

**Cultivating Resilience in Families who Foster:
Understanding how Families Cope and Adapt Over time**

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Abstract

Families who foster offer essential care for children and youth when their own parents are unable to provide for their safety and well-being. Foster caregivers face many challenges including increased workload, emotional distress, and the difficulties associated with health and mental health problems that are more common in children in foster care. Despite these stressors, many families are able to sustain fostering while maintaining or enhancing functioning of their unit. This qualitative study applied an adaptational process model of family resilience that emerged in previous studies to examine narratives of persistent, long-term and multiple fostering experiences. Data corroborated previous research in two ways. Family resilience was again described as a transactional process of coping and adaptation that evolves over time. This process was cultivated through the activation of 10 family strengths that are important in different ways, during varied phases.

Licensed foster caregivers are an essential part of the child welfare system. According to the U.S. Department of Health and Human Services (2014), the number of children in out-of-home care has surpassed 400,000. Licensed foster homes, both kinship and non-relative placements, offer a familial environment for these children and youth at a time when their parents are unable to provide for their safety and well-being. Families may have foster children for short periods of time or these stays may be extended, particularly if it is determined that a child cannot return home. During this time, families who foster provide care until children are returned home or other permanent homes can be found. In some cases, foster parents adopt children in their care. The contribution of families who foster is substantial in ensuring the safety, permanency, and well-being of children and youth in out-of-home care.

Fostering is a meaningful and impactful experience. Many families who foster report that they have experienced great benefits as a result of providing for the needs of children in out-of-home care. For example, some contend that their families grow closer as they develop a shared mission of caring for vulnerable children (Buehler, Cox, & Cuddeback, 2003). Many appraise fostering as rewarding due to their ability to care for a child in need (Geiger, Hayes, & Lietz, 2013; Whenan, Oxlad, & Lushington, 2009). Foster parents report great satisfaction when they can observe positive changes in the children for whom they care (Brown & Campbell, 2007; Wells, Farmer, Richards, & Burns, 2004; Preston, Yates, & Moss, 2012).

Despite these positive experiences, families also face substantial stressors that are associated with parenting children in out-of-home care (Wells et al., 2004). Foster parents must navigate public child welfare systems that are complex and confusing (Cooley & Petren, 2011). They face substantial time pressures as they manage busy and complicated schedules. Increasingly, foster parents have to provide medical care for children diagnosed with chronic

illnesses (Kools & Kennedy, 2003; Marcellus, 2010; Rubin, 2005). Children in care also face emotional distress as a result of the removal and are at higher risk for mental health problems (Stahmer et al., 2005). In these cases, managing difficult behavior is quite stressful (Buehler, et al., 2003; Preston, Yates, & Moss, 2012; Whenan, et al., 2009).

Beyond the challenges associated with managing schedules and the increased workload, families who foster also experience increased emotional distress. Children and youth are commonly placed with little time to prepare and limited information about the needs of the child. Foster caregivers experience confusing emotions as they may be frustrated by acting out behaviors yet simultaneously develop meaningful attachments to the children in their care, something that is essential for each child (Hallas, 2002; Schofield & Beek, 2005). As children leave their homes, families often experience a great sense of loss (Minuchin, Colapinto, & Minuchin, 2007). Fostering involves emotional ups and downs that can put any family at-risk for discord and even break-up. For this reason, most families leave fostering within just one year (Gibbs, 2005), citing frustration with the system and concerns about negative effects on their family as one of the primary reasons for discontinuing (Geiger et al., 2013). Despite these challenges, many families continue fostering for extended periods of time and multiple placements, and have come to cope with the stress of fostering in a way that promotes child and family adaptation.

