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Identifying the essential competencies for resource parents to promote permanency and well-being of adolescents in care

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ABSTRACT

The number of teens entering foster care and those subsequently aging out, has been steadily increasing in recent years. The majority of these teens experience placement instability while in care and do not secure permanency before entering young adulthood. These adolescents often have complex needs due to trauma histories, and as a result, many of these youth struggle with unemployment, homelessness, and incarceration, and they experience chronic physical and mental health challenges as young adults. There has been limited training available to prepare resource parents to care for adolescents who have experienced chronic trauma. The current study is the first phase of a national training and development initiative to maximize placement stability and permanency of traumatized teens placed in out-of-home care. The purpose of the current study is to identify the core competencies that are deemed essential for resource parents to be successful, and then prioritize the competencies that should be included in the training.

Utilizing the Delphi method, the current study generated a comprehensive list of competencies through multiple types of data collection procedures (e.g., interviews, surveys) and sources (e.g., parents, older youth, professionals, and literature and curricula reviews). Subsequently, the competencies were prioritized for inclusion in a national training by administering two rounds of a survey to an expert panel who ranked their importance. The inclusion of the competencies in the training was based on two criteria: competencies with a minimum mean score of at least 4, and those which 75% of the panelists rated at 4 or higher. Of the 215 non-duplicative competencies generated in Round One, the panelists reached consensus for inclusion of 61 in training development. Many of them focused on trauma-informed parenting, building a trusting relationship with youth, helping youth maintain a connection with their biological family and other past supportive relationships, emotional regulation skills for the parent and youth, and how to adapt to meet the youths' unique needs.

1. Introduction

After declining between 2005 and 2013, the number of children and teens entering foster care has increased in recent years (U.S. Department of Health and Human Services, 2016). Additionally, the number of youth aging out of foster care through emancipation has steadily increased from 20,000 to 25,000 per year since 2012 (Gets, 2012). Fifty-five percent of these youth who eventually become legally emancipated have experienced three or more placements (National Foster Youth Institute, 2017). Although adolescents in the child welfare system significantly benefit from living in family settings, approximately 50% of children who enter foster care as teens will enter a congregate care setting at some point during their foster care stay (U.S. Children's Bureau, 2015). According to the latest AFCARS report (2017) approximately 12% of youth in foster care were living in group homes (5%) or other congregate care settings (7%) as of October 20, 2017. Adolescents represent 69% of the youth in congregate care, with 24% entering congregate care as their first placement (U.S. Children's Bureau, 2015). One reason for this overrepresentation is it can be difficult to recruit and retain foster, adoptive, and kinship caregivers (hereafter referred to as *resource parents*) for adolescents (Festinger & Baker, 2013). A major cause of premature placement disruption is resource parent dissatisfaction that is associated with a lack of preparation for the type and severity of biopsychosocial problems presented by children in their care, and their lack of ability to effectively manage these challenges (Spielfogel, Leathers, Christian, & McMeel, 2011;

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Turner, Macdonald, & Dennis, 2007). Targeted training of foster and adoptive parents, used in conjunction with access to timely case management services, respite care, support groups, and other teen-targeted interventions, may provide a solution to address the permanency needs of these adolescents.

Resource parenting of children of any age involves balancing multiple responsibilities, including meeting the youth's daily physical, social, and emotional needs; nurturing a trusting relationship; responding to behaviors appropriately; advocating for their rights; engaging the youth's biological family when appropriate; providing transportation to appointments; and communicating with the foster care team (e.g., social workers, lawyers) (Chipungu & Bent-Goodley, 2004). Resource parenting of adolescents often comes with additional challenges because the majority of adolescents have experienced trauma resulting in complex needs (Chamberlain, 2009; Salazar, Keller, Gowen, & Courtney, 2013). Despite these complex needs, limited training and inadequate access to other system supports have impeded the ability of resource parents to care for adolescents.

1.1. Adolescent risk of placement disruption

Many adolescents in the child welfare system have histories of living in stressful environments that are sometimes caused by parental substance use and mental health issues (Bruskas & Tessin, 2013). Further, adolescents often have been exposed to multiple instances of child maltreatment, such as psychological, physical, and sexual abuse, and neglect (Kisiel, Summersett-Ringgold, Weil, & McClelland, 2017; Stambaugh et al., 2013). These traumatic events can impact development, including cognition, dissociation, emotion regulation, behavioral control (e.g., impulsivity), and attachment (Chamberlain, 2009). Further, trauma can impair youth's self-concept and create complexities in forming trusting relationships with adults and peers. Child welfare-involved adolescents often have increased risk of substance use disorders, mental illness, delinquency, sexually transmitted infections, teen pregnancy, and low academic achievement (Day, Edward, Pickover, & Leever, 2013; Griffin et al., 2011).

These challenging behaviors may occur at an intensity and frequency that resource parents do not know how to manage, resulting in placement changes to a new foster care or congregate care setting (Chamberlain et al., 2006). In fact, externalizing behavior is a strong predictor of placement failures (Glisson, Bailey, & Post, 2000). Placement instability, in turn, may exacerbate externalizing behaviors, resulting in subsequent placement disruptions (Keller, Cusick, & Courtney, 2007).

Placement instability often occurs when resource parents lack the parenting skills to meet the demands of caring for adolescents with behavioral problems (McWey, Holtrop, Wojciak, & Claridge, 2015). Although placement disruptions may exacerbate these behaviors, placement stability that develops nurturing relationships can mitigate externalizing behaviors (Pecora et al., 2005). Preparing resource parents to care for adolescents with moderate to serious behavioral health challenges, including those struggling with alcohol and other drug problems, is critical to ensure placement permanency and youth biopsychosocial and educational well-being.

