six-phase reflexive thematic analysis approach. Thematic analysis was chosen to help present foster parent stories and experiences as comprehensively as possible (Guest et al., 2012). This approach was selected as it is a flexible, active approach that is suited to studies with small sample sizes (Braun & Clarke, 2006). This transparent approach highlights the importance of the researcher's subjectivity, theoretical assumptions, and reflective engagement with the data on the analytic output (Braun & Clarke, 2019). Specifically, Braun and Clark view the researcher's identification and understanding of themes as a function of the assumptions and values that inform their thought processes. As such, thematic analysis is considered an active, flexible, and reflective process that is fueled by the researcher's thoughtful engagement with the data (Braun & Clarke, 2006; 2019).

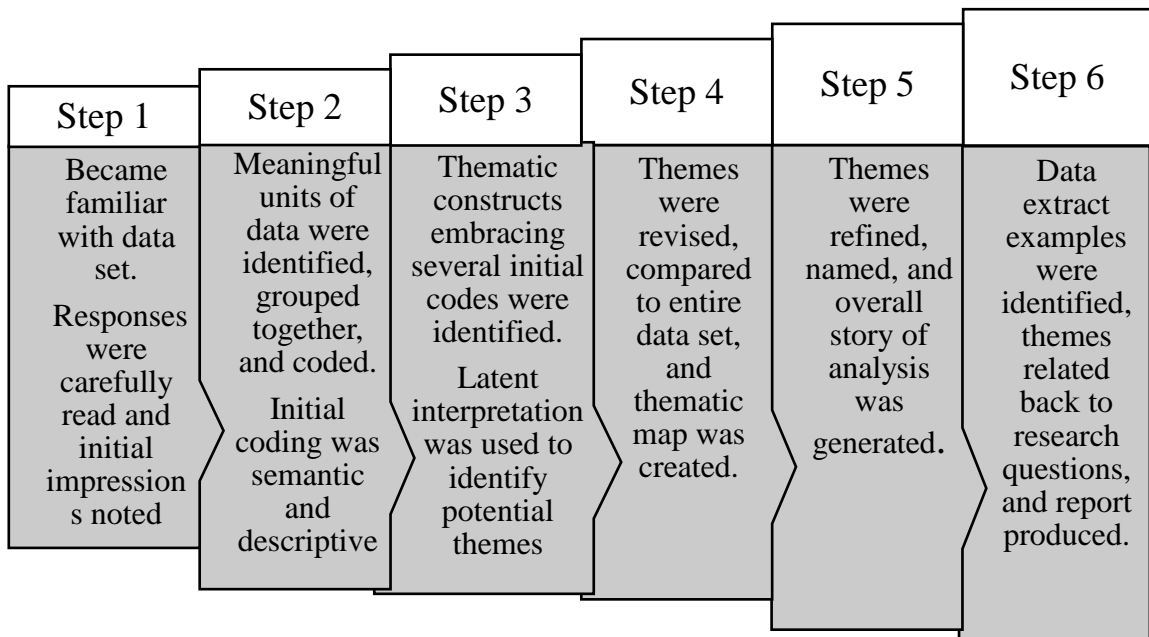
For this study, the participant responses were analyzed holistically with a consensus coding approach (Creswell & Plano Clark, 2011). A four-person reflective coding team was used to increase qualitative rigor and maintain the reflective outlook that is central to this approach (Braun & Clarke, 2019). The research team was made up of the primary researcher, the research advisor, and two doctoral level research assistants. The primary researcher served as the facilitator and primary coder. The research assistants served as a “reality check” for the primary researcher and would determine the level of agreement with primary researcher’s codes (Creswell & Plano Clark, 2011; Saldaña, 2013). If there were disagreements between the three coders that could not be resolved or data that were difficult to code, then the research advisor would make the final decision. The team’s coding approach was collaborative, reflective, and sought to develop a richer understanding of the data. Collaborative coding can be helpful to maintain a reflective approach as it introduces multiple ways of examining, interpreting and analyzing the data, thus creating a shared understanding of the phenomenon being studied (Saldaña, 2013).

A reflexivity journal was also maintained throughout the coding process to help the researcher examine how her thoughts and ideas evolved through engagement with data set. Acting as an audit trail, the journal sought to keep track of the coding process from emerging impressions to final themes to increase the trustworthiness of the study (Nowell et al., 2017). The reflexivity journal was also used to maintain the reflective value of this analytic approach, recording the researcher’s thoughts, observations, and wonderings made throughout the process (Braun & Clarke, 2013). Sample entries from this journal can be seen in Appendix F.

The six steps used to analyze the data included: (1) becoming familiar with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining themes and then (6) writing up. A summary of the steps can be found in Figure 1.

Figure 1

Summary of Six-Step Coding Approach



The first step involved immersing oneself in the data to become intimately familiar with the depth and breadth of content received (Braun & Clarke, 2006; 2019). To accomplish this, participant responses were transferred to an Excel spreadsheet and read repeatedly. During step two, the primary researcher and two members of the coding team read through the responses, organized data into meaningful groups, and created codes with group consensus.

Braun and Clark (2006; 2019) emphasize that the analytic journey from data set to theme is not set in stone. As such, the approach to analyzing the qualitative data in this study started as inductive with an emphasis on semantic coding. The goal was to start with the raw data using the actual words that the participants used to identify codes. Due to the marginalized status of this population, inductive coding was used to ensure participant voices were heard and to honor their perspective. As the coding process switched from initial coding to creating categories for theme development, the approach switched to latent interpretation of the data. This switch was to allow the data to be interpreted in relation to the research questions. Braun and Clark (2006; 2019) explain that examining themes at the latent level allows one to focus on the underlying ideas, assumptions and conceptualizations that inform the content of the data. It is argued that analyzing themes at the latent level provides a clearer picture of the meaning making processes of the participants.

During step three, the codes were sorted and combined into overarching themes with group consensus. In step four, themes were refined and collapsed, creating a thematic map of the data. Step five involved identifying the essence of each theme, how they relate to each other, and creating a narrative for how each theme fits into the overall story of the data as it relates to the research question (Braun & Clarke, 2006; 2019). Finally, in step six, a write up of the thematic analysis was created.

Analysis of Coherence

As described earlier, a portion of the FPS is informed by the AAI and was analyzed in a similar matter. The adjective descriptions of the participants' relationship with their foster children were analyzed for quality of coherence. Coherence refers to

how accurate each adjective was in describing the parent-child relationship, given the level of evidence and specificity provided by participants (Beijersbergen et al., 2006). Coherence is rooted in Grice's (1989) four specific principles, or "maxims": quality, quantity, relation, and manner (in Hesse, 2008). To meet Grice's maxims, a participant's descriptions of the relationships need to be truthful, sufficiently complete, be relevant to the topic, and be clear. Coherence of responses can provide unique information about the internal organization of the parent's attachment representations (Hesse, 2008; Waters et al., 2013).

As these questions were modeled after the AAI, a researcher with expertise in the AAI coding protocol was consulted to assist with the coding process. To analyze each response for coherence, a team of three coders (including the researcher, dissertation advisor, and the expert) reviewed the qualitative responses using a consensus coding approach. The first step was to determine if the response met the threshold to be considered scoreable. To meet the threshold for coding, responses had to provide an adjective that was easily understood and a descriptive response. The coding team then read the text of the response and determined the level of coherence based on the presence of episodic memory, level of evidence, and level of specificity. The concept of episodic and semantic memory systems stems from the AAI's examination of the way that attachment memories are processed (Hesse, 2008). When assessing coherence, episodic memory refers to the recall of a specific personal experience (often including mental states) while semantic memory refers to a recollection of facts or knowledge about an event (Hesse, 2008). Hesse (2008) provides an example of a semantic description of the

adjective “loving” as “well because she was caring and supportive” while an episodic description is:

That time that I set fire to the garage, using my brother’s chemistry set I absolutely positively wasn’t supposed to use. Came running when the neighbors phoned the fire department about the smoke. Expected to get the life lectured out of me, but she just ran straight for me and picked me up and hugged me real hard. Guess she was so scared and so glad to see me, she had just forgot the lecture. (p. 559)

A coding guide for quality of coherence created by Brinton (2016) based off the original AAI coding was adapted for use in this study. A copy of the coding scale can be found in Appendix H. Brinton’s (2016) 7-point Likert scale was changed to a 9-point scale, with added descriptions to capture the variety of episodic language present in the data. The 9-point coding scale was “1,” No episodic response, no evidence, no specific context; “2,” No episodic response, with mild specificity or mild evidence; “3,” no episodic response with mild specificity and evidence; “4,” No episodic response with moderate evidence or specificity; “5,” Mild episodic response with mild specificity or evidence; “6,” Moderate episodic response with moderate specificity and/or evidence; “7,” Episodic response with mild evidence and/or specificity; “8,” Episodic response with moderate evidence and/or specificity; and “9,” Clear episodic response with strong evidence and specificity.