FAMILY RESILIENCE

Family resilience is the process through which family units overcome the negative effects of risk, sustaining and often enhancing family functioning despite experiencing highly

stressful challenges that in some cases lead to break-up or discord (Black & Lobo, 2008; DeFrain & Asay, 2007; Hawley, 2000; Walsh, 2003; 2006; Patterson, 2002). Grounded in previous research with families who maintained healthy functioning despite facing a variety of serious risk factors such as the death of a child (Lietz 2006; 2007) and families who achieved reunification after the removal of a child by child protective services (Lietz & Strength, 2011), a model emerged that offers a description of family resilience as a process that develops over time. The process includes five phases (survival, adjustment, acceptance, growing stronger, and helping others) and 10 family strengths that support healthy coping and adaptation. The objective of this study is to understand if the model offers explanation regarding how families overcome the stressors associated with fostering.

METHOD

A sequential explanatory design was used to identify a purposive sample of 20 families who remained licensed for over 5 years, fostering several children for varied periods of time, and who rated within the healthy range on the Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983), a standardized measure of family functioning. The ability to link child-level outcomes with each foster family was not possible due to the need to protect privacy of these children and because of the extensive records for the hundreds of children who have been fostered by this sample. However, each family continued to foster for five years or more whereas most leave fostering within a year of being licensed. This longevity suggests a level of adaptation not sustained by most other families. In addition, these families were all licensed, meaning they were evaluated regularly by their licensing agencies and were determined to meet or exceed the

standards of quality required for licensure renewal; this oversight was used as a proxy for effectiveness.

The study involved two phases. First, in collaboration with the public child welfare system, a link to an online survey including the FAD and some demographic questions was sent to all licensed foster parents with current email addresses on file in one southwestern state to determine study eligibility. Of the 1,864 licensed foster parents, 681 responded to the survey, representing a 36.5% response rate. Seventy-one families met study criteria. Twenty families were chosen from these 71 to ensure diversity in the sample based on family structure, racial/ethnic identity, and location across the state. The length of time fostering ranged from 5 to 26 years ($M = 9.4$ years) for 3 to 25 or more children ($M = 14.9$). All families had provided non-relative foster care, four also provided kinship care, and one was licensed as a therapeutic foster family.

The sample, all working and middle class families, included 7 single-parent households and 13 two-parent; 12 families identified as multi-racial, 6 Caucasian, and two non-identified. Many families included biological children, children who were adopted, and those who were currently in foster care. Over the years, the 20 families fostered over 350 children, whose racial/ethnic background was more diverse, demonstrating the increasing difficulty in matching, or finding homes for children with a similar racial/ethnic background. Fourteen families adopted foster children (two families adopted eight each). Of 37 adopted children, 14 were identified as Latino, 5 African American, 1 Native American, 1 Asian, 3 multiracial, and 13 Caucasian.

In-depth narrative interviews were conducted with each family in the sample to understand how adaptation was activated, creating pathways for units to effectively cope with the stress associated with fostering. All adult members of each family system were invited to

participate in the interviews. This involved one or two-parents, depending on family structure. All adult children who grew up in each family were also invited to participate. Four of the families included adult biological children in the interviews. (Regrettably, children were not included because participation of children in foster care would require approval by the court, making their inclusion not feasible. To include biological or adopted children and not those being fostered could imply that foster children are not part of the family unit, a message not consistent with our perspective. Therefore, we chose to only include adult members of each family in the interviews.)

Narrative interviewing involves using a limited number of open-ended questions that allow the research participants freedom in guiding the content and depth. Although the questions do provide focus, this style of interviewing creates time for families to move away from a question/answer format into one of storytelling. Discussion involved current functioning as well as retrospection about how adaptation occurred over time. The first interviews ranged from 45 to 136 minutes ($M = 89$ minutes), plus additional time to gain informed consent, orient the family to the process, and for debriefing after the interview. Families were invited for a second interview; 18 of the 20 families participated in this follow-up.

