THE RELATIONSHIP BETWEEN ATTACHMENT AND RESILIENCE IN FOSTER CARE ALUMNI

by

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ABSTRACT

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Approximately 28,000 foster youth are discharged from the foster care system annually because they have reached 18 to 21 years of age and are considered adults (U.S. Department of Health and Human Services, 2011). Between the years 2000 through 2010, an estimated 228,000 young adults aged out of the child welfare system, nationally (Weidner, 2010). This exploratory study sought to highlight the relationship between attachment and resilience in foster care alumni. The study included adult foster care alumni perspectives on their personal history, attachments style and level of resilience. Examination of the attachment styles of young adults yielded significant differences between a group of individuals who were never in foster care and a group of individuals who spent time in foster care and exited as young adults. Utilizing questionnaire method, this quantitative study examined patterns of 43 foster care alumni compared to 39 non foster care service recipients. Key findings suggest that young adults who were successful shared similar levels of social and financial supports. Consistent, easily accessible services were critical to successful outcomes for young adults. Study results also suggest a need for future research in building resilience through decreased use of school suspensions, enhanced use of housing subsidies, building creative cohabitation opportunities, increasing parental visitation during adolescence, and increasing ways to express emotion in order to improve adult outcomes for young adults emancipating from foster care.

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DEDICATION

This work is dedicated to family members who encouraged me and supported me through this process in their own unique ways – My husband Rick Gallwey, for his patience and unconditional love, my sister-in-love Carol Magaro, for her *ever-presence,* my daughters Sultana and Journi, for their colorful guidance, my sons Tyler, Joshua and Jonathon for keeping me grounded, my mother, Cholamati Jaipersaud, whose value for a good education was not lost on any of her children and to my first grandbaby, Caspian - may his journey into adulthood be safe, healthy and joyful, always…

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CHAPTER I: INTRODUCTION AND PROBLEM STATEMENT

Foster Care Alumni: Leaving Care Unprepared

The child welfare system offers a wide range of services geared toward helping vulnerable children, youth and their families regain stability. Among the tools used to provide these services are: Case planning and case management activities; intensive family supervision; physical and mental health care; parent education/training; and linkages to specialized community based service providers. In addition to offering these vital services for children and youth, the child welfare system offers a range of support services to young people in court ordered out-of-home care related to health, mental health, educational/vocational training, housing and finances. These crucial services end at a time when many young people are unprepared to assume full adult responsibilities (Metzger, 2006). While younger children leave care through reunification with birth families or through adoption, approximately 28,000 foster youth were emancipated from the foster care system annually (United States Department of Health and Human Services [USDHHS], 2011). New York City Administration for Children's Services, currently has 2,000 youth age 18 and older, slated to leave the city child welfare system potentially without ongoing guidance and support during their transition to adulthood (NYC Future, 2012).

Transitioning to adulthood is a developmental process encompassing cognition, behavior, and socialization that solidifies in the third decade of life for many adults (Schwartz, Cote & Arnett, 2005). The period after adolescence and before mature adulthood, is currently more complicated by changing societal expectations where entering marriage, starting a family and establishing a home are no longer the only milestones marking adulthood (Cote & Arnett, 2005).

This process is further complicated by economic factors within a constantly changing fiscal environment that serves to impede a young person's ability to live independently. Although, at one time it may have been an appropriate expectation for a young person to be "on their own" at age 18, evidence suggests that in the United States of America, young people are currently at a disadvantage if they lack the support of their family, or a family like unit (Aquilino, 1996; Avery & Freundlich, 2009).

Today many young people return home to their families even after completing their college degrees. Approximately one in seven parents of adult children report at least one adult son or daughter returned to their parent's home to live, within the past year (PEW Research Center, 2012; SSW, 2010; Walsh, 2012). This trend is evident in the Census Bureau data, which shows that adults ages 25 to 34 are most likely to be living in multi-generational households, whose numbers are at the highest since 1950's (Parker, 2012; Walsh, 2012). For those young adults exiting foster care, the process of becoming independent and self-sufficient is much more difficult given the lack of resources and the absence of their own families as a safety net (Courtney, 2009; Garrett, Higo, Phares, Peterson,Wells, & Baer, 2008; Osgood, Foster, Flanagan, & Gretchen, 2005).

Stemming from histories that may involve exposure to traumatic experiences from family, community or societal sources, many young people in foster care also face physical, mental health, behavioral and developmental challenges that increase the importance and yet decrease the potential of having caring and committed adults in their lives. There is a body of evidence (Courtney et al., 2001; Georgiades, 2005; McMillen, Readouts, Fisher, & Tucker, 1997; Metzger, 2006) that supports the notion that the foster care system inadequately prepares these particular youth for connection to caring adults who can provide a safety net during young

adulthood. Without the safety net of family members and other supportive adults, these vulnerable young people often continue to cycle in and out of formal institutions created to manage mental illness, criminality, homelessness, and poverty without safely making the transition from adolescence to adulthood (Reilly, 2003; Courtney & Dworsky, 2005; Atkinson, 2008; Krinsky, 2010).

Study Purpose

Young people face many challenges as they strive to meet milestones marking adulthood and systemic conditions still exist and these conditions do interfere with successful youth outcomes. For young people who exited the foster care system to live on their own, these challenges are compounded by exposure to trauma, lack of family resources, poor finances, inadequate education, mental health issues, and little or no access to housing and employment opportunities. Our child welfare system contributes to their challenges. Kadushin, a classic child welfare scholar, (p. 53, 1976) notes in his seminal work,

> The service offered is not appropriately related to the problem being presented, nor to the client presenting the problem. The approach to clients is often unnecessarily authoritarian and coercive and the worker's decisions are often arbitrary and made without regard to a systematic, diagnostic assessment of the situation. Children get lost in the system, temporary care becomes permanent care, periodic, systematic review of case planning is often neglected and there is studied indifference to parental needs once the child has been removed. These findings are a result of ongoing tensions within and between established societal systems. In short, the system operates against the achievement of permanence for many children.

Three and a half decades later, Kadushin's perspective on the shortcomings of the child welfare system remains relevant. This study was designed to help illuminate the need for child welfare staff, administrators, and legislators to attend to foster care youth's nuanced attachment needs requiring more than a one-size fits all approach as child welfare technology continues to develop through the 21st century.

This study provides an analysis of young adults who have left the child welfare system and their ability to meet milestones for self-sufficiency compared to young adults who do not have a history in foster care. This dissertation also explores potential reasons for individual resiliency within the realm of attachment. It seeks to uncover mitigating factors related to attachment style that seem to protect some individuals from harmful influence, and how this knowledge can be used to guide social work interventions. The research questions in this study involve the relationship between attachment and resilience and will explore the following questions:

1. To what degree is attachment style associated with resilience during young adulthood for individuals who aged out of foster care?
2. To what extent do attachment styles differ in young adults who have aged out of foster care from young adults who were never in foster care?
3. To what extent do attachment styles correlate with levels of resilience and specific markers of adulthood such as education attainment, employment and housing within the two groups – individuals who left foster care as young adults and individuals who were never in foster care?
4. To what extent do race, class and gender factors correlate with attachment style and resilience?

CHAPTER II: HISTORICAL CONTEXT

Throughout history, there is documented evidence that many civilizations have struggled with managing the needs of dependent children and youth (McGowan, 2005). Responses to "unmet needs" were poorly organized, in part because *child abuse* and *child neglect* concepts were poorly defined social constructions until the 19th century. The staggering number of impoverished, inner city street children drove philanthropic, sectarian, and non-sectarian organizational leaders to develop partnerships (Nelson, 1995). This was clearly the case in urban areas of the country such as New York City where these partnerships in turn began the child safety movement during the mid to late 1800s and set a firm foundation for our contemporary child welfare system in the United States.

Poor House Reform Era – 1850 – 1880

During the 19th century, New York City saw a sharp increase in the population of children and youth numbering around 1 percent or 3,000 living in the streets (O'Connor, 2001). The population had increased as a result of the industrial capitalism movement, influx of new immigrant population, and effects of the War of 1812 (O'Connor, 2001). Children and youth of predominantly poor white immigrants were sent to almshouses, orphanages, juvenile prisons or asylums (Vandepol, 1982). An overwhelming majority of Indian children were sent away from their families and to Indian boarding school beginning in 1876. Children of African descent were largely unserved by the child welfare system during the 1800s, as slavery did not end until 1865, less than 150 years ago, and even after slavery ended children and youth of African descent were excluded from key community involvement through segregation practices (Billingsley & Giovannoni, 1972). Dependent African American children were placed in almshouses and

excluded from most orphanages, resulting in further loss of home and heritage in a continuation of intergenerational assault on people of African descent (Billingsley & Giovannoni, 1972).

Prior to the emergence of Social Work as a profession and Child Welfare as a system, responsibility for the care of indigent children and youth fell to the family, the church, and local community members. Charles Loring Brace, a Protestant minister working through the organization he founded, the Children's Aid Society (CAS), is credited with the design and implementation of the first systematic program for managing the indigent child and youth population of New York City (McGowan, 2005). The Children's Aid Society organized the removal of delinquent and impoverished children and youth from the streets and subsequent re-placement in family homes in North Eastern and Western states. Brace and the Children's Aid Society were alternately criticized and lauded for the *placing out* program. Many critics report that Children's Aid Society did not screen prospective homes, nor follow up to ensure the safety, well-being of the young people placed in these homes. Supporters contended that Children's Aid Society was committed to helping impoverished children and youth across the city. Over the first 75 years, the Children's Aid Society alone placed approximately 105,000 young people in settings away from their birth families (Cook, 1995). As an example of the process of faith-based organizational growth in child welfare, New York Foundling, a Catholic Agency established a similar program in 1876 because of concerns that CAS was using the "placing out" program to convert Catholics to Protestantism (Cook, 1995).

The Progressive Era - Late 1800 - 1930

On a wave of reformation, the New York Society for the Prevention of Cruelty to Children (SPCC) was established in 1875 to address issues of rampant child abuse and neglect (Gilfoyle, 2004), setting a standard for public child protective services nationwide. As one

harbinger of the progressive era, society began to recognize the developmental needs of children and the social construct of *child neglect* and *child abuse* gained prominence (Frame, 1999). In response to major concerns for the well-being of children, during 1865 to 1890 feeder agencies under the auspices of the SPCC, the church, and local authorities placed a large number children and youth in many institutions resulting in a tripling of the census in orphanages, juvenile asylums and other placement settings (O'Connor, 2001). During this time, relocation away from the birth family was deemed more effective than providing help to both the children and their impoverished parents. Society as a whole, judged these impoverished parents to be incapable of raising their young to be able-bodied contributors to society (McGowan, 2005).

Placing out became the heart of foster care programming in the United States; however, the very act of removing children from their home of origin severed all connection between young people and their lineage, without reunification plans. The 19th century child rescue ideology also led to the separation of tribal as well as immigrant children from their families and communities. The belief that immigrant children, African American children, and Indian children were better off away from their families and communities was explicit in statements by key policy makers (Belanger, Green, & Bullard 2008; Brooks, 1999; Rivaux, James, Wittenstrom, Baumann, Sheets, Henry, & Jeffries, 2008; CSSP, 2009) and service providers at the time.

The *placing out* program was successful in decreasing the number of children and youth in the streets; however, its administration was questionable with respect to the overall impact of losing connections to one's family and heritage. A shift in practices occurred in 1886, when Charles Birtwell and the Boston Children's Aid Society began the first foster home programs with reunification planning (O'Connor, 2001). At the same time, many states began to close their borders to unaccompanied minors from other states (O'Connor, 2001). Decrease in the use of the

placing out program also coincided with the growth of Charity Organization Society and Settlement House Movement in the early 1900's. With all these new initiatives, the "placing out" program became defunct (O'Connor, 2001).

Through the pioneering efforts of progressive era leaders such as Lillian Wald, Florence Kelley, Jane Adams and Julia Lathrop, the Federal Government, after convening the White House Conference on children in 1909, first instituted a number of programs to help protect children and expanded its jurisdiction over states. The Children's Bureau was established in 1912, becoming the first federal agency established to assist with policy development and research pertaining to the well-being of children especially, "infant mortality, the birth rate, orphanages, juvenile courts, desertion, dangerous occupations, accidents and diseases of children, employment, legislation affecting children of the states and territories" (Bradbury & Eliot, p. 3, 1956).

The early 1900s brought groundbreaking, family-oriented social welfare legislation including the enactment of Mother's Pension, Aid to Mothers of Single-headed households; in-state family foster homes and the institution of temporary foster care and day nurseries (Kadushin, 1976). The 1905 Niagara Movement, predecessor to the NAACP and other groups such as the National Urban League, advocated for greater equity in treatment and access to services for African Americans, and a discontinuation of Jim Crowe laws.

End of the Progressive Era and Beyond – 1930 – 1970

From the end of the Progressive Era through to the New Deal Era, the child welfare system received less public attention given the wider scope of anti-poverty efforts. Legislative enactments included the 1935 Title V of the Social Security Act, which granted aid to states for the following programs: maternal and child health, *crippled* children, and welfare programs such

as Aid to Dependent Children (Kadushin, 1976). These programs were not equally distributed across racial lines. The Urban League raised concerns about discrimination against African American parents in the areas of medical care, income maintenance, and access to services to single mothers and their children.

In New York City, between 1927 and 1939, the number of child protective service cases for White children declined by over 31%, and the number for Black children increased by 147% (Piven & Cloward, 1971). Service disparities were evident. Only a few of the Protestant custodial care agencies served children of color in New York City (Rosner & Markowitz, 1997). Black children were segregated through placement in a small number of under-resourced, overcrowded facilities (Rosner and Markowitz, 1997).

The American post-world war II era heralded an increase: in optimism, power, wealth, and concern over the plight of neglected and abused children. The pioneering efforts of Rene Spitz, John Bowlby, and institutions like Chapin Hall, created an ideological climate in which clinical treatment, consistent parental care, early education and proper nurturing evolved as solutions to child abuse (Whittaker & Maluccio, 2002). The 1950's and 1960's brought new psychological and medical technologies that reawakened societal interest in the problem of child abuse (Whittaker & Maluccio, 2002). Adolescent behaviors were now studied as representations of internal biological and psychological processes within the context of external social and political forces (Walzer, 2009). Although, government agencies accepted greater responsibility for managing the needs of dependent children, at mid-century, many communities remained without child welfare programming or oversight (Meyers, 2008).

During the 1950s academicians, clinicians, program administrators and legislators began to consider how youth experiences are dynamically related to forces operating on a national level

and this larger view created a shift in research, policy, service and treatment approaches (Walzer, 2009). Through empirical work within the medical profession, C. Henry Kempe, a pediatrician in Colorado, began to illuminate the "battered child syndrome" in the 1960's (Droegemueller et al., 1985). Concurrently, the Federal Government expanded funding and legislation creating public agencies to serve and to protect all young children regardless of their race or religion. However, Maas and Engler (1959) reported an increasing number of Black children in care receiving differential service provision compared to White children. Differential treatment and disproportionality continues to plague the child welfare system in many geographical pockets (Wulczyn, Snowden, & Drake, 2012).

In 1963, 81% of children in out of home care belonged to single-headed household (Brown, et al, 2001). These children were predominantly Black American and American Indian. In the 1960s 25-35% of all American Indian children were placed in institutional and foster care far more than any other cultural group (Brown, et al, 2001). As lengths of stay increased, the issue of "Foster Care Drift" became of interest to many who sought to decrease the problem of children languishing in care in the 1970s (Kadushin, 1976).

Child Protection and Permanency Planning Era – 1970 - Present[1]

Congress first established the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 to provide financial assistance to states for piloting programs that: identified, treated and prevented root causes of abuse and neglect (HHS, 2009). CAPTA also mandated professionals to report suspected child abuse, fueling a rise in the number of children in care. CAPTA has undergone several amendments over the last four decades (HHS, 2009). With a new emphasis on efforts to train and prepare staff and child advocates on the needs of youth, the 2010 CAPTA

[1] Period Title Adapted from William Bell (2009)

reauthorization considers the needs of the young adult population, more so than previous CAPTA legislation.

In 1978, congress enacted the Indian Child Welfare Act (ICWA) prioritizing the placement of Native American children with Native American foster, adoptive or extended families within a tribe rather than placement with non-native families (Meyers, 2008). Legislation was passed to address ongoing concerns that race, color or national origin often created a barrier to achieving permanency for children of color and led to children languishing in care. However, the numbers of children in care however continued to grow (Meyers, 2008).

From 1974 to 1988, there were six major federal legislative acts, impacting child welfare system by increasing financial assistance to states and requiring greater State accountability to the Federal Government (HHS, 2009). The modern United States child welfare system is founded on the Federal Adoption Assistance and Child Welfare Act (AACWA) of 1980 (P.L. 96-272), which expanded the role of the federal government in the administration and oversight of child welfare services. AACWA was another response to the growing number of children in care. States were required to establish "reasonable efforts" towards reunification and family preservation goals. The 1980 Act set specific rules and guidelines for child welfare organizations enhancing case management, permanency planning, and foster care placement reviews. States were required to develop a service delivery protocol for placement prevention and reunification. The Federal government also created the Title IV-E Adoption assistance program, and required courts to review child welfare cases on a regular basis to ensure agency adherence to service planning.

Congress created and authorized the initial Independent Living Program in 1985 under the Consolidated Omnibus Budget Reconciliation Act (Public Law 99-272), which provided

funding for States to help youth up to age 18 transition from foster care to independence. This act was amended in 1990 to provide funding to States for programs to help youth up to age 21 transition to adulthood.

In 1999, Congress responded with the Chaffee Foster Care Independence Act (Public Law 106-169), which increased federal funding and established national accountability requirements for service practice involving older youth in foster care. The Chaffee law focused on important skill building in the areas of education, housing, employment, finance, hygiene, health, counseling, life skills, and decision-making (Christenson, 2002; Propp, Ortega, & Newheart, 2003). The Chafee Foster Care Independence Program (CFCIP) expanded the existing independent living program to include services for both adolescents making the transition from foster care to self-sufficiency and former foster youth up to age 21 (CWLA, 2000). In addition, The Chafee Foster Care Independence Program gave states the option to provide continuing Medicaid coverage to certain former foster youth (CWLA, 2000). In 1994, Congress passed the flawed Multiethnic Placement Act (MEPA) in order to prohibit child welfare agencies from delaying or denying adoptive placements on the basis of race. Congress amended MEPA in 1996 to narrow *race* as a determinant for placement (Meyers, 2000).

1980s AIDS and the Crack Cocaine Epidemic

During the 1980s, the New York City's child welfare system experienced a major crisis stemming from overall economic and health care related strains. The crack cocaine epidemic hit African American children and their families most seriously, providing an explanation for 20-100 percent of the increases in Black low birth weight babies, fetal death, child mortality, and unwed births (Fryer et al., 2006). Prior to the 1980s, a majority of African American children were raised by relatives without child welfare assistance or oversight (National Association of

Black Social Workers [NABSW], 2003). During the late 1980s to early 1990s the number of Black children placed in foster care with relative resources increased dramatically given the impact of both the crack cocaine and HIV/AIDS epidemic in inner cities (NABSW, 2003).

Nationally, the number of children in care predominantly comprised of African American children grew exponentially through the 1980s and 1990s. During these two decades, the system was fiscally under resourced and impoverished African American children and families were in despair city-wide. New York instituted initiatives to improve some of these conditions using a family preservation approach that called for greater use of placement prevention programs and a decrease in automatic placement in foster care by establishing new protocols for determining child safety decisions.

The New Millennium – Return of Family Preservation

Over the last decade while the number of state central registry complaints remained static, the system experienced a reduction in the number of children in care by approximately 50 percent, while the number of children receiving preventive services grew (ACS, 2009). In developing the family preservation approach, the city relied heavily on concepts such as attachment and permanence and sought to incorporate more clinical treatment technologies in service provision.

The next major piece of safety and permanency oriented legislation, The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89),was enacted to address public concerns over an inefficient child welfare system which held children and youth in care for extended stays. ASFA amended and clarified government expectations on a wide range of policies previously established under the 1980 child protective Adoption Assistance and Child Welfare Act (P.L. 96-272) and sought to promote the safety, permanency, and well-being of children in foster care

through adoption. ASFA required increased judicial reviews, documentation of case progress towards permanence, criminal records screening of foster parents, expedited termination of parental rights, and monetary sanctions for State noncompliance with ASFA standards.

Connections to family of origin, although still viewed as important, carried less weight in ASFA, which targeted service planning by incorporating the use of Another *Planned Permanent Living Arrangement* (APPLA) rather than *Long Term Care* as a discharge goal. APPLA can be used as a discharge goal after agencies provide compelling reasons against the child/youth's return to their home. In these instances, agencies are required make efforts to terminate parental rights and place the child with an adoptive resource, a relative or a legal guardian. Congress hoped to diminish the length of stay in care for many using stringent permanency planning guidelines and New York signed ASFA into State legislation in 1999.

On the State level, in 2005, New York enacted the new "Permanency Bill" which consolidated permanency hearing provisions regarding abused, neglected, voluntarily placed and freed children into a new Article 10A proceeding of the Family Court Act and addressed issues impacting families. Specifically, the new piece of legislation sought to achieve faster permanency for children in foster care by providing more frequent judicial and agency case reviews. The bill also called for continuing Family Court jurisdiction after a child enters foster care, continuous legal representation for children and parents; inclusion of 18- to 21-year old children voluntarily placed into foster care in the Family Court permanency process and the requirement of a detailed permanency hearing report for court hearings.

Even after all these initiatives, by 2008, there were still new findings on the lack of effectiveness of child welfare strategies and although the phenomenon of youth aging out of state care is not new (Courtney & Hughes-Heuring, 2005), national legislation and the development of

theory and practice to support the success of this group in adulthood is still in its infancy (Samuels & Price, 2008). In 2008, Congress passed the "Fostering Connections to Success and Increasing Adoptions Act" (Public Law 110-351). Fostering Connections was designed to improve child and youth connections to relatives and increase permanent reunifications through the use of subsidized relative guardianship (CWLA, 2010). Under Title IV-E of the Social Security Act, Fostering Connections provides states with Federal funding for the cost of running and administering programs such as foster care, adoption, or guardianship assistance serving children up to the age of 21. Fostering Connections also allows states to claim reimbursement for the provision of supervised independent living programs that prepare young people for living on their own.

States have some discretion on how to use funding. In 2010, New York City's Administration for Children's Services (ACS) in conjunction with the State Office for Children and Families (OCFS), determined that Supervised Independent Living Programs should be dissolved city wide. The City and State jointly eliminated this core program from the child welfare placement setting spectrum and many agencies replaced or discharged young adults prematurely as mandated. It is unclear at the current writing, how this decision will impact young adults in foster care, however, the general strategy was to eliminate this setting in order to focus efforts on building family resources for this group of youth.

Fostering Connections targets efforts to find families and requires agencies to provide notification of their involvement to adult relatives of a child placed into foster care. In recognition of non-safety related barriers to kinship care, the law provides states with the option to waive non-safety related licensing standards for kinship foster parents (Weidner, 2010). Realizing a need for both nationwide coordination of resources, and a nuanced focus on helping

children and youth connect to kin safely, through Fostering Connections, Congress instituted "Kinship Navigator" programs to help link relative caregivers to an array of services and supports that will help meet their needs, and the needs of the children in their care (Weidner, 2010). Essentially, Fostering Connections employs a combination of strategies to simultaneously provide independent living skills training, while concurrently enhancing family relationships towards permanency and promoting life-long connections for youth, shifting away from a single layered approach to preparation for independent living.

With greater reach than any other child welfare legislation, Fostering Connections offers states reimbursement to provide support for youth up to age 21, and requires increased efforts to keep siblings together when placed in foster care. The act also established the mandate for a transition plan for youth aging out of foster care; short-term training for child welfare agencies, relative guardians, and court personnel; educational stability of the child while in foster care; ongoing oversight and coordination of health care services for any child in a foster care placement; placement of siblings in the same foster care, kinship guardianship, or adoptive placement; foster care and tribal programs operated by Indian tribal organizations; and adoption of children with special needs.

In response to the Fostering Connections Act, many States such as Washington and Alaska are allowing foster care placement up to the age of 21. Others such as California and Delaware are extending jurisdiction up to 21-years, and yet other states are allowing youth to return to foster care after they have left care until the age of 21. New York State had jurisdiction and provided foster care until a youth reached 21-years of age prior to the enactment of Fostering Connections legislation. As the legislation begins to take effect, States across the nation are seeking new ways to implement the federal requirements of Fostering Connections.

For those youth ages 18 and older, Congress requires that both the State and youth maintain minimum criteria for State reimbursement. In order for States to qualify for federal funding for services for a young person in care, the youth must meet one of the following requirements: in the process of completing high school or an equivalent program; enrolled in vocational training or a postsecondary; be employed for at least 80 hours per month; or unable to meet any previous criteria because of a medical condition (Courtney et al, 2010). The responsibilities placed on the youth for remaining in care are considerable and youth who are unwilling or unable to meet the requirements for eligibility are either "pushed out" or "opt out" of child welfare services (Courtney, 2010).

Unfortunately, the most vulnerable youth, such as premature care-leavers, those with chronic substance use histories, severe mental health problems, and developmental disabilities are not fully served by the Fostering Connections legislation. For these sub groups of youth, entry into other systems or the safety net of immediate or extended family might also be absent given the emotional or behavioral requirements for entry. Courtney et al. (2010) suggests that proper implementation of the Fostering Connections Act is contingent upon a good understanding of the needs and characteristics of former foster youth in emerging adulthood. Some states have recognized the need to support older foster care youth and have instituted legislation to assist in developing a more layered safety net for certain youth.

New York's Response:

Recognizing the importance of birth family as a safety net, in 2010, New York State enacted the Restoration of Parental Rights Act (A8524) indicating a shift in perception of the young adult need for parental support, in addition to the need to assist with the development of independent living skills. New York follows California and Washington in enacting a bill to

restore parental rights. The Restoration of Parental Rights Act allows for a petition to restore parental rights to be filed after the occurrence of a termination of parental rights proceeding. Consent of the respondent and the child is required after at least a period of two years, from the final order transferring the child's custody and guardianship. The petition can only be filed if the original reason for terminating parental rights was not based on severe or repeated child abuse and the child is still under the jurisdiction of the Family Court with a permanency goal other than adoption. The Court would have the authority to grant the restoration petition conditionally. Still in its infancy, it is still unclear whether parents and legal staff will make use of this legislation.

Along with increasing legislative oversight, federal aid has increased over the last four decades. Many state programs entrusted to protect and care for youth and children are unable to survive unless they are provided federal funding. For example, New York State relies on the Federal Government to subsidize approximately 51% of their child welfare programming expenses through Title IV –B, Title IV - E, Social Service Block Grants (SSBG), and Temporary Assistance for Needy Families (TANF). The largest source of federal funds for child welfare services comes from Title IV-E of the Social Security Act. This entitlement program covers a percentage of foster care expenses based on the number of days eligible children spend in care and provides funding for adoption assistance for older youth aging out of foster care. Although the States hold primary responsibility for child welfare services, and have their own legal and administrative programs, States must meet Federal requirements in order to access Federal funding for child welfare services (HHS, 2009).

In 2011, Congress amended part B of title IV, Social Security Act through the Child and Family Services Improvement and Innovation Act (P.L. 112-34). Major provisions of this act required States to: plan for oversight and coordination of health care services for children in

foster care including treatment of trauma associated with maltreatment and use of psychotropic medication; ensure developmentally appropriate services; and develop strategies for preventing maltreatment (HHS, 2012). The act also raised the bar for monthly home visit contacts and tracking; provision was made for peer mentoring, and visitation facilitation for parents (HHS, 2012). The act also permitted states use of funds for family residential treatment programs on behalf of the identified child (HHS, 2012). This legislation created a stronger shift towards supporting and strengthening vulnerable families.

Independent Living Skills and Other Programs

Research on the effectiveness of The Chafee Foster Care Independence Program found that although these programs provide a range of services that can prepare youth for the transition into adulthood, only approximately two-thirds of eligible foster youth receive independent living services (Courtney, 2005). Antcil et al. (2007) conducted a study using resilience and quality of life as theoretical frameworks for evaluating predictors of outcomes for alumni who were diagnosed with a physical or psychiatric disability while in foster care. The researchers (Antcil et al., 2007) found that while Alumni with disabilities fared worse in economic, health, educational and mental health outcomes, receiving preparation for adulthood services predicted better outcomes. Several studies have focused inquiry on discovering areas that are deemed most helpful to transitioning youth and found that training in money management, education, employment and housing is most helpful (Dworsky & Havlicek, 2010). Some studies found that there was a need for a continuum of services given the various transitional stages from preparation for leaving care to after care (Iglehart & Becerra, 2002).

Evaluations of independent living programs have found few successful outcomes for youth exiting care, concluding that many of these services have little positive effect on any of the

markers of successful transition to adulthood, including educational attainment, stable housing, employment, and adequate finances (Keller, Cusick & Courtney, 2007). These programs emphasize concrete, task centered skill building and pay little financial or programmatic heed to the need to clinically develop skills in building positive relationships with family or fictive kin (Propp, Ortega, & Newheart, 2003;Collins et al., 2008).

Promising Programs

Avery (2010) evaluated *You Gotta Believe*, a promising New York City based program with program features leading to family-based permanency for their youth referred. *You Gotta Believe* out- stationed their staff into group care settings, using a youth specific recruitment approach and offered parent education/training and after care services (Avery, 2010). This program was proven to be successful in engaging youth and their resources (Avery, 2010).

Other Federally Funded Initiatives

The Federal government funds a variety of social service programs serving youth in foster care through the 1999 Foster Care Independence (P.L. 106-169). These programs are funded by the U.S. Department of Health and Human Services, but are administered by state and local agencies and focus on helping youth transition to adulthood and self-sufficiency (Health and Human Services, 2009). The Chafee Option offers extended Medicaid coverage for youth who leave foster care up to the age of 21. In New York young people aging out of care are able to access transitional Medicaid for six months after they turn 21. Additional programs include Youth Build, a residential program, offering educational/vocational training and housing to youth in care through the Housing and Urban Development (HUD) program. Job Corps, run by

the Department of Labor, also offers housing and educational and vocational training opportunities.

In 2009, President Obama signed The Homeless Prevention and Rapid Re-housing program into law and appropriated 1.5 billion in funding to prevent homelessness. Congress also passed the Transition to Housing (HEARTH) Act reauthorizing HUD's McKinney-Vento homeless assistance programs, which provides resources to communities so that they can decrease homelessness for families with children.

Additionally, the federal Fostering Adoption to Further Student Achievement Act (P.L. 110-84), took effect in July, 2009, and ensures that young people who are adopted are able to access financial aid without having to report their adopted parents' income in calculating financial need.

New York's Programming Efforts

New York State enacted a child welfare law in 2002 that provided for a 65 percent match for preventive, protective, adoption, aftercare, and independent living services. New York is partially crediting both this new funding initiative for preventive services, and ASFA's accelerated timetables with the decrease in foster care rolls, and an increase in preventive services to children while living with their families (OCFS, 2010). OCFS (2010) further reports that in 2000, maltreatment reports in New York State numbered 145,121 and there were 43,142 children in foster care. In 2010, the number of children in care in New York City hovers around 18,000 in spite of increased calls to the State Central Registry, with New York City census having one third the number of children compared to 20 years ago (OCFS, 2010). These numbers decreased over the last two decades in direct correlation to an increase in the funding and use of Preventive Services.

