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From Foster Care to Adulthood: Success Stories

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From one foster care alumna to the future generations that make it out of the system.

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From Foster Care to Adulthood: Success Stories

Abstract

Youth between the ages of 18-21 leaving the foster care system typically face poor outcomes when transitioning into adulthood. This “aging-out” population encounters many challenges, including lack of adult support, financial instability, poor educational/vocational opportunities and outcomes, and lack of safe and affordable housing. Older youth exiting the foster care system are more likely to experience unplanned pregnancy, unemployment, criminal justice involvement and substance use. Additionally, youth who have been in foster care are at increased risk for behavioral and mental health difficulties after leaving foster care (Courtney et al., 2007; Stein, 2006; Freundlich & Avery, 2008). Yet, despite the preponderance of evidence for poor outcomes and the seemingly insurmountable challenges faced by this population, a number of youth leave the foster care system and are able to lead satisfying, productive lives. This qualitative study used intensive interviews to explore the trajectory of a small number of youth who have transitioned out of foster care, outlining the social, economic and psychological barriers they faced while also charting the attitudes, behaviors and experiences that allowed them to successfully exit the foster care system and move toward productive adult lives. Results of the study suggest that successes among this population are hard-won and tenuous. Ultimately the youth in this study were able to overcome obstacles and navigate the transition to adulthood by tapping both internal strengths and external resources, including the ability to reconcile and move beyond disappointments, connect with others, and take advantage of available sources of support.

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FROM FOSTER CARE TO ADULTHOOD: SUCCESS STORIES

Sabrina R. Gonzalez

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From Foster Care to Adulthood: Success Stories

ABSTRACT

Youth between the ages of 18-21 leaving the foster care system typically face poor outcomes when transitioning into adulthood. This “aging-out” population encounters many challenges, including lack of adult support, financial instability, poor educational/vocational opportunities and outcomes, and lack of safe and affordable housing. Older youth exiting the foster care system are more likely to experience unplanned pregnancy, unemployment, criminal justice involvement and substance use. Additionally, youth who have been in foster care are at increased risk for behavioral and mental health difficulties after leaving foster care (Courtney et al., 2007; Stein, 2006; Freundlich & Avery, 2008). Yet, despite the preponderance of evidence for poor outcomes and the seemingly insurmountable challenges faced by this population, a number of youth leave the foster care system and are able to lead satisfying, productive lives. This qualitative study used intensive interviews to explore the trajectory of a small number of youth who have transitioned out of foster care, outlining the social, economic and psychological barriers they faced while also charting the attitudes, behaviors and experiences that allowed them to successfully exit the foster care system and move toward productive adult lives. Results of the study suggest that successes among this population are hardwon and tenuous. Ultimately the youth in this study were able to overcome obstacles and navigate the transition to adulthood by tapping both internal strengths and external resources, including the ability to reconcile and move beyond disappointments, connect with others, and take advantage of available sources of support.

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CHAPTER 1: INTRODUCTION, BACKGROUND and SIGNIFICANCE

“(A) man came upon a small child on the beach who was frantically throwing one starfish after another back into the sea. The old man stopped and asked the child, “What are you doing?” “I’m saving the starfish,” the child replied. “Why waste your time? There are so many you can’t save them all so what does it matter?” argued the man. Without hesitation, the child picked up another starfish and tossed the starfish back into the water “It matters to this one,” the child explained”.

(A Single Starfish by: Loren Eiseley)

Introduction

For many youth the transition from adolescence to adulthood is fraught with developmental and environmental upheavals and challenges. This transition to adulthood is even more difficult for youth who are removed from their homes and placed in foster care or other “out of home” living situations. These youth carry the burden of a history of maltreatment, neglect or abandonment and have faced the uncertainty and disruption of being moved from the family they know to a new and unfamiliar living situation, often among strangers. Faced with such upheaval, these youth may develop troublesome behavior and adjustment problems, including delinquency and a variety of other behavioral and psychosocial difficulties. Tragically, a move meant to offer a lifeline or haven from the storm can instead result in yet another experience of isolation, injury or defeat. After a childhood and/or adolescence that included the difficult and uncertain circumstances associated with foster care or other “out-of-home” placements, one may imagine that the successful transition to living independent, adult lives for these young adults is also quite challenging.

As a former foster care youth, I am acutely aware of some of the challenges that “aging out” presents. I was discharged from the Philadelphia County Department of Human Services (DHS) in 1990 at age 18, after being under the care of the child welfare system as a foster child from ages 9 to 18. During my discharge period I encountered many obstacles navigating the system and moving out of it. Eventually, I worked my way through and made a successful transition to adulthood, or “emancipation”, as it is sometimes referred. Unfortunately, my experience is not shared by all youth who “age out” of the foster care system, as I describe further in the remainder of this chapter and the next.

My experience as a former member of the foster care population has led me to want to explore the factors associated with those who successfully transition to adulthood after foster care or “out of home” placement. The literature that will be reviewed in this project points to a number of risks factors and poor outcomes associated with out of home placement that can set the stage for difficult or unsuccessful transition to independent adulthood. While it is true that many individuals who age out of the foster care system face a number of difficulties and stressors as young adults, there are those, like myself, who successfully transition into adulthood. The experience of those who have successfully transitioned to adulthood, what accounts for their successes, and what we can do to improve the odds for more foster care youth remains largely unexplored. The purpose of this project is to begin the exploration into the factors associated with a successful transition to adulthood for former foster care youth. This study aims to reveal how some youth were able to be successful and what, in their own words, helped them take a constructive developmental step into the world at large.

With over 400,000 youth in foster care in 2012 (Child Welfare Information Gateway, 2013), greater understanding of what assists these youth in successfully transitioning to adulthood is critical. Examining the individual and systemic factors that contribute to successes among this

population can expand the knowledge base and inform social work practice and policy. Reaching new understandings on helping those in the foster care system successfully transition to adulthood can have implications on the individuals impacted and can inform where government resources, social programming, and other energies are best focused.

Background: The Road to Foster Care

Before exploring the reasons identified in the research about why youth are placed in care, social welfare policy, prevalence of placements, and types of placement will be explored. Through this exploration, the current state of affairs of foster care in this country and the development of these circumstances will place the current study in a broader context.

History of Foster Care in the United States

Children in the foster care system are inevitably impacted by social policies regarding children who are in “at risk” living situations at home. Social policies are impacted by prevailing attitudes of the time period, attitudes of elected officials, funding availability, and many other factors. Therefore, a look at the development of social welfare policy that impacts children in foster care is critical in examining their individual experiences.

The history of child welfare in the United States reflects shifting attitudes toward and care of abused, neglected and orphaned children. During the 1700s, children whose parents were unable to care for them were typically indentured to work for other families (Lindsey, 2004; Wulczyn, Chen, & Brunner, 2007). By the 1800s private religious groups and charitable organizations developed the first orphanages, and by the late 1800s, children residing in orphanages began to be placed with foster families. At this time, prospective foster families were rarely screened for competence, nor were their homes monitored for safety (Lindsey, 2004;

Wulczyn, Chen, & Brunner, 2007). Two centuries would go by before Federal legislation would mandate the care and protection of children in placement.

Not all states provided child welfare services during the succeeding decades, but an amendment to the Social Security Act in 1967 mandated that all states provide foster care services for children (Lindsey, 2004; Wulczyn, Chen, & Brunner, 2007). This resulted in a steady increase in the number of children placed in foster care or other out of home living arrangements (Lindsey, 2004; Wulczyn, Chen, & Brunner, 2007). States began to create some type of structure and organization to placement and non-kin families to care for children of the state. Specifically, legislation provided for foster care maintenance payments. This legislation required all the states to comply with specific federal legislation and guidelines in order to be eligible for federal funding.

Beginning with the passage of the Child Abuse Prevention and Treatment Act (CAPTA) in 1974, states were required to establish child abuse reporting procedures and investigation systems. Child welfare services began to be more organized and mandated child abuse reporting by human service workers and hospital staff and doctors. As these systems expanded, many of the youth in placement reached adulthood (age 18) at which point the state was no longer required to provide care for them (Lindsey, 2004).

Protection for older youth in care is relatively new. Research in the 1970s and 1980s found negative outcomes for youth leaving care on their own. Therefore, one of the first policies to impact older youth aging out of the foster system was enacted. The Federal Independent Living Initiative of 1986 (ILP) was enacted to provide funding to assist older youth in transitioning from foster care to independence (Child Welfare League of America, 1999). Funding for the Federal Independent Living Initiative became mandatory in all states under the Social Security Act in 1993 (Lindsey, 2004; Wulczyn, Chen, & Brunner, 2007). This funding helped each state's child

welfare agencies to meet the needs of youth transitioning from foster care and/or juvenile justice facilities to independent living programs. Youth in placement were eligible for ILP at the age of 16 and older with the goal of transitioning into independence by becoming self-sufficient adults. Funds were also used for counseling, educational assistance, life skills training and vocational support.

The next landmark legislation came in 1997, when the Adoption and Safe Families Act (ASFA) was passed. This reduced the time children remained in foster care before being available for adoption. As a result, this act stopped children from lingering in temporary care and made permanency planning a goal within the first two years. This act provided a short time period for the biological family to secure custody or lose parental rights to the state (Child Welfare League of America, 1999). Although this legislation is critical to child welfare policy, it is less applicable to the youth, who for varying reasons are not involved in being adopted.

In 1999, the Foster Care Independence Act (FICA) replaced the Independent Living Program by extending independent living services and increasing eligibility of older youth who could access services. Access to services was extended to those who left care and returned before their 21st birthday. In addition, in 1999, FICA doubled funding to all states to provide and extend services to all eligible older foster youth. Independent living programs were designed to help prepare youth for living on their own after being emancipated from state care. Foster youth learned independent living skills, education planning, career exploration, budget skills and financial management and were offered (Child Welfare League of America, 1999; Courtney et al, 2007; Courtney & Hughes, 2009; Mendes, 2006).

Despite these efforts in legislation and the resilience of older foster care youth, child welfare workers and policy makers suggested a longer time period under the care of the state to prepare youth for transition into adulthood after emancipation was indicated. Some believed time

should be extended past the age of 18 and youth should secure additional support with other adults before leaving state care. This advocacy directly led to the recent legislation of, the “Fostering Connections to Success and Increasing Adoptions Act” (the “FCA” or “Fostering Connections Act”). FCA was signed into law on October 7, 2008. The FCA provides federal funds to enable states to extend child welfare services through age 21. This social policy seeks to provide the services and programs needed to support and meet the needs of young adults in foster care. Effective October 1, 2010, federal funds began supporting state efforts to extend foster care services and oversight beyond age 18. Some services include getting youth reconnected to counseling and psychological help even after they have been emancipated from care, up to age of 24. By using the drop in centers, older youth can be get career and educational guidance as well as other needed referrals.

Two more recent federal laws include the Foster Care Mentoring Act of 2011 and the Reconnecting Youth to Prevent Homelessness Act of 2011. Foster careMentoring Act supports the establishment or expansion and operation of programs using a network of public and private communities (doesn’t restrict services to non-profit only) in order to provide mentoring to children in care. Reconnecting Youth to Prevent Homelessness was created to increase the financial stability which includes any necessary extension of foster care/adoption/kinship placements in order to ensure permanency during the transitional planning out of care. This would prevent premature discharge- from the state care and increase social networks and human connections for youth while transitioning into early adulthood.

Prevalence and Significance

It appears that the number of youth in foster care is growing. According to statistics reported by the Children’s Bureau of the US Department of Health and Human Services, 252,320 children in the US entered foster care in FY 2011 and the total number of children in foster care

on September 30, 2011 was 400,540. The Children's Bureau statistics include children living in pre-adoptive homes; children living with relatives and non-relatives in foster families; group homes; institutional placements and independent living facilities; as well as runaways and children in trial home visit situations (Child Welfare League, 1999; Mendes, 2006). The growing number of youth in foster care is likely related to the changes in social policies related to protection of children as reviewed above.

By 1999 there were over 500,000 children in the United States foster care system (Child Welfare League, 1999; Mendes, 2006; Vacca, 2008), and 24,000 youth between the ages of 18 and 21 were in the process of being discharged from the care of the state during that year (Vacca, 2008; Mendes, 2006). The Foster Care Independence Act of 1999 provided assistance to these youth transitioning to independent living (McMillen & Tucker, 1999; Lemon, Hines, Merdinger, 2004). Just over 10 years later, the number of youth being discharged from care increased more than 10 times. Of the 245,260 children and youth who exited foster care in 2011, 11% (26,286) were emancipated as independent adults at age 18 or older (also known as "aging out") (McMillen & Tucker, 1999; Lemon, Hines, Merdinger, 2004). These data demonstrate the wide and growing breadth of those impacted by foster care placements and aging out.

Despite the increasing guardianship role of both federal and state entities, as well as the advancement of child protective laws governing youth in state care, many youth aging-out of foster care continue to experience significantly poor outcomes with regard to their ability to transition into a productive adult life. Further factors that may impact outcomes of youth aging out of foster care are explored below, including types of placements and reasons for placements.

Types of Foster Care Placements

There are several different categories of placement that exist for displaced youth. Out-of-home care programs (also referred to as foster care) in the United States are typically categorized as follows: non-relative foster care, kinship care, group care, and independent living. Children may be placed in kinship foster care, non-kinship foster care, larger mental health residential facilities, smaller group foster care, and emergency shelter care (US Department of Health & Human Services, AFCARS Report #14, 2006; Roy, Rutter, & Pickles, 2000; Adam, 2004). There is no clear distinction between out-of-home care and foster care. Information from the Administration for Children and Families reports many use the phrase “foster care” for all the placements that out-of-home care offers. Some others only use “foster care” to refer to care in a family home. It is important to distinguish these two definitions of “foster care”, because in most situations, the definition of “foster care” specifically indicates family care, and “out-of-home care” indicates general foster care, including family care, kinship care, institutional care and others.

Placements in out-of-home care provide varying conditions to protect and satisfy the needs of children who are removed from their parents’ homes because of maltreatment. Family foster care, also called traditional foster care, provides nonrelative adults who have been trained, assessed, and licensed or certified to shelter and care for children (Bates, et.al. 1997; Adler, 2001; Haugaard & Hazan, 2002; Adam, 2004). Foster Family homes meet strict criteria. They are licensed family residences that provide 24 hour care for no more than six children. In certain cases, the foster parents work closely with social workers in order to reunite the biological parents with their children. In a few of the cases foster parents anticipate adoption of the child (Bates, et.al. 1997; Adler, 2001; Haugaard & Hazan, 2002; Adam, 2004). In most countries foster family homes are reviewed and licensed under the authority of the state. Foster families that are distinguished on the basis of color are few in numbers (Bates, et.al. 1997; Adler, 2001; Haugaard & Hazan, 2002; Adam, 2004). Family foster care is often used when no relatives or loved ones

are available to care for the impacted children. Otherwise, children are sometimes placed in kinship care.

Kinship care refers to placement with relatives or close family friends (Dean, 2009; Coatsworth, et, al. 2006; Schofield, 2004). Kinship care is an appropriate option when any kin or family member either related by blood, through marriage, or any person who has a close relationship with the family, can be approved by federal requirements to provide the out-of-home care necessary to protect the child and meet his/her needs (Dean, 2009; Schofield, 2004; Haight, et, al. 2003). It is different from family foster care, and is preferred by many regions because it maintains the children's connections with their families and support networks (Dean, 2009; Schofield, 2004; Haight, et, al. 2003). Kinship care is considered to be more like the child's own family-setting than non-kinship foster care, as the child may have a greater degree of comfort in placement with relatives (Dean, 2009; Schofield, 2004; Haight, et, al. 2003). The caregivers in this circumstance may undergo a training and licensure process in more formal programs. Alternatively, family programs may involve only an assessment process to ensure the safety and appropriateness of the home and general availability of supportive services for the child (Dean, 2009; Schofield, 2004; Haight, et, al. 2003).

If a court deems it necessary to place a child or adolescent, the child welfare workers will first attempt out-of-home placement with a relative (kinship) before a non-relative foster care home. Depending on the child/adolescent age, mental health, and other behavioral concerns other placements such as residential or group care could be appropriate. These options can provide structural and professional services and offer experienced staff to work with children with particular needs (Roy, Rutter, & Pickles, 2000; Adam, 2004).

Other foster care options include treatment care also known as treatment foster care, which accepts children who have certain medical or behavioral needs, like HIV positive children.

Emergency care is provided to children who need to be removed from the home immediately in order to keep the children safe until a more appropriate placement is located. Shared family care refers to a reunification model to help parents and children to live together again; APPLA (Another Planned Permanent Living Arrangement) and LTFC (Long-Term Foster Care) are designed for the children who have no good placement options with a temporary or permanent family (Roy, Rutter, & Pickles, 2000; Adam, 2004).

Independent living service, is another form of placement that is open to older children and youth in out-of-home care, and is designed to help them prepare for self-sufficiency in adulthood. They can utilize these services while they are receiving the other types of out-of-home care placements, but legislation requires that the youth be a specific age (usually about 16 years old) to utilize such services (Roy, Rutter, & Pickles, 2000; Adam, 2004).

The above section highlights the various types of placements that are available for youth who are identified as being in need of out-of-home placement. As noted, some of the available placements attempt to address some of the needs of the impacted children, including the in-home circumstances that lead to a need for out-of-home placement. These factors likely impact the functioning and experiences of the youth within the child welfare system and while aging out of the system.

Reasons for Placements

As described by the U.S Department of Health and Human Services, the placements and services of out-of-home care programs are available to “children and families when children must be removed from their homes because of child safety concerns, as a result of serious parent-child conflict or maltreatment or serious physical or behavioral health conditions that cannot be addressed within the family” (Cicchetti & Lynch, 1995; Bates, et al, 1997; Newton, et al, 2000;

Adam, 2004). Usually, children are selected to receive out-of-home care due to a risk of maltreatment, including physical and sexual abuse or neglect (Cicchetti & Lynch, 1995; Bates, et al, 1997; Newton, et al, 2000; Adam, 2004). More specifically, most placements occur when family members cause physical and emotional harm to children because of anger, poor judgment about discipline, sexual abuse, abandonment, failure to provide adequate shelter, clothing, nutrition, supervision, health care, and emotional abandonment. Many children have experienced both sexual and aggressive behaviors, but the majority of them have experienced a combination of neglectful circumstances rather than abusive treatment (Cicchetti & Lynch, 1995; Bates, et al, 1997; Newton, et al, 2000; Adam, 2004). In order to protect children from ongoing experiences of neglect or abusive treatment, options of out-of-home care are explored.

A child can be placed into foster care either voluntarily (permission by parent(s) or those with custody of the child, or involuntarily through a court hearing process. The process of placing a child in out-of-home care begins when a court decides that the maltreatment, such as abuse or neglect or any other type of harm, is likely to come to the child if he or she stays in the care of his or her parents. A child may also be removed by a child welfare agency or a policing agency if there is an emergency. The court will order an agency to develop a family plan that includes a set of goals to be completed before the return of the child can happen. There are frequent court hearings during 30-90 day review periods.