All interviews were recorded, transcribed verbatim, and loaded into NVivo10 (QSR International, 2015) to prepare for analysis. Four researchers conducted the interviews and engaged in thematic analysis of the transcripts using the template method. Several strategies were used to increase trustworthiness of the findings. First, an audit trail was kept throughout to maintain a record of coding decisions and report issues of bias or research reactivity that arose. Reflexivity, which involves making one's socio-political position known, occurred in written form in the audit trail and was discussed at all of the meetings. Peer debriefing involves bringing

someone onto the research team with an insider perspective to ensure the participant's stories can be understood in an authentic way. We included a foster parent who also works professionally as a foster parent advocate as an advisor on the project. To manage bias, triangulation by observer was used such that all transcripts were analyzed by at least two researchers and any discrepancies in coding were discussed until consensus was achieved. Finally, once preliminary findings were available, we used an online discussion board to conduct a member check by inviting participants to anonymously provide feedback about our findings.

FINDINGS & DISCUSSION

The construct of resilience concerns the interaction between risk and protective factors in predicting varying levels of functioning. Families discussed the challenges of fostering prior to discussing the process of healthy coping and adaptation. Seven themes emerged from these narratives, highlighting several ways fostering is challenging. These challenges include: (a) navigating the complex child welfare system, (b) experiencing difficult emotions stemming from transitions of a child entering and leaving home, (c) obtaining medical and behavioral health services for foster children, (d) managing difficult behaviors of children in care, (e) feeling devalued or misunderstood, (g) lacking information needed to provide adequate care, and (h) adapting to a schedule that is full and at times overwhelming.

Family Resilience as a Process Over Time

Once the challenges associated with fostering were discussed, the families offered stories that were rich with illustrations of coping and adaptation. Similar to our previous studies of families who made the adaptations needed to achieve reunification and families who overcame adversity associated with a multitude of stressors (Lietz 2006; 2007; Lietz & Strength, 2011),

foster families in this study experienced resilience as a process that develops through five phases and the emergence of ten family strengths over time (see figure 1). Families who foster must adapt during transitions such as the entrance or exit of foster children, adoption of foster children, or launching of biological or adopted children into adulthood. Adaptation for these families did not involve reaction to one particular loss or crisis; instead families were continually facing new challenges with each transition involving a new set of stressors requiring coping and another process of adaptation. Very few family systems require the level of ongoing adaptation to the structure, roles, boundaries, and daily activities as that of families who provide foster care.

An examination of long-term stories of fostering suggests family resilience is not an outcome, but a culture of coping and adaptation that remains responsive to the changing circumstances that accompany each transition. The conceptualization of adaptation as a process was also discussed by foster parents in Brown and Campbell's (2007) study and a model developed by Marcellus (2010). Similar to Rolland's (2012) discussion of how families cope with serious illness or disability, movement across phases is not necessarily linear, meaning families can move in and out of various phases depending on circumstances. Each phase corroborated through this study will be discussed with content from the narratives that illustrate the adaptational process of resilience for families who provide foster care.

Survival

The survival phase represents a time when families are facing the most disruptive changes to the family system. The focus at this point is more about coping than adaptation as families are just trying to get through the day. For families who foster, this was identified as relevant during two particular time periods, (a) just after first being licensed and providing the first placement, and (b) during difficult transitions such as the entrance of a new foster child who

had a particularly difficult transition into the home or during placement disruption (when a placement was discontinued unexpectedly or prematurely).

All families discussed the challenges they faced when they were first licensed. The onset of fostering was particularly challenging for the four families who began as kinship providers. For them, starting in foster care was not just a transition, but also involved a crisis in their family network that necessitated kinship care. In families that fostered children in multiple placements over many years, they reported that their initial experience was their hardest time. During the survival phase, families identified connectedness and mutuality, social support, and the family's sense of morality/spirituality as essential to their capacity to cope effectively with difficult transitions.

Mutual Support & Connectedness. Walsh (2006) describes connectedness as the “emotional and structural bonding among family members” (p. 94). The process of family resilience is advanced when units develop shared meaning and offer mutual support to one another. Consistent with this idea, families discussed how a strong sense of cohesion allowed families to get through the initial time frame just after a crisis or disruptive transition. For example, one mother explained, “We have to be a team...there are times when I've had a stressful day and I just can't deal with a certain thing, and my husband will step in and take care of it. We do that a lot, share the workload.” Similarly, one adult daughter explained, “How in our family it worked really well was because everybody was on this team...so even if something else comes along, like, we already got this and everybody's pitching in.” Helping families to build a strong sense of family connectedness and mutual support within the family unit is important during the survival phase.

