FOSTER PARENT TRAINING & SUPERVISION OF

CHILDREN WITH CHALLENGING

BEHAVIORS

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of Master of Social Work

By
Francisco Guzman
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CERTIFICATION OF APPROVAL

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_____   _____
Dr. Kilolo Brodie   Date
Professor of Social Work

_____   _____
Dr. Paul G. Wright   Date
Associate Professor of Social Work

DEDICATION

I would like to thank my family for all their ongoing encouragement and support in this process. Without their support, this would not be possible. Chansamay, Samantha, Rebecca, Nicolas and Nathan are the motivation of my life. I would I to thank my parents, because without them I would not be here. They have encouraged me to continue my education no matter how old I am.

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ABSTRACT

The purpose of this study was to have a greater understanding of the knowledge of foster parents with regards to needs and services when caring for children with challenging behaviors. The hope was that the information obtained could be utilized to help support the needs of foster parents and, ultimately, improve the lives of children in care. The study was guided by the following research question: Through the lived experiences of foster parents who care for children with identified or unclassified behaviors, what services do they believe are needed to better support the children in their care? An online questionaire was utilized to examine foster care from the perspective of foster parents. This study included a total of 11 foster parents who were all from Creative Alternative Foster Family Agency. A majority of the foster parents have been providing care for foster children for more than 4 years. This demonstrated the commitment the foster parents have to caring for children in foster care. Results indicated that foster parents were interested in either Long-Term Foster Care or Adoption. Half of the participants reported that they would like additional training and gain a better understanding of trauma and its connection to behaviors. This study helps demonstrate the importance of well-trained foster families and their ability to provide appropriate care and supervision for children with challenging behaviors. Results from this study highlighted agency training needs that might assist future foster parents and retain those already fostering.

CHAPTER I

INTRODUCTION

Statement of the Problem

In 2015, the total population of children under the age of 18 was estimated to

be 74,382,502 (U.S. Department of Health and Human Services, 2020). California

has one the largest populations under the age of 18 at 9,120,916 (U.S. Department of

Health and Human Services, 2020). The transition from adolescence to adulthood is a

pivotal developmental stage as young people learn the skills needed to be healthy and

productive adults. This transitional process can be especially complicated for youth

with foster care experience (Harwick, Lindstrom, & Unruh, 2017). In addition to the

trauma of abuse or neglect that resulted in children being removed from their homes

and placed into the foster care system, when a child repeatedly changes from one

environment to another, it may have great consequences for the child's well-being and

functioning (Strijker, Knorth, & Knot-Dickscheit, 2008). The adjustment through

developmental transitions is compounded for children who are clinically diagnosed as

having challenging behaviors. Many youth aging out of foster care are not prepared to

live on their own at their time of discharge from the child welfare system (Collins,

2001). While in care, undiagnosed or improperly treated behavioral issues can

exacerbate the process of exiting foster care (Harwick, Lindstrom, & Unruh, 2017).

As a result, these young people often struggle to find appropriate housing, meaningful

employment, and mental and physical health care (Collins, 2001). Transitional Aged

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Youth (TAY) with challenging behaviors are less likely to graduate from high school, find employment, and participate in postsecondary education than their peers (Johnson, Stodden, Emmanuel, Luecking, & Mack, 2002).

It is widely noted that children entering the foster care system today often have a complex set of needs and behavior problems related to the stress and trauma they experienced in the homes they were removed from (Hebert & Kulkin, 2018). A problematic concern for social workers can be locating foster homes/parents who are willing to support children with diagnosed and undiagnosed behaviors. To ensure the placement, care, stability, and well-being of these vulnerable children, it is important that they are matched with foster parents who are equipped to provide the special care these young people need. Price et al. (2008) found that foster parent training and supportive interventions increased the chances of a positive change, mitigating the negative risk-enhancing effect of a history of multiple placements.

Usher, Randolph, and Gogan (1999) addressed the issue of placement changes due to youth's behavior and the quality of out of home care by listing four reasons of concern.

First as children experience more placements, the probability of reunification decreases, and vulnerability of foster care drift increases. Second, multiple placements produce unstable relationships that can negatively affect the ability of children to attach to significant others. Such instability can foster personality disturbance for some children, and the consequences can be long lasting. Third, data from several states indicated that the movement of children

into more restrictive (and more costly) settings is often associated with

disruptive placement histories. Finally, the discontinuity of multiple moves is

contrary to the intent of the Adoption Assistance and Child Welfare Act of

1980. (p. 23)

Additionally, the identification of youth with disabilities, physical or

developmental, in the welfare system is not always reliable or consistent (Hill,

2012). It is important not only to identify families who are willing to foster children

with special needs, but to also provide caregivers with access to the required support

needed to ensure successful placement. The Regional Centers are responsible for

designing and coordinating a wide array of services for California residents with

developmental disabilities (State of California, Department of Developmental

Services, 2018). These services and supports are supposed to be provided through a

statewide system of 21 locally-based regional centers. A Person-Centered Planning

approach is used in making decisions related to the home of a person with

developmental disabilities and the kinds of services and supports that may be needed.

In Person-Centered Planning, it is the responsibility of the entire group (the person

utilizing the services, family members, regional center staff, and anyone else

requested by the regional center consumer) to ensure that the plan is enacted (State of

California, Department of Developmental Services, 2018).

Intellectual and developmental disabilities of foster youth may initially be

unknown to a child welfare social worker. Foster youth are sometimes labeled as

having challenging behaviors to manage, but without appropriate cognitive or

physical assessments. Among the areas of concern has been the lack of comprehensive mental health screening of all children entering out-of-home care, the need for more thorough identification of emotional behavioral disorders, and insufficient youth access to high quality services (Pecora, Jenson, Romanelli, Jackson, & Ortiz 2009). These behaviors include oppositional defiance, property destruction, sexually acting out, temper tantrums (yelling and cursing), running away, talking back, substance abuse, etc. Foster parents may feel that they cannot meet a child's needs or that the child's behavior poses a risk to others in the home, creating increasing stress over time (Leathers; Spielfogel; Geiger; Barnett; Vande Voort, 2019). Children often experience placement disruption after exhibiting behaviors related to their challenging behaviors.

Statement of Purpose

The purpose of this study is to explore the needs of foster parents to be able to support children with challenging behaviors. This quantitative study will use electronic surveys to capture the insights and views of foster parents related to the services and supports that would best assist them in caring for children with identified (and unidentified) behaviors. The study is guided by the following research question: Through the lived experiences of foster parents who care for children with identified or unclassified behaviors, what services do they believe are needed to better support the children in their care? This study will contribute to the importance of well-trained foster families to be able to provide appropriate care and supervision for children with

challenging behaviors. This study will provide Foster Family Agency's with useful data regarding community resources.