In the United States of America approximately 750,000 children are currently placed in some form of foster care. Seventy percent of these children have been removed from their homes by Child Protective Services due to physical abuse, neglect, abandonment, or parental substance abuse and approximately 55,000 children are adopted each year (Newtown, et al. 2000; Vuchinich, et al. 2002; Sullivan & Van-Zyl, 2005; Vacca, 2008).

Children and youth in foster care are a vulnerable population. The traumatic experience of being abused or neglected by their parents and primary caregivers can have a deep and lasting impact on children's physical, cognitive, and emotional. Child abuse has been found to be a major risk factor for many mental health disorders, emotional problems, behavioral difficulties, delinquency, and health problems. There is an increased vulnerability for further wounds and negative impacts on development in all domains when children and youth are separated from their primary caregivers (Newtown, et al. 2000; Vuchinich, et al. 2002; Sullivan & Van-Zyl, 2005; Szilagyi, 2007; Vacca, 2008).

In addition to the maltreatment children and youth sustain at the hands of their caregivers, the distressing experience of being separated from their only known caregivers and placed in foster care may affect the immediate and future development and mental health of children. It is suggested that the children who remain in foster care for an extended period without being reunified with the primary caregiver, are susceptible to increased emotional distress. These children, who may have survived one or multiple traumas, are then often times subjected to unstable living arrangements created in foster care. This can increase the vulnerability of this population (Newtown, et al. 2000; Vuchinich, et al. 2002; Sullivan & Van-Zyl, 2005; Vacca, 2008).

Child welfare organizations are created to protect a population that is considered vulnerable – children. It is the goal of Child Welfare Services (CWS) to create child safety and well-being. While the intent of out-of-home placement and CWS involvement is that it be a temporary solution until safety and risk issues can be mitigated, often times other outcomes result. Although the majority of children and youth are able to reunify with their parents or relatives once successful interventions are in place, a proportion of youth still remain in foster care while the search for a suitable alternative and an appropriate, permanent plan is found

(Newtown, et al. 2000; Roy, Rutter & Pickles, 2000; Redding, et al. 2000; Vuchinich, et al. 2002; Sullivan & Van-Zyl, 2005; Vacca, 2008). Unfortunately, many adolescents-who age out of the foster care system do not have a stable and permanent plan with suitable relatives, guardians, or someone they can rely on and call family. Many find themselves with little, if any, financial, medical, or social. This project explores the experiences of youth who have aged out of foster care and have been able to succeed despite the early and ongoing vulnerabilities. Such exploration includes grounding the project in the social work practice frameworks reviewed below.

CHAPTER 2: Contextual Framework: Attachment, Ecological Theory, and Risk and Resilience

Current research reflects the lack of a functional and conceptual framework by which to evaluate the effectiveness of foster care and the success rates of those formerly in the foster care system. In the previous section, the reasons for placement were reviewed. These reasons include removal of children from a home due to serious maltreatment, safety concerns, abuse, neglect, and overall conditions that are a threat to the child's overall well being (Newtown, et al. 2000; Buehler, et al. 2000; Adler, 2001). Given the difficult circumstances under which youth enter the foster care system, it is essential to identify a structure and framework with which to explore factors that lead to a successful transition to adulthood. For the purposes of this study, attachment theory, the ecological perspective, and the risk and resilience framework were all used to provide a context for viewing the struggles and successes of youth aging out of foster care. The frameworks and applications of the frameworks to youth in and aging out of foster care are reviewed below.

Attachment Theory

Attachment theory is a psychological, psychobiological, evolutionary, and ethological theory concerned with human social and emotional development (Fonagy, 2001; Hughes, 2004; Dozier, 2005). Attachment theory claims that individuals seek and experience primary relationships from birth, and that it is these first relationships that shape their development and future relationships (Fonagy, 2001; Hughes, 2004; Dozier, 2005). Attachment theory, now in its sixth decade, has evolved to include findings from a substantial body of psychological research

and clinical application (Fonagy, 2001; Hughes, 2004; Dozier, 2005). It stands as one of the few psychoanalytic theories that links the gap between general psychology and clinical psychodynamic theory (Fonagy, 2001; Hughes, 2004; Dozier, 2005). In summary, Bowlby and the succession of attachment researchers and theoreticians have provided a theoretical model in which behavior, emotions, and cognitive evaluations (conscious and unconscious) are integrated in order to maintain a lifelong system of felt security that is both interpersonal and intra-psychic (Fonagy, 2001; Hughes, 2004; Dozier, 2005).

Much of Bowlby's attachment theory considers the biological function of attachment behavior. These functions are seen as part of a *behavioral system* involving intrinsic motivation and include attachment, exploration and fear. The system is not connected to another drive and explains why adequate feeding does not lead to attachment as demonstrated by Harlow's research with Rhesus monkeys (Harlow, 1962; 1964). In addition, the goal of the child is not the object (the mother) but the state of being or feeling attached to the mother. Hence, attachment occurs even to abusive primary caregivers. The exploratory behavioral system provides the essential secure base from which the child explores the connection and interaction with another primary caregiver (Bowlby, 1991; Fonagy, 2001). When the child realizes that the caregiver is absent, exploration ceases. With secure attachment and closeness, the child expands cognitive and social capacities as a result of the mutual interaction (Bowlby, 1991; Fonagy, 2001).

By contrast, with the lack of response and closeness, the fear system activates the attachment pattern. When faced with unfamiliar or threatening situations, the child seeks the protection and safety of the attachment figure. As a result, separation such as removal from the home involves two stressors: unprotected exposure and the sense of being cut off from the critical source of protection (Bowlby, 1991; Fonagy, 2001). When in proximity to the caregiver, these three behavioral systems, attachment, exploration, and fear, provide the child with the means to

learn and develop without straying too far or remaining away too long (Bell and Allen, 1996). When the child's fear system is not stimulated, the child's sociable or reflection behavioral system creates a desire for friendships. The parents provide the care giving system, which provides comfort and proximity when the child perceives danger (Bowlby, 1991; Fonagy, 2001; Kobak, 1999).

The Impact of Extended Separation

By the late 1960s and early 1970s, Bowlby had created a framework of reactions to conditions of separation from the primary caregiver: protest, despair, detachment (Bowlby, 1991; Fonagy, 2001; Kobak, 1999). When the child perceived the threat of separation he exhibited crying and anger, attempted physical escapes, and searched for the parents. These protests lasted for as long as a week and intensified at night (Bowlby, 1991; Fonagy, 2001; Kobak, 1999). Despair followed protest. The child restricted physical movement, cried intermittently, appeared sad and withdrew from contact, was more likely to be hostile to another child or a favorite object, and appeared to enter a phase of mourning the loss of the attachment figure (Bowlby, 1991; Fonagy, 2001; Kobak, 1999). The final phase of detachment resulted in a return to a willingness to interact with caregivers. Other adults were no longer spurned, but upon reunification with the mother, the child exhibited markedly abnormal behavior (Bowlby, 1991; Fonagy, 2001; Kobak, 1999).

The Importance of Attachment Figures

Children have the ability to form a number of attachment relationships. There appears to be a hierarchy of major caregivers with a single preferred primary caregiver (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). The chief caregiver is the person who is experienced as the central attachment figure, the

one person who is loved above all others and whose presence most confirms a feeling of security. This is the person the child or adult looks to for comfort when in emotional or physical distress. According to Howes (1999), factors contributing to the primacy of the attachment figure are, (1) the amount of time the infant spends in the person's care, (2) the quality of the care, (3) the emotional investment of the adult in the child, and (4) the frequent reappearance of the primary caregiver (Howes & Ritchie, 1999). Attachment figures are not necessarily biologically based, rather based on an infant's experience with the caregiver.

According to attachment theory, an infant's experience with his or her caregiver informs the individual's internal working model of attachment. Bowlby was drawn to the concept of the internal working model as a functional and dynamic representation of the individual's model of attachment (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). From early infancy the individual's model of attachment enables recognition of patterns of interaction with the caregiver. These interactions provide the individual with what to expect and 'know' about what the caregiver, and others along the way, will do next. This pattern helps the individual determine what to expect from other relationships in the future. In addition, Bowlby also believed in a complementary working model of the self with the determining factor of this model stemming from how acceptable or unacceptable the individual feels in the eye of the attachment figure (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). The models of self and other are complementary. With time these working models of self and others not only apply to attachment figures but also are generalized toward all interpersonal relationships. Because the internal working models influence both expectations and the behavior that flows from the expectations, they can influence and are influenced by one's various interactions and individual experiences (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007).

In the 1980s and 1990s, Main built on Bowlby's concept of the internal working model. She proposed that internal working models should be thought of not as templates but as "structured processes serving to obtain or limit access to information" (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Main labeled the internal working model as "a set of conscious and/or unconscious rules for the organization of information relevant to attachment... [P]articular types of internal working models ... direct not only feelings and behavior but also attention, memory and cognition" (p. 67). Main also believed that individuals internalize rules of attachment stemming from effective adaptive strategies for securing caregiver availability. The combination led Main to assume that in addition to a "behavioral/communicative" strategy individuals also eventually generate a "representational/attentional" strategy that determines the nature and extent of our access to attachment-related feelings, desires, and memories (Main, 1996). The implication is that individuals may unconsciously direct their attention in ways that match their preexisting expectations and justify their current conduct within relationships (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). This can be displayed in both negative and positive behaviors throughout future relationships.

Attachment and Foster Care Youth

Theories of attachment are very important and relevant to the foster care population. By the nature of the foster care system, children in care have been removed from their primary attachments during their development. It is also possible that these children did not develop an attachment to a caregiver due to circumstances at home. Ainsworth (1969) defined attachment as a bond of affection that is activated by one person to another person. Children in foster care may or may not have bonds of affection with their home of origin or with their foster care placements.

Bowlby and Ainsworth believed that attachment continues to develop as the person continues to age. This belief provides a sense of hope for those children who had disrupted attachments in their early years (Bowlby, 1991; Ainsworth, et al. 1978; Kobak, 1999). The many factors that each youth will have to negotiate include placement instability, abuse, neglect, fear, abandonment, and separation from biological relatives and nuclear family.

All of these factors affect the ability to create and nurture a secure base in placement (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Overall, research says that this population is the most nonresponsive to treatment while in care because they find it hard to take in new relationships with others or trust the adults providing placement and care for them (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007).

However, attachment orientation is thought to be changeable over time. Some research concludes that if a person can create new attachment figures in adulthood, the insecurely attached individual can fare well in adulthood (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Research has indicated that many foster care youth are resilient despite their attachment style and despite being removed from their immediate family unit (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007).

Certain factors have been found to influence foster care youths' success in adulthood. The importance of adult mentors during the aging out process with older foster care youth has been seen as beneficial (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). It is possible that adult mentors were attachment figure roles for the aging out youth. Nixon and Jones (2000) found that keeping close

contact with other foster care youth became a great support system and assisted the aging out youth in being generally more connected to others (Nixon & Jones, 2000). A peer support system and general social support indicate the possibility of an attachment pattern that is helpful for these particular youth in maintaining relationships and in overall functioning.

Both healthy and unhealthy behavior continues into adulthood and this includes different types of attachment behaviors that develop throughout the lifecycle (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Some foster care youth appear to have the ability to channel the healthy behavior. In fact, many foster youth will not have a secure attachment due to their history of abuse and neglect but will in fact become more self reliant, resourceful, and independent (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Those foster youth that bonded with nurturing adults and had positive experiences in healthy relationships can continue to experience healthy adult functioning. Thus, attachments developed in early childhood had little bearing on successful adult functioning (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007).

Attachment patterns are displayed when certain situations arise (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). These situations may include those related to primary relationships and developmental phases. An important situation will include such a major developmental milestone as transitioning into young adulthood (Howes & Ritchie, 1999; Stovall & Dozier, 2000; Shapiro, Shapiro, & Paret, 2001; Lieberman, 2003; Dozier & Bick, 2007). Close attention to older foster care youth attachment patterns, and the way that relationships are organized in the lives of aging out foster care youth, may provide valuable insight into those who have successfully made the transition.

Ecological Theory and the Ecological Model

Ecological Theory focuses on the all living creatures and how they interact with each other. This includes plants and animals as well as humans and the earth as a whole. All living things interact with each other and learn and grow as a result. There is a mutual exchange of output and input that continues through time and distance. The attention to the ecological model in this project expands the attachment literature to look at youth aging out of foster care in a context beyond their early childhood and current relationship experiences and gives needed attention to the greater systemic factors influencing these individuals.

The ecological framework expands beyond the individual or family level to include systemic context. It considers multi-systems that all contribute to whether or not an adolescent in care will successfully transition into adulthood. Clinically, social workers can identify risk and protective factors at the individual/micro, mezzo and macro levels, which all interact with each other, and use this information to create interventions and assessments (Hawley, 2000; Corcoran and Nichols-Casebolt, 2004; Frazier and Richman, 1999; Darling, 2007).

Using the lens of the ecological approach to clinical social work practice demonstrates that effective intervention occurs by working through many layers that begin with the individual and includes other individuals and systems connected to the individual. These other systems in an individual's life include the family, neighborhood, peer group, and cultural factors that impact their social functioning and individual identity development. The strength of the ecological approach is that it includes multiple areas of assessment to understand the person and the struggles a person experiences in order to find a solution. There is a focus on strengths and weaknesses as well as utilizing local resources that will aid the family and individual in need.

Bronfenbrenner's (1969; 1977) ecological model focuses on the individual (person-in-environment) to outside environmental contexts as they are related to the bio-psychological traits

The core feature of Bronfenbrenner's work is its attention to the behavioral and psychological patterns that develop and then get passed down from one generation to the next. This process is interactive and continues throughout the human's developmental life cycle which in turns affects the next generation. This process includes cultural components as well as religion and other spiritual beliefs. Moreover, this model also focuses on the impact of the social environment and societal institutions that effect a person's developing identity and role in society and family (1961; 1998). The model takes into account individual development and the drive to connect to others, including peers, family, and overall society (1977; 1998). Using this model during assessment and clinical intervention provides uniqueness to each individual's needs and experiences to enable optimum provision of social work services.

The ecological approach is different than most behavioral and psychological theories with its focus on inter-relational connection and transactions between systems. Therefore, the focus of treatment is not only the individual but all existing elements within an ecosystem that are essential to maintaining balance of the whole person. Further, this model focuses on the person throughout his/her lifespan and through each developmental milestone (1961; 1998). Life experiences of each person as well as interactions with the outside world will assist the person in adapting; connecting with others, learning from mistakes; problem solving that occurs both internally (psychological capacities) and externally (social environments) (Bronfenbrenner, 1979).

Bronfenbrenner's (1977; 1979) original work produced four levels of ecological influences, all of which examine individual and social functioning and the interconnectedness to

the environmental systems within a person's world. These include the microsystem, mesosystem, macrosystem and chronosystem.

The microsystem, begins everyone's journey and experience from the moment they awake in the morning until the evening when they shut their eyes to sleep. This is the individual and his/her relationship with proximate environmental experiences. This would include immediate nuclear family, siblings, closest friends, neighborhood peers, and school. These interactions occur without thinking, one must process his/her day and maneuver through any obstacles that may arise-good or bad, and of course this is a continuous process on a daily basis. This includes biological and personality traits that come into play during such interactions.

The next level of ecological influences, the mesosystem, is a system of links and connections that begin with the individual and one or more other systems joining together. This would include the reciprocal interactions between an individual and a school teacher, blended family and parent-child relations. It refers to the interactional processes among multiple microsystems. This becomes important information just in the assessment process or intake process alone. This system examines how a people view their surroundings and experiences as well as how their surroundings experience them. This would include communicating with other microsystems to compare such experiences and address any additional needs.

The Macrosystem includes large powerful social influences that affect the person indirectly. Such institutions indirectly affect family functioning, thinking, problem solving and expectations that the future may hold. Examples include political and economic structures and these are systems that most of us are born into. Some social workers will work with families below the poverty level and that financial burden has an effect on the family's ability to maneuver through other institutions like medical and cultural background, as well as to achieve educational or vocational aspirations.

Lastly, the chronosystem includes the person and environment experiences and interactions over long periods of time and developmental stages. This is a process that includes multiple influences and that builds over time. This includes cognitive and biological changes that occur at puberty that seem to contribute to increased conflict between adolescents and their parents for example. What is learned through change, age and ability is carried with you into the next developmental stage that then affects interactions with new experiences and relationships.

Using the ecological framework examines a person's developmental timeline. For older foster youth, it is essential to include all interacting systems that directly and indirectly affect these young adults. The ecological model defines the components which contain roles, norms, and rules that shape development. Each system holds strengths and weaknesses that can be addressed in a clinical setting and/or within a family context. This model examines not just what leads to failure but what leads to success. In addition, it examines the key mixture of ingredients along with genetics that thrust the youth into a successful early adulthood after exiting the foster care system.

Risk and Resilience

Youth in foster care, as well as those aging out of foster care are often referred to in the literature and in the media as “at risk” youth. There are clear risk factors associated with out of home placements for youth but there are also clear resilient factors that apply to these individuals. Using resiliency research provides a way to explore the experience and transition through multiple adversities of foster care youth. This information is important to all human service workers aiming to help older foster youth exit care with success into adulthood (Schofield and Beek, 2005; Schofield, 2001; Daining and DePanfilis, 2007; Drapeau, et al. 2007; Hines, Merdinger, Wyatt, 2005; Samuels and Pryce, 2008).

As resiliency research evolves so has its definitions. Higgins (1994) defines resiliency in the simplest terms as, “the ability to function psychologically at a level far greater than expected given a person’s earlier developmental experiences” (p.17). Resiliency is a concept which recognizes the healthy adaptation some individuals exhibit in response to life stressors. Resiliency can be seen in children who are exposed to negative life experiences such as poverty, family discord, violence, substance abuse, illness, separation from family, and abuse that all are events that put a child or youth “at-risk” of failing to succeed in life (Rutter, 1985; Rutter, 1987; Garmezy, 1985; Masten, 2001; Masten and Coatsworth, 1998; Werner, 1992; Werner, 2000). Resiliency has also been defined as, “the ability to return once again to those patterns of adaptation and competence that characterized the individual prior to the pre-stress period” (Garmezy, 1985 p.129).

Rutter (1987) proposes that resilience is not a fixed attribute of an individual but rather one that can change depending on the situation. A person who copes successfully with stressors at one point in time may react adversely to other stressors when the situation is different. So, if circumstances change, then resilience alters as well (Rutter, 1987). Research has continued to evolve around resiliency and understanding the processes involved in promoting resiliency (Rutter, 1985). The young adults in Rutter’s research all viewed their greatest success as overcoming both their family past and their own mistakes in the past as well as making a transition into adulthood that would be different than their parents.

Werner and Smith noted that the impact of risk and protective factors differs with the stages of the life cycle (Werner & Smith, 1989). In their longitudinal study of high risk children, they identified certain factors that were present at different developmental stages and were associated with later resiliency. *“At each developmental stage there was a shifting balance between stressful life events that heightened individual vulnerability, and protective factors that*

enhanced resilience” (Werner & Smith, 1989 p.80). As adolescents, they were responsible, had internalized a set of values, and were socially mature. At the end of high school, the resilient youth had developed a positive self-concept and an internal locus of control. Moreover, they were more nurturing, responsible, and achievement oriented.