Chapter IV

RESULTS

This chapter will present the results of the quantitative and qualitative data analyses. A description of the demographic and quantitative data will be provided first to characterize the sample of participants. Next, the results of the qualitative survey will be provided with a table of the major themes and samples of participant responses highlighted to illustrate each theme. Lastly, the results of a supplementary analysis on the quality of coherence of participants' descriptions of the parent-child relationship will be discussed.

Demographic and Descriptive Data

The online survey was initiated by 61 foster parents, with 13 sufficiently completing the survey for qualitative analysis. Participants were nine women, three men, and one identified transgender man between the ages of 26 and 54 ($M = 35$ years old). The sample predominantly identified as White ($n = 10$), while the remaining identified as Bi-racial ($n = 1$), Pacific Islander ($n = 1$), and Other ($n = 1$). A summary of the participants' characteristics and experiences as foster care providers is listed in Table 1.

Table 1

Participant Characteristics and Experiences in Foster Care

Average length of time as a foster parent, in years	2.99 (0-6)
Average number of children fostered	5.62 (1-30)
Have other children living in the home	62%
Experienced at least 1 placement disruption	42%

On average, the sample of parents had been licensed foster care providers for three years and had previously fostered six children. To be eligible to participate in this study, foster parents had to currently have one active foster placement in their home. Participants also provided demographic data for their identified foster child. A summary of these characteristics is provided in Table 2.

Table 2

Foster Child Characteristics

Average age of child, in years	9 (2-20)
Gender, female	62%
Ethno-racial identity	
White	46%
Black	23%
Mixed Race	15%
Asian	8%
American Indian	8%
Average length of current placement, in years	2 (0-5)
Average age when first placed, in years	9 (1-17)
Average number of previous foster homes	2 (0-5)

The majority of children were female and on average, had been in their placement for two years. Lastly, participants provided information describing their history of training experiences. A summary of their training experiences is provided in Table 3. As described in the table, the majority of participants experienced at least six trainings that were mixed between didactic and skill based.

Table 3*Participant Training Experiences*

Number of trainings	
1-5 trainings	31%
6-9 trainings	23%
10+ trainings	46%
Type of trainings	
Pre-service	12
In-service	7
Other	3
Training Format	
In-person	11
Online	6
Independent Study	4
Hybrid	3
Other	1
Structure of Training	
Didactic	9
Skill-Based	8
Other	1

Quantitative Measures and Data*Parental Reflective Functioning Questionnaire*

The Parental Reflective Functioning Questionnaire (PRFQ) was administered to participants to describe their interest in and understanding of their child's internal mental state. The results of the PRFQ are divided into three categories: pre-mentalizing mode, certainty about mental states, and interest and curiosity in mental states. A summary of participants' PRFQ scores is presented in Table 4. Mean scores and standard deviations for each subscale are presented in Table 5.

Table 4*Participants' Scores on the Parental Reflective Functioning Questionnaire (PRFQ)*

<u>Participant</u>	<u>Pre-Mentalizing Modes (PM)</u>	<u>Certainty About Mental States (CMS)</u>	<u>Interest and Curiosity in Mental States (IC)</u>
1	3.00	2.83	6.00
2	1.83	3.38	5.83
3	1.67	2.50	5.50
4	2.50	3.17	6.00
5	3.17	5.17	6.17
6	2.50	2.67	6.67
7	1.00	1.34	6.50
8	3.83	3.67	4.33
9	4.17	2.83	3.75
10	1.50	3.50	5.50
11	2.33	3.00	6.00
12	1.00	3.00	5.33
13	3.00	3.50	3.67

Note. Scales are measured on a 7-point Likert scale that ranges from 1 (strongly disagree) to 7 (strongly agree).

Table 5*Mean Scores and Standard Deviations for Parental Reflective Functioning Questionnaire (PRFQ) Subscales*

<u>Subscales</u>	<u>M</u>	<u>SD</u>
Pre-Mentalizing Modes (PM)	2.42	0.96
Certainty About Mental States (CMS)	3.12	0.87
Interest and Curiosity in Mental States (IC)	5.48	0.94

As a whole, the sample demonstrated a high interest in and curiosity about their foster child's mental states. Despite being interested and curious, participants identified some difficulty with their level of certainty about their child's mental states. An examination of the sample's mean IC and CMS scores indicate that participants did not demonstrate intrusive hypermentalizing or hypomentalizing characteristics. No major impairments in parental reflective functioning were noted as most of the participant sample identified a low level of non-mentalizing characteristics. This means that overall, the sample demonstrated a desire to understand their child's inner world and a tendency to make occasional inferences about the mental states that underlie their child's behavior.

Qualitative Data

Overall, 350 pieces of data were identified as meaningful and categorized into 50 different codes. As defined by Braun and Clarke (2006), codes "identify a feature of the data that appears interesting to the analyst" (pp. 88). They capture basic elements of the raw data that can be assessed as important (Braun & Clarke, 2006). A complete list of codes can be found in Appendix G. The research team's intercoder agreement ranged between 85-91% when determining initial codes. From the codes, nine themes were constructed. The team was in 100% agreement when identifying final themes. Themes were sorted into two groups according to the research questions: parenting and training. A summary of the themes and sample codes can be seen in Table 6.

Table 6*Outline of Themes and Sample Codes*

Group	Theme	Sample Codes
Parenting	Tough and Rewarding	Positive experience, negative experience
	Love and Connection	Love/affection, connection, positive child attributes
	Impact of Trauma	Adverse childhood experiences, trauma triggers, resilience
	Interpretation of Behavior	Behavior, confusion, testing/purposeful, misunderstanding
	Responding to Behavior	Response, parent uncertain, unpredictable
	Negative Emotion	Parent negative emotion, child negative emotion
Training	Dissatisfaction with Training	Unmet needs, frustration with system
	Trauma-Informed Parenting	Trauma, understanding child, positive changes
	Practical Strategies	Behavior, support, what to do

Parenting Themes

Tough and Rewarding

A major theme that was identified was mixed feelings about being a foster parent. The entire sample of participants utilized both positive and negative description words to characterize their experience of parenting a child in the foster care system. Common descriptors included “tough,” “difficult,” “rewarding,” and “joy.” Participants discussed several experiences that contributed to their mixed feelings including parental stress, managing day to day parenting, and communication difficulties in the parent-child relationship. Rick¹ for example, described his experience as, “Exhausting, emotionally draining, intellectually overwhelming, but also rewarding as he starts to actually embody some of what we talk to him about.”

Interestingly, nine participants described their interactions with their foster child as full of challenges and described their overall parenting experience as meaningful and gratifying. Specifically, these participants identified observing their child’s personal growth as worthwhile. Many parents described feeling joy when observing small moments of change in their child. For many, these moments were worth all the distress that they had experienced. This was evident in Gabi’s description of her parenting experience as:

A journey and one that has made me more open minded. It’s many days of genuine enjoyment of getting to know her personality, watching her discover her strengths and learn new skills, and finding humor in the misunderstandings. It’s been rewarding to watch her relax into the safety of making my home her own

¹ Pseudonyms used

and experiencing the childhood she was denied. But it's also nights of worry, days of frustration, and moments of annoyance.

