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Adverse Childhood Experiences, Resilience, and Coping of Foster Parents

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Abstract

Foster parents are people who are caregivers for children in foster care. Resilience is a trait that is developed by the exposure of stress, and adversity (Cicchetti & Garmezy, 1993). Some foster parents remain resilient and others do not. The purpose of this study was to examine whether or not Adverse Childhood Experiences (ACEs) has any impact on foster parents' resilience, coping, satisfaction, and intent to continue fostering. This study included 114 current foster parents from across the United States. The study at hand found that 59.6% of foster parents experienced one ACEs or more, which is lower than the national average of 70% (Starecheski, 2015). Also there was a significant difference in resilience between foster parents who had ACEs and those who did not have ACEs, but there was no significance in coping, satisfaction, stress, challenges with fostering, intent to continue fostering, and perception of child behaviors. This appears to support the idea that experiences of personal trauma do not weaken a foster parent's ability to be an adequate foster parent. These findings have implications for foster parents' support and training to enhance their resilience, coping, parent stress, satisfaction, and perception of child behaviors.

Adverse Childhood Experiences, Resilience, and Coping of Foster Parents

Introduction

According to the National Foster Parent Association (NFPA, 2017), government funded foster care was started in the early 1900's. It was formed by private religious organizations that were taking care of orphans instead of letting them go into the indentured servitude programs that were prominent at the time (NFPA, 2017). There are currently over 500,000 children in foster care (Children's Bureau, 2016). Foster parents are caregivers who have been granted temporary custody of a child who has experienced abuse, neglect, or another form of serious maltreatment while under the care of their biological caregiver. They provide care for a child just as a typical parent would. They take them to school, doctor appointments, make dinner, and manage other daily caregiving tasks (NFPA, 2017). Foster parents provide approximately 45% of placements for foster children, whereas other placements are provided by relatives, group homes, or other placement options planned by the child welfare system (Children Bureau, 2016).

On top of their typical caregiving responsibilities, there are several stressors that are a part of being a foster parent, some of which include financial strain, satisfaction with the quality of services, having difficulty navigating the child welfare system, and individual family issues (Mullins, Hayes, & Lietz, 2013). In addition, although not every child has the same experience of foster care, many children reject their foster parent's care or display feelings of confusion, fear, apprehension of the unknown, loss, sadness, anxiety, and/or stress (Bruskas, 2008). Managing the typical behaviors of foster children can be challenging for foster parents (Cooley, Thompson, & Mullis, 2015). Although not examined within the context of foster parent stress specifically, researchers have found the annual turnover rate for foster parents to be between 30-50% across a number of agencies (Gibbs & Wildfire, 2007). Retaining qualified foster homes is imperative

because many states are having a shortage of qualified foster parents (Christian, 2002). Due to the shortage of foster parents it may cause a pressure for agencies to find less qualified foster parents (Christian, 2002), and the lack of appropriate caregivers could have a harmful effect on the well-being of foster children. (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007).

Adverse Childhood Experiences (ACE's)

An area in which little is known relating to foster parent stress and desire to continue fostering is their experiences prior to becoming foster parents, such as adverse childhood experiences (ACEs). Previous research has identified that foster parents are intrinsically and extrinsically motivated to foster children, but mostly intrinsically (Sebba, 2012). The leading intrinsic motivators were personal values, beliefs, and emotions, and the leading extrinsic motivator being empty nests and wanting to make a difference in a child's life (Sebba, 2012). However, one motivation that could be also be convicting is knowing what abuse or neglect feels like on a personal level and wanting to step in and help. No published research exists that identifies whether foster parents have experienced ACEs specifically, like the children in their care. Currently, around 70% of adults in the United States have experienced at least one ACE in their lifetime (Starecheski, 2015), indicating that a number of foster parents have had similar experiences as well.

ACEs can be categorized into three different groups: (1) abuse, (2) family/household challenges, and (3) neglect that all happened before the age of 18 (CDC, 2016). Abuse relates to whether a person was a victim of emotional, physical, or sexual abuse (CDC, 2016). Family or household challenges related to whether a person's mother was treated violently in the home, somebody in the household abused a chemical substance like alcohol or drugs, somebody in the house had a mental illness, parents were divorced or separated, or a household member went to

prison (CDC, 2016). Neglect can be either emotional or physical in nature and relates to someone not getting their needs met (CDC, 2016). The current measure for examining ACEs includes ten questions, and each ACE adds one point to a person's ACEs score. Psychotherapy and counseling is the most common form of treatment for ACEs (Baker, 2016), but the effects are believed to follow an individual throughout their life (Wu, Feder, Cohen, Kim, Calderon, Charney, & Mathé, 2013).

People who experience ACEs are more likely to have multiple negative health outcomes later in life, including: poor self-rated health, chronic diseases, functional limitations, premature mortality, and poor mental health (Monnat & Chandler, 2015). In a study done on women who had been in the foster care system, 56 percent of sample said they were in psychological distress, and the researchers found that percentage related back to the lack of having an emotionally supportive caregiver whilst in foster care (Bruskas & Tessin, 2013). Since most of foster children have experienced ACEs (Bruskas & Tessin, 2013) it is imperative that agencies know the effect of placing a trauma victim within the care of a possible previous trauma victim.