Safety, Permanency and Well-being

Federal, State, and local legislation provide policies and laws guiding practice in three general outcome areas: safety, permanency and well-being. Child welfare researchers take issue with the lack of specificity in these terms. Wulczyn et al. (2005, p. 180) writes,

> …separating well-being into its constituent parts makes clear that which is obvious to most child welfare administrators: When well-being is couched in terms of health, mental health, and education, the general public and policymakers alike quickly realize that the child welfare system has a limited range of options without using the health care system, schools, and the mental health system as collaborators. If children in the child welfare system are not moving along their age-appropriate trajectory, these other systems will have to shoulder their share of the responsibility in conjunction with, not in spite of, the child welfare system.

National child welfare policy framework continues to develop progressively with new legislation and program initiatives that guide services geared to protect children and youth while striving to ensure safe and stable family situations through increased use of preventive strategies. Our contemporary child welfare policy framework encompasses an array of federal laws, guidelines, and funding structures that drive service implementation. The basic structure of child welfare programming is influenced by how staff within the judicial system, and agency service providers interpret and implement these laws and guidelines.

Case Management and Review

In order to qualify for Federal funding, Title IV-B, and title IV-E of the social Security Act, require the use of a written case plan, face-to-face contacts, and periodic judicial case reviews as assurance that agency staff are working towards meeting safety, permanency, and well-being goals for each child/youth in care. Similar to the Fostering Connections Act individualized transition planning requirement, older youth in care have specific case plans that include skill building towards independent living as they pertain to discharge to another planned

permanent living arrangement (APPLA). For any youth 16 or older, the service plan and the permanency court hearing have to include a description of the services and programs that will prepare the youth for transition to independent living in an age- appropriate manner.

Growth of Clinical Models in New York City

In 2006, New York City Administration for Children's Services (ACS) recognized a need to use combined approaches and responded by shifting its approach from preparing youth for "independent living" to facilitating "youth development" and established several preparing youth for adulthood (PYA) goals, the first being "youth will have permanent connections with caring adults"(ACS, 2006).

New York City's Administration for Children's Services (ACS) embraced modalities that draw on a multi-systemic perspectives in its preventive and placement programs. ACS in coordination with the Department of Juvenile Justice, designed child welfare initiatives using evidence-based treatment (EBT) models in their broad spectrum of services to children, youth and their families. EBT models involve the use of: proven theories; tight, consistent, layered supervision; and empirical testing that ensures adherence to the model. These models use comprehensive clinical approaches to working with individuals and families and require smaller caseloads and flexible, well-coordinated, culturally sensitive treatment strategies.

Multi systemic therapy (MST) (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998), a popular EBT model, frames clinical work using ecological systems theory and cognitive behavioral therapy to target the family unit. The goals are to reduce children's behavioral problems by improving disciplinary practices, enhancing school performance, and decreasing association with deviant peers, which is shown to decrease delinquency and incarceration rates in juvenile offenders (Henggeler et al., 1998).

Another model, Functional Family Therapy (FFT) (Alexander & Parsons, 1973), uses family systems theory, social learning theory, behavior management, and cognitive process, and has been shown to reduce felony recidivism by up to 18 months (Washington State Institute for Public Policy (WSIPP), 2004). Additional models include Trauma Systems Therapy, and the Sanctuary model. All of these models provide identified individuals and/or their families with evidence-based prevention or intervention services.

Additionally, New York City's Administration for Children's Services (ACS) established greater range in their levels of care in various placement settings including: therapeutic foster boarding homes; residential treatment centers; group homes and agency operated boarding homes, which can provide enhanced clinical services to children and families. According to Casey (2009) younger children are more likely to be living with families and older children more likely to be living in residential group care facilities. Just one percent of children under five are living in group care settings compared with 36 percent of those ages 16 and older.

These innovative programs do have the capacity to address multiple problems experienced by individuals and their families. In recognizing the correlation between length of stay and the medical and mental health needs of its children and in response to a lawsuit against the city for keeping kids in psychiatric hospitals indefinitely, ACS created the Mental Health Coordination Unit to provide both individual case support and gives contract agency providers an opportunity to build cross systems collaboration between health, mental health, and the developmental disability systems.

ACS also incorporated the family group conferencing model which requires participation of all major stakeholders in the child's life in crucial decision making. Generally, and based on reasons for placement, conferences are held at 72 hours after placement, and 30 – 35 days after.

Ongoing conferences are held to discuss placement preservation, impending discharges, and every six months to assess service planning status (Chahine & Higgins, 2005).

Additionally, new state and city wide initiatives in the areas of employment, education, housing and medical coverage have surfaced over the last few years to help mitigate the negative effects of aging out of foster care (Choca, Minoff, Angene, Byrnes, & Kenneally, 2004). Programs and their services target the three placement stages, family preservation (pre-placement), out-of-home placement (during placement) and family reunification (post placement).

Recognizing that separation from family creates multiple problems, in 2006 the Administration for Children's Services increased its budget for preventive services directed at keeping adolescents in their home and provides additional support for adolescents leaving care. In response to a state law amendment increasing the allowable Person in Need of Supervision (PINS) placement age limit from15 to 17 years of age, New York City began implementation of The Family Assessment Program (FAP) to stave off anticipated increases in PINS Foster Care Placements. FAP provides adolescents and their families with individualized service geared to address the unique problems presented by each case and is credited with the decrease in PINS placed population from 709 in 2002 to 466 in 2005 (Lerner & Solow, 2007).

Child Welfare Summary

Our National child welfare system is financed through various federal, state, and local capped and uncapped funding streams with separate rules and regulations (CWLA, 2003). Federal funds provide approximately 50 percent of the States' total reported spending for child welfare services and are funded by over 30 different programs (O'Neill Murray, 2003). Given that funding comes from a variety of different sources, it is difficult to find exactly how much

money the child welfare system really costs. The federal government spends an estimated $5 billion per year in reimbursements to states for their spending on foster care services (O'Neill Murray, 2003).

Some critics say that the current funding structure is complicated, inflexible and emphasizes foster care (Packard, et al., 2008). For example, Title IV-E funding for foster care is unlimited and does not provide for services that would either prevent the child's removal from the home or expedite permanency (Packard, et al., 2008). The structure of the Title IV-E program has not had a major revision since its creation in 1961 and inadequately meets contemporary program needs (O'Neill Murray, 2003). Foster care funding represents 4.5 billion in 2004 Federal dollars dedicated to child welfare purposes, and 1.56 billion in 2004 dollars for adoption assistance (CLASP, 2006). Chaffee funding is capped at 140 million a year [2](HHS, 2009). Resources that may be used for preventive and reunification services represent only 11% of Federal child welfare program funds (OCFS, 2010). Many critics of the funding structure advocate for an overhaul to the Title IV- E program (OCFS, 2010).

Discharging young adults ages 18 through 21, with little or no assistance, affects not only the individual but also society on a number of levels. Long term societal consequences include increased expense in public assistance for financial cash assistance, food stamps and Medicaid coverage (Packard et al., 2008). If not prepared adequately for adulthood, many of these youth: end up using homeless services (Dworsky & Courtney, 2009); do not have gainful employment which reduces taxable income; over utilize restrictive mental health services; enter the prison system and are not engaged in skilled labor activities which all serve to compound the cost to the nation (Packard et al., 2008).

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[2] CHCIP also authorizes and additional $60 million for post-secondary education and training vouchers for youth likely to face hardship after turning 18.

Throughout American history, society has made arrangements for certain children to be placed in the care of people other than birth parents (Hacsi, 1995). Over the last century the child welfare system has experienced significant expansion and blending of programming that came with increased cost and varying efficacy. Service approaches have become more diverse and layered considering the complex treatment needs of a heterogeneous population. Increasing awareness of racial, class and gender disparity has led to improved child welfare management strategies through the use of increased tracking and targeted training efforts.

Over the last four decades, expanding Federal child welfare legislation has formed the foundation for programming and practice in the child welfare field on the state and local levels. Increased oversight established a need for more comprehensive service planning and called for a shift to a more treatment-oriented approach to serving the child welfare population, drifting from means tested welfare policies. However, the debate over government and agency effectiveness remains active (Hacsi, 1995). Given all the positive movement in child welfare, we are still experiencing some problems that remain stagnant, and leave us to question whether we are acting as change agents in this system (Hacsi, 1995), specifically for young people who remain in care until adulthood. There continues to remain a gap between underlying philosophy, policies, and the practice required to care properly for the older youth population as evidenced by continued poor outcomes after leaving care. The next chapter includes a literature review that pertains to those young people who leave the foster care system as young adults.

CHAPTER III: LITERATURE REVIEW

Introduction to the Aging-Out Literature

Prior to the 1986 enactment of Title IV-E Independent Living Initiative (P.L. 99-272) which required States to monitor and report progress on service to youth in child welfare programs there was a paucity of literature on the aging-out of care population. Alumni studies have grown complex and extensive over the last three decades. Examinations that contribute to the literature are found in social science, child welfare and medical literature; organizational evaluations, and outcome data collected by government entities. The present study extends ecological systems theory which overarches attachment theory and uses the concept of resilience as a frame to identify and review several types of child welfare investigations including: reports generated from local or state administrative data; longitudinal and cross-sectional studies; secondary analysis of national data sets; and quantitative research on young people's outcomes after leaving care.

Social Work and Ecological Systems Theory

Ecological systems theory is helpful in understanding the effect of interaction between individuals, families, groups and organizations.

"Ecological systems theory is an approach to study of human development that consists of the scientific study of the progressive, mutual accommodation, throughout the life course, between an active, growing human being, and the changing properties of the immediate settings in which the developing person lives, as this process is affected by the relations between these settings, and by the larger contexts in which the settings are embedded" (Bronfenbrenner, p.188, 1989).

Ecological Systems theory involves four systems nested one inside the other. *Microsystems* consist of individual or interpersonal features such as cognition, personality, personal identity (Berk, 2000). The microsystem encompasses the relationships and bi-directional interactions a child has with immediate surroundings, such as family (Berk, 2000). *Exosystems* include any setting affecting the individual who is not required to participant actively (Bronfenbrenner, 1979) and exists outside the microsystem. *Mesosystems* are part of the exosystem and include organizations and institutions and provides the connection between the structures of the child's microsystem (Berk, 2000). The *macro system* refers to the outermost layer in the individual's environment and is comprised of cultural contexts and laws (Berk, 2000). The effects of larger ideologies defined by the *macrosystem* have a ripple effect on all other layers. *The chronosystem* encompasses the dimension of time as it relates to an individual's environment. As individuals mature, they may react differently to environmental changes and may be better able to determine how changes in the various layers influence them (Berk, 2000). See Figure 1.0. Ecological System.

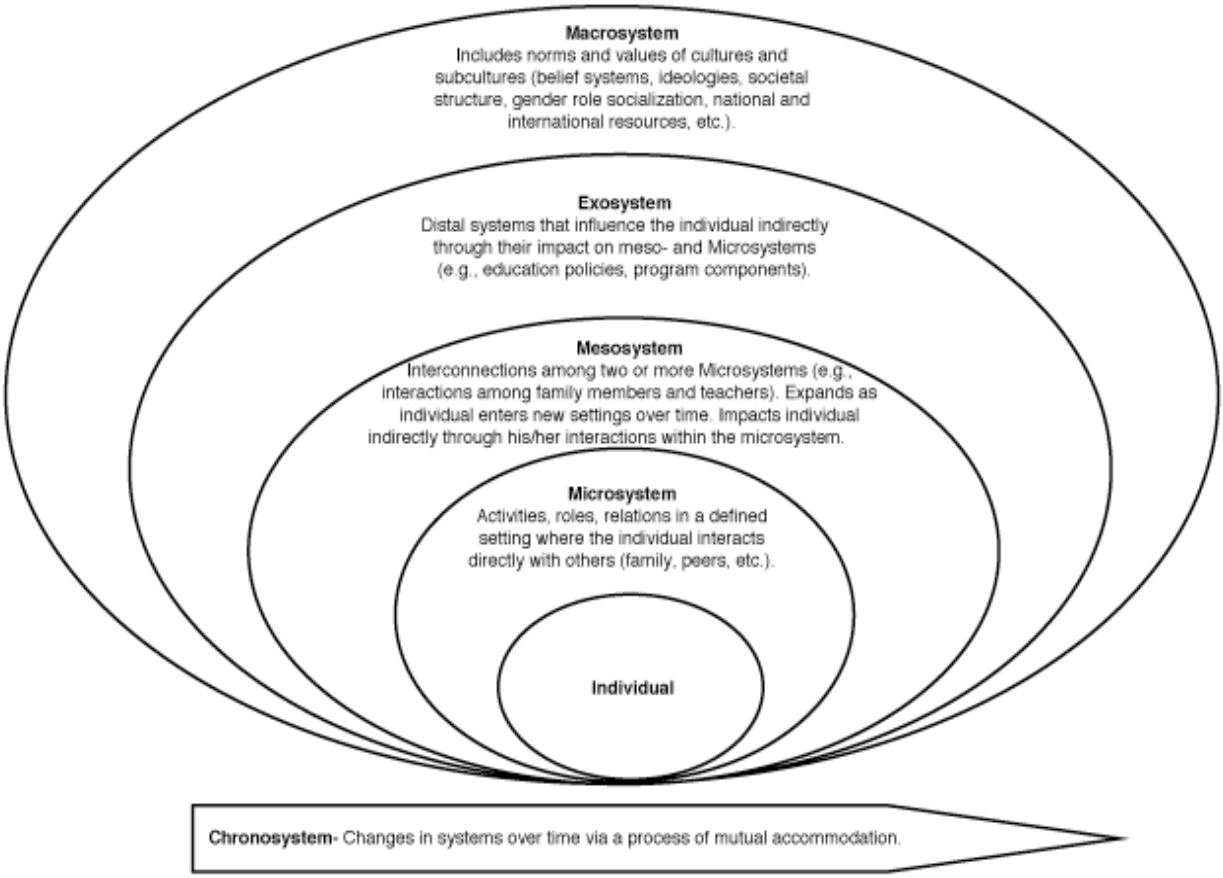

Figure 1. Ecological System from the University of Minnesota Policy Research Brief (2009)

Many outcome studies focus on social problems such as poor educational attainment, lack of employment, under-achievement of financial self- sufficiency, housing/homelessness, use of public assistance, mental illness, substance use, incarceration, inadequate social support and early parenthood (Courtney, Dworsky, Cusick, Keller, Havlicek, Perez, Terao & Bost, 2007; Courtney, Dworsky, Lee, & Ramp, 2010; Pergamit, & Johnson, 2009). These social problems are located within and across multiple systems. Along with detailed information on the current progress in these areas, alumni studies often provide new practice approaches and policy recommendations targeting various systems and aim to reduce the number of young adults who exit the child welfare system without adequate preparation.

While many of the Alumni studies (Barth, 1990; Bloom, 1998; Pecora et al, 2005; Pecora et al, 2006; Zuravin, Benedict, & Stallings, 1999) use a variable–oriented approach to identify risk and protective factors relating to certain outcomes, there are a few studies that take into consideration the nuanced interactions between those outcome factors and individual characteristics from a developmental perspective (Magnusson, 1995 cited in Courtney et al., 2010).

There were several important Alumni studies (Barth, 1990; Buehler & Orme, 2000; Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2007; Festinger, 1983; Mallon, 1998a; Pecora, Kessler, Williams, Downs, English, White & O'Brien, 2010; Pecora, Kessler, Williams, O'Brien, Downs, English, White, Hiripi, White, Wiggins, & Holmes, 2005; Reilly, 2003) conducted over the last three decades. These studies focused on several domains: health, mental health, employment, finances, and housing as variables that suggest evidence of positive or negative outcomes. Given the breadth and scope of this research, the following literature review focuses on studies of emerging adults who left foster care as young adults with particular attention to attachment and resilience. Since the body of literature investigating both attachment patterns and resiliency in individuals who left foster care as young adults yielded no studies, therefore, the review was conducted on Alumni outcome studies with special attention to variables presenting evidence of attachment formation and resilience within their ecological systems. Variables that relate to attachment patterns include: social support, family/ caregiver relationships, and evidence of disassociation problems. The construct of resilience was reviewed in the literature as stable life circumstances in light of risk and protective factors. The literature on aging out of foster care refers to multiple ways of defining and measuring this particular

concept. For the purposes of this research, the review also includes content on employment, housing, interdependence, health, and mental health.

Emerging Adulthood

The period known as emerging adulthood begins at age 18 and can last to the age of 29 (Arnett, 2000; Arnett, 2006). Emerging adulthood is a complicated process occurring within the context of the individual and includes biological, psychological, and social domains which develop in a variegated manner and is distinctive to each individual. This perspective provides hope for positive change and growth for all individuals throughout their lifetime. Roisman, Masten, Coatsworth, & Tellegen (2004) bounds this process in the study of human development, "The idea that there are salient developmental tasks by which adaptation to life can be judged is now firmly rooted in the developmental study of continuity and change in individual lives across time" (p. 123). During the transition to adulthood, developing patterns of adjustment and coping are fluid and these change processes can be shaped continuously into later adulthood.

One important task during the adolescent stage of development requires psychological and physical separation from one's family and subsequent formation of one's own individual identity, known as the "separation-individuation" process (Erikson, 1959). Schwartz, Cote, & Arnett (2005) established that identity development in emerging adulthood requires self-efficacy, self- determination, and personal accountability for outcomes, and is also known as "personal agency". African American and Latino youth in care are afforded few opportunities to explore and develop identities that incorporate their rich cultural heritage. Specific to young people of color in varying socioeconomic levels, there are very few opportunities to express personal agency and self-efficacy, which leads to identity exploration, commitment to self, and empowerment. The inability to express personal agency can lead to identity diffusion, which can

weaken self-esteem and lead to a sense of powerlessness. For those young people cared for by formal institutions, the ability to express personal agency is guided by policies, rules and sometimes the subjective interpretation of practitioners and care takers.

There is growing recognition that in our post-industrial world developing a cohesive identity remains an important task well into the twenties (Arnett, 2007). For former foster care youth, the separation-individuation process that would lead to positive identity formation is hindered by the disruption of removal from home-of-origin and subsequent placement in one or more child welfare settings. Placement histories for the older foster youth are all too often characterized by subsequent movements across multiple systems including lengthy hospitalizations, placement in detention settings, changes in school placements, and even youth imposed care-leaves to their preferred settings. These youth are provided few opportunities for the development of rich, cultural identities. Both intra-system and inter-system movements impede the young person's ability to define themselves and their place in the world.

The inability to engage in healthy adolescent-parent conflict is another major impediment to foster care youths' normative development during the identity formation process. It is through the use of disagreements, arguments, and noncompliance that adolescents employ personal agency (Polvere, 2009) and express their own voice separate from that of their primary caretaker. Often, administrators can only resolve conflict in a foster care setting by moving the youth to another setting with a different care giver resulting in foster youths' personal histories of system created bond-breaking. The dilemma which exists with this response is that the longer the youth stays in care, the more movements they tend to experience, and the more movements they experience, the longer the youth stays in care or absconds from care to unknown resources. This type of disruption may have an effect on identity formation in the areas of self-knowledge, self-

efficacy, and self-esteem (Racusin et al., 2005) impacting growth and movement towards the adulthood stage of development. Research shows that the process of identity formation may not end when the period of adolescence ends, but may continue through the period of emerging adulthood (Arnett, 2005), lending to hopes for continued growth and development even after leaving care.

Race, Class and Gender

Race, class and gender issues among children and their families who come in contact with the foster care system and those young adults who age out of the system are critical constructs which bear examination. Belonging to certain racial, ethnic, or socio economic groups increases the likelihood of placement (Barth, 2005; Fass & Cauthen, 2008) and subsequent problems emerging into adulthood (Casey Family Foundation, 2010). Currently, there are 408,000 children in care, identified as Alaskan Native or American Indian (2%), Asian (1%), Black (29%), Hawaiian/Other Pacific Islander (<1%); Hispanic of any Race (21%), unknown (2%), and two or more races (2%) and White (41%) (USDHHS, 2011). Children of color, including those classified as Hispanic of any race accounted for a minority of the U.S. child population in 2010 and made up 53% of all children in foster care as of July 2010 (Annie E. Casey Foundation, 2010). These groups of children who can later become young adults leaving care are found to be at greater risk for: homelessness, unemployment experiences (Courtney et al., 2005; Park, Metraux, & Culhane, 2005), criminality and health/mental health disabilities (Courtney, Terao, & Bost, 2004; Harris & Skyles, 2008).

The “aging-out” literature often refers to older youth exiting foster care as a single population, requiring a single set of solutions rather than layered multi-faceted strategies. This single target approach becomes problematic when solutions are designed without attention to the

specific needs of distinct subgroups within the foster care system (Courtney et al., 2010). Youth who age out of foster care do have different characteristics placing them in several, sometimes overlapping subgroups. Although not an exhaustive list, some of these groups include youth who are: impoverished, characterized as belonging to a particular race and/or ethnic group (Chipugnu, 2004), Lesbian, Gay, Bisexual, and/or Transgender (LGBT) identified (Courtney et al., 2005), pregnant and parenting (Avery & Freundlich, 2009), those diagnosed as developmentally disabled (National Council on Disability, 2008), and/or mentally disturbed (Courtney, 2005; Needell et al., 2002; Pecora, 2005;).

These groups are exposed to a variety of risk factors that can lead to particular foster care experiences. For a snapshot look, Table 1 outlines risk factors associated with risk of placement, extended length of stay, and aging out of care.

Table 1: Risk Factors Associated with Foster Care Experience

	Risk of Placement	Longer Length of Stay	Aging Out
Minority Race	X	X	X
Poverty	X	X	X
Poor Physical Health	X	X	X
Poor Mental Health	X	X	X
Unemployed	X	X	X
Homelessness	X	X	X

Race and Class

Race has often been defined as a social, not biological category used to place people into groups given a set of characteristics (National Child Trauma Stress Network, 2012). Children of color are disproportionally represented in the foster care system when compared to the general population (Green, Belanger, McRoy, & Bullard, 2011; Hill 2005; Hill 2006; Roberts, 2002; U.S. Census Bureau, 2010; ; USDHHS, 2011;US GAO, 2007). African American children comprise 14.3% percent of the U. S. child population and represent 29 % of the foster care population (U.S. Department of Health and Human Services, 2011). Foster care statistics often do not specify the race of someone categorized as Hispanic. There is a concern that statistics that include "race" and "ethnicity" as one set of data do not accurately reflect race numbers, creating an opportunity for a flawed understanding of disproportionality. As an example, in the 2010 census, most Hispanics who chose a "race" chose "White" (Padgett, 2010). This noticeable trend supports the idea that "race" is a social construct, subject to shifts across societies and over time.

African American children are still more likely to be removed from their home of origin, stay in care longer, and are less likely to be reunified or adopted (Roberts, 2002; US GAO, 2007; Villegas & Pecora, 2012). Reasons for over representation of African Americans in foster care include: higher poverty rates, poor access to support services, racial bias, and difficulties in finding appropriate permanent homes (GAO, 2007; Villegas & Pecora 2012). Poverty factors that increase chances of home removal and extended length of stay are: poor access to family support services, inadequate birth parent legal representation, and limited recruitment/retention of stable foster homes (The Children's Defense Fund, 2007).

Belonging to a minority race, and a lower social class is highly correlated with low maternal education and high family poverty (Stevens, 2006). Other correlates of poverty and race include poor child health insurance coverage and poor maternal mental health (Stevens, 2006).

Nationally, African Americans are more likely to live in poverty than any other racial group (Dworsky, White, O'Brien, Pecora, Courtney, Kessler, & Hwang, 2010; Harris, Jackson, O'Brien, & Pecora, 2009). Poverty and belonging to a particular race correlate with family instability, with fewer than 40 percent of Black children residing in two parent households (Children's Defense Fund, 2010). Approximately one in two Black children, more than one in four Hispanic children, and fewer than one in five White children, live with single mother (Children's Defense Fund, 2010). With little or no prenatal care, living in poverty comes with a tremendous health cost as well (Miller, Simon & Maleque, 2009). Babies born to impoverished Black mothers have lower birth weights (Seith & Kalof, 2011), and higher mortality rates (CDC, 2012) than babies born to other races.

Children of color, born into poverty, are at greater risk for poor developmental outcomes and face greater risk of being removed from family of origin (CSSP, 2011). Many young people in care are characterized as "disabled". The Federal Individuals with Disabilities Act (IDEA) mandates specific special education services and reporting requirements for children and youth with disabilities ages 0 through 21, and lists disabilities as: "mental retardation, hearing impairments (including deafness), speech or language impairments, visual impairments (including blindness), serious emotional disturbance, orthopedic impairments, autism, traumatic brain injury, other health impairments, or specific learning disabilities; and who by reason thereof, needs special education and related services" (20 U.S.C., 1401§ (3) (A)). There are no definitive studies on the total number of youth in care who are characterized as disabled (Hill,

2009), however, researchers approximate that 50 percent to 80 percent of youth in the child welfare system are challenged by one or more disabilities and are disproportionately at greater risk for poor adulthood outcomes (United Cerebral Palsy & Children's Rights, 2006).

Gender Issues in Child Welfare

Gender issues within the child welfare system are prevalent at every stage of placement. When children are placed, they are usually removed from the care of their birth mothers (Roberts, 2002). From this researcher's practice perspective, children are more often removed from their mothers as primary caretakers. Birth fathers are often estranged from their children and are less involved than birth mothers in the child welfare process. Often times, child welfare staff under explore birth fathers as a potential resource. Many birth mothers struggle with a number of challenges that can include: poverty, mental health issues, homelessness, physical problems, lack of access to employment (Copeland & Snyder, 2011) and the effects of external and internalized racism. Birth mothers are held to parenting standards founded on European, middle class ideals (Hayes, 1996). These prevalent child rearing ideals pervade the United States child welfare system and are much more visible than the child-rearing ideas of new immigrant groups, Native Americans, the poor and working classes (Hayes, 1996).

Poverty and racism are inextricably linked to health and mental health issues faced by women, making child – rearing efforts a challenge. Children of birth mothers with mental illness, which can stem from exposure to complex trauma and impoverishment, are at increased risk of foster care placement. In one urban setting, Medicaid-eligible mothers with a serious mental illness were almost three times more likely to experience the removal of a child than mothers with stable mental health (Park, Solomon, & Mandell, 2006). These families are also likely to encounter parenting difficulties because of poverty and there is little information about the role

of maternal mental illness and poverty on child stability (Kohl, Johnson-Reid & Drake, 2011), hampering effective interventions.

Youth in care also experience gender related stigmatization. More specifically, the Lesbian, Gay, Bisexual, Transgender (LGBT) youth population experience societal oppression on multiple levels (Gallegos, Roller White, Ryan, O'Brien, Pecora, Thomas, & Preneka, 2011; Mallon & Woronoff, 2006). It is difficult to assess population numbers, however, many studies estimate that between 5 and 10 percent of the youth population identify as LGBT nation-wide (Wilber, Reyes & Marksamer, 2006) and make up 20% to 40 % of the homeless, runaway youth population, based on an estimated 1.6 to 2.8 million homeless youth in US (Center for American Progress, 2010).

Researchers project that there is also a disproportionately higher percentage of youth who identify as LGBT in the foster care system because of the unique problems facing these youth, including greater exposure to: societal marginalization, family rejection and abuse, school stigmatization, community violence, homelessness, and suicidality (Mallon, 1998b, 2000, 2001; National Coalition for the Homeless, 2009; Richardson, Early & Rivera, 2005).

Other gender-based social problems are faced by pregnant and parenting female youth exiting foster care as young adults (Dworsky & Courtney, 2010). Nationally, there is little data available on the number of pregnant and parenting foster care youth (Dworsky & Courtney, 2010). Researchers in a national study found that the rate of teen parenthood for females in foster care was 17.2 percent compared to 8.2 percent for non-foster care youth (Pecora et al., 2003). A New York City study found one in six females in foster care was either pregnant or parenting (Shepperd & Woltman, 2005). Foster care alumni are at greater risk for early parenthood (Dworsky & Courtney, 2010). The Midwest Alumni study found that females with a history in

foster care were over 50 percent more likely to have at least one child compared with 19-year-olds who were never in foster care (Courtney, et al., 2005).

The terms race, culture and ethnicity, are socially constructed, have often been used interchangeably and do not represent inherent personal or biological characteristics. As socially constructed concepts, “race”, “class” and “gender” were originally devised to separate and discriminate against groups of people. Belonging to either the Black race, Latino or Native American ethnicity correlates significantly with poor health, inadequate psycho-social experiences, low academic achievement, and low income (Spencer, 2006) and Blacks, Latinos, and Native Americans are disproportionately served by the child welfare system nationally (Fluke, Jones-Harden, Jenkins, & Ruehrdanz, 2011; Hill, 2006). The reasons for this disproportionality are multifold, but often contribute to exposure to risk factors leading to complex and historical trauma.

Resilience

Research on resilience originated in the fields of education, medicine and psychology (Wright & Masten, 2005) and is currently depicted as being in its fourth wave of development (Masten & Obradovic, 2006). Wright and Masten (2005) illuminated the first three waves of resilience research. The first wave of research brought a body of evidence that listed descriptions of protective and risk factors and continues to resonate in contemporary times. The second wave focuses on identifying underlying functions and processes that create resiliency and this body of literature is still under development. The third wave of resilience literature focuses on prevention, intervention, and policy efforts, while the fourth wave is focused on integrating the study of resilience across species, systems and disciplines using new genetic and statistical technologies in analytical protocols (Masten & Obradovic, 2006).

Resilience as a construct is grounded in the ecological framework and viewed as a continuum of adaptation or success (Tusai & Dyer, 2004) occurring as a result of a "dynamic process" (Luthar, 2000) between not only the person and the environment, but within individuals and systems (Masten & Obradovic, 2006). Specifically, the construct of resilience in this study is used as a lens to examine the complex matrix of interactions between the individual, family, and community over a specific developmental period and is defined as the ability to meet age salient tasks in light of significant trauma or adversity (Masten & Reed, 2002). The concept of *risk* and *protection* are linked because one can only understand the intricacies of protection factors in light of exposure to risk factors (Little et al., 2004). Resilience intersects with race, class and gender helping to shape our understanding of human relationships within the context of adversity and adaptation. Resilience imputes the idea that individuals are able to make their own choices, however, these choices are possible only when resources and opportunities for a better future are accessible, given environmental constraints (Furstenburg, Cook, Eccles, Elder, & Sameroff, 1999).

For the purposes of this study, resilience is characterized as positive adaptation or achievements in spite of the presence of risk factors that predict poor outcomes (Jackson, 2005). Areas of observable adaptation or achievements include: life events, socioeconomic factors, academic competence, classroom behavioral competence, and interpersonal competence (Garmezy, Masten & Tellegen, 1984).

Coping with Risk Factors

Use of resilience as a framework, requires consideration of threats or risk factors affecting a young person's ability to adapt. A wide range of risk factors such as poverty, maltreatment, foster care placement, and multiple movements while in care create stress that can

deeply affect the healthy development of competency skills (Haskett et al., 2006) and can lead to other threats to development including poor physical and mental health (Garmezy et al., 1984). Gilligan (2000) found that adversity has a cumulative effect and that reducing or eliminating even one problem area in a young person's life may have a strong positive effect on resilience and the ability to cope.