Love and Connection

Participants frequently discussed the strong feelings of love that they felt towards their foster child. When asked to name three words that describe their relationships with child, all 13 participants identified at least one positive word to describe the relationship. Eleven participants identified at least two positive words. The most frequent word used to describe the relationship was "loving." Most of the sample also reported feelings of commitment, connection, and enjoyment toward their child. For example, Janeka described, "Our bond we've created is strong and full of love from us and our foster child. We really connected." A smaller sample of parents described feeling very attached to their child and described their child as a part of the family. This was seen in Brittany's description of her daughter, "She adores us and we adore her, she was always meant to be ours."

Interestingly, many parents also wrote about how their child displays similar feelings of love and connection. Parents predominantly reported experiencing love from their foster child through signs of affection. Eight parents recalled instances where their child displayed different behaviors that the parent interpreted as feelings of love. Examples included hugs, saying "I love you," and receiving personalized gifts. Charlie reflected on her son's morning routine, writing "Every morning when my child wakes up, he kisses me on the face. When I wake up at the same time, my heart is full of happiness."

Impact of Trauma

Participants also emphasized the noticeable impact that their foster child's trauma history has had on their foster child and the parent-child relationship. Most participants identified their child as having a trauma history. Responses included phrases such as "removed due to documented neglect," "he has experienced violence," and "gone through so much trauma before coming into care." Interestingly, participants' references of their child's trauma history fell into two different categories: it was mentioned as a way to describe their child or to contextualize their behavior. Six participants mentioned trauma when listing different behavioral or personality characteristics of their child.

Additionally, participants highlighted the different ways that their children have been negatively impacted by their traumatic experiences. Some participants described their child as displaying disruptive or dysregulated behavior, while others described internal emotional struggles. Evan for example, explained that his foster children "struggle with feelings of loss and abandonment." A smaller subset of participants identified the child's trauma history having an impact on the parent-child relationship. Most of the participants described poor communication and poor parent-child interactions due to their child's difficulties opening up and trusting others. Gabi noted that even though her daughter did open up and trust her, she recognized an impaired ability to support her:

As with all children in foster care, my daughter has been through a significant array of childhood trauma. The more she learned to trust me, the more she volunteered information about her history that I never would have known. I remember one night in particular she asked me to read her journal. I really

struggled with maintaining supportive of her while inwardly wrestling with horror and anger that she had to deal with such painful experiences at a young age.

It is important to note that not all references to trauma were negative. Two participants identified their child as displaying signs of resilience. They noted that despite having a traumatic background, their child appeared to recover and move through their challenges. This notion of resilience is seen in Jessica's response, "He is so resilient and wants to connect with his world. It is amazing to see him continue to try after having gone through so much trauma before coming into care."

Interpretation of Behavior

Another theme present in the data was the participants' difficulty with understanding their foster child's behavior. When describing their parenting experience, 12 parents made specific references to struggling with managing their child's emotional and behavioral difficulties. Examples of difficulties included "meltdowns," "when he runs away," "lies," and "mood swings." A smaller subset of parents identified their child as displaying more severe behavior including disordered eating, self-injury, and dissociation.

Furthermore, participants identified strong feelings of confusion when faced with their child's behavior. Specifically, they struggled with identifying and understanding the motivations behind them. Many parents felt their child's behavior did not make sense to them. This confusion was seen when Phoenix described her daughter's behavior: "She lies very often and I cannot understand why, especially lies where she serves no benefit." A smaller subset of parents felt puzzled by the unpredictability of their child's difficult

behavior. They highlighted their difficulty in identifying triggers and anticipating when behavior may arise. Rick explained:

It is hard to know whether I'll come home to a contentious/argumentative child or whether he'll be affectionate and understanding. For example, last night I barely had a chance to say hello and good evening before he said I don't want to talk to you tonight you're always so mean.

Participants emphasized that this confusion contributed to negative assumptions about their child. They discussed how when they struggled to understand the difficult behavior, they would make assumptions, which were either inaccurate or negative. The assumptions that parents made varied. Three parents alluded to assuming that their child could completely control their behavior and could stop if prompted. Upon reflecting on an incident with her son, Jessica disclosed “I was thinking that I just wanted him to snap out of it and be able to continue interacting appropriately.” One parent reported assuming their child displayed inappropriate behavior for “attention” while another parent described their child as “mischievous” and felt they would test the parent on purpose.

Responding to Behavior

Participants also highlighted chronic struggles with knowing how to respond to their child's behavior. Six parents discussed feeling uncertain about how they should respond to their child's emotional and behavioral difficulties. They want to help their child and respond in the appropriate way but are unsure how to do so. For example, Janeka wrote, “Sometimes it's difficult and I don't really know what I'm doing or how to

handle things...What can we do to help him transitioning better? what is triggering him?
how can we help him better?"

When reflecting on their own inner world during these struggles with their child, these parents reported experiencing apprehensiveness and self-doubt. They described engaging in self-talk that was constantly questioning. For example, Gabi described telling herself "This is hard. What do I do to fix this? Why am I doing this? This is the hard part of foster parenting that people don't see. Why can't she just get over it?"

Two parents further explained that their uncertainty over how to respond stemmed from their desire to enforce boundaries and teach their child during struggles. They wanted to both manage behavior and avoid further stress. These parents wrestled with finding the "right" decision. This was seen in Rick's description of an incident with his son:

Last night when I came home and was promptly told off. Mostly it's confusing because I don't know whether to still engage (because, that's a very rude way to greet a parent) or to just let it be and come back later (i.e. risk forgetting about it).

Negative Emotion

The last parenting theme identified was the difficulty with managing the negative emotion experienced by both parents and children during conflict. When discussing their parenting experience, four parents made specific mentions to their child's periods of strong emotion and dysregulation. They described their children as displaying anger, sadness, and mood swings. Rick explained that he tries to avoid "the meltdowns, which are full on traumatizing themselves."

Ten parents identified experiencing rushes of intense negative affect when their child displayed confusing behavior. Examples of emotions included “overwhelmed,” “scared,” “hurt,” “frustration,” and “agitated.” Some parents disclosed having a strong emotional response to the behavior while others described an emotional response to their inability to help their child with the behavior. Jessica disclosed that during one of her son’s dissociative episodes, she experienced mixed emotions, explaining, “I was feeling helpless because I couldn’t help him through it, and I was embarrassed and just wanted him to snap out of it.”

A small subset of participants identified different strategies they use to try and regulate their emotional reactions in their interactions with their child. Four parents described engaging in different types of self-talk. Two parents reported reminding themselves that they were dealing with a child, one reminded themselves of their child’s trauma history, and one reminded herself of how her reactions impact the parent-child relationship. This emphasis on the parent-child relationship is seen in Gabi’s description of her self-talk:

I can’t control her, but I can control how I react. Don’t let this push me away from her. Toughen up and let this be an example to her of how you’re willing to go the distance with her. That you love her even when she’s difficult.

Two parents identified reaching out to external sources of support. One parent reported calling the social worker while another parent described talking to their spouse before responding to their child.

Training Themes

Dissatisfaction with Training

Another major theme that was identified was an overall dissatisfaction with the training process. While the reasons for their dissatisfaction varied, the majority of participants described frustration with the way the system orients and trains parents for the role. One participant described receiving “very little training” while another stated that “the system needs a complete overhaul.” Some parents viewed training as hoops they had to jump through for licensure while others reported that their trainings had very little impact on how they parent. Three participants described foster parents not having enough support during the process.

Many parents described holding mixed feelings about their training experiences. While they were able to identify one or two types of trainings as useful, they held strong feelings about the topics that were unhelpful. They discussed the content as being limited, lacking depth, not applicable to their situation, and not useful. Some of the topics that participants described as unhelpful included behavior management, parenting skills, and multicultural issues. Many foster parents wished more relevant topics had been covered. Matt for example, wrote:

The foster care training is very poor. Why is so much time spend on infant care? Why are not medical issues discussed in in detail? Why isn't how to obtain proper medical care discussed?... It is pretty clear that DFCS is a completely overwhelmed... I feel that their priorities are screwed up.