Foster Parent Stress and Challenges Related to Fostering

Foster parents experience stress that the general population of parents do not experience due to their involvement and responsibility to the foster care system (Cooley, 2014). Some of these stressors include: balancing their personal lives whilst fostering, engineering a relationship/bond with their foster child, and working with the needs of the foster agency (Buehler, Rhodes, Orme, & Cuddeback, 2006). Research has proven that foster parent stress can be psychologically harmful to the parents, as well as to the foster children in their care (Jones & Morrissette, 1999). Previous research has shown that caregiver stress has a direct connection to having negative impacts on a child's well being (Storer, Barkan, Stenhouse, Eichenlaub,

Mallillin, & Haggerty, 2014). However, there is little research linking foster parent stress to other outcomes such as foster child behavior or foster parent well-being.

There are multiple stressors that come with being a foster parent and Wilson and colleagues (2000) have identified six classifications of stressors that are particularly challenging for foster parents (Wilson, Sinclair, & Gibbs, 2000). These stressors may fall under the categories of (1) breakdowns or disruptions when children are removed or are too challenging to be kept in the home, (2) allegations of abuse made against the foster parent, (3) managing relationships with birth parents, (4) experiencing family tension within the foster parent's own biological family unit, (5) dispute of custody cases, and (6) disagreements with social services (Wilson, Sinclair, & Gibbs, 2000). Out of 950 foster parents surveyed, two thirds stated that they had experienced at least one of these stressors (Wilson, Sinclair, & Gibbs 2000).

Other researchers have identified that foster parents are likely to quit fostering completely when they feel a heavy lack of agency support, report poor communication with case workers, feel that they do not have a say in their foster children's future, and experience too many difficulties with foster children's behavior (Rhodes, Orme, & Buehler, 2001). Mullins and colleagues (2013) more recent study reported similar stressors, specifically insufficient finances, dissatisfaction with the quality of services, difficulty navigating the system, and individual family issues resulting from the stress that was being put on the family. It is important to limit the amount of stress that foster parents experience because their stress levels may affect their decision to continue fostering (Holland & Gorey, 2004).

Resilience

With the limited amount of research about foster parent resilience (Cooley, Thompson, & Wojcalk, 2017), it is important to continue exploring a better understanding of this population and ways to help them. Resilience is a trait that is developed by the exposure of stress, and adversity (Cicchetti & Garmezy, 1993). Resilience is also defined as someone's ability to be successful during adversity and stress (Campbell-Sills, Forde, & Stein, 2009) Research showed that 47 to 62 percent of foster parents discontinue fostering within their first year of being foster parents (Gibbs & Wildfire, 2007). Due to the shortage of foster homes (Christian, 2002) it is critical that researchers discover what promotes resilience.

Resilience might be a natural trait as opposed to a skill that can be learned (Whiting & Huber, 2007). Researchers have found that there is actually a gene that is classified as being the resilient gene (Wu et al., 2013), however, that does not signify that resilience cannot be taught (Wu et al., 2013). Developmental factors are also a prime component in developing resilience (Wu et al., 2013). For individuals who suffered from ACEs there are lifelong alterations to the central nervous system (Wu et al., 2013). Researchers Sinclair and Wilson (2003) found that the natural attribute of resilience of a foster parent may be an important component in providing quality care to foster children. Understanding how to build resilience is of great importance because it furthers the development of preventing further ACEs for children, and it enhances prevention methods of psychiatric illness such as PTSD, depression, maladaptive coping and stress responses in adults (Wu et al., 2013). A skill that can be taught that has proven to have a strong correlation with resilient foster parents is the ability to be flexible in meeting the child's needs (Beuhler, Cox, & Cuddeback, 2003). Research into resilience is necessary for the purpose of uncovering the different ways that foster parents demonstrate resilience regularly.

Foster Parent Satisfaction and Intent to Continue Fostering

Satisfaction is not concretely defined nor is there a standardized measure of foster parent satisfaction (Whenan, Oxlad, & Lushington, 2009), but there have been several different studies that have identified factors or sources that influence satisfaction levels (Whenan et al., 2009; Rhodes, Orme, & Buehler, 2003). Some of these factors have been classified as (1) the challenge of adverse emotional and behavioral issues of children, (2) the importance of perceived competency in handling child behaviors, (3) the trying adjustment foster parents must make after placement disturbance of the children, (4) the stress put on foster parents when they have conflict with foster care agencies, and (5) the conflict in the relationship between foster parents and the foster child (Rhodes et al., 2003; Whenan et al., 2009). An additional factor that affects foster parent satisfaction rates is the training that they receive on how to handle children's negative behaviors (Denby, Rindfleisch, & Bean, 1999). Some researchers have said that it is imperative to understand the implication of these different factors for the consequences of not addressing the satisfaction scores may lead to the loss of qualified foster parents (Rodger, Cummings, & Leschied, 2006). Another study found that more satisfied foster parents have more positive perceptions about teamwork with their caseworkers, more communication, and a positive attitude toward the relationship for both the child welfare agency and the professionals involved (Rodger, Cummings, & Leschied, 2006). Foster parent satisfaction is one of the main components that keep caregivers motivated to continue fostering (Marcenko, Brennan, & Lyons, 2009), so it is important that researchers explore factors that may create a feeling of satisfaction for foster parents.

Current literature identifies two main reasons why foster parents reported they did not intend to continue fostering, (1) the lack of foster parent training and (2) their reported self-

efficacy score (Whenan et al., 2009). Foster parent hardiness is another factor that has associated with intent to continue fostering (Hendrix & Ford, 2003). Foster parent hardiness is a trait that is defined as the ability to accept change in a healthy way (Hendrix & Ford, 2003), an example may be receiving a child on short notice or a last minute appointment for foster children. Foster parents who reported that they were less adaptable to change reported that they were less likely to continue fostering (Hendrix & Ford, 2003). Additionally, other authors suggest more research into this area is needed (Whelan et al., 2009).