While resilience and coping are similar, *coping* refers to the behavioral and cognitive strategies used to manage stressful situation and is vital to creating and implementing cognitive behavioral interventions (Folkman & Moskowitz, 2004). In the presence of risk factors, the quality of adaptation involves two aspects, "Coping I", which entails adapting to the environment and "Coping II", which entails maintaining internal stability (Murphy, 1962). Therefore, resilience can also be a way to identify internal and external coping status before and after exposure to stressors (Richardson et al, 1990; Richardson, 2002).

Masten (1990) brings further layers to the construct of resilience by specifying three differing degrees of resilience. The first degree involves individuals who do not succumb to adversities, despite a high-risk status, but remain at a baseline capacity for resiliency. The second degree involves individuals who develop an increased capacity to cope in a high stress environment. The third degree involves individuals who have experienced trauma, both historical and complex, developed coping strategies and flourished.

Resilience during Emerging Adulthood

Using a developmental perspective on risk and resilience, Haskett et al. (2006, p. 796) writes,

> "Development is hierarchically ordered such that early patterns of adaptation shape a child's success or failure in meeting subsequent developmental tasks".

For many young people, leaving care as a young adult can represent a failure to demonstrate certain coping abilities that enable successful transition to adulthood. During the latter half of the 20th century and into the first decade of the 21st century, the transition to adulthood for United States adolescents and young adults has become longer, more complex, uncertain, and diverse (Arnett, 2007). More often, young people assume adult responsibilities and roles after post-secondary education completion and delay entry into the workforce until their mid to late twenties (Furstenberg, Rumbaut, & Settersten, 2005). Arnett (2007) proposes a period known as "emerging adulthood" as beginning at approximately 18 to 26 as a developmental process during a period of time in which commonly noted themes arise that are distinct from the period of adolescence (before age 18) and young adulthood (after age 26) (Arnett, 2007). Many researchers have found common linear development in the domains of cognition, emotion and behavior (Galambos & Krahn, 2010). Some studies have found that cognition and emotion processes in emerging adults lead to more impulsive decision making compared to older adults (Arnett & Tanner, 2006), impacting capacity for resilience.

Protective Factors

Protective factors are further defined as characteristics that decrease the negative effects exposure to adversity (Garmezy, 1991). Mechanisms of protection against adversity can serve to prevent (*prevention*) harmful effects, compensate (*compensatory*) for harmful effects after occurrence, or buffer (*moderating*) against harmful effects (Wilson et al., 2007). Protective factors can include: good physical and mental health, high self-esteem, social competence, intelligence, outgoing temperament, strong sibling and peer relationships, financial stability, and secure relationships (Child Welfare, 2009). Specific to this project, Haskett et al (2006) found that attachment to stable nurturing families serves to increase resilience and decrease the

negative effects of trauma associated with the occurrence of maltreatment during developmental growth. Having a secure relationship with caregivers is viewed as a protective factor that enhances a child's sense of security and well-being (Wenar & Kerig, 2006). Emotional, behavioral and interactional skills developed and used in secure child-caregiver relationships can then be transferred to various types of relationships in other environments such as the educational or employment setting (Wenar & Kerig, 2006). Charles & Nelson (2000) point out that despite being exposed to multiple risk factors with few protective factors, many young adults who age out of care are able to overcome adversity. Charles & Nelson (2000) attribute this resilience to having an attachment to a consistent caring adult, which serves as a key protective factor.

On a cautionary note, resilience is a multidimensional construct that allows for protective and risk factors to change shades based on an individual's developmental stage. A factor that may have been considered a protective factor in adolescence could turn into a risk factor in young adulthood and similarly a risk factor found in adolescence could become a protective factor in adulthood. However, the lens of resilience assumes a universal developmental process for all children and youth, rather than a process peculiar to only a few individuals (Pianta &Walsh, 1998).

Relationship to Social Work Practice

Using the strengths-based perspective, social workers provide help to the most vulnerable populations by fueling individual and social change (Gitterman, 1991). Social workers are concerned about many issues such as poverty, crime, and oppression affecting individuals, families, communities and societies. The profession has its foundation in the strengths-based perspective which shares many similarities with the construct of resilience. Since the 1970's,

Social Work academicians and practitioners have systematically incorporated the notion of resilience into strategies for working with clients through various phases of the helping relationship (McCubbin & McCubbin, 1992). These phases include engagement, assessment, intervention and service termination with clients, as well as the ongoing evaluation of program effectiveness throughout these phases. Understanding how people cope with adversity and helping them to use their inherent strengths to overcome problems is the basis of social work practice.

Embracing the strengths-based perspective requires an understanding of the capacity for resilience on micro, macro and mezzo levels. After a careful review of the resilience literature, Reifel and Chenot (2005) found that while similar in many ways, the concept of strengths-based and the concept of resilience are distinct because resilience is viewed as a process or an attribute that lies within the client, family or community and in contrast, the strengths-based perspective pertains to the helping professionals paradigm and enhances the ability to identify and apply resilience concepts to assessments and interventions in practice and policy.

Significance of Resilience to the Child Welfare Field

Young people growing up in foster care in New York City are exposed to adverse conditions such as: poverty, an overwhelmed educational system, transient communities, community violence, and maltreatment. Additionally, placement in foster care can alter the trajectory of resilience in light of potentially chaotic and unfavorable conditions. Those who leave New York City-based care as young adults are predominantly young people of color who fall below the poverty line at the time of discharge. This stigmatized population is often studied under the lens of pathology - rather than the strengths-based perspective using constructs, such as resilience. The construct of resilience, derivative concepts, and their measurement in the out-of-

home care population can make important contributions to the field of child welfare especially when considering treatment options and discharge planning. Thomas et al. (2005) suggested that a resilience-based approach to serving individuals and families will lead to an increased ability to identify their strengths and prompt interventions that build on those strengths.

Individuals who leave care as young adults face greater adversity and encounter more complex challenges than counter parts exposed to more normative developmental experiences. A mandate that each youth in care develop a meaningful relationship with a significant adult entails a great deal of thought, planning, and cohesive implementation. System success for meeting this mandate remains unexamined in the aging out child welfare literature. Child welfare agencies are charged to make an effort to identify, locate and involve family resources for each individual in care. Yet, programs vary in their ability to help young people develop and maintain strong connections to caring adults. The responsibility for developing and maintaining secure attachments is a cornerstone of child welfare programming and can increase resilience in not only the individual and family, but also across systems within which these people function.

Trauma

Trauma is characterized as responses to serious physical or mental injury that involve powerful thoughts, feelings and behaviors (NCTSN, 2012; NIMH, 2012). A number of different trauma types are identified in the literature and are experienced on individual, communal, and intergenerational levels (Braveheart, 2011). Complex trauma is defined as exposure to enduring, consistent, and ongoing victimization throughout the lifespan that hinders the ability to trust and build relationships, across a life span (NCTSN, 2012; Van der Kolk et al., 1996). Historical trauma stems from physical and mental injury that reaches across generations to the current life cycle within large groups of people (Braveheart, 2003). Exposure to complex and historical

trauma is linked to differences found in the mental, physical, spiritual, and emotional health across groups of Latino, Native and African American people (Braveheart, 2011; Carolan et al., 2010).

Exposure to Maltreatment and Trauma – Individual Level

There were approximately 3.3 million child abuse reports and referrals involving an estimated 5.9 million children received by Child Protective Agencies (CPS) nationwide (USDHHS, 2011). CPS investigated 60.7% of these cases and substantiated or indicated 21% of these allegations (USDHHS, 2011). A majority of children or youth entering foster care have experienced a minimum of one episode of maltreatment and are likely to have experienced several (HHS, 2011). The adverse effects of exposure to childhood maltreatment is correlated with poor outcomes for young people aging out or exiting foster care as young adults. These outcomes include: delinquent, violent or aggressive behaviors, physical disability, dissociative disorders and other health/ mental health issues, educational /vocational problems (Johnson-Reid, 2003, 2004; Jonson-Reid & Barth, 2000a).

The United States Department of Health and Human Services (USDHHS, 2009) reported that a majority (75 %) of maltreatment reports indicated neglect by parents and/or caregivers. According to Goldman (2003) neglect is generally defined as failing to provide for the child's basic physical (inadequate: food, medical care, clothing, supervision), educational (inadequate: schooling, allowing excessive truancy etc.), or emotional (chronic inattention, exposing child to domestic violence, parental drug and alcohol use) needs. Approximately 15 % of CPS findings indicate physical abuse (USDHHS, 2009). Almost ten percent involved sexual abuse such as exposure to: pornography, sexual touching, intercourse, incest, rape, sodomy, exhibitionism,

sexual exploitation (USDHHS, 2009). Almost 6% involved psychological maltreatment (USDHHS, 2009) defined as:

> "…a pattern of caregiver behavior or extreme incidents that convey to the child that they are worthless, flawed, unloved, unwanted, endangered, or only of value to meeting another's needs. This can include parents or caretakers using extreme or bizarre forms of punishment or threatening or terrorizing the child (Goldman, et al., no page, 2003)."

According to USDHHS (2009), more than 80.9 % of duplicate perpetrators of abuse and neglect were biological or adoptive parents with other roles including relatives, school personnel, and unmarried partners. Rigorous studies have ascertained that there are several noted psychological areas that contribute to parental or family risk factors including: exposure to domestic violence (Chen & Scanapiecco, 2006); parent's experience with childhood maltreatment and insecure attachment formations (Morton & Browne, 1998); external locus of control and impulsivity (Wiener, 1985); depression and anxiety (Olds et al., 1986) and poor anger management skills (Rodriguez & Green, 1997). Some of the characteristics of poor care-giving include "harsh discipline practices, high levels of conflict, and low levels of parental warmth and responsiveness" (Price and Glad, p. 330, 2003). Maltreatment and subsequent poor caregiver attachments are extended to dysfunctional relationships with others (Price and Glad, 2003).

Alternately, certain child characteristics are connected to child maltreatment and lower rate of reunification. These characteristics include children who as infants had poor temperaments that hindered the mother-child bonding, and children who had pre-existing psychiatric or psychological problems that resulted in difficult to manage behaviors (Ounsted et al., 1974). Children in foster care who are selected to be reunified with their birth families initially exhibit fewer behavior problems compared to children who remain in substitute care (Landsverk, Davis, Ganger, Newton, & Johnson, 1996). Reasons for this dynamic are multi

layered and complex, rising out of intergenerational exposure to adversity and resulting effects on psychological and biological processes.

The Casey National Alumni Study, found over 90 % of adults who were previously in care had suffered maltreatment of one form or another (Pecora et al., 2003). Sometimes this exposure to maltreatment leads to complex trauma involving a set of symptoms or characteristics. The study of the dynamics between child psychobiology and maltreatment and how these factors are related to later coping problems is relatively new and not well understood in the past (Pollak, 2005). Attention to the effects of child maltreatment on neurobiological development and psychobiology is increasing (McCrory, De Brito, & Viding, 2010). Overall, understanding of trauma stemming from childhood maltreatment has increased over the last two decades and there is ample documentation of the adverse effects of maltreatment on children's developmental status and psychological adjustment (Haskett et al., 2006).

Communal Exposure to Trauma

Looking as far back as the founding of the first settlement house in impoverished neighborhoods, there was a realization that social problems have a tendency to form in certain places (Tratner, 1994). Urban youth face greater challenges to gaining interdependence given the characteristics inherent of their communities. Traumatic environmental conditions naturally imposed on already marginalized inner city youth include economic deprivation, poor access to good health care, exposure to racism, police harassment, and inadequate educational systems, affecting young people’s participation in society (Gin Wright, Cammarota, & Noguera, 2005). Many young people growing up in inner cities face interpersonal violence linked to symptoms of poor mental health (Wilson & Rosenthal, 2003).

Cumulative Exposure to Trauma

Children and families who come to the attention of the child welfare system have experienced complex and intergenerational trauma (Greeson, 2011; Oswald, Fegert, & Goldbeck, 2010) within individual, family and community contexts. Connected to race and poverty, people experience trauma through exposure to: maltreatment, exposure domestic violence, home loss, high crime neighborhoods, school violence and drug economies (Greeson, 2011). Cumulative trauma experiences have deeper and longer lasting effects on child development and leads to a prevalence of diagnostic disorders within the child welfare population. Bearing some similarity to outcomes related to abuse and neglect, exposure to trauma can lead to poor brain development, personality disorders, learning disabilities, depression, sexualized behaviors, PTSD, phobias, ADHD, sleep problems, bed wetting, physical, weight problems, and substance use (CDC, 2008; APA, 2000).

Enhance Protective Factors

Strategies for helping parents enhance protective factors include: referrals to substance abuse treatment and/or parenting skills programming, supervised visitation, housing assistance, mental health treatment, casework counseling, engagement in family team conferences and linkage to a birth parent advocate. Other intervention targets include: improve positive attachments to supportive adults; increase cognitive and self-regulation skills; improve self-esteem; and build creativity (Cook, Blaustein, Spinazzola & Van der Kolk, 2003). These interventions should serve to increase protective factors such as: developing a warm parent-child relationship and a supportive family environment; consistent household rules and structure with parental monitoring, and extended family support and involvement.

While many outcomes studies paint a bleak picture for young adults who exit care, some studies found youth placed in foster care fare similar to or better than non-foster youth with similar family histories (Buehler, Orme, Post, & Patterson, 2000). Protective factors found to be associated with resilient functioning among maltreated children involve dynamics between individual child/youth characteristics, child/youth's family context, and environmental experiences. Studies investigating resilience in at-risk children and youth in the general population have identified predictive interactions between individual factors such as personality, cognitive ability, temperament and the quality of relationships with parents, mentors, social workers, and peers (Aronowitz, 2005; Masten & Shaffer, 2006). Variables associated with resilience and self-sufficiency include: educational attainment, employment, housing, parenthood, and low health risk behavior, social support, spiritual support and community support Daining and DePanfilis (2007). Young people deemed resilient had opportunities for mastery experiences and were generally older youth, females and youth with lower perceived life stress (Daining & DePanfilis, 2007).

Risk Factors for Transitioning Foster Youth

Educational Barriers

The urban school environment has multiple stressors including: under resourced programs, older infrastructure, overcrowded classrooms and lack of individualized attention that contribute to the educational problems faced by children and youth in foster care. Researchers have additionally found that there are many systemic stressors hindering communication between the educational and child welfare systems which might also contribute to poor post-discharge outcomes for foster youth (Hill, 2006), who are often vulnerable students in the educational system.

Compared to their non-foster care peers, foster care youth face greater educational challenges including low graduation rates, poor reading skills, and lagging overall academic performance (Clasp, 2009; O'Brien, et al., 2010). Having an adequate education should theoretically provide some assurance of later employment and economic well-being. However, youth often are exposed to negative school experiences that affect their ability to complete educational requirements. One example involves foster children and youth who are moved several times during the school year. These movements require time for transition to new school placement which can lead to excessive absenteeism (Walker & Smithgall, 2009), deeply hampering educational progress.

A descriptive study investigating school experiences of foster care youth in a mid-west county, found that 7% had been suspended once since the 7th grade, 58 % had failed a class, and 29 % had physical fights with students (McMillen et al., 2003). One study explored the post-discharge functioning of young adults in several areas including education and found that 50% of young adults left foster care with a high school diploma or a GED (Reilly, 2003). While Perez (2005) found that youth who age out of foster care were more likely to receive a General Equivalency Diploma (GED) than a regular high school diploma and were less likely to continue with their college degree. This particular study found a correlation between frequent placement changes and a struggle to complete high school (Perez, 2005). Additionally, youth aging out of foster care and youth aging out of special education programs were found to be at similar risk for disconnection from educational and vocational settings after leaving care.

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), a prospective ongoing study conducted in waves by researchers at Chapin Hall Center for Children at the University of Chicago, found that 63 % of the foster care alumni were not

enrolled in educational or vocational programming and only 11 % of the participants were enrolled in a college program (Courtney & Dworsky, 2005). Several years later, the educational landscape for youth aging out of care has not shifted. The largest longitudinal study (Courtney, 2010) completed since Chaffee came into law in 1999, found that foster care alumni age 23-24 fared poorly compared to a similar age group of individuals in the general population. Twenty-four percent of foster youth did not receive a high school diploma, compared to seven percent of the general population and just six percent of foster alumni received a college degree, compared to twenty-nine percent of the general population. With little or no access to further academic career or vocational training, many of these young people face a lifetime of socioeconomic imbalance (Courtney et al., 2010).

Poor Access to Opportunities for Employment

In earlier waves of the Midwest Study fewer than half of the foster care alumni surveyed were employed and a quarter of the respondents reported having very little or no food at all at certain points in their life (Courtney & Dworsky, 2005). By the fourth wave, findings indicated that youth who left care after 18 were able to obtain viable educational levels and a better employment outlook (Hook & Courtney, 2011). However, only 48 % of foster care youth were employed and 85 % had an income less than $25,000 (Courtney, et al., 2010). A majority of youth who exited foster care were able to find employment however; many had great difficulty maintaining employment (Allen, 1997). Youth facing disabilities, such as a learning disorder or autism, were found to be unemployed at a greater rate than youth in the general population (Wagner et al., 2005).

Family members are valuable resources for helping many youth obtain jobs (Allen, 1997), establishing how stable family members can serve as a protective factor during the

emerging stage of development. Without resources, young people without viable family support can become trapped in a cycle of unemployment and poverty with little hope of a better life.

Disenfranchised and Homeless

Former foster youth are not only disconnected from educational and employment opportunities (Courtney & Dworsky, 2006; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Pecora et al., 2003), many face homelessness as well (Perez & Romo, 2011). There are many challenges to obtaining even an approximate count of homeless young people because many are nomadic, shifting from place to place and remain hidden from helping systems. In general, foster care youth are more likely to experience homelessness and are overrepresented in the homeless populations, making up 12 % to 55 % (Cook, Flieshman, & Grimes, 1991; Courtney, et al., 2001; Pecora et al., 2005), depending on location. Individuals who exit care to independent living situations through planned or unplanned discharge, experience even higher rates of homelessness than their foster care peers who do not age out of child welfare (Park et al., 2004).

Homeless youth are at greater risk for issues with mental health, substance use, physical health, and poor connections to services (Tyler & Melander, 2010). Some homeless youth are involved in trading sex for money, food, clothing or a place to stay (Tyler, 2006). It is important to note the high rates of abuse among homeless youth at the hands of predatory individuals or groups (Tyler, et. al., 2000). These rates range from 17 % to 35 % for sexual abuse and 40 % to 60 % for physical abuse (Zlotnick, Robertson & Wright, 1999). As an example of how the cycle of maltreatment perpetuates itself, experiencing these types of abuse further complicates the path these youth need to take in order to meet developmental milestones. Homeless youth who experienced traumatic physical and sexual abuse have an increased potential for mental health

problems and major physical health problems (Tyler & Melander, 2010). These youth are more likely to acquire HIV and have a disproportionately higher HIV seroprevalence rate than other populations (Beech, Myers, Beech, & Kernick, 2003).

Youth generally use the homelessness system because they lack preparation for transition to independent living and/or they encountered negative experiences with their caregivers (Park et al., 2004). While residence in an apartment, house, or single room often marks the transition to adulthood, knowing how to access affordable housing carries similar importance. There are barriers to adequate housing unique to New York. These barriers are inherent in the make-up of inner city communities and include: transient populations, housing shortages and the high cost of living.

Health /Mental Health as a Risk Factor

Foster care youth who exit foster care as young adults are likely to encounter traumatic experiences that affect their ability to develop positive attachments to others and their mental health. These experiences include: caregiver neglect/abuse, parental abandonment, death or incarceration of a parent, and multiple placement settings (Pecora et al., 2005; Raghavan et al. 2007). Other risk factors associated with poor mental health outcomes include: prenatal exposure to tobacco, drugs and alcohol; poverty; low birth weight; abuse and/or neglect; being homeless; history of incarceration; parental mental health issues; and belonging to a high risk group such as LGBT population (Courtney et al., 2001; Pecora, et al., 2003; Tyler & Melander, 2010; Avery, 2010). Exposure to trauma can also contribute to: emotional and affect dysregulation, aggressive and/or risk taking behaviors, poor attention span, poor self-image, impulsivity, and attachment disorders (Courtney et al., 2001; McMillen, et al., 2003; Pecora et al., 2003; Gauthier, Stollak, Messe, & Aronoff, 1996).

Numerous findings in studies of young people in foster care illuminate foster youth vulnerability (Courtney et al., 2001; McMillen, et al., 2003; Pecora et al., 2003). For example, a study completed by McMillen et al. (2003) of 17 years olds (N=373) in Missouri, found the prevalence of conduct disorder (47%), major depression (27%), Attention Deficit Hyper Activity Disorder (ADHD) (20%), PTSD (14%), and mania (6%). Other reports based on this sample indicate high rates of mental health service usage, including 15% of the sample receiving inpatient psychiatric care in the previous year and 37% of the sample taking psychotropic medications at the time of the interview (McMillen et al., 2003; Raghavan & McMillen, 2008).

A study of foster care alumni found that within the past 12 months of administration, more than half of the respondents suffered clinical levels of at least one of the following mental health issues: major depression, post-traumatic stress disorder (PTSD), social phobia, panic syndrome and drug dependence (Perez, 2005). The rate of PTSD among this group of former foster care recipients had double the rate of occurrence than United States war veterans (Perez, 2005).

There are many barriers to treatment for these particular young people. Generally, young adults tend to underutilize the mental health system. The problem seems to stem from early on. In a study examining data from The National Study of Child and Adolescent Well-Being (NSCAW), Stahmer et al., (2005) found gross under-utilization of the mental health systems for children who were found to have clinical impairments during their first twelve months in the child welfare system. For African American youth, race and ethnicity were predictors of under-utilization (Garland, Landsverk & Lau, 2003) due to mistrust of clinicians and other staff. Trust issues stem from both historical and social contexts (Franklin, 1992). African American youth have long been presented negatively in mass media and through crime data using exaggerated

portrayals, which might impact the way clinicians and staff perceive these young people (Franklin, 1992). There is a prevalence of diagnostic disorders in this population, which might be the result of over diagnosis given the stigmatization. Additionally, many instruments are culturally biased, while others only capture negative variables such as the Black Male Experiences Measure (Scott et al., 2011).

Other barriers to services can be found in the insurance structures. Since the foster care Medicaid rates are generally low, and funding for independent living services focuses on developing competence in areas such as employment, housing and education. Many out-of-home placement programs in child welfare do not employ intensive clinical services specializing in comprehensive, evidence based treatment interventions (Massinga & Pecora, 2004). Poor mental health conditions require additional clinical attention geared to both address the emotional, biological and psychological consequences of trauma and improve daily coping skills. Studies of youth who have used the mental health system, found that the participants scored above norms on self-report mental health inventories with 50 percent in receipt of some type of mental health service in the prior year (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001).

The child welfare field additionally lacks comprehensive mental health screenings that would efficiently illuminate mental health problems, and guide the treatment process using high quality clinical services (Pecora et al., 2009) and placement options. Lack of adequate placement options has also been an ongoing problem. In 2010, an estimated 2,240 of the approximately 16,000 foster children under the age 18 were sent to acute psychiatric hospitals (Legal Aid Society, 2011). On March 11th, 2011, New York settled a class action suit brought by The Legal Aid Society of New York which grieved and won a complaint that ACS and their contract agencies were noncompliant with a New York State social service law that, the "most

appropriate level of placement will always be considered to be the least restrictive and most homelike setting in which the child can be maintained safely (18 N.Y.C.R.R. §430.11)". The lawsuit claimed that ACS unjustifiably subjected children with emotional and behavioral problems to the most restrictive environment, acute-care psychiatric hospitals, because foster care re-placement options were unavailable to these children (Legal Aid Society, 2011). The settlement, which involves a five year oversight plan, mandates New York City to comply with federal and state legislation for ensuring least restrictive level of care by creating new policy and practice protocol and increase training and monitoring of hospitalizations (Stashenko, 2011). This lawsuit prompted the implementation of the ACS mental health coordination unit (MCHU). This unit primarily functions as a support service to staff in ACS and contract agency programs; they do not establish or determine placement or clinical treatment options for children and youth in foster care.

In considering the trauma and resilience literature, clinical interventions should address the harmful consequences of secondary and primary traumas stemming from exposure microsystem and exosystem adversity. Adverse factors include exposure to racism, as well as physical and psychological abuse and maltreatment. Individuals and organizations need to work collectively across the helping systems to foster connections with nurturing adults and social support resources on behalf of disenfranchised young people. Important to consider is the therapeutic relationship often involved in mental health services. A clinician's ability to build rapport and engage youth is a major cornerstone of clinical treatment and requires consideration of individual attachment patterns and styles.

Maladaptive Behavior and Resilience

There is a prevalence of substance abuse, criminal involvement that leads to incarceration, and early parenting in the foster care alumni population. The Midwest Study found that 33 percent of their respondents had been arrested in the last year, and 23.7 percent of them had spent at least one night in correctional facility (Courtney & Dworsky, 2005).
Ungar (2001) suggests that young people who engage in maladaptive behaviors (risk factors) such as substance use, risky sexual activity, street living, truancy, and criminal behaviors, are really engaged in use of healthy coping strategies that increase sense of empowerment and well-being. In other words, the illness is within the social institutions that view these behaviors as signs of deeper problems within the individual, rather than healthy coping mechanisms (Gergen, Hoffman & Anderson, 1996 cited in Ungar, 2001). Acceptance of maladaptive behaviors as a demonstration of psychological agency can be empowering to young people who are exhibiting signs of true resilience in an unaccommodating world Ungar (2001).

Attachment Theory

Attachment patterns affect the way a person views the world and processes information. These patterns evolve into enduring relationship building mechanisms from childhood to later adulthood stages (Stein, 2006). Young people in out-of-home care encounter attachment disruptions because of removal from their biological family and subsequent movements while in care (Jones & Kruk, 2005). For those individuals who have experienced disruptions, building social capital through secure attachments to family, community, or society within their ecological system presents layered challenges.

Bowlby (1973) is credited with developing the theory of attachment as an attempt to understand an infant's response when separated from a primary caregiver using concepts from

ethology, psychoanalysis, cognitive psychology, and developmental psychology. Attachment behaviors are developed as a result of repeated microsystem interactions between the child and the primary caretaker which become internalized over time and become a template for future relationships (Bowlby, 1988).

Internal Working Models

Relationships are regulated by internal working models that serve to organize the way individuals perceive themselves and others (Kurdek, 2002). These templates, known as the internal working models (IWMs), have two distinct schemas: a *self-model* pertaining to perceptions of one's worth and an *other-model* pertaining to expectations of significant others (Bowlby, 1988). IWMs of attachment play a role in how young adults view others and themselves and become a critical link between early experience, decision-making, and later interpersonal relationships (Ackerman & Dozier, 2005).

Attachment Dimensions

Mary Ainsworth, a student of Bowlby, furthered his work through observation and development of specific attachment dimensions: secure attachment, insecure avoidant attachment, insecure resistant attachment, and insecure disorganized attachment (Wenar & Kerig, 2006). Ainsworth first conducted her observational studies of infant– caregiver attachment in Baltimore and rural Uganda (Ainsworth, 1967, 1989), capturing cross cultural attachment variables. Contemporary adult attachment theorists have built their work on these four varying attachment pathways, incorporating Ainsworth's dimensions and Bowlby's internal working models of close relationships (Bartholomew & Horowitz, 1991). Mayseless and Popper (2007) extended the construct of attachment beyond the consideration of the parent-child dyad, and applied it to the ability to attach to leaders and institutions in various settings. Researchers

(Mayseless & Popper, 2007) investigated levels of attachment and the variability of internal working models and found that without the need for a full attachment bond, individuals still tend to attach to leaders and institutions that provide for certain needs when their own attachment figures, such as parents, peers, and partners, fail them. This attachment to leaders or staff, and institutions is seen in the child welfare population when the agency replaces the parent in providing care. When the agency is viewed as providing inadequate protection or care, shifting attachment to other figures and institutions become necessary for this particular group.

Hazen and Shaver (1987) found three adult attachment styles, *secure*, *avoidant*, and *anxious/ambivalent*. Infant attachment responses tend to be secure if the caregiver is available, responsive, and attentive. If the caregiver fails to meet the infant's needs, the infant's attachment responses become less secure activating compensatory behaviors (Cassidy, 1999). Individuals with a secure attachment style are able to form and maintain interdependent relationships with others. Those with an avoidant attachment style tend to stay away from close relationships. People with anxious/ ambivalent attachment style want to be in close relationships, however they tend to maintain suspicions that others do not really care about them (Hazen & Shaver, 1987).

Models of Self and Other

Bartholomew (1990) elaborated on attachment theory and its processes by creating a two dimensional model of adult attachment: the person's abstract perception of self, dichotomized as positive or negative and a person's perception of others also dichotomized as positive or negative, resulting in four attachment style categories.

These four attachment style categories are *secure*, *dismissive*, *preoccupied* and *fearful*. Bartholomew & Horowitz (1991) presume that individuals with secure and dismissive attachment styles each have a positive model of self. However, individuals with attachment

dismissive style have a negative model of others and deny the importance of attachment relationships. While individuals with preoccupied or fearful attachment styles both have negative internal models of self, causing self-doubt, preoccupied individuals tend to have a positive internal model of others and seek proximity to others when in distress (Bartholomew, 1991). Bartholomew and Horowitz's dichotomized model (1991) using positive and negative internal working models is useful in assessing and planning intervention services for youth in care.

Secure Relationship – A Protective Factor

Haskett et al. (2006) found that attachment to stable nurturing families serves to increase resilience and decrease the negative effects of maltreatment on developmental outcomes. Secure relationships between child and caregivers are seen as a protective factor enhancing a child's sense of security and well-being (Wenar & Kerig, 2006). Individuals learn practices from caregivers and often transfer these practices to external environments with continuity of emotions, behaviors and interactions (Wenar & Kerig, 2006). Charles & Nelson (2000) point out that despite being exposed to multiple risk factors and few protective factors, many young adults who leave care are able to overcome adversity and this resilience is attributed to having an attachment to a consistent caring adult, which serves as a key protective factor. Attachment theory has played a crucial role in research on human development and the possibility of altering attachment organization with intervention (Van den Boom, 1994).

Attachment and Child Welfare

The "Aging Out" child welfare literature often refers to the concept of "attachment" as having a "connection" to significant adults and positive peers who provide a foundation for

strong social support[3]. The New York State Office of Children and Family Services (OCFS) (2006) serve as a conduit for legislative mandates and Federal funding to local governments and not-for-profit agencies by setting guidelines and monitoring programs. OCFS (2006) promotes relationships and long term attachments as stated, "Efforts must be made to make the relationship between the youth and the adult permanency resource legal and binding through adoption or guardianship". However, OCFS has allowed that when this is not possible, an adult permanency resource can be the youth's mentor, former foster parent, teacher, or staff person. OCFS believes that this link to an adult permanency resource is critical to positive outcomes for youth and is incorporated into the child welfare practice framework, standards, and New York State documentation requirements. However, many children who enter foster care have attachment disturbances that can lead to an attachment disorder, making attachment to others difficult.