Additional factors that were found to contribute to their resiliency included: a nurturing and responsive caregiver, emotional support from outside the family, fewer number of children in the family (less than four), no prolonged separations from their primary caretaker, and participation in extracurricular activities (Werner & Smith, 1989). The above research can guide treatment with older youth in foster care around specific skill development in areas of positive self-concept; social skills with peers; attachment and relationships; affect regulation; coping skills; and praise for success (with every achievement, no matter how small). But all of these goals must be accomplished through a relationship with others as the core foundation.

Research cannot focus on protective factors or risk factors as separate distinct conditions. There is an unknown interaction between both protective and risk factors that are individually based on culture, age at one point in time, family and peer group as well and mental and biological traits. Further, there is a balance of the two that will either cause positive or negative outcomes and because this balance that is unknown is the cause of exceptional stories of bouncing back from adversity especially around past trauma and breaks in attachment (Rutter, 2000). Research has shown that increasing resilient skills creates more positive outcomes such as the ability to complete tasks such as independent living skills, social skills that lead to positive peer group relationships, and being able to ask for and accept help. Research also shows that decreasing risk factors such as mental health symptoms that include anxiety, depression, and aggressive behaviors contributes to emotional wellbeing and positive outlook toward both the good and bad parts of life experiences.

Resiliency is closely tied to functioning and development which in turn is related to the stages of human development overall (Fraser & Richman, 1999). From this construct, there are three additional facets of resilience that researchers discuss: overcoming the odds- "*being successful despite exposure to risk*"; sustaining competence under pressure- "*adapting successfully to high risk*"; recovering from trauma- "*adjusting successfully to negative life events*" (Fraser & Richman, 1999). In all three areas, resiliency is described as functioning with success in an environment with multiple risks (Fraser & Richman, 1999).

Past research on foster care alumni and resiliency focuses on extrinsic milestone markers (Werner, et al. 1977, 1982, 1992; Masten, 1986, 2001; Garmezy, 1971, 1972; Rutter, 2000) such as success in school, positive friends and healthy relationships, employment, and other factors. Still other research explores a more subjective intrinsic experience (Fonagy, 1992; Fonagy & Steele, 1999; Buckner, Mezza-Cappa, & Beardslee, 2003) of the journey around hardships, which doesn't imply that each youth was successful but rather examines how each youth figures out a way to find the right path and keep moving forward through the road blocks. Success is not always measured by getting it right the first time, but the strength and internal energy it takes to get back up from deterrents and impediments, from mistakes and bad judgment and the will power to keep moving forward, rebound and bounce back-all describing the experience of resilience.

Rutter (2000) describes a resilient person as one that can make it through the normal developmental process while experiencing hardships that may include trauma and loss, while still managing to adapt in society and display positive social behaviors. The study of resiliency examines how a person can have success growing and adapting both internally and externally through life while at the same time experiencing hurt, pain and loss. This research will examine how it is possible with some people to make it through multiple barriers beyond genetics as a

major factor (Werner, 2000; Rutter & Siberg, 2002). This question inspired Garmezy (1971) to examine why all adult children of schizophrenic mothers don't suffer from that same disease as well as research that questioned how successive generations of children and youth raised in poverty could have more positive outcomes than negative outcomes. Garmezy expected to see higher levels of mental health symptoms, increased unemployment, less education and an increase with incarceration rates (Garmezy, 1971; 1972). Garmezy believed that the increase in positive outcomes with some children and youth stems from how the mother transfers her morals, values and knowledge in acceptable socially appropriate ways. Reading and hearing individual stories of former foster youth transitioning into adulthood can give professionals the information about the ways each former foster care youth gained his/her ethics, values, and knowledge.

In a similar vein, Fonagy's research (1992) examined how primary caregivers transmit attachment styles to their children and then how children internalize their primary caregiver's model of relationships. Fonagy believes that the capacity of a person to self-reflect or have a "self-righting capacity" is directly related to resiliency and continued modification needed to adapt to ongoing and/or multiple adversities that the foster care population often experience. Further research has determined that self regulation: emotional control and impulse control is a key factor in a person's ability to become resilient (Buckner, Mezza-Cappa, & Beardslee, 2003). These researchers had examined positive factors in resilient youth living in poverty stricken neighborhoods.

Two studies specifically examine older foster youth transitioning out of care and resiliency characteristics. Samuels and Pryce (2008) explored the relationship between resiliency and a strong mentality of self-reliance to aid in the transition into adulthood. Results indicated that former foster care youth struggled with identifying their own relationship between dependence and independence. This phenomena is found among three themes: "1) premature

conferral of adult status and independence; 2) growing up without your parents; learning to take oneself through life; and 3) survivor pride and the disavowal of dependence: making meaning of loss and hardship” (Samuels & Pryce, 2008, p.1201-1205).

Daining and Depanfilis (2007) examined resiliency as a factor in older youth aging out of foster care and found the most important factor for resilient youth was the ability to connect to others. Building relationships, and working through relationship issues were all key factors as well as experiencing overall fewer life obstacles (Daining & Depanfilis, 2007).

A multi-systems framework for understanding risk and resilience takes into account both nature and nurture of individuals and the interactive relationship between the two. It provides a conceptual framework for understanding what makes some people resilient in certain situations (Schoefield & Beek, 2005). The risk and resiliency research offers guidance on design and implementation of social programs targeting the acquisition of life skills, such as those developed for transitional youth in foster care (Hawley, 2000; Corcoran and Nichols-Casebolt, 2004; Frazier and Richman, 1999; Darling, 2007).

Linking Attachment Theory, the Ecological Perspective and Risk and Resilience

The contextual frameworks of attachment theory, ecological perspective, and the risk and resilience framework that were chosen for this project help address the varying issues that youth aging out of foster care may face. Attachment theory addresses early experiences and current relational experiences. The ecological perspective includes the varying systems that an individual interacts with and must negotiate. The risk and resilience framework provides focus on the protective factors and vulnerabilities that may be present for the youth in this study as well as the many youth aging out of foster care across the country. The choice of these three frameworks

attempts to provide a thorough lens through which to view the individuals, issues that they may face, and the way they navigate through the obstacles. Previous research has linked these concepts in both direct and indirect ways. This section will review the ways these frameworks have been studied together with regard to foster care youth and highlight the gap that this study addresses.

In a study that linked attachment, ecological perspective and resilience, Schofield 2002, examined success in three areas of life for adults formerly from the foster care system; a secure base, social functioning outside of the foster-family, and a sense of permanency (Schofield, 2002). Additional research had similar findings to that in Schofield, 2002: Strong levels of social bonds (i.e. connections through relationships and attachments with others) were found as protective factors that decrease at-risk behaviors (including delinquency) for youth in foster care. Healthy development depends on caretakers and other members of the youth's community making consistent connections and investments in the care, education, and supervision of these children (Schofield & Beek, 2005; Schofield, et al. 2007; Drapeau et al. 2007, Schofield and Beek, 2009; Hong et al. 2011; Schofield, Beek and Ward, 2012). The caretakers and community in this study are part of the youth's ecosystem.

It is the connections and investments that create a sense of attachment, commitment, and obligation that were found to tie children to family and other role models. Supportive relationships outside the nuclear family may help to protect against some of the consequences of a failed family environment (Schofield & Beek, 2005; Schofield, et al. 2007; Drapeau et al. 2007, Schofield and Beek, 2009; Hong et al. 2011; Schofield, Beek and Ward, 2012; Ryan, Tests & Zhai, 2008). These studies looked at both primary and early attachments, as well as youth support systems (a mezzo system) and found protective factors associated with both.

On the other hand, some research has explored the lack of attachments and social functioning as a risk factor. Barriers are introduced when children experience disrupted attachments and poor social bonds (Schofield & Beek, 2005; Daining & DePanfilis, 2007; Drapeau et al. 2007; Samuels & Pryce, 2008). When youth fail to establish supportive relationships, it likely hinders the normal progression of development and increases the likelihood of psychopathology. This is exacerbated by family of origin difficulties. (Samuels and Pryce, 2008; Price & Brew, 1998; Parker, et al, 1995; Price, 1996; Price & Dodge, 1989). Family of origin difficulties may also inform difficulties with peer group relatedness.

Peer related interpersonal difficulties are a common feature of several child-psychiatric disorders, including emotional disorders, conduct disorder, social phobia, borderline personality disorder, and avoidant personality disorder (Bruhn, Duval, and Louderman, 2008; Hogue, et al. 2008; Davis and Sondheimer, 2005; Davis, et al. 2004; Burns et al. 2004; Cicchetti and Rugosch, 2002; Clark and Davis, 2000). This demonstrates that there is a link between social bond, peer relationships and mental health functioning (Bruhn, Duval, and Louderman, 2008; Hogue, et al. 2008; Davis and Sondheimer, 2005; Davis, et al. 2004; Burns et al. 2004; Cicchetti and Rugosch, 2002; Clark and Davis, 2000). In fact, research has shown that foster youth have mental health conditions at twice the rate as the same age youth being supported from social security income (SSI) (Havlicek, Garcia & Smith, 2013; DosReis, Zito, Safer, & Soeken, 2001). In addition, foster youth represent a larger portion of users of mental health services even though they make up a small percentage of the overall population that is eligible (Havlicek, Garcia & Smith, 2013; Harman, Childs & Kelleher, 2000; Takayama, Bergman, & Connell, 1994; Halfon, Berkowitz, & Klee, 1992).

Another study found that foster youth were 16x more likely to have a psychiatric diagnosis than their same age counterparts still living at home with their families (Racusin, et al.

2005). Specifically, the most common diagnosis includes Post Traumatic Stress Disorder, 47% (McMillen et al, 2005); Conduct Disorder, 40% (Shin, 2005); compared to only 7-10% of the regular population of the same age group (Merikangas, et al., 2010). Other common psychiatric disorders include anxiety and depression (Havlicek, Garcia, & Smith, 2013).

The risk and resilience framework has been expanded by considering risk and protective factors in the context that includes micro, mezzo, and macro-level systems. This construct is called the “risk and resilience ecological framework” (Kirby & Fraser, 1997; Schofield, 2001; Schofield & Beek, 2005; Corcoran & Nichols Casebolt, 2004; Hong et al. 2011) and addresses two frameworks included in this research. According to this the risk and resilience ecological framework, individual micro systems may induce a feeling of safety and security, feelings of self-pride and self-worth and may include some biological aspects of intellectual ability and emotional adjustment/temperament, as well as development of the brain (Hawley, 2000; Schofield, 2001; Schofield & Beek, 2005; Corcoran & Nichols Casebolt, 2004; Hong et al. 2011).

Mezzo systems may be comprised of those services and programs that are provided by a variety of types of professionals that interact with an adolescent as well as neighborhood and community resources. Macro-level systems include cultural environments; income, and employment. Thus far, the risk and resilience ecological framework has been used more as an explanatory theory than in an operational context, yet it can be used to intervene effectively with both children and their families (Hawely, 2000; Schofield, 2001; Schofield & Beek, 2005; Corcoran & Nichols Casebolt, 2004; Hong et al. 2011). Attention to all of these ecological constructs, and to risk, resilience, and attachment, provide a strong theoretical base to this project and to understanding the overall circumstances of the “success stories” of youth who age out of foster care.

Chapter 3: The Road Through Foster Care

This chapter will review the literature related to what happens to children during foster care placements. This includes attention to the general impact of being placed in treatment which includes separating from the only homes and communities that a child has known. There is also a pattern in the foster care system of youth experiencing numerous placements. The behavioral, emotional, and social implications of placement are also explored below. The exploration of these factors helps identify the barriers that occur for youth aging out of foster care.

The Impact of Placement

Situations and conditions which place an individual at risk for disruption of normal and healthy development are experienced by children who are victims of abuse or neglect. These individuals or children are further traumatized by their removal from their primary caregivers (Chamberlain, 2006; Gillen, 2005; James, 2004; Fiermonte and Renne, 2002; Maza, 2003; Freundlich, Heffernan, and Jacobs, 2004; Redding, Fried, and Britner, 2000; Newtown, Litrownik and Landsverk, 2000). Children in foster care have been found to display more mental health issues than children in the general population (Bruhn, Duval, and Louderman, 2008; Hogue, et al. 2008; Davis and Sondheimer, 2005; Davis, et al. 2004; Burns et al. 2004; Cicchetti and Rigosch, 2002; Clark and Davis, 2000). Children in foster care are faced with a number of issues and variables, which have a serious impact on their development physically, cognitively, emotionally and socially (Bruhn, Duval, and Louderman, 2008; Hogue, et al. 2008; Davis and Sondheimer, 2005; Davis, et al. 2004; Burns et al. 2004; Cicchetti and Rigosch, 2002; Clark and Davis, 2000). Once the decision is made by child welfare agencies to place a child in out-of-home placement, a number of placement options can be made.

Placements, which more adequately mimic family-like settings are preferred over group home or residential care and are classified as least restrictive environment (Chamberlain, 2006; Gillen, 2005; James, 2004; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000; Wulczyn, Kogan, and Harden, 2003). Kinship care is often considered a preferred alternative in out-of-home placement, as it allows the child to maintain previous networks and sometimes involves a caregiver training process (Chamberlain, 2006; Gillen, 2005; James, 2004; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000; Wulczyn, Kogan, and Harden, 2003). Additionally, some studies have shown that when children are placed with kin there is a decrease in placement disruptions, but this can also lead to a decrease in reunification rates with the child's parents (Chamberlain, 2006; James, 2004; Leathers, 2002; Wulczyn, Kogan, and Harden, 2003; Terling-Watt, 2001; Webster, Barth, and Needell, 2000; Redding, Fried and Britner, 2000; Hong, et al. 2011).

It is questionable whether or not relatives or kin can provide adequate care for these children as relatives were probably involved in the family's life when the maltreatment was perpetrated and resulted in the out-of-home placement (Chamberlain, 2006; Gillen, 2005; James, 2004; Fiermonte and Renne, 2002; Maza, 2003; Freundlich, Heffernan, and Jacobs, 2004; Redding, Fried, and Britner, 2000; Newtown, Litrownik and Landsverk, 2000). Regardless of the child being placed in kinship care or other out-of-home placement, placement itself can be considered a disruption for the child.

The trauma of being taken from one's home or family can be described as follows: "loss of a loved person is one of the most intensely painful experiences any human can suffer" (Gillen, 2005). Bowlby has referred to a loss that is associated with death, but the loss of home and parental contact is applicable to children living in foster care. Placement creates a loss that may be similar to divorce. Foster children may never be able to reunify with their parent(s) and family

(Chamberlain, 2006; Gillen, 2005; James, 2004; Fiermonte and Renne, 2002; Maza, 2003; Freundlich, Heffernan, and Jacobs, 2004; Redding, Fried, and Britner, 2000; Newtown, Litrownik and Landsverk, 2000). The loss of attachments to parent(s), family and friends can have a detrimental impact on developing future relationships (Chamberlain, 2006; Gillen, 2005; James, 2004; Fiermonte and Renne, 2002; Maza, 2003; Freundlich, Heffernan, and Jacobs, 2004; Redding, Fried, and Britner, 2000; Newtown, Litrownik and Landsverk, 2000). resulting in possible negative outcomes for the child. It appears that at times the intentions of foster care placements are lost in the process.

We expect that children get a new start without abuse by being placed in out-of-home care programs. But, if youth in out-of-home care experience danger or neglect while in care, they may show a higher level of antisocial attitudes. The evaluation of out-of-home care placement needs careful consideration. The American Academy of Pediatrics (AAP) recommends but does not require a routine surveillance and developmental screening to ensure that children are well taken care of in their new homes. As might be expected, because this screening is not required, most providers do not comply with the American Academy of Pediatrics' recommendations. Still worse, adherence to the recommendations made in those evaluations that are provided is low (U.S. Department of Health and Human Services, 2011). Some have posited that low adherence to treatment recommendations may be the result of poor communication between the psychologists making the evaluations and the human service agency workers who are charged with implementing them within the foster placement (Gillen, 2005; Burns, et al. 2004; Leathers, 2002; Wells, 1994; Frame, 2002; George and Wulczyn, 1999; Skuse and Ward, 2003; Timmer, Urquiza, and Zebell, 2006).

Foster youth who do not reunify with primary caregivers and have multiple placement changes may have an increase in the likelihood of not making any secure attachments (Gillen,

2005; Burns, et al. 2004; Leathers, 2002; Wells, 1994; Frame, 2002; George and Wulczyn, 1999; Skuse and Ward, 2003; Timmer, Urquiza, and Zebell, 2006; Davis & Sondheimer, 2005). Out-of-home placements and foster care placements are associated with a number of other disruptions in the attachment relationships. The lack of consistent and secure attachments results in serious consequences in the child's well being and functioning (Daining & DePanfilis, 2007; Gillen, 2005; Burns, et al. 2004; Leathers, 2002; Wells, 1994; Frame, 2002; George and Wulczyn, 1999; Skuse and Ward, 2003; Timmer, Urquiza, and Zebell, 2006).

Placement Disruptions

It is well known that many children in foster care experience multiple placements during their time in foster care (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). Placement drift or "foster care drift" describes the instability of placements for children and their experiences of moving to numerous placements without the prospect of a permanent residence (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). Instability of a rearing situation or placement is identified by observing the number of placements a child experiences within a specified time interval (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000).

Evidence informing placement changes includes deteriorating behavioral functioning, and/or a mis-matching of child and foster family characteristics. Placement disturbances can also lead to a decrease in reunification rates (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). In other studies of placement history, placement changes were a result of age at out-of-home placement and duration the child spent in the foster care system (Chamberlain, 2006; Gillen,

2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000).

This constant adapting to the change of various environments is a disruptive factor in a child's development that may make it challenging to resolve conflicts between the parent or parent figure and the child, including conflicts that may have led to the child's out-of-home placement. This may result in an increased likelihood of failed reunification (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). The consequences related to the multiple moves in placement include an increase in the child's externalizing of problematic behaviors (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). A child in out-of-home placement who experiences multiple changes in the settings or with the caregiver may display increased oppositional behavior (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). The children who have experienced a number of changes in their placement have a greater risk that has deleterious effects (Chamberlain, 2006; Gillen, 2005; James, 2004; Unrau and Wells, 2005; Wulczyn, Kogan, and Harden, 2003; Webster, Barth, and Needell, 2000). Garmezy (1993) found a positive correlation between number of placements and increased delinquency levels. The common phenomena of placement disruptions is shown to negatively effect those in foster care. It is is critical to explore the impact of placment on youth in general despite the number of placements.

The Impact of Placement on Youth Behavior

Behavioral problems are clearly associated with children involved in the foster care system. Research on risk factors and prevention of youth violence show a greater risk for aggressive behavior and antisocial behaviors among those who experience physical abuse or

rejection and neglect from parents (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). There is a high risk of committing criminal assault among foster care children both while in care and after leaving care (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). The violent histories of placement have contributed negatively to both externalizing and internalizing behaviors of the children in the foster care. The children who have experienced a number of changes in their placement are at greater risk of experiencing harmful effects of placements and demonstrate increased delinquency rates (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). The impact of placement on these children is undisputed and gives more strength to the argument for increased attention to the aging out process and the transition out of the system and in to adulthood for this population.