Child Behaviors

Behavioral issues are identified in roughly 50-75% of foster youth, which is substantially higher than in non-foster children (Landsverk et al., 2009). Even among younger children in the general population only 13% of mothers of preschoolers reported their child as having externalizing behavior issues (McKee, Colletti, Rakow, Jones, & Forehand, 2008). Externalizing behavioral issues are distinguished by difficulties with aggression, attention, conduct, and under-socialization, and on the other hand internalizing problems are characterized by withdrawing, anxiety, fearfulness, and depression (Koledin, 2005). Trauma has been suggested to be a significant factor in developing externalizing and internalizing behavior issues (Grasso, Ford, & Briggs-Gowan, 2013). One study of preschoolers found that trauma symptoms are a mechanism underlying the relationship between abuse and externalizing and internalizing behavioral issues (Milot, Ethier, St-Laurent, & Provost, 2010).

A prominent factor that affects a child's behavior is the number of placement disruptions a child has while they are in the foster care system (Newton, Litrownik, & Landsverk, 2000). In a sample of 125,000 foster children age fourteen to eighteen, each one of them had approximately three different placements before aging out (Storer et al., 2014). The more history

a foster child has of placement changes, the more detrimental the internalizing and externalizing behavior becomes (Newton et al. 2000). Though the literature supports that placement changes affect a child's behavior, it also shows that a child's behavior is the reason for placement changes (Price, Chamberlain, Landsverk, Reid, Leve, & Laurent, 2008). Out of all the different kinds of placement changes, child behavior makes up 20 percent of them (James, 2004). A training intervention designed to reduce child disruption placements called KEEP was piloted on 700 foster families, and it drastically reduced the amount of placement changes for each family (Price et al. 2008). Another study did a two year follow up evaluation after a foster parent training and found that placement disruptions were reduced in all 105 families (Boyd & Remy, 1978).

Past research has identified that the more the foster parents accepted a child's difficult behavior, the more successful the foster parents were (Rowe, 1976). It is important to understand foster children's behavior because it is one of the top reasons that foster parents are discontinuing foster care and experiencing stress (Rhodes, Orme, & Buehler, 2001). This can result in the foster children being negatively impacted by both the placement disruption and inability to develop healthy relationships with the adults (i.e., foster parents) in their life (Crum, 2010).

Theoretical Perspective

Resiliency theory is a conceptual framework for using a strengths-based approach for explaining and understanding child and adolescent development during the midst of adversity (Zimmerman, 2013). Resilience theory provides a necessary framework for understanding the varied ways in which people survive and potentially thrive in the face of adversity at a young age (Schofield, & Beek, 2005). Though this theory is typically applied to youth for analyzing health

outcomes (Zimmerman, 2013), this perspective could also be relevant to foster parents as well. With 70% of the nation's population experiencing ACEs (Starecheski, 2015), it would stand to reason that some foster parents would fall under the umbrella of this percentage. Resilience theory is a framework that professionals use to understand how a youth became resilient (Zimmerman, 2013). It is not a self reported questionnaire that could be skewed, but an analysis of the different factors that contributed to their resiliency (Zimmerman, 2013). The factors that are considered in the analysis are the following: positive contextual, social, and individual variables. An example of these would be the situations that people, in this case foster parents, are in, the social support provided for foster parents, and individual personalities (Zimmerman, 2013). Resilience theory examines how these factors disrupt development and initializing behavioral problems, mental distress, and poor health outcomes.

Purpose

The purpose of this study was to examine foster parent adverse childhood experiences (ACEs), resilience, coping, satisfaction, and intent to continue fostering. The specific research questions were:

1. Out of a sample of foster parents, what is the prevalence of parents who have experienced adverse childhood experiences (ACEs)?
2. Is there a significant relationship between ACEs and foster parent resilience and coping?
3. Is there a relationship between ACEs and foster parent stress?
4. Is there a relationship between ACEs and foster parent satisfaction, challenges related to fostering, and intent to continue fostering?
5. Is there a relationship between ACEs and foster parent perception of child behaviors?

6. Is there a significant difference in resilience, coping, parent stress, foster parent satisfaction, challenges related to fostering, and intent to continue fostering, and perception of child behaviors when comparing foster parents who report at least one ACE or more and foster parents who report no ACEs?

Methods

Sample

This was a cross-sectional, mixed methods study of licensed foster parents from across the U.S. This sample was comprised of one hundred foster caregivers age 18 and older. Informal foster caregivers (i.e., caregivers who did not initiate service through the foster care system) were excluded from the study because they do not undergo training to be a foster caregiver. They may not have the same experiences with the foster care system as traditional foster caregivers, nor receive specific training or foster care subsidies that may influence their experience. Foster parents must have been actively fostering in order to participate. There was no cut-off for age in this study because some caregivers may be grandparents or older adults. It was required that the foster caregiver be fluent in English to complete the measures in the study. Participants were given the opportunity to enter a raffle for one of three \$50 gift cards. Winners were selected prior to data analysis, and gift cards were mailed at the conclusion of the study. Please see the demographic table for information on the participant characteristics.