Attachment disorders have been diagnosed using a pathogenic model, and are only recognized as a disorder if there are extreme exhibitions of an inability to attach to another individual. The DSM IV – TR (2000) recognizes attachment disorder as Reactive Attachment Disorder (RAD). RAD is characterized by a disturbance in social relatedness and is due to gross pathogenic care or multiple changes in primary caregivers (Wenar & Kerig, 2006). The DSM IV – TR (2000) also recognizes separation anxiety disorder, which is characterized by excessive anxiety around being away from a primary attachment figure (Wenar & Kerig, 2006). These disorders can result in cognitive, behavioral, or emotional symptoms that impair the individual's capacity to meet normal developmental milestones. OCFS distinctly outlines the youth's need to securely attach to a significant adult as a protective factor leading to resilience, however, the

[3] Social support both mediates and moderates the effects of maltreatment and abuse on mental health outcomes for individuals who experienced maltreatment or abuse (Salazar, Keller, & Courtney, 2011)

specific clinical interventions in developing attachments for this marginalized population remains unaddressed in the aging out literature. Child welfare administrators presume that children gain resilience when they live within safe nurturing families (Bass, Shields, & Behrman, 2004). Subsequently, politicians and administrators develop policy and implement practice geared to ensure that children who are removed from their home of origin remain in a minimum number of settings assuming the development of secure attachment to a significant adult (OCFS, 2006), at least until they are 21. While this approach might serve to mitigate some of the deleterious effects of multiple placements, the directive requires a shift to a more clinical approach that considers effective service plans and treatment plans as equally important in serving this marginalized population.

Research demonstrates that attachment formations can serve to overcome or buffer against adverse conditions. This study is particularly concerned with how a young adult's attachment style interacts with their capacity to meet significant resilience milestones in young adulthood. The helping process should include assessment of attachment behaviors through patterns of interaction with significant adults and peers. The identification of patterns of attachment may also guide the work undertaken by the foster parents, direct care staff, social workers, the young person and their families. This important information can provide practitioners, staff, administrators, legislators and community stake holders with an opportunity to help an individual raise awareness of internal perspectives and external responses to self and others. Functions of child welfare are to build children and families' capacity for healing disrupted attachments, create new attachments when deemed necessary and to decrease effects of harmful attachments. Whether its reunification, adoption, being mentored, terminating parental

rights, or losing yet another caseworker - child welfare service providers shape internal working models of attachment.

Improving Attachment Quality:

Internal working models of attachment have been found to be associated with patterns of adjustment and well-being throughout the life course. Adolescence is a period involving four developmental tasks, which can lead to changes in the individual's attachment behaviors (Scharff & Mayseless, 2007). These tasks involve changes in: the way attachment is expressed, attachment behaviors, the composition and structure of network of attachment figures, and internalized models (Scharff & Mayseless, 2007). Developing adequate methods and skills in targeting and shaping appropriate attachment tasks may serve to enhance resilience.

Placement in a foster care setting provides real opportunities to help individuals improve attachment quality through focus on changing the individual's attachment behavioral system. In order to improve attachment quality, Gilgun (2005) writes that a main treatment task is to develop new internal working models schema to offset or counter the older more destructive schemas through raising the clients awareness of IWMS that lead to unconscious responses resulting in antisocial behavior. Gilgun (2005) warns that this task is extremely difficult because clients can either change their schemas by assimilating the new schemas or superficially comply with treatment without altering schemas risking a return to previous attachment style. However, a major benefit of targeting the attachment behavioral system is that improvement in attachment quality can lead to an increase in help seeking behavior which decreases resistance to service utilization.

Limitations of Attachment Theory:

Used in isolation of other theories, attachment theory, generalized to all populations and cultures has several limitations. Within the context of social capital theory, individuals do not share similar access to connections and relationship building because of structural arrangements within the individual's ecological system. This impacts the potential for forming relationships. Relationships with people who have greater financial, social and material resources are more helpful than relationships with people who do not have access (Burt, 1992). Access to opportunities is a trickle down phenomena related to external community and societal risk factors such as racism, ageism and classism. Place of residence influences concrete areas such as access to education and impacts opportunities for networking, obtaining social support, and building social capital across ecological systems (Burt 1992).

Another limitation of attachment theory involves attachment representations themselves. Although attachment representations have been found to be stable over time, these representations can shift in the face of chaotic or adverse life events and decrease predictability during these times (Carlson, Sroufe & Egeland, 2004). Sroufe et al (p. 1, 1999) summarized the limitations of using attachment theory to make predictions:

"Early experience does not cause later pathology in a linear way; yet, it has special significance due to the complex, systemic, transactional nature of development. Prior history is part of the current context, playing a role in selection, engagement and interpretation of subsequent experience and in use of environmental supports".

A third limitation is addressed in ongoing debate regarding attachment theory's application to multiple cultures. In one camp, attachment theorists maintain that studies have demonstrated universality from the very beginning (Ainsworth, 1967, 1989). Culture does influence the manner in which off springs attach (Harwood, Miller, & Irizarry, 1997); however

theorists assert that cultural universality is imbedded in biological attributes that require infants to connect to caregivers as a matter of survival (Bowlby, 1969; Cassidy & Shaver, 1999). In question are the differing cultural norms for “secure base”, importance of caregiver sensitivity, responsiveness, and the idea that secure attachment best promotes social competence (Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000).

At this juncture it is essential to point out that attachment theory is not being used to predict future attachments or as a prescribed type of therapy in this paper. Attachment theory as a construct, subsequently defined and operationalized is being used to discover any correlates to resilience at a specific time in an emerging adult’s life within the context of other variables marking emerging adulthood.

Relationship to Social Work Practice:

The study of the relationship between attachment and resilience in foster care alumni is connected to social work practice on several levels. Generally, case management and treatment teams focus more on independent living skills acquisition than on the young person’s ability to form and maintain attachments. In order to best meet the needs of these young people, markers of successful adulthood needs to include their social and emotional ability to form bonds with others. Very little is known about the types of relationships and resources that these young people maintain, and how their own capacity for attachment might play a part in developing viable connections to nurturing adults. In order to enhance the services to these young people, it is important to understand the connection between attachment, resilience and aging out of foster care and how these patterns of attachment might differ in those individuals who were never in care.

Social Capital

The term social capital refers to features of social organization such as networks, norms, and trust that enable coordination and cooperation for healthy development (Putnam, 2001) through supportive relationships that provide knowledge and resources needed by all young people (Portes, 1998). Relationships have different values, dependent on accessibility, opportunity, and meaningfulness to the individual. Meaningful relationships are critical to growth and development of young people who have experienced loss of important network resources such as: birth family, peers and access to a familiar community (Casey, 2011). The social capital lens focuses on the impact of risks and opportunities associated with out-of-home placement (Casey, 2011). Social capital theory shares commonalities with Bronfenbrenner's ecological systems theory, which encompasses the social context of experience (Fram, 2004). While ecological theory stresses that people interact with and respond to their immediate world making their own choices, social capital theory views the person as a product of conflict for resources within a class-based system, rift with inequalities (Fram, 2004), hindering scope of free choice and access to valuable relationships.

Interdependence and Social Capital

Although, individuals require skill sets in order to meet basic needs, generally, everyone also needs some form of social support in order to lead safe, healthy lives (Loman & Seigel, 2000). *Interdependence* is the ability to participate in family, community and employment settings, and building positive long-term connections to family and other social support resources (CWLA, 2005) increasing one’s social capital. Over the last 25 years there has been a noticeable shift from meeting goals of independent living to meeting goals of interdependent living. Secure attachment to family members, peers and community resources are necessary for

building strong social support networks. Yet, for many young people aging out, these relationships may be non-existent, problematic, or at best, capable of limited and sporadic support (Collins, 2001). Lack of social capital in the form of social support is a barrier to permanency and is a bi-product of limited focus on permanency planning work with families (Freundlich & Avery, 2004) and results in poor self-sufficiency preparation and vulnerability in emerging adulthood.

There are a number of studies addressing attachment characteristics and foster youth social support resources (Wright & Perry, 2006). Evidence provided by these studies suggest that secure attachments are linked to positive social experiences and enhance social skills throughout various stages of development (Allen, Marsh, McFarland, McElhaney, Land, Jodl, et al., 2002). Positive relationships with three or more social support networks (i.e. family, peers, and mental health clinics), enhances psychological resilience (Perry, 2006). Fictive kin and mentors have surfaced as important social support resources for many foster youth. Socially re-constructed family can develop into long-term mentoring connections (Perry, 2006), which can lead to decreased suicidality, improved health, fewer episodes of harmful violence (Ahrens et al., 2008), and decreased stress (Munson & McMillen, 2009). Nurturing adults, found by the youth often develop into long-term, supportive relationships (Avery, 2011). These studies call for deeper understanding of how youth choose their own care givers and why these relationships tend to be supportive in nature (Munson et. al., 2010; Beam et al., 2002). Studies found that these youth experienced mentoring relationships as offering social support including: providing advice, emotional support, and tangible resource such as money or housing (Munson et.al., 2010; House & Kahn, 1985). However, for many young people in foster care, forming attachments to valuable mentoring resources can be a challenge.

Many youth who leave foster care to live independently have difficulty attaching positively to committed adults which may be the result of a very disruptive placement process that under values reconnection with birth families (Freundlich, 2009) or mentors. However, because there is little or no continuity in attachment patterns between earlier mother-child relationships and later perceptions of a young adult's mother (Anderson, 2005), there is hope for healing past wounds rooted in earlier parent-child relationships.

Anderson (2005) analyzed family relations within factors such as employment status, schooling, financial situation, drugs, criminality, and legal sanctions. Participants functioning *well* had secure caregiver relationships, completed school, were employed and managed their financial affairs. Participants functioning *moderately* had insecure attachments, and a small number of caregivers. Those participants who were functioning *poorly* had multiple caregivers. All three groups had similar psychosocial risk factors however; there were fewer protective factors present in the group of families who were functioning *poorly* (Anderson, 2005).

Weinfield, Whaley, & Egeland (2004) conducted a longitudinal study examining attachment continuity and discontinuity and resulting development of attachment patterns. Using the Strange Situation (Participants 12 –18 months old) and adult attachment interviews (AAI) (participants 19 years old), findings indicated no significant overall continuity in attachment security. Disorganized infants were more likely than organized infants to be insecure or unresolved in late adolescence. There were significant correlations of continuity and change encompassing factors at different age ranges: infant temperament, maternal life stress, and family functioning at pre adolescence, child maltreatment and features of the home environment, indicating a potential for attachment pattern change.

Family characteristics such as cohesiveness, flexibility, communication, family meanings, and parenting style were found to have an effect on youth behavior and subsequently resilience (Thomas et al., 2005; Ungar, 2004). Individual attachment style develops through transactions with caregivers in the family setting making assessment of family characteristics a crucial component to assessing attachment patterns and subsequent resilience. Kools (1997) found that young people often present obstacles to developing relationships that could otherwise foster a larger social support network. Kools (1997) surmised that young adults who spent a significant amount of time in care often avoid substantive attachments in an effort to protect themselves and their identities.

Youth in foster care who remain in contact with birth parents have significantly better outcomes than young people who have no contact with birth parents (Barth, 1990; Fanshel, 1990; Haight, Kagle, & Black, 2003; Nelson, 2000; McWey, Acock, & Porter, 2010) and these youth often return to their birth families after aging out of care (Barth, 1990; Collins, Paris, & Ward, 2008; Cook, 1991; Courtney et al., 1998). However, for the older adolescent in care, supporting continued contact with birth family members can be significantly more difficult than working with young children and their families. In her study on relational permanence and use of social supports, Samuels (2008) found through qualitative interviews, that former foster youth experienced an unresolved sense of loss termed “psychological homelessness” after experiencing high turnovers rates in biological relatives, foster parents, and caseworkers. Some of the participants in Samuels’ (2008) study voiced wanting greater emotional support in managing new relationships with others and possibly with someone they could *trust*.

With regard to the ability to maintain healthy and balanced interpersonal relationships, research has found that higher levels of ego development, generally achieved during later stages

of emerging adulthood, are related to greater skill in negotiating needs for autonomy/relatedness and in balancing relationship dimensions in close peer and intimate relationships (Schultz & Selman, 1998). A study by Scharf, Mayseless, and Kivenson-Baron (2004) examined the relationship between attachment patterns and ability to meet developmental tasks marking adulthood. Tasks center on the ability to leave home while retaining positive relationships with care givers, peer, and partners. Autonomy and self-efficacy were found to be important psychological attributes during this time. The investigators (Scharf et al., 2004) noted the ability to navigate multi-faceted relationships in an interdependent manner began to develop as early as late adolescence and however, did not fully develop until the late 20s.

Researchers interested in the long-term consequences for children in out-of-home care have given considerable attention to attachment patterns due to evidence that children's attachment classifications are associated with the quality of their relationships and development over the entire lifespan (Howe, Brandon, Hinings, & Schofield, 1999). Children who are securely attached are typically able to balance autonomy with participation in satisfying, emotionally reciprocal relationships later in life. Research findings indicate that an individual's attachment to family and other fictive kin influence developmental trajectories and life changes in adulthood (Arnett & Tanner, 2006). Such findings have raised doubts about whether a successful adult is truly independent from others and is self-sufficient at any age. Adolescents moving towards adulthood rely on family members for support that is important to their development and future. For many young adults, the family home provides a safety net as they make their way towards adult self-sufficiency. There is limited exploration of the reasons individuals are unable to maintain supportive family resources, such an absence of power to influence their own lives, during a time of dire need (Tolliver, 2011).

This safety net is often unavailable to individuals who left foster care as young adults and its absence has a severe long term effect on outcomes (Avery, 2010). There is considerable research that supports positive correlations between poor relationships with primary caregivers and poor outcomes for former foster youth (Avery, 2010). Forming secure bonds in childhood and young adulthood is a foundation for establishing and maintaining supportive relationships beyond the family during adulthood (Berscheid, 2004). However, many child welfare agencies have discontinued their efforts to reunify or reconnect families with people in the young adulthood stage of development. Reestablishing family connections before young adults exit foster care and provide after care services that support positive emotional and psychological growth are effective methods of ensuring resilience as young people make their way towards adulthood. These critical child welfare services require the understanding and incorporation of attachment theory and thoughtful dyadic attachment oriented programming in order to build resilient individuals, families and communities.

Despite facing overwhelming hardship, many young adults who leave foster care manage to lead successful lives and demonstrate resilience in a variety of areas. Understanding the developmental processes associated with resilience is critical to developing intervention and prevention strategies addressing barriers to successful transition from foster care to adulthood. Attachment style is rooted in developmental processes and can have a moderating role in protecting against certain risks associated with hardship in young adulthood. For older youth who leave care, developing secure attachments becomes a more complex matter due in part to previous separation from family and subsequent failure to reunify after a stay in care. Research shows that in addition to having a nurturing adult in one's life, attachment quality has a considerable effect on many areas critical to successful transition to adulthood including:

employment status, education attainment, housing stability, health, and social support resources (Allen, Aber, & Leadbeater, 1990).

Evaluation of the Literature

The landscape for alumni studies has progressively evolved and expanded to encompass the intricacies and complexities of humanity within-the-environment, over the last three decades. Pioneered by Trudy Festinger in 1983, this body of work has grown in leaps and bounds across multiple disciplines and impacts legislation, policy, practice and funding. Thanks to the good work of many diligent investigators such as Rosemary Avery, Mark Courtney, Peter J. Pecora, Richard Barth, Diane DePanfilis, and organizations such as the Annie E. Casey Foundation and Chapin Hall, the National Resource Center for Permanency and Family Connections, the body of literature continues to evolve and deepen in multi-faceted ways. The longitudinal Mid-West Study is the single most impressive study to date and it signals the direction for studies on this particular population. Given technological advances across systems and data bases that can now capture the nuances of an individual's life, it bares calling for cross systems collaborative investment. Investigations are becoming more treatment oriented. The alumni studies illuminate the importance of nurturing stable adults and positive responsive support before and after leaving care. The literature often falls short of exploring potential clinical methods for decreasing some of the more negative effects stemming from child hood exposure to maltreatment, foster care placement and/or leaving care as a young adult to live on your own. However, given the establishment of evidence based services, new studies are entering the landscape at unbelievable speed using improved instrumentation, sampling techniques, and prospective longitudinal approaches.

Significance

Many studies of foster care alumni describe the individual's status as an outcome rather than a process. Using ecological systems theory as an overarching frame social and attachment theory within a resilience framework allows for more dynamic, process oriented explanations and solutions.

There is growing recognition that youth aging out of foster care need family and social support as they transition to adulthood. The child welfare field is evolving into a treatment-oriented system. In New York City, under Mayor Bloomberg's Administration and the Commissioner of Social Service's over site, new initiatives addressing mental health issues around disruption have emerged with growing speed. Agencies vie for proposals that call for provision of specialized intensive mental health services to children and families in care. While numerous studies have investigated attachment problems and children in care, there is limited investigation of how young adults who age out of foster care form attachments and how these attachments are altered or remain stable over time and how these attachments interact with other meaningful variables representing resilience. This study could serve to increase knowledge about how attachment styles contribute to resilience.

Gaps/Limitations

Study designs reviewed in this paper were limited in a number of critical areas. Research needs to be executed on a much wider scale on a national level throughout rural, suburban and inner city areas with much more depth and sophisticated time studies to capture the actual trends for this vulnerable population and necessary services. Greater qualitative studies on resistance and perceptions of the clients connected to underlying race, class and gender dynamics within power structures could further our understanding of client "resistance". As providers and

advocates, we need to see not only the correlation between such variables as the “offer of services” and the responses to these “offers” but also the range of possible reasons behind those patterns.

Several books with extensive literature reviews have been published in an effort to raise public awareness of the plight of youth in foster care. Allen (1997) completed a comprehensive search and review of studies conducted on the aging out population between the years of 1960 and 1992. The authors (Allen, 1997) found that most of these studies were either descriptions of characteristics of programs, populations and their trends or correlational studies that identify placement cause, foster care experience, and discharge status rather than studying what happens after an individual leaves care. Researchers also noted that although there is a growing body of work on youth aging out of care, only a few of these studies use theory to guide the research (Collins, 2001; Stein, 2006). Most outcome studies are conducted immediately after a young person has left the foster care system and according to Brenda Jones Harden (2004) there is limited empirical work on foster care graduate outcomes using attachment and resilience theories leaving a gap in our understanding of the relationship between attachment, resilience and transition to adulthood factors. Additionally, it is often difficult to make conclusions about the effectiveness of foster care services from many of these studies because few studies are designed to allow for comparisons to children, youth or young adults in the general population.

A majority of the literature on foster care youth focuses on negative domains and little is known about those who become successful. Knowing the variables that support successful outcomes are just as important to policy and practice decision making as understanding the reasons for poor outcomes for foster youth. While this study infers the importance of connections to caring adults, it does not provide a distinction of the inner working models of self and others.

For the purposes of this study a similar strategy to assessing level of functioning and attachment patterns will be used, however, with the addition of the IWM's as a key variable.

The research literature is burgeoning with studies investigating the link between successful youth development and positive relationships with birth families and fictive kin that (Arnett & Tanner, 2006). However, Louisell (2009) found that the child welfare community has paid little attention to the permanency needs of older youth, and that despite the rapid growth in research on foster care youth transitioning to independent living; little research has been conducted on reconnection of foster care alumni with their birth families or fictive kin in the post care period. Studies geared to gain better understanding of the dynamics between young adult attachment styles and internal working models of close relationships as factors influencing youth transition from foster care to adulthood is limited in the literature and further research was noted as necessary in the area (Ungar, 2004). Studies on aging out of foster care commonly recommend future research to track the progress of young adults post foster care and to monitor the impact of program services in an effort to create a strong body of evidence-based practice literature that might serve to improve on current program development, implementation and evaluation. Findings from quantitative research on attachment capacity and resilience are scattered and often hidden in studies on foster care alumni and their transition to independent living (Collins, Paris, & Ward, 2008). Most of the alumni studies do not use well established child development theories that might cast doubt on the assumption that the age of 18 or 21 are truly markers of adulthood. Finally, there are a limited number of investigations on family-focused trauma treatments (Collins, Connors, Davis, Donohue, Gardner, Goldblatt, Hayward, Kiser, Strieder, & Thompson, 2010).

Methodological limitations were noted by Georgiades (2005, p. 420) who cited studies using a normative population to compare adulthood outcomes as a methodologically flawed because of the differences in population experience and exposure in areas of “family history, separation and loss of important attachments, experiences of parental abuse and neglect, foster care experiences, limitations of social support networks, etc.”. This study hopes to ensure a balance by using participants with both out of home placement histories and those with the same primary caretaker throughout their childhood and adolescence. In the cross-sectional study conducted by Daining and DePanfilis (2007), the investigators noted an inability to make causal inferences, pointing out that resilience as a construct is better studied over time. Other weaknesses include lack of comparison groups and attrition rates for longitudinal studies. The use of secondary analysis was used in many studies and noted as a weaker method than use of primary analysis. Children and adolescents in foster care who have physical and mental health challenges, and a high rate of placement change should receive special services to address mental health symptoms and needs. Further research should explore whether this subset of individuals require a different service delivery model to meet their unique needs.

Researchers have found that individuals can develop strengths through interventions that provide learning opportunities. However, there is a need for the use of both conceptual and empirical tools in the design, implementation and evaluation of interventions (Park, 2004). Understanding an emerging adult’s attachment style and how this attachment style contributes to resilience might prove helpful in building a treatment strategy involving multiple systems. Mental health evaluations, movement histories, cognitive abilities, current capacity to meet basic needs, and previous exposure to trauma are critical pieces of information when developing a care plan for an individual. However, knowing current attachment style and level of resilience could

also serve as a platform for individualized treatment and services planning towards enhancing positive outcomes. By expanding the attachment analyses to investigate the impact of risk and protective actors on outcomes of foster care alumni, this study fills a gap in the literature by assessing outcome differences between the foster care population and the non-foster care population. An increased understanding of how these variables interact with one another could provide a valuable roadmap for providing treatment services to children, youth and families who come in contact with the foster care system. Currently services are geared to address "barriers to permanency", with a one size fits all perspective. Treatment goals and service plan goals are often developed dichotomously. Hopefully, findings from this study will help support a need to develop both treatment goals and service planning around attachment and resilience that is also driven by legislation and programming.

Summary

The literature review supports the present investigation of the relationship between resilience, attachment patterns and outcomes for those who left care as young adults. Questions stemming from the literature review revolve around attachment patterns, markers of resilience, and outcome indicators in emerging adulthood.

The next chapter provides a description of the methodology used in the current study and its importance. It details the research design which includes the instrumentation, variables under study, how these variables were analyzed and study limitations.

CHAPTER IV: METHODOLOGY

Research Questions

The following is a review of the research questions and resulting hypothesis employed in this study. The target questions are based on relationships between three variables investigated in this study: attachment patterns, presence of markers of emerging adulthood, and level of resilience.

Research question 1: To what degree are attachment patterns associated with resilience during emerging adulthood for individuals who exited foster care as young adults?

Hypotheses:

1a. Secure and dismissive attachment patterns are associated with higher levels of resilience.

1b. Fearful and preoccupied attachment patterns are associated with lower levels of resilience.

Research Question 2: To what extent do attachment patterns differ in those individuals who exited foster as young adults compared to those who were never in foster care?

Hypotheses:

2. The greater the length of time spent in care the greater the likelihood of having an insecure/dismissive or preoccupied attachment patterns.

Research Question 3: To what extent do attachment patterns correlate with levels of resilience and specific markers of emerging adulthood such as education attainment, employment and housing within the two groups – individuals who left foster care as young adults and individuals who were never in foster care?

Hypotheses:

3a. Attachment pattern predicts resilience levels and variables associated with stability in emerging adulthood – the availability of social supports, housing, medical coverage, health, and employment/education despite exposure to adverse conditions such as – placement in foster care, exposure to community violence, maltreatment, and poverty.

3b. A significant inverse relationship will exist between resilience and fearful or preoccupied attachment patterns.

3c. Foster care service recipients will report greater resilience correlated to a dismissive attachment style compared to non-foster care service recipients who will report greater resilience correlating with a secure attachment patterns.

3d. Level of resilience will correlate with factors including: positive coping strategies, number of social networks, absence of anger and sadness because both positive emotions and social support have been linked to resilience (Tugade & Fredrickson, 2004).

Research Question 4: To what extent do race, class and gender factors correlate with attachment style and resilience?

Hypotheses:

4a. Race/Ethnicity will predict attachment patterns and level of resilience

4b. Employment status and income level will predict attachment patterns and resilience level.

4c. Gender will predict resilience and attachment patterns.

Data Collection Methods

Survey methods have been well established in the study of adult attachment (Shaver and Mikulincer, 2002). Survey methods have also been used to study resilience in adolescents, young

adults and to study the population of young adults exiting foster care. However, survey approaches have not been used to investigate relationships among all three variables, exiting foster care as a young adult, resilience levels and attachment patterns at the same time. The present study examined the strength of the relationship between attachment and resilience between two groups, foster care alumni and non-foster care alumni.

Two city based offices were involved in this project. Both sites are satellite administrative offices for a large multi service not-for-profit organization specializing in services to individuals and families in foster care. Site one is based in Kings County, New York and Site two is located in Queens County, New York. Data were collected over the course of two years.

I employed a quantitative study design using data collected from each individual regarding their capacity for attachment, resilience and acquired information on their personal history through an anonymous survey method. This research design was well suited to the purpose of the study, because it was cost effective, allowed for anonymity, and provided candidates with an opportunity to end process at a time of their own choosing.

Variables

Situational and Demographic Characteristics are considered to be independent variables, which predict or exert an effect on the level of resiliency. The following are the participant's situational and demographic variables examined for their relationship to resilience:

Historical Situational	**Current Situational**	**Demographic**
Placement Reason	Social Support Resources	Age of entry into care
Time spent in care	Employment Status	Current Age
Foster care movements	Income Level	Gender
Discharge reason	Housing Status	Ethnicity
Caretaker experience	Health	Race
Special Education History	Visitation with birth parents	Educational Status
Exposure to Police		Parenting
		Marital Status

In addition to basic demographic data, participants were asked about individual, socio economic, educational, and community experiences, previous out-of-home placements, physical/mental health status and other background characteristics (age, gender, ethnicity, income, housing status, etc.). The variables addressed in the study were selected because previous theorists (Pecora, Courtney, Avery, Freundlich, and Collins) had cited these variables as significantly associated with emerging adulthood success. Anecdotal evidence from the researcher's experience also indicates that these variables have great importance in determining emerging adulthood success.

Some variables are expected to have more predictive power than others but all are independent variables that have an effect on resilience as a dependent variable. What was not known, however, is which variables were the strongest predictors. Many of these variables are interrelated and there may be common factors among them that would explain their predictive power. However, in this study they were examined separately and then analyzed using correlations and multiple regression analysis in order to untangle their effects on resilience.

Data Collection Instruments

Personal History Questionnaire

A self-administered personal history questionnaire was used to acquire information on the variables listed above. The questionnaire is formatted with a combination of open ended and fixed alternative questions. Open-ended questions are used when it appears to be more advantageous. Open-ended questions are advantageous because they do not impose the investigator's viewpoint and leave the participant to make choices not considered by investigator. One of the disadvantages to using open-ended question is the amount of time needed to code the variety of responses. For the survey portion of the study, a self-administered questionnaire (SAQ) was used; the SAQ will be developed and tested in a pilot study to gauge reliability and validity. The SAQ currently has face content validity.

The SAQ is comprised of some measures that have been used in other studies on emancipated foster youth, as well as measures that were developed for the purposes of this current proposed study. Areas covered include educational history; employment history and financial resources; health status; social support; history of homelessness, substance abuse, and criminal activity; history in the foster care system (if applicable); skills training; personal adjustment and current life satisfaction.

Demographic Information: age, gender, nationality, race, and ethnicity.

Emerging Adulthood Markers: employment, socio-economic status, current housing, marital status, and number of children in household.

Care Giver Experience: perception of childhood and adolescent care experiences (e.g., rituals, feelings of warmth); current birth parent visitation.

Social Support: church involvement, connection to community, employment, friends and family as resources.

Mental Health: current use of substances, prior use of counseling, mental health treatment, arrest and incarceration history, coping methods.

Education information: last grade completed, special education, # of suspensions, number of grade hold-overs.

Foster Care Experience: age at first placement, number of placements while in care, discharge experience, use of foster care services.

Relationship Scales Questionnaire

Participants were asked to complete another survey portion assessing attachment style using the Relationship Scales Questionnaire (RSQ). The RSQ is a self-report measure of adult attachment patterns and is comprised of 30 statements drawn from three other attachment scales (Bartholomew & Horowitz, 1991; Collins & Read, 1990; Hazan & Shaver, 1987). The self-administered questionnaire was developed by Griffin and Bartholomew (1994) to measure four attachment pattern subscales: *secure (α=.41), preoccupied (α =.73), fearful (α=.73), and dismissive (α=.70)*. Each scale contains four to five items rated on a 5-point Likert scale ranging from *(1) not at all like me* to *(5) very much like me*. The RSQ provides scores on each scale and uses the same conceptual framework to measure dimensions related to *positive* or *negative*

internal working models (IWMs) of self and others. Secure attachment reflects a positive view of both self and others. Preoccupied attachment reflects a negative view of self, combined with a positive view of others. Fearful attachment reflects a negative view of both self and others. Dismissive attachment reflects a positive view of self and a negative view of others. After categorization, an assessment of the internal working models (IWMs) of close relationship can be conducted. For the present study, Cronbach's alphas were .59 for the secure attachment pattern, .75 for fearful, .32 for preoccupied, and .56 for dismissing. These alphas are comparable to reported alpha ranges of .31 to .75 and are deemed acceptable as each dimension is an additive combination of self- and other-model viewpoints (Griffin & Bartholomew, 1994).

Table 2:
Attachment Scale Items on RSQ

Secure	Fearful	Preoccupied	Dismissing
3. I find it easy to get emotionally close to others	1. I find it difficult to depend on other people	6(Reverse). I am comfortable without close emotional relationships	2. It is very important to me to feel independent
9(Reverse). I worry about being alone	5. I worry that I will become hurt if I allow myself to become too close to others	8. I want to be completely emotionally intimate with others	6. I am comfortable without close emotional relationships
10. I am comfortable depending on other people.	12. I find it difficult to trust others completely	16. I worry that others don't value me as much as I value them	19. It is very important to me to feel self sufficient
15. I am comfortable having other people depend on me	24. I am somewhat uncomfortable being close to others	25. I find that others are reluctant to get as close as I would like	22. I prefer not to have other people depend on me
28 (Reverse). I worry about having others not accept me			26. I prefer not to depend on others

The Connor-Davidson Resilience Scale (CD-RISC)

The third part of the self-administered questionnaire assessed resilience level using the Connor-Davidson (2003) resilience scale (CD-RISC). The CD-RISC contains 25 items measuring the ability to cope with stress and adversity. Each item is rated on a 5-point (0-4) Likert scale, from 0 (''not true at all'') to 4 (''true nearly all the time''). Total scores ranges from

0 to 100, higher scores demonstrate greater resilience. A study evaluating instruments used to measure resilience found that many instruments have been created but few have demonstrated sufficient reliability and validity to warrant use (Ahern, Kiehl, Sole & Byers, 2006). Investigation of the CD-RISC reliability, validity, and factor structure indicates good psychometric properties (Connor & Davidson, 2003; Ahern, Kiehl, Sole & Byers, 2006). Connor & Davidson (2003) reported a Cronbach's alpha of 0.89 for the scale indicating adequate internal consistency, test-retest reliability, and convergent and divergent validity. The current study yielded a Cronbach's alpha of .95. Examples of items include: ''*I am able to adapt when changes occur*,'' ''*I tend to bounce back after illness, injury, or other hardships*,'' and ''*I am able to handle unpleasant or painful feelings like sadness, fear, and anger*.''