Children who have lived with neglect or/and abuse in the family may display behaviors that are detrimental to themselves and to their communities. Behavioral difficulties appear linked to types of placements, as children who are placed into kinship care display fewer behavior problems than children who are in traditional foster care (nonrelatives family foster care) (Ehrle and Green, 2002; Chamberlain, 2006; James, 2004; Leathers, 2002; Hong et al. 2011). This may be related to the treatment of the child before placement. Studies have demonstrated links between child maltreatment and subsequent delinquent behaviors (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). Maltreated children have a high risk of developing problems and children

who are exposed to extensive maltreatment exhibit higher rates of delinquency (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). For children who have been maltreated and are removed from their homes the stakes are even higher.

This research highlights the increased behavioral difficulties that youth in foster care exhibit. These difficulties themselves can be a barrier to transitioning to adulthood. The research also highlights the importance of the developmental stage of those in foster care and what their engagement in delinquent or criminal behavior looks like. If youth are aging out of the foster care system at the same time they display increased antisocial behaviors, the chances of them successfully transitioning into adulthood (i.e. without involvement in the criminal justice system) may decrease.

The Impact of Placement on Youth Social Well-being

Children in different out-of-home care placements display differing levels of satisfaction to outside family care. In addition to demonstrating few behavioral difficulties (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000), children in kinship care report more closeness with “parents” than those who live with nonrelatives in family foster care (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). Traditional foster care does have advantages. Children living with nonrelatives in foster care display high levels of satisfaction and perceived safety when compared to children who are in group care (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997;

Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000).

Additional research found that children's satisfaction towards social workers was lower than satisfaction level toward parents in nonrelative foster families. This research also suggested that children living in group care may have less satisfaction and less attachment to social workers than youth living with nonrelative family or kinship family (Ryan, Zyphur, and Zhai, 2006; Skuse and Ward, 2003; Rycraft, 1994). This further indicates that satisfaction levels with services and the foster care process may be contingent on the type of placement.

These results highlight the importance of the type of placement as a factor in one's experience in the foster care system as a whole. The perception that an individual has regarding those involved in his or her life can also impact his or her experience. As the preceding discussion suggests, the road through foster care is fraught with obstacles for children and adolescents trying to navigate their way through. The road can be equally perilous for the young adult making his or her way out of the foster care system.

The Impact of Placement on Youth Emotional Well-being

Numerous children in foster care have poor developmental, mental and educational outcomes (Hong, et al. 2011; Redding, Fried and Britner, 2000). "A large proportion of children who enter the foster care system have already displayed significant emotional and behavioral health problems that range from relational and coping difficulties to school failure and other emotional or behavioral disturbances" (Redding, Fried and Britner, 2000). Most children in foster care experience feelings of confusion, fear, apprehension of the unknown, loss, sadness, anxiety, shame and stress (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik,

and Landsverk, 2000 Redding, Fried, and Britner, 2000). Some of the mental health problems exhibited by foster youth range from attention disorders, aggressiveness and self-destructive behavior, depression, conduct disorders, to more severe disorders such as bipolar disorder (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000).

The most common problems appear to be externalized behaviors, which may result in replacement, instability from social and emotional problems, and/or academic difficulties. These may lead to further difficulties as these children attempt to build relationships and form attachments (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). Foster children's vulnerability is increased when they do not receive the necessary care for their mental health needs due to the lack of a caregiver or person who accepts responsibility and is accountable for the child's well-being (Clark and Davis, 2000; Descheves and Jones, 2000; Davis and Vander Stoep, 1997; Fisher, et al. 2006; Gillen, 2005; Burns et al. 2004; Leathers, 2002; Newtown, Litrownik, and Landsverk, 2000 Redding, Fried, and Britner, 2000). The Child Welfare League of America (2006) has estimated that over 80% of children in foster care have some type of behavioral, emotional, or developmental problem.

The majority of children in foster care are first subjected to neglect or abusive behaviors before they reach age six; on average, when they are infants, toddlers, or preschoolers. These children have not only likely suffered physical harm, but also may have experienced trauma that affects psychological development well into adolescence and into early adulthood. (Burnes, et al. 2004; Fisher, et al. 2006; Leathers, 2002; Timmer, Urquiza and Zebell, 2006; Davis and

Sondheimer, 2005; Davis and VanderStoep, 1997; Davis, et al.2004; Sullivan and Van-Zyl, 2007; Vostanis, 2005). Short and long term mental health struggles include lack of trust and maintaining healthy relationships as well as the ability to self sooth. This includes, physical and cognitive developmental delays especially involving language, academic learning, and social interactions with peers (Burnes, et al.2004; Fisher, et al.2006; Leathers, 2002; Timmer, Urquiza and Zebell, 2006; Davis and Sondheimer, 2005; Davis and VanderStoep, 1997; Davis, et al.2004; Sullivan and Van-Zyl, 2007; Vostanis, 2005).

Chapter 4: The Road Out of Foster Care

“When an average youth from an average integral family graduates, he or she receives a party, a computer, or a car. When foster care youth turn 18 and receive a diploma, they lose their housing, support, and medical assistance as a reward” (The House Bill Report for Washington State, 2006)

Little is known about the reasons some foster care youth are able to defy the odds and successfully transition out of the system to lead independent, adult lives. Some youth exiting foster care successfully negotiate the aging-out process and move into productive adulthood. This research explores possible commonalities in their experiences in foster care and the trajectories they followed upon exiting this system that would help to explain why they made it while others do not. This chapter explores other challenges faced by youth as they navigate out of the foster care system and transition into adulthood.

Emerging adulthood

The transition from adolescence to adulthood is an ongoing process and not a fixed moment in time. For some aging-out youth, the day they turn 18 or 21 marks a moment where they go from state support to little or no support. Occurring between the ages of 18 and 25, a period of “emerging adulthood” is a gradual process that marks one’s rite of passage into independent decision-making. This transitional period from adolescence to adulthood is critical

to the mastery of independence and is a time of change and exploration (Arnett, 2007; Vacca, 2008; Courtney, et al. 2005; Avery & Freundlich, 2008; Manteuffel, et al. 2008).

Exploration during emerging adulthood may come in many forms, including love, work, and self identity (Arnett, 2000). Arnett states that, “*emerging adulthood is the only period of life in which nothing is normative*” (Arnett, 2000 p.471). This is a time period of limbo, usually before marriage, children, and completing education and making definite plans for the future. This is the time period when youth learn from their current decisions with goals around self-sufficiency and income. Youth may also examine their own views and compare them with those of society; views on how to define relationships and be productive with many activities such as school, work, single parenting, peer relationship building, and new relationships with family (Arnett, 2000). Additional important domains of development associated with this transitional age are related to one’s mastery of particular cognitive, emotional and behavioral tasks (Arnett, 2007; Vacca, 2008; Courtney, et al. 2005; Avery & Freundlich, 2008; Manteuffel, et al. 2008).

Emergence from adolescence to adulthood also entails the development of critical life skills associated with independence in residential, financial, romantic and parenting domains that are informed by one’s experiences (Cohen, et al. 2003; Scharf, Mayseless, & Kivenson-Baron, 2004; Avery & Freundlich, 2008). Although these particular developmental tasks emerge within adolescence, full mastery may continue into early adult life-stages, typically during the third decade of life (Cohen, et al. 2003; Scharf, Mayseless, & Kivenson-Baron, 2004; Avery & Freundlich, 2008). Despite some disagreement on what is most important, mastery of critical life skills is important to all as they reach adulthood. Factors that impact this mastery include those related to the individual and his or her ability to negotiate his/her environment. Therefore, using an ecological lens to explore challenges of foster care youth aging-out is indicated.

The reasons why many youth struggle when leaving the foster care system are complex and multi-dimensional. The following discussion describes factors that have been associated with poor outcomes among youth aging out of foster care, including developmental and mental health issues, family instability, and educational and occupational challenges (Avery & Freundlich, 2008; Vacca, 2008; Manteuffel, et al. 2008; Courtney et al. 2005). Reviewing the difficulties facing aging out youth in each ecological level, can provide a person-in-context picture of the challenges that these individuals face.

Microsystem challenges

Microsystem challenges for individuals exiting foster care include mental health and other personal challenges that may be a result of placement, his or her experience before placement, the number of placements, length of placements, types of placements or other factors. Regardless of the reasons for the challenges, the presense and prevalence of these challenges indicate a need for exploration.

Among the factors that contribute to poor outcomes for foster care youth are life histories that reflect instability within the biological family, such as history of abuse (physical, sexual, or emotional), neglect, abandonment, and loss of biological extended family and connections to important others (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001).

Many foster care children have experienced abuse and neglect before, and sometimes after, being moved into foster care. According to a number of studies, maltreatment in early stages of life is a factor of risk for disorders based on mood, anxiety, personality disorders and severe depression (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan,

2008; Orme, 2001). The emergence and severity of these types of mental health disorders may impact youth in foster care transitioning to adulthood.

Research has indicated that many youth in foster care experience significant challenges related to serious psychiatric and emotional disorders during the transition from adolescence to early adulthood (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001). In a study of foster care youth exiting care, Vacca (2008) found that six to twelve months after exiting foster care, the youth participants had higher rates of depression than their general population peers. According to Vacca (2008), 25 % of these older youth exiting care were suffering from post-traumatic stress disorder (PTSD), almost matching the rates of veterans returning from war. These data indicate the mental health challenges that may inform other challenges related to transitioning to adulthood for youth exiting foster care.

Former foster care youth are at greater risk for poor outcomes than any other age group with serious mental health challenges. This risk is often exacerbated by higher rates of co-occurring substance abuse. (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001). Navigating the transition to adulthood under these circumstances may be quite difficult. The difficulty is likely impacted by brain based vulnerabilities.

While all life experiences affect the way the brain develops, the experiences of abuse and neglect can lead to long-term impairments in brain functioning during late adolescent development (Arnett & Tanner, 2006; Avery & Freundlich, 2008). Childhood trauma can have a profound impact on the emotional, behavioral, cognitive, social and physical functioning of adolescents with additional concerns for youth leaving foster care (Avery & Freundlich, 2008). During adolescence, the development of the brain and other maturational processes increase vulnerability to the impact of trauma and abuse (Cohen, et al. 2003; Steinberg, 2005; Arnett &

Tanner, 2006; Greenberg, et al. 2001; Greenberg, & Sulojmon, 1999; Schultz & Selman, 1998; Scharf, Mayseless, & Kivenson-Baron, 2004; Dahl & Spear, 2004; Giedd, 2004; Labouvie-Vief, 2006; Masten, Obradovic, & Burt, 2006).

Psychological stress has been shown to affect the part of the brain involved with one's ability to predict experiences as well as modify successful adaptations and behavioral responses involved with planning for the future and learning lessons from the past (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001). Future planning and learning from the past are conscious and unconscious skills used by individuals transitioning through life phases, including from adolescence to adulthood. Decreased viability in brain functioning related to these processes may increase the vulnerability of the individuals susceptible to compromised brain functioning due to trauma or abusive histories.

Even if youth in foster care do not have specific histories of trauma or abuse, the nature of foster care placement and the need for foster care placement implies stressful or difficult circumstances before or within care. Chronic stress during childhood has been associated with diminished learning, poor memory, diminished executive function, fear conditioning and poor emotional regulation (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001). Learning and memory can be associated with successful transitioning to adulthood with regard to navigating systems and taking care of day-to-day responsibilities. Executive functioning and emotional regulation can be linked to job success, drive, and organization.

Further, the capacity of an individual to navigate the transition from adolescence to adulthood likely depends on his or her distinctive personality traits and characteristic patterns of behavior, in combination with past life experiences and current circumstances (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme,

2001). The assessment of critical risk and protective factors are informed by the individual experiences of the members of the identified population (Courtney, et al. 2005; Cohen, et al. 2003; Davis & Sondheimer, 2005; McMillen & Raghavan, 2008; Orme, 2001).

Mesosystem challenges

The mesosystem refers to the number and quality of linkages between a person's microsystems. Older youth transitioning out of care would be supported greatly if there are frequent and strong linkages among their microsystems. When these linkages break down then impaired or maladaptive attachment behaviors can develop as a result of separation and multiple placements. It is more difficult for them to create stable relationships, due to a lack of opportunities to develop a sense of stability, build friendships, and remain in the same school or community (Packard, et al. 2008; McMillen and Raghavan, 2008; Manteuffel, et al. 2008; Pottick, et al. 2007; Metzger, 2006; Hines, Merdinger and Wyatt, 2005; Davis and Sondheimer, 2005). Moreover, the initial placement into foster care, and the resulting separation from one's biological family, culture, neighborhood, and friends is a risk factor that is exacerbated by the ensuing experiences of inconsistent parenting, school transitions, and other difficulties associated with multiple placements and instability (Packard, et al. 2008; McMillen and Raghavan, 2008; Manteuffel, et al. 2008; Pottick, et al. 2007; Metzger, 2006; Hines, Merdinger and Wyatt, 2005; Davis and Sondheimer, 2005). With a drastically changed ecosystem, social supports and social capital are also changed.

Late adolescence is a critical time period for interpersonal connectedness and the development of social capital (relationships with other people) (Packard, et al. 2008; McMillen and Raghavan, 2008; Manteuffel, et al. 2008; Pottick, et al. 2007; Metzger, 2006; Hines, Merdinger and Wyatt, 2005; Davis and Sondheimer, 2005; Masten, et al. 2006). It is also the beginning of another developmental phase some call "emerging adulthood (Arnett, 1997; 2000).

During this transition, it is a critical time of self evaluation and self identity. Young adults examine themselves against the rest of the world including their close social peers, family (kin or non-kin), friends, romantic relationships and professional connections such as those at school or at work (Arnett, 2000; Berzin, 2010; Graber, Nichols, & Brooks-Gunn, 2010; Larson & Brown, 2007). Relationships become more serious and intense and may involve romance, dependence on family and friends as well as learning how to maneuver peer relationships at work and in the community (Arnett, 2000; Berzin, 2010; Graber, Nichols, & Brooks-Gunn, 2010; Larson & Brown, 2007). It is also a time to reflect on all past relationships, especially what youth have learned from their family and friends. Their current decision making may be influenced by issues such as religious beliefs, educational background, parenting and marriage. (Arnett, 2000; Berzin, 2010; Graber, Nichols, & Brooks-Gunn, 2010; Larson & Brown, 2007). When youth leave care and begin their journey into early adulthood, it is a journey to figure out of what their network consists. In particular, it may involve attempts to mend poor family relationships as well as to maintain and/or create a new support system that involves other adults that no longer are required to care for foster care alumni (Arnett, 2000; Berzin, 2010; Graber, Nichols, & Brooks-Gunn, 2010; Larson & Brown, 2007).

In addition to fostering social capital, successful transitions to adulthood often include completion of educational goals leading to stable employment. Vacca (2008) found that six to twelve months after exiting foster care 54% of this population, versus 85% of the general population, were on track to graduate from high school or receive their GED. This was most likely the result of foster care youth experiencing multiple placements in which they were required to transfer attendance to multiple educational institutions, creating a stunted learning process (Vacca, 2008). Young people transitioning out of care with psychiatric problems, including those receiving mental health services, fare poorly in comparison to their peers in completing school and adopting adult occupational and social roles (Davis & Vander Stoep,

1997; Davis, Banks, & Fisher, et al. 2004; Vander Stoep, Beresford, Weiss, et al. 2000; Pottick, et al. 2007). Other studies share similar findings of transitioning youth who are ill-prepared for adulthood with regard to completion of educational and occupational goals, independent living skills, and employment stability. This increases the probability of homelessness, victimization, incarceration and single parenthood (Courtney, et al. 2007; Avery & Freundlich, 2008).

Youth six to twelve months out of care experienced higher rates of receiving public assistance, unplanned pregnancy, arrest, and homelessness than their peers in the general population (Vacca, 2008). Within twelve to eighteen months of exiting care about 25% of emancipated foster youth would be homeless. Another 34% of emancipated foster youth would be on public assistance, with 61% having no adult work experience (Vacca, 2008)

Educational outcomes are also a concern for this population of children entering the foster care system. Children in foster care are at risk of school failure based on special education needs and their early experiences of abuse and neglect. Due to various educational needs of children prior to entering the foster care system and the insurmountable affects of maltreatment, trauma of initial out-of-home placement, and failure to reunify children with their parents, children are at increased risk for poor educational outcomes. The Northwest Foster Care Alumni Study (2007) evaluated the immediate and long-term effects of family setting foster care on adult functioning and outcomes. The study included young adults who had been served in the foster care system between January 1, 1988, and September 30, 1998, had been placed in foster care for 12 months or more between the ages of 14 and 18, did not have any major physical or developmental disability, and had been placed due to reasons other than being an unaccompanied refugee minor. This resulted in a sample size of 659 adults. The study had specifically focused on: the educational achievements of the alumni, the financial situation of these alumni, and their

experiences which were associated with educational achievement and a positive financial situation after leaving foster care (Courtney, et al. 2007)

Macrosystem challenges

Macrosystems encompass a broader and more complex series of dynamics that become solidified in our upbringing and environment. These institutions are difficult to change and can include religion, economics and political powers at play. Despite the availability of some supportive services for youth aging out of the foster care, these programs are often not well-coordinated (Davis, 2003; Manteuffel, Stephens, Sondheimer, & Fisher, 2008). Transition-aged youth have unique service needs that extend beyond those of other children, adolescents and even adults. They may require specialized services and a coordinated network of supports (Clark, Deschenes & Jones, 2000; Vostanis, 2005; Clark, & Foster-Johnson, 1996; Manteuffel, Stephens, Sondheimer, & Fisher, 2008). Youth leaving care have ongoing needs for clinical services and support services that facilitate independent living, social support, and informed decision making (Davis, 2003; Manteuffel, Stephens, Sondheimer, & Fisher, 2008)).

The numerous and ongoing needs of youth aging out of foster care inform the need for youth to negotiate many different systems, and for varying service providers to collaborate care. Several researchers have investigated and suggested remedies for the lack of communication and collaboration between service providers in the foster care system. Taussig, (2001) and Rutter and Szilagy (2007) highlighted the necessity of a "systems perspective" to pull participants together and provide a space for collaboration (p. 24).

The lack of human infrastructure that includes collaboration and communication among providers likely has great impact on youth aging out of foster care. It is possible that youth in this circumstance rely greatly on systemic support systems to help them navigate the systems

(Packard, et al. 2008; McMillen and Raghavan, 2008; Manteuffel, et al. 2008; Pottick, et al. 2007; Metzger, 2006; Hines, Merdinger and Wyatt, 2005; Davis and Sondheimer, 2005). This is likely a high need for those who may not have a trust worthy adult to turn to for guidance. The individual and in-family experiences of youth now in the foster care system are likely impacted by the systemic existing systemic issues (Packard, et al. 2008; McMillen and Raghavan, 2008; Manteuffel, et al. 2008; Pottick, et al. 2007; Metzger, 2006; Hines, Merdinger and Wyatt, 2005; Davis and Sondheimer, 2005).