Table 1. *Demographic information*

Demographic Characteristic	Frequency (%)	Mean (Range)
Age		37.12 (21-67)
Years Fostered		4.26 (1-33)
Gender		
Male		
Female	114 (100)	
Missing		
Race/ethnicity		
White	103 (90.4)	

Black/African American	1 (.9)
Hispanic/Latino	5 (4.4)
Native American	2 (1.8)
Asian	1 (.9)
Missing	1 (.9)
Relationship Status	
Married	87 (76.3)
Single	17 (14.9)
Widowed	1 (.9)
Divorced	6 (5.3)
Partnered	3 (2.6)
Education	
High school/Associate	27 (23.7)
Vocational Training	2 (1.8)
Bachelor's Degree	41 (36)
Some College	16 (14)
Master's Degree	22 (19.3)
Phd	6 (5.3)
Type of Foster Care	
Long-term	41 (36)
Traditional	50 (43.9)
Medical	1 (.9)
Therapeutic	10 (8.8)
Kinship	4 (3.5)
Other	7 (6.1)

Recruitment and Data Collection

A nonrandom sample was gathered using convenience and purposive sampling strategies. Specifically, participants were recruited via (1) foster parenting groups on social media (i.e., Facebook) and (2) word of mouth (i.e., foster caregivers were encouraged to invite other foster parents to participate). Although a convenience sample was gathered using the methods identified in the previous sentence, the sampling was also purposive, as the researcher only needed to include foster parents. Data was collected on an ongoing basis over three months through online surveys using the Qualtrics platform. The researcher sent out four reminder announcements to two different foster parenting groups in two-week intervals. It is not guaranteed that all foster parents subscribe to alerts and that all foster parents were active in using the support group. Therefore, it is not possible to identify a relevant response rate.

Measures

Adverse Childhood Experiences (ACEs). ACEs were measured using a 10 item, yes/no scale that asks participants to report whether they had experienced abuse, neglect, family mental illness or substance abuse, domestic violence, parental incarceration, or family dissolution between the ages of 0-18 (CDC, 2016). This measure is widely used and well validated. The researchers added an “other” box for participants to self-report other significant events they may have experienced in childhood.

Resilience. Resilience was measured using the parental resilience subscale of the FRIENDS (2011) Protective Factor Survey. This scale includes 5 items and has demonstrated a good level of internal consistency.

Coping. The 28-item Brief COPE (Carver, 1995) was used to measure multiple domains of coping responses: active coping, planning, positive reframing, acceptance, humor, religion, using emotional support, using instrumental support, self-distraction, denial, venting, substance use, behavioral disengagement, and self-blame. This measure is commonly used and has demonstrated acceptable internal consistency.

Parent Stress. The 18-item Parental Stress Scale, which has demonstrated acceptable internal consistency, was used to measure positive (e.g., emotional benefits, personal development) and negative (demands on resources, restrictions) themes of parenthood (Haskett, Ahern, Ward, & Allaire, 2006).

Foster Parent Satisfaction. Foster parent satisfaction was measured utilizing the Challenging Aspects of Fostering (12 items) and Confidence and Satisfaction (4 items) subscales of the abbreviated version (Rodger, Cummings, & Leschied, 2006) Foster Parent Satisfaction Survey (FPSS; Denby, Rindfleisch, & Bean, 1999). The Challenging Aspects of Fostering subscale utilized a four-point Likert scale and the Confidence and Satisfaction subscale utilizes a seven-point Likert scale.

Foster parent intent to continue fostering. Foster parent intent to continue fostering was measured utilizing a one item in this study that measured intent to foster that utilized a three-point Likert scale assessing how likely it is that the foster home will be a licensed foster home a year from now (i.e., 1 = Not At All Likely, 2 = Somewhat Likely, 3 = Very Likely).

Child behaviors. Child behavior problems were measured using the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997), a 25-item, Likert scale measure. This measure assessed: emotional symptoms, conduct problems, hyperactivity, peer problems, and prosocial behavior of children.

Demographic characteristics. These variables included age, sex, partner sex, race/ethnicity, state of residence, relationship status, income, educational attainment, employment status, partner employment status, length of time as a foster parent, receipt of foster care stipend, receipt of government aid, type of foster care currently providing, times the participant has taken a break from foster parent, participation in a foster parent support group, number of foster children cared for, number of children removed from home, did your experiences growing up influence or motivate you to become a foster parent.

Data Analysis

Before running analyses, correlations were run to examine whether there were significant relationships between each of the variables. Significant relationships were included in the analyses below and non-significant relationships were not included in the final analyses. Please refer to Table 2 for this information. To test research question 1, which examined the prevalence of ACEs in foster parents, descriptive statistics were run. Research questions 2-5 examined relationships among: (2) foster parents' stress, coping scores, and ACEs; (3) foster parent stress and ACEs; (4) ACEs and foster parent satisfaction, challenges related to fostering, and intent to continue fostering, and (5) ACEs and foster parent perception of child behaviors. Simple linear regression analyses were computed to examine each of these relationships. Research question 6 examined whether there was a significant difference in resilience, coping, parent stress, foster parent satisfaction, challenges related to fostering, intent to continue fostering, and perception of child behaviors when comparing foster parents who report at least one ACE or more and foster parents who report no ACEs. An independent samples t-test was run to compare the dependent variables (listed previously) to the independent variable (group 1: no ACEs; group 2: at least one ACE) to discover if there was a significant difference.

Results

Prevalence of ACEs

After running descriptive analysis, it appears that 68 (59.6%) of foster parents reported experiencing at least one ACE or more. The most commonly reported ACEs were: (1) parents were divorced or separated ($N = 46, 40.4\%$), (2) a household member being an alcoholic or street drug user ($N = 44, 38.6\%$), and (3) emotional neglect (e.g. never feeling loved, lack of support; $N = 34, 29.8\%$). Please see Table 3 for further details.