1.2. Resource parent training

Despite variation across the United States, pre-service training is the most common and sometimes only training resource parents receive. Pre-service training (including, but not limited to KEEP, PRIDE, & Multi-dimensional Treatment Foster Care) has been linked to many benefits for resource parents, including an enhanced sense of well-being, less burnout, and increased role satisfaction (Fisher & Chamberlain, 2000; Price et al., 2008; Whenan, Oxlad, & Lushington, 2009; Whiting, Huber, & Koech, 2007). Research also suggests pre-service training improves parents' knowledge of supportive services, helps build relationships with children in care, helps meet the children's developmental needs, and increases the willingness to maintain connections to the children's biological family (Nash & Flynn, 2016; Whenan et al., 2009; Whiting et al., 2007). “Parent Resources for Information, Development, and Education” and “Model Approach to Partnerships in Parenting Group Preparation and Selection of Foster and/or Adoptive Families” are examples of widely used trainings that encourage future resource parents to consider whether resource parenting is a good fit for their family (Dorsey et al., 2008).

Despite its benefits, most pre-service training focuses on helping participants assess whether resource parenting is a good fit and do not focus on skill development, leaving many feeling unprepared once they begin resource parenting (Dorsey et al., 2008; Turner et al., 2007). Evaluations of existing in-service skill development trainings have yielded mixed results. Greeno et al. (2016) evaluated a Maryland replication of the Keeping Foster and Kinship Parents Trained and Supported program for parents of children exhibiting externalizing behavioral problems. They found significant improvements in child behavior, but no changes in parental stress, or permanency. Additionally, a meta-analysis of 16 studies examining the effectiveness of resource parent training from 1984 to 2014 found a small effect-size for changes in child behavioral problems and moderate gains in knowledge and skills for parents who attended training (Solomon, Niec, & Schoonover, 2017). Finally, a study conducted by Pithouse, Hill-Tout, and Lowe (2002), found that one resource parent training designed to address challenging behaviors had limited impact on child conduct and caregiver capacity. While some of these training curriculums have produced promising results, the majority of these more effective trainings have focused on primary-school-aged children; it remains unclear if training will yield similar results for resource parents of adolescents who tend to have complex trauma histories and needs.

There is a strong need for the development of training specific to parenting adolescents exposed to trauma who are placed in out-of-home care. The current study is part of a larger project to develop and evaluate a 12-h national in-service training for resource parents who have completed pre-service training and who are or will be caring for adolescents with moderate to severe behavioral challenges. Well-designed trainings have been linked to improved parenting competence and more successful placements (Rhodes, Orme, & Buehler, 2001).[1] The first step in developing a well-designed training involves the identification and prioritization of competencies to address in the training. The first aim of this study was to comprehensively identify the core competencies, defined as knowledge and skills, that are deemed essential for resource parents to be successful in providing placement stability, promoting permanency, and enhancing the well-being of adolescents with challenging behaviors. The second aim was to prioritize the competencies that should be included in the training through a structured consensus-based process.

2. Methods

The Delphi method (Dalkey & Helmer, 1963) was utilized to develop and validate the core competency areas. This method is an iterative multistage process often used to build consensus and set priorities of competencies (Stewart, 2001).

The Delphi survey in this project included two major phases that occurred in 2017. For the first phase, a comprehensive list of non-duplicative competencies was generated through multiple types of data collection procedures (i.e., qualitative interviews and survey) and sources (e.g., participants, and literature and curricula reviews). The second phase prioritized which competencies the training should target.

[1] Well-designed trainings developed for adult learning include learning experiences that solve a problem for participants, engaging designs and activities, opportunities for participants to share their experiences, and opportunities for individual reflection (Dirksen, 2016).

To accomplish this, we developed and administered a quantitative survey twice to an expert panel who ranked the importance of the competencies (Hsu & Sandford, 2007). The first survey produced an initial understanding of the panel's rankings and feedback about the competencies. In the second survey, the panelists reviewed the results of the first survey along with the feedback to inform their final ratings.

The current study involved two teams, a project and an evaluation team, who collaborated on the development of a sampling strategy and instruments, literature and curricula reviews, and thematic analysis of the qualitative data. The project team recruited participants, collected data for the current study, and provided de-identified data to the evaluation team. The evaluation team was responsible for data analysis.

2.1. Phase 1: generating competencies

2.1.1. Procedures

The first step of the Delphi method is to generate a list of potential competencies (Hsu & Sandford, 2007). In the current project, we utilized multiple sources to generate a comprehensive list. Specifically, we reviewed the literature and existing curricula to identify the competencies that would help resource parents effectively manage the behavioral challenges of adolescents and lead to placement stability. In addition, interviews were conducted with resource and birth parents to obtain their perspective about the competencies needed for resource parents to provide adequate care for adolescents with behavioral challenges. Interviews and one focus group were conducted with young adults formerly in care. Online surveys were administered to professionals with experience in foster, adoptive, and kinship care to obtain their professional observations of the competencies attained by effective resource parents. Finally, subject matter experts reviewed the list and contributed additional competencies.

Individual interviews and the focus group were conducted by six project team members who obtained informed consent prior to the interview or focus group. Semi-structured interviews were conducted by phone or in-person. The interviews ranged from 17 to 94 min, with an average of 48 min, and the focus group was 90 min. The online survey for professionals was administered with Survey Monkey. The survey responses for each question varied in length with some participants writing a few sentences while many provided long paragraphs.

2.1.2. Sample

Purposive sampling was utilized to identify participants who have knowledge of and experience with foster, adoptive, or kinship care. Particular efforts were made to recruit young adults who were fostered or adopted as adolescents. Caregivers of adolescents were also recruited, including foster and adoptive parents, relative caregivers, and birth parents. Finally, professionals with experience in foster, adoptive, and kinship care were invited to participate. These professionals included state and national leaders in the fields of child welfare, mental health, and juvenile justice. Participants were not provided with incentives.

