Emotional Related Difficulties in Primary Caregivers of Wyoming Foster Care Children

PROPOSED RESEARCH PROJECT

Introduction

Secondary traumatic stress has been recorded in professionals who are working with children who have trauma history, but there is currently no published research on the prevalence of secondary traumatic stress in primary caregivers of children in the foster care system, although there is research published on compassion fatigue and burnout in foster parents.

“Secondary traumatic stress” (STS) is a term that refers to the “the natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (p. 10).  

Statement of the Problem

The purpose of this study is to examine the prevalence of secondary trauma in primary caregivers of children in the Wyoming Foster Care System.

Objectives

This study will examine the following two questions:
1. Do primary caregivers of children in the Wyoming foster care system experience secondary traumatic stress from the children they care for?
2. What is the prevalence of secondary traumatic stress in this population if these foster parents and residential primary caregivers of children in Wyoming are experiencing secondary trauma?

Methods and Data Analysis

Primary caregivers of children in the Wyoming Foster Care System will be asked to complete an anonymous online survey. This survey will include basic demographics along with the Secondary Traumatic Stress Scale adapted for foster parents by Dr. Brian Bride. The Secondary Traumatic Stress Scale asks each caregiver 17 questions in regards to what they are experiencing in relation to a child’s previous trauma. Participants will answer using a five point scale, with responses being never, rarely, occasionally, often, and very often. One being never and five being very often. A Secondary Traumatic Stress symptom will be considered to be experienced if the participant reports “occasionally,” “often”, or “very often.”

The questions can also be separated into three scales, Avoidance, Intrusion, and Arousal which then can be used with the diagnostic criteria for PTSD. Analyzing participants for PTSD symptoms has been used in conjunction with this tool in previous studies.

References


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