Trauma-Informed Parenting

The most helpful training topic identified by participants was trauma informed care. The majority of foster parents described learning about the impact of trauma on their child as the most meaningful. Specifically, they felt it gave them a better understanding of their child's inner world. This was seen in Janeka's response:

The most helpful was putting us in the foster child position from when they left a home and what they could be going through...I feel like I have a better understanding of what my child has gone through and what could be causing behaviors. It makes me sympathetic instead of angry when we had issues arise.

They also reported that trauma trainings had the biggest impact on their parenting approach. Some participants described how learning about trauma taught them how to be more reflective and responsive in their response to their child. For some parents, this meant tailoring their parenting approach to their child's unique needs. Gabi for example, wrote:

The most helpful part was the trauma informed parenting class which was led by a long term foster parent and lasted for three sessions of a few hours each...It was helped me to understand and apply the principle that not all children need to be parented in the same way. My parenting techniques need to match my child's needs. And it's ok if that's different than other children her age or how I was raised.

Other parents discussed how their trauma informed parenting class assisted with behavior management and how to maintain the parent-child relationship through conflict. Brittany explained, "Trauma informed care was the most helpful as there are ways to deal with behaviors and emotions that will preserve relations with all involved."

Practical Strategies

The last training theme identified was an emphasis on practical parenting strategies. This emphasis was present when foster parents described what they found most helpful about past trainings and what they wanted more of in the future. When asked to reflect on what they felt was missing from their training experiences, many participants used words such as “practice,” “support,” and “tools and techniques.” In their responses, many participants described wanting more support, guidance, and instruction on what to do in response to challenging behavior. When reflecting on past trainings, participants described finding classes helpful when they learned how to respond to their child or were given material to refer to during difficult moments. Janeka explained “I wish we had covered more on types of behaviors and triggers. I feel like we only got the general overall for them and I’d rather that part have been in great detail.”

Participants also described wanting to know more tips, tricks, and strategies for what to do in a variety of situations. Brittany for example, wrote:

I wish they would have covered fostering family as this was rarely mentioned and we had very little in common with other fosters. Knowing how to deal with family in this type of situation is hard...There were no interventions or suggestions to ease this transition and it was hard not bringing it up to my niece as she asked often.

Quality of Coherence

The adjective-description responses of the participants were analyzed for quality of coherence. To determine the quality score, the three-person coding team assigned

values to 75% of the participant responses together. Two members coded the remaining 25% of responses together, with the third member reviewing codes and making the final decision if there were disagreements. Of the 39 responses offered by 13 participants, seven were considered not scorable due to lack of understandable adjective, lack of response, or an inadequate descriptive response. For example, one participant described her relationship with her foster child as “to meet the.” Although she provided a descriptive response, the adjective was not clear, it was deemed unscorable. A summary of the participants’ quality of coherence scores is presented in Table 7. For ease of reporting, categorical coherence levels (low, medium, and high) were created (Table 8).

Table 7*Participants' Quality of Coherence Scores*

<u>Participant</u>	<u>Adjective</u>	<u>Score</u>
1	Volatile	7
	Understanding	2
	Developing	5
2	Loving	8
	On her terms	4
	Close	9
3	Silly	2
	Safe	5
	Thoughtful	2
4	Positive	8
	Hard-work	9
	Thought-provoking	8
5	To meet the	NS
	Happy	2
	Love	5
6	Emerging	2
	Committed	2
	Consistent	1
7	Understanding	5
	Open	6
	Fun	2
8	Harmony	NS
	Ease	NS
	Health	NS
9	Loving	2
	Challenging	2
	Adventurous	1
10	Transition	5
	Loving	3
	Different	2
11	Loving	3
	Playful	2
	Calming	3
12	Strong	6
	Loving	5
	Open	9
13	Challenging	NS
	Joyful	NS
	(Left Blank)	NS

Note. Scores measured on a 9-point Likert scale ranging from 1 (no episodic response, no evidence, and no specific context) to 9 (clear episodic response with strong evidence and specificity).

Table 8*Number of Participant Responses by Level of Coherence Quality*

Not Scored	7
Low	17
Medium	8
High	7

Note. Scores 1-4 are considered Low Coherence, scores 5-6 are considered Medium Coherence, and scores 7-9 are considered High Coherence.

Overall, there was evidence for coherence in the responses of the foster parents. The level of coherence of adjective-description responses varied amongst the sample. Interestingly, there were four participants who maintained consistent coherence levels across all three examples provided.

The majority of the participants' responses demonstrated low coherence. Their responses lacked the presence of a specific memory and varied in the level of details provided. Instead, they provided semantic descriptions of the relationship, gave little evidence to support the adjective chosen, and were limited in the amount of words used. Most of the answers that were rated low in coherence were simple descriptions of what their child does with little reference to mental states. An example of a low coherence response used the word "playful" and explained "she loves to play games and do fun activities."

Eight responses demonstrated medium coherence. These responses were characterized by brief or vague references to an episodic memory. Medium coherence responses provided some context to their descriptions, responded to the question with more depth, and gave mild evidence for the adjective used. These responses tended to

fluctuate between references to a specific memory, general comments about the relationships, and references to a series of memories. Foster parents demonstrated a mild awareness of mental states, some evidence of perspective taking, and attempts to connect to behavior. An example of a response demonstrating medium coherence used the word “developing” and wrote:

We've had over a year together, so it [*sic*] relationship will ebb and flow but is growing. I had a really great time with him when he and I went out of town (just us) for a friend's wedding in May 2019. He was much more regulated. I think sometimes the dynamic of a family of four can feel overwhelming for him, so I try to remember that he's often just feeling that more than feeling upset with me

This response was considered medium coherence as it described the parent-child relationship and provided some evidence as to how it is considered “developing.”

However, this participant only provided a brief reference to an episodic memory, which lacked details about what specifically happened during the event.

Lastly, there were seven responses that demonstrated a high quality of coherence between adjective and description provided. These responses provided clear references to a specific memory, were detailed and concise, and provided strong evidence for the adjective they chose. They made it clear why the adjective chosen fit the parent-child relationship. These answers contained evidence of strong reflections on mental states, perspective taking, connections made between emotions and behavior, and evidence of a strong attachment to their child. An example of a response considered high coherence used the word “close” and reported:

The other day she came to us and told us that, "I think there's something wrong with me. I feel sad and I don't think I should be". To her, this was a huge deal because she doesn't often talk about her feelings. This was her allowing us fully into her life without fear of judgement. I feel very close to her now.

In this response, the participant was very clear about the specific memory tied to the adjective chosen and provided enough detail to see how it was relevant.

Summary

Overall, foster parents in this study described a multi-faceted parenting experience that is both joyful and difficult. Parents reported strong feelings of love and connection to their foster child, as well as strong desires to understand their inner emotional world. When reflecting on the parent-child relationship, parents reported feeling confused by their child's behavior and had difficulty responding to their child's trauma-related behavior. They described their child's behavior as upsetting and felt at a loss for how to respond. They connected these feelings to their training experiences and described feeling dissatisfied with the level of training provided to foster parents. Foster parents in this study identified a desire for trainings that were trauma informed and focused on the practical aspects of behavior management.

Chapter V

DISCUSSION

This chapter will provide an explanation of the findings and discuss how the results are related to constructs presented in the literature review. I will discuss clinical and training implications, describe limitations of the current study, and offer recommendations for future research.

Parenting

This study sought to understand how foster parents describe their parenting experiences and uncover the challenges they face in making sense of their foster child's behavior. Overall, the foster parents in this study described parenting as both a positive and negative experience. Their responses highlighted themes of strong attachment with the foster children in their care. They described loving their child, having a strong emotional connection, and emphasized moments of fun and closeness in the parent-child relationship. Foster parents also discussed the difficult aspects of their experience and wrote about their struggles understanding their child, managing the child's behavior, and feeling stressed. Interestingly, a theme identified in their responses was the view of foster parenting as a tough yet rewarding experience. Despite the challenges identified, the parents in this study felt the sacrifices they made and difficulties they experienced were worth it. These results are consistent with previous studies that have found the experience of providing foster care is considered rewarding by foster parents and helps sustain their motivation during times of stress (Buehler et al. 2003; MacGregor et al., 2006).