Participants were recruited and interviewed by professionals from two different organizations including a national organization with expertise in foster, adoption, and kinship care, and a center that provides support services for runaway, homeless, and at-risk lesbian, gay, bi-attractional, transgender, and questioning (LGBTQ) youth. Additionally, a researcher who has ongoing relationships with multiple tribal communities in Michigan interviewed participants with tribal affiliation. To identify potential participants, the project team reviewed their databases to identify caregivers, young adults, and professionals who were knowledgeable about the factors that contribute to the well-being of youth, as well as placement permanency. Caregivers and young adults were contacted by email or phone and were provided with information about the purpose of the project. Those who expressed interest in participating were scheduled for an interview. Child welfare professionals were sent an email explaining the purpose of the project, a list of survey questions, and an invitation to participate in an online survey.

These recruiting efforts continued until saturation was reached and yielded a total of 62 participants: 18 resource parents, 2 biological parents, 16 young adults, and 26 professionals. As shown in Table 1, the caregivers were primarily women (88%), and more than half (61%) identified as Caucasian. Eighty-three percent of the caregivers had at least one teen placed in their care whose ethnicity was different from their own. Only two birth parents were interviewed: one identified as African-American, and the other was multiracial. As shown in Table 2, the young adults were primarily men (68.7%) and slightly less than half (44%) identified as African American. Half of these young adults had experienced at least one placement with caregivers who were of a different ethnicity. Table 3 provides the demographics for the professionals. More than half were women (58%) and Caucasian (54%). Half of them had 15 or more years of experience in child welfare.

Table 1
Phase 1: descriptive statistics for resource parents (N = 18).

Characteristic	Frequency		%
Gender			
Female	16		88.9
Male	2		11.1
Ethnicity			
Caucasian	11		61.1
Black/African American	3		16.7
Multiracial	2		11.1
Native American	2		11.1
Parent role			
Foster parent	13		72.2
Adoptive parent	10		55.6
Kinship parent	6		33.3
Transracial placement	15		83.3
Geographic location			
Midwest	8		44.4
West	4		22.2
Southwest	3		16.7
Southeast	2		11.1
Northeast	1		5.6
Characteristic	*M*	Min.	Max.
Years of experience	15.5	0.92	38

Table 2
Phase 1: descriptive statistics for youth (N = 16).

Characteristic	Frequency		%
Gender			
Male	10		62.4
Female	3		18.8
Gender fluid	2		12.5
Transgender male	1		6.3
Ethnicity			
Black/African American	7		43.7
Caucasian	6		37.5
Multiracial	2		12.5
Hispanic	1		6.3
Placement type[a]			
Foster care	14		87.5
Adoption	9		56.3
Kinship care	4		25.0
Transracial placement	8		50.0
Geographic location			
Midwest	11		68.7
Southeast	2		12.5
Northeast	1		6.3
Not reported	2		12.5
Characteristic	*M*	Min.	Max.
Age at system entry (years)	6.9	0	15

[a] Some participants had multiple types of placements.

Table 3
Phase 1: descriptive statistics for professionals ($N = 26$).

Characteristic	Frequency	%
Gender		
Female	15	57.7
Male	6	23.1
Unknown	5	19.2
Ethnicity		
Caucasian	14	54.0
Black/African American	3	11.5
American Indian	3	11.5
Multiracial	2	7.7
Latino	2	7.7
Asian Indian	1	3.8
Did not report	1	3.8
Professional Area of Expertise[a]		
Adoptive parents	23	88.5
Kinship parents	22	84.6
Foster parents	19	73.1
Families preparing to adopt	16	61.5
Youth in care	14	53.8
Youth in permanent families	14	53.8
Youth in congregate care	14	53.8
Families preparing to foster	12	46.2
Emancipated youth	5	19.2
Geographic location		
Midwest	9	34.6
Southwest	5	19.2
West	4	15.4
Southeast	4	15.4
Northeast	4	15.4
Professional experience		
1–5 years	9	34.6
5–10 years	4	15.4
10–15 years	4	15.4
15–20 years	6	23.1
20+ years	3	11.5

[a] Some participants reported multiple areas of expertise.

2.1.3. Measures

The qualitative interview protocol and survey were informed by the literature on the factors that influence successful placements of adolescents with moderate to severe behavioral problems, as well as by national experts in foster, adoptive, and kinship care. The questions used in the interview protocol and survey instruments were modified to make them relevant to the different experiences of caregivers, young adults formerly in care, and professionals. For example, resource parents were asked "What three things do you wish you had understood before your placement that would have helped you be a better parent to a teen who has experienced trauma[2]?" This question was modified for youth to inquire "What are the three things you wish all foster and adoptive parents would learn before they become parents?"

The interview protocol and qualitative survey covered five major areas: a) the challenges, needs, and supports for promoting adolescent and family resilience; b) the knowledge and skills needed for resource parents to be effectively prepared for their respective roles; c) how resource parents can best support adolescents' connections with their birth family, their racial/cultural identity, and their sexual orientation, gender identity, and gender expression; d) what was helpful/not helpful in prior trainings; and e) challenges, needs, and supports for learning or teaching the skills needed to promote youth and family resilience. Participants were asked to provide basic demographic characteristics and personal/professional background and experiences.

2.1.4. Data analysis

The qualitative data were reviewed several times to gain a comprehensive understanding of the participants' perspectives (Miles, Huberman, & Saldana, 2014). Next, the data were examined word-by-word to derive a comprehensive list of competency statements that reflected the knowledge and skills noted by the participants (Miles et al., 2014). The data were coded by a team of seven analysts with at least two analysts coding each interview or survey (95% agreement). When there was a discrepancy in the competency statements, the team discussed and clarified the meaning of the data, and then revised the statements after reaching consensus. The competencies identified in the participant data were combined with competencies extracted from the professional literature, curricula review, and input from national subject matter experts to form a comprehensive list of 267 competencies.