Interagency collaboration was the subject of a study conducted by Paul (2007) with particular attention given to psychologists and human service agency workers who must work together to support foster children and their families' in an effort to improve the families' willingness to adhere to treatment recommendations. They asserted that interagency collaboration is an element critical to the creation of an effective system that addresses the many needs of foster children, as opposed to the current lack of synchrony. In accordance with Paul's (2007) ecological perspective through agency protocol is poorly structured and therefore equally at fault at not providing well rounded care for each child. Hence, a child's well being is affected by a number of disparate settings and contexts, which further supports the need for a collaborative approach to the treatment of foster children.

In spite of this move toward a multidisciplinary model of care coordination over time, if and how people--especially service providers--are able to negotiate this within and between their respective disciplines has yet to be documented or fully understood. According to Roy, (2000) interagency coordination in this country is at best cooperative, but rarely collaborative. In the past, interagency coordination reflected referral and information resources providing clients with services in the community. However, there was no genuine collaborative relationship between agencies. In 2001, the Institute for Human Services noted that there "are limited opportunities for

outside resources to attend internal agency meetings," further diminishing the ability to collaborate. Landauer-Menchick, (2002) explained that making an effort to increase training and improving the collaborative services, the characteristics of child welfare agencies, which includes decision making, organizational size and interpersonal communication patterns, can play as big a role in measuring the performance of training and education (Landauer-Menchick, 2002).

HIPAA-Health Insurance Portability & Accountability Act of 1996 requires human service agencies to establish national standards for electronic healthcare and transactions as well as security and privacy of shared health data. The goal of adopting these standards is to improve the effectiveness of the nation's healthcare system and encourage the use of electronic data interchange while providing the best care for the client at the same time. Sharing constant up to date information can allow all service providers the knowledge needed to give well rounded support and team like care. When multiples agencies come together to collaborate, each agency is under the same obligations to service the client and protect his/her health information. HIPAA standards are less stringent than the state laws of confidentiality requirements for child welfare services, so individuals adhering to these standards already meet HIPAA requirements and no additional action is required of foster parents or relative caregivers (U.S. Department of Health & Human Services, 1996).

Successful Transitions

Emancipated youth from the foster care system require much needed support and services in order to help them face and deal with the difficulties and challenges of transitioning into young adulthood (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). Many of these

youth lose contact with family members and siblings while in foster care and often times have no one they can rely on for support and assistance during their transition into adulthood. Many of them will struggle in their transition and will succumb to poor choices that will prevent them from obtaining an optimal level of health (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). There are many risk factors, which place these young adults at a disadvantage for maximum functioning in all levels including social, occupational, and school endeavors. The likely development of mental health disorders, poor attachments, maladaptive coping skills, lack of education and inadequate problem-solving skills places these young adults at higher susceptibility for under employment, early parenthood, poverty, homelessness, substance use and abuse and criminality (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). Despite this reality, some youth make a successful transition into adulthood.

When leaving care, transition-aged youth often encounter a loss of services, severance of relationships with trusted providers who are no longer available, and difficulty obtaining developmentally appropriate services in adults systems (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). However, not all former foster care youth will have a future of poor outcomes; some can transition successfully into the adult world. There is a growing body of research focused on factors that contribute to successful transitions out of the foster care system (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). Research suggests that foster care youth have more successful outcomes when foundational resources afford an opportunity for strong educational supports, employment resources, independent living skills and for youth to engage in nurturing interpersonal relationships with supportive adults (Courtney, et al. 2007;

Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004). Some research recognizes that success is multi-determined and that individual adaptation is a function of complex interactions between internal and external factors (Courtney, et al. 2007; Drapeau, et al. 2007; Metzger, 2006; Mennen and O'Keefe, 2005; Hines, Merdinger and Wyatt, 2005; Lemon, Hines and Merdinger, 2004).

The limited research on successful transitions, combined with the systemic implications of success, give more strength to the theoretical models that inform this research. Because nurturing interpersonal relationships are necessary, the case can be made that attachment organization has a critical part in this process. Educational, employment, and independent living skills are all informed by the interplay between the individual and his or her environment. This highlights the importance of looking at the ecological systems as related to youth aging out successfully. Lastly, the successful transition of individuals whom the research has shown to be more susceptible to individual and social risk factors indicates a strong sense of resiliency.

All the systems that create the ecological model include governing principles of a person's development throughout his or her lifecycle. These principles include mutual attachment, responsiveness to one's environment, admiration from adults, social supportive exchanges, and predictable expectations regarding one's surroundings and relationships. While there is plenty of research examining the deficits of older youth leaving foster care, there is little research that exams successful transitions, and how such challenges have been overcome. This qualitative research examines the insight of each youth by interviewing them as they are in the process of their transition into early adulthood. It documents their success as well as their challenges in their own words.

CHAPTER 5: METHODS

This research study explored participants' experiences in foster care and the trajectory they followed upon exiting this system. A small sample of young adults who have successfully transitioned out of foster care was interviewed. This research study used a qualitative methodology to obtain detailed responses from the interviewees. These collective experiences and stories will provide some indication as to how young adults aging out of foster care can best prepare for critical life transitions.

The following question was explored: how are some youth exiting foster care able to successfully negotiate the aging-out process and move into productive early adulthood? For the purpose of this study, success was defined as living independently, not being incarcerated or homeless, and participating in an education/training program or active employment. The section below describes in detail the methods used for participant recruitment and data gathering for this research.

Overview of the Qualitative Method

As in all research approaches, qualitative approaches attempt to strengthen our profession's knowledge base and provide useful knowledge for social workers (Padgett, 2008; Shaw & Gould, 2001; Monette, Sullivan, and Dejong, 2008). Qualitative research aims at understanding the interrelationship among all the elements of reality and generates a holistic understanding of the issues (Padgett, 2008; Shaw & Gould, 2001). In-depth interviewing

captures respondents' perceptions in their own words, a desirable and common strategy in qualitative data collection (Padgett, 2008).

The choice of qualitative methods for this study was purposeful. The qualitative approach allowed for exploration of the complexities of context and individual differences about why some foster youth can make it on their own. Semi-structured in-depth interviews captured these complexities, allowing the respondents to tell their stories in their own voices. The interviews allowed for details and nuanced understanding of themes and patterns in the collective experiences of the subjects to emerge from the data. The interview guide (Appendix X) was followed and the semi-structured nature of the methods allowed for additional flexibility and probing of the participants' experience.

Research Design

Each semi-structured interview was face-to-face for 60-90 minutes in length. The researcher reviewed consent forms at the beginning of each interview. The consent form (see Appendix X) included the details of the study including how confidentiality would be protected, as well as the associated risks and benefits. Special attention was given to the section about risks. The researcher ensured that interviewees understood local resources that they could contact if they felt distressed after talking about their foster care history. These included the AIC hotline phone number and Suicide/Depression hotline phone numbers. Participants were given copies of the signed consents. All participant questions about the interview process, consent, and overall participation were addressed.

After consents were signed and any questions participants had related to the study were addressed, participants completed a brief demographic information sheet (Appendix X). An audio recording was made during each interview and recordings were transcribed and coded by the

researcher. The researcher used the interview guide (Appendix X) to help structure the interview but also left room for gaining additional information from participants. Participants were welcomed to ask any questions throughout the interview. Each interview varied in time with an average of 60-90 minutes. When participants appeared emotional, the researcher took time to verbally express appreciation for the personal and private story each was willing to share as well as acknowledging their accomplishments so far. In addition, the researcher explained a handout that gave two local community outpatient programs as well as a hotline phone number in case any participant needed additional care after the interview. Each participant was asked to identify at least two people they could confide in if they needed to talk after such an intensive interview. Lastly, each participant received a small gift card after the completion of the interview.

Instrument

The instrument utilized to collect data was an open-ended semi-structured, in-depth interview. Using an open-ended interview style enables the respondent to tell the researcher what happened in his/her life in his/her own way. This helps elicit the individual's life story pertaining specifically to the research question of aging out of foster care and finding success. Questions centered on their own views of them becoming a young adult and what defined them as adults. Questions were open-ended regarding their experiences leaving care, to whom they were connected to and why they maintained these connections. In addition, subjects were asked how they viewed their transition out of care, what made it successful and what struggles remained. Participants were asked what resources and planning they needed to do in order to make it out in the world on their own without the care of the state. Participants were also asked about what was helpful and not helpful during their transition. Each participant had an opportunity to give advice to future foster care youth that may help them better prepare for the transition out of care and on

their own. Each question would measure success as well as ongoing struggles through the eyes of each participant.

This interview guide helped to maintain consistency across the interviews while maintaining an openness to the unique voice of each participant. The interview guide questions were chosen to elicit the participants' experiences and foster the respondents' self-reflections. In general, the interview guide focused on each respondent's aging out process and their personal experiences of "making it" on his/her own in the world. The follow-up probing questions encourage the participants to elaborate on specific parts of their lived experience. These probes served the purpose of allowing the respondents to go deeper into the topic, and to clarify information so as to be able to compare and contrast the respondents' experiences of successes and challenges as they entered young adulthood (Charmaz, 2006; Creswell, 2007; Butler-Kisber, 2010; Padgett, 2008; Kvale & Brinkmann, 2009).

The interview began with gathering a history of placement, moves, and family background. Subsequent questions asked about the participants' perceptions of how they were doing now that they were out of foster care and living on their own. Questions explored the experience of transitioning out of care, key factors before leaving, struggles and obstacles that participants overcame and how they succeeded. The research explored with participants what made the transition work, what was not helpful and what they would do differently. Lastly, the researcher sought advice from each participant to inform successful transitions out of foster care for the next generation of foster care youth.

Recruitment

The inclusion criteria included older youth (ages 18-25) who had aged out of foster care and were deemed successful. Success was defined as living independently, not being incarcerated

or homeless, and participating in an education/training program or active employment. The participants were recruited from among those currently or previously with the Department of Human Services (DHS) Philadelphia-Achieving Independence Center (AIC). AIC is a community agency where all Philadelphia foster care youth begin transitional planning in preparation for independent living, at age 16. AIC eligibility includes youth between the ages of 16 and 24, either currently in care and/or with a history of foster care placement. Young adults who have left care and are independent receive additional support until age 24. The list of services provided at AIC includes: education, employment, technology, housing, life skills training, mentoring, healthy relationships, risks and choices, and parenting classes. AIC is a mandatory part of youth transitional planning the center is open after school hours, on the weekend and/or by appointment.

The Youth Build Philadelphia Charter School also provided a wealth of resources for the researcher. Youth Build provided access to potential participants and safe and secure space to conduct the interviews that was convenient for both the researcher and interviewee. Many of the students who attended Youth Build fit the sampling requirements in terms of age, leaving state care, living on their own, and either employed or in an educational program. Youth Build referred 50% of the initial participants which allowed for snow ball sampling to locate additional participants. Flyers were passed out at Youth Build and AIC, and a short oral presentation was given. Then a request for participants from the social workers and other care providers that had frequent interaction with specific youth s needed for this research.

Ultimately, four women and four men between the ages of 20 and 23 were interviewed. Research inclusion criteria was 18-25 years old; most participants were between ages of 21 and 23. More than half had at least one child. No participants were currently involved in the criminal justice system. Snowball sampling strategy was used when some interviewees from Youth Build referred other people they knew in the program who may fit this research criteria. In addition,

purposive sampling strategy was used from social workers and teachers who made referrals to this researcher from current or past students that remained in contact with them and fit criteria for the set interviews. Interviews were conducted at the Youth Build School or in the home of the participants if requested.

Only 8 interviews were conducted because it became increasingly difficult to recruit participants. I recruited participants directly from Youth Build who were participating in the educational program, or through referrals from social workers who knew of older youth no longer in the program but doing well on their own. While flyers and oral presentations were given to both AIC and Youth Build, AIC did not provide any participants for the study. Youth Build was able to help recruit participants who matched the inclusion criteria of age (18-25), time requirement in care to be at least two or more years, and having participants either in an education program and/or employed. Participants were not to be involved in the criminal justice system or homeless at the time of study.

Youth who participated in the survey received a \$25 movie gift card as an incentive for participating. The incentive also demonstrated respect and appreciation for their time.

Setting

Four of the interviews were conducted at the Youth Build School located in North Philadelphia, in a small private room. Arrangements for the interview were created by the school dean and provided privacy for the study. Youth Build School interviews were scheduled ahead of time by the dean at times that were convenient for the school as well as the participant. The remaining four interviews that were recruited through snow ball sampling were directly arranged by the researcher and participant over the phone. Youth Build is located in North Philadelphia

and other interviews were conducted in participants' homes located in West Philadelphia and the Kensington area of Philadelphia.

Research Ethics

This research study followed the mandates of human subjects research and general guidelines for ethical research in social work practice. The IRB (Institutional Review Board) applications were completed prior to collecting data. Because children and youth in foster care are considered a vulnerable population (Corcoran & Nichols, 2004), the project was designed with strategies for ensuring protection of the participants in mind. There are numerous potential benefits of exploring the circumstances of successful transitions out of foster care. A primary concern, which is a general concern in human subjects research, was to maintain the anonymity of participants. Participant identities were disguised to maintain anonymity. Identifying information was redacted from the interview transcripts and codes were used in place of participants' names. Participants were informed that interview tapes and transcripts would be stored in a secured location with access limited to the researcher. The tapes will be destroyed one year following the interview, and the transcripts will remain in a secure location. The transcripts contain no identifying information therefore anonymity is maintained.

Reflexivity Statement

Padgett (2008) writes, "*a qualitative study's success depends heavily on the researcher's personal qualities...these include self-reflection...reflexivity, the ability to examine one's self, is a central preoccupation in qualitative research*" (p.18). This is an important step toward achieving sound and strong qualitative research and it aims to improve rigor by managing self-awareness. Padgett further deems that, "*examining one's biases is not a one-time thing, but requires ongoing vigilance throughout the course of the study*" (2008 p.18). As a researcher who fits the criteria for

the research participants in this study (other than age and timeline of being in the foster care system), I maintained an acute awareness of my own reactions during all parts of the research process.

My reactions were related to my experiences within and while aging out of foster care and where I am today. After my discharge from the Department of Human Services (DHS) custody in 1990 with my young son, Troy (two years old), I was faced with finding a way to successfully transition to adulthood. Everyone tells me I am successful considering where I am. It is a hard path to keep marching. It is filled with obstacles and the challenges of accepting my family for who they are. It is filled with letting go of the hurtful past but being proud of it too. I am proud that I am one who made it out of foster care and also am the first in my family to go to college. I am the best and worst of my past, but I am also a person with success in the present. I want to continue to do things in the future that many people thought I could not do. This is a challenge to the abilities I continue to find within myself and the strength that comes from all my experiences. My past does not define me but it is always with me. It is what I choose to do with it each day and sticking with a each plan for the future. I frequently wondered if there were others like me and if anything has changed. This project gave me the chance to find out. Embarking on this research project was another opportunity to challenge myself to continue to persevere and to grow. This has been a significant learning journey with a population with whom I hope to work in the near future.

I shared many things in common with the research participants. There were also notable differences. It was important to be able to see this picture, to analyze the facts with the feelings. I made sure I continued outpatient individual counseling to verbally work through emotions that arose. I also wrote a reflexivity note for each interview to work through my emotions. This

allowed me to process my memo-writing based on the research questions and the facts found in each interview.

During each interview, I could process in the moment why I needed to self-talk my way through it as a researcher. I constantly reminded myself that I am not a therapist during this hour but the researcher. I only disclosed that I was in foster care for a long time, I am in school now studying social work, that and I chose this research topic very purposefully. Each participant shared many memories, good and bad. Toward the end of every interview, each participant seemed to view his/her struggles with success and saw a positive future. With that, I knew I was both caring and researched-focused at the same time.

Data analysis

This research included several forms of data, including transcribed data from recorded interviews, my own reflexivity statements, memo writing, and note taking during interviews. Many researchers (Glaser, 2002; Charmaz, 2006; Creswell, 2007) believe that all information of this sort is considered data. Memo writing was used to help this researcher pause and focus on my own ideas about themes and emerging categories. This process prompted me to critically evaluate and analyze data, observations, thoughts and feelings as well as to develop codes into categories throughout the research process beginning, middle and end. Writing multiple memos kept me deeply engaged in the analysis and helped create an increase in the level of abstraction of ideas with the data transcribed from interviews (Charmaz, 2006; Creswell, 2007). In addition, reflexivity notes enabled me to scrutinize my own personal experience, decisions, and interpretations in ways that drew me into the process and allow the reader to assess how and to what extent my interests, positions, and assumptions influences inquiry. Such a reflexive stance informs how I conducted the data collection and analysis process into written reports (Charmaz, 2006; Creswell, 2007).

Detailed data analysis began after all the semi-structured, audio-taped interviews were completed and transcribed. Data was prepared in transcript form. Given the unpredictability of qualitative data analysis, accurately capturing interviewee dialogues via audio recordings and verbatim written transcription is a crucial means of ensuring accuracy (Monette, Sullivan, & Dejong, 2008; Padgett, 2008). I transcribed the-interviewee responses verbatim (while leaving out or changing any identifying information of participants).

The meanings of the data that emerged from the interviews was analyzed qualitatively, through the use of thematic coding (Knopp-Biklen & Casella, 2007; Padgett, 2008; Charmaz, 2006). A thematic organizational approach was allowed for the emergence of themes unique to each interview. Units that shared a similar meaning were organized into themes that developed directly from the transcribed data. A classification scheme was developed and data were divided into categories. I found Categorization to be a useful tool for analyzing the issues that involve pattern recognition and thematic development (Knopp-Biklen & Casella, 2007; Padgett, 2008; Charmaz, 2006; Monette, Sullivan, & Dejong, 2008).

The first level of coding included a combination of identifying units of meaning, fitting them into categories, and assigning codes to the categories. True to qualitative methods, coding began at the point when similarities and differences between data segments or meaning units were identified. As I read and re-read transcripts, I began to make conceptual connections that allowed me to group similar meaning units together as categories. This procedure is called the constant comparison method (Knopp-Biklen & Casella, 2007; Padgett, 2008; Charmaz, 2006). In this process, units of data with the same characteristics are deemed to fit within the same category and are given the same code; meaning, units that are different in important ways are put into a different category and given another code (Knopp-Biklen & Casella, 2007; Padgett, 2008).

The primary task of coding was to identify and label relevant categories of data, first concretely (units of meaning) and then abstractly (format themes). Coding then proceeded in stages with several steps involved in the coding at various stages of the analysis. The first level of coding was a lengthy and detailed process that involved five tasks: (1) identifying meaning units; (2) assigning category names to groups of similar meaning units; (3) assigning codes to categories; (4) refining and reorganizing coding; and (5) presenting conceptual classifications systems-through themes (Knopp-Biklen & Casella, 2007; Padgett, 2008 Charmaz, 2006).

. The following codes emerged from the interview data: (1) Transition (2) Obstacles (3) Relationships (4) Hindsight (5) Generation Next. The next chapter describes in detail the five themes that I developed: 1. Making your own opportunities; 2. Weathering the storm; 3. Life is not a journey alone; 4. Progress is the distance traveled and 5. Pathways to ensure success.