Significance of Study

The significance of the proposed study seeks to influence policy where the focus is on training of foster families and how to care for children with challenging behaviors, thereby strengthening stability in placement for the children in foster care. Children with undiagnosed behaviors are commonly labeled as having disruptive or destructive behaviors, although the underlying needs are not being addressed. This calls for increased collaboration regarding mental health behavioral interventions and developmental disability screening. Children who receive services and supports to address their needs are better able to maintain a stable foster home. As social workers, therein lies an ethical responsibility to promote best outcomes for the children in foster care.

This study matches the National Association of Social Workers (NASW) Code of Ethics core values of competence, importance of human relationships, and dignity and worth of the person (NASW, 2020). The study achieves these core values by increasing the professional knowledge of social workers and enabling them to better promote the overall well-being of children in foster care. This study also seeks to support the treatment of, both, foster families and foster youth with respect and dignity. As a result of this study, the information can then be used to help provide access to necessary services and resources to maintain placements. This study will contribute to social work practice by enhancing the ability to provide appropriate

foster parent training to assist them in caring for children with disabilities and/or

challenging behaviors.

CHAPTER II

LITERATURE REVIEW

Child Welfare Placement Planning

Youth entering foster care often struggle with the trauma related to the abuse and neglect endured while in the care of their parents. Children in foster care are at risk for behavioral and emotional problems that require higher levels of care than other children (Solomon, Niec, Schoonover, 2017). Nationally, over 423,997 children were in out-of-home placements in September 2019 (U.S. Department of Health and Human Services, 2020). Child welfare agencies work to provide stability for children while in foster care. Concurrent Planning is the mandatory process of working toward one legal permanency goal (typically, family reunification) while, at the same time, establishing an alternative permanency goal and implementing a detailed plan to reach that goal (CalSWEC, 2021). Concurrent planning is designed to assist the child welfare agency in moving children and youth more quickly to a safe and stable permanent family. To meet these needs and reduce placement disruptions, foster parents require effective parenting skills (Solomon, Niec, & Schoonover, 2017).

Macro Influence

Adoption and Safe Families Act (ASFA). The Adoption and Safe Families Act (ASFA) of 1997 is defined by the Child Welfare Information Gateway (2019) as the following:

The 1997 Adoption and Safe Families Act (ASFA) marked the first-time issues related to permanency were explicitly stated in legislation, which was pivotal in changing the landscape of child welfare practice. This law connected safety and permanency by demonstrating how each factor was necessary in achieving overall child well-being. While ASFA made clear that child safety was paramount, it also provided a new way of defining permanency for children and youth in foster care. The law specified that states had to improve the safety of children, promote adoption and other permanent homes for children who needed them, and support families. ASFA also required child protection agencies to provide more timely assessment and intervention services to children and families involved with child welfare. Additionally, ASFA paved the way for the legal sanction of concurrent planning (simultaneously identifying and working on a secondary goal, such as guardianship, with a relative) by requiring that agencies make reasonable efforts to find permanent families for children in foster care should reunification fail.

In 1997, the Adoption and Safe Families Act shortened the time frame for dispositional hearings from 18 to 12 months and eliminated continuation in foster care on a long-term basis as a permanency planning option, thereby prioritizing reunification, adoption, legal guardianship, and relative care (Office of the Assistant Secretary for Planning and Evaluation, 2016). However, the Adoption and Safe Families Act did not address the disruption of mental health services due to placement

changes and, in July of 2002, a lawsuit was filed in Los Angeles County alleging the Los Angeles Department of Children and Family Services (DCFS), California's Department of Social Services (CDSS), and the Department of Health Services (DHS) failed to provide and treat mental health conditions of children at risk of entering foster care and those who were already in the foster care system (Gould, Townsend, Welch, 2006). The lawsuit sought to establish community-based wraparound mental health services – also known as *Katie A.* services – to prevent children from entering foster care and to assist those children in foster care with maintaining placement (Gould, Townsend, Welch, 2006). Both the ASFS and Katie A sought to ensure placement stability and permanency for all children in foster care by implementing additional services for children in foster care and the foster parents and relatives who provide for these children. More training for foster parents and relatives on trauma-related behaviors and on how to work with children who have suffered trauma is necessary to avoid placement disruption and changes. Along with more available mental health services in the homes, not just at the office, is important in stabilizing placements and helping to maintain them.

Assembly Bill (AB)-403. Assembly Bill (AB)-403, authored by Assemblyperson Marc Stone in October 2015, was signed into law by California Governor Jerry Brown. Assembly Bill (AB)-403 reclassified treatment facilities and transitioned from the use of group homes for children in foster care to the use of short-term residential treatment centers, as defined (California Legislative Information, 2020). AB-403 mandated licensing requirements on facilities; the

violation of which would be a crime pursuant to the Adoption and Safe Families Act. The bill revised the foster parent training requirements imposed by the Adoption and Safe Families Act. The bill required the development of child and family team meetings to inform the process of placement services to foster children and to children at risk of entering foster care. AB-403 required, licensed foster family agencies to approve resource families, in lieu of certifying foster homes, in accordance with specified standards and requirements set forth in the bill (California Legislative Information, 2020). Simply put, AB-403 changed the term Foster Family to Resource Family. For the purpose of this thesis, the term Foster Family will continue to be used. It also implemented additional resources for relatives and foster parents by requiring trauma informed parenting classes and requiring relatives to have the same trainings as foster parents to promote stability and reduce placement disruptions. It was the reason CCR was created. It implemented Child Family Team Meetings and works to bridge the gap between Mental Health and Child Welfare Services.

Continuum of Care Reform**.** The goal of the Continuum of Care Reform (CCR) was to shift foster youth to family-based services. Children deserve to live with a committed, nurturing and permanent foster family. Children should not have to change placements to get the services and supports they need. Continuum of Care Reform developed the "Level of Care" (LOC) rating system for assessing and placing foster children (California Legislative Information, 2020). LOC is used to help create more Intensive Services Foster Care (ISFC) families. This would assist in moving

children from group home-level placements or serve as an alternative to group homes altogether (California Department of Social Services, 2021). Children being placed in foster care is a traumatic experience and in order for home-based placements to be successful, services including behavioral and mental health should be available in a home setting. Children in foster care should be able to experience as much normalcy as possible. Achieving a stable home environment and having one's emotional and psychological needs met can be very difficult for children who have challenging behaviors. Their circumstances are often further exacerbated if they have a developmental disability.