The first author and project leaders reviewed the comprehensive list of competencies multiple times to identify patterns and relationships among the competencies, which led to thematic formation. Identical or similar competency statements were grouped into themes, and thematic labels and descriptions were developed (Miles et al., 2014). Themes were intended to serve as a tentative guide for organizing the competencies into brief training modules with anticipation that merging and reorganizing the themes would need to occur with the final list. Thus, many of the themes are strongly interrelated (e.g., trauma-informed parenting and attachment). Competency statements within and across themes were reviewed and refined multiple times to eliminate duplication. An external reviewer reviewed the list and further eliminated duplicative competencies and assessed the competencies' fit with the themes (92% agreement). When the external reviewer suggested that a competency be assigned to a different theme, the team discussed and clarified the meaning of the theme, and then made revisions after reaching consensus. This process generated a list of 202 non-duplicative competencies. The project team was asked to provide feedback on the 202 competencies, including if they believed any competencies were redundant or missing from the list. The feedback resulted in 8 competencies being deleted and 17 new competencies being added. The final list generated in Phase One was 211 non-duplicative competencies, which were included in the Phase Two survey along with 4 additional competencies suggested by a few partners for a final count of 215.

2.2. Phase 2: prioritizing competencies

2.2.1. Procedures

In this study, the purpose of Phase Two was to utilize the comprehensive list generated in Phase One to develop a survey and administer it to an expert panel to rank the importance of each item (Hsu & Sandford, 2007). Further, this phase identified the level of consensus of the rankings among the participants. To prepare the panelists for the survey, they participated in a webinar presented by the project leaders to explain the Delphi purpose and process. The participants were sent an email inviting them to participate in the surveys, along with a reminder of the survey purpose and instructions for accessing and completing the surveys.

2.2.2. Sample

Experts in the fields of child welfare and mental health were asked to serve on an advisory committee as "panelists" to guide the project. Members were chosen on the basis of a broad range of experience and expertise in the fields of child welfare and/or child behavioral health. Twenty-six members accepted the invitation to participate including leaders in child welfare, such as state administrative and tribal leaders, and child welfare scholars. The committee also included representatives from private child welfare and mental health agencies, as well as foster/adoptive parents and young adults who have been in the child welfare system. The Delphi method does not strive for a representative sample of panelists; instead, the goal is to form a heterogeneous panel of experts whose multiple viewpoints can result in a comprehensive assessment of the competencies (Powell, 2002). Thus, as part of their role, the committee members along with 2 child welfare experts from the

[2] For the purpose of this project, trauma was defined as interpersonal traumatic experiences such as physical and sexual abuse, neglect, emotional maltreatment, and separation from family.

Table 4
Phase 2: descriptive statistics for panelists (N = 28).

Characteristic	Frequency	%
Gender		
Female	20	71.4
Male	8	28.6
Ethnicity		
Caucasian	19	67.9
Black/African American	2	7.1
American Indian	3	10.7
Latino	1	3.6
Did Not Report	3	10.7
Professional area of expertise[a]		
Caregiver	13	46.4
Foster care	26	92.9
Adoption	18	67.9
Kinship care	12	42.9
Congregate care	9	32.1
Average length of experience in years	M	SD
	22	11.44

[a] Some participants reported multiple areas of expertise.

Children's Bureau served together on a panel (hereby referred to as panelists) that rated the importance of the competencies during the second phase.

The panelists (N = 28) were asked to participate in two rounds of surveys. As noted in Table 4, the panel included 20 (71.4%) women and 8 (28.6%) men. The majority (67.9%) described themselves as Caucasian/European, followed by American Indian (10.7%). The panelists had an average of 22 years of experience in child welfare with a range of 5 to 46 years. The response rate was 96.4% (N = 27) for the first survey and 82.1% for the second survey (N = 23).

2.2.3. Measures

An online survey was developed that included the extensive list of competencies and demographic questions. The survey was pilot-tested with the project team to seek their feedback on the clarity and thematic organization of the items and survey instructions, and ease of the process for accessing and completing the survey. This step is an important procedure to assess feasibility of the survey procedures and to assess face and content validity (Cowman et al., 2012). Based on the feedback, we made several edits to the wording of the competencies to improve clarity. The project team did not encounter difficulties with accessing and completing the survey.

The panelists were asked to rate the competencies using a 5-point Likert scale (5 = extremely important; 4 = very important; 3 = moderately important; 2 = slightly important; 1 = not important at all). Comment boxes were provided for the participants to provide feedback on each item or rationale for their rating. The survey also asked participants to add any competencies they felt were missing.

For the second survey, panelists ranked the same list of items, but they were instructed to review the first survey results before providing a final rating (Hsu & Sandford, 2007). The first survey results included their original ratings, the panel's mean rank, and feedback on the competencies. Providing this additional information is a common procedure for the final survey in the Delphi method, because it allows the panelists to understand their position on an item relative to the overall panel rating, which can be incorporated into their decision for their final ratings (Hsu & Sandford, 2007; Mead & Moseley, 2001).

2.2.4. Data analysis

The quantitative survey data were analyzed using descriptive statistics. Means and frequencies were utilized to analyze the data to determine inclusion or exclusion of competencies into the final list. First, we ranked the competencies by the mean. This ranking is useful in making decisions for reducing the number of competencies to be considered for the training by eliminating those with low means (Mead & Moseley, 2001). A 4 on the scale indicated very important and a 5 indicated extremely important. Competencies with a mean less than 4 (on a 5-point Likert Scale) were excluded from the final list. Second, frequencies were utilized to assess agreement by the raters. Seventy-five percent agreement among panelists was set as the criterion for achieving consensus status (Roberts-Davis & Read, 2001). Thus, competencies with a mean of 4 or higher (on a 5-point Likert Scale) were included in the final competency list for inclusion in the training if there was 75% agreement among raters.