ACEs and Foster Parent Resilience and Coping

Correlation analysis revealed a significant relationship between ACEs and foster parent resilience ($-.211$), emotional support ($-.241$), and behavioral disengagement ($.241$). A simple linear regression was used to calculate participants' resilience score based on their ACEs score. A significant relationship was found ($F(1,111) = 5.153, p < .05$), with an R^2 of $.044$. For each unit increase in ACEs (constant of 23.837), the resilience score decreased by $.381$. Participants who reported more ACEs tended to report lower resilience. Please see Table 4.

Simple linear regression was also run to examine ACEs and emotional support. A significant relationship was found ($F(1,112) = 6.891, p < .05$), with an R^2 of $.058$. For each unit increase in ACEs (constant of 4.245), the emotional support score decreased by $.172$. Participants who reported more ACEs tended to report lower a lower emotional support score. Please see Table 5.

A simple linear regression was also used to calculate participants' behavioral disengagement based on their ACEs score. A significant relationship was found ($F(1,112) = 6.937, p < .05$), with an R^2 of $.058$. For each unit increase in ACEs (constant of $.485$), the

behavioral disengagement score increased by .129. Participants who reported more ACEs tended to report higher behavioral disengagement scores. Please see Table 6.

ACEs and Foster Parent Stress

A simple linear regression was used to calculate participants' foster parent stress score based on their ACEs score. A significant relationship was found ($F(1,110) = .446, p < .05$), with an R^2 of .004. For each unit increase in ACEs (constant of .485), the foster parent stress score increased by .318. Participants who reported more ACEs tended to report higher foster parent stress. Please see Table 7.

ACEs and Foster Parent Satisfaction, Challenges Associated with Fostering, and Intent to Continue Fostering

Correlation analysis revealed a significant relationship between ACEs and foster parent satisfaction (-.477) and challenges associated with fostering (.151), but there was no significant relationship in intent to continue fostering (.106). A simple linear regression was used to calculate participants' foster parent satisfaction score based of their ACEs. A significant relationship was found ($F(1,111) = 2.086, p < .05$), with an R^2 of .018. For each unit increase in ACEs (constant of 24.416), the foster parent satisfaction score decreased by .256. Participants who reported more ACEs tended to report lower foster parent satisfaction. Please see Table 8.

Simple linear regression was also run to examine ACEs and participants' challenges associated with fostering. A significant relationship was found ($F(1,107) = 2.484, p < .05$), with an R^2 of .023. For each unit increase in ACEs (constant of 9.117), the challenges of fostering score increased by .368. Participants who reported more ACEs tended to report higher challenges with fostering. Please see Table 9.

A simple linear regression was also used to calculate participants' intent to continue fostering based on their ACEs score. There was no significant relationship found ($F(1,112) = .254, p > .05$), with an R^2 of .002. ACEs are not a significant predictor of intent to continue fostering. Please see Table 10.

ACEs and Foster Parent Perception of Behaviors

Correlation analysis revealed a significant positive relationship between ACEs and foster parent perception of externalizing behaviors (.288), but there was no significant relationship between ACEs and foster parents' and the perception of internalizing behaviors (-.077) and the total of behavioral difficulties (.130). A simple linear regression was used to calculate participants' perception on foster children's externalizing behavior score based on their ACEs score. A significant relationship was found ($F(1,111) = 10.045, p < .05$), with an R^2 of .083. For each unit increase in ACEs (constant of 15.568), the perception of externalizing behavior score increased by .538. Participants who reported more ACEs tended to report higher externalizing behavior scores of foster children. Please see Table 11.

Differences in Fosters Parents who Experienced ACEs and those who have not Experienced ACEs

An independent-samples t-test was run comparing the mean resilience scores of foster parents who reported ACEs to those who do not. A significant difference was found ($t(56) = 1.00, p < .05$). The mean resilience score of the participants who had ACEs ($M = 23.000, sd = 4.991$) was significantly different from the mean of participants who did not have ACEs ($M = 24.196, sd = 3.291$).

An independent-samples t-test was run comparing the mean emotional support (coping) scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(57) = -.922, p > .05$). The mean emotional support score of the participants who had ACEs ($M = 4.679, sd = 1.363$) was not significantly different from the mean of participants who did not have ACEs ($M = 4.348, sd = 1.479$).

An independent-samples t-test was run comparing the mean behavioral disengagement (coping) scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(57) = .623, p > .05$). The mean behavioral disengagement score of the participants who had ACEs ($M = .308, sd = .751$) was not significantly different from the mean of participants who did not have ACEs ($M = .435, sd = .620$).

An independent-samples t-test was run comparing the mean foster parent stress scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(55) = .997, p > .05$). The mean foster parent stress scores of the participants who had ACEs ($M = 40.231, sd = 10.273$) was not significantly different from the mean of participants who did not have ACEs ($M = 43.455, sd = 10.238$).

An independent-samples t-test was run comparing the mean foster parent satisfaction scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(56) = -.648, p > .05$). The mean foster parent satisfaction scores of the participants who had ACEs ($M = 25.308, sd = 3.794$) was not significantly different from the mean of participants who did not have ACEs ($M = 24.444, sd = 4.341$) compared to their foster parent satisfaction score.

An independent-samples t-test was run comparing the mean fostering challenges scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(53) = 1.193, p > .05$). The mean fostering challenges scores of the participants who had ACEs ($M = 7.077, sd = 4.232$) was not significantly different from the mean of participants who did not have ACEs ($M = 8.881, sd = 4.910$).