Respondent Characteristics

Eight interviews were conducted with four male participants and four female participants. All eight participants were African-American, six from Philadelphia, one from Baltimore and one from New York but all currently residing in Philadelphia. Seven of eight interviewees were single and one female was married at the time of the interview. Four participants were enrolled in a high school education program, one graduated from high school, one was currently in college, one had attended some college, and one earned a bachelors' degree. Three of the eight participants were current parents and their children lived with them or another family member; none of their children was in the fostercare system. Only two of the eight were employed at least part-time. One of the eight participants did commit manslaughter at age fourteen but was sentenced as a juvenile. There were no arrests post turning eighteen, no convictions as an adult, no current charges pending for any of the participants at time of the interviews. Length of placement stay ranged from 7 years to 12 years with a mean of 9.7 years. Total number of

placements ranged from 2 to 16 with an mean of 8.1 placements. Average length of time since leaving foster care ranged from 2 years to 7 years with a mean of 3.4 years.

Respondents' Accounts of Lived Experiences

During the interviews, the respondents described transformative aspects of their experiences of entering into foster care, living through foster care and aging out of foster care. Through the accumulation of these experiences each participant identified the life experiences that directly affected their current success in living on their own. From the data, the following themes emerged that capture each participant's views of the challenges and journey into early adulthood.

I organized the themes that emerged into the following categories: (1) Transition: Making your own opportunities; (2) Obstacles: Weathering the storm; (3) Relationships: Life is not a journey alone; (4) Hindsight: Progress is the distance traveled; (5) Generation Next: Pathways to ensure success.

The theme related to relationships was what I refer to as "Life is not a journey alone". The young adults all strived to search for immediate and extended relatives. Along the way, most were able to find supportive friends, relatives (kin or non-kin) to help them in times of need and to consult for guidance. Each young adult created and utilized his/her network of social support and this contributed to his/her ability to cope with stress and obstacles.

In hindsight, many of the youth were able to reflect on their past and plan for their future, a theme I call "Progress is the distance traveled". Participants, now young adults, were all able to make sense of their past using a lens of optimism and sturdiness in order

to be stronger and prepared for today and what lies ahead. Each young adult used an optimistic lens of the world to maximize strengths and accomplishments and was able to examine the road he or she has traveled. Participants were able to see mistakes and setbacks as part of life even to part of life yet to come.

In looking toward the future, many of the participants had advice for those in similar situations, which is captured in the theme “Pathways to ensure success”. All of the foster care alumni agreed on various pitfalls that they experienced and that others could avoid. The advice given by them to the ‘generation next’ was to ensure that they could make someone else’s journey a little easier. All of the former foster care youth spoke of the importance of staying in school, finding work, saving money, and building and maintaining relationships. This advice seemed to be particular to planning for the transitional period between being under the state’s care and being completely independent. That space in between presented concrete tasks that each youth could reflect on in the present and see they should have stayed more focused and completed those tasks instead of waiting and trying frantically to do them now.

Themes

Transitions: Making your own opportunities

The theme of “Making your own opportunities” refers to the resiliency that comes of recognizing one’s limitations, but having the confidence to move forward and make safe and healthy decisions given the resources at hand. Making opportunities derived at least in part from positive attitudes toward family, education, work and the future. Those frequently characterized as resilient viewed life’s difficulties as challenges and respond

accordingly with constructive action. This included the use of self-talk, reminding oneself of his or her strengths, abilities, and past experience overcoming hardships.

A majority (five of eight) of the participants reported doing well on their own, labeling their efforts as “successful” and identifying the theme of “making opportunities.” Most reported that they are taking care of themselves, going back to school and/or maintaining a steady job, making better decisions, having goals and meeting goals and seeing a positive future. These five participants who reported making opportunities all had educational and career goals and at least some idea of how to attain them. While their futures are still being determined, they demonstrated insight into a direct path or next steps to take to make success happen.

Finding out how these young adults were doing now that they are on their own also included examining their future plans, i.e. what they saw for themselves in the far or near future. All of the youth could see into the near future but not all participants were able to project far into the future (beyond the next year). Most were stuck in the present day-to-day worries with little time to imagine the distant future. Worries included those related to unstable living environments, access to education and employment, and peer group and family support issues. Some reported having professional career goals such as becoming a veterinarian or a social worker. Others had goals of maintaining their independence; including having their own place or other more stable living arrangement. Others wanted to complete goals that lingered from their past, such as completing high school or college. Two youth reported feeling the pressure of being alone and independent, with the awareness that they were making it but barely, and that any moment things could change for the worse. Even with the constant worry and anxiety for the immediate future, all the participants had a generally positive outlook for the future because they believed that their persistence and hard work was bound to turn into good fortune.

During this set of questions, all of the interviewees thought back to what they considered

the beginning of living on their own, how they have been doing, what was going well and less well. All of the interviewees were planning their next major milestones such as full time employment with benefits and/or educational goal attainment, mostly for a high school diploma. Some reported regrets from the past but they realized that past mistakes could still be “fixed” or addressed by sticking to their present. All participants displayed worry around being stable, and doing small daily steps to reach their goals. Notably, they each described a newly developed way of solving problems. As they became better problems solvers, each was able to create more opportunities and/or pathways to those opportunities.

While every interviewee was unique, they shared a common theme of living in the here and now. Participants did not look too far into the future, believing it was better to wait to get there before trying to plan it. When probed to take some time to imagine the distant future, their empty looks displayed fear. There was a fear that failure would ensue if each participant could not be independent because there would be nowhere to go and no one to fall back on for help. This present-tense orientation allowed them to view every day as a success because it was another day they were making it as an adult. Success was seen in small steps and with short term goals. Small steps included getting up on time, attending school, completing their assignments for school or work. Short term goals included getting a good report card each quarter, saving some money, paying bills paid on time, maintaining a consistent schedule weekly. Thus, looking three to five years from now appeared out of reach and unnecessary at the moment. Living on their own meant they were living in the present in order to maintain their independence while working on one goal at a time. They broke things down into manageable pieces so that success could be obtained. When they began to worry, it was often about past experiences rather than the future or even the present.

Participants reported success was about doing “grown up things” liking caring for their

own basic needs, and also about overcoming past failures because that demonstrated their growth. Each expressed tangible successes like working or going to school, paying bills and also expressed hope for the future. Short term planning appeared more of a simple task for each interviewee. For example, one young adult wanted to be a social worker, so the short term plan was to finish high school and then college. This goal was broken down further to include high school attendance every day, getting reliable transportation there, learning how to study and learn more effectively while working and managing money at the same time. The longer-term goal of how to apply for and finance college wasn't yet a concern.

Some of the interviewees who were barely managing, used their efforts to live two lives. One life was doing the "right" thing like going to school and the other life was doing the "wrong" thing like selling drugs for income. This was still living in the present, but knowing that any day everything could fall apart through incarceration. There was a pressure to find resources. This pressure had a force toward illegal activity to maintain independence but it included the fear of losing independence. This experience was the most difficult to maintain as this person had very little adult/family support. However, there were other participants who had easier access to supportive resources and accessed help when needed. This included returning to old social workers or agencies and asking for help, extending current services or accessing board extensions to complete high school and/or attend college. This provided an easier transition as more adult support was present even if it did not come from direct kin.

As the participants were finding and analyzing the road blocks to living on their own, they also had to find ways of getting around such early difficulties from the past that appeared to be interrupting their pathway to independence. The participants would need to find ways to get through current situational needs then pave a pathway for their future goals toward success.

The theme of making opportunities was quite clear when exploring participants' educational plans and goals. While most of the participants were unable to follow the trajectory of enrolling in college directly from high school, many have enrolled or plan to enroll in a secondary education institution in order to achieve their goals. As **N.B. age 20 states**, "*...I see a future for myself being a veterinarian. I never thought I would be able to do that, it was just a dream but now I know I can and I am going to do just that.*" Having gone through hardships in her foster care experience, N.B. is now enrolled in a higher education program and is pursuing her bachelor's degree.

Other participants were enrolled in a secondary educational setting as well, including S.G. (age 21) who has started a medical assistant program with the hope of becoming a nurse. A.S. age 24 stated, "*One goal is to become a social worker....a lot of previous goals have been met like getting married last year; stable living for my children; a job; and enrolling back into community college.*". T.R. (age 23) reports, "*I am currently working and have my own place-and that's very good for my age.*" While T.R. has maintained a steady job and place to live, he is now beginning to incorporate plans for advancement through additional education into his long-term goals. J.T. (age 22), the only participants who went directly from high school into college, has graduated from college with an undergraduate degree in criminal justice. J.T. was also the only participant to apply for a board extension with the state to remain in care past the age of eighteen, where she stayed in a supervised independent living program (SIL).

Once these participants were able to map out a clear path for themselves with established goals and a realistic plan for making them happen, many reported a change in attitude and increased hope for the future. S.G. stated that after having recently started her medical assistant program, "*I am seeing myself go somewhere and not stuck anymore or without direction.*" Seeing their goals coming to fruition has been an uplifting

experience for many of these participants. Additionally, many of those exhibiting hope for their future expressed attributes of resiliency before they reached a secure and stable position. For example, T.R., stated *“Sometimes I have a positive attitude on things-I don’t give up on things until they work.”* This demonstrates the importance of resilience while making opportunities.

On the other hand, three of the eight participants did not feel the transition was going well. They reported that they were barely holding on to school or a job and at any moment things could get worse. These youth were more affected by risk factors such as homelessness and incarceration and expressed more worry about these things than their peers who identified their transitions as more successful. For these participants, even though they hoped to keep going, finish school, get a better job and find stable housing, the attitude was that they did not have much control and were on the verge of either sinking or swimming. All three participants expressed struggling between this duality daily. One example was going to school during the day and selling drugs at night; following both the right and wrong paths and wondering how to get both feet on the right track. One participant, 20 year old K.W., described the experience of being on the right track but always worrying that he might fall off.

“School is going well. I am a straight A student, a good father and I am staying clean and sober from drugs for the past year...I feel like I am doing good but I could do better...worrying about paying rent...no one is really hiring... The transition from foster care where you have someone taking care of you and then you living on your own is a responsibility factor, like when you leave here, this is it, this is life, this is reality. You can no longer tell your foster mother you need this and you need that. You gotta go out here and get it. It is a big part not having anyone anymore and having to fend for myself.”

For participant “T.B.”, aged 20, the struggle for survival, let alone gaining independence is immediate and uncertain:

“I live with my aunt...I don’t think she likes me...the money stopped and then she just stopped lookin’ out for me...I think things are going bad for me now. I am barely hanging in there, I just need to graduate so I can go in the army and leave all this behind and start new...If I was smart, I would have stayed in care [longer]...I am taking risks to survive, to make it.”

Another participant, 19 year old O.G. talked more hopefully but still with trepidation about the simultaneous freedom and scariness of being on one’s own:

“I have my own place and I have my own rules, I don’t have to listen to anyone...but there is a downside to it because it’s also scary because you have no one to fall back on... You are on your own, you have to like really have a plan for your life now... You wanna go forward in life.”

These three participants were experiencing a variety of challenges including: job instability, housing instability, lack of social support, and lack of financial support, all of which contributed to a greater sense of hopelessness. K.W. was succeeding in school and parenting his child all while maintaining sobriety, which is an impressive feat and indicative of success. However, unemployment and housing instability coupled with a lack of social support minimized his feeling of success and increased his worry. Any sustained period of joblessness could impact his ability to maintain his current housing situation and lead to homelessness, which could increase his risk factors for maintaining his success in school and his sobriety. O.G. expressed not having a solidified plan for his future, although he has maintained his own apartment. A lack of social supports increased his anxiety about being on his own and feeling unstable despite areas of stability. T.B. had family support from his aunt but their relationship appeared strained and she withheld financial support. All three of these participants expressed the wish that they had not been in such a rush to leave care and had stayed until they were more stable.

Weathering the storm

The theme related to obstacles, or ‘weathering the storm’, incorporates resilience that is demonstrated by the ability to succeed and prosper in the face of setbacks and hardships. This is especially important during the years of early adulthood and the transition that comes with taking on the responsibilities of adulthood while emerging from childhood. With several of the former foster care youth who I interviewed, there was hardly a childhood at all. Those young adults who demonstrated resilience have bounced back after each obstacle and kept moving forward, even under greater than average stress and misfortune.

The transition between late adolescence and early adulthood is a time period in limbo, usually before marriage, children, completing one’s education and making definite plans for the future. This is the time when youth ideally learn from their current decisions and make goals that move them toward self-sufficiency and a steady income. As part of this growing-up process, the youth in this study examined their own views and compared them with prevailing societal views about school, work, single parenting, peer relationship building, and new relationships with family. It was nearly impossible for any of these young adults to identify the one most difficult obstacle to overcome, as they faced so many challenges. This interviewer inquired about the top three or more struggles around which each participant constantly was maneuvering. Each participant saw his/her current obstacles as being a part of his/her past as well as their present. Each participant was self reflective about the past experiences that shaped him or her today and contributed to current obstacles. There was an understanding that things are supposed to be hard because it has always been hard. They generally reported there was no choice but to deal with hardships and keep pushing forward.

A large piece of “weathering the storm” with these youth was within the context of relationships. When connections failed with biological kin, they all searched for their immediate

peer group, and/or reached out to old social workers, foster parents and sometimes with the last agency they were involved with for services. This inner drive to be connected remained strong even when they made disappointing attempts to repair old relationships. Each participant had an ability to assess who in their lives were trying to help and who were unwilling to help. They could then hold on to who they believed was in their corner. In addition to the expected adversity of living on your own for the first time, creating a safety net that should already exist was a journey on its own. Participants reported seeking positive relationships, but some relationships, including relationships with self, caused challenges in their journey. T.R. and T.B. stated that being surrounded by negative people was detrimental to their mental attitudes to keep moving forward. As T.R. stated, *“It just killed my motivation over the years so I don’t know what I want to do... Right now, I am stuck.”* N.B. stated one of her biggest obstacles was around, *“very-very low self esteem, I think I overcame that...like every time my birthday comes I would look back over the last year and see what I had accomplished”*. Negative people and low self esteem were both reported as standing in the way of the participants’ desires to pursue further goals, such as education and a career.

In the theme I refer to as “the path that was given could not be traveled on,” each young adult had figured a way to reach his/her next point on the journey. These young adults all appeared to have the drive and the determination to create a path of their own to get where they need to go. All of these young adults maneuvered around obstacles, thought quickly on their feet, and were prepared to figure out how to keep trying if something didn’t work out. The participants’ problem solving skills centered around past mistakes and anticipating immediate obstacles that would get in the way of their day to day goals. The energy and worry it took to be able to go to school or work the next day, to pay bills independently, to find emotional resources and somehow find a way for socialization with peers all proved taxing. All of the participants continued to be hopeful about connecting with biological family along the way to their early

adulthood. When circumstances became over-bearing, each participant had a method for just letting go and letting fate set in. For example, if the obstacle was that there were transportation issues today, then there would be no school today, but there could still be school tomorrow.

Participants tended to weather the storm by being prepared for the unplanned. This state of mind appeared to involve contradictory emotions of fear, anxiety, competence, the courage to fail, expecting the unknown and the belief that success would arrive. Although a stressful way to live, all of the youth appeared to use this energy to keep going. It became a part of their daily cycle of surviving.

Several of the participants identified struggles relating to their relationships with family, the feelings of loss or abandonment and the general lack of support from family members:

“I had to forgive my mother after both of us finished our drug program so I could build a relationship with her. So I love her the way she is, knowing there is some things she can do and help and not help with. I know it was the drug addiction that stopped my mom from being the best mom she could be.” (KW)

“The biggest obstacle I had to overcome was knowing that my mother didn’t want me, she just left me there. My dad was trying to hide me and didn’t tell his family who I was, he didn’t tell my older brother and sister that they had another brother (me).” (TB)

“I always wanted to be a cop and my dad and relatives said you can’t be a cop, you will never be a cop, it’s just too hard to get in-so it makes me feel like I can’t get in, that I can’t do it.” (TR)

These participants expressed anger and resentment toward family members for giving them up or leaving them, for not being there for them in meaningful ways, for not supporting them and their dreams. K.W. ultimately found a way to forgive his mother, for whom he had been harboring negative and resentful feelings. He began to rebuild his relationship with her when he became a young adult. While T.B. did not get the opportunity to reconcile with his family members, he forgave and let go of his feelings toward them for his own benefit. T.R. is still dealing with the obstacles posed by the lack of familial support.

While some of the participants struggled with their relationships or lack thereof with their families of origin, others struggled with providing for their new families, including significant others and children. A.S. talked about how, while her children were her biggest motivation, caring for them was also one of her biggest challenges:

“My children were my biggest motivation... The biggest obstacle was trying to care for my children while in care... The children were the hardest part of my transition because I had to drag them along and they had to experience a lot of what I was experiencing trying to get back on my feet. And to see them hurting because I was hurting was the biggest hurt in my life.”

While dealing with her own feelings of loss and abandonment, A.S. faced the same difficulties in raising her own children and the pressure of not succumbing to the system that her family had faced. However, this pressure served as a motivator that contributed to her success as well.

Another common obstacle expressed by the participants was completing school. This was a significant challenge that was experienced by most of the participants. The following quotes from three of the participants are examples of the struggles involved in staying on track when it came to completing their educational goals. Once participant described the obstacles she faced as:

“not getting enough help learning how to prepare for college, like from the school district. What the college experience would be like and how to study and preparing for the culture shock if students decide to go away to college out of the city. The biggest obstacle was getting past the first semester of college to the very end getting my bachelor degree.”

Other participants also spoke of the challenge of completing their education as obstacles to achieving independence:

“I had to overcome was finishing school. It was the biggest one of all or I couldn't move forward. I didn't really get past this obstacle until I left my mom and lived on my own. There were no more excuses I couldn't play around anymore and I wanted my high school diploma not my GED.”

“The obstacles I had to overcome started with having to drop out of college to work to get money and pay for things I needed. I would love to get back into school-college but I need to work.”

Overall, not finishing school was described by many participants as the ultimate obstacle that would prevent them from moving forward in life. Those wishing to move on to a higher level of education felt ill-prepared by the foster care and educational systems in helping and moving them on to college. Some felt ill prepared because they did not have that push to get good grades; feeling like no one cared about their report card so why try harder. Others felt like no one taught them how to study. The desire to learn was not enough; they also needed help staying motivated and focused; learning good study habits and getting the practical supports they needed to succeed. Some expressed displeasure with their experiences in the public school system. The many moves, dislocation and relocation did not help them either.

Those who pursued secondary education frequently interrupted their education to address more immediate and basic needs, such as food and housing. The lack of emotional support and positive relationships postponed educational attainment as well. For a number of participants, initial failures proved only temporary. Failures and remedies of this sort included: starting college a semester later, failing a school program but starting a school program again the next quarter, and not being able to afford rent thus living with friends until they could afford their own place again. Sometimes these sorts of false starts and re-starts would occur in cycles, and happened two or three times. But, after each experience, participants reported learning how to plan better, save better, search and secure better job/job with more hours. They learned to anticipate the unexpected as they had not done during the first go-round and also to add to their support

system. Strategies included reaching out for help ahead of time instead of when it is too late, and/or creating a better peer group for social support.