Children with developmental disabilities are eligible to receive services from the Regional Centers in California. Regional Centers are nonprofit private corporations that contract with the Department of Developmental Services to provide or coordinate services and supports for individuals with developmental disabilities (Department of Developmental Services, 2018). They have offices throughout California to provide a local resource to help find and access the many services available to individuals with disabilities and their families. A Regional Center consumer who is under an order for foster care placement on his/her 18th birthday is eligible for Extended Foster Care benefits as long as the youth: (1) meets one of the participation conditions; (2) participates in a Transitional Independent Living Plan (TILP); and (3) resides in a licensed or approved placement (Department of Developmental Services 2018). Foster parents (or foster family) also need additional training to understand the special needs for children with developmental disabilities.

These training can range from communications, behavioral interventions, and behaviors associated with disabilities, like autism. Children with developmental disabilities are not always able to express or communicate their emotions verbally.

Foster Parent Training

Foster parents are an essential component for caring for children with challenging behaviors. Foster parents (or foster families) are expected to provide a safe environment for children where they have access to school, medical services, and social activities. Foster parents or families are provided with funding to provide the necessities for foster children in their care (Merced County, 2021). These legal caregivers have more involvement with the individual child in their care than any other person involved within the system. However, caregivers often face difficulties in locating services or support to assist in caring for children with challenging behaviors. If the foster parent does not meet the exceptional needs of some foster children, placements may fail.

Prior to becoming a foster parent, training is provided by the local county agency or foster family agency (FFA). One of the requirements for being a foster parent is that the foster parent continue to participate in ongoing training. The foster parent is required to complete documented annual recertification, either through the foster parents' agency or through the county in which they reside. The recertification must document the topic of the training, who completed the training, and date training completed. Foster parents are required to maintain a record of all their training hours completed (California Department of Social Services, 2021).

Kaasboll, Lassemo, Paulsen, Melby, and Osborg (2019) examined the factors associated with foster parents receiving training through interactive multimedia. The review of literature has shown several points that can be applied in developing module-based training for foster parents in coming years, such as what kind of knowledge foster parents need, when the training should take place and how it can be organized. There is also good reason to harness the potential of online training to increase efficiency and give foster parents access to courses regardless of where they live. When new training modules are established, it is a good opportunity to simultaneously arrange for research on the effectiveness of training as well as the participants' qualitative experiences. Knowledge of what foster parents experience is important, because this knowledge can inform child welfare services, which in turn can develop a better knowledge base when placing the children in foster homes. Foster parents' experiences can help provide childcare services with information so that they can make this process better, the result being that more children experience stable foster home placements. This can be especially effective due to a pandemic that we are currently experiencing with COVID-19/Shelter in Place State Order, which prevents the gathering of groups. Agencies can also easily review and distribute electronic training to their parents, which brings an element of quality control that is often missing with traditional training activities. As content for electronic training is developed further, it can offer parents many more topics that meet their specific needs.

Van Camp, Montgomery, Vollmer, Kosarek, Happe, Burgos, and Manzilillo (2008) examined the effectiveness of behavioral parent training for foster parents. They have evaluated the maintenance of these skills through follow-up assessments, and none have evaluated the efficacy of booster training in sustaining skills after training has been completed. The results of this study suggest that assessment of maintenance is an important component of foster parent training, as many of the participants did not show long-term maintenance after completion of the initially required training. The results of this study also suggest that brief booster training may be an effective method of maintaining skills over time, although additional research is necessary to identify the optimal time for training and the most cost-effective method of training. Current studies within the Behavior Analysis Services Program (BASP) involve evaluating other methods of booster training, such as the use of videos depicting the target skills, and additional analyses of skill acquisition.

Theoretical Framework

Ecological theory looks at the interaction between individual and their environment. An ecological approach focuses on the way human beings and their environment accommodate each other (Morgaine & Capous-Desyllas 2015). Children in foster care with challenging behaviors require the assistance of the parents, social workers, foster parents, and community resources. Taking an ecological perspective towards social work practice involves taking into consideration a person and the structural, physical, and emotional environment around them.

The Ecological theory was formulated by American psychologist Urie Bronfenbrenner in 1979 (Morgaine & Capous-Desyllas, 2015). The theory describes how human development is impacted by external "levels" of an environment and society as a whole. The theory itself states that development occurs in connection and as a result of interactions. Bronfenbrenner theorized five main systems of an environment that occur over time and influence behavior and development (Morgaine & Capous-Desyllas, 2015). The Ecological theory is often depicted in diagram form, most commonly in a nested and spherical display (Morgaine & Capous-Desyllas, 2015). Each ecological system is comprised of a different layer of the environment and has its own direct or indirect influence on the child that is in foster care.

The individual is identified as the child with a challenging behavior. The microsystem is the first level and are the individuals that have direct contact with the child, such as parents, siblings, foster parents and friends. Relationships in a microsystem are bi-directional, meaning the child can be influenced by other people and is also capable of changing the beliefs and actions of other people too. The mesosystem encompasses the interactions between the child's microsystems, such as the interactions between the child's parents and foster parents, or between friends and siblings (Schriver, 2015).

The mesosystem is where a child's individual microsystems do not function independently but are interconnected and assert influence upon one another. For example, if the child's parents and foster parents get along and have a good relationship, this should have positive effects on the child's development, compared

to negative effects on development if the parents do not speak with the foster parents with regard to the child (Schriver, 2015).

The exosystem incorporates other formal and informal social structures, which do not themselves contain the child, but indirectly influence them as they affect one of the microsystems. For example, the neighborhood, social workers having a stressful day at work and foster parent's workplaces. These are environments in which the child is not involved, and are external to their experience, but nonetheless affects them anyway (Schriver, 2015).

The macrosystem focuses on how cultural elements affect a child's development, such as socioeconomic status, wealth, poverty, and ethnicity. This becomes very important to ensure the child's cultural elements are preserved. This is to ensure the beliefs and the values to the child are preserved. This is done by the policies implemented by the social services agency (Schriver, 2015).

The chronosystem consists of all of the environmental changes that occur over the lifetime which influence development, including major life transitions, and historical events. These can include having to move from placements and starting over in a new foster home. Also included is the policy's made at the state and federal level that will have an effect on the child in placement (Schriver, 2015).