An independent-samples t-test was run comparing the mean intent to continue fostering scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(57) = -.984, p > .05$). The mean intent to continue fostering scores of the participants who had ACEs ($M = 1.92, sd = .760$) was not significantly different from the mean of participants who did not have ACEs ($M = 1.67, sd = .818$).

An independent-samples t-test was run comparing the mean externalizing behaviors scores of foster parents who reported ACEs to those who do not. No significant difference was found ($t(57) = -.815, p > .05$). The mean externalizing behaviors scores of the participants who had ACEs ($M = 16.539, sd = 3.799$) was not significantly different from the mean of participants who did not have ACEs ($M = 15.522, sd = 4.015$). Please see Table 12.

Discussion

The purpose of this study was to examine the prevalence and impact of ACEs among a sample of foster parents. Within this sample, 59.6% of foster parents reported one ACE or more. Participants who reported more ACEs tended to report lower resilience and less positive coping (i.e., decreased emotional support, higher behavioral disengagement). Participants who reported more ACEs also tended to report higher stress as a foster parent. Similarly, more ACEs was associated with lower foster parent satisfaction and higher challenges of fostering. Interestingly, ACEs was not significantly related to foster parents' intent to continue fostering. When

examining whether ACEs was related to perception of child behavioral problems in their foster children it was found that participants who reported more ACEs tended to report higher externalizing behavior scores of foster children. Lastly, multiple analyses were run to examine whether there was a significant difference in resilience, coping, parent stress, foster parent satisfaction, challenges related to fostering, intent to continue fostering, and perception of child behaviors when comparing foster parents who report at least one ACE or more and foster parents who report no ACEs. The results showed a significant difference in resilience between foster parents with and without ACEs, but no significant differences between the other variables in the foster parent groups.

When examining the prevalence of ACEs, the national average for Americans who have experienced at least one ACE is 70% (Starecheski, 2015). This study shows that ACEs are slightly less prevalent among foster parents in this sample (59.6%). Previous research has identified that children who experience ACEs are likely to experience negative health outcomes later in life, such as poor self-rated health, chronic diseases, functional limitations, premature mortality, and poor mental health (Monnat & Chandler, 2015). Although ACEs are commonly considered to be negative experiences, research shows that many people are resilient and able to overcome difficult events (Leitch, 2017). Perhaps ACEs could be beneficial to foster parents if these experiences, such as abuse and neglect, help them recognize and understand childhood trauma better. Foster children have a substantially higher susceptibility to behavioral issues than non-foster care children, with 50-75% of foster children having a behavioral issue (Landsverk, Burns, Stambaugh, & Reutz, 2009). It would be interesting to know whether foster parents who have not experienced trauma themselves may struggle more in dealing with child behaviors or feel less prepared to handle the behaviors. This supports the previous research that expresses the

need for more training that equips foster parents for handling the different behaviors from foster children (Whenan et al., 2009). If foster parents are not familiar with the feeling of trauma, then they will need more training and support for handling children who are dealing with the effects of ACEs.

Resilience is a trait that is developed through the exposure to stress and adversity and is characterized by the ability to recover or stabilize following the stress or during the process of dealing with the stress (Cicchetti & Garmezy, 1993). This study found that foster parents who report more ACEs reported lower levels of resilience. This makes sense, as research has shown that dealing with more severe or longer-term stress is associated with more mental or physical health problems (Leitch, 2017). This is an important consideration for foster parents, as they face multiple challenges and stressors as they work with youth (Buehler, Rhodes, Orme, & Cuddeback, 2006). Experiencing higher levels of stress or challenges is associated with a lower likelihood of continuing to foster, according to (Choice, Deichert, Montgomery, & Austin, 2000). Research has shown that 47-62% percent of foster parents discontinue fostering within their first year of being foster parents (Gibbs & Wildfire, 2007). Although this was not directly connected to reasons why they discontinued, it is important to consider as newer foster parents are dealing with fostering stress for the first time and because this is a very high rate of discontinuation. It is also important to consider that when a foster parent quits, they potentially disrupt a placement. In a sample of older foster children, they on each had 3 different placements, supporting the idea that in the foster system placement instability is ever going (Storer et al., 2014). It could be possible that building foster parent resilience could help reduce placement disruption.

Coping is defined as cognitive and behavioral efforts to master, reduce, or tolerate the external and/or internal demands that are created by a stressful situation (Jaspers, van Asma & van den Bosch, 1989). The researchers of this current study found that foster parents with higher ACEs reported lower emotional support and higher behavioral disengagement. Researchers have found that many foster parents report high risk attitudes and coping styles in response to stress (Skrallan, Johan, Marijke, Femke, & Frank, 2015). Research has proven that foster parent stress can be psychologically harmful to the parents, as well as to the foster children in their care (Jones & Morrissette, 1999). This may indicate the need for more training as well as continual assessments to evaluate what support and resources foster parents need. Southwick and Charney (2012) discovered that coping skill training was efficacious in enhancing resilient psychosocial responses to stress, which would be beneficial for the foster family as a whole.

In this sample, foster parents with higher ACEs also reported higher parent stress. This makes sense for foster parents as well, as several demands are put on foster parents in regard to the care of their foster child. For example, foster parents must balance their personal lives while fostering, engineer a relationship/bond with their foster child, and work with the needs of the fostering agency (Buehler, Rhodes, Orme, & Cuddeback, 2006). Due to these demands foster parents may be exposed to stress and have negative experiences (Leathers, 2006). Storer and colleagues (2014) found that caregiver stress can have a negative impact on a foster child's well-being. Assisting foster parents may have a positive impact on children as well.