Sampling Procedure

Fliers were posted in reception areas inviting individuals age 21 through 26 who were not currently receiving services from the agency to participate in the study. The survey packets were placed at the reception desk at two SCO Family of Services sites. Packets were handed anonymously to anyone who asked for one. Candidates were provided a packet with a self-administered questionnaire, a flier as informed consent documentation, and a self-addressed stamped envelope. The flier informed each person of the purpose of the study and each participant gave consent through anonymous submission of the questionnaire. The flier indicated that the study concerned attachment style and levels of success transitioning to adulthood. Ethical approval to conduct the study was provided by the Hunter College Institutional Review Board. An information sheet explained the nature of the study and participants were assured of their voluntary participation, anonymity and the right to withdraw at any time. The packet also

contained a list of mental health providers available to help the participant with any difficulty experienced during the course of instrument completion. Consent was implied by the return of the completed survey form in the replied envelope. Upon return, each questionnaire was coded with a number. No identifying information was provided as part of this study.

Candidates for the study were individuals ages 21 to 27 who either exited foster care as a young adult or never received foster care services. Five people responded to the survey and reported being 27 years old. These questionnaires were included in the study because these individuals fell within the emerging adulthood age range. Due to the use of self-administered questionnaires as a method, all participants must have the ability to read and answer the questions. Data were collected from the number of participants needed to ensure adequate power in the calculations employed in the data analysis section. The criteria for inclusion in the sample included the age of the participant and sufficient completion of the returned survey.

Data Analysis

Once data were collected, data analysis was conducted using SPSS (IBM Inc., USA) for Windows. Various statistical analyses were conducted on the raw data collected from the questionnaires. Raw data were coded numerically and grouped later into categories for data analysis (e.g., by age, education or ethnicity). Missing values were coded as missing. Descriptive and inferential statistics includes univariate statistics to examine the variables individually and bivariate statistics, such as analyses of variance (ANOVA), to examine variable relationships between the two groups to provide distinctive information on demographics. Both descriptive and inferential statistics were used to determine adulthood outcome measures such as education completion, adequate housing, perception of life as stable, good health, adequate financing, and gainful employment. Pearson’s product moment correlations were used to assess the potential

relationships among the variables. For foster care service recipients, experiences in foster care were examined using cross tabulations for certain key variables. Level of functioning was determined to be stable or unstable depending on whether individuals held employment, had stable housing, and had a high school diploma or equivalent.

Separate multivariate analysis of variance (MANOVA) was conducted to identify potential confounding variables that needed to be controlled in the subsequent analysis, such as early childhood experiences, gender, and ethnicity. Foster care status, attachment style, education completion, income, housing, and employment were also examined in separate multivariate analysis of variance (MANOVA). In these analyses, resilience score was the dependent variables.

Continuity of attachment patterns cannot be measured because this is not a longitudinal study. However, through the data analysis, an attempt will be made to cross tabulate individual's attachment style and exposure to factors including perception of: home life, experience with maltreatment, and reasons for placement.

The study hypotheses were tested using independent samples T-tests, chi-square, correlational and multiple regression methods to determine if there were any differences between the two cohorts. Analysis of variables and possible interactions between the variables determined statically significant effects on the dependent variable - level of resilience. Chi-square analysis was used to determine interaction among categorical variables. A linear regression analysis was conducted to determine which variables, if any, were the strongest predictors of resilience and attachment patterns. Regression analysis and correlations on personal history responses, attachment patterns, and CD RISC scores were used to examine the data in order to determine whether individual attachment characteristics predicted high versus low scores on the test for

resilience in emerging adulthood despite placement in foster care. When interaction effects were tested in multiple regressions, variables were mean-centered to prevent problems associated with multicollinearity. Exploratory analyses was used to determine whether race, ethnicity and nationality should be included in regression models (e.g. I re-ran regression analyses with gender and ethnicity included as predictors).

Data Storage and Management

Each questionnaire was coded for identification purposes. No personal identifiers can be linked to the interview questionnaires. All written materials are kept in a locked file cabinet in the researcher's locked private office to which only the researcher has access. The material will be stored securely for three years after completion of the project.

Limitations

This study uses a quantitative design to assess relationships between key variables without attempting a causal explanation. A causal explanation could not be discerned because this is not an experimental study designed to isolate and control variables nor is it a longitudinal study that follows an individual over time. Therefore, there is no way to really pinpoint actual reasons an individual has developed a certain attachment pattern or level of resilience.

Given the current study used a convenience sample, the limitations of the study are noted as follows: Results of the study may not be generalizable to all individuals who exited foster care as young adults. The measures in this study included an array of assessments using only quantitative methods. The study protocol did not include multiple methods or multiple informants, such as parent or staff reports, which could serve to increase the accuracy of information reported in areas such as care taking history and child temperament.

CHAPTER V: FINDINGS

Sample

The present study investigated the relationship between resilience, attachment patterns and stability in a sample of people in the emerging adulthood phase of development. Measures included the Connor–Davidson Resilience Scale (2003), the Kim Bartholomew Relationship Scales Questionnaire (1994) and a Personal History Questionnaire.

Description of the Sample

A total of 120 out of 200 surveys were returned. Of the 120 surveys returned 83 met the level of completion needed to qualify for inclusion in the study. The analysis included 83 candidates for participation which were drawn from a population of individuals considered to be in the emerging adulthood stage of development, with ages ranging between 21 and 27. Individuals chosen for the study sample were recipients of foster care services n= 44 (53%) or had never received foster care services n= 39 (47%).

Selection was made from a convenience sample of male and female young adults (*N* = 83) who visited a non-profit human service institution in New York City. Individuals were asked to disclose their age, gender, ethnicity and nationality. The participant's age at the time of survey completion ranged from 21 to 27 years (N=83, M=23.05, S.D. = 1.821). Most of the individuals sampled were between the ages of 21 and 24 (n=66). Although the foster care sample was slightly younger (n= 44, M=22.75, S.D. = 1.713) than the non-foster care sample (n=39, M=23.38, S.D. = 1.9), an independent samples t-test indicated that there were no significant differences in ages between the two groups, t=1.6, p=.114, 95% CI [-.155, 1.424].

Demographic Description

Gender

In this sample, 52 (63%) females comprised the majority of the total sample. There were 29 (34.9%) female non-foster care respondents compared to 23 (27.7%) female foster care respondents. Conversely, there were fewer male non-foster care respondents (n=10 or 12%) than male foster care respondents (n= 21 or 25%). An independent samples t-test revealed a significant difference in gender between the two groups, t= -2.106, df81, p=.038, 95% CI [-.429,-.012].

Table 3:
Participant's Gender by Foster Care Experience

Foster care Experience	**Female**	**Male**	**Total**
Foster care	23 (27.7%)	21 (25%)	**44 (52%)**
No Foster Care	29 (34.9%)	10 (12%)	**39 (48%)**
Total	**52 (63%)**	**31 (37%)**	**83 (100%)**

Race and Ethnicity

Participants in the non-foster care group self-identified as 39.5% White (n=15), 21.1% Black (n=8), 18.4% Hispanic (n=7), and 21.1% mixed ethnicity/other (n=8). The foster care group identified as 2.6% White (n=1), 71.8% Black (n=28), 20.5% Hispanic (n=8), and 5.1% mixed race/ethnicity (n=2). There was a significant difference ($p<.05$) in race between the two groups with a greater number of Blacks represented in the foster care group. (See Table 4).

Sexual Orientation

Of the total sample, 68 individuals identified as heterosexual, 3 people identified as gay, 2 as lesbian and 5 people identified as bisexual. Of the ten non-heterosexuals, five had received

foster care services and five were non-foster care service recipients. There was no significant difference found between the two groups for sexual orientation variable, t=.359, df 76, p=.721, 95% CI [-.299, .431].

Emerging Adulthood Markers

The next section captures emerging adulthood markers were captured using: education status, employment status, income status, current housing status.

Education

Educational status was operationalized through the following: the last grade completed, special education, and number of suspensions. Within both groups, twenty-four (31.2%) respondents completed high school or obtained a GED, twelve (15.6%) reported attending some college, twelve (15.6%) reported completing an Associates degree, 15 (15.6%) reported completing a Bachelor's degree, 2 (2.6%) reported completing grad school. Between the two groups, the foster care respondents were less likely to have obtained a college degree than non-foster care respondents (t= 6.974, df 75, p=.012, 95% CI[1.301,2.341]), more likely to have experienced special education programming , (t= -2.861, df 80, p=.005, 95% CI [-.662,-.119]) and school suspensions (t= -4.914, df 79, p=.000, 95% CI[-1.382, -.585]). Fewer 37.7% foster care respondents (n=40 or 37.7%), received a high-school diploma and/or attended college, compared to non-foster care respondents (n=37 or 46.8%). Eleven (14.3%) foster care respondents had not completed high school compared to only one (1.3%) non- foster care respondent. See Fig.2 Educational Level and Foster Care Experience.

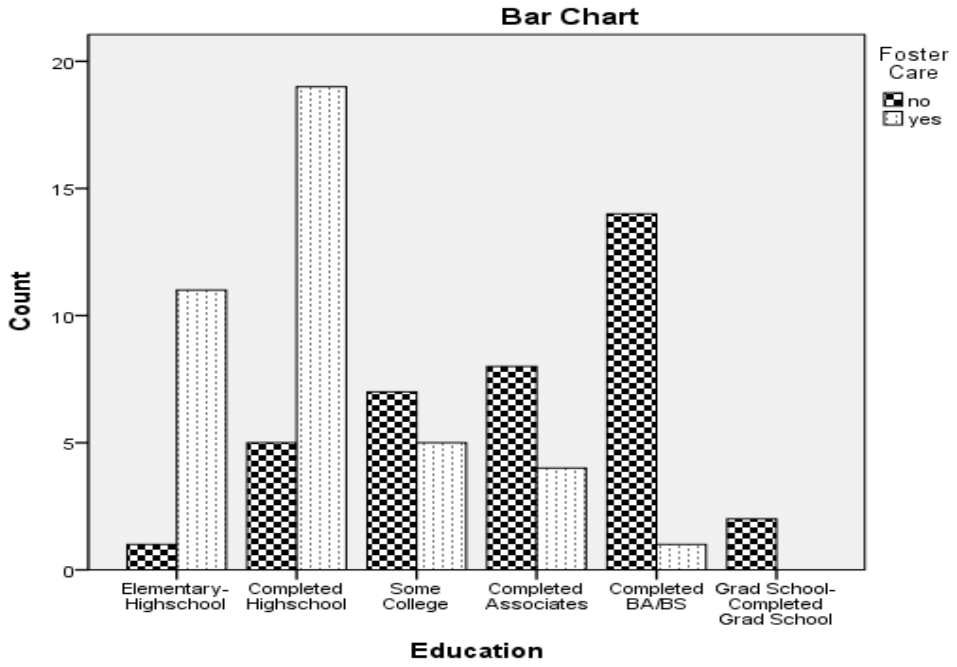

Figure.2 Educational Level and Foster Care Experience

Figure 3 shows the pattern of school suspensions for Whites and Non-whites (p<.05).

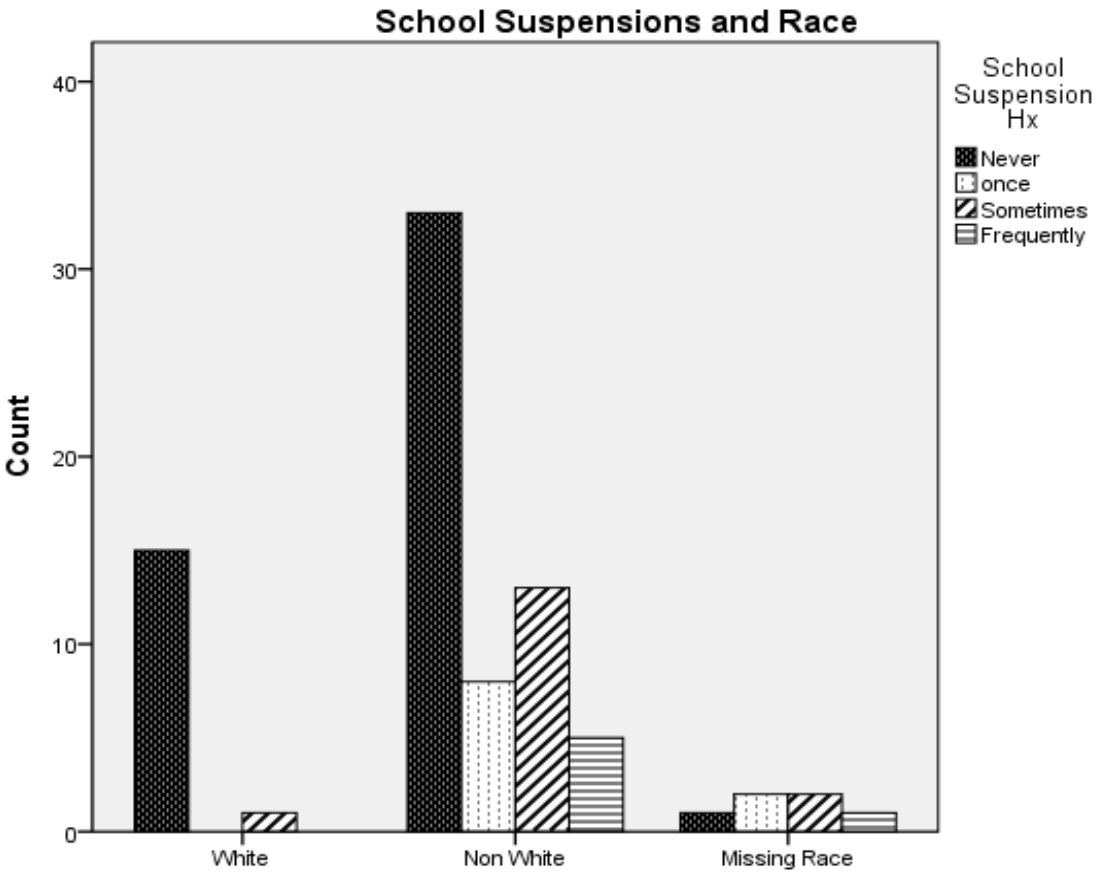

Figure. 3: School Suspension and Race

Employment

Employment experience was captured through the following question: "*Current employment status?"* Of the total sample, 7 (8.5%) non-foster care respondents were unemployed compared to 21 (25.6%) foster care respondents. Non-foster respondents (0%) were less likely to be in a temporary position than foster care respondents (2.4%). Eleven (13.4%) non-foster care respondents held part-time employment compared to 10 (12.2%) foster care respondents. Twenty-one (25.6 %) non-foster care respondents held full time positions compared to only 10 (12.2%) foster care respondents. There was a significant difference between the two groups in employment. The non-foster care respondents were more likely to be employed than non- foster care respondents ($p < .01$) (See Table 5).

When asked *"who helped you obtain your first job*? Both males and females had similar responses. Figure 4 demonstrates similar patterns for first time employment find between male and female participants. See figure 4: Crosstabulation between Gender and First Job.

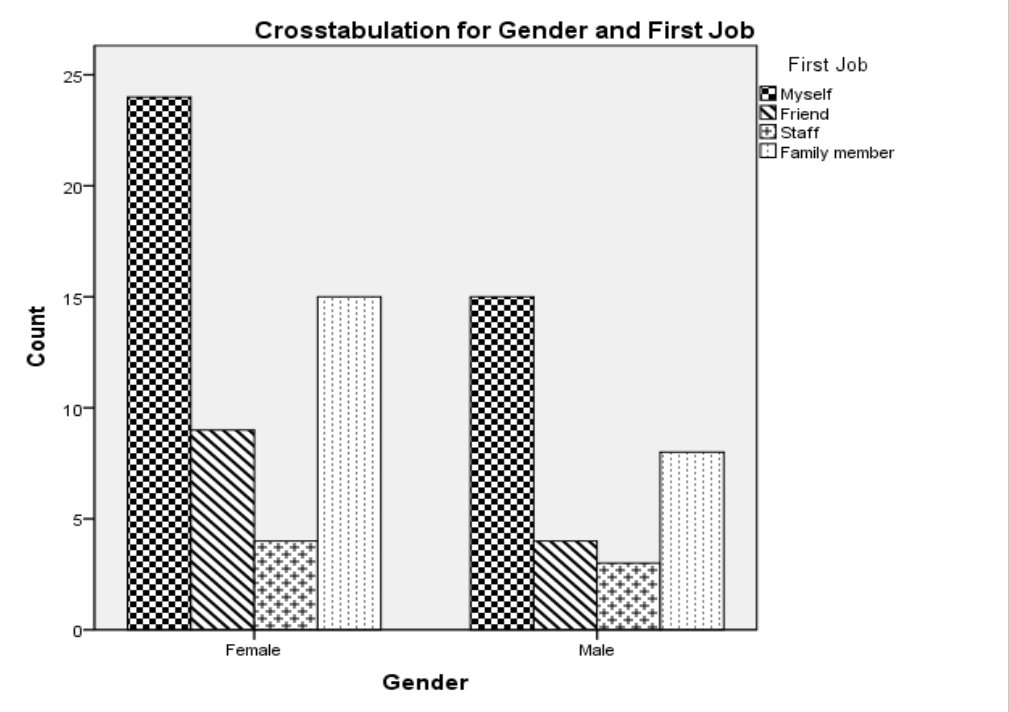

Figure 4: Crosstabulation between Gender and First Job

Figure 5 demonstrates that family members were found to be the most helpful in job search for 21 year olds in this study.

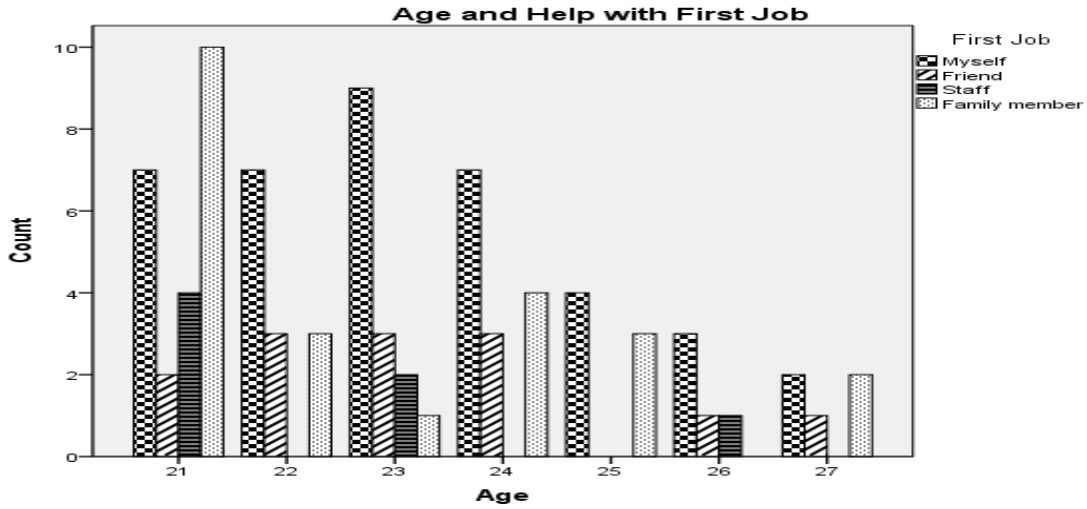

Figure 5: Age and Help with First Job

For questions: *"Have you ever been reprimanded on the job" and" how satisfied are you with your job*?" - an independent samples T-test indicated no significant difference in responses between the two groups in job reprimand, t=.835, df81, p=.406, 95% CI[-.161, .394] or job satisfaction ratings, t=-.522, df 76, p= .603, 95% CI[-.571, .334]. However, t-tests indicated a significant difference between the two groups, t=3.630, df80, p=.000, 95% CI [.438, 1.502] on resilience levels. Greater satisfaction with employment correlated with greater levels of resilience (See table 5).

Income

Of the 53 individuals who responded to this question, 11 (20.8%) non-foster care respondents earned less than 20,000. and 13 (24.5%) foster care respondents earned less than

20,000. Twelve (22.6 %) non- foster care respondents and nine (17%) foster care respondents reported earning between 20,000 and 39,999, while eight (15.15%) non-foster care respondents earned 40,000. Foster care service respondents did not report earnings greater than $40,000. Generally non-foster care respondents earned significantly more than foster care respondents ($p<.05$).

Housing

80 individuals responded to the item on homelessness. There was a significant difference in housing status between the two groups, t= -3.310, df 78, p= .001, 955 CI[-.857, -.213]. At the time of the surveys, many participants were living in their own place (*n* = 42). A smaller subset was living with their friends or family members (*n* =18) or in supportive housing (*n* =17), a few reported being homeless at the time of the survey (n=3). Twice as many foster care respondents (4.8%) reported being homeless compared to non-foster care respondents (1.3%). Non-foster care respondents (18.8%) were more likely to report living with friends or family than foster-care respondents (7.1%). Fewer non-foster care respondents 19 (23.8%) reported living in their own apartment than foster care respondents (28%). While a greater number of foster care respondents (17.5%) reported residing in supportive housing than non-foster care respondents (3.8%) (See table 6).

Table 6:
Crosstabulation of Foster Care and Housing Status

		Housing Status				
		Homeless	Friend/Fam.	Own/Rent	Supportive	Total
Foster Care	no	1	15	19	3	38
	yes	2	3	23	14	42
Total		3	18	42	17	80

Chi-Square tests indicated a value of 15.671, df3 P<.05

Individual Factors

Mental Health

Mental health factors included analysis of risk factors such as: current use of substances, arrest and incarceration history, negative emotional state. Analysis of protective factors encompassed: use of mental health treatment, positive coping methods, and levels perception of current life stability.

Treatment Use and Emotional States

The two groups shared similarities in reporting minimal use of mental health services. However, the non-foster care respondents reported greater problems with sadness than foster care respondents ($p<.05$), while both groups reported similar problems with anger. Of the 83respondents, 64 (77.2%) of the respondents reported being angry *frequently* or *always*. Individuals without foster care experiences reported *crying* as a way to cope with stress more so than foster care respondents ($p<.05$).

Coping Factors

Substance use items in the personal history questionnaire included: *How do you cope with stress? – exercise, cry, …drink alcohol…smoke marijuana…use drugs…* Non-foster care respondents noted greater use of alcohol as a coping mechanism than foster care respondents ($p<.01$). Foster care respondents reported talking to friends as a coping mechanism more so than non-foster care respondents ($p<.05$) (See table 7).

Emerging Adulthood and Social Capital

Current Parenting and Marriage Status

Of the 83 respondents, 79 respondents answered this question. Twenty-five non-foster care and 36 foster care respondents reported having no children. A significantly greater number of foster care respondents (n=16) reported having one or more children than non-foster care respondents (n=2). Three foster care respondents reported being married compared to one non-foster care respondent. Most of the respondents were single. CD RISC Score and attachment style did not manifest statistically significant relationships with marital status or number of children.

Current Birth Parent Visitation

Of the two groups, the non-foster care respondents reported significantly greater visitation experiences with both birth mother and birth father. More non-foster care respondents (92%) reported visiting their birth mother frequently or always while 7.9% reported visiting sometimes or never. Individuals who visited their parents scored higher on the CD RISC than individuals who did not visit their parents (See table 8).

Protective Factors and Exposure to Adversity

Environment Childhood and Adolescence

There were significant differences in perspectives of childhood environment – F= 10.733, Sig= .002, t=4.064, df=80, p= .000(2-tailed). MD=-.572 SED=.124, 95%CI [.369, 1.078], perception of childhood caretakers F=15.775 sig. =.000 t=5.261, df=81, p=.000, MD=1.053, SED=.200,95% CI[.655,1.451] and perception of adolescent care takers F= 19.394, sig. = 000.

Foster care respondents reported fewer warm/loving experiences, greater exposure to hostility, and fewer family traditions in childhood and adolescence.

Childhood Housing

The two groups reported a difference in their childhood housing, F=.735, Sig= .394, t= 2.617, df80 P=.011, MD= .506, SED=.193, 95% CI [.121, .891]. Foster care respondents were more likely to live in a combination of housing or housing projects and report experiences with homelessness (P<.01) than non- foster care respondents who were more likely to report living in a private home or an apartment (p<.05).

Caretakers Childhood and Adolescence

A significantly greater number foster care respondents report experiencing *hostile, cold* or *no home life* in child hood and adolescence, compared to non-foster care respondents who reported childhood and adolescent caretakers as *consistent*, *caring*, *warm* and *loving* p<.01. Thirteen foster care respondents reported placement due to neglect or abuse, which did not predict resilience or attachment style. Perception of childhood and adolescent home life did not predict resilience or attachment style (p<.05).

Community Risk Factors

Criminal Justice involvement

Experience with criminal justice system was captured using incarceration and arrest history as variables. The majority (70%) of all participants in the study sample reported never being incarcerated. However, two non-foster care respondents and thirteen foster care

respondents reported being incarcerated “sometimes”. Fifty-eight participants reported *never* being arrested. Three non-foster care and sixteen foster care respondents reported being arrested *sometimes,* 0 non-foster care and five foster care participants reported being arrested *frequently* and 1 foster care participant reported being arrested *always*. Pearson chi square results indicated a significant correlation between incarceration, arrest and foster care ($p<.05$). The foster care respondents reported greater incarceration and arrest experiences than non-foster care respondents.

Crime Victimization and Police Harassment

Although there was no significant difference between the two groups concerning crime victimization (no) = 38 M= 1.42, sd.500, SEM=.081 n2=(yes) 37, M=1.27, SD=.450 SEM= .074 / t=1.371, df 73, p=.175 95% CI[-.068, .370].The foster care sample reported greater police harassment experiences t= -2.369 df=81, p=.020 MD= -.235, SED = .099 95%CI[-.433, -.038].

Foster Care Experience

Foster care experiences included: reason for placement, age at first placement; exit age, number of years and placements while in care; discharge experience; use of foster care services.

Reason for Placement

Thirty-three respondents answered this question. The foster care group provided a range of reasons for placement: death of a parent (n=2), neglect or abuse (n=13), parental issues (n=4), behavioral problems (n=6); parental rights termination (n=1), had a baby (n=2), housing (n=2), don’t know (n=1), released from jail (n=1), moved out of residential (n=1). There was no correlation between attachment style, resilience and reason for placement. However, the 2

respondents who reported having a baby both shared similar dismissive attachment patterns. Individuals who identified their own behavioral problems as the reason had both preoccupied (n=3) and secure (n=3) attachment style.

Age at First Placement

Of the 44 respondents who were previously in foster care placement, 37 responded to this item. 19 (51.4%) participants reported being placed in care at the age of 12 and 10 (27%) participants recalled being placed at the age of 6 or younger. Eighteen (48.6 %) were placed after the age of 13 for the first time and 8 (21.6%) reported first time placement at the age of 15.

Length of Stay and Number of Placements While in Care

The model included the number of years spent in care and the number of placements or movements. Thirty-six of the 44 foster care respondents responded to this question – Answers ranged from 0 to 7 years "*Can't recall*" "*a lot*" and *several*". 13 young people reported fewer than 2 movements while in care. Nine individuals reported 3- 5 movements and twelve reported 6-7 movements, *a lot* or *several*. Chi square tests results indicated no significant difference between number of years spent in foster care, number of movements and attachment style or resilience score ($p<.05$).

Initial Placement Setting

Of the 28 people who responded to the question "*Where were you placed*?" Most foster care respondents experienced either group home (46.43%), or foster boarding home (39.3%) placements. One person entered an RTC, two entered an RTF and one person reported both RTC

and group care settings showing that this sample experienced a range of placement settings. Six foster care recipients and one non-foster care recipient reported having been previously adopted.

Use of Foster Care Services

Use of foster care services was captured using four items on the personal history questionnaire requesting information on use of: counseling, employment training, educational services and independent living services.

More than half (56.1%) of the 41 participants who responded to this item reported using counseling services sometimes (n=14) and frequently (n=9). While 26.8% (n= 11) of the respondents reported never using counseling services and 17.1 % (n=7) reported that counseling services were never offered. Of the 40 participants who responded to employment training question, 22.5% (n=9) reported frequently using employment training, 40% or (n=16) reported using services sometimes, while 30% (n=12) reported never using employment training and 7.5% (n=3) reported that employment training was not offered. Of the 39 respondents who answered the educational services question, 25.6% (n=10) reported using educational services frequently and sometimes 41.0% (n= 16). While 23.1% (n=9) reported never using these services and 10.3% (n=4) reported that educational services were never offered. Of the 41 individuals who responded to the independent living question, 39% (n=16) reported *frequently* using independent living services and 34.1% or 14 people reported *sometimes* using these services while 19.5% (n= 8) reported *never* using these services and 7.3% or three people reported that these services were *never offered*.

In a regression analysis where n=39, these four services: counseling, employment training, educational services and independent living training, did not significantly predict the CD RISC scores. However, use of counseling significantly correlated with employment training ($p<.01$), educational services ($p<.01$) and Independent living services ($p<.01$). In other words use of counseling services predicted the use of other foster care services but did not have an effect on the CD RISC scores. Attachment style did not predict use of foster care services. Only staff assistance as a variable, significantly correlated with employment training ($p<.05$).

Trial Discharge Experience

Of the 35 respondents who answered this question, 29 reported that they had not experienced trial discharge and 6 reported that they did experience trial discharge. Three individuals who trial discharged were identified as having a *dismissive* attachment style while the other three trial discharge respondents were identified as having *a secure* attachment style. Cross tabulations between trial discharge experience, attachment and resilience were not significant $p<.05$.

Feelings about Foster Care Placement

Responses to *"Without specifying any identifying information about you or your foster care placement, please describe your feelings about foster care placement…"* yielded responses that ranged from seeing foster care as negative (n=4), staff centered (n=9), a growth experience (n=12), some (n=3) shared their sense of loss, others (n=4) were resource centered.

All Bad

Four of the 20 respondents who answered this question reported foster care as a negative experience, #4: *I hate it my whole life*. #33: *I've had many different episodes in care, where I was threatened, I got into fights besides the negative actions*…#47: *None*…#70: *Horrible*

Staff Centered

Nine participants focused responses on staff experiences.

#21: There staff are also great mentors.
#24: Everyone is here for your interest and trying to help you and that's all that matters. Help because children in foster care need it and everyone tries to do it.
#25: Foster care placement is not for all kids. Only a few kids get really good foster parents. They should be more choosey about who they let be foster parents.
#33: Well foster care for me was complicated, helpful sometimes, but I think it could have been a better experience for me if the staffs and program manager would sometimes place themselves in the kid's shoes.
#36: Foster care staff need to listen and observe before making judgment.
#46: Good if used for the right person who understands what they need in life, because you have teachers within foster care who can show you what life is about.
#49: Please stop babying the individuals that come into care.
#74: Overall I felt the same way about staff. A good 80% just do not care at all, but there are some that have changed my life for the better and I will always owe them my gratitude
#83: The staff wasn't always the best but you learn that they were only there to help you.