With regards to challenges that foster parents experience, the findings from this study indicate struggles with aspects of parental reflective functioning (i.e., the ability to reflect upon their own experiences as a parent and the mental states of their child). The results indicated that foster parents had difficulty in reflecting on their child's inner state and how it connected to the child's outward behavior. The results from the Parental Reflective Functioning Questionnaire (PRFQ) highlighted that while parents have a strong interest in and curiosity about their foster child's mental states, they feel uncertain with the inferences that they make about their behavior. Corresponding qualitative results revealed that the parents in this study felt very confused by their child's behavior.

Foster parents reported that their child had experienced trauma prior to their placement and highlighted the impact that their trauma history had on their current presentation. Some parents described their child as struggling with characteristics of insecure attachment: mistrust in adults, emotional dysregulation, fears of abandonment, and difficulty seeking support from adults. When faced with these behaviors, parents shared that they often felt confused and had difficulty understanding why their child acted that way. In their attempts to understand their child's behavior, they made assumptions, which at times were negative and inaccurate. These findings were consistent with previous literature that suggests parental reflective functioning is crucial for understanding the trauma related behavior of children in foster care (Redfern et al., 2018; Taylor & McQuillan, 2014). The theme of parental difficulty in interpreting trauma-related behavior was also seen in a similar study that examined parental reflective functioning in foster parents. Bunday and colleagues (2015) found that foster parents viewed their foster child as severely impacted by their past traumas, which made

understanding their behavior more difficult. They also described their experience of parenting as more difficult due to the lack of information given to them about their child's history. When examining parental reflective functioning scores, Bunday and colleagues (2015) found that foster parents with lower scores demonstrated an impaired ability to reflect on the less immediate causes of behavior such as the child's history or events that happened outside of the home. These results suggest that a foster parent's reflective capacity may play an important role in their ability to understand how their child's thoughts, feelings, and behaviors in the present moment can be connected to and influenced by their past trauma histories.

Foster parents in this study also described difficulty in responding to their child's behavior. They discussed feeling uncertain as to what they should do in the moment. Some parents identified wanting to avoid tantrums and conflict, while others reported wanting to make sure that rules were enforced. Some parents commented on how sometimes their own behavior was incorrect or made the situation worse. Even if there was no immediate negative response to their parental decision, many identified feelings of self-doubt as they wondered whether they made the right choice. These results highlight the important connection between mentalization and parenting behavior (Fonagy et al., 1991; Slade, 2005). As the parents in this study struggled to understand their child's internal world and motivations for their behavior, they were not able to figure out how to respond. Their uncertainty led to a disorganized response pattern; sometimes they reacted in ways that were harsh and sometimes they responded in ways that were attuned and perceptive.

The theme of negative emotion that was constructed from participant responses is also connected to parental reflective functioning. Foster parents in this study described struggles with their own emotional responses to their child. They described feeling stressed by their child's emotions and behavior, and had difficulty tolerating the level of distress they experienced. The connection between parental difficulty with managing stress caused by child behavior and parental reflective functioning is consistent with the literature. Previous research has demonstrated that parents with lower levels of reflective functioning struggle to regulate their own emotions during conflict with their child (Adkins et al., 2018). This difficulty managing internal distress is crucial as it has a strong connection to responsive parenting practices, which is another aspect of parental reflective functioning. If parents are unable to reflect on and regulate their own internal states, they will be unable to see how it can influence their parenting behavior, which can result in insensitive and emotionally reactive responses (Adkins et al., 2018; Slade, 2005).

Quality of Coherence

The quality of coherence scores of participants' responses demonstrated that the majority of foster parents struggled with providing organized narratives about the parent-child relationship. Participants struggled with their ability to accurately describe the parent-child relationship, provide enough support for their descriptions, and recall episodic memories. Additionally, many responses demonstrated difficulty with perspective taking, an inability to access an awareness of mental states, and a lack of reflection on the connections between emotion and behavior. Attachment literature highlights the connection between discourse coherence, internal disorganization of

attachment representations, and caregiving behavior (Hesse, 2008; Waters et al., 2013). Responses that demonstrate a low quality of coherence provide evidence of a disorganized state of mind related to attachment representations (Hesse, 2008; Waters et al., 2013). This internal disorganization is reflective of the internal working models that each parent has, which informs their attachment related beliefs, assumptions, and behaviors. The results from this study demonstrate that the majority of participants displayed evidence of being internally disorganized when prompted to reflect on attachment related questions.

The poor coherence quality demonstrated by the sample is also connected to the caregiving behavior described in the qualitative responses. Attachment research highlights how adults who demonstrate poor coherence and disorganized responses on the AAI are more likely to be insecurely attached, which influences the way they parent their own children (Hesse, 2008; Waters et al., 2013). Parents with insecure attachment classifications provide less responsive caregiving and demonstrate impairments in reflective functioning (Bunday et al., 2015; Luyten et al., 2017). Specifically, parents with an insecure attachment history struggle with understanding the subjectivity of their child's inner world and are at greater risk for developing negative attributions of behavior (Luyten et al., 2017). Interestingly, the foster parents in this study described difficulty with aspects of parental reflective functioning, struggles with responsive caregiving, and displayed evidence of an internal disorganization in their narratives. As such, the results from this study provide further support for the connection between coherence and caregiving behavior. These results also identify several areas where clinical intervention can be tailored to address the specific needs of foster parents.

Training

This study also had research questions related to the foster parents' training experiences. Specifically, this project sought to understand how foster parents describe their training experiences. Overall, the participants described strong feelings of dissatisfaction with the trainings they have had and described feeling frustrated with the system. As a whole, the sample had experience with a wide variety of training types, formats, structures, and topics. Some parents had training on topics like attachment and trauma while other parents only had trainings on basic parenting skills and first aid and CPR. When reflecting on these varied experiences, they described receiving many trainings that were unhelpful, not relevant, and low quality. Some participants felt they did not receive enough training and some felt the training they did receive did little to impact their day-to-day training. The dissatisfaction with training found in this study supports the notion that foster parents are not completely satisfied with their training and feel that they do not receive enough training to appropriately support them in the parenting role (Adkins et al., 2018; Barnett et al., 2018). This data supports previous findings on the lack of training consistency, poor training satisfaction, and a need for more relevant training topics (Beltran & Epstein, 2012; Gerstenzang, 2009). It highlights how many foster parents receive training that is focused on information sharing and basic skills training, and do not focus on content that is relevant to their needs (Adkins et al., 2018; Gerstenzang, 2009).

The last question guiding this study was focused on identifying the training needs of foster parents. Foster parents expressed desires for trainings that provided a framework for understanding foster children's complex needs, and instruction on how to respond to

their confusing behavior. They reported struggling with managing the behavior of the children in their care and felt the training they received did not sufficiently prepare them for it. Despite being generally dissatisfied with their training, the majority of parents highlighted trauma-informed parenting as the most helpful training topic. Some participants described its usefulness in the framework provided for understanding their child's perspective. However, not all parents reported receiving this type of training. Additionally, foster parents described wishing they had better training on practical parenting strategies, such as how to respond to their children's difficult behavior. These results demonstrate that current training practices may not be adequately preparing foster parents for their parenting role and that they have a need for trainings that specifically focus on the connection between a child's emotions and behaviors. Benesh and Cui (2017) came to the same conclusion with their systematic review of foster parent training programs. They found that the wide variability in the pre-service trainings given inadequately prepares foster parents to how understand, interpret, and respond to their foster child's needs. The needs of foster parents found in this study are also similar to the results found by Barnett and colleagues (2018) who examined foster and adoptive parents' feelings about their role preparation. Their participants identified mixed feelings about their training and 57% of the participants identified wanting advanced training on understanding behavior and meeting their child's needs (Barnett et al., 2018).