Social Support. Corroborating other studies (Buehler et al., 2003; Cooley & Petren, 2011; Lietz, Lacasse, & Cacciatore, 2011; Oke et al., 2013), social support was identified by all families as essential to their capacity to cope with the challenges of fostering, an external strength that also first emerges during the survival phase. Social support involves the tangible and emotional assistance families who foster receive from people outside of the family. This includes natural occurring support systems such as friends and neighbors and the formal support provided by professionals. For example, one mother stated, “Probably the biggest piece, we have wonderful neighbors just down the street, they have been a huge support system.” In addition, connecting with other foster parents was cited as helpful by many. For example, one couple explained, “Earlier on, we had a mentor [an experienced foster parent], and honestly, that helped a lot. Just having, you know, someone with common experiences that you can connect with and get advice with.”

When speaking of social support, many stories highlighted the value in positive working relationships with child welfare professionals such as caseworkers, licensing workers, and counselors. For instance, one parent stated, “Anytime we’re having a struggle, I was calling her [licensing worker] a lot just because I didn’t know how things worked really...I don’t think we would be doing it this long without that...I’m very blessed with our licensing agency.” Considering how complicated the child welfare system is, parents need practical support (e.g. respite care, information about the child or system, help with reimbursements, training) and emotional support (e.g. empathic listening, validation) from professionals to ensure they have what they need to provide foster care (Cooley & Petren, 2011; Oke et al., 2013).

Morality/Spirituality. During the survival phase, families cited a value system that guides moral actions and decision-making. Walsh (2006) discusses these shared beliefs as a “moral

compass” that guide how families respond to situations that can spark fear and frustration. For some, this was grounded in a family’s strong sense of spirituality, also noted in a study of successful fostering by Buehler et al. (2003). As one parent stated, “I couldn’t do this without God. I read my Bible every day and when we’re in the hardest parts, I’m finding verses to hold on to that remind me that God is faithful and He will not fail us,” a strategy she shares with her husband and children. Similarly, another mother responded, “Our faith; if we didn’t have that, I don’t even know how people without faith can [foster], you have so many challenges,” suggesting it is their shared beliefs that allow them to cope. As families faced their most disruptive challenges, they were able to move from the survival phase by relying on connectedness within the family, social support from outside the unit, and a moral compass that grows out of the family’s moral and/or spiritual traditions.

Adjustment

As families progress beyond survival, the process of resilience involves creating changes to the structure, schedule, and daily functioning of the family unit. During the adjustment phase, families continue to rely on the connectedness of the family unit, social support, and shared beliefs. As they begin to make real changes to their daily functioning, additional family strengths are discussed as important to the unit’s ability to make needed adjustments and they begin to adapt. These included initiative, boundary setting, and creativity/flexibility.

Initiative. Initiative refers to a family’s ability to take action. Families who foster discussed the importance of planning, organization, and action. Put simply, they have a lot to accomplish each and every day and as Walsh (2006) suggests, maintaining a belief that they have the capacity to influence the outcome helps families take action. Illustrating this point, one single mother who has been fostering children for over 20 years discussed how initiative allowed her to

gain the information she needed. She explained, “I’m so surprised that a lot of foster parents don’t know that there’s extra funds available. Like for school-aged kids, you can get an educational allowance. And they’re like, ‘What? Nobody ever told me.’ Nobody even told me [either], but I just continued to ask a lot of questions.” This mother worked in collaboration with her extended family and her son to take action needed to provide for children placed in their care. As families move from survival to the adjustment phase, they have to be willing to take the action needed to move the family forward and believe that action can make a difference.