Growth Experience:

Twelve participants reflected on foster care as a growth experience, highlighting learning opportunities. #2: Foster care was good for me because it allowed me a place to grow and life was not so hard.
#14: Overall the experience altered my adolescence as well as young adulthood. In hindsight, I realize that I contributed to multiple placements and I've grown to appreciate the guidance that some tried to offer me.
#21: I was placed with a foster family that I grew to love. They also grew to love me and my child. They are my family. But, I never matured and grew to be a good mother until I was in B---. B--- gave me the rules and good benefits. I matured in the best way. I'm now aged out and I'm very grateful for all that I learned while in B----. There are a lot of skills that I gain while living there that I now use while I'm on my own.
#22: The[y] help[ed]me out with a lot of stuff. Like finishing school, getting jobs help me when I need to talk .
#24: I feel like it made me and broke me in ways I could imagine.
#57: My feelings about foster care is that it was a stepping stone for preparing for adulthood. I took advantage of the services and entitlements that were offered to me or I searched on my own.
#62: It's hard at first but as time goes by you adapt after a while.
#66: It's cool, can be better or worse. It worked out for me.
#69: They taught me a lot about life.
#74: The majority of the foster care homes that I was in were everything but there were a few exceptions and I am just happy that I got to experience some of those.
#75: I think it prepare you for independent living there are a lot of think that you learn. A lot of the time you mean people that say if the[y] could go back and change time they would, and listen to staff and everyone else who was trying to help them for the outside world.
#80: It was an eye opening experience.

#83: Foster [care] taught me a lot even though it's not some where you would want to be, it's a learning experience. Living with 11 mother's & their children was hard but you have to make the best of it even though you fight, argue etc. you find some way to work it out.

Sense of Loss:

3 respondents expressed a sense of loss.

#1: Foster care is both helpful and damaging. It places children in a home with family but if a non-kinship, many issues.

#31: Me personally, I didn't like it, cuz all I ever wanted was to be with my mother, but she didn't feel the same so foster care placement was my only choice.

#33: I have had positive things going on for me also. I enjoyed foster care but I wouldn't want to go back because of the painful times.

Resources Available:

Four respondents explored resource opportunities.

#41: Foster care isn't the best thing but it also isn't the worst. Many things are available and provided through foster care. I believe that foster care is good for children in need.

#51: It can be a great help depending on where you are placed.

#57: It provided a roof over my heads, clothes on my back, and food in my stomach. An opportunity to save money, go to school and obtain employment within the agency. Maintain ongoing relationship with my family; also maintain moral support relationships with selective co-workers. Foster care is what you make of it.!!!

#78: It was very helpful, there were many services available, you just have to use the services to your advantage.

Hypothesis Testing

A total of 204 relationships were explored through the use of Pearson correlation coefficients, resulting in the identification of 33 statistically significant relationships between measures and variables. The purpose of this research study was to investigate attachment patterns and resilience levels among individuals who have emancipated from the foster care system. It was determined that clear patterns of attachment did not have any correlation to levels of resilience in either group. It was further determined from this research that the participants who emancipated from care reported greater resilience than those who were never in foster care.

A total of 82 (98.8%) respondents included in this study completed both the CD RISC and the foster care placement items. On average, foster care service recipients scored higher on

the CD – RISC (n= 43 M= 79.91 S.D. = 18.071) than non-foster care service recipients (n= 39, M= 69.69, S.D. = 17.691). Independent samples t-test determined that there was a significant difference between the two groups, F=.114 – sig737 t=-2.582 df 80 .012 mean difference -10.215 sed – 3.956 95%CI[18.088, -2.341].

Research question 1: **To what degree are attachment patterns associated with resilience during emerging adulthood for individuals who exited foster care as young adults?**

Hypotheses:

1a. Secure and dismissive attachment patterns are associated with higher levels of resilience.

Correlations between attachment style, resilience and foster care placement yielded no significant difference between the two groups, although there were a greater number of foster care respondents (n=13) with dismissive style, than non-foster care respondents (n=7).

1b. Fearful and preoccupied attachment patterns are associated with lower levels of resilience.

Correlation of attachment style and resilience score yielded no significance.

Research Question 2**: To what extent do attachment patterns differ in those individuals who exited foster as young adults compared to those who were never in foster care?**

Hypotheses:

2a. The greater the length of time spent in care the greater the likelihood of having an insecure/dismissive or preoccupied attachment patterns.

No significant difference was found in a correlation between attachment style and length of time in care.

***Research Question 3*: To what extent do attachment patterns correlate with levels of resilience and specific markers of emerging adulthood such as education attainment, employment and housing within the two groups – individuals who left foster care as young adults and individuals who were never in foster care?**

To test CD-RISC – situational variables, for all individuals, the regression model: age, income education, health coverage, and current employment to assess level of resilience as the dependent variable. The regression analysis resulted in a positive association between housing status and CD RISC scores only. Income positively correlated (n=52) (p=.442/.001) with education and employment n=53 p=.627/.000 however, yielded no correlation with resilience scores.

Using linear regression analysis, with total resilience score as the dependent variable – and housing status income and health status and education as predictors – results indicated that these variables were responsible for 38.6 % of the probability of resilience scores. Income was positively correlated to education 442 (p=.001 n=52) and current employment .627 (p=.000 n=53). Education correlated with (.302** p=.008 n=77); health coverage (-.501** p=.000 n=72); housing status (-.256* p=.028 n=74); and current employment (.487** p=000 n=76). The total CDRISC for education was not significant -.215 p=.062 n=76

Of the 82 respondents, 20 (24.1 %) were identified as dismissing, 21 (25.3%) preoccupied, 14 (16.9%) fearful and 27 (27%) secure. Chi-square analysis indicated that foster

care group presented as having dismissing or preoccupied attachment styles more so than the non-foster care group. The non-foster care group presented as having a more secure attachment style. However, the overall difference in attachment styles for the two groups was not statistically significant p.>05.

Chi- Square results indicated that while attachment style was not found to be significantly correlated with education outcome or foster care placement, there was a significant correlation between attachment style and school suspensions, with foster care respondents being more likely experience suspensions and more likely to have a dismissing or preoccupied attachment style (see table 10).

Research Question 4: **To what extent do race, class and gender factors correlate with attachment style and resilience?**

Ethnicity and attachment style were significantly correlated ($p<.05$). Whites tended to have secure attachment style and Blacks and Hispanics demonstrated a more dismissive attachment style. There was no significant correlation between resilience and race/ethnicity. Additionally, there was no correlation between employment status, income level and attachment style and resilience score. Finally, gender did not predict resilience score or attachment style.

Study Limitations

Sample

First, the study represents a small sample size, from two sites within one foster care agency setting in urban New York City. Given the potential for sampling error, replication of this study in other foster care settings is necessary to further support the validity of the findings. Additionally, the current sampling design attempts to recognize some existing diversity among

participants, however, the size of each subgroup across these categories does not allow definitive generalizations. Despite these limitations, the study provides important insights into the perspectives of some participants about their attachment patterns and how these patterns predict functioning in emerging adulthood. These findings can be used not only to inform and enhance future outcome measures related to socio-emotional support among the larger emerging adulthood population and deepen insights into young adult perspectives on attachment and functioning.

Secondly, the present unmatched sample is a low risk sample because participants voluntarily completed the survey, indicating inherent strengths. The study therefore does not capture the status of high risk, low functioning young adults. In addition, the sample was limited to young people located within two sites in an organization. Restricting the sample to include only these people excludes others who may be home bound or unable to travel independently, or are not attached to the organization, which limits what can be learned about the population of young people who are not connected to the agency. Moreover, these young people volunteered to participate in this study, and this may represent another layer of sample bias. In other words, readers should consider these findings representative of youth and young adults who may be the most connected to formal services supplementing support networks.

The age restriction was also influential when assessing for patterns of attachment and resilience across the developmental spectrum. Broadening the inclusion criteria to encompass a wider range of ages would be useful in assessing the impact of attachment styles and behavior of school-aged children and older youth. In addition, the sample was drawn from only two small communities in one state, which restricts the generalizability of the results.

Design Issues

There were design issues that limited the conclusions drawn from this study. There were no pre-tests conducted on attachment or resilience, therefore determination of the attachment patterns and resilience scores reported are a snapshot of a moment in their lives and not generalizable.

A second limitation is the study's inability to analyze the cultural characteristics and qualitative experiences that led to higher levels of resilience as well as how participants shape their relational patterns (e.g. gender, culture, mental health). However, this study identifies some factors that may guide the design of future studies in exploring relevant cultural, personal and socio-emotional factors within in the resilience frame.

Finally, there are limitations in the data and information collected for analysis. Data was collected from a single source with a single perception. In studies about relational patterns, and support networks this presents a serious limitation.

Study Strengths

The use of standardized measures with known reliability and validity increased the likelihood that results accurately and consistently represented the constructs under study. This study uses a second comparison group that supported general findings about this group in particular.

Summary

The next section begins with a comparative discussion of young people's exposure to risk factors and how resilience levels and attachment styles might mediate the effects of exposure to risk factors and guide policy, programming and practice. The final sections discuss future direction research.

CHAPTER VI: DISCUSSION

Introduction

The literature review established that those aging out of care are particularly vulnerable to poor outcomes in adulthood. However, the results of the present study identified a group of foster care service recipients who exhibited greater resilience than a group of individuals who were never in care. Both groups of individuals in this study generally presented as: physically and mentally healthy, employed, and substance free. The foster care respondents in this study are not representative of the young people who generally leave care and rarely return to visit their foster care agency. The goal of the current research was to examine resilience and attachment styles of young people who left foster care as young adults compared to young people who were never in foster care, and explore underlying similarities in emerging adulthood outcomes. This section begins with a comparative discussion of their exposure to risk factors and how resilience levels and attachment styles might mediate the effects of exposure to harm. Threaded through each area are policy, programming and practice implications for human service organizations and the academic institutions responsible for the education and professional development of social workers and other mental health practitioners. The final sections discuss future direction for research.

Exposure to Risk Factors:

Poor Access to a Good Education and Effective Mental Health Support

The effects of globalization and a growing technology-based workforce have made higher education and stable mental health essential to economic survival. The median income of persons without a high school diploma ages 18 through 67, was approximately $25,000 in 2009

(Census Bureau, 2010). The effects of race and gender cannot be disentangled from educational outcomes in the United States of America (U.S. department of Education, 2009). Asian and White students graduate at a rate of 78 -80 percent, while Blacks and Hispanics graduate at a rate of 57 percent (U.S. Department of Education, 2009). Nationally, the dropout rates are high, with approximately three million high school aged individuals without a high school diploma or a plan to pursue one, accounting for 8.1 percent of the 38 million, 18-24 year-olds in the United States (U.S. Department of Education, 2009).

In the present study, Whites were far more likely to have a high school diploma while gender effects were moderated by reported nationality and ethnicity. Compared to the non-foster care group, the foster care group, predominantly composed of people of color, was less likely to complete a college education, and more likely to have experienced suspension or placement in a special education setting. The results of this study provide a key correlation to poor educational outcomes. Males, participants of color, and foster care respondents were more likely to have school suspension experiences. Suspensions were highly correlated with special education placement, arrest and incarceration experiences. Alarmingly, on a national level, the out of school suspension rates have sky rocketed with many children as young as kindergarten age experiencing out of school suspensions, and these children are predominantly non- White males, setting into motion a trajectory towards fewer learning opportunities for Blacks and Latinos than Whites (Losen & Skiba, 2010).

The Child Welfare system and the Educational system are two separate systems on local, State and Federal levels. The Federal US Department of Education oversees the educational system, while the US Department of Health and Human Services oversees the child welfare

system, setting the stage for non-uniform programming and policy practices around the care and development of children, adolescents and young adults. Key methods for overcoming negative effects of having two separate organizations serving similar populations lie in implementing similar treatment or service strategies across various settings – the classroom, the child welfare placement setting and the child's home using evidence informed strategies or models.

For example, clinical models such as Positive Behavioral Intervention Systems (PBIS), used in some Westchester County schools, should be used both in school and as part of the service plan at home and in the foster care setting to address problematic interactions and to decrease use of suspensions as a response to aggressive or uncooperative behaviors (Kalke, Glanton & Cristalli, 2007). Other recommendations include doing away with suspensions altogether. Suspension reinforces negative behaviors and is one of the most powerful tools available for creating a disenfranchised population. Instead, schools should consider blending child welfare residential treatment programing such as the Cornell Therapeutic Crisis Intervention methods and behavior management treatment both at home and at school prescribing well thought out treatment plans with resilience and attachment based treatment strategies.

Additionally, schools need to incorporate in-school mental health services complete with individual, family and group therapy with mandatory behavioral health treatment and medication assessment. Strong parenting skills programming should also be incorporated into the school setting. Many counties in New York State have begun implementing these strategies and are anecdotally reporting success (White, 2011. These are small programming steps that can make a big difference in turning school outcomes around. These changes shift the surface of social work practice in the long run. In many communities, child welfare social workers now collaborate with

schools from the outside in - working hardest to overcome communication barriers. Tighter collaboration which includes out-stationing child welfare social workers in school, a current New York City initiative, could serve to ease many communication and collaboration problems.

Such collaboration would alter the shape of social work curriculum which would need to incorporate greater diversity training, grades k-12 education requirements training, and treatment strategies for children, youth and families in a variety of environments from class-room to home-based work.

Job Instability and Income

On a national level, job instability has been cited as a major reason that some young people postpone marriage and delay starting a family and moving towards independent living (Danziger & Ratner, 2010). In the present study, compared to non-foster care respondents, foster care respondents were twice as likely to be temporarily employed, equally as likely to hold a part time position, and less likely to be employed full time. The two groups scored similarly in their experiences with job reprimands and employment satisfaction, suggesting that both groups were similarly satisfied with their jobs and had similar corrective supervisory experiences. Compared to the non-foster care group, the foster care group was far less likely to earn income over $20,000 annually.

There are many barriers to obtaining employment. Many foster care youth face additional challenges because they often do not have proper documentation such as their birth certificate or social security card. Documents are often misplaced, stolen or destroyed given changes in placement and an absence of a consistent adult caregiver who can hold on to these documents for safekeeping. Youth often lack concrete skills on how to fill out a job application and how to sell

a resume, important skills which are also part of the independent living skills training program. A young person's ability to earn an income and maintain adequate living standards is a primary marker of adulthood and mediates resilience. For many young people who experienced foster care in this sample, maintaining adequate living standards and reporting high level of resilience was possible only with income and housing subsidies.

Findings on employment and income in this study suggest a need for community-based programming that offer job counseling, access to apprenticeships, internships, and information on job vacancies. Skills training in how to obtain a birth certificate and social security card, resume development and interview coaching are also essential. From a policy perspective, Independent Living Programs, for-profit business corporations, and not-for-profit organizations should be required to build collaborative relationships with child welfare organizations, schools and mental health organizations, and provide stipend earning internships and mentorships to meet the needs of young people who have difficulty accessing employment. This type of collaborative, integrated programming could lead to increased social capital.

Homelessness

Homelessness is one powerful risk factor and is often a result of underemployment and insufficient income, which can stem from lack of access to opportunity on a societal level and developmental challenges or mental health issues on an individual level. Both the New York State mental health system and child welfare system are ill-equipped to strengthen homeless youths' social capital through the provision of marketable job skills and employment which can and does affect their overall health and well-being. The literature review suggests that former foster youth have difficulty finding and maintaining safe and affordable housing. Evidence from

this study supports past findings that homelessness among this vulnerable population is still prevalent (Daining & DePanfilis, 2007). In this study, fewer foster care respondents were able to access housing through friends and family than non-foster care respondents, suggesting “social depletion”, the polar opposite of “social capital” (Burghardt, 2012). Homelessness can be avoided, if an individual has sufficient social capital. There is a need for a greater number of transitional housing programs or subsidy programs for this vulnerable population (Reilly, 2003), to allow them time to learn budgeting skills, complete their education, and obtain employment, and build social capital. A home allows young people a place to visit with friends and family members, increasing esteem, sense of self and sense of safety. Programming for young people who transitioned out of foster care should include housing assistance including apartment and broker listings, assistance with rental applications and priority access to subsidized, low income housing, supportive or assisted living scatter-site housing programs and opportunities for safe roommate matching.

Resilience and Attachment in Emerging Adulthood

The Importance of Childhood Experiences

In this present study, the foster care group reported greater adversity in early childhood compared to the non-foster care group. The foster care respondents were more likely to report their childhood and adolescent caretaking environment as cold and hostile. The literature review suggests a foundation for a good upbringing requires: a spiritual base, unconditional love, a supportive family, and a good education which need to be infused into policy, programming and practice. Unconditional love translated into program and practice involves a decrease in the use of ejection from care, when a young person behaves in maladaptive ways. Unconditional love

also means "*no cherry picking*". In the author's experience, the ejection policies or "ten day notice" to remove a child from a foster home have often been used as a threat to foster children to "get them to behave". These threats often come from foster parents as well as case workers. Organizations and those in the helping profession need to make a strong commitment to working through issues with youth and families without looking to "transfer" the "case" to another setting, as a viable solution to problems. For the social work profession, policies that involve no eject, no reject path call for greater skill development in treating relationship problems and accessing resources for families at risk.

Concurrently, greater use of traditions in family and group care settings needs to be stringently applied. Foster parents and direct care staff need to be trained on how to celebrate multicultural holidays and hold traditions and routines that reinforce stability in the mind of a young person. Providers need to offer faith based opportunities, sporting programs, greater exposure to the arts and cultural establishments involving food, museum trips, diverse music experiences, and spiritual celebrations, with family members. This commitment to serve children with their families places greater pressure on social work curriculum to provide students with an armory filled with usable strategies for mitigating barriers to positive socialization, helping children and families develop strong coping skills and building advocacy skills through interactions with other organizations.

Adaptive Coping with Trauma

Foster care respondents reported various reasons for placement in care. A majority of the sample were placed due to caregiver reasons, implying exposure to trauma stemming from unsafe parent child interactions. Examining behaviors exhibited by children in foster care from

the perspective of attachment and resilience theory may provide great insight for therapists and other staff working with this vulnerable population. Young people who have histories involving maltreatment and abuse tend to exhibit maladaptive behaviors and struggle with regulating their emotions. Reaction to trauma and loss can lead to having a fearful, preoccupied, or dismissive attachment style (Steele, 2011). Discovering the attachment styles underlying psychological functioning may help to explain some maladaptive behaviors and better target treatment for young people in foster care, who experienced multiple placements, cope by depending primarily on themselves, while assessing others as untrustworthy. Ensuring safe environments, adequate housing and access to gainful employment is important to building resilience. Reducing micro aggressions and the stigma associated with racism, classism, and gendered thinking are also ways of building resilience within this population and are important considerations for social work curriculum and field placement education plans.

Part of identity development entails identification with a group, be it a tribe, a caste, a clan, a team, a gang, or a family. In today's transient society, we are challenged to find belonging through easy physical connection. Constructs such as race and social class have both direct and indirect effects on people’s experiences. In the United States, belonging to a racial, ethnic, or lower socioeconomic group creates a greater risk for adverse social system involvement and poor outcomes. For example, a client can be homeless as a direct result of poverty, live in a shelter setting with her children which results in greater exposure to surveillance by mandated reporters (Eamon & Kopels, 2004). Having few or no economic resources interacts with other factors and lead to other challenges; people within a lower socio-economic level experience greater stress which affects daily functioning (Wilkinson, 2005). African-American, American Indian, and Latino children who live in households with incomes below the poverty threshold are

significantly more likely than White children to experiences adverse consequences of living in a high-poverty neighborhood (Kids Count, 2010).

In recent years, many states have completed reviews to identify specific policies and practices that have a direct negative on impact impoverished children and families of color, despite of Federal and State requirements. For example, workers in the Michigan child welfare system were found to demonstrate a lack of belief in the ability of African American families and communities to care for children (CSSP, 2009). Michigan also demonstrated limited advocacy for African American families and limited infrastructure for implementing national and state policies as well as a lack of accountability for outcomes (CSSP, 2009). These findings illuminate the challenges administrators and practitioners face in overcoming deeper belief structures regarding impoverished people of color.

Children, youth and families associated with the foster care system have been exposed to multiple experiences that need to be addressed therapeutically. Institutional and systemic racism, intergenerational trauma, and maltreatment contribute to attachment injury; however, the individual or family unit's ability to overcome these injuries can be hindered by poor child welfare, mental health and educational practices. In addition to integrating attachment theory into assessments, persons working with this population may want to consider the impact of their own involvement upon the family system. More importantly, social work curriculum should support and encourage student curiosity, introspection, and ability to dialogue freely regarding race and ethnicity challenges and offer students learning opportunities on how to provide fair and equitable treatment.

Attachment theory used in isolation of other theories can lead to weak program design. Thomas, Chenot, & Reifel (2005) suggested that a resilience-based approach will lead to an increased ability to identify individual and family strengths as well as interventions that build on those strengths. Skill sets that involve being able to form and maintain relationships are often negatively affected by exposure to trauma. When utilized in conjunction with attachment theory and its practices, the concept of resilience and its application in child welfare research can make important contributions to the development of both treatment and discharge planning that mitigated the effects of trauma exposure.

Use of Psychological Agency as an Adaptation Process

Pressures extending from within the community context can affect a youth's decision-making and can contribute to the reaction many youth in care have to foster care services geared to address their needs. These reactions include resistance to service use and poor regard for a society to which they are unconnected. A social worker's ability to help youth build strong relationships with others within the youth's micro and macro systems, might serve to mitigate some of the negative effects of growing up in a marginalized setting.

There are many factors that promote healthy brain development, connected to attachment formations, healthy human relationships with loving caretakers. Those exposed to trauma need an enriched, predictable environment, good nutrition, exercise, adequate sleep as well as equal access to opportunities for a good education, safe housing and career growth. However, many youth who remain unconnected to care providers feel that they do not have a voice and are less motivated to build protective factors.

In social work practice, incorporating youth voice into treatment and service planning (Baker, 2007) as well as engaging them in meeting with their state representatives has a profound effect on increasing resilience (Fernandes, 2008). Foster youth face tremendous challenges given the depth of marginalization and the stigma associated with being in the foster care system. Many foster care youth believe that they are powerless and have little or no stake in their own lives. They find consciously "acting out" to be the best way to get the attention of family and/or service providers in a world in which they marginalized by multiple systems. These observable behaviors are considered "deviant" or "maladaptive" and can include any behavior that goes against the following: any item in the local or state penal codes, foster home or group care rules, and school/community expectations.

Similar to *child abuse*, *deviance* is also a social construct and behaviors that are considered deviant, sit on a shifting continuum of morally and ethically acceptable coping responses to adversity given prevailing legislation, societal norms, and society's perception of the oppressed. Social workers are often placed in a position to act as a buffer for the oppressed by giving voice to the marginalized and effecting societal change on their behalf. We are often caught between the tensions of helping clients meet expected normative behaviors versus actually helping our clients who behave in deviant or maladaptive ways. Implications for social work practice include developing strategies for allowing young people to use psychological agency, in safe regulated, yet powerful ways.

Birth Parent Visitation

Another critical child welfare policy implication stemming from study findings relates to building supports for youth prior to, during and after the transition from out-of-home care to

emerging adulthood. The study finds that visitation with birth parents in emerging adulthood was significantly related to resilience and provides evidence of the importance of birth parent involvement. Birth parents of children and youth in foster care are often provided one case work visit every thirty or sixty days and parent-child visits once weekly or biweekly, depending on the age of the child or court order. Parents are provided referrals to other organizations for mental health, housing, employment of financial assistance. In this author's experience, as the child gets older, youth visitation and agency contact with birth parents become less and contact requirements once stringently applied become almost non-existent, with a simple , "the youth no longer wants to visit his/her birth parent due to conflictual relationship", as the rationale. This method is flawed, and requires a deeper look at how visitation is planned, scheduled, and the actual activities occurring during visits. Furthermore, child welfare policy and programming should incorporate parents in the milieu, be it the foster home, group home, or residential treatment center. Social work curriculum should also prepare students with skills needed to manage parent-child, parent-staff dynamics and treatment needs in these various structured environments.

Resource Shortage

A majority of the families who come to the attention of the child welfare system are impoverished and lack sufficient resources (i.e. adequate housing, proper medical coverage, isolated from social supports etc.) Paxson & Waldfogel (2003) found that increases in public assistance benefits are associated with decreases in foster care placements. Conversely, researchers (Paxson & Waldfogel, 2003) found that states with greater restrictions and sanctions on benefits have greater levels of child maltreatment suggesting that welfare policies may have

an effect on the occurrence of child abuse and neglect. Recommendations for breaking the cycle of poverty include shifting TANF qualifications by increasing welfare benefits specifically for young people emancipating from care for a capped period of time after turning 21 *or* permit a young person older than 21 to be placed on an adult recipient's public benefit account.

Implications for Future Research

Further research on attachment patterns, resilience and positive adulthood outcomes is recommended. Specifically, suspension experiences, birth parent visitation, and the role of emotional expression as a protective factor bears deeper examination for this population. Future research in these areas could also provide a better understanding of how to integrate therapeutic models rooted not only in attachment theory, but other concepts such as "social capital", "social depletion" and "resilience".

In addition, improvements can be made regarding assessment and intervention. Recommendations include developing measures that move beyond grasping at negative explanations for dysregulated behaviors to a more positively therapeutic view of children in foster care who exercise their voice loudly. Looking at "inappropriate behaviors" as a sign of resilience may serve to shift the entire therapeutic intervention to a more positive experience for child, youth, parental figures and staff. Advocating for mental health services for children and families involved in the foster care system may be the first step in healing attachment injuries, and may be a step in breaking the cycle of abuse.

Resilience and Attachment

Future examinations of youth's experiences should expand the exploration of resilience among people of color and factors such as racial identity, attachment formations and

acculturation factors. Currently, attachment theory is used within child welfare to explain parent–child relational patterns and child behaviors. The consensus is that attachment theory provides an evidence-based explanation for the relational dynamics and behavioral disorders of children and families involved in the child welfare system. However, the child welfare system has been criticized for over-dependency on attachment –base interventions (Barth, Crea, John, Thoburn, & Quinton, 2005). Cultural aspects of attachment should be further explored. Additionally, further examination of families who remain in close touch after foster care placement, exploration of intergenerational transmission of attachment patterns and resilience would also help inform clinical practice.

Child Welfare Practice Issues

The literature sheds abundant light on issues that plague the child welfare system which include: inadequate visitation support; inadequate services to birth families; poor service planning; high turnover rates; and lack of staff commitment. There is room for more resilience-framed and attachment-based programming in child welfare systems.

The child protective function at its core is about policing families, making it challenging for families and workers to develop a trusting, engaging relationship. A study by Geenen and Powers (2007) found that caseworkers slowed or halted efforts to reunify youth with their families once the youth reached a certain age. The researchers recommended greater diligence by social service staff in reconnecting youth with their birth families especially because these particular youth will be aging out of the system. Collins et al. (2008) found prevalent tensions between child protection services and family support services which get in the way of focused reconnection case planning services with birth or fictive kin.

The research highlights insufficient training policies as another barrier to working with families and individuals in the child welfare system. This remains true for skill sets in helping families manage substance abuse issues calling for a national initiative to add substance abuse training to the requirements for child welfare workforce (Schroeder, Lemieux & Pogue, 2008).

Studies have found that there is a strong relationship between ethnic identity, resilience (Weaver, 2010); and that spiritual self-examination is an important developmental goal during emerging adulthood (Barry & Nelson, 2005). There is an obligation to understand the experiences and perspectives of the clients served in the child welfare system. However, despite federal mandates, training protocols, and agency directives, some practitioners still struggle with acquiring the competency levels required to work with the range of cultural diversity found in the New York City child welfare population. When children are replaced, they must adjust to a different culture each time (Reimer, 2010) calling for an exceptional need to provide training that allows for cultural "humility" in lieu of culturally "competent" services (Tervalon & Murray-Garcia, 1998) to children, biological families, foster families, and staff in child welfare organizations. However, there is a scarcity of literature on cultural humility, youth adjustment, identity development and child welfare services. Anecdotally, workers are challenged to understand, acknowledge, and integrate culturally humble discourse into their service provision protocols, calling for greater training and supervision in the area of cultural diversity and erasing racism.

Clinical Models in Child Welfare:

The US Department of Health and Human Services oversees both the Child Welfare system and The Mental Health system; however, policies, program designs and regulations differ between the two systems on the state and local levels. Clinical models are minimally used

uniformly. New York implemented use of the CANS, the child and family assessment scale developed by John Lyons (Kisiel, Fehrenbach, Small, & Lyons, 2009). However, the effect of using the CANS on treatment or permanency outcomes is unmeasured. Mental Health Clinician competence in treatment of children and their biological and/or foster families is also unknown because there are no clear accountability threads to outside or in-house treatment providers. Recommendations for clinical program evaluations include collecting data on individual and family therapy practice and their outcomes across geographies, with supervision, training and fiscal consequences tied to outcomes. Future investigation should incorporate not only fidelity to treatment models but also organizational capacity to meet fidelity requirements, such as detailed case by case supervision on a weekly basis.

Study findings are in tandem with other alumni findings (Hook & Courtney, 2011) and point to the need to target building social capital, enhancing emotional and behavioral regulation skills and meeting educational goals within racially and culturally sensitive service environments. This research affirms young people of color who receive foster care services fare poorly in education, employment and housing outcomes compared to Whites. More research is needed to find out why this pattern persists. Incorporating evidence based practices will assist administrators, case management staff, clinicians, and direct care staff in delivering the most effective services possible to these young people.

Table 4

Cross Tabulation of Race/Ethnicity and Foster Care.