3. Results

During Phase One, 215 competencies were identified as important for resource parents of adolescents to be successful. The competencies were categorized into 17 themes that are discussed in the next sections. During Phase Two, means and frequencies were calculated for each competency to prioritize the competencies for inclusion in the training. Overall, agreement for training inclusion was achieved on 61 competencies with a mean of 4 or higher and 75% agreement among panelists (see Table 5 below see www.*[deleted for blind review]*.com for full list of those not included).

The next section describes each theme along with the number of competencies identified in Phase One and the number identified in Phase Two for inclusion in the training development.

3.1. Themes with the highest number of competencies

The theme with the highest number of competencies that achieved status for inclusion in the training was *Trauma-Informed Resource Parenting*. We identified 24 competencies that focus on understanding how trauma affects the youth's physical, psychological, and emotional well-being and on recognizing those effects in adolescents in their care. This theme also centers on the parents' ability to respond to externalizing behaviors associated with trauma histories, as well as help the adolescent heal and regain a sense of control. Of the 24 competencies identified, 9 achieved consensus status in the final survey. These competencies primarily focused on the impact of trauma and trauma-informed parenting techniques. The panelists' comments noted they viewed these competencies as critical, because trauma experiences are prevalent among this population. Among the competencies that did not achieve the level of agreement to be included, some panelists described them as too complex for laypeople to understand easily and believed the training should provide basic information on trauma. Further, some panelists noted some of the competencies were beyond the scope of resource parenting and believed they required professional care.

The next three themes also had a high number of competencies that achieved consensus status for inclusion in the training: behavior management, parental adaptation, and regulation. The study identified 14 *Behavior Management* competencies focused on the skills needed by resource parents to empower youth to manage their own behavior through modeling and teaching alternative coping methods. The seven competencies that achieved consensus status primarily focused on understanding the causes of adolescent behavior and behavior management strategies. *Parental Adaptation* is a theme with 27 competencies that capture the knowledge and skills needed for resource parents to adjust their parenting styles in order to respond effectively to new and challenging parental situations. Seven competencies achieved consensus status, which mostly focused on understanding when and how resource parents need to adjust their parental style or methods to meet the adolescents' needs. Thirteen competencies were identified in the *Regulation* theme, which encapsulates the knowledge and skills needed for cognitive, emotional, physiological, and behavioral regulation that helps a person remain calm and manage their emotions. The competencies in this theme also capture the knowledge and skills needed for the resource parent to model and teach self-regulation to the adolescents so they learn new methods to express and manage their emotions.

Table 5
Competencies for inclusion in training by theme and ranking.

Competency	Final survey	
	M (SD)	% Rated 4 or higher
Theme: trauma-informed resource parenting		
Understands how different trauma-informed parenting techniques can promote the well-being of youth.	4.37 (0.57)	95.7
Knows that posttraumatic reactions may include emotional numbing, avoidance, nightmares and flashbacks.	4.13 (0.63)	95.7
Understands the impact of adverse childhood experiences on the well-being of adolescents and how impaired functioning may inhibit youth from being successful now and in the future.	4.48 (0.67)	91.3
Understands the impact of trauma on the brain, social and emotional development, health, academic performance.	4.28 (0.69)	87.0
Demonstrates understanding of how unaddressed trauma issues of resource parents can impact their ability to help their children.	4.09 (0.79)	82.6
Understand bonding and attachment in maltreated children.	4.00 (0.60)	82.6
Understands that youth with early experiences of distress, danger, and uncertainty may distance themselves from emotionally intimate relationships to reduce the risk of getting hurt again.	4.07 (0.65)	82.6
Understands how trauma can affect a teen's sense of self-esteem	4.04 (0.96)	82.6
Describes strategies to teach the teen how to stay safe, how to assess sources of danger, predict the extent of the injury/consequences that might occur, and make decisions that promote safety.	4.00 (0.60)	82.6
Theme: behavior management		
Understands how to address crisis/severe behavior problems in the home including how to de-escalate dangerous situations to keep everyone in the home safe.	4.41 (0.80)	87.0
Able to explain how to adjust their behavior management methods to be encouraging and supportive and based on the youth's experience of physical and emotional trauma.	4.04 (0.56)	87.0
Able to identify ways to intervene and redirect behaviors without increasing teen's sense of shame.	4.00 (0.95)	82.6
Realizes that behavior management is about teaching, not punishing or controlling.	4.15 (0.82)	82.6
Understands why assessing the underlying causes of behavior is more helpful than being reactive to the behavior.	4.26 (0.96)	82.6
Recognizes that relationship building is essential to behavior management.	4.20 (0.80)	82.6
Knows that rejection and testing behaviors are common and why they occur (e.g., to get their needs met, assess trustworthiness), and effective strategies to address those behaviors.	4.07 (0.79)	78.3
Theme: parental adaption		
Understands the impact of sexual abuse on youth including sexual development and sexually reactive behavior.	4.30 (0.54)	95.7
Able to identify supportive ways to intervene when the teen displays sexualized behaviors inappropriate for their age.	4.20 (0.49)	95.7
Able to identify ways to intervene when the teen displays behaviors inappropriate for their age.	4.09 (0.90)	87.0
Able to understand that parenting techniques must be adjusted based on teen's emotional development, needs and reactions.	4.17 (0.76)	87.0
Demonstrates awareness of and capacity to appropriately adjust routines, expectations, and interpretations related to the unique impacts of trauma (e.g., dissociation, avoidance, triggers) on the youth.	4.07 (0.73)	82.6
Knows the early signs that a relationship is breaking down and the actions needed to save the placement.	4.13 (0.82)	82.6
Understands how multiple placements can impact a youth's emotional, cognitive, social development and behavior.	4.04 (0.77)	82.6
Theme: regulation		
Able to identify methods to remain attuned to their own feelings, keep themselves regulated and express feelings safely.	4.30 (0.56)	95.7
Understands the reasons that resource parents need to manage their own anger, be less reactive and increase their empathy.	4.35 (0.65)	91.3
Able to explain why it is essential to not take youth's behaviors personally and understand the cause of behaviors.	4.39 (0.66)	91.3
Understands their role in shaping and teaching emotional and social skills to youth.	4.07 (0.65)	82.6
Understands the factors that influence or trigger the teen's behavior including developmental challenges, behavioral-emotional challenges, and past abuse, neglect, separation, and placement.	4.15 (0.70)	82.6
Demonstrates methods and techniques for regulation including interaction that are respectful, reassuring, rewarding, relational, repetitive, rhythmic, and relevant.	4.13 (0.76)	78.3
Theme: self care		
Able to identify and develop plans for sustaining self-care.	4.07 (0.77)	82.6
Knows how to develop, manage and maintain supportive relationships with immediate and extended family, community, and the child welfare team.	4.07 (0.65)	82.6
Understands how to recognize and manage their own emotional reaction to caregiving.	4.17 (0.72)	82.6
Able to identify ways to cope with and handle emotional reactions that maybe triggered by caring for a youth who has experienced trauma.	4.13 (0.87)	78.3
Theme: structure & environment		
Able to describe how to build a sense of physical safety and emotional security at home.	4.22 (0.80)	87.0
Understands how maintaining a safe, caring, supportive family environment can promote the emotional well-being of resource parents and children.	4.22 (0.67)	87.0
Able to explain how to balance setting consistent and predictable limits with the unique needs of the youth and the situation (i.e., flexibility).	4.13 (0.63)	87.0
Able to develop and maintain daily routines to provide a sense of security for the youth.	4.04 (0.71)	78.3
Theme: attachment		
Understands that consistency, routines and rituals help facilitate trust and attachment.	4.09 (0.73)	87.0
Understands the relationship between attachment and attunement (capacity of caregivers and youth to accurately read each other's cues and respond appropriately).	4.04 (0.77)	82.6
Able to identify parental behaviors that will enhance and strengthen attachment with the teen.	4.04 (0.77)	82.6
Describes the essential parental behaviors that will foster the youth's sense of connectedness and belonging.	4.04 (0.71)	78.3
Theme: social connections/relationships/creating a support system		
Views using supports as a strength and is not afraid to ask for help.	4.35 (0.78)	91.3
Understands the importance of being actively involved in youth's mental health treatment	4.22 (0.60)	91.3
Understands how to access supportive services before challenges become a crisis or unbearable.	4.30 (0.88)	82.6
Understands the need to support youth's educational development including school performance and special education and accommodation.	4.04 (0.71)	78.3
Theme: sexual orientation & gender identity		
Understands the struggles of youth who are questioning their sexual identity or identify as LGBTQ.	4.22 (0.52)	95.7
Knows how to meet the needs of youth who identify as LGBTQ.	4.09 (0.52)	91.3

