

Foster Parents' Knowledge and Perceptions of Behavior and Behavior Management in Children with Adverse Childhood Experiences

Introduction:

- Adverse childhood experiences (ACEs) are traumatic events that occur before the age of 18 (e.g., abuse, neglect, foster care, divorced/separated parents, parental substance abuse) (American Academy of Pediatrics, n.d.).
- Toxic amounts of stress caused by ACEs can weaken and kill neural connections, thus permanently altering a child's developing brain and causing developmental trauma (CDC, n.d.).
- Developmental trauma can severely affect multiple areas of a child's life including behavioral regulation which causes children to frequently utilize fight/flight/freeze behaviors (Beacon House, n.d.).
- Almost 90% of foster children have at least one ACE, increasing the likelihood of developmental trauma (Dorsey et al., 2011).
- Majority of foster parent training curricula do not focus on or even include trauma-informed training which can lead to caregivers feeling underprepared when attempting to manage their foster child's behavioral dysregulation (Hall, 2012).

Research Questions:

1. What type of training did foster parents receive before fostering a child?
2. How frequently do foster parents report seeing fight, flight, freeze behaviors in their foster children?
3. What perceptions do foster parents have about how their foster child(ren)'s history affects their behaviors?
4. What perceptions do foster parents have about behavior management?

Methods:

Participants:

- Foster parents belonging to Illinois foster parent support groups on Facebook.

Survey Development:

- The online survey platform Qualtrics was used to create the survey.
- 27 total questions consisting of four sections: demographics, training, perceptions of history on behavioral control, and perceptions of behavior management.

Distribution:

- Moderators of 4 Facebook groups were contacted and all agreed to make the survey available to their respective groups.
- Roughly 3,960 group members had access to the survey.
- The survey was left open for four weeks

Analysis:

- Frequency tables were created for several of the questions.
- Grouped into ranges based on years and children.
- An analysis of variance (ANOVA) was completed to look at the groupings of years and children compared to perceptions of history on behavioral control and perceptions of behavior management.

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Results:

*61 surveys were completed

Demographics:

- Therapy/services most highly reported: speech-language therapy, occupational therapy, and special education
- ACEs most highly reported: physical neglect, substance abuse in the home, emotional neglect, exposed to drugs and/or alcohol
- Diagnoses most highly reported: speech-language delays/disorders, ADHD/ADD, anxiety, learning disability
- Fight/flight/freeze behaviors most highly reported: flight (41.15%), fight (37.15%), freeze (21.32%)

Training:

- Training curricula most highly reported: Parent Resources for Information Development and Education (PRIDE) and Trust-Based Relational Intervention (TBRI)
- Agencies most highly reported: DCFS,
- Training areas for behavior management strategies most highly reported: rewarding positive behavior, establishing a routine, establishing boundaries
- Training for areas of developmental trauma most highly reported: attachment, ACEs, behavioral regulation, and emotional regulation

Perceptions:

	Presence of Statistical Significance	Groupings	Question(s)
Number of Children & Perceptions of History on Behavioral Control	No	N/A	N/A
Number of Children & Perceptions of Behavior Management Strategies	Yes	Group 3 (10+ children) more likely to strongly agree than group 1 (children ≤ 5)	18.) Environmental management 25.) Negative punishment
Number of Years & Perceptions of History on Behavioral Control	Yes	Group 3 (10+ years) more likely to strongly agree than group 1 (years ≤ 5)	13.) Relationship with biological family
Number of Years & Perceptions of Behavior Management Strategies	Yes	Group 2 (6-10 years) and group 3 (10+ years) more likely to strongly agree than group 1 (years ≤ 5)	25.) Negative punishment

References:

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- Centers for Disease Control and Prevention. (n.d.) Preventing Adverse Childhood Experiences. Retrieved from <https://vetoviolence.cdc.gov/apps/aces-training/>.
- Dorsey, S., Burns, B. J., Southerland, D. G., Cox, J. R., Wagner, H. R., & Farmer, E. M. Z. (2011). Prior Trauma Exposure for Youth in Treatment Foster Care. *Journal of Child and Family Studies*, 21(5), 816–824. doi.org: 10.1007/s10826-011-9542-4
- Hall, M. (2012). Foster parents' perceptions of their knowledge, skills, and abilities in relation to the behavioral challenges of foster youth. *Theses and Dissertations* Retrieved from <https://scholarworks.uark.edu/etd/321>

Conclusions:

Current Research:

- The current study suggests that foster parent curricula overwhelmingly lack proper trauma-informed training
- Without adequate training, foster parents cannot appropriately identify when their child is dysregulated and provide effective behavior management and co-regulation
- If children with developmental trauma cannot regulate themselves, they stay utilizing fight/flight/freeze behaviors and cannot begin to use high functioning processes (i.e., thought, reasoning, language).
- Foster parents must be taught not only about what ACEs are but also about how they impact their children's everyday lives
- The current study suggests that foster parents require additional training regarding behavior management strategies and how to implement them effectively

Implications:

- Speech-language pathologists (SLP) may not be adequately trained in trauma-informed care.
- May fall on SLPs to support and educate families as well as advocate for children with ACEs and developmental trauma to receive appropriate intervention.
- Interprofessional discussion and education may be crucial to assure consistent and appropriate developmental trauma diagnoses.
- Child's case history and behaviors may be most important factors when making a differential diagnosis between developmental trauma and other neurodevelopmental disorders.

Limitations:

- Small sample size.
- Surveys were sent to foster parent groups located only in Illinois.
- Possible confusion related to the survey questions that could have impacted respondents' answer choices.

Future Research:

- Expand the study to various regions of the United States.
- Widen the pool of participants to include knowledge and perceptions of teachers.
- Investigate the most effective education resources that could be implemented into foster parent training curricula.
- Consider effective early intervention strategies in children with ACEs including when to start intervention (i.e., after a certain age or number of ACEs experienced) and the most efficacious strategies to teach caregivers.