Urie Bronfenbrenner's Ecological theory in an alternative paradigm as it explicitly defines the environment as including physical (non-human) elements (Schriver, 2015). Bronfenbrenner based his theory on the interrelatedness or interconnections in individual behavior and social environment (Schriver, 2015).

Ecological theory purports that individuals are shaped by their personal environments and that those environments expand from a microsystem (home) to a macrosystem (cultural/societal). It allows for the chronosystem transitions by understanding that an individual can have shifts in one's lifespan (Sincero, 2012). Time can be within days, weeks, a lifespan or generational. The perspective does allow us to learn how environment and relationships are connected and assist in providing a level of awareness and possibly motivation for a person's behavior. The Ecological theory deals with people and our interactions with others in that as we begin to adapt to our environments and we also influence our environments, so they better meet our individual needs.

Limitations of the Ecological Theory

The Ecological Theory is good at organizing information on behavior; but does not explain anything; it is more incremental than fundamental (Schriver, 2015). The theory does not offer explanation on *how* the personal transforms social or political change. It discusses how everyone is surrounded by multiple environments but does not explain how those multiple environments may affect each other, not just the individual. Ettekal and Mahoney (2017) critiqued the theory by stating the nested versus subset ideology is lacking and that a network approach is a better representation of the complexities of a person's ecological environments. By this, each microsystem or mesosystem may have its own exosystem or macrosystem and is independent of the others the individual may be involved in. According to Ettekal and Mahone (2017), the Ecological theory is based on person, context, process, and time.

These constructs may be viewed as separate systems and not nested as

Bronfenbrenner originally describes. With regard to children with challenging

behaviors, if one "level" is not meeting the child's needs, it is the individual who

suffers.

CHAPTER III

METHODOLOGY

Overview

The purpose of this study was to explore the needs of foster care providers, so they are able to support children with challenging behaviors. The study examined how behavioral training programs for foster parents have impacted the care and stability of placements for foster children. Behavioral training programs have shown to be very beneficial for foster parents. Foster parents are able to use behavioral training techniques as a useful tool to not only help children, but to also aid in helping themselves become more successful in managing foster children's behaviors – such as, excessive crying, screaming, property destruction, and assault.

There is difficulty in locating foster parents who are capable and willing to support children with known challenging behaviors. It is important that these vulnerable foster children are matched with parents who can provide the special care needed. Additional training for foster parents with children who have challenging behaviors is deemed necessary.

Research Design

This study examined the importance of well-trained foster families and their ability to provide adequate care and skilled supervision for children with challenging behaviors. A quantitative traditional survey design gathered the experiences of foster parents related to services and supports that would best assist them in caring for

children with diagnosed and undiagnosed behaviors. This study is exploratory as it seeks to determine if training resources reduce the number of placement changes of children in foster care. A strength of this design is that it allows foster parents the ability to report the services that were (or were not) provided while caring for children. The weakness of a traditional survey design is the foster parents will not be able to provide qualitative insight as an interview would be able to capture.

Sampling Plan

Participants were foster parents who are affiliated with Creative Alternative Foster Family Agency. Creative Alternative Foster Family Agency is a contracted foster family agencies (FFAs) within Merced County. However, the foster parents may reside in Merced County, Madera County, San Joaquin or Stanislaus County.

Foster parents were recruited via the aforementioned agency by email and/or by posting information of the study on its designated webpage to inform potential participants about this study. The goal was to gather data from approximately 40 foster parents. Ideally, representing a minimum of 10 participants from the agency.

This study will use a nonprobability sampling method – purposive sampling. Nonprobability sampling is being utilized for this research as the participants are not randomly chosen (Faulkner & Faulkner, 2019). The strength of utilizing purposive sampling is the variety of different foster care providers who will be able to offer perspective as to their own experiences with addressing the behaviors of foster children in their care.

Instrumentation

As a social worker in child welfare, this researcher has firsthand knowledge of resulting foster placement changes due to unmanageable behavioral issues. Foster parents have shared that they often feel ill-equipped to handle children with challenging behaviors in their homes. Many have felt they were not provided with complete information regarding the child's behaviors. Based on this researcher's professional expertise in child welfare, and in conjunction with what some foster parents anecdotally reported about their experiences, the researcher designed a questionnaire to gather information about foster parents' perspectives on supportive services they have received regarding youth behaviors. The development of questions also included contributions from Creative Alternative Foster Family (see Appendix A). The self-administered questionnaire captured demographic information (such as, race, gender, age, marriage, home location, types of training completed) and included close-ended questions.

The electronic survey should be able to be completed in 10 to 15 minutes. The questions that were asked of the foster parents are designed to determine the amount of knowledge and experience the foster parents have on parenting children with challenging behaviors. The questions were designed to obtain specific data on foster parent trainings, parenting skills, and number of placement changes for children in care.

Data Collection

Access to the online questionnaire was provided to the foster parents through their respective agency. The questionnaire was administered electronically in Qualtrics. The researcher allowed the participants three weeks to complete the electronic survey. A second email was sent two weeks after the initial invitation to participate. The email thanked those who already participated and remind the remaining potential participants to complete the survey. The questions were deemed to be self-explanatory so that the foster parents can answer the questions in their own time without the researcher being involved. Actual data collection was downloaded from the Qualtrics software program and information stored on a password-protected computer that is only accessible to this researcher. The data collected will be retained for three years after the completion of the study.

Data Analysis

The researcher utilized Statistical Package for the Social Sciences (SPSS) to analyze the data obtained from the surveys. Univariate analysis using frequency distributions and measures of central tendency describe the demographic characteristics of the sample. Descriptive statistics will help this researcher review the experiences and effectiveness of foster parent behavioral training programs. A visual depiction of the data, in the form of charts or graphs, will be displayed. The data will be presented in aggregate format to observe any trends and to provide basic knowledge of the participants' training experiences.

Human Subjects

Prior to the taking the survey, all participants were required to sign an electronic informed consent form, indicating their consent to participate in the study. They were given an online option to accept or deny participation in this study. The informed consent form explained the purpose of this study and will articulate the rights and responsibilities of participants (e.g., that they may cease participation at any given time). The researcher does not anticipate any potential harm to the participants as a result of their participation in the study. The names of the participants will not be included in the survey. The data collected by the researcher and any identifying information will be kept confidential. This study was reviewed and approved by the University Institutional Review Board (UIRB) to further ensure the protection and the rights of the participants in the study.

CHAPTER IV

FINDINGS

Introduction

This chapter provides an overview of the study participants, describes the data

analysis process, and presents the findings related to the research questions. The

chapter goes into the findings of the study including common themes from the foster

parent participants. A series of survey questions were asked to gather data about the

research question. The research question was, "Through the lived experiences of

foster parents who care for children with identified or unclassified behaviors, what

services do they believe are needed to better support the children in their care?"