(*continued on next page*)

Table 5 (*continued*)

Competency	Final survey	
	M (SD)	% Rated 4 or higher
Understands how to demonstrate acceptance and support of LGBTQ youth.	4.09 (0.53)	87.0
Able to describe ways to advocate for LGBTQ youth with their school and other community settings (e.g., protect them from bullying, enable them to wear clothes that reflect their identity).	4.00 (0.67)	78.3
Theme: continued connection		
Understands why the continuation of sibling relationships are essential to the well-being of youth in care.	4.46 (0.58)	95.7
Understands why it is important to manage and maintain birth family connections for youth in care.	4.46 (0.66)	91.3
Understands the reasons that teens need to know their history including the difficult aspects.	4.02 (0.68)	78.3
Theme: relationship development		
Understands the reasons that the youth may use maladaptive behaviors (e.g., cutting, defiance) to feel a sense of control in their life.	4.17 (0.58)	91.3
Understands the benefits of empathizing and validating the teen's emotions.	4.20 (0.65)	87.0
Understands that each interaction presents an opportunity to build skills and to nurture the relationship.	4.11 (0.60)	87.0
Theme: grief & loss		
Understands the impact of disruptions, loss, and separations on the youth.	4.32 (0.72)	82.6
Understands how ambiguous loss and disenfranchised grief impacts the youth and their perception of permanency and adoption.	4.00 (0.90)	78.3
Theme: culture		
Identifies ways to incorporate the youth's race, culture and ethnicity into family life.	4.17 (0.83)	82.6
Theme: self & prescribed treatments		
Understands the benefits, limitations, and side effects of psychotropic medications.	4.04 (0.48)	91.3
Theme: parental resilience		
Able to identify and apply the steps of conflict management.	4.07 (0.71)	78.3
Theme: transitions		
Realizes that the youth may experience emotional conflict during the placement process related to divided loyalty, perceived abandonment or rejection, and reactivation of feelings from prior separation or significant events.	4.09 (0.79)	82.6
Theme: resource family dynamics		
None meet dual criteria		

Six competencies achieved consensus status, which largely focused on understanding the factors that can trigger adolescent behaviors, and emotional regulation techniques. Across all three themes, the panelists often commented they believed many of these competencies were essential to include in the training because they were interconnected with the effects of trauma. Of the competencies that did not achieved consensus status, the panelists sometimes noted these competencies should have been learned in pre-service.