Clinical Implications and Recommendations

The results of this study support the use of attachment theory as a useful theoretical framework for understanding and addressing the clinical needs of foster and adoptive families. While this theory is often applied to this population, there is a lack of

consistency in the field for child and family support. Many families will work with a variety of providers including caseworkers, therapists, doctors, teachers, and social workers, all who view the family's needs with different lenses. This can be frustrating and overwhelming for families as they are receiving contrasting information, struggling to make progress, and searching for solutions.

As described above, participants in this study reported difficulty with interpreting and responding to their child's behaviors, managing their emotional reactivity in the moment, and are searching for practical support. Attachment theory is useful as it focuses on mentalization and can help provide foster and adoptive parents with a framework for understanding their child's history, inner world, and outward behavior. By focusing on strengthening the parent-child relationship, attachment grounded therapeutic approaches can help foster and adoptive parents understand what their child's confusing behavior means, teach them how to determine what needs are being communicated, and help them practice ways to respond that maintain the relationship. This provides a language for what they are experiencing and can give families ongoing psychoeducation to support them through the length of the placement.

Additionally, interventions grounded in attachment theory can be used to help parents address their own attachment histories, internal disorganization, and connections to their caregiving behavior. As described earlier, parents with insecure attachment strategies struggle with providing responsive caregiving and demonstrate impairments in reflective functioning. Clinical treatment that is geared toward organizing the parent's internal emotional world and addressing maladaptive internal working models can also meet the unique needs of this population. Evidence-based treatments that focus on parent

coaching such as Attachment and Biobehavioral Catch-up (ABC), and Circle of Security have been shown to be successful in facilitating secure attachment strategies and improving parenting outcomes. The ABC intervention specifically focuses on the parent's state of mind including the way they think about and process attachment memories and how it connects to their nurturance behaviors (Dozier & Bernard, 2019). Circle of Security also helps parents identify the connections between their own defensive, insecure strategies, and their child's needs (Powell et al., 2016).

The results from this study also have implications for children who are in other out of home placements such as residential treatment centers and residential schools. Children in these settings also face similar circumstances. They are away from their primary caregivers, cared for by different adults, and have complex needs and behaviors. Additionally, the adults that provide care for these children occupy a role similar to foster parents. Due to the similarities between these two groups, an attachment framework would also be helpful in meeting the clinical and consultative needs of the staff that work with this population.

To improve clinical consistency and care coordination with foster care and residential populations, education on attachment and parental reflective functioning is recommended across disciplines. This would allow foster families to work with providers that have a shared understanding of the population's needs, use a shared language, and recommend compatible interventions and services. To accomplish this, changes need to be made at the graduate and pre-service training level. It is recommended that college training programs employ professors who are knowledgeable about these topics and add them to their curricula. This training recommendation can also be applied to professional

development. Employers can provide education for their staff by adding attachment focused trainings as professional development.

Recommendations for Foster Care

The results of this study have several implications for the foster care system. First, the findings can be applied to understanding and improving placement stability for children in foster care. This study provides support for the link between a foster parent's training and their ability to manage the emotions and behaviors of the child in their care. It seem that if parents do not have a framework for understanding their child's behavior, are unable to reflect on the needs behind their child's observable behavior, and unable to manage their own parental stress, they are at higher risk for disrupting a placement. If the foster care system is going to address this problem, there needs to be a greater focus on the initial training and ongoing support that foster parents receive.

Culture Change

Qualitative results identified strong feelings of dissatisfaction with the current approaches and strategies for preparing foster parents to provide out of home care. It seems that these frustrations stem from problematic beliefs about learning that exist within the child welfare system. Currently, training for foster parents is limited in the amount of sessions provided, the breadth of topics covered, and the number of hours required for licensure. Some of the participants in this study felt that trainings acted as hoops to jump through while others viewed the foster care system as having skewed priorities when training parents. The current practices of the system reflect a view of foster parent education as finite and time limited, suggesting that foster parents can reach

an end point in their training and become sufficiently knowledgeable about a topic without ongoing support.

Significant changes in the culture of training and education within the foster care system are recommended. Specifically, a systemic ideological switch to a focus on long-term learning, growth, and support is needed. To accomplish this, the term “training” should be changed to “professional development” to reflect the shift in fundamental beliefs about parent education. Professional development in the field of education is described as the “processes and activities designed to enhance the professional knowledge, skills, and attitudes of educators so that they might, in turn, improve the learning of students” (Eun, 2008, p. 134). While this definition has educators in mind, it can also be applied to the role that foster parents play in shaping the lives of the children in their care. If foster parents are to provide nurturing support and care to the children in their home, it is recommended that the system provide them with the same level of support. This means changing the outdated one-size-fits all approach to a more personalized focus on education and development to improve foster parent knowledge and skills.

One change in systemic procedures that would reinforce this new view of foster parent education would be the creation of a foster parent assessment program that continually and collaboratively, evaluates the needs, skills and competencies of foster parents while they have an active license. This type of program would help to identify strengths, weaknesses, needs, and areas for intervention. This suggested intervention is reflective of an observation/assessment model of professional development, which highlights personalization and the use of observation and feedback to enhance learning

(Eun, 2008). With this approach, the foster parent is seen as a long time learner whose skills and needs change over time with experience. Another systemic change that offers another model of professional development is a foster parent mentoring program.

Participants in this study identified enjoying when they could speak with and learn from experienced foster parents. This mentoring model of professional development utilizes relationships between colleagues with different experience levels to provide ongoing support (Eun, 2008). With both suggested programs, the emphasis is on providing foster parents with long term education and support to emerging skills, refine personal expertise, and encourage personal and professional growth.

Systemic Changes

Results from this study highlight the need for an increase in quality of training for foster parents. Many of the participants in the study felt unsatisfied by their training experiences as they viewed them as unhelpful. It is recommended that the foster care policy makers, state agencies, and training instructors continue to reform and strengthen training programs. Making changes at the content level and at the procedural level could be a potential strategy for improving satisfaction and perceived quality of training. At the content level, it is recommended that programs explore what competencies are needed for foster parents and how that connects to the topics and formats offered for trainings. Some participants in this study described feeling dissatisfied due to a lack of ongoing training, and disappointment due to the self-taught or online formats. A change that could address these concerns would be to make in-service trainings more frequent, consistent, and relevant to their experiences. It may also be useful for programs to examine how more personalized formats (e.g., in-person, small group) might impact training outcomes.

Additionally, finding ways to strengthen the feedback components of training programs is also recommended. Increased feedback about training experiences could allow agencies to improve their program evaluation practices. Specifically, increasing opportunities for foster parents to use their voice and share their perspective can allow agencies to gather data on desired topics, skills, and supports. Examples of strategies can include feedback through anonymous evaluation surveys and in-person focus groups.

Another way to improve the training experiences of foster parents is with increasing trainings that focus on the complex needs of the children in their care. This study demonstrated that most participants found trauma-informed trainings the most helpful and most applicable to their roles as foster parents. Specifically, they felt it helped them get a better understanding of their child and learn how to adapt their parenting approach to meet their child's needs. However, not all participants had received this type of training. Training that focuses on adopting a trauma-informed lens for viewing children can provide a contextual framework for understanding the emotional and behavioral difficulties that children in foster care often experience. This contextual framework can be helpful in increasing flexibility in the way that foster parents understand behavior, which can influence the parental attributions that are made. Additionally, participants responses indicate increased responsive parenting practices because of their trauma focused trainings. As research highlights the positive effects of responsive parenting on externalizing behavior, increased trainings could potentially influence the problems related to placement disruptions.

Lastly, the results of this study found that foster parents struggle with interpreting and responding to their children's confusing behaviors. They also demonstrated a desire

for more training on the practical aspects of parenting. One recommendation to improve training in a way that addresses this need would be to incorporate and strengthen trainings that focus on mentalization. As a parent's ability to mentalize is connected to their meaning making, receiving specific training focused on improving this skill could address this dilemma. If foster parents are trained on how to reflect on their child's inner world and motivations for behavior, they can develop an understanding of how to appropriately respond. While the research on intervention and training programs on mentalization/reflective functioning is limited for foster parents, the research on these interventions for biological parents is promising.