Survey questions related to this research question asked participants to share their

perceptions about services they received, the trainings that they were provided, and

what support they had from their assigned social worker. Survey responses for each

area were analyzed to determine what themes emerged from participants' responses.

Overview of the Sample

This researcher collected data from foster parents between January 1, 2021

and February 28, 2021. This study included a total of 11 foster parents who

completed a survey (an electronic questionnaire). The participants were all from

Creative Alternative Foster Family Agency. The survey took the participants roughly

10 to 15 minutes to complete. Ages of participants ranged from 40 years of age to 70

years old, though, the majority were between the ages of 40 to 50 years old. The

length of time participants had been foster parents ranged from less than a year of experience, to more than 4 years of experience. The majority of the foster parents (n=9) reported being foster parents for 4+ years. Most of the foster parents (n=8) listed as being married. The ethnicity of the participants was Hispanic, White, and White/Puerto Rican. It should be noted, there were no foster parents who identified as African American. This would be important as African American children represent a 21% of the children who enter foster care (U.S. Department of Health and Human Services, 2020).

Findings Related to the Research Questions

From the foster parents surveyed, 5 were interested in Adoption of foster care children, and 6 plan to foster children as a Long-Term Foster Care goal. Table 1 is a representation of foster parents who are involved in the foster care system for an extended duration of time.

Table 1

What is Your Goal for Being a Foster Parent?

	Frequency	Percent
Adoption	5	45%
Guardianship	0	0%
Long-Term Foster Care	6	55%
Short-Term Foster Care	0	0%

As depicted by the table, there were no participants who planned to seek Guardianship or wanted to provide care on a Short-Term basis.

Along with the foster parents' options for placement duration, question 12 inquired about foster parents' behaviors and health conditions they were willing to deal with. From the behaviors and health conditions presented to the foster parents, none of them were willing to accept children who displayed behaviors of sexually acting out, property destruction, or arson. The behaviors and health conditions that were most accepted were hyperactivity and being withdrawn/silent. Table 2 is a representation of the different types of behaviors foster parents were comfortable (or uncomfortable) managing.

Table 2

What Type of Foster Youth Behaviors or Health Conditions Are You Comfortable

Dealing With?

	Frequency	Percent
Emotional Outbursts	6	50%
Hitting/Physical Aggression	2	16.7%
Runaway	4	33.3%
Being Withdrawn or extremely Silent/Shy	7	58.%
Sexually Acting Out	0	0%
Property Destruction	0	0%
Arson (fire-starting)	0	0%
Hyperactivity (e.g., ADHD or Attention Deficit Disorder)	8	66.7%
Self-Harming (self-cutting, self-hitting, etc.)	3	25%
Medically-Fragile children (seizure disorder, asthma, etc.)	5	41.7%
Children with Cognitive or Developmental Delays (e.g., Down Syndrome, Autism, Fetal Alcohol Syndrome, or other intellectual disabilities)	5	41.7%
Non-Verbal (limited talking abilities)	6	50%
Non-Ambulatory (limited abilities to walk)	3	25%
Emotionally Disturbed	1	8.3%

Table 3 displays the training foster parents have received for children with challenging behaviors. From the data collected, training content focused on *conflict resolution/anger management* and *discipline techniques* were the highest. The higher hours of training could attribute to the length of time the foster parent has been providing care. The lowest amount of training received was on the topic of *communication*. Communication is not always expressed through words. Children in foster care may communicate their feeling by exhibiting temper tantrums, crying, emotional outbursts, property destruction, etc.

Table 3

How Much Training Have You Received?

Type of training	Extensive training (9+ hours)	A lot of training (6-8 hours)	Some training (3-5 hours)	A little training (1-2 hours)	No training
conflict resolution/anger management	6	5	0	0	0
communication styles	5	4	1	0	1
discipline techniques	7	3	1	0	0
behavioral intervention	4	6	1	0	0

Another contributing factor to the amount of training a foster parent receives is the provider of the training. Most of the foster parents received their training from

the foster agency they were contracted with (in this case, Creative Alternatives Foster
Family Agency). One-third of foster parents reported "Other Training" sources –
which could be offered through their employment, a school district, college, or online
training courses. Table 4 illustrates that there are a variety of different ways a foster
parent is able to obtain training.

Table 4

Where Have You Received Most of Your Trainings Specifically Related to Behavioral

Issues?

Location of Training	Frequency	Percentage
Foster Family Agency	9	75%
County Department of Mental Health	1	8.3%
Local Non-Profit Organization	2	16.7%
Other Training	4	33.3%

Question 18 on the survey completed by foster parents, inquired about ease or
difficulty accessing their assigned social worker. The scaled responses ranged from 1-
10 (1 = difficult to contact social worker; 10 = easy to contact social worker). Table 5
is a representation of the foster parents' ability to contact their assigned social worker.
The table indicates a positive response, as most of the foster parents (72.73%) were
able to contact their assigned social worker social worker when needed. The table,

below, indicates 18% (n=2) of the foster parents gave a high rating of "8" in terms of being able to contact their social worker. The table indicated only 9% (n=1) of the foster parents selected a rating of 7, which is still very positive. There were no foster parents who were unable to contact their social worker.

Table 5

Are You Able to Get in Contact with Your Assigned Social Worker?

Contact with Social Worker	Frequency	Percent
1- Difficult	0	0%
7	1	9.09%
8	2	18.18%
9	0	0%
10- Easy	8	72.73%

(scale 1-10: 1 = difficult to contact Social Worker; 10 = easy to contact Social Worker)

Most of the foster parents indicated they would reach out to their foster family agency social worker. It should be noted that there was no county agency foster homes that participated in the survey. A foster family agency social worker provides direct services and assists certified foster parents' in maintaining a safe, therapeutic environment for children ages 0-18 in the foster care system. Whereas, a county social worker is one who provides services on behalf of the county that the foster child is from.

As there were 13 responses and only 11 participants, this would indicate some foster parents would reach out to multiple persons for assistance. Social workers

commonly assess clients for program assistance, as well as, manage the ongoing

responsibility for a caseload of clients. A mental health clinician is a type of therapist

who tends to treat emotional problems, trauma-related behaviors, and mental health

issues by providing life skills, psycho education, and helping to develop healthy

relationships. The mental health clinician is an important component when behavioral

issues arise, especially since children in foster care often exhibit behaviors directly

linked to the trauma they endured. Social workers are not typically trained in treating

trauma – most view disruptive or challenging behaviors as "acting out" or attention-

seeking and not connected to the neuroscience behind the trauma. The availability of

therapeutic services is an important component toward the promotion of emotional

well-being for foster children. Table 6 is a depiction of whom the foster parents reach

out to for behavioral support when the foster child is displaying challenging

behaviors.