This research found that a higher number of ACEs is associated with lower satisfaction in foster parents and more challenges related to fostering. However, ACEs are not related to their intent to continue fostering. Foster parent satisfaction is an important component of what keeps caregivers motivated to continue fostering (Marcenko, Brennan, & Lyons, 2009). Researchers

Denby, Rindfleisch, & Bean (1999) found that a key factor that impacted satisfaction was the amount of training a foster parent received on how to handle child behaviors. With the turnover rate for foster parents being 30-50% (Gibbs & Wildfire, 2007) a year, it is necessary to evaluate ways to enhance foster parent satisfaction. Researchers have found that satisfaction could be related to having appropriate training on how to handle children with behavioral issues (Cooley, 2014). With satisfaction being one of the main motivators for fostering (Marcenko, Brennan, & Lyons, 2009), and this research showing that having a traumatic childhood is associated with having a lower satisfaction score, it is crucial that agencies have trauma centered training for foster parents not only for the children in their care, but for themselves as well.

This study found that when foster parent reported more ACEs, their perception of externalizing child behaviors was more severe. This could suggest that caregivers who have been exposed to trauma could be more aware of these behaviors, more stressed out and more likely to report externalizing behaviors, or that they take on more challenging children. Previous research has found that dealing with child behaviors can be very challenging for foster parents (Rhodes, Orme, & Buehler, 2001). Behavioral problems are a primary cause of placement disruptions (Newton, Litrownik, & Landsverk, 2000), and they are a common occurrence for youth in foster care (Landsverk et al., 2009). Even though foster parents may have had similar experiences or feel better able to handle children with more severe behavioral issues, it can still be difficult to manage externalizing behaviors. Foster parents have reported feeling inadequately prepared to and needing more training to manage behavior problems (Cooley & Petren, 2011).

There have been several studies of how trauma fosters resilience (Russo, Murrough, Han, Charney, Nestler, 2012; Feder, Charney, Collins, 2011). It has also been discovered that though resilience can be furthered by different training techniques (Wu et al., 2013), there is a

genetic trait that contributes to resilience (Wu et al., 2013). Though some people are genetically programmed to be resilient, it is important to recognize that trauma could have an impact on a person's ability to be resilient (Wu et al., 2013). The study at hand found a significant difference in resilience between foster parents who had ACEs and those who did not have ACEs, but no significant difference in coping, satisfaction, stress, challenges with fostering, intent to continue fostering, and perception of child behaviors. This appears to support the idea that experiences of personal trauma do not weaken foster parent's ability to be an adequate foster parent. All foster parents need support and training for to enhance their resilience, coping, parent stress, satisfaction, and perception of child behaviors.

Limitations

This study contributed to the understand of ACEs, resilience, and coping in foster parents, but it still has its limitations. The sample was rather small, the sampling method used social media, and the ability to self-select as a participant may potentially cause a response bias. On the other hand, the sample includes participants from across the United States, which may increase the generalizability of the findings. Another limitation with the sample is that it was also solely female and included mostly White participants, which means that the results may not be applicable to males or people of color.

Implications/Recommendations

The results of this study have some different implications for research, social work practice, and policy. This study is an initial step in understanding the prevalence and impact of ACEs among foster parents. Future research needs to confirm the prevalence and impact of ACEs among foster parent populations. In addition, more research is needed to understand how the internal and external context of the foster parent may influence their experiences. For

example, this study found that ACEs may be related to a number of foster parent outcomes. However, it would be important to identify risk and protective factors that influence ACEs and foster parent outcomes. It could also be helpful to examine how ACEs impact parenting behaviors to better understand how children may be impacted as well.

This study is relevant to social work practice as well. Although it would not be ethical to screen foster parents for ACEs as a requirement for fostering, as this may lead to dismissing qualified foster parents, this information is necessary for helping workers better support foster families. Agencies could implement more trauma centered training for foster parents, as well as resources like support groups. During pre-service training, agencies could also encourage foster parents to think about their own childhood experiences and encourage foster parents to seek out personal therapy, if needed, prior to or while fostering.

Although this is an initial study on ACEs and fostering, it supports the need for required training on ACEs and trauma-informed care for foster parents. Some federal-level and state-level policies are promoting suicide, mental health, or ACEs training for professionals who work with children. This may also be helpful for foster parents, as they live with children who have experienced trauma on a daily basis. Especially considering that there were no significant differences between foster parents with at least one ACE and foster parents without ACEs, training all foster parents is important. In addition, training does not have to be a federal mandate, it could be required by individual agencies or regions.

Conclusion

Foster parents are a key component to the well being of foster children. The prevalence of ACEs being relatively low in foster parents with only 59.6% for this study and 70% nationally (Starecheski, 2015), there is still a substantial amount of foster parents who have experienced

ACEs. ACEs impacts every person in some fashion, so it is critical that researchers continue to understand the implications of ACEs and how they can be reduced.