Limitations

This study had several limitations. First, it was most notably limited by the online survey administration. Although the gathering of participant narratives is essential to qualitative research, the way in which those narratives is collected is important. Face-to-face contact between researcher and participant is considered ideal and along with the use of semi-structured interviews as its flexibility allows participants to discuss issues that are most important to them (Braun & Clark, 2013). Because this study used an online format for data collection, face-to-face contact was not possible and structured interviews were used, which did not allow for follow up questions. This likely impacted the clarity and richness of the narratives collected. Although finding participants to take part in person was difficult, telephone or virtual meetings could have been an alternative data collection approach that would have allowed for semi-structured interviews to be used, resulting in more in-depth responses from participants. This would also have allowed for participants responses to be clarified and expanded upon.

Additionally, this study experienced a high number of participant drop out to the number of the survey questions and the order of the questions. Most participants discontinued halfway through the administration, likely due to fatigue. In traditional face-to-face interviewing, conversations can be adjusted to match the participant's speed. Participants are also not required to write down their responses which reduces the fatigue that can occur. If this were to be conducted again, changing the order of the questions by placing qualitative questions first and providing optional demographic questions at the end may have resulted in more participants responding and richer qualitative data gathered.

Another limitation in this study was the small sample size ($n = 13$). Although the focus of this study was primarily qualitative, quantitative data (PRFQ scores) were collected to characterize the sample. Due to the sample size, these data could not be interpreted in aggregate form. This means the information collected on parental reflective functioning was not generalizable. Had this been a mixed methods study and a larger sample size acquired, the findings could potentially have been extended to the larger foster parent population.

The last limitation of this study was with the use of the PRFQ as a measure of parental reflective functioning. Although initial research has found the PRFQ to have adequate internal consistency and convergent validity scores, it is still a new screener that is continuing to be assessed. While its brief format was useful, it is considered a screener tool that provides a limited view of parental reflective functioning. The use of traditional, gold standard assessments of parental reflective functioning such as the Adult Attachment Interview (AAI) or the Parent Development Interview (PDI) would have

yielded a more valid, in-depth evaluation (Slade, 2005). Additionally, to date no other studies have examined the administration of the PRFQ in an online format. While the online administration of this measure for this study was innovative, additional research could examine how the format given (e.g., in-person, over webcam, phone, or online) may influence the scores gathered.

Recommendations for Future Research

As described earlier, there is limited research examining parental attributions in foster parents. This study found evidence that confusion and uncertainty emerged as important variables in how foster parents understand and respond to behavior. Future research could expand on this notion and further examine the struggles that foster parents face to see what other variables or processes are involved. A way to do this would be to create another qualitative study utilizing face-to-face interviews with a much larger sample size to explore this topic with foster parents. The in-person interviews could allow foster parents to bring up topics that were important to them that had not been initially thought of by the researcher.

Additional research is needed to examine the experience of mentalization in foster parents. As there is little research on this topic, further study is needed to understand how it compares to biological parents. Once the concept of mentalization in this population is better understood, research can focus on examining interventions that are targeted to enhancing it. As this study suggested a potential connection between training and mentalization, future research is needed to develop and evaluate different training programs or treatment groups that focus on mentalization for foster parents.

Conclusion

Placement instability in foster parents is a national concern as children who experience multiple placements are at risk for negative outcomes. To get a better understanding of the parenting factors related to placement instability, this study sought to describe the challenges that foster parents experience in understanding their foster child's behavior and identify how this may connect to their previous training experiences. The results of this study found that foster parents struggle with confusion and stress as they try to understand their child's trauma-related behavior of the children and feel uncertain over how to respond. They also described a dissatisfaction with their training experiences as they felt unprepared for their role and desired practical training that focused on responding to confusing behavior.

The results of this study highlight how attachment theory and the concept of parental reflective functioning provide a useful theoretical framework for understanding the mechanisms that influence placement instability, foster parents' difficulties managing behavior, and the needs of foster families. By employing an attachment framework, foster care agencies and mental health providers can better incorporate aspects of parental reflective functioning and trauma informed care into their policies, trainings, and ongoing support programs for foster families. This study supported the theory in literature that placement instability can be reduced if foster parents are adequately trained and given a framework for interpreting and responding to their foster child's needs.

Appendix A

List of Websites Used:

- Reddit:
 - FosterCareUSA subreddit
 - Fostercare subreddit
 - SampleSize subreddit
 - Askparents subreddit
 - Raisingkids subreddit
- Facebook:
 - Foster Parent Support Group
 - Being A Foster Parent Page
 - Adoptive Foster Parenting
 - Foster the Family
 - Foster Parent Association
 - Gilmer County Foster Parent Support
 - The Foster Parenting Toolbox
 - Adoptive and Foster Family Coalition of NY
 - Grandparents Raising Grandchildren
 - Families United Network
 - Fostering Families Today
 - Adoptive Families
 - Foster Care and Adoption
 - Humans of Foster Care
- Adoption.com:
 - Foster Parenting board

Appendix B

Electronic Consent to Participate in Research

Identification of Investigators & Purpose of Study

You are being asked to participate in a research study conducted by Ariel D. Marrero, M.S. from James Madison University. The purpose of this study is to understand the experience of being a foster parent. This study will contribute to the researcher's completion of her doctoral dissertation project.

Participation & Withdrawal

In this study you will be asked to provide answers to a series of questions related to your experience as a foster parent. Your participation in this survey is voluntary. You are free to choose not to participate. Should you choose to participate, you can withdraw at any time without consequences of any kind.

Time Required

Participation in this study will require 30 minutes of your time.

Risks

The investigator does not perceive more than minimal risks from your involvement in this study (that is, no risks beyond the risks associated with everyday life). There is a risk that you may find some questions to be sensitive in nature or cause emotional discomfort. To protect participants, referrals to appropriate psychological resources can be provided if needed. Participants will also be allowed to discontinue at any point in the study.

Benefits

Potential benefits from participation in this study include an increased understanding of the foster parent-child relationship and a referral to mental health resources (if needed).

Confidentiality

The results of this research will be presented at state and national professional conferences. The results of this project will be coded in such a way that the respondent's identity will not be attached to the final form of this study. The researcher retains the right to use and publish non-identifiable data. While individual responses are confidential, aggregate data will be presented representing averages or generalizations about the responses as a whole.

Your survey answers will be stored initially with Qualtrics in a password protected electronic format. Data will later be downloaded and stored in a secure location accessible only to the researcher. Upon completion of the study, all information that matches up individual respondents with their answers will be destroyed.

Questions about the Study

If you have questions or concerns during the time of your participation in this study, or after its completion or you would like to receive a copy of the final aggregate results of this study, please contact:

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Questions about Your Rights as a Research Subject

Dr. Taimi Castle
Chair, Institutional Review Board
James Madison University
(540) 568-5929
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Giving of Consent

I have read this consent form and I understand what is being requested of me as a participant in this study. I freely consent to participate. I certify that I am at least 18 years of age.

- Agree
- Disagree

Appendix C

Foster Parenting Survey

Parenting Questions:

1. Could you start by helping me get oriented to your family situation and current foster placement?
2. Now I'd like to ask you to choose three adjectives or words that reflect your relationship with your foster child.
3. Can you think of a memory or incident that would illustrate why you chose word #1 to describe the relationship?
4. Can you think of a memory or incident that would illustrate why you chose word #2 to describe the relationship?
5. Can you think of a memory or incident that would illustrate why you chose word #3 to describe the relationship?
6. What is it like parenting this child?
7. What is the easiest part of parenting this child?
8. What is the most difficult part?
9. How easy or difficult is it for you to think about the reasons why your child behaves and feels a particular way?
10. Could you provide one example of a time when this child's behavior was confusing.
11. What was going through your head at the time?
12. What were you thinking, feeling, and doing?
13. What do you think was going through your child's head?