Table 6

Who Would You Reach Out to For Behavioral Support When the Foster Child

Is Displaying Challenging Behaviors?

	Frequency
County Social Worker	2
Foster Family Agency Social Worker	8
Mental Health Clinician	1

Eight of the foster parents responded they would contact the agency social worker,

while only 1 foster parent responded they would contact the mental health clinician.

This could be the requirements for the foster family agency – to contact the agency social worker first.

Question 19 on the survey completed by foster parents, inquired if the children in their care have an assigned mental health clinician. Nine of the 11 foster parents in the survey, currently care for foster children who have an assigned mental health clinician (Table 7).

Table 7

The Support Most Likely to Assist Me in Caring For Foster Youth Is?

	Frequency	Percent
More knowledge of mental health diagnosis	1	9.09%
Having a better understanding of trauma and the relationship to behaviors	6	54.54%
More training on behavioral interventions/techniques	2	18.18%
Additional services from your foster care agency (e.g., child development milestones, alternative therapy, recreational activities, etc.)	1	9.09%
Respite	1	9.09%

Summary

Regarding the type of support foster parents feel they would need in caring for children in foster care, the six out of eleven participants would have liked a better understanding of trauma and its connection to behaviors. Two out of the eleven foster parents would have liked additional training on behavioral interventions/techniques.

Behavioral Health and Recovery Services (BHRS) and Child Welfare Service (CWS)

should consider collaborative sharing the cost for a clinical support person to help

foster parents better understand how to counteract challenging child behaviors in their

home.

The responses from the eleven participants revealed that most of the foster

parents were at an age where they have already raised their own children, yet they

continue to have an interest in caring for children. It was interesting to see that most

of the participants were willing provide long-term foster care instead of the adoption

of foster children. Not wanting to adopt could be based on the fact that most of the

participants were over the age of 40 and, perhaps, uninterested in pursuing the legal

permanency. The survey also revealed that none of the foster parents preferred to

foster children for short periods of time. This coincides with foster children needing

stability to ensure they are able to establish and maintain lifelong connections.

The foster parents indicated the different types of training they have received

with regards to conflict resolution/anger management, discipline techniques,

communication, and behavior intervention. Conflict resolution/anger management is

the training most commonly received by the foster parents. When it came to

communication with social workers, the foster parents reported they would contact

the foster family agency social worker. This would be the case as no county foster

parent participated in the survey. Foster parents in this study did indicate they would

request additional training in the area of childhood trauma. With regards to being able

to care for children with challenging behaviors, more than half of the foster parents

indicated that experiencing behavioral difficulties was "normal"; 5 of the foster parents felt the behaviors displayed by the children were "hard to deal with".

 The data collected in this study was limited due to only one agency participating. This survey was intended to be distributed to three different agencies. However, the responses did provide important information about the perception of trainings and services received from the perspective of the foster care provider.

CHAPTER V

DISCUSSION

The purpose of this study was to have a greater understanding of the knowledge of foster parents with regards to needs and services when caring for children with challenging behaviors. The hope was that the information obtained could be utilized to help support the needs of foster parents and, ultimately, improve the lives of children in care. Results from this study highlighted agency training needs that might assist future foster parents and retain those already fostering. This researcher created a question to examine foster care trainings from the perspective of foster parents. The study was guided by the following research question: Through the lived experiences of foster parents who care for children with identified or unclassified behaviors, what services do they believe are needed to better support the children in their care? This study helps demonstrate the importance of well-trained foster families and their ability to provide appropriate care and supervision for children with challenging behaviors.

Overview and Implications of Major Findings

The following section is an overview of the study results and examines how this study could have been improved. Most of the foster parents were listed as being married and between the ages of 40 to 70 years old. Seven out of the 11 participants responded that they had between two and four biological children. Three out of the 11 participants responded that they had between five and seven biological children. Only

one foster parent responded to having zero-to-one biological child. This would indicate most of the foster parents have raised their own biological children and would like to be able to continue to care for children in foster care. The foster parents have developed their own parenting style to raise and care for children. This level of maturity of the foster parents likely contributes to the foster agency having a longer retention of the parents. These foster parents have learned through raising their own children about patience, handling difficult behaviors, and dealing with unexpected moments of anxiety and crisis. The foster parents have been flexible and adjusted their parenting style to each individual child and their unique needs. The survey was limited to "4+ years" of experience as a foster parent. The survey should have had offered additional increments, beyond only four years.

Most of the foster parents who participated in the survey were of Hispanic descent. Merced County's Hispanic population percentage is 60% (Data USA, 2018). The ratio of Hispanics living in Merced County to the foster parents in this study is almost equally represented. Having the other agencies participate in the survey may have provided additional information as to the ethnic diversity of foster parents within Merced County. This study also recognizes that were no African American foster parents in the sample, though child welfare disproportionality rates for African American children remain steadily imbalanced.

The information collected was unable to show differences in types support and services received by the foster parents. Therefore, deductions are limited as to which methods of support are more effective in supporting foster parents. From the

behaviors presented to the foster parents, none of the foster parents were willing to

accept children who displayed behaviors of sexually acting out, property destruction,

or arson. This could be due to foster parents wanting to be as protective as they can

over the children they are caring for. Under these circumstances, it may be hard to

keep a household safe since setting fires, sexual inappropriateness, and damage to

property can be legally charged offenses. An additional question in the survey process

should have asked if the behaviors were acceptable to the foster parents because the

children were taking prescribed medication and/or engaged in counseling services.

Regarding the type of support foster parents feel they would need in caring for

children in foster care, six out of eleven participants would have liked a better

understanding of trauma and its connection to behaviors. This would help foster

parents understand trauma and how it affects behavior and ways to support children

who have been traumatized. Two out of the eleven foster parents would have liked

additional training on behavioral interventions/techniques. This could include earned

positive reinforcement, time-limited activities, and immediate positive behavior

reinforcement. Some healthy ways to address trauma are to provide psycho-education

to foster parents so they have knowledge of the effects of trauma when discerning the

origin and treatment for certain behaviors.