3.2. Themes with three or four competencies

The next set of themes had 4 competencies each that achieved consensus status for training inclusion. Among those, panelists sometimes noted they believed these competencies were essential to preventing placement disruptions. Alternatively, competencies that did not achieve consensus status sometimes were noted as too complex for a layperson or should have been learned in pre-service. *Self-Care* had 12 initial competencies that focus on the ability of resource parents and family to maintain their sense of well-being and prioritize caring for themselves. The competencies that achieved consensus status largely focused on resource parents attending to their emotional and social wellbeing. The *Structure and Environment* theme included 5 competencies with four achieving consensus. These competencies focused on the skills needed to develop proactive approaches to creating a predictable, structured, and stable environment, including the development of routines, and activities to develop a sense of security. There were 12 initial competencies in the *Attachment* theme, which focuses on the knowledge and skills needed to understand attachment as a developmental process that is impacted by prior maltreatment and how parenting can strengthen the attachment relationship. The four competencies that achieved consensus status focused on understanding the importance of attachment and how to strengthen attachments. The theme *Social Connections and Support System* had 17 initial competencies focused on the knowledge and skills needed to create a strong support system that will assist the resource family with meeting the needs of the youth and family. The competencies that achieved consensus status focused on the importance of and strategies to access support.

The *Sexual Orientation & Gender Identity (SOGI)* theme had 8 initial competencies that include the knowledge and skills needed to provide a supportive environment for LGBTQ youth. In the final survey, 4 competencies achieved consensus status which focused on supporting and meeting the needs of LGBTQ youth. This particular theme generated the most comments, with some panelists suggesting that a separate training be developed for SOGI competencies. Other panelists, however, believed LGBTQ youth are disproportionately represented in foster care so the competencies must remain a part of the core adolescent training in order to provide parents with a general understanding of how to respond to these adolescents with support and sensitivity.

The next set of themes each had 3 competencies that achieved consensus status. The panelists sometimes noted that these competencies were important, but should have been learned in the pre-service training. The *Continued Connections* theme had 9 initial competencies that entailed the knowledge and skills needed to support youth's emotional connections with their birth family or other prior relationships (e.g., mentors, friendships), as well as help youth maintain their familial identity. The competencies that achieved consensus status focused on the importance of maintaining connections with the birth family including siblings. The *Relationship Development* theme had 19 competencies that captured the skills needed to engage youth and establish a supportive and healing relationship, 3 of which achieved consensus status and primarily focused on developing nurturing relationships and the challenges that may occur during relationship building.

3.3. Themes with the fewest number of competencies

The last set of themes had fewer than 3 competencies that achieved consensus status. The panelists sometimes expressed that they viewed the competencies under these themes as important but believed they should be covered in pre-service training and the assessment process

rather than in an advanced training. Six initial competencies were identified in the *Grief and Loss* theme, which entailed the knowledge of the grief processes and skills to help the youth manage the behaviors and thoughts related to their grief process. The 2 that achieved consensus status focused on the impact of loss.

For the remaining themes that are included in training development, only 1 in each achieved consensus status. *Culture* is a theme with 11 competencies that focus on helping the youth remain connected to their cultural identity by respecting, valuing and teaching cultural beliefs, customs, and traditions. The competency that achieved consensus focused on strategies to incorporate the youth's race, culture and ethnicity into family life. The *Self and Prescribed Treatments* theme incorporates 10 competencies that focus on the knowledge and skills essential to identifying when prescribed treatments are needed for the youth's mental health or disabilities, as well as how to seek and manage those treatments. This theme also identifies competencies needed for parents to understand that teens may engage in maladaptive strategies, such as substance abuse, to quickly alter aversive physiological and psychological states. The competency that achieved consensus focused on understanding the benefits, limitations, and side effects of psychotropic medications. *Parental Resilience* had 8 competencies that capture the resource parents' ability to maintain positive self-efficacy, manage stress, and promote family functioning, even when faced with adversity. The competency that achieved consensus status focused on conflict management. The *Transitions* theme, with 15 initial competencies, includes knowledge of the effects of transitions on the adolescents and family and the skills needed to mitigate these negative effects and support the transition. The competency that achieved consensus focused on understanding the emotional conflicts that youth experience such as perceived abandonment or divided loyalty.

Family Dynamics is the only theme that did not have any competencies achieve consensus status. The 6 competencies in this theme focused on understanding and attending to family dynamics to strengthen the family system.

4. Discussion

The purpose of this study was to generate a comprehensive list of competencies that are essential for resource parents to be successful in caring for adolescents and to then prioritize the competencies for inclusion in a 12-h in-service training. The findings identified 215 competencies, and the panelists reached agreement for inclusion of 61 in training development. Many of these 61 align with protective factors noted in prior research for enhancing well-being and placement stability of adolescents, especially those with trauma histories (Administration on Children, Youth, and Families, 2013). The highest rated theme for competency needs for additional training was around the issue of trauma. Due to increases in knowledge about adverse childhood experiences, there is a growing realization that child welfare and mental health professionals, along with family members, need to become trauma-informed (SAMHSA, 2014). A comprehensive understanding of trauma is critical to successful foster and adoptive placements, because many adolescents have experienced traumatic events that can have a negative impact on their functioning and behaviors (Chadwick Center & Chapin Hall, 2016). In particular, traumatic events can delay the normal developmental trajectory, as well as increase the risk for various issues such as emotional, behavioral, academic, social or health problems, and substance use (Griffin et al., 2011). When resource parents do not receive adequate information and training on parenting youth with a trauma history, there is an increased risk of placement disruption (Chamberlain et al., 2006). Furthermore, parenting approaches and strategies can impact placement outcomes (Lipscombe, 2003). Specifically, parents who utilize strategies to stabilize the adolescent's affect and behavior, de-escalate crisis and conflict, and reduce stress can promote adolescent well-being and placement stability (Chadwick Center & Chapin Hall, 2016). Thus, several of the endorsed competencies included skill development to address externalizing behaviors that adolescents may exhibit. Several of the competencies also focused on skills needed by resource parents to empower youth to manage their own behavior through modeling and teaching alternative coping methods. Furthermore, several competencies captured the knowledge and skills needed for resource parents to adjust their parenting styles and manage their own emotions in order to respond effectively to new and challenging parental situations, which has been linked to placement stability (Preston, Yates, & Moss, 2012).