	Foster Care		
Race/Ethnic	no	yes	Total
White	12	0	12
Asian	3	1	4
Other	1	3	4
Black	7	25	32
Mixed	3	4	7
Hispanic	4	3	7
American	0	1	1
Afr/Am/Mixed	3	0	3
Puerto Rican/mixed	1	0	1
Latina	2	1	3
Caribbean	1	0	1
Missing	2	6	8
Total	39	44	83

Table 5:
Correlations between Attachment Style, Foster Care, Resilience and Employment Factors

		Attachment	Foster Care	Current Employment	First Job	Job Satisfaction	Job Reprimand	Total CDRISC
Attachment	Pearson Correlation	1	-.149	.043	-.060	.108	.110	.092
	Sig. (2-tailed)		.183	.706	.596	.346	.324	.415
	N	82	82	81	81	78	82	81
Foster Care	Pearson Correlation			-.376**	-.044	.060	-.092	.277*
	Sig. (2-tailed)			.000	.692	.603	.406	.012
Current Employment	Pearson Correlation				-.048	.239**	.060	.028
	Sig. (2-tailed)				.673	.037	.593	.804
First Job	Pearson Correlation					-.061	.053	-.176
	Sig. (2-tailed)					.597	.639	.115
Job Satisfaction	Pearson Correlation						.000	.313**
	Sig. (2-tailed)						1.000	.006
Job Reprimand	Pearson Correlation							-.144
	Sig. (2-tailed)							.196

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Table 7

Independent Samples Test Coping Factors

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Talk friends	Equal variances assumed	21.372	.000	-2.149	80	.035	-.197	.092	-.380	-.015
	not assumed			-2.184	75.974	.032	-.197	.090	-.377	-.017
Time w/friends/family	Equal variances assumed	7.196	.009	-1.890	80	.062	-.204	.108	-.419	.011
	not assumed			-1.897	79.967	.061	-.204	.107	-.418	.010
Cry	Equal variances assumed	19.302	.000	-2.737	80	.008	-.278	.102	-.480	-.076
	not assumed			-2.710	73.358	.008	-.278	.103	-.482	-.074
Marijuana	Equal variances assumed	11.377	.001	1.579	80	.118	.091	.057	-.024	.205
	Not assumed			1.627	62.609	.109	.091	.056	-.021	.202
Alcohol	Equal variances assumed	86.547	.000	-3.939	80	.000	-.340	.086	-.513	-.168
	Not assumed			-3.828	55.714	.000	-.340	.089	-.519	-.162

Table 8:
Independent Samples T- test Birth Parent Relationship

		Levene's Test for Equality of Variances		t-test for Equality of Means						
									95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Care Birthparents	Equal variances assumed	68.610	.000	4.194	81	.000	.872	.208	.458	1.285
	Not assumed			4.372	60.201	.000	.872	.199	.473	1.271
Total CDRISC	Equal variances assumed	.114	.737	-2.582	80	.012	-10.215	3.956	-18.088	-2.341
	Not assumed			-2.585	79.521	.012	-10.215	3.952	-18.080	-2.349
Attachment	Equal variances assumed	.142	.707	1.344	80	.183	.35063	.26092	-.16863	.86988
	Not assumed			1.346	79.683	.182	.35063	.26046	-.16774	.86900
Visit with BF	Equal variances assumed	.353	.554	6.263	80	.000	1.526	.244	1.041	2.011
	Not assumed			6.244	78.022	.000	1.526	.244	1.039	2.012
Visit with BM	Equal variances assumed	17.065	.000	6.250	80	.000	1.360	.218	.927	1.792
	Not assumed			6.395	70.080	.000	1.360	.213	.936	1.784
Reason Never Visited	Equal variances assumed	.551	.463	-1.489	32	.146	-.596	.400	-1.412	.219
	Not assumed			-1.322	9.945	.216	-.596	.451	-1.602	.409

p<.05

Table 9:

Mental Health Treatment Use, Foster Care and Gender Crosstabulations

Foster Care				Mental Health Hx				
				Never	Sometimes	Frequently	Always	Total
No	Gender	Female	Count	21	5	2	1	29
			% within Gender	72.4%	17.2%	6.9%	3.4%	100.0%
			% within Mental Health Hx	72.4%	71.4%	100.0%	100.0%	74.4%
			% of Total	53.8%	12.8%	5.1%	2.6%	74.4%
		Male	Count	8	2	0	0	10
			% within Gender	80.0%	20.0%	.0%	.0%	100.0%
			% within Mental Health Hx	27.6%	28.6%	.0%	.0%	25.6%
			% of Total	20.5%	5.1%	.0%	.0%	25.6%
	Total		Count	29	7	2	1	39
			% within Gender	74.4%	17.9%	5.1%	2.6%	100.0%
			% within Mental Health Hx	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	74.4%	17.9%	5.1%	2.6%	100.0%
Yes		Female	Count	19	2	1	1	23
			% within Gender	82.6%	8.7%	4.3%	4.3%	100.0%
			% within Mental Health Hx	59.4%	25.0%	33.3%	100.0%	52.3%
			% of Total	43.2%	4.5%	2.3%	2.3%	52.3%
		Male	Count	13	6	2	0	21
			% within Gender	61.9%	28.6%	9.5%	.0%	100.0%
			% within Mental Health Hx	40.6%	75.0%	66.7%	.0%	47.7%
			% of Total	29.5%	13.6%	4.5%	.0%	47.7%
	Total		Count	32	8	3	1	44
			% within Gender	72.7%	18.2%	6.8%	2.3%	100.0%
			% within Mental Health Hx	100.0%	100.0%	100.0%	100.0%	100.0%
			% of Total	72.7%	18.2%	6.8%	2.3%	100.0%
Total		Female	Count	40	7	3	2	52
			% within Gender	76.9%	13.5%	5.8%	3.8%	100.0%
			% within Mental Health Hx	65.6%	46.7%	60.0%	100.0%	62.7%
			% of Total	48.2%	8.4%	3.6%	2.4%	62.7%
		Male	Count	21	8	2	0	31
			% within Gender	67.7%	25.8%	6.5%	.0%	100.0%
			% within Mental Health Hx	34.4%	53.3%	40.0%	.0%	37.3%
			% of Total	25.3%	9.6%	2.4%	.0%	37.3%
	Total		Count	61	15	5	2	83
			% of Total	73.5%	18.1%	6.0%	2.4%	100.0%

P.<.05

Table 10:
Correlations between Attachment Style Foster Care and Education Factors

		Attachment	Foster Care	Educ.	Special Education Hx	School Suspension Hx
Attachment	Pearson Correlation	1	-.149	.158	-.178	-.273*
	Sig. (2-tailed)		.183	.169	.111	.014
	N	82	82	77	81	80
Foster Care	Pearson Correlation	-.149	1			
	Sig. (2-tailed)	.183		.000	.005	.000
	N	82	83	77	82	81
Education	Pearson Correlation	.158		1		
	Sig. (2-tailed)	.169	.000		.001	.000
	N	77	77	77	76	75
Special Education Hx	Pearson Correlation	-.178			1	
	Sig. (2-tailed)	.111	.005	.001		.000
	N	81	82	76	82	81
School Suspension Hx	Pearson Correlation					1
	Sig. (2-tailed)	.014	.000	.000	.000	
	N	80	81	75	81	81

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Table 11:

Independent Samples T- Test for Education Factors

		Levene's Test for Equality of Variances							
								95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Lower	Upper
Special Education Hx	Equal variances assumed	37.293	.000	-2.861	80	.005	-.391	-.662	-.119
	Equal variances not assumed			-2.964	56.349	.004	-.391	-.654	-.127
School Suspension Hx	Equal variances assumed	17.639	.000	-4.914	79	.000	-.984	-1.382	-.585
	Equal variances not assumed			-4.984	72.217	.000	-.984	-1.377	-.590
Education	Equal variances assumed	3.714	.058	6.974	75	.000	1.821	1.301	2.341
	Equal variances not assumed			6.915	69.042	.000	1.821	1.296	2.346

P<.05

Table 12:

Cross tabulation of foster care and school suspension

		Foster Care		
		no	yes	Total
School Suspension Hx	Never	35	14	49
	once	0	10	10
	Sometimes	3	13	16
	Frequently	1	5	6
Total		39	42	81

Pearson Chi- Square Value = 27.844 P<.01, df(3).

Table 13:
Correlations - Use of foster care services, attachment style and resilience score

		Attachment	Total CDRISC	Used Counseling	Used Employment Training	Used Educational Services	Used Independent Living
Attachment	Pearson Correlation	1	.092	-.090	.073	.122	.126
	Sig.		.415	.582	.658	.465	.440
	N	82	81	40	39	38	40
Total CDRISC	Pearson Correlation			-.016	.228	-.025	.066
	Sig.			.924	.163	.882	.687
Used Counseling	Pearson Correlation				.520**	.598**	.408*
	Sig.				.001	.000	.008
Used Employment Training	Pearson Correlation						
	Sig.						.000
Used Educational Services	Pearson Correlation						
	Sig.						.016 1

Table 14:
Cross tabulations- Resilience Scores and Attachment Style

			CDRISC CAT									
			11-20	21-30	31=40	41-50	51-60	61-70	71-80	81-90	91-100	Total
Attachment	Dismissing	Count	0	1	0	0	1	2	4	9	3	20
		% within Attachment	.0%	5.0%	.0%	.0%	5.0%	10.0%	20.0%	45.0%	15.0%	100.0%
		% within CDRISC CAT	.0%	50.0%	.0%	.0%	11.1%	28.6%	16.0%	60.0%	17.6%	24.7%
	Preoccupied	Count	0	0	1	3	5	0	7	1	3	20
		% within Attachment	.0%	.0%	5.0%	15.0%	25.0%	.0%	35.0%	5.0%	15.0%	100.0%
		% within CDRISC CAT	.0%	.0%	100.0%	75.0%	55.6%	.0%	28.0%	6.7%	17.6%	24.7%
	Fearful	Count	1	1	0	1	2	2	0	3	4	14
		% within Attachment	7.1%	7.1%	.0%	7.1%	14.3%	14.3%	.0%	21.4%	28.6%	100.0%
		% within CDRISC CAT	100.0%	50.0%	.0%	25.0%	22.2%	28.6%	.0%	20.0%	23.5%	17.3%
	Secure	Count	0	0	0	0	1	3	14	2	7	27
		% within Attachment	.0%	.0%	.0%	.0%	3.7%	11.1%	51.9%	7.4%	25.9%	100.0%
		% within CDRISC CAT	.0%	.0%	.0%	.0%	11.1%	42.9%	56.0%	13.3%	41.2%	33.3%
Total		Count	1	2	1	4	9	7	25	15	17	81

*. Correlation is significant at the 0.05 level (2-tailed).
**. Correlation is significant at the 0.01 level (2-tailed).

Appendix A: Recruitment Flier for Participants

I am currently seeking young adults ages 21 to 26 to participate in a study on attachment and resilience. This study is part of a research project for the researcher's requirements to earn a doctorate in social welfare, and the results will be written up in a final paper about the study.

This study is expected to help workers in child welfare better understand how to help young men and women gain stability and leave care successfully.

If you do not have a current open case with SCO Family of Services and would like to consider participating in the study, please obtain a packet of material from the Receptionist. The survey should take you about an hour to finish and you can mail in your response in a self-addressed stamped envelope.

Appendix B: Recruitment Script for Investigator to Receptionist

"I am currently seeking young adults between the ages of 21 to 26 and who no longer have an open case with SCO Family of Services, to participate in a study on attachment and resilience. This study is part of a research project for the researcher's requirements to earn a doctorate in social welfare, and the results will be written up as a dissertation, a final paper about the study. This study is expected to help workers in child welfare better understand how to help young men and women gain stability and leave care successfully. There are no direct benefits to the participant, and since this is an anonymous study the researcher will be unable to provide individual feedback.

Please provide a packet to anyone between the ages of 21 through 26, who does not have an open case with SCO Family of Services. The packet contains a letter telling the prospective participants about what is involved in participating so that they can decide if they want to take part in the study or not. It also has a survey in it that they can complete with a stamped self-addressed envelope so they can send back the survey to me. I will not know whether individuals decided to participate or not. The survey should take participants about an hour to finish, but they do not have to do it all at once".

Appendix C: Informed Consent Recruitment Letter

Sheriffa Basdeo is a doctoral student at the Hunter College School of Social Work and the CUNY Graduate Center and an employee at SCO (St. Christopher Ottilie) Family of Services. She is conducting a study of people who have aged out of foster care about their relationships with other people and how they are getting along since they have left care. This study is expected to help workers in child welfare better understand how to help young men and women gain stability and leave care successfully. You are being invited to participate in the study because you are between the ages of 21 and 26, and may have aged out of foster care within the past six years and currently do not have an open case with SCO Family of Services. The researcher expects 100 young people to participate in the study.

Participation in this study is voluntary, and there is no penalty if you decide not to participate. Just throw the materials away. If you do want to participate, you are asked to fill out a questionnaire that takes about an hour to finish and mail it back directly to Sheriffa Basdeo in the envelope provided. The questions are about attachment, resilience and your personal history in areas of family dynamics and health/mental health experiences. You may stop participating at any time, and you don't have to answer any of the questions you don't want to answer.

There are no known harms to participating in this study. However, if you should get upset about any of the questions, there is a list of resources you can contact if you need any help with emotional or social problems. There are no direct benefits to you for participating in this study.

This is an anonymous survey, and no one, not even the researcher will know who you are. Please do not put your name or answer any questions you feel would identify you or any other information on the survey that could identify you. The researcher will keep all written materials including the completed surveys in a locked file cabinet in her office. The material has to be stored for three years, and then she will destroy them. As long as this material exists, it will be kept secured.

After the information is gathered, she will use the information to write her dissertation study. She may also share the information with child welfare agencies or write papers for professional journals or conference presentations. The information will be taken together, and no one person can be identified.

If you have any questions about the study, you can contact the researcher, Sheriffa Basdeo at (646) 713-4158, or her faculty Chair, Prof. Gerald P. Mallon at (212) 452 7043. You should contact the Hunter College Institutional Review Board at (212) 650-3053, if you have questions regarding your rights as a subject or if you feel you have been hurt in any way by this experience.

If you return the enclosed questionnaire to Sheriffa Basdeo, you are agreeing to participate in the study.

Thank you for your interest in this important research about people like you.

Appendix D: List of Helpful Resources

NEW YORK CITY HRA/Department of Social Services
180 Water St. 25th Fl. · New York, NY 10038 · Info-Line: (877) 472-8411 Outside NYC: (718) 472-8411
Website: http://www.nyc.gov/html/hra/html/home/home.shtml

LIFENET
1-800-LifeNet (1-800-543-3638) (English)
1-877-Ayudese 1-877-298-3373 (Spanish)
1-877-990-8585 (Asian LifeNet)
1-212-982-5284 (TTY)

NEW YORK CITY YOUTHLINE
Youth line is a toll-free information and referral service for youth, families, and communities. Operators connect callers to an array of local services and resources.
1.800.246.4646 (or 311)
Hours of Operation: Monday to Friday: 9:00 am to 7:00 pm

Appendix E: Instruments

Code #:_____ **Date:_____**

Personal History Questionnaire

Please answer all questions truthfully. You will not be judged or prosecuted as a result of your responses.

What year were you born? _____

What is your annual personal income? _____

What is your highest educational level completed?/ When _____

What is your ethnicity? _____

What is your Nationality? _____

Please circle all that apply:

What is your gender?	Female	Male	Transgender	
What is your sexual orientation?	Heterosexual	Gay	Lesbian	Bisexual
Do you have any subsidies?	P/A	SSI/SSD	Housing	Other
What type of health insurance do you have?	Medicaid	HMO Medicaid	Private	None
How is your health?	Very Good	Good	Poor	Bad
What is your current housing?	Supportive	Own/Rent	Friend/Family	Homeless
Were you in Special Ed program?	Always	Sometimes	Never	
Were you ever suspended from school?	Frequently	Sometimes	Once	Never
Who helped you obtain your first job?	Family member	Staff	Friend	Myself
Current employment status?	Full time	Part time	Temporary	None
Do you have any other income?	Yes	No	Sometimes	
Have you ever been reprimanded, put on probation or fired from your job?	Yes	No	Why?	
Please answer the following questions using your experience since you turned 20.				
Are you satisfied with your job?	Always	Frequently	Sometimes	Never
Can you control you anger?	Always	Frequently	Sometimes	Never
Do you feel very sad?	Always	Frequently	Sometimes	Never
How often do you use illicit drugs (marijuana, speed, ecstasy, cocaine)?	Always	Frequently	Sometimes	Never
Have you ever been arrested?	Always	Frequently	Sometimes	Never
Have you ever been incarcerated?	Always	Frequently	Sometimes	Never
Were you ever treated for mental health?	Always	Frequently	Sometimes	Never
How do you cope with stress? (circle all that apply) Exercise Drink alcohol Smoke marijuana Talk to friends Spend time with friends/family Go clubbing Cry Hurt myself Hurt others Use drugs Take a vacation Other:_____				
Marital Status?	Married	Separated	Divorced	Single
How do you feel about your life now?	Very Stable	Stable	Unstable	Very Unstable
Do you visit your birth mother?	Always	Frequently	Sometimes	Never
Do you visit your birth father?	Always	Frequently	Sometimes	Never
If you answered "never" for the last two questions, why? – We do not talk Deceased Whereabouts unknown Too hurtful				
How many children do you have?	How many children are living with you?	Do you have any children placed in foster care?		
Who do you consider your family?	Do you regularly attend church? Where?	Do you belong to any community organizations? Where?		
How many times did you move between the ages of 5 to 21?	Were you ever a victim of a crime?			
Did the police ever harass you?	Yes	No	Can't Recall	
What was your temperament as a baby? *(According to your caretakers)*	Happy	Cried often	Easily Frustrated	Don't Know

Growing up, what type of housing did you live in most of the time?	Private Home	Housing Projects		Combination	
Were you ever homeless?	Frequently	Sometimes		Never	
How was your childhood home life?	Warm/loving	Consistent/caring		Hostile/cold	No home life
How was your adolescent home life?	Warm/loving	Consistent/caring		Hostile/cold	No home life
I was treated well by my caretakers in my childhood.	Always	Frequently		Sometimes	Never
I was treated well by my caretakers in my adolescence.	Always	Frequently		Sometimes	Never
I have always been able to communicate with my caregivers.	Always	Frequently		Sometimes	Never
In my childhood my caregivers had ethnic/religious traditions in my home.	Always	Frequently		Sometimes	Never
In my adolescence my caregivers had ethnic/religious traditions in my home.	Always	Frequently		Sometimes	Never
I care about my birth parent (s).	Always	Frequently		Sometimes	Never
Were you ever in foster care?	Yes	No		Can't Recall	
Were you ever adopted?	Yes	No		Can't Recall	
Were you ever in foster care placement?	Yes	No			
If you were ever in foster care placement then please continue on page three. If you were never in foster care then please move to page four.					
Reason for Placement?					
How old were you when you left your last foster care placement?					
How many times were you moved while in care?	Why?				
How old were you when you were first placed?	Where were you placed? /#	RTC	RTF	Group Home	FBH
Were you ever trial discharged home?	What happened?				
Overall, foster parents/Staff were a help to me while I was in foster care.	Yes	No		Can't Recall	
I had a close and confiding relationship with an adult during my child hood?	Yes	**No**		Can't Recall	
While in foster care placement how frequently did you use the following services?					
Counseling/mental health services?	Frequently	Sometimes		Never	Not Offered
Employment training?	Frequently	Sometimes		Never	Not Offered
Tutoring or other supplemental educational services?	Frequently	Sometimes		Never	Not Offered
Independent living training?	Frequently	Sometimes		Never	Not Offered
Without specifying any identifying information about you or your foster care placement, please describe your feelings about foster care placement, use the other side of this sheet for additional space if needed:					

RELATIONSHIP PART I

		Not at all like me		Somewhat like me		Very much like me
1.	I find it difficult to depend on other people.	1	2	3	4	5
2.	It is very important to me to feel independent.	1	2	3	4	5
3.	I find it easy to get emotionally close to others.	1	2	3	4	5
4.	I want to merge completely with another person.	1	2	3	4	5
5.	I worry that I will be hurt if I allows myself to become too close to others.	1	2	3	4	5
6.	I am comfortable without close emotional relationships.	1	2	3	4	5
7.	I am not sure that I can always depend on others to be there when I need them.	1	2	3	4	5
8.	I want to be completely emotionally intimate with others.	1	2	3	4	5
9.	I worry about being alone.	1	2	3	4	5
10.	I am comfortable depending on other people.	1	2	3	4	5
11.	I often worry that romantic partners don't really love me.	1	2	3	4	5
12.	I find it difficult to trust others completely.	1	2	3	4	5
13.	I worry about others getting too close to me.	1	2	3	4	5
14.	I want emotionally close relationships.	1	2	3	4	5
15.	I am comfortable having other people depend on me.	1	2	3	4	5
16.	I worry that others don't value me as much as I value them.	1	2	3	4	5
17.	People are never there when you need them.	1	2	3	4	5
18.	My desire to merge completely sometimes scares people away.	1	2	3	4	5
19.	It is very important to me to feel self-sufficient.	1	2	3	4	5
20.	I am nervous when anyone gets too close to me.	1	2	3	4	5
21.	I often worry that romantic partners won't want to stay with me.	1	2	3	4	5
22.	I prefer not to have other people depend on me.	1	2	3	4	5
23.	I worry about being abandoned.	1	2	3	4	5
24.	I am somewhat uncomfortable being close to others.	1	2	3	4	5
25.	I find that others are reluctant to get as close as I would like.	1	2	3	4	5
26.	I prefer not to depend on others.	1	2	3	4	5
27.	I know that others will be there when I need them.	1	2	3	4	5
28.	I worry about having others not accept me.	1	2	3	4	5
29.	Romantic partners often want me to be closer than I feel comfortable being.	1	2	3	4	5
30.	I find it relatively easy to get close to others.	1	2	3	4	5

Self Report Attachment Measure Relationship Questionnaire (RQ Bartholomew & Horowitz, 1994)

RELATIONSHIP PART II

PLEASE READ THE FOLLOWING DIRECTIONS.

1. Following are descriptions of four general relationship styles that people often report.

Please read each description and **CIRCLE** the letter corresponding to the style that *best* describes you or is *closest* to the way you generally are in your close relationships.

A. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.

B. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

C. I want to be completely emotionally intimate with others, but I often find that others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.

D. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.

VII: REFERENCES

Ackerman, J.P., & Dozier M. (2005).The influence of foster parent investment on children's representations of self and attachment figures. *Applied Developmental Psychology*, 26, 507-520.

Administration for Children's Services (2006).Preparing Youth for Adulthood. Retrieved from http://www.nyc.gov/html/acs.downloads/pdf/youth_for_adulthood.pdf

Administration for Children's Services (2007).Five-year statistics. Retrieved from http://www.nyc.gov/html/acs/downloads/pdf/stats_5_year_2006.pdf

Administration for Children's Services (2009). Top 12 Performance Report: Increase Permanency for Adolescents, Citywide. Retrieved April 1, from http://www.nyc.gov/html/acs/downloads/pdf/outcomes/out6_citywide.pdf

Adoption and Foster Care Analysis and Reporting System Report (December 2009). Retrieved from www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report16.htm.

Adoption and Foster Care Analysis and Reporting System Report (2010) Trends in foster care and adoption. Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends.htm

Ahrens, K. R., DuBois, D. L., Richardson, L. P., Fan, M., & Lozano (2008). Youth in foster care with adult mentors during adolescence have improved adult outcomes. Pediatrics, 121(2), 246−252.

Ainsworth, M. (1967). *Infancy in Uganda: Infant care and the growth of love*. Baltimore: Johns Hopkins University Press.

Ainsworth, M. (1989). Attachment beyond infancy. *American Psychologist, 44*, 709–716.

Ainsworth, M. D. S., Blehar, M. C., Waters, E., & Wall, S. (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.

Alexander, J.F., and Parsons, B.V. 1973.Short-term family intervention: A therapy outcome study. Journal of Consulting and Clinical Psychology 2:195–201.

Allen, J.P., Aber, J.L., & Leadbeater, B.J. (1990). Adolescent problem behaviors: the influence of attachment and autonomy. *Psychiatric Clinics of North America, 13 (3),* 455-467.

Allen, J. P., Marsh, P., McFarland, C., McElhaney, K., Land, D. J., Jodl, K. M., & Peck, S. (2002). Attachment and autonomy as predictors of the development of social skills and delinquency during mid-adolescence. *Journal of Consulting and Clinical Psychology*, 70(1), 56-66. doi:10.1037/0022-006X.70.1.56

Allen, R. (1997). *Assessing the long-term effects of foster care.* CWLA Press.

American Psychiatric Association (2000). Diagnostic and statistical manual of mental disorders (4th Edition). Washington, DC: Author.

Anderson, G. (2005). Family relations, adjustment and well-being in a longitudinal study of children in care. *Child and Family Social Work*, 10, 43-56.

Anderson, P.G. (1989). The Origin, Emergence, and Professional Recognition of Child Protection. *The Social Service Review (*63) (2) 222-244. The University of Chicago Press. Retrieved from http://www.jstor.org/stable/30012017

Antcil, T.M., McCubbin, L.D., O'Brien, K., & Pecora, P. (2007). An evaluation of recovery factors for foster care alumni with physical or psychiatric impairments: Predictors of psychological outcomes. *Children and Youth Services Review, 29,* 1021–1034.

Antle, B. F., Johnson, L., Barbee, A., & Sullivan, D. (2009).Fostering interdependent versus independent living in youth aging out of care through healthy relationships. *Families in Society*, 90(3), 309-315. Retrieved from EBSCO*host*.

Aquilino, W. S. (1996). The returning adult child and parental experience at midlife. In C. Ryff, & M. Seltzer (Eds.),The parental experience in midlife (pp. 423e458). Chicago: University of Chicago Press.

Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, *55*(5). 469-80

Arnett, J. J., & Tanner, J. L. (Eds.). (2006). Emerging adults in America coming of age in the 21st century. Washington, DC: American Psychological Association.

Arnett, J. (2007). Afterword: Aging out of care—Toward realizing the possibilities of emerging adulthood. *New Directions for Youth Development*, 2007(113), 151-161. doi:10.1002/yd.207.

Atkinson, M. (2008). Aging Out of Foster Care: Towards a Universal Safety Net for Former Foster Care Youth. *Harvard Civil Rights-Civil Liberties Law Review*, *43*(1), 183-21.

Avery, R. J. (2011). The Potential Contribution of Mentor Programs to Relational Permanency for Youth Aging Out of Foster Care. *Child Welfare*, *90*(3), 9.

Avery, R. J. (2010). An examination of theory and promising practice for achieving permanency for teens before they age out of foster care. *Children and Youth Services Review*, 32 (2010) 399–408.

Avery, R. J., Freundlich, M. (2009). You're all grown up now: Termination of foster care support at age 18. *Journal of Adolescence 32 (2)*247-257.

Baker, A.J., & Calderon, P. (2004). The role of group homes in the child welfare continuum of care. *Residential Treatment for Children and Young adults, 21(4).*

Baker, A. L. (2007). Client feedback in child welfare programs: Current trends and future directions. *Children and Youth Services Review,* 29(9), 1189-1200. doi:10.1016/j.childyouth.2007.05.003

Barry, C., & Nelson, L. (2005). The Role of Religion in the Transition to Adulthood for Young Emerging Adults. *Journal of Youth & Adolescence*, 34(3), 245-255. doi:10.1007/s10964-005-4308-1.

Barth, R. (1990). On their own: The experience of youth after foster care: *Child and Adolescent Social Work, 30,* 677-686.

Barth, R. (1997). Effects of age and race on the odds of adoption versus remaining in long term out-of-care. *Child Welfare, 76*(2), 285-309.

Barth, R. (2005). Child welfare and race: Models of disproportionality. In D. Derezotes (Ed.) *et al.*, Race matters in child welfare. The overrepresentation of African American children in the system, Child Welfare League of America, Washington, DC (2005), pp. 25–46.

Barth, R. P., Crea, T. M., John, K., Thoburn, J., & Quinton, D. (2005). Beyond attachment theory and therapy: Towards sensitive and evidence-based interventions with foster and adoptive families in distress. Child & Family SocialWork, 10(4), 257−268.

Bartholomew, K. (1990). Avoidance of intimacy: An attachment perspective. *Journal of Social and Personal Relationships, 7,* 147-178.

Bartholomew, K., & Horowitz, L.M. (1991). Attachment styles among young adults: A test of a four category model. *Journal of Personality and Social Psychology, 16(2),* 226-244.

Bass, S., Shields, M.K., & Behrman, R.E. (2004). Children, families, and foster care: Analysis and recommendations. *The Future of Children, 4(1),* 4-29.

Beam, M., Chen, C., & Greenberger, E. (2002). The nature of adolescents' relationships with their "very important" non-parental adults. *American Journal of Community Psychology*, 30(2), 305-325. Retrieved from EBSCO*host*.

Beech, B.M., Myers, L., & Kernick, N.S. (2003). Human immunodeficiency syndrome and hepatitis B and C infections among homeless adolescents. Seminars in Pediatric Infectious Diseases, 14, 12-19.

Belanger, K., Green, D. K., & Bullard, L. B. (2008). Gaps in Research and Public Policies. *Child Welfare*, *87*(2), 359-367.

Bell, W. (2004). House Committee on Ways and Means: Statement of William C. Bell, Commissioner to the House Committee on Ways and Means. Retrieved from http://waysandmeans.house.gov/hearings.asp.

Berk, L.E. (2000). *Child Development* (5th ed.). Boston: Allyn and Bacon. 23-38.

Berscheid, E., & Regan, P. (2004).*The psychology of interpersonal relationships.* Upper Saddle River, NJ: Pearson Prentice-Hall.

Billingsley, A., & Giovannoni, J. M. (1972). Children of the Storm: Black Children & American Child Welfare. *Children Of The Storm: Black Children & American Child Welfare*, No Pg.

Bloom, M. Primary prevention and foster care. Children and Youth Services Review, 20 (1998), 667-696.

Bowlby, J. (1973). *Attachment and loss: Vol. 2. Separation: Anxiety and anger.* New York: Basic Books.

Bowlby, J. (1980). *Attachment and loss: Vol. 3. Loss, sadness, and depression.* New York: Basic Books.

Bowlby, J. (1982). *Attachment and Loss. Vol. 1: Attachment* (2nd ed.). New York: Basic Books.

Bowlby, J. (1988). *A Secure Base: Parent –child attachment and healthy human development.* New York: Basic Books.

Bradbury, D.E. & Eliot, M.M (1959). Four decades of action for children: a short history of the Children's Bureau. United States Department of Health, Education and Welfare: Washington D.C.

Brave Heart, M., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical Trauma Among Indigenous Peoples of the Americas: Concepts, Research, and Clinical Considerations. *Journal of Psychoactive Drugs*, *43*(4), 282-290. doi:10.1080/02791072.2011.628913

Brave Heart, M.Y.H. (2003). The historical trauma response among Natives and its relationship with substance abuse: A Lakota illustration. *Journal of Psychoactive Drugs* 35 (1): 7–13.

Bronfenbrenner, U. (1989). Ecological systems theory. *Annals of Child Development, 6*, 187-249.

Brooks, D. (1999). Adoption and Race: Implementing the Multiethnic Placement Act and the Interethnic Adoption Provisions. *Social Work, 44*(2), 167.

Brown, E.F., Limb, G.E., Munoz, R., Clifford, C.A. (2001). *Title IV-B Child and Family Service Plans: An evaluation of specific measures taken by states to comply with the Indian Child Welfare Act.* (NICWA and Casey Family Programs.

Buehler, C. C., Orme, J. G., Post, J. J., & Patterson, D. A. (2000). The long-term correlates of family foster care. *Children and Youth Services Review,* 22(8), 595-625. Retrieved from EBSCO*host*.

Burghardt, S. (2012). Homelessness and social depletion. Dissertation review meeting. Silberman School of Social Work.

Burt, R.S. (1992) Structural holes: the social structure of competition. Cambridge MA : Harvard University Press.

Carolan, M., Burns-Jager, K., Bozek, K., & Escobar Chew, R. (2010). Women Who Have Their Parental Rights Removed by the State: The Interplay of Trauma and Oppression. *Journal of Feminist Family Therapy*, *22*(3), 171-186. doi:10.1080/08952833.2010.499694

Carlson E.A., Sroufe A.L., & Egeland, B. (2004). The construction of experience: A longitudinal study of representation and behavior. *Child Development*, *75(1)*, 66-83.