Limitations

A methodological concern that impacted the major findings, is the small

sample size of this study. Results cannot be generalized to the entire foster parent

population. For this study, gaining approval from agencies in order to recruit

participants and the data gathering process took much longer than anticipated. A challenge and limitation of surveying participants from only one agency is that the responses will not show the variety of possible services within the community.

This study was originally to include three foster care agencies: Merced County Family Resource Agency, Approachable Foster Family Agency, and Creative Alternative Foster Family Agency. Prior to distribution of the electronic questionnaire, all three agencies provided verbal agreement to participate in the research. However, this researcher was denied participation from Merced County Resource Family Agency. They felt this study would, in some way, not be able to protect the confidentiality of their group of foster parents. It should be noted, this concern was addressed and approved by the Stanislaus State University Institutional Review Board, but Merced County Resource Family Agency still refused to contribute to this study. Although Approachable Foster Family Agency verbally agreed to participating in the survey, none of the foster parents responded to the questionnaire.

Strengths

Due to foster family agencies being smaller private agencies compared to the county child welfare agency, foster family agency social workers tend to carry smaller caseloads. Social workers with smaller caseloads may tend to provide higher quality service. This study was directed at what foster parents believed could enhance their ability to provide care and supervision of foster youth with challenging behaviors. Questions in this area were intended to solicit foster parents' satisfaction

and recommendations about service needs. Foster parents who participated in the survey reported being able to contact their agency social worker when needed. Foster parents reported sufficient training hours in the area conflict resolution/anger management, communication styles, discipline techniques and behavioral intervention. A majority of the foster parents reported receipt of more than 9 hours of training in the previously mentioned areas.

A major theme that emerged from the survey was that foster parents wanted additional training. Half of the participants reported that they would desire training relative to trauma and its relationship to behaviors. A majority of the foster parents have been providing care for foster children for more than 4 years. The foster parents have reported caring for 11+ foster children since becoming their initial start. Additionally, foster parents were interested in either Long Term foster care or Adoption for the foster children. This demonstrated the continual commitment the foster parents have to caring for children in foster care.

Policy and Practice

Developing a clinical understanding about behaviors and mental health conditions for children in dependency court will help social workers, researchers, and policy makers better understand this population. A greater understanding of behavioral health, specific to foster youth, should lead to improved placement outcomes. Unlicensed social workers, judges, attorneys, and parents should receive specialized training related to trauma-informed care prior to services to foster youth.

It is recommended that social work advocates continue to strive for more efficient ways in which to distribute information and assistance to the foster parents.

Future Research

Future research needs to be conducted to analyze the needs of foster parents who care for children with challenging behaviors. In addition to obtaining more foster parent perspectives, subsequent studies should involve county mental health agencies to gain perspective on what services and trainings aid foster parents in building and maintaining healthy relationships with children who struggle with the remnants of trauma. Obtaining a broader understanding may help child welfare services enhance related policies and procedures. Assessing the needs of foster parents can help ensure that foster parents truly have the skills, tools, and resources they need to become more successful as caregivers.

Overall, the same services and assessments offered to foster youth (e.g., coping mechanisms associated with trauma, steady regulation of emotional health, and adjustment to change and new situations) should also be offered in a system-specific way to foster parents. Specified training knowledge will better equip foster parents. Future research studies may also want to further investigate the effectiveness of the trainings received by foster parents. This could be done by following up with foster parents – post training – to assess foster parents' implementation of their newly acquired skills in managing foster children's behavior. Foster parents are an important piece of child welfare interventions.

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APPENDICES

APPENDIX A

FOSTER FAMILY QUESTIONNAIRE

1. Which agency are you affiliated with:

    a) Approachable Foster Family Agency

    b) Merced County Resource Family Approval

    c) Creative Alternative Foster Family Agency

2. What county do you live in?

    a) Merced

    b) Stanislaus

    c) Madera

    d) San Joaquin

3. How long have you been a foster parent?

    a. Less than 1 year

    b. 2 – 3 years

    c. 3 – 4 years

    d. 4+

4. What is your age range?

    a. 18 - 30

    b. 31 - 40

    c. 41 - 50

    d. 51 - 60

e. 61 - 70

f. 71 +

5. What is your ethnicity?

    a. American Indian or Alaska Native

    b. Asian

    c. Black or African American

    d. Native Hawaiian or Pacific Islander

    e. White

    f. Other

6. How many biological children do you have?

    a) 0 – 1

    b) 2 – 4

    c) 5 – 7

    d) 8+

7. What is your highest level of education?

    a. Less than high school

    b. High school graduate

    c. Some college/Vocational training

    d. 2-year degree

    e. 4-year degree

    f. Master's degree

    g. Doctorate

8. What is your current marital status:

    a) Married

    b) Divorced

    c) Single

    d) Widowed

9. In total, how many foster children have been placed in your home since becoming a foster parent?

    a. 0 – 4

    b. 5 – 10

    c. 11+

10. What is the age group of the foster child/children **currently** in your care? (check all that apply)

    a. 0 – 3

    b. 4 – 7

    c. 8 – 11

    d. 12 – 15

    e. 16 – 18

11. What is your goal for being a foster parent?

    a. Adoption

    b. Guardianship

    c. Long-Term Foster Care

    d. Short-Term Foster Care

12. Type of foster youth behaviors or conditions are you comfortable dealing with

(check all that apply)

    a. Emotional Outbursts

    b. Hitting/Physical Aggression

    c. Runway

    d. Being Withdrawn or Extremely Silent/Shy

    e. Sexually Acting Out

    f. Property Destruction

    g. Arson (fire-starting)

    h. Hyperactivity (e.g., ADHD or Attention Deficit Disorder)

    i. Self-harming Behaviors (self-cutting, self-hitting, etc.)

    j. Medically-Fragile Children (seizure disorders, asthma, etc.)

    k. Children with Cognitive or Developmental Delays (e.g., Down

       Syndrome, Autism, Fetal Alcohol Syndrome, or other intellectual

       disabilities)

    l. Non-Verbal (limited talking abilities)

    m. Non-Ambulatory (limited abilities to walk)

    n. Other conditions or behaviors not listed: _____

13. How much foster parent training have you received on *conflict*

resolution/anger management?