Boundary Setting. From a structural perspective, units organize themselves through boundaries, or the rules that govern the level of differentiation (Minuchin, 1974). In families who foster, the family boundary, defining who is in the family unit or household, is flexible and permeable, expanding with the entry of a foster child, contracting as a child leaves, and shifting again to welcome others into the home. The sense of belonging, feeling connected, as a member of the foster family, even when a placement is not permanent, is crucial for children vulnerable to issues of attachment and loss and was something that was evident in these stories of long-term fostering.

Emotional boundaries, or the ability to diffuse emotional reactivity are also essential to healthy family functioning (Bowen, 1978). In this study, boundary setting was discussed not just in terms of family structure, but also when identifying the importance of setting limits, both emotionally and practically. For example, several families talked about the importance of knowing when to say “no” and when to take breaks such as one mother who explained, “And I think the biggest thing for us, we know when it’s too much for us to handle and several times we have taken breaks.” Using respite, taking a break between placements, and being realistic about

the number and age of children for which each family can care represent important ways that families sustain fostering through practical boundary setting.

There were also stories about emotional boundary setting similar to what Preston et al., (2012) describes as “emotional resilience” (p. 157). When discussing setting these boundaries, the families were clear in the importance of loving the children while separating from the stress of the situation. For example, one father stated, “You have to develop a relationship with the children. They’re in your home. They’re part of your lives. If they’re not a part of your life, you shouldn’t be doing foster care.” Instead, he explained that foster families need to set emotional boundaries around “the drama in the case” but not boundaries regarding their love for the children. Another foster father stated, “Sometimes it gets very hard. You disagree with the CPS case plan. Well, it’s not going to help the children in your home by being upset about it...you have to work on not letting it interfere with your relationship with the child in your home.” Similar to a study by Marcellus (2010), when families are able to set boundaries by knowing when to take breaks and when to emotionally disengage from unhelpful case content, they more effectively deal with the stress of fostering.

Creativity and flexibility. Creativity refers to the ability to identify multiple solutions to a problem whereas flexibility is the willingness to try new things. Walsh (2006) suggests adaptive change or “bouncing forward” is an important part of family resilience (p. 84). Considering the amount of adaptation needed to foster, families offered many stories that illustrated the importance of these strengths. For example, one parent stated that families have to be “...very flexible and adaptive.” Another family described a story where an adult on an airplane did not believe the foster parents were the parents of a child whose race was different than theirs and confronted them during the flight. Rather than become angry, this family

explained, “We’ve learned we have to carry a family picture everywhere we go. We always take one with our family that says I’m a foster parent and identified us with the picture,” an illustration of creativity and flexibility. As families adapt to disruptions to the unit, helping families develop new strategies and maintain a level of flexibility is seen as important.

Acceptance

As families moved beyond surviving a dramatic disruption and learned to make the needed adjustments to their schedule, roles, or family structure, they discussed a time period during which they recognized their acceptance of their new reality. As families discussed the acceptance phase, they identified shared meaning-making, commitment, communication, and humor as important.

Shared meaning-making. Shared meaning making refers to a family’s ability to develop an understanding about an experience. According to Walsh (2006), when families work together to attach positive meaning to the difficulties they face, the challenges are easier to accept. Illustrating this strength, one parent explained, “The only thing you have control over is loving these kids. You have to do that. Just knowing that you can’t change a lot and you don’t have control over a lot...there are some battles that are not worth fighting.” Developing realistic expectations about what foster families can influence demonstrates how the development of shared insight helps them to accept the things they cannot change and yet take action in those areas in which they have influence.