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APPENDIX A

Table 1. *Demographic information*

Demographic Characteristic	Frequency (%)	Mean (Range)
Age		37.12 (21-67)
Years Fostered		4.26 (1-33)
Gender		
Male		
Female	114 (100)	
Missing		
Race/ethnicity		
White	103 (90.4)	
Black/African American	1 (.9)	
Hispanic/Latino	5 (4.4)	
Native American	2 (1.8)	
Asian	1 (.9)	
Missing	1 (.9)	
Relationship Status		
Married	87 (76.3)	
Single	17 (14.9)	
Widowed	1 (.9)	
Divorced	6 (5.3)	
Partnered	3 (2.6)	
Education		
High school/Associate	27 (23.7)	
Vocational Training	2 (1.8)	

Bachelor's Degree	41 (36)
Some College	16 (14)
Master's Degree	22 (19.3)
Phd	6 (5.3)
Type of Foster Care	
Long-term	41 (36)

Table 1. *Continued*

Demographic Characteristic	Frequency (%)	Mean (Range)
Traditional	50 (43.9)	
Medical	1 (.9)	
Therapeutic	10 (8.8)	
Kinship	4 (3.5)	
Other	7 (6.1)	
Missing	1 (.9)	

Table 2. *Correlation table*

Measure	1	2	3	4	5	6	7	8	9
ACE	1.00								
Resilience	-.211*	1.00							
Emotional Support	-.241**	.358**	1.00						
Behavioral Disengagement	.241**	-.382**	-.369**	1.00					
Stress	.065	-.340**	-.188*	.451**	1.00				
Challenges of fostering	.151	-.141	-.180	.237*	.263**	1.00			
Satisfaction	-.136	.227*	.115	-.295*	-.470**	-.279**	1.00		

Intent to continue	.106	.093	-.006	-.100	.059	.270**	-.063	1.00	
Externalizing Behaviors	.288**	-.009	-.132	.166	.287*	.123	-.205*	.188*	1.00

Note. Significant correlations are in boldface. 1) ACE 2) Foster Parent Resilience; 3) Emotional Support; 4) Behavioral Disengagement; 5) Foster Parent Stress; 6) Challenging Aspects of Fostering; 7) Foster Parent Satisfaction; 8) Intent to Continue Fostering; 9) Foster Parent Perception of Externalizing Behavior. * $p < .05$, ** $p < .01$, (2-tailed)

Table 3. *Descriptive statistics examining the prevalence of ACEs*

Specific Type of Adverse Childhood Experience	N(%)
Adult swore or humiliated; acted in way that was threatening	31 (27.2%)
Adult physical abuse-push, shove, injured	17 (14.9%)
Adult sexual abuse	29 (25.4%)
Adult emotional neglect- never felt loved	34 (29.8%)
Adult physical neglect- worry about next meal, dirty clothes	8 (7%)
Parents separated or divorced	46 (40.4%)
Witness of domestic violence- seen mother threatened	17 (14.9%)
Household member alcoholic or drug user	44 (38.6%)
Household member attempt suicide	33 (28.9%)
Household member go to prison	10 (8.8%)

Table 4. *Regression table examining the association between ACEs and resilience*

Variable	<i>B</i>	<i>SE B</i>	β
Resilience	-.381	.168	-.211*
R^2		.044	
<i>F</i> for change in R^2		.036	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 5. Regression table examining the association between ACEs and emotional support

Variable	<i>B</i>	<i>SE B</i>	β
Emotional Support	-.172	.066	-.241**
R^2		.058	
<i>F</i> for change in R^2		.050	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 6. Regression table examining the association between ACEs and behavioral disengagement

Variable	<i>B</i>	<i>SE B</i>	β
Behavioral Disengagement	-.129	.049	.241**
R^2		.058	
<i>F</i> for change in R^2		.050	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 7. Regression table examining the association between ACEs and foster parent stress

Variable	<i>B</i>	<i>SE B</i>	β
Foster Parent Stress	.318	.465	.065
R^2		.004	
<i>F</i> for change in R^2		-.005	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 8. Regression table examining the association between ACEs and challenges of fostering

Variable	<i>B</i>	<i>SE B</i>	β
Challenges of Fostering	.368	.234	.151
R^2		.023	
<i>F</i> for change in R^2		.014	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 9. Regression table examining the association between ACEs and satisfaction

Variable	<i>B</i>	<i>SE B</i>	β
Satisfaction	-.256	.177	-.136
R^2		.018	
<i>F</i> for change in R^2		.010	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 10. Regression table examining the association between ACEs and intent to continue fostering

Variable:	<i>B</i>	<i>SE B</i>	β
Intent to Continue Fostering	.038	.034	.106
R^2		.011	
<i>F</i> for change in R^2		.002	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 11. *Regression table examining the association between ACEs and externalizing behaviors*

Variable	<i>B</i>	<i>SE B</i>	β
Externalizing Behaviors	.538	.170	.288**
R^2		.083	
<i>F</i> for change in R^2		.075	

* $p < .05$. ** $p < .01$. (2-tailed)

Table 12. *Independent samples t-test*

Variable	Mean (SD)	<i>t</i>	<i>p</i>
Resilience	(ACE) 24.196 (3.291)	1	.027*
	(No ACE) 23.000 (4.991)	.786	
Emotional Support	(ACE) 3.348 (1.479)	-.922	.842
	(No ACE) 4.762 (1.441)	-.965	
Behavioral Disengagement	(ACE) .434 (.620)	.623	.800
	(No ACE) .308 (.751)	.559	
Foster Parent Stress	(ACE) 43.455 (10.234)	.997	.851
	(No ACE) 40.231 (10.272)	.995	
Challenges with Fostering	(ACE) 8.881 (4.910)	1.193	.424
	(No ACE) 7.077 (4.232)	1.291	
Satisfaction	(ACE) 24.444 (4.341)	-.648	.769
	(No ACE) 25.30 (3.374)	-.699	
Intent to continue fostering	(ACE) 1.67 (.818)	-.984	.172

	(No ACE) 1.92 (.760)	-1.026	
Externalizing Behaviors	(ACE) 15.522 (4.015)	-.815	.748
	(No ACE) 16.539 (3.799)	-.841	

*p<.05, **p<.01, (2-tailed)