Other significant obstacles mentioned by the participants included being incarcerated. This obstacle was often perceived as a threat, even if a participant had not been incarcerated. It was a clear possibility and fear that in order to survive bad decisions would be made; and if caught, doing jail time was a real possibility. There were many family members that had been in jail. This was a future that each participant wanted to avoid and purposely thought about on a regular basis.

Another big obstacle was avoiding abuse and/or maintaining sobriety from alcohol, marijuana and other narcotics. There was a sense among the participants of a threat hanging over them: that of following in the footsteps of addicted family members. Participants in recovery described the time they lost when their addiction made drugs/alcohol more important than work, education and other constructive activities and life goals.

When talking about the obstacles each had to overcome, the interviewees wove amazing stories of dealing with adversity. This was not just overcoming adversity but accepting adversity as an everyday expectation and as a mastery experience. Their stories of loss, emptiness, hurt and pain all became a badge of honor and wonderment of how they made it so far and at times could still smile. The stories included loss of an important relationship, or the emptiness of being without their biological family and moving from place to place. All of the youth revealed something missing that motivated their efforts to connect with other people and develop a human support system. They all shared stories of reaching out to family, sometimes resulting in satisfaction and sometimes disappointment. These stories demonstrated these young peoples' ability to overcome obstacles or "weather the storm" (Figure 1, p. 105).

Life is not a journey alone

Relationships take on a new pattern and meaning during the transition period into early adulthood. However, for former foster care youth, this is a time period used to fill in their gaps from the past by repairing old relationships with family, learning what relationships in the present are safe and supportive and at the same time creating positive relationship with their peers. These foster care alumni reported learning from their new experiences and making sense of their past experiences with others, including immediate family. There was a shift in the interaction of these young people with their environment and social processes. The participants appeared to be examining who they are in the present as compared to who they were in the past. Their identities were evolving from their healing of the past and their present ability to live independently.

While these young adults attempted to repair and heal relationships with their biological family, they dealt with the many disappointments associated with this process. Some believed that their families should have been waiting for this time to come, and eager to make up for lost time. When that didn't happen, it was heart breaking. Each participant described a moment when he/she woke up and realized that there was at least one other person who cared. They reached out to that one person and asked for help. It was at this starting point that participants' efforts in building relationships became consistent and purposeful. Communication skills were developing, while asking and accepting help offered were skills in the works. Learning how to work through conflict and disagreements were also added to their skill-sets. All participants created a new story for their past, for their pain, for their rejection and loss. Their motivation appeared driven by and toward the person or people who had always been there even though they were not kin. They each accepted a person(s) that would replace their parents. Such replacements could be a social worker, a foster parent, a boyfriend, a step-parent, a newfound extended relative, and sometimes a social service agency that held caring people willing to help.

All of the interviewees stated that they felt alone on their journey and lacked in adequate adult support. Yet they all shared many stories of receiving help from another adult. Depending on factors such as location, placement, and age in care, there were many different people who came and went in the participants' lives. They described a repeated cycle of connection and disconnection. Each remembered the good and bad experiences and was grateful for the help received. At the same time, each young adult was searching for a memory that included at least one adult who had invested in him/her throughout his/her childhood and adolescent development such as a parent, grandparent or sibling.

As the youths told their stories of getting out of the system and stepping out into the world, they described it as quite a solitary journey. Each story depended on them figuring out ways to attain the next goal. Each story told different ways of getting through and around adverse events no matter what. However, with every stop along the way, each young adult had an interaction with at least one adult who helped in one or more ways, such as through guidance, advice, finances or provision of a safe place to stay. The decisions on how to ask for help and accept help depended solely on each youth's decision-making process. It is important to note that these decision-making skills and problem-solving skills are developing during one of the most trying times of their lives: a real "trial by fire."

While most of the participants felt that they were alone in their journeys, other adults were mentioned, one after another, in isolated events. Several of the participants were able to remain in contact with their foster families:

"I check in with my foster parents just to check in and give them an update...I talk to one of my foster sisters on Facebook."

"My second foster home, I consider my family too, it went really well. I sometimes call her my aunt, she lives nearby...We talk a lot on Facebook...I let my foster mom know when I graduated and started my trade school program, she is proud of me."

“My last foster home, I had the best foster father...I still have contact with him... He really took care of me, like a parent not a person that is getting some money... He really was a parent.”

Two of the eight participants made secure connections with their foster families and remained in contact with them after leaving care. These foster families appeared interested and invested in what their former foster children are doing and were seen as a support if needed. Social networking was utilized as a tool for keeping in touch with family members and supports.

Other participants maintained contact or reconnected with their biological families after leaving care. Some reached out to heal from the past. Some continue to build on their relationships with family members directly with face to face contact or in some cases they stayed in touch through social media sites:

“I met my biological family when I turned 18...I keep in contact with my older brother and another brother but I’m not really close to any of my siblings... All of my siblings were also placed in foster care...My mom died when I was 2 and I never met my father...I was able to find my siblings using Facebook.”

“I have a lot of contact with my aunt... My aunt always remained a strong support, even though I could not stay in her house, she still coached me and always believed in me and told me that she was proud of me because I was not giving up and knew I was going through a lot.”

“I still see my mom because I have a little brother that lives with her and I check on him to make sure he doesn’t go into the system... I see my dad cause he lives nearby, he works a lot so I just talk to him on the phone...I lived with my aunt the past three years but I don’t think she likes me...I have a 19 year old sister but we really don’t get along”

“I still have contact with my aunt, a lot. She is my mom to me...I talk to my aunt everyday... My family is my aunt, uncle and two older sisters...my uncle used to always push me along and say ‘Baby, you can do it’ and I was always his college girl, and he was so happy and my aunt was so proud.”

A number of the participants reported checking up on their siblings, especially younger siblings. Again, social networking sites proved beneficial for foster care youth by enabling them to maintain connections with family members and other supports.

Despite their ability to reconnect with their biological families, all the participants also wanted to be connected to others and were drawn to connect with people as soon as they exited care. Participants reported a new independence after leaving care; initially that felt like a fresh start, one that each participant had control over. These participants chose where to live and who to get close to, choices that were made for them by other people when under the foster care system. N.B. described her new school as her “new foundation”, where she received much support from the teachers, counselors and administrative staff. She went on to say, *“this is the best I have ever been in my life...the teachers would always show me a lot of love and attention and make me feel special.”* Other participants listed former group home staff and good friends as vital to their support system. Several of the participants emphasized the benefits of having a significant other or spouse, creating the feeling of a family where there was none. A.S. states, *“I got married last year and I have support and help from my husband, he works and I work and we take care of our family.”* Another participant, N.B., talked about her boyfriend as a great support for her as well.

All participants described their journey into adulthood as one of relative isolation. Each felt alone in his or her journey and struggled to make t efforts in maintaining connections to others. But each of the participants had stories of one or more adults along the way that made a significant impact even if it was for a short period of time. Their help was remembered and appreciated. What was lacking was someone consistent throughout the years. None of the participants noted one or more persons who helped them throughout their journey. They described feeling alone without such a

relationship with one person over time. Participants were inclined to remember those gaps when there was no one specific person who was there for them. Participants were persistent about reaching out to others but only a few were able to keep the same connections consistently over time. Reaching out more via many social media such as Facebook, Instagram and email was a goal that participants spoke of working on, as they recognized the importance of keeping up with people who were in their corner.

Progress is the distance traveled

While all of the interviewees were entering a new phase in their development—that is, the world as a young adult, they also brought with them to the interviews much lived experience. Because of this, I inquired about what they would have done differently knowing what they know now. Each reported that their mistakes were necessary for the learning process. Because of that, they would not do anything differently. They did not regret their bad mistakes or wish they had never occurred. In fact, each participant denied that their mistakes ever hurt them or made things worse. They reported they would not have been able to learn any other way, and the lessons learned would be permanently entrenched in their minds as reminders of what to avoid. Participants indicated that those lessons would carry over into the future and make it easier to negotiate upcoming obstacles.

Participants believed that their suffering was meant to be; that they were destined to suffer on the way to becoming stronger in the face of future pain and stress. They tended to see mistakes as having created a shield of protection and as a source of pride. They viewed their lived experiences—both good and bad, as an unavoidable part of becoming a young adult. With each mistake, they learned a new skill or new tool for their toolkit. This mental and physical toughness was the reason they were here, and why they could handle anything in their future.

No one reported regrets despite reporting difficult feelings of loneliness, emptiness and missing connections with their family or other adult figures. No young adult interviewed wanted to replace his/her experience, neither with money, nor to be in a different place than where they are today. They talked about a belief that pain and struggle were necessary to growth and learning. As a result, all of their life experiences especially the negative ones, made them a better person. All of the participants believed that they were presently where they needed to be in their lives, and it was the right place. They each wore their past as a badge of honor for having made it through.

In terms of developing their identity, the subjects appeared to make a direct connection to past events, lived experiences and having learned from their mistakes. A sense of confidence, motivation and positive self-worth all stemmed from having survived in spite of the emotional wounds they suffered as children. While all young adults are still in the developmental process of defining who they are, the foster care alumni interviewed were literally figuring out who they were by reaching out to their biological relatives who could fill-in missing pieces of their childhoods and family histories. In short, they were finding out where they came from, who cared about them, what their families were like, and other details of their family histories.

In addition, the participants began defining themselves by characteristics they did not inherit or acquire from their families. This appeared very important to them. They reported not wanting to make the same mistakes as their parents; they wanted to be better than their parents both emotionally and financially. There was pride in making it through their lives so far, and a stubborn insistence that they wouldn't change any of their past behaviors. One participant, K.W. went as far as saying that even being in foster care was something he wouldn't change.

"I wouldn't do anything differently, honestly no-I love my life the way it is. Experience is the best teacher and that's how you learn from your mistakes...I would do nothing differently-I would go into foster care...I would shoot him shoot him again because I was protecting my mother and that was the only way to stop the

abuse...I would go to jail and I would have my daughter the same age because my daughter showed me that there was more to life. Before her, I was in to gangs and headed nowhere...I wouldn't change any of the decisions-they were all important for me to learn from and mature and understand how life really works."

Other participants echoed this pride and sense of ownership of their past:

"I would not do anything different; my experience is how I understand life itself. It was my journey; it was my walk down the yellow brick road in my cowboy boots."

"If I could do anything differently, I wouldn't leave the group home, I would stay until I could do it on my own. I didn't know about drugs until I came home and I know too much about it like how to sell it, how much it go for, how much it weigh, who is who, what's a crack head...when I was in a group home I didn't know none of that."

"there is nothing I would do differently, I have no regrets, I would do this all again if I could, if I had to."

"I don't know if I would change anything if I could. I would change nothing-because I learned from the experience. I learned from my life experiences. I could be worse off than I am right now...the things I went through in my life taught me never give up."

Other participants spoke about some things they would change in their pasts if they knew then what they have learned since:

"I would do some things differently knowing what I know now. I would wait, just wait. Like wait until I got myself situated first, like having a job or career and then when I did move out, move out on my own not with my boyfriend."

"If I could do things differently, I would have waited to have kids, I would have tried to get stable first and finish school. But some things I experienced helped me to get where I am now and made me into the person that I am and keep my head on straight so I wouldn't change a lot of things."

"If I had the mindset that I have now, and used it back then, I would have never smoked weed. I would have never hooked up with my first boyfriend knowing the way he was-I would have stayed away from a couple of friends and definitely as far as the foster care system-I think I would have went to the administrator and had a long talk with them and let them know how my social workers be treating me instead of me feeling like I have to handle this on my own."

Pathways to ensure success

Participants' past "mistakes" served as experiences to learn from and hopefully not repeat. When I asked them what advice they would give to others, they talked of learning from mistakes, but at the same time understanding that everyone needs to make his/her own path and

that usually means making both good and bad choices along the way that would hopefully make them stronger people. Other advice was to stick with and complete their education, learn about money and saving, stay longer in the system to receive more services, ask for help and accept help when offered, find work earlier, and spend more time on planning for the future.

All the participants had strong advice to the next generation of foster care alumni entering the world of independence. Each spoke with great confidence as an expert in the field. The top advice given from all eight participants was to communicate: find someone to talk to and speak up for oneself. This respondent's words were typical:

"...Definitely talk to your social worker as much as possible because if you don't have a good social worker, they will just wait until you're eighteen and you're just out the door... Stay on top of the social worker. If you find out that the social worker is not getting back to your calls, find out who their supervisor is and always, always leave a message... You find out where the office is and you go sit in the office."

Moreover, six participants advocated for having a strong plan and direction of where to go in life, keeping one's motivation and focus, and sticking to it in order to achieve success. In addition, five participants recommended controlling emotions, anger and frustration; learning how to talk and socialize appropriately; asking and learning about available programs; staying in the system as long as possible until adequately prepared for independent living; and thinking first before impulsively leaving the system. Finally, other advice included paying attention to friends and making school a priority.

Chapter 7: Discussion, Conclusions, and Implications for Future Research and Practice

This exploratory research examines the experiences of a small group of former foster care youth who have left care and found success during the time period of transition into early

adulthood. The interviews elicited accounts of their experiences of doing well on their own. Research is limited as to what exactly can improve the odds of leaving state care and living successful lives as young adults. These very personal stories of struggle and accomplishment reveal how some youth were successful in spite of the odds, during their transition into early adulthood. Through their own words, the participants' stories reveal what success means to them, as well as what helped them take a constructive developmental step toward becoming independent adults.

Research on youth transitioning out of foster care is critical for informing treatment and policy. Just under 400,000 youth were in the state's care in 2012 (Child Welfare Information Gateway, 2013). Despite the recent efforts of the state in the role as the guardian and protector of foster care youth, many are aging out of foster care experiencing significantly poor outcomes with regard to their ability to make it on their own. This includes difficulty with sustainable employment, minimum education, and financial skills. They also encounter problems with their interpersonal and individual psychological development despite and/or because of their friendships, family relations, and attachments to others. Current research reflects the lack of a functional and conceptual theoretical framework that can evaluate the effectiveness of foster care success rates of those exiting care and as well as providing a background for clinical understanding and treatment while foster care youth remain in state custody. A greater understanding into the individual and systemic factors will add to the literature on improving outcomes for those young adults leaving care and living on their own. The hope is that this research will shed a small ray of light on possible directions for social work practice and policy that can help improve the life chances of youth aging out of foster care.

The theoretical background for this study included attachment theory, and the risk and resilience framework through an ecological perspective. This three part conceptual framework was used to provide a context for examining the obstacles and successes of youth aging out of foster care. This conceptual frame will also be used to organize my discussion and conclusions.

Attachment

This research corroborated existing research regarding the drive toward and importance of human attachment throughout the life cycle. Particularly poignant was the finding that all participants in this study had sought to reconnect with biological family members from who they had been separated or estranged. This drive to reconnect with family members who had rejected or relinquished their caregiving ties, speaks to the continued power and meaning of these early failed relationships. The human drive toward relationship and attachment was further evident as all of the participants sought alternative sources of emotional support when their families of origin were unable to be there for them—from former foster caregivers, social workers, paramours and/or peer groups. This creation of a surrogate family of sorts demonstrates the resiliency and strength of these youth as they sought first to explore and recreate old attachments and then create new ones. Each participant had his/her own way of mourning the loss of a biological caretaker a second time, upon entering care and after exiting care. However, as adults, these participants did not wait for their biological caretakers to return, and each participant sought a person(s) that would fill that void whether kin or non-kin.

For the participants in this study, the wish for reconnection with their families of origin seemed to be an effort to fill in the gaps of their life story and see if anything changed; in a sense, they seemed to be attempting to master experiences of rejection before they could move on to new relationships. Family symbolized their personal narrative of who they are and where they came from. All participants had to mourn their losses and see reality in the present so that they could begin rewriting their life stories in more positive terms.

The life stories or narratives that the participants shared with me during the interviews had been revised and rewritten in the face of different experiences. For example, each participant told a story of having different people in and out of his/her life in a short period of time. Within that time, they accepted help and guidance from many different people. Connecting to others was not about the quantity of time but the quality of support within that short time period.

Participants described feeling they had no relationships or connection with others because they based that definition on someone being in their lives for a long period of time. They felt alone in their efforts and struggles and did not realize that they had many people they reached out to or who reached out to them. More importantly, they accepted the help and relationship/friendship no matter the length, and this was something they had learned to come to terms with and weave into the stories of who they were.

Resiliency

Risk and resiliency framework describes the successful and effective adaptation to transitions despite the presence of risk and adversity (Rutter, 1985; Luther, 2003; Werner & Smith, 2001). In the literature, former foster youth are described as a population most “at risk” especially at transitioning out on their own after care (Schofield & Beek, 2005; Schofield, 2001; Daining & DePanfilis, 2007; Drapeau, et al. 2007; Hines, Merdinger, Wyatt, 2005; Samuels & Pryce, 2008). Being resilient can help youth overcome obstacles experienced while in care of the state system and during their transition into adulthood. Resiliency can be both a function of individual personality characteristics and learned skills and behaviors. For the participants in this study, resilience took many forms—some having to do with attitudes such as optimism and perseverance, and other having to do with external resources, such as opportunities and relationships. Ultimately the participants’ successes—tentative and incomplete, but still impressive and hope inspiring—were the result of a combination of opportunities, resources, internal strengths and luck.

These former foster youth had neither completely overcome the obstacles they faced, nor had they been completely stopped by them. The participants' stories revealed time periods where they were "figuring it out," grasping and reaching out, making sense of their past lives and attempting to live in the present, while not forgetting the sadness and loss of the past. For this researcher, hearing and exploring the stories was like watching a developmental stage in process as real life unfolds through stories of former foster care children.

For my participants, their greatest achievements were learning from their mistakes, making it through bad events that happened to them and were out of their control as well as mistakes that were a result of their bad judgment or decisions. This survival against the odds became a badge of honor, so much so, that participants consistently reported they would not change any past mistakes because it was those mistakes that made them better and stronger, and taught them what to do differently in the future.

The Ecological Perspective

When addressing the needs of this population, understanding the multiple levels of influences on the developmental outcomes of older youth in care is important to foster care alumni and to the people involved in their care. An ecological framework acknowledges the complexities in treatment and policy for this population and helps provide some guidance in negotiating this complexity. Children's well-being is certainly affected by real world support, opportunities and chances. In addition to the importance of supportive relationships and secure attachment, and internal strengths, practical opportunities for learning life skills, furthering one's education and developing a career path were key components of the participants successes..

The participants' stories reflect the importance of different levels of engagement of which ecological theory speak—These are: the micro-level (caregiver-child relationship, attachment to kin and non-kin family environment which are the immediate settings or environment); the meso-

level (biological families which include the link between two or more microsystems); the exo-level (social-support network outside the family which include the settings not directly affecting the individual but that influence the microsystem); the macro-level (race/ethnicity and policies which include broader society and culture that encompasses the other systems); and the chrono-level (welfare reform that is constant or that changes over the life of the individual) systems levels (Anderson and Mohr, 2003; Bronfenbrenner 1977, 1994 and Schweiger & O'Brien, 2005).