Commitment. In previous research (Lietz & Strength, 2011), family commitment was described as an intense desire to keep the family together. In families who foster, this commitment was expressed both as a desire for cohesion of the original unit of the fostering family and as a commitment to continuing as foster parents. Consistent with previous research

(Hendrix & Ford, 2003; Oke et al., 2013; Preston et al., 2012), families expressed a strong desire to provide a home for vulnerable children. For example, one parent explained, “I continue to foster because I know the need is out there...I think a lot of foster parents go into fostering because they want to adopt. That was not my goal. My goal was to strictly foster. I want to see children reunified with their parents.” This vision became shared among members through strong leadership in the family structure. For some, this commitment stemmed from a spiritual calling, such as one mother who stated, “We wouldn’t be doing foster care if it wasn’t for the leading of the Lord...it’s our ministry. I mean, this is what we’ve been called to do.” Others were committed to fostering due to their own history in the foster care system. One mother explained, “My husband, actually as a child, was in the foster care system, so we decided that it was important to give back.” Regardless of the reason, a commitment to the family and to providing a home for vulnerable children facilitated families’ efforts to continue fostering for years despite the challenges. This commitment needs to be explored and encouraged by practitioners.

Communication. Related to mutual support, the family strength of communication was also highlighted. For example, when discussing how they cope, one husband explained, “And we just, we just communicate. We just, you know, shut the TV off, mute it...we just discuss it, get it out.” Communication was important initially as families made the decision to foster, such as one mother who explained, “I did talk to both my boys to let them know what fostering was about and they were fully involved in the decision.” Communication with children remained important as fostering got difficult, as illustrated in this story:

Going back to conversation and communicating, he [her son] came home one day and he said, ‘This kid at school told me that you can’t have a black sister. Why do you have a black sister?’ He goes, ‘Mom, I wanted to hit that kid.’ I said, ‘Well, I’m really glad you

didn't. Remember, not everybody understands foster care...that's your opportunity to tell them what foster care is.' [Later] he said, 'You know what Mom, I went and I talked to that kid. And he didn't know what foster care was. He knows now.' And that was great.

This story highlights the communication patterns identified by Walsh (2006) as essential to adaptation such as asserting clear and consistent messages, allowing for open sharing, and engaging in collective problem solving.

Related to communication, many highlighted the importance of communicating with professionals as well. Foster parents discussed needing, "Communication and as much information as they can legally give" from child welfare professionals. Providing adequate care requires information about the child's medical history, educational needs, and an understanding of their culture and preferences. When information was not provided or calls and emails were not returned, foster parents identified this as a substantial challenge to their capacity to foster.

Finally, many parents were involved in shared parenting and advocated when possible, communicating with biological parents. This finding supports the collaborative approach of Minuchin, Colapinto, and Minuchin, (2007), regarding foster care as a "triangular network," with the potential competing interests and perspectives of biological and foster parents (p. 137) Their model requires collaboration across these subsystems, consistent with the shared parenting and partnerships advocated in many states (see e.g. Children's Alliance of Kansas, 2014), Communication across these subsystems is a critical part of managing transitions for children in foster care. Illustrating this point, one parent stated, "We have strived to build a very strong relationship with the biological parents...I believe in communication, clear communication, nothing to hide, we just tell it like it is." Communication was highlighted by all families as fundamental to their capacity to cope and adapt.

Humor. Humor is the ability to be light-hearted despite the challenges of fostering and is a strength that is well-supported in the resilience literature as helpful (Walsh, 2006). As families discussed the need for coping and adaptation, having a sense of humor was also apparent in many of their stories. For example, one mother describing a conversation with her worker stated:

I teasingly saw my licensing worker at training last Saturday all day. And I looked at her and I said, 'We have to open up one more bed.' And she goes, 'What, are you crazy? Do you think you're super woman or what?' And I said, 'Well actually, I'm missing a little princess party now and then, there's a lot of testosterone around here.'

When offering advice to other foster parents, one father suggested that families should remember to "...have fun...there's an individual spark in each one of these kids. And there's a quirk about them. Don't make it a stressful time--make it a great time. Because they're all hilarious in their own way." The ability to be light-hearted and enjoy fostering was an important family strength that activates the process of resilience; concurrently, laughing is suggestive that the unit is coming to accept the challenges they are facing.

Growing Stronger

As families move from an initial crisis, they begin to adapt and make changes, and accept their new reality. Families identify a time when they perceive they are growing stronger as a family unit. During this phase, positive appraisal, or attaching meaning to difficult experiences was described as important.