14. What do you think your child was thinking, feeling, and doing?
15. Provide one example of a time when you put yourself in your child's shoes to understand their thoughts, feelings, and behavior. What was going through your head at the time?

Training Questions:

1. What was the most helpful part of training?
2. What was the most unhelpful?
3. How has the training you received impacted the way you parent?
4. In thinking about your actual experience as a foster parent, what do you feel was missing from your training experience?
5. What do you wish was covered?
6. Is there anything else you believe is important to share about your experience as a foster parent?

Appendix D

Parental Reflective Functioning Questionnaire (PRFQ) – Infant

Listed below are a number of statements concerning you and your child. Read each item and decide whether you agree or disagree and to what extent. Use the following rating scale, with 7 if you strongly agree; and 1 if you strongly disagree. The midpoint, if you are neutral or undecided, is 4.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
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1. ___The only time I'm certain my child loves me is when he or she is smiling at me.
2. ___I always know what my child wants.
3. ___I like to think about the reasons behind the way my child behaves and feels.
4. ___My child cries around strangers to embarrass me.
5. ___I can completely read my child's mind.
6. ___I wonder a lot about what my child is thinking and feeling.
7. ___I find it hard to actively participate in make believe play with my child.
8. ___I can always predict what my child will do.
9. ___I am often curious to find out how my child feels.
10. ___My child sometimes gets sick to keep me from doing what I want to do.
11. ___I can sometimes misunderstand the reactions of my child.
12. ___I try to see situations through the eyes of my child.
13. ___When my child is fussy he or she does that just to annoy me.
14. ___I always know why I do what I do to my child.
15. ___I try to understand the reasons why my child misbehaves.
16. ___Often, my child's behavior is too confusing to bother figuring out.
17. ___I always know why my child acts the way he or she does.

18. I believe there is no point in trying to guess what my child feels.

Appendix E

Parental Reflective Functioning Questionnaire (PRFQ-A) – Child & Adolescent

Listed below are a number of statements concerning you and your child. Please read each item carefully and decide whether you agree or disagree and to what extent. Use the following rating scale, with 7 if you strongly agree, and 1 if you strongly disagree; the midpoint, if you are neutral or undecided, is 4.

Strongly Disagree	1	2	3	4	5	6	7	Strongly Agree
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1. ___ The only time I'm certain my child loves me is when he or she is smiling at me.
2. ___ I always know what my child wants.
3. ___ I like to think about the reasons behind the way my child behaves and feels.
4. ___ My child cries or acts up/is difficult around strangers to embarrass me.
5. ___ I can completely read my child's mind.
6. ___ I wonder a lot about what my child is thinking and feeling.
7. ___ I find it hard to actively participate in make believe play or imaginary activities with my child.
8. ___ I can always predict what my child will do.
9. ___ I am often curious to find out how my child feels.
10. ___ My child sometimes gets ill to keep me from doing what I want to do.
11. ___ I can sometimes misunderstand the reactions of my child.
12. ___ I try to see situations through the eyes of my child.
13. ___ When my child is being difficult he or she does that just to annoy me.
14. ___ I always know why I do what I do to my child.
15. ___ I try to understand the reasons why my child misbehaves.
16. ___ Often, my child's behavior is too confusing to bother figuring out.
17. ___ I always know why my child acts the way he or she does.

18. I believe there is no point in trying to guess what my child feels.

Appendix F

Sample Reflexivity Journal Entries

February 16, 2020:

Immediate reaction to data set is excitement and frustration. Despite Qualtrics reporting 50+ responses, most had to be thrown out due to incomplete data. It appears that most participants discontinued halfway through survey. Potential for reflection on length of survey and order of quantitative vs qualitative questions in the discussion of manuscript.

A review of participant demographics notes some diversity in ethno-racial identity and gender identity in sample. Upon first glance at qualitative responses, it seems like participants were really honest about their experience. Some participants wrote detailed responses while others had more concise answers. Interesting how one participant repeatedly wrote “it is difficult to write paragraphs on mobile phone.”

After reading through responses, both positive and negative descriptions of parenting experience jump out. A lot of parenting struggles noted but also a lot of love.

March 22, 2020:

Team went through parent question coding and talked out areas of disagreement or confusion. Resulted in some codes being either switched, data chunks being split and coded differently, or double coded (see coding spreadsheet for list of codes switched and decisions). All raters in agreement at end. Prior to meeting group was at 91.7% agreement.

Team went through training question codes and felt a new coding category needed to be created (“unmet needs”). Group talked out areas of disagreement or confusion. Resulted in portions of data being re-coded in the new category (see coding spreadsheet for list of codes switched and decisions). Team agreed that training codes do not need sub-codes due to small number and feel that broad codes fit data. All raters are in agreement at the end. Prior to meeting group was at 85.1% agreement.

- New training code category created:
 - **Unmet needs** - Data referring to participants being dissatisfied with training, wishing they were taught different topics, or mentioned topics they are still having trouble understanding.

Feel like team meeting went well. Research assistants brought up good questions and alternative perspectives for way data could be interpreted and coded. Feeling excited at the way stories are beginning to rise from the data and anxious about how it will translate to theme development.

April 12, 2020:

Team met to discuss themes. Primary researcher encouraged the team to reflect on what story the data was telling.

- **EP’s reflection** - “Being a foster parent is indescribable - the positive aspects and the hardships. It is rewarding and challenging. The relationships are joyful and help to make up for the challenges”

- MG's reflection - "There are challenges and rewards to being a foster parent. It is meaningful. Understanding the role that trauma plays and trying to adapt parenting to fit their needs is important. Also, the system needs to be improved."

Team discussed thoughts about themes proposed by the primary researcher. Team felt that trauma was more prevalent in data and needed a theme to represent it. Team discussed reverting back to 6th grouping of parenting data. Team also wondered about whether to keep parenting and training themes separate or to combine them into one cohesive set of themes.

Team went through the proposed themes and reflected on how they fit the data and whether they seemed to accurately represent the story being told. Team discussed how during coding stage "confusion" and "confused" emerged as overarching concept. Team also agreed that issues with communication, specifically misunderstandings, emerged as major organizing concept within parent child relationship. Team reworded some responses to reflect application to both parent AND child. Team agreed to add another theme based on the presence of trauma in narrative ("Foster parents are aware of the impact trauma has on their foster children")

Appendix G

List of Codes:

Parenting:

- Trauma/removal
- Parent experience / inner world
- Child description
- Parent-child relationship
- Related services and supports
- Parent perception of child inner world
- Adverse childhood experiences (ACES)
- Trauma triggers
- Resilience
- External support
- Hospitalization
- School
- Behavior
- Child positive attributes
- Struggles
- Confusion
- Loss
- Mistrust
- Child negative emotion
- Parent uncertain
- Testing / purposeful
- Communication
- Closed off
- Opening up
- Understanding
- Misunderstanding
- Love/affection
- Connection
- Trying
- Unpredictable
- Parent negative emotion
- Inner thoughts during struggles
- Get over it
- Help
- Developmentally appropriate
- Wondering about Motive
- Self-talk
- Why?

- Negative experience
- Positive experience
- Parental response
- Trying to understand child's behavior

Training:

- Trauma
- Behavior
- Support
- What to do
- Understanding child
- Positive changes
- Frustration with system
- Unmet needs

Appendix H

Coherence Coding Guide

Coherence: How relevant to the adjective is each incident or memory described?

Quality of Coherence: 1-9 rating

1 = No episodic response, no evidence, no specific context

2 = No episodic, with mild specificity or mild evidence

3 = No episodic with mild specificity and evidence

4 = No episodic with moderate evidence or specificity

5 = Mild episodic with mild specificity or evidence

6 = Moderate episodic with moderate specificity and/or evidence

7 = Episodic with mild evidence and/or specificity

8 = Episodic with Moderate evidence and/or specificity

9 = Clear Episodic with strong evidence and specificity

Level of Quality:

Low level of coherence = Scores 1-4

Medium level of coherence = Scores 5-6

High level of coherence = Scores 7-9

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