On a micro systems level, the quality of attachment to kin or non-kin was crucial for these former foster youth entering the adult world. When they shared their stories, more than half reached out to someone, while those who maintained a close relationship with their caregiver continued to get emotional and/or financial support. In one case, a male participant lived with a relative who was happy to care for him until the state money ran out. After that, he got messages daily about his being a burden. He was in jeopardy of losing his emotional and financial support system any day. This stress led to selling drugs on the side to make money to give to his relative in order to make peace and have a place to stay. This was something he didn't want to do but felt like he had no choice. Maybe, if he gets through his current educational program he could be ready to be on his own. But if he gets caught for his current criminal activity then that would determine a different future than he wanted.

The meso system examines the relationships between caregiver, kin or non-kin and that interaction with the biological parents. As I reported earlier in this chapter, the participants all embarked on a journey to re-discover their biological parents and extended kin after they left foster care. Research shows that biological parents' involvement is critical to a child's development, development of positive identity and family reunification (McWey & Mullis, 2004; Hong, et al. 2011; Berrick & Barth, 1994; Schweiger & O'Brien, 2005). The journey of

rediscovery also demonstrates a need for integrated support of foster care youth, rather than a split between “state custody” and “family custody” that is sometimes perpetuated.

The quality of the caregiver-foster youth relationship can be influenced by a larger system that is not directly experienced by the child but still has a profound impact, such as social support and involvement of the child welfare professionals (Figure 2, p.106). The participants in this study struggled the most with creating support networks after leaving care. More than half of the participants reported ongoing needs for professional support and services after they left the foster care system.

The macro system emphasizes the wider impact of society on the individual, factors such as how families function and view themselves (Bronfenbrenner, 1977; Eamon, 2001; Schweiger & O’Brien, 2005). This has been commonly referred to as a “cultural blueprint” (Bronfenbrenner, 1977) that influences activities and social structures. Examples include race/ethnicity as well as policies that affect the situations and processes occurring in the microsystem-like caregiver-youth relationships. As all of my research participants were African-American, they are part of already existing research that reports a disproportionate number of children placed in foster care to be members of a racial minority, particularly African-Americans (Beeman, et al. 2000; Chipman et al. 2002; Ehrle & Geen, 2002; Schwartz, 2007). This population is more likely than other race and ethnicities to live in poverty and suffer from structural barriers and inequities. The participants were fast to realize that their biological families could not financially support them when they attempted to reconnect and become a part of their biological families. Some of the participants described their connection attempts as being a burden on their family financially and emotionally, which added to their feelings of rejection.

The last level in the ecological perspective, the chronosystem, refers to large-scale economic or historical events that impact individual human beings during their lifetime. An

example is the 1996 Welfare Reform TANF which put a five year lifetime limit on benefits as well as directly affected policies and services for caregivers. Without extended help from social services, caregivers can attempt to get welfare benefits for a limited time under very specific conditions. In addition, kinship caregivers would not qualify for most benefits because they were not a licensed state provider. As the state child welfare systems experience increases in out-of-home foster care placements, the money dries up quickly and many people go without needed additional benefits (Anderson & Righton, 2001; Petit et al., 1999; Hong et al., 2011).

In conclusion, treatment and policies for older foster youth preparing to leave state care require a multi-level systemic approach before and after their transition into young adulthood. An ecological approach informed by attachment theory and the research on risk and resiliency was used in this study to help make sense of the participants' experiences aging out of foster care. This approach also has value as a perspective from which to educate social workers who provide services to this population and as a framework for developing more effective social policies. We can also continue to learn how to help these youth be successful by listening to their stories of success and failure, and learning from them.

Limitations of the Study

One of the major limitations of this study is its small sample size. This study had eight participants, four female and four male. While the goal of qualitative research not necessarily to generalize but rather to open a space for the lived experiences of individuals to be heard and made sense of, the very small sample size of this study makes it mostly descriptive in nature. Nonetheless, the descriptive detail that came from each interview opens a window into the experiences of these foster youths' personal journeys as they exited care than points to some directions for both future research and practice. Further, while the participants were a homogenous group of African-American foster care alumni, this demographic is overrepresented in this study and deserves additional study.

In addition, since this research utilized a three-part theoretical background of resiliency, attachment and ecology, it would have been interesting to include standardized measures of attachment styles and resiliency in order to better understand the role of these factors in the participants' successes. A mixed methods study with a larger and more representative sample size would be a natural next step toward further understanding of this important topic.

Mix methods of study would also give a well-rounded and rich set of data and conducting longitudinal studies periodically through the developmental cycle such as in five year periods. Measurements for the quantitative data should be theory and researched based such as instruments already established to measure resiliency and adult attachment. The qualitative data would be rich in detail not only from the foster alumni themselves but from other people and systems currently involved in their lives. The findings of this particular research study highlighted the need for further study about the transition to adulthood of youth in foster care.

Finally, I recognize that it was impossible to completely disengage my own experience in long-term foster care from my research on this topic. My personal history and involvement includes very similar experiences as those of the youth I studied, even though I am of the generation that came of age prior to the Adoption and Safe Families Act and the Foster Care Independence Act. I took great strides in accounting for my personal emotions during this research that included one-on-one weekly therapy; detailed reflexivity notes; and supervision of my data analysis. Even so, providing a better triangulation of data would have been beneficial and could have included a separate researcher to conduct data analysis; member checking of data given from the first interview along with any follow up questions which would have provided data for a second interview. In conclusion, in spite of the limitations I describe above, the findings of this study can be used as background to further understand the successful and unsuccessful transitions to adulthood of youth aging out of the foster care system.

Figure 1: Internal Views of External Obstacles

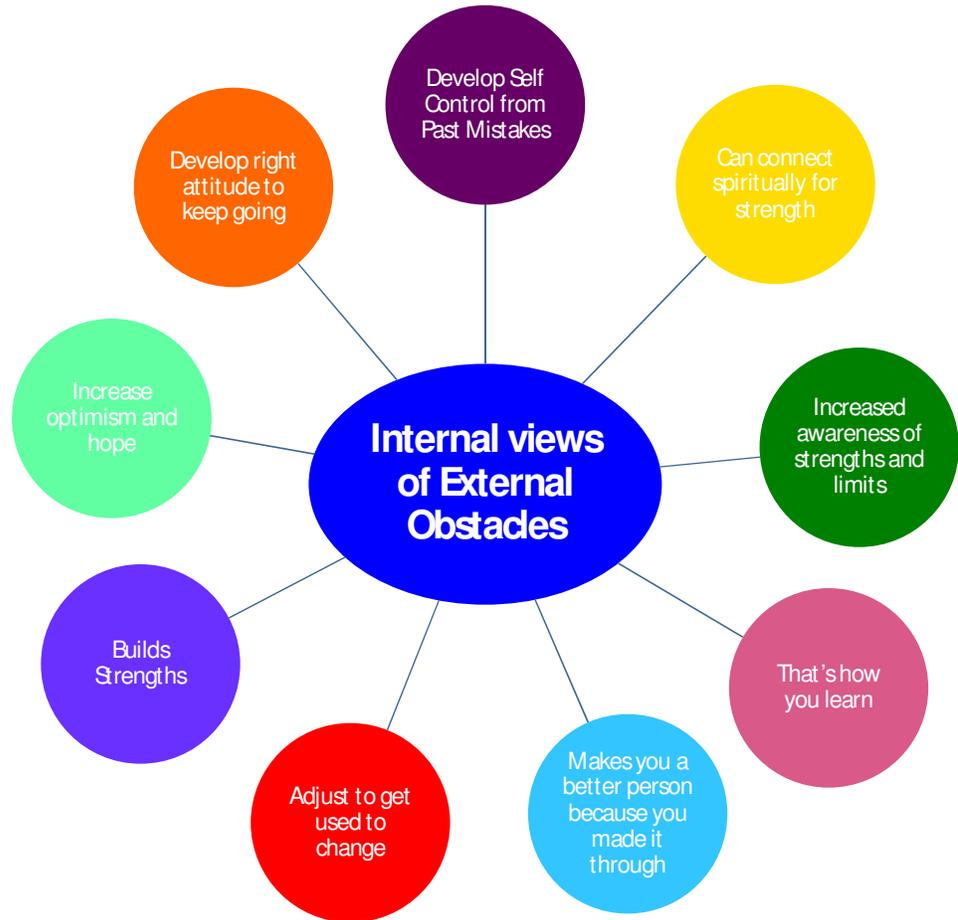
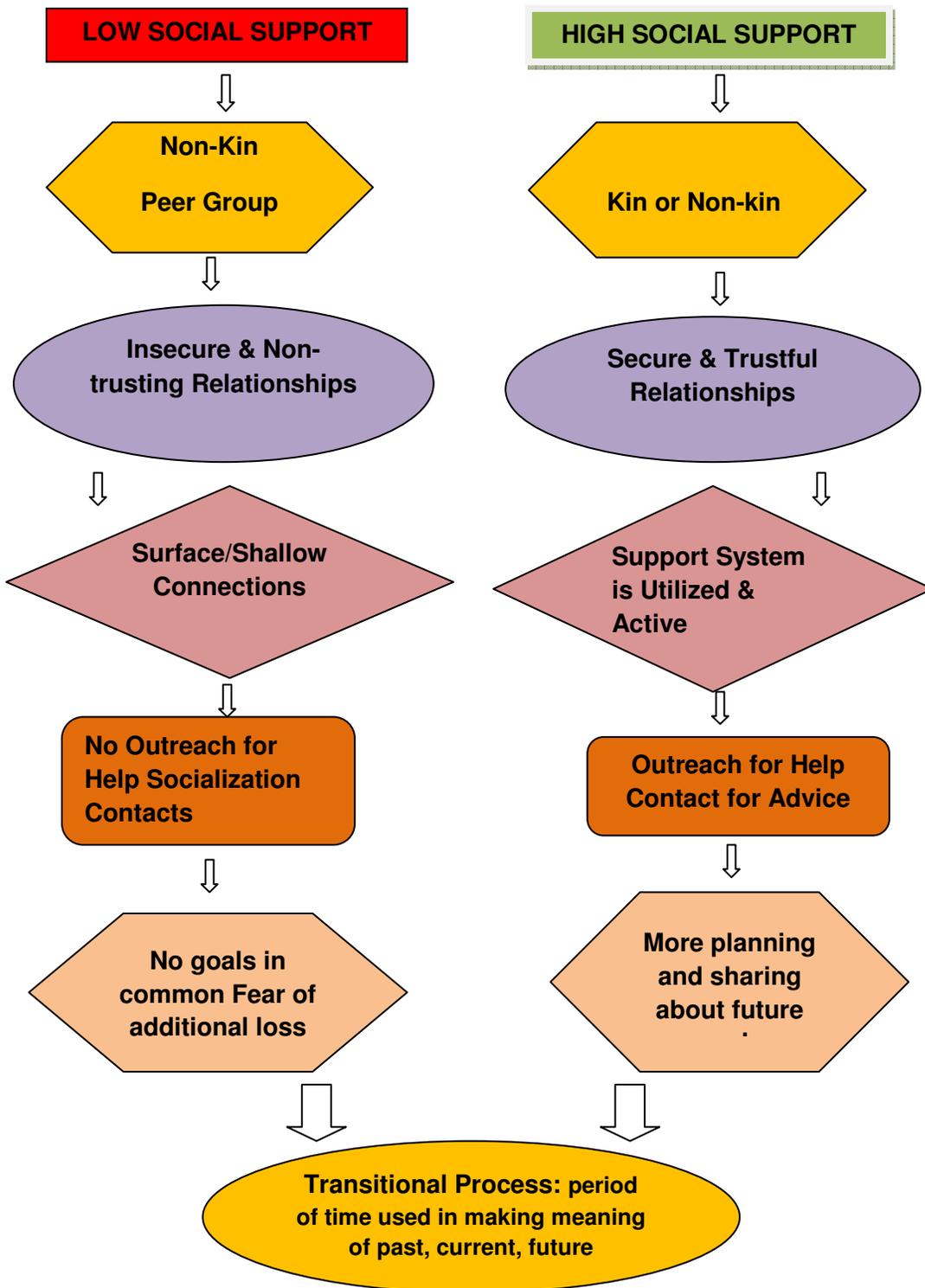


Figure 2: The Impact of Social Support On Youth Aging Out of Foster Care



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APPENDICES

Appendix A: Consent Form

University of Pennsylvania

Informed Consent Form

Consent Form for Participation in In-Depth Interview-Analysis

Project Title: Aging out of Foster Care into Adulthood

Principal Investigator: Sabrina Gonzalez, MSW, LSW

School of Social Policy and Practice: Doctoral of Social Work Program

Telephone: 215-519-4518

Email: templegrad@msn.com

Emergency Contact: see above

If you do not understand what you are reading, do not sign it. Please ask the researcher to explain anything you do not understand, including any language contained in this form. If you decide to participate, you will be asked to sign this form and a copy will be given to you. Keep this form. In it you will find contact information and answers to questions about the study. You may ask to have this form read to you.

What is the purpose of this study?

The purpose of this project is to learn more about how older youth aging out of foster care make the transition into adulthood in your own words. What has this experience been like for you? You will be able to share this information by answering about six overall questions.

Why was I asked to participate in this study?

You are being asked to join this study because you were a foster care youth, who had been in the system for at least two years. You are now living on your own and taking care of yourself. Your journey out of the foster care system and your opinions around becoming a young adult are important to know and understand. As a part of this research study, your personal experience may influence future research programs and policy.

How long will I be in the study? How many other people will be in the study?

This in-depth interview will last around 60-90 minutes. A total of 6 – 8 people will be interviewed.

Where will the study take place?

The interview questions will ask about your recent life and events. Therefore, finding a quiet and confidential place to meet and record our conversation. Some choices where we could meet and talk include; Youth Build School location, researcher office located at Intercultural Family Services 2317 S. 23rd St. 19145; Achieving Independence Center; or even your home if that is the most convenient place to hold the interview. The choice will be left up to each interviewee.

What will I be asked to do?

If you agree to do this, we will set up a time to interview you, at a place that is convenient for you and me. There will also be a short demographic form with basic background questions to fill out. There will be some closed and open ended questions asked to you. You will be asked to answer the questions to the best of your ability, as much detail as needed and know that there is no right or wrong answer, just words from your own experience. You will be asked permission for the interview to be recorded or just to have notes taken during the interview. The purpose of audio recording is to transcribe by typing the interview word for word so the researcher can review your exact words.

What are the risks?

It is believed that the risks to you are minimal. You might experience some emotional discomfort in sharing your personal experiences and thoughts but it will be a safe place to disclose and talk without being interrupted or having anyone else hear your interview. Specific risks may include you feeling upset or sad about remembering past hard times and discussing them aloud. If you do feel any emotional discomfort, you can reach a counselor at AIC – Achieving Independence Center, 1118 Market Street, 2nd Floor, 19107 – 215-574-9194 or use a hotline phone number to

speak with a counselor anytime without revealing your identity by calling 1-800-273-TALK (8255).

How will I benefit from the study?

Your participation in the study provides an opportunity for you to share your story, struggle and success with others going through a similar situation. It will also help others learn about what was helpful and not helpful in foster care, and what young adults may need to be successful when leaving foster care. This information will add to current policy and practice to help the next generation.

How will confidentiality be maintained and my privacy kept protected?

The researcher will make every effort to keep all the information you tell during the study strictly confidential, as required by law. Your confidentiality will be protected by keeping your name and demographic information separate and in a locked cabinet away from any other information about you. You will only be identified by a number that will be assigned to you. The Institutional Review Board (IRB) at the University of Pennsylvania is responsible for protecting the rights and welfare of research volunteers like you. The IRB has access to study information as well as members of the dissertation committee for this research study.

Anything with your name on it, such as signed consent forms, and any other documents that could be used to identify you, will be kept in our locked cabinets, separate from your interview tapes and transcripts of those tapes. Tapes and transcripts will have numbers on them, but not your name. We will destroy all tapes and any documents that have identifying information about you once the research is complete. They will not be kept for more than 3 years. Only members of the

research team will have access to these data. The researcher will never use your name, personal information or information about where you work in any report or publication.

Will I have to pay for anything?

There is no monetary cost to you during this study. The only contribution that will be asked of you is your time.

Will I be compensated for participating in the study?

To show appreciation for your time, you will be given a \$25.00 gift card to spend at any store that takes credit cards upon completion of this study.

Who can I call with questions, complaints or if I am concerned about my rights as a research subject?

If you have questions, concerns or complaints regarding your participation in this research study or if you have any questions about your rights as a research subject, you should speak with the Principal Investigator listed on page one of this form. If a member of the research team cannot be reached or you want to talk to someone other than those working on the study, you may contact the Office of Regulatory Affairs with any question, concerns or complaints at the University of Pennsylvania by calling (215) 898-2614.

Summary and Signature:

I am being asked to participate in a research project. If I agree, I will be interviewed about my experience and views related to transitioning out of foster care and living on your own. I will also complete a short form about my background.

I do not have to agree to be interviewed. I am also free to stop participating at any time. By signing this form, I am freely agreeing to be interviewed. Any questions I have about the project have been answered. I have received a copy of this letter with information about how to ask more questions later if I have any.

Name of Subject (printed)

Date

Signature of Subject (signed)

Name of Interviewer

Appendix B: Demographic Information

Participant Code

Please provide the following information about you:

1. Gender Male Female

2. Age: _____

3. Ethnicity

a.) African-American

b.) Latino/Hispanic

c.) Caucasian

d.) Asian

e.) Other

4. Marital/Partner Status:

a.) Single/Never Married

b.) Living with

c.) Married

d.) Divorced/Separated

5. Highest Level of Education:

a.) some high school

b.) graduated high school

c.) completed GED

d.) currently in an educational high school/GED program

e.) high school/GED and some trade school

f.) high school/GED and some college

g.) currently in college

h.) college degree: type _____

6. How long have you been living out of the foster care system? _____

7. Are you a parent or about to be a parent? Yes No

8. How many children do you have? _____

9. Are your child/children living with you? Yes No

10. Are you homeless or about to be homeless? Yes No

11. Have you ever been convicted of a crime as an adult and served time in prison? Yes No

12. Are you currently working? Yes No

13. What are your future training/career plans?

Appendix C: Interview Guide*Interview Guide*

1. As you think about being a young adult who has aged out of foster care, how would you say you are doing?

- What is going well?
- How long has it been since you left care?
- How long was your stay?
- How many placements did you live/stay in? What type of placements were they?
- Do you continue to have contact with your former foster family or anyone from placement?

2. Describe what it has been like for you to leave care and live on your own?

- Give specific examples about your transition leaving care – the parts most important to you..
- When did you feel like you were ok and made it? How did you know?
- Tell me about a really tough time, a struggle that you made it through and how?

3. What did you have to do to make this transition work?

- What kind of help did you need?
- What other supports worked?

- Anything you would do differently?

4. What was not helpful on your journey?

- What are some of the biggest obstacles you have had to overcome?
- How did you overcome the obstacles?
- How have you prepared for future obstacles?
- What do you do now if you need help or advice?

5. What advice do you have about ways to improve the chances of success for foster care kids?

- Older foster youth in care turning 16 and preparing for transition?
- Older foster youth leaving care for the first time on their own?