A couple of general patterns emerged from the panelists' comments about why they rated some competencies lower (i.e., grief and loss and culture). First, the panelists' comments indicated they were rating the competencies lower, in part, when they expected that the competencies would be attained from pre-service training. Eliminating competencies based on pre-existing knowledge and skills can be a good strategy because it reduces the breadth of coverage and allows the trainers to focus on new material (Dalley, Candela, & Benzel-Lindley, 2008). However, this strategy must be approached with caution, because knowledge and skill retention has been found to significantly decrease months to years after attending an initial pre-service training and booster sessions can help parents reacquire knowledge and skills (Van Camp et al., 2008; Van Camp et al., 2008). It can also not be assumed that every pre-service training that has been offered to resource families across the country actually provided these elements that many of the expert panelists believed have been incorporated in pre-service training. The fact that the vast majority of resources families who participated in this study reporting parenting a child of a different race than themselves illustrates the need to be cautious in downplaying the importance of the cultural competency. Achieving successful child well-being is associated with the need for children to develop a healthy sense of identity, an understanding of their ethnic heritage, and skills for coping with racism and other forms of discrimination that remain prevalent in our society (Pecora & Harrison- Jackson, 2015). Thus, it would be important for trainers to assess resource parents' pre-existing knowledge to determine whether they would benefit from a booster session prior to entering an advanced training.

Second, the panelists' comments indicated they were rating competencies lower when they viewed them as too complex for laypeople and required the expertise of professionals. An example of this type of competency focused on understanding “the complexity and the basic organization of the human brain.” Given that only 20% of resource parents have a college degree (O'Hare, 2008), the panelists suggested removing competencies that were too complex to cover in the depth required to achieve competence within the constraints of a 12-h classroom training period. Thus, the inclusion of complex material would require extending the classroom time to allow the trainers to increase the complexity of the content once the resource parents attained foundational knowledge. However, the classroom training was limited to 12 h because resource parents have busy schedules filled with their new responsibilities. Online tutorials following the classroom training might be a solution because online learning would allow resource parents to move from foundational to more complex content at their pace and at a convenient time (Van Merriënboer & Kirschner, 2017). Still, future research should evaluate whether online tutorials are effective for resource parents learning complex material.

Third, although the panelists had similar rationales for most of the competencies, comments about SOGI-related competencies suggested they were rating them from different viewpoints. Some panelists believed there should be a separate SOGI competency-based training, while others believed it was important to target these competencies in the core training because LGBTQ youth disproportionately represent youth in foster care. Research has found that youth who identify as LGBTQ experience higher rates of abuse, harassment, rejection, and stigma while in care, which has been linked to poorer well-being and placement outcomes (Mitchell, Panzarello, Grynkiewicz, & Galupo, 2015). Because adolescents may not disclose their sexual orientation or

gender identity, it would be important to include some competencies in the core training to improve their experiences and outcomes. Ultimately, agreement was reached on 4 SOGI-related competencies on the final survey.

Some limitations of this study merit consideration. Research on resource parent competence and adolescent needs continues to grow, and thus, the list of competencies should be regarded as a current "snapshot" of the competencies based on current knowledge. Future advances in research may shift or expand the current understanding of the best practices for resource parents. The competencies should continue to be updated, expanded, and validated to reflect current research. Second, the participants were chosen for their personal or professional experience and expertise but random sampling was not utilized. Thus, it is possible that another, equally qualified group of people would have identified or rated the competencies differently (Hsu & Sandford, 2007). For instance, the recruitment efforts yielded a disproportionately Caucasian sample, as well as a disproportionately male youth sample. It is possible a more diverse sample would have identified and rated the competencies different from the current sample. Third, the panelists rated the competencies for inclusion of a training for resource parents of adolescents with moderate to severe behavioral challenges. The panelists may have rated the competencies differently if the training was being tailored for a specific population, such as adolescents with physical disabilities. Future research could identify competencies that should be targeted for specific populations. Fourth, the first phase of the study generated more knowledge than skills competencies, and few skills reached consensus status for inclusion of the training. Some panelists noted some of the skills were beyond the scope of a 12-h training and might be better suited for right-time or follow-up training once foundational knowledge was attained. If the planned training was lengthier, it is possible additional skills would have reached inclusion. Additionally, the themes were developed after an extensive list of competencies was generated, but this list was narrowed to 61 resulting in some themes having one or two competencies. Merging these competencies into other related themes may be beneficial for instructional delivery as it might feel less overwhelming for instructors to teach a smaller number of modules (i.e., themes). Fifth, the teaching of competencies to resource parents does not imply they will apply these competencies, nor that they will perform these competencies correctly. Finally, it should be noted that previous research has indicated training in isolation may not yield the results in caregiver retention and placement stability and permanency for teens that we desire. Resource parent trainings should be offered in conjunction with other supports, such as timely and responsive case management services, support groups, and other targeted interventions directed at teens to maximize these outcomes.

Despite these limitations, this project provides guidance on the essential competencies to target in an in-service training without crowding the curriculum. This is important because content-heavy trainings often lead to reduced knowledge retention (Dalley et al., 2008). Furthermore, the competency list may be utilized to develop an instrument for resource parents to assess their growth and additional training needs. Finally, future research may utilize the extensive competency list to examine the development of competency attainment. For example, which competencies are most likely attained prior to becoming a resource parent? Which competencies are most likely attained during pre-service and which ones are attained through in-service training? Understanding a general pattern of competency attainment could provide a better understanding of the optimal timing of training delivery.

5. Conclusion

Adolescents often have complex needs due to trauma histories, but there has been limited training available to prepare resource parents to care for adolescents. Understanding and prioritizing the competencies most essential for resource parents to be successful is an important first step in developing a quality training. Findings from this study can guide future training curricula development and assessments to improve the capacity of resource parent to care for adolescents with moderate to severe behavioral challenges.

Conflict of interest statement

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