    a. Extensive training (9 + hours)

    b. A lot of training (6 - 8 hours)

    c. Some training (3 - 5 hours)

    d. A little training (0 - 2 hours)

    e. No training

14. How much foster parent training have you received on *communication styles*?

    a. Extensive training (9 + hours)

    b. A lot of training (6 - 8 hours)

    c. Some training (3 - 5 hours)

    d. A little training (0 - 2 hours)

    e. No training

15. How much foster parent training have you received on *discipline techniques*?

    a. Extensive training (9 + hours)

    b. A lot of training (6 -8 hours)

    c. Some training (3 - 5 hours)

    d. A little training (0 - 2 hours)

    e. No training

16. How much foster parent training have you received on *behavioral intervention*?

    a. Extensive training (9 + hours)

    b. A lot of training (6 -8 hours)

    c. Some training (3 - 5 hours)

    d. A little training (0 - 2 hours)

    e. No training

17. Where have you received most of your trainings specifically related to

    behavioral issues? (check all that apply)

    a. Foster Family Agency

    b. County Department of Mental Health

    c. Local Non-Profit Organization

    d. Other: _____

    e. Did not receive any trainings specifically related to behavioral issues

18. Are you able to get in contact with your assigned social worker? (scale 1-10: 1

    = difficult to contact social worker; 10 = easy to contact social worker)

    1----2----3----4----5----6----7----8----9----10

19. Does the child/children currently in your care have an assigned mental health

    clinician?

    a. Yes

    b. No

20. Who would you reach out to for behavioral support when the foster child is

    displaying challenging behaviors:

    a. County Social Worker

    b. Foster Family Agency Social Worker

    c. Mental Health Clinician

    d. Primary Physician

    e. Other _____

21. Considering the children currently in your care, do you think the behaviors your foster child/children exhibit(s) are:

   a. Normal/typical kid behaviors

   b. Hard for you to deal with

   c. Completely unmanageable most of the time

22. The support most likely to assist me in caring for foster youth is: (check all that apply)

   a. More knowledge of mental health diagnoses

   b. Having a better understanding of trauma and the relation to behavior

   c. More training on behavioral interventions/techniques

   d. Participation in Family Therapy

   e. Attending self-care support groups in my community

   f. Additional services from your foster care agency (e.g., child developmental milestones, alternative therapy, recreational activities, etc.)

   g. Respite Care

APPENDIX B

MEMORANDUM OF UNDERSTANDING

PURPOSE:
This document will define the agreement between the researcher and Creative
Alternative Foster Family Agency (FFA) – located at 2855 Geer Road, Turlock, CA.
The purpose of this memorandum of understanding is to serve as a tool that will guide
the research to be conducted by Francisco Guzman. Francisco Guzman is an MSW
student at CSU Stanislaus. Francisco's research will be monitored by the MSW
chairperson, Dr. Kilolo Brodie. Additionally, supervision of this proposed study will
be approved by the Institutional Review Board at CSU Stanislaus.

SCOPE OF STUDY:
The issue is that children with behaviors, both diagnosed and undiagnosed, often do
not receive the appropriate services while in foster care. Children are sometimes
labeled with having challenging behaviors, which can prevent these children from
receiving appropriate services and supports. Foster parents are not always informed of
the different types of services that exist within their community to help address the
needs of children with a behavior. The purpose of this study is to explore the needs of
care providers to be able to support children with behaviors. The study is guided by
the following research question: What supports, or services do foster parents believe
are needed to assist them in providing better care for foster children with challenging
behaviors?

CREATIVE ALTERNATIVE FFA AGREES TO:
- Allow specified CSU Stanislaus Master of Social Work student permission to
  electronically survey
- Send correspondence to potential participants which advises them of the study
  and provides the researcher's contact information.
- Make foster parents aware of the forthcoming research (e.g., announce in
  meetings, a memo or email)
- Encourage foster parents to participate in the electronic survey who may be
  interested in participating in the study.

THE RESEARCHER FRANCISCO GUZMAN AGREES TO:

- Inform the participants of their role in this study as well as the purpose of the study.
- Present the participants with an informed consent form and obtain their electronic signature before conducting survey (see Attachment A – Consent Form).
- Conduct this research on a voluntary basis with no expectation of payment from Creative Alternative FFA.
- Safeguard the information received from the research participants and maintain confidential record keeping.
- Submit a copy of the thesis to Creative Alternative FFA upon completion of Master's degree requirements (approval by the Graduate School and MSW Thesis committee members).

AGREEMENT TO BE SIGNED & DATED BY:

_____

Francisco Guzman, MSW Student

_____

Angie Beringer, Creative Alternative RFA Program Director

APPENDIX C

CALIFORNIA STATE UNIVERSITY, STANISLAUS
INFORMED CONSENT TO PARTICIPATE IN RESEARCH
SERVICES FOR CHILDREN WITH BEHAVIORAL NEEDS IN FOSTER CARE

Purpose of the Research
The Principal Investigator, Francisco Guzman, is a student at California State University, Stanislaus conducting research for a master's degree thesis in Social Work.

The purpose of this research is to explore the needs of foster parents to be able to support children with behaviors. The issue is that children with behaviors, both identified and unidentified, often do not receive the appropriate services while in foster care. Children are sometimes labeled with having challenging behaviors, which can prevent these children from receiving appropriate services and supports. Foster parents are not always informed of the different types of services that exist within their community to help address the needs of children with a behavior

Procedures
If you decide to volunteer to participate in this research, the following will occur:
- You will be asked to complete an electronic survey about your experiences as a foster parent.
- The questionnaire will take approximately 10- 15 minutes to complete.
- The electronic survey is confidential.

Potential Risks or Discomforts
There are no known risks to you for your participation in the study.

Potential Benefits of the Research
Potential benefits of the research will be to identify services that can be provided to foster parents. These services can contribute towards ensuring placement stability for children identified with having behavioral needs.

Confidentiality
The researcher will keep your research data to use for future research or other purposes. The data collected through the questionnaires will stored in a password protected computer. The data collected will be retained for three years after the completion of the study.

Costs

There is no cost to you beyond the time and effort required to complete the procedure(s) listed above.

Compensation

There will be no compensation for participating in this research.

There is no anticipated commercial profit related to this research.

Participation and Withdrawal

Your participation is voluntary. You may refuse to participate or stop participation at any time without penalty or loss of benefits.

Questions

If you have any questions about this research, you may contact me, Francisco Guzman, at 209-205-8588 or my faculty sponsor, Dr. Kilolo Brodie at kbrodie1@csustan.edu.

If you have any questions regarding your rights and participation as a research subject, please contact the IRB Administrator by phone (209) 667-3493 or email IRBadmin@csustan.edu.

Consent

I have read and understand the information provided above. All of my questions, if any, have been answered to my satisfaction. I consent to take part in this study. I have been given a copy of this form.

Signature _____ Date _____

Name (printed) _____