Shared Meaning through Positive Appraisal. The final family strength that was discussed involved appraisal, or the ability to find positive meaning and growth through difficult experiences. Fostering is stressful, requiring extensive adaptation of the system. However,

families did more than cope with the stressors of fostering, they grew closer as a family unit as they developed a shared mission, learned to communicate in effective ways, and found meaning in their ability to provide a home for a child in need. These families discussed foster care as something that enhanced their growth as a family unit. One father concluded, “I think it’s [providing foster care] made us who we are, that’s for sure...we’ve learned so much about each other through this. I mean, we, just, it’s such a major part of our lives.”

Similarly, the adult children who grew up in families providing foster care also appraised the experience as transformative and growthful. One adult son stated, “The biggest one that’s impacting me is just changing my perspective on life, changing what’s really important to me.” The brother responded stating, “It’s impacted us in a lot of ways, [fostering] taught us a lot of patience...and just really good character.” For these adults, when they reflect back on years of fostering, they discussed many benefits. They felt their empathy and care for others was enhanced, which grew them closer as a family unit. They perceived the development of strong values and a commitment to helping others through shared meaning making. Finally, they talked about having a great appreciation for their own circumstances as they came to know children who had so much less than they did growing up. Parents agreed with these comments and felt that while fostering was stressful for their children, it also offered meaningful benefits. This appreciation helped to strengthen the family unit, their resolve for this mission, and their level of connectedness across the system.

Helping Others

In the final phase, families who foster expressed a strong desire to take what they have learned through fostering to help others facing these challenges. When families are facing a difficult transition such as placement disruption, this is one of their most challenging experiences

as they grieve the loss of a child who had joined their family unit. Families who foster open their homes and their hearts, with permeable boundaries to welcome new members. When they say goodbye to these children, particularly when this change is unplanned, the members must focus inward to ensure preservation of the ongoing family unit. As time passes and they see that their family is coping effectively, they find themselves wanting to be the provider of social support rather than the recipient.

Giving Social Support. As mentioned, social support refers to the emotional and tangible assistance provided by people outside of the family unit. During the helping others phase, families who foster want to provide this assistance to others. Three of the families in this study contributed to training of new foster parents, one served as a foster parent advocate, and all discussed informal ways that they have mentored new foster parents. Opportunities like these indicate positive growth and coping, which contributed in building confidence and connection across the family unit, as they then reach out empathically to help others (see also, Lietz, 2011; Walsh, 2006). As families find themselves in the helping others phase, practitioners can encourage their efforts to move from receiving social support to giving to others, which, in turn, can yield greater meaning and purpose from the sacrifices and growth they have experienced.

CONCLUSION

This study of resilience in families who foster highlights the importance of an adaptational process perspective in understanding and promoting family resilience. Findings offer empirical support to the idea that resilience is a process rather than an outcome corroborating previous research and conceptualizations of family resilience (Lietz, 2007; Marcellus, 2010; Rolland, 2012). These stories of resilience also confirmed many of the family strengths that have been identified in previous research lending increased confidence regarding the importance of these

factors in activating the process of coping and adaptation needed when families face adversity (Buehler et al., 2003; Cooley & Petren, 2011; Hendrix & Ford, 2003; Lietz & Strength, 2011; Oke et al., 2013; Preston et al., 2012; Walsh 2003; 2006).

These findings can inform child welfare policy and services to help families navigate the challenges of foster care. Specifically, understanding their need for increased information about the children they foster, as well as practical and emotional support from helping professionals, provides some direction in structuring programs and professional relationships with foster parents. Developing training and family-based interventions grounded in this adaptational model may also be helpful in increasing successful fostering experiences and retention of families. The phases and strengths identified here can usefully guide practitioners in promoting resilience. Given the dearth of literature on foster families, more attention is needed to these processes in coping and adaptation over time. Future research is recommended to expand this work to a larger sample and to translate findings into interventions that can be tested to consider how best to support the process of resilience for families who foster.

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Figure 1

The Process of Family Resilience