Annie E. Casey Foundation. National kids count program child population by race (percent) — 2009 from http://datacenter.kidscount.org/data/acrossstates/Rankings.aspx?ind=103

Casey Foundation (2011). Issue Brief #2 Social Capital: Building quality networks for young people in foster care social support.

Cassidy, J. (1999). The nature of the child's ties. In J. Cassidy & P. Shavers (Eds.*) Handbook of Attachment: Theory, Research, and Clinical Applications*, 3-19.

Cassidy, J., & Shaver, P. R. (Eds.). (1999). Handbook of attachment, theory, research, and clinical implications. New York: Guilford.

Center for American Progress (2010). Gay and transgender youth homelessness by the numbers. Retrieved from: http://www.americanprogress.org/issues/2010/06/homelssness_numbers.html.

Centers for Disease Control and Prevention (CDC). (2008). *The Effects of Childhood Stress on Health across the Lifespan retrieved* ***from*** http://www.cdc.gov/ncipc/pub-res/pdf/Childhood_Stress.pdf

Centers for Disease Control and Prevention (CDC).(2012). Infant Mortality Statistics from the 2008 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Reports*. Table 2. http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_05.pdf

Center for the Study of Social Policy (2009). Race Equity Review: Findings from a Qualitative Analysis of Racial Disproportionality and Disparity for African American Children and Families in Michigan's Child Welfare System. http://cssp.trilogyinteractive.com/publications/child-welfare/institutional-analysis/race-equity-review-findings-from-a-qualitative-analysis-of-racial-disproportionality-and-disparity-for-african-american-children-and-families-in-michigans-child-welfare-system.pdf

Center for the Study of Social Policy (2011). Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research- http://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011.pdf

Chahine, Z. & Higgins, S. (2005). Engaging families and communities: The use of family-team conferences to promote safety, well-being, and permanency in child welfare services. In G. Mallon and P. Hess (Eds.) Child welfare for the twenty-first century: A handbook of practices, policies, and programs (pp. 118-128). New York: Columbia University Press.

Charles, K., & Nelson, J. (2000).*Permanency planning: Creating lifelong connections: What does it mean for adolescents*. The University of Oklahoma: National Resource Center for Youth Development.

Chen, S., & Scanapiecco, M. (2006). Early Childhood Maltreatment: Substantiation related to Family Risk and Intervention Factors. *Child & Adolescent Social Work Journal*, 23(3), 343-355. doi: 10.1007/s10560-006-0054-9

Children's Bureau. (2003) *Adoption and foster care analysis and reporting system: Preliminary FY 2001 estimates as of March 2003*. Retrieved March 12, 2004, from http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm).

Children's Defense Fund. (2007). *America's cradle to prison pipeline*. Washington, DC: Author.

Children's Defense Fund. (2010). *State of America's Children.* Washington, DC: Author.

Child Welfare Information Gateway (2004). Adoption Disruption and Dissolution; Series Numbers and Trends. Retrieved from http://www.childwelfare.gov/pubs/s_disrup.cfm

Child Welfare Information Gateway (2009). Domestic Violence and the Child Welfare System Retrieved from http://www.childwelfare.gov/pubs/factsheets/domesticviolence.cfm.

Child Welfare Information Gateway (2012). Domestic Violence and the Child Welfare System Retrieved from http://www.childwelfare.gov/pubs/factsheets/domesticviolence.cfm.

Child Welfare League of America (2005). Standards of Excellence for Transition, Independent Living, and Self Sufficiency Services. Retrieved from www.cwla.org/programs/standards/introindoindentliving.pdf

Child Welfare League of America (n.d.). Cultural competence: about this area of focus. Retrieved from http://www.cwla.org/programs/culturalcompetence/culturalabout.htm

Child Welfare League of America [CLWA]. (2009). Programs and resources for youth aging out of foster care. Retrieved from http://www.cwla.org/programs/fostercare/agingoutresources.

Child Welfare League of America [CLWA]. (2009). *Education and children in care.* Arlington, VA: Author. Retrieved from www.clwa.org/advocacy/fostercareeducation.htm

Child Welfare League of America [CWLA]. (2010). Fostering Connections to Success: Resources in Seven Key Areas. Retrieved from http://www.cwla.org/advocacy/adoptionhr6893resources.htm

Child Welfare League of America [CWLA]. (2012). New York's Children 2012: New York's Children at a Glance. http://www.cwla.org/advocacy/statefactsheets/2012/newyork.pdf

Chipugnu, S.S., Bent-Goodley, T.B. (2004). Meeting the challenges of contemporary foster care. The future of children, children families and foster care. 14(1), 74-93.

Choca, M.J., Minoff, J., Angene, L., Byrnes, M. & Kenneally, L. (2004). Can't do it alone: housing collaborations to improve foster youth outcomes. *Child Welfare, 83,* 469 – 492.

Christensen, D., Antle, B., & Johnson, L. (2008). Integrating Couple Teamwork Conversations Into Child Welfare Practice. *Journal of Family Social Work,* 11(3), 303-322. Retrieved from EBSCO*host*.

Christenson, B. L. (2002). *Youth exiting foster care: Efficacy of independent living services in the state of Idaho*. Washington: Eastern Washington University.

CLASP (2009) Child Welfare in the United States Fact Sheet http://www.clasp.org/admin/site/publications/files/0317.pdf

Coalition for Juvenile Justice, (2001). Accepted nowhere: homosexual, bisexual and transgender youth at home, on the streets and in the juvenile courts. *Juvenile Justice Monitor,* 5(5), 3.

Collins, K. S., Connors, K., Davis, S., Donohue, A., Gardner, S., Goldblatt, E., Hayward, A., Kiser, L., Strieder, F., & Thompson, E. (2010). *Understanding the impact of trauma and*

urban poverty on family systems: Risks, resilience, and interventions. Baltimore: Family Informed Trauma Treatment Center.

Collins, K. S., Strieder, F. H., DePanfilis, D., Tabor, M., Clarkson-Freeman, P. A., Linde, L., & Greenberg, P. (2011). Trauma Adapted Family Connections: Reducing Developmental and Complex Trauma Symptomatology to Prevent Child Abuse and Neglect. *Child Welfare*, *90*(6), 29-47.

Collins, M. E., (2001). Transition to adulthood for vulnerable youths: A review of research and implications for policy. *The Social Service Review*, 271- 291.

Collins, M.E., Lane, T.S, & Stevens, J.W. (2003). Teen living programs for young mothers receiving welfare: An analysis of implementation and issues in service delivery. Families in Society, 84(1).

Collins, M. E., Paris, R., & Ward, R. (2008).The permanence of family ties: Implications for youth transitioning from foster *cart. American Journal of Orthopsychiatry, 78,* 54-62

Collins, M.E., Spencer, R., Ward, R., (n.d.). Supporting Youth in the Transition from Foster Care: Formal and Informal Connections. *Child Welfare.* 89, 125-143.

Collins, N. L., & Read, S. J. (1990).Adult attachment, working models and relationship quality in dating couples. *Journal of Personality and Social Psychology, 58,* 644–663.

Connor, K.M., Davidson, R.T. (2003). Development of a new resilience scale: the Connor-Davidson Resilience Scale. Depression and Anxiety, 18, 76-82.

Cook, J. F. (1995). A History of placing – out: The orphan trains. *Child Welfare*, 74(1), 181.Retrieved from EBSCO*host*.

Cook, A., Blaustein, M., Spinazzola, J., & Van Der Kolk, B. (2005). Complex trauma in children and adolescents. *Psychiatric Annals*, 35, 390–398.

Cook, R., Fleishman, E., Grimes, V., (1991). A national evaluation of Title IV-E foster care independent living programs for youth: Phase 2; Final Report. *Foster Youth Profiles.* 481

Copeland, V., & Snyder, K. (2011). Barriers to mental health treatment services for low-income African American women whose children receive behavioral health services: an ethnographic investigation. *Social Work In Public Health*, *26*(1), 78-95.

Courtney, M., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80(6).*

Courtney, M.E., Roderick, M., Smithgall, C., Gladden, R.M., Nagaoka, J. (2004). *The educational status of foster children.* Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Courtney, M. E., McMurtry, S. L., & Zinn, A. (2004). Housing Problems Experienced by Recipients of Child Welfare Services. *Child Welfare*, 83(5), 393.Retrieved from EBSCO*host*.

Courtney, M.E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., and Bost, N. (2005). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 19*. Chicago, IL: Chapin Hall Center for Children, University of Chicago.

Courtney, M. E., & Dworsky, A. (2005). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*, 209– 219.

Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21. Chicago: Chapin Hall Center for Children at the University of Chicago.

Courtney, M.E., Dworsky, A., Cusick, G.R., Keller, T., Havlicek, J., Perez, A., Terao, S. & Bost, N. (2007). *Midwest evaluation of adult functioning of former foster youth: Outcomes at age 21*. Chicago, IL: University of Chicago, Chapin Hall Center for Children.

Courtney, M. E. (2009). Outcomes for older youth exiting the foster care system in the United States. In B. Kerman, M. Freundlich, A. N. Maluccio (Eds.) , *Achieving permanence for older children and youth in foster care* (pp. 40-74). New York, NY US: Columbia University Press.

Courtney, M. E., Dworsky, A., Lee, J. S., & Rap, M. (2010).*Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24.* Chicago, IL: Chapin Hall at the University of Chicago.

De Francis, V. (1956). Child protective services in the United Stated: Reporting a nationwide survey.

Downs, A.C. & Pecora, P.J. (2005). Application of Erikson's psychosocial development theory to foster care research (Working paper no. 2), Casey Family Programs, Seattle, WA.

Droegemueller, W., Kempe, C., Silver, H., Silverman, F., & Steele, B. (1985). The battered-child syndrome. *International Journal on Child Abuse & Neglect*, 9 143-154. Retrieved from EBSCO*host*.

Dworsky, A., Courtney, M. E.(2010). The risk of teenage pregnancy among transitioning foster youth: Implications for extending state care beyond age 18. *Children and Youth Services Review.* 32 (2010) 1351–1356

Dworsky, A., & Courtney, M. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare, 88*(4), 23-56.

Dworsky, A., Havlicek, J., & Chapin Hall at the University of, C. (2010). An Employment Training and Job Placement Program for Foster Youth Making the Transition to Adulthood in Cook County, Illinois. *Chapin Hall at the University of Chicago*, Retrieved from EBSCO*host.*

Dworsky, A., White, C., O'Brien, K., Pecora, P., Courtney, M., Kessler, R., & Hwang, I. (2010). Racial and ethnic differences in the outcomes of former foster youth. *Children & Youth Services Review, 32*(6), 902-912.

Eamon, E. M., Kopels, S. For reasons of poverty: Court challenges to child welfare practices and mandated programs Children and Youth Services Review, 26 (2004), pp. 821–836 http://dx.doi.org.proxy.wexler.hunter.cuny.edu/10.1016/j.childyouth.2004.02.023.

Erikson, E. (1959). Identity and the life cycle. *Psychological Issues, 1*, 680-684.

Fanshel, D. (1990). *Foster children in a life course perspective*. New York: Columbia University Press.

Fass, S., & Cauthen, N. (2008). Who are America's poor children: The official story, 1-4. New York: National Center for Children in Poverty, Mailman School of Public Health, Columbia University.

Fernandes, A.L. (2007) CRS Report for Congress: Runaway Homeless Youth: Demographics, Programs and Emerging Issues. Retrieved from http://www.endhomelessness.org/content/article/detail/1451.

Fernandes, A.L. (2008) CRS Report for Congress: Youth Transitioning From Foster Care: Background, Federal Programs, and Issues for Congress. Retrieved from http://www.fosteringconnections.org/tools/assets/files/CRS-older-youth-report.pdf.

Festinger, T. (1983). *No one ever asked us: A postscript to foster care*. New York, Columbia University Press.

Fluke, J., Jones-Harden, B., Jenkins, M., & Ruehrdanz, A. (2011). Research synthesis on child welfare disproportionality and disparities. Denver, CO: American Humane Association and the Annie E. Casey Foundation.

Folkman, S., & Moskowitz, J. (2004). Coping: Pitfalls and promise. *Annual Review of Psychology*, 55745-774. doi:10.1146/annurev.psych.55.090902.141456

Foster Care Independence Act. (1999). *Summary of the Foster Care Independence Act for 1999:Congress approves Independent Living Program expansion.* Retrieved from www.nicwa.org/law/fcia/PL106-169_summary.pdf.

Frame, L. (1999). Suitable Homes Revisited: An Historical Look at Child Protection and Welfare Reform. *Children & Youth Services Review,* 21(9/10), 719-754.

Franklin, A.J.(1992). Therapy with African American men. *Families in Society: The Journal of Contemporary Social Services, 73(*6) 350-355.

Freisthler, B., Merritt, D. H., & LaScala, E. A. (2006). Understanding the ecology of child maltreatment: A review of the literature and directions for future research. Child Maltreatment, 11(3), 263−280.

Freundlich, M. (2003). *Time running out: Teens in foster care.* New York: Children's Rights.

Freundlich, M., & Avery, R.J. (2004). Planning for permanency for young adults in congregate care. *Children in Young Adults Services Review, 27,* 115-134.

Freundlich, M. M., Avery, R. J., Gerstenzang, S. S., & Munson, S. S. (2006). Permanency options and goals: considering multifaceted definitions. *Child & Youth Care Forum,* 35(5/6), 355-374. Retrieved from EBSCO*host*.

Fryer, R. G., Heaton, P.S.,Levitt, S.D., Murphy, K.M. (2006). Measuring Crack Cocaine and Its Impact. Harvard University Society of Fellows and NBER.

Furstenberg, F. F., Cook, T.D., Eccles, J., Elder, G. H., Sameroff, A., Ardelt, M. (1999). Managing to Make It : Urban Families and Adolescent Success. University of Chicago Press: Chicago.

Gallegos, A., Roller White, C., Ryan, C., O'Brien, K., Pecora, P., Preneka, T. (2011). Exploring the Experiences of Lesbian, Gay, Bisexual, and Questioning Adolescents in Foster Care. *Journal of Family Social Work, 14*:226–236.

Garmezy, N., Masten, A., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development, 55,* 97-111.

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavioral Scientist, 34,* 416-430.

Garrett, S. B., Higo, D. H., Phares, M. M., Peterson, P. L., Wells, E. A., & Baer, J. S. (2008). Homeless youths' perceptions of services and transitions to stable housing. *Evaluation and Program Planning, 31*(4), 436–444.

Gauthier, L., Stollak, G., Messe, L., & Aronoff, J. (1996). Recall of childhood neglect and physical abuse as differential predictors of current psychological functioning. *Child Abuse and Neglect, 20*(7), 549–559, doi:10.1016/0145-2134(96)000439.

Georgiades, S. (December 2005). A multi-outcome evaluation of an independent living program. *Child and Adolescent Social Work Journal, 22,* 5-6.

Gergen, K.J., Hoffman, L. & Anderson, H. (1996). Is diagnosis a disaster? A constructionist trialogue. In F.W. Kaslow (ed.), *Handbook of relational diagnosis and dysfunctional family patterns* (pp.102–118). New York: John Wiley and Sons.

Gilgun, J.F. A four-factor model for understanding interpersonal violence. University of Minnesota, Twin Cities School of Social Work. Online paper retrieved July 20th, 2007 from http://ssw.che.umn.edu/img/assets/5661/four-factor%20model.doc.

Gilfoyle, T. J. (2004). Street-rats and gutter-snipes: child pickpockets and street culture in New York City, 1850-1900. *Journal of Social History*, 37(4), 853. Retrieved from EBSCO*host*.

Ginwright, S., Cammarota, J., & Noguera, P. (2005). Youth, social justice, and communities: Toward a theory of urban youth policy. *Social Justice, 32(3),* 24.

Gitterman, A. (1991). Social work practice with vulnerable populations. In A. Gitterman (Ed.), *Handbook of social work practice with vulnerable populations.* 1-32. New York: Columbia University Press.

Goldman, J., Salus, M.K., Walcott, D. Kennedy, K.Y., (2003). A coordinated response to Child abuse and neglect: The foundation for practice: Chapter Three; What is Child maltreatment? CWLA

Goerge, R., Wulczyn, F., & Fanshel, D. (1994). A Foster Care Research Agenda for the '90s. *Child Welfare*, 73(5), 525.Retrieved from EBSCO*host*.

Grant, J. A. (2001). "class, definition of". In Jones, R.J. Barry. *Routledge Encyclopedia of International Political Economy: Entries A-F*. Taylor & Francis. p. 161.

Green, D., Belanger, K., McRoy, R., & Bullard, L. (2011). Challenging racial disproportionality in child welfare: Research, policy, and practice. Washington, DC: CWLA Press.

Greeson, J. A. (2011). Complex Trauma and Mental Health in Children and Adolescents Placed in Foster Care: Findings from the National Child Traumatic Stress Network. *Child Welfare*, *90*(6), 91.

Griffin, D., & Bartholomew, K. (1994). Models of the self and other: Fundamental dimensions underlying measures of adult attachment. *Journal of Personality and Social Psychology, 67*, 430-445.

Hacsi, T. (1995). From indenture to family foster care: A brief history of child placing. *Child Welfare*, *74*(1), 162.

Haight, W. L., Kagle, J., & Black, J. E. (2003). Understanding and Supporting Parent-Child Relationships during Foster Care Visits: Attachment Theory and Research. *Social Work, 48*(2), 195-207.

Harden, B.J., (2004). Safety and stability for foster children: a developmental perspective. *The Future of Children, 14(1),* 30-47.

Harris, M.S. & Courtney, M.E. (2003). The interaction of race, ethnicity, and family structure with respect to the timing of family reunification, *Children and Youth Services Review*, 25 (5/6), 409–429.

Harris, M. S., & Skyles, A. (2008). Kinship care for African American children: Disproportionate and disadvantageous. *Journal of Family Issues, 29*(8), 1013–1030.

Harris, M. S., Jackson, L. J., O'Brien, K., & Pecora, P. J. (2009). Disproportionality in education and employment outcomes of adult foster care alumni. *Children and Youth Services Review*, 31(11), 1150-1159. doi:10.1016/j.childyouth.2009.08.002

Harwood, R.L., Miller, J.G., Irizarry, N.L. (1995). Culture and Attachment: Perceptions of the Child in Context. Guilford Press.

Haskett, M.E., Nears K., Ward, C. Sabourin, & McPherson, A.V. (2006). Diversity in adjustment of maltreated children: Factors associated with resilient functioning. *Clinical Psychology Review, 26,* 796-812.

Hays, S. (1996). The cultural contradictions of motherhood. New Haven, CT: Yale University Press.

Hazan, C., & Shaver, P.R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52,* 511-524.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multi-systemic treatment of antisocial behavior in children and adolescents.* New York: Guilford Press.

Hill, R.B. Hill (2005). Overrepresentation of children of color in foster care in 2000. Working paper, March 2005Westat, Rockville, MD http://www.racemattersconsortium.org/docs/whopaper7.pdf

Hill, R. (2006). Synthesis of research on disproportionality in child welfare: An update. Casey–CSSP Alliance for Racial Equity in the Child Welfare System Working Paper Retrieved from http://www.racemattersconsortium.org/docs/BobHillPaper_FINAL.pdf

Hill, K. (2009). Individuals with Disabilities Act of 2004 and the John H. Chafee Foster Care Independence Act of 1999: What Are the Policy Implications for Youth with Disabilities Transitioning from Foster Care? *Child Welfare*, 88(2), 5-23. Retrieved from EBSCO*host*.

Hook J.L., Courtney, M.E. (2011). Employment outcomes of former foster youth as young adults: The importance of human, personal, and social capital. Children and Youth Services Review *33* (2011) 1855–1865.

House, J. S., & Kahn, R. L. (1985). Measures and concepts of social support. In S. Cohen, & S. L. Syme (Eds.), Social support and health (pp. 83−108). Orlando, Florida: Academic Press.

Howard, A. L., Galambos, N. L., & Krahn, H. J. (2010).Paths to success in young adulthood from mental health and life transitions in emerging adulthood. *International Journal of Behavioral Development*, 34(6), 538-546. doi: 10.1177/0165025410365803

Howe, D. (1995). Attachment theory for social work practice. London: Macmillan Press.

Howe, D., Brandon, M., Hinings, D., & Schofield, G. (1999).*Attachment theory, child maltreatment and family support: A practice and assessment model*. Mahwah, NJ US: Lawrence Erlbaum Associates Publishers. Retrieved from EBSCO*host*.

Iglehart, A. P., & Becerra, R. M. (2002). Hispanic and African American Youth: Life After Foster Care Emancipation. *Journal of Ethnic & Cultural Diversity in Social Work*, 11(1/2), 79-107. Retrieved from EBSCO*host*.

Independent Budget Office. (2004). *Aging out: From foster care to homeless shelter*. New York City Independent Budget Office, 1-3.

Individuals with Disabilities Education Act, 20 U.S.C § 1400, et. seq. (2004).

Jackson, J.D. (2005). Trauma, Attachment and Coping: Pathways to Resilience. *(Doctoral Dissertation, University of Arkansas, 2005).Proquest Digital Dissertations.*

Johnson, John A. (2006, January, 24). *2006 Presentation of Commissioner John A. Johnson Office of Children and Family Services to the Joint Legislative Fiscal Committee*.http://www.ocfs.state.ny.us/main/news/2006/2006_01_24_CommissionerTestimony.asp

Jonson-Reid, M., & Barth, R. P. (2000a). From maltreatment report to juvenile incarceration: The role of child welfare services. *Child abuse & Neglect*, *24*(4), 505-520.

Jonson-Reid, M., & Barth, R. P. (2000b). From placement to prison: The path to adolescent incarceration from child welfare supervised foster or group care. *Child and Youth Services Review, 22*(7), 493-516.

Jones, L., & Kruk, E. (2005). Life in government care: The connection of youth to family. *Child and Youth Care Forum, 34*(6), 405–421.

Kadushin, A. (1976). Child welfare service past and present. *Journal of Clinical Child Psychology*, 5(3), 51. Retrieved from EBSCO*host*.

Kalke, T., Glanton, A., & Cristalli, M. (2007). Positive Behavioral Interventions and Supports: Using Strength-Based Approaches to Enhance the Culture of Care in Residential and Day Treatment Education Environments. *Child Welfare, 86*(5), 151-174.

Keller, T.E., Cusick, G.R., Courtney, M. (2007).Approaching the transition to adulthood: Distinctive profiles of adolescents aging out of the child welfare system. *Social Service Review*.453-484.

Kids Count (2011). Data Snapshot on High- Poverty Communities: Children living in America's High-Poverty Communities.

Kisiel, C., Fehrenbach, T., Small, L., & Lyons, J. S. (2009). Assessment of Complex Trauma Exposure, Responses, and Service Needs Among Children and Adolescents in Child Welfare. *Journal Of Child & Adolescent Trauma, 2*(3), 143-160. doi:10.1080/19361520903120467

Kobak, R. R., & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Development,* 59, 135-146.

Kohl, P.L., Jonson-Reid, M., Drake, B.(2011). Maternal mental illness and the safety and stability of maltreated children, Child Abuse & Neglect, Volume 35, Issue 5, Pages 309-318, ISSN 0145-2134, 10.1016/j.chiabu.2011.01.006. (http://www.sciencedirect.com/science/article/pii/S0145213411000706)

Kools, S.M. (1997). Adolescent identity development in foster care. *Family Relations, 46(3),* 263-271.

Kortenkamp, K., &Ehrle, J. (2002, January). The well-being of children involved with the child welfare system: A national overview. Washington, DC: The Urban Institute, *Assessing the New Federalism* Policy Brief B-43.

Krinsky, M. (2010). A not so happy birthday: The foster youth transition from adolescence to adulthood. *Family Court Review*, *48*(2), 250-254.

Kurdek, L. A. (2002). On being insecure about the assessment of attachment styles. *Journal of Social and Personal Relationships*, 19(6), 811-834. doi: 10.1177/0265407502196005

Landsverk, J., Davis, I., Ganger, W., Newton, R., & Johnson, I. (1996). Impact of psychosocial functioning on reunification from out-of home placement. *Children and Youth Services Review, 18,* 447–462.

Legal Aid Society (2011). Class Action Settlement Mandates Reform Of New York City Foster Care Agency Psychiatric Hospitalization Practices Retrieved March 14th 2011 from http://www.legal-

aid.org/en/mediaandpublicinformation/inthenews/classactionsettlementmandatesreformofnewyorkcityfostercareagencypsychiatrichospitalizationpractices.aspx

Lerner, S., & Solow, B. (2007).*There's no such place: The family assessment program, PINS and the limits of support services for families with teens in New York City*. Center for New York City Affairs: Milano New School for Management and Urban Policy.

Leve, L., Fisher, P., & Chamberlain, P. (2009). Multidimensional treatment foster care as a preventive intervention to promote resiliency among youth in the child welfare system. *Journal of Personality*, 77(6), 1869-1902. Retrieved from EBSCO*host*.

Little, M., Axford, N. and Morpeth, L. (2004) 'Research review: Risk and protection in the context of services for children in need', *Child and Family Social Work*, 9(1), pp. 105–17.

Loman, L. A., & Siegel, G. L. (2000). A review of literature on independent living of youths in foster and residential care. St. Louis, MO: Institute of Applied Research.

Lopez, F.G., Melendez, M.C., Sauer, E.M., Berger, E., & Wyssman, J. (1998). Internal working models: Self-reported problems and help seeking attitudes among college students. *45(1),* 79-83.

Losen, D. J., Skiba, R. J. (2010) Suspended education: Urban middle schools in crisis. http://www.splcenter.org/get-informed/publications/suspended-education.

Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.

Magnusson, D. (1995). Individual development: A holistic, integrated model. In P. Moen, G.H. Elder, Jr., & K. Luscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp. 19-60). Washington, D.C.: American Psychological Association.

Mallon, G.P. (1998a). After care, then where? Evaluating outcomes of an independent living program. Child Welfare, 77(1), 61-78.

Mallon, G.P. (1998b). We don't exactly get the welcome wagon: The experience of gay and lesbian adolescents in child welfare systems. New York: Columbia University Press.

Mallon, G.P. (2000). Let's get this straight: A gay and lesbian affirming approach to child welfare. New York: Columbia University Press.

Mallon, G. P. (2001). Sticks and stones can break your bones: Verbal harassment and physical violence in the lives of gay and lesbian youths in child welfare settings. *Journal of Gay & Lesbian Social Services, 13*(1/2), 63–81.

Mallon, G.P., & Woronoff, R. (2006). Busting out of the child welfare closet: lesbian, gay, bisexual, and transgender-affirming approaches to child welfare. *Child Welfare*, 85 (2), 115-122.

Margolin, G., Gordis, E. B., Medina, A. N., & Oliver, P. H. (2003). The co-occurrence of husband-to-wife aggression, family-of-origin aggression and child abuse potential in a community sample. *Journal of Interpersonal Violence*, 7(4), 413-41.

Massinga, R., Pecora, P.J., (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children, 14(1)*, 150-174.

Masten, A.S., & Coatsworth, J.D. (1998). The development of competence in favorable and unfavorable environments: Lessons from successful children. *American Psychologist, 53*, 205-220.

Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and Psychopathology, 2*, 425–444.

Masten, A.S., & Reed, M.J. (2002). Resilience in development. In Snyder, & S.J. Lopez (Eds.), *Handbook of Positive Psychology* (pp. 74-88). NY: Oxford University Press.

Masten, A. S., & Obradovic, J. (2006). Competence and Resilience in Development. *Annals of the New York Academy of Sciences*, 1094(1), 13-27. doi:10.1196/annals.1376.003

Masten, A. S. Ordinary magic: lessons from research on resilience in human development. Education Canada v. 49 no. 3 (Summer 2009) p. 28-32

Mattingly, John February 16th 2010, City Council Hearing Juvenile Justice and General Welfare Committees Testimony by commissioner John B. Mattingly. NYS ACS 2010.

McCrory, E., De Brito, S.A., & Viding, E. (2010). The neurobiology and genetics of maltreatment and adversity. Journal of Child Psychology and Psychiatry, 51, 1079–1095.

McCubbin, H. I., & McCubbin, M. A. (1992). Research utilization in social work practice of family treatment. In A. J. Grasso & I. Epstein (Eds.), Research utilization in the social sciences: Innovations for practice and administration (pp. 149-192). New York City, NY: Haworth.

McGowan, B. (2005). Historical Evolution of Child Welfare Services. In G.P. Mallon and P. Hess (Eds). *Child Welfare for the Twenty-First Century* (pp. 10-46). New York: Columbia University Press.

McMillen, C., Auslander, W., Elze, D., White, T., & Thompson, R. (2003).Educational experiences and aspirations of older youth in foster care. *Child Welfare League of America*. USA: Child Welfare League of America.

McMillen, J. C., Rideout, G. B., Fisher, R. H., & Tucker, J. J. (1997). Independent-living services: the views of former foster youth. *Families in Society: The Journal of Contemporary Social Services*, 78(5), 471-479. Retrieved from EBSCO*host*.

McWey, L., & Mullis, A. (2002). Children in foster care: relationships between parental contact, attachment, & adjustment. *Children in foster care: relationships between parental contact, attachment, & adjustment*, Retrieved from EBSCO*host*.

McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children & Youth Services Review, 32*(10), 1338-1345. doi:10.1016/j.childyouth.2010.05.003

Mennen, F. E., & O'Keefe, M. M. (2005). Informed decisions in child welfare: the use of attachment theory. *Children and Youth Services Review*, 27(6), 577-593. Retrieved from EBSCO*host*.

Metzger, S. (2006). Permanency for Teens: New York City's Emerging Policy. *Voices For America's Children*, Casey Family Services, Issue Brief. Retrieved from http://www.caseyfamilyservices.org/pdfs/casey_teens.pdf

Miller W. Simon P, Maleque S (eds.) (2009). *Beyond Health Care: New Directions to a Healthier America*. Princeton, NJ: Robert Wood Johnson Foundation. http://www.commissiononhealth.org/Report.aspx?Publication=64498

Morton, N., & Browne, K. D. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. Child Abuse and Neglect, 22, 1093– 1104.

Moran, G., Semansky, R., Quinn, E. Noftsinger, R. & Koenig T. (2005). *Evaluability, assessment of discharge planning and the prevention of homelessness: Final report*. Rockville Maryland: Westat.

Munson, M. R., & McMillen, J. C. (2009).Natural mentoring and psychosocial outcomes among older youth transitioning from foster care. *Children and Youth Services Review*, 31(1), 104-111.

Munson, M. R., Smalling, S. E., Spencer, R., Scott, L. D., & Tracy, E. M. (2010). A steady presence in the midst of change: Non-kin natural mentors in the lives of older youth exiting foster care. *Children & Youth Services Review, 32*(4), 527– 535.

Murphy, L.B. 1962. The Widening World of Childhood: Paths Toward Mastery. Basic Books. New York.

National Association of Black Social Workers (2003). Kinship Care Position Paper http://www.nabsw.org/mserver/KimshipCare.aspx.

National Child Welfare Trauma Stress Network (2012). Supplement to the Surgeon General's Report on Mental Health. http://www.nctsn.org/resources/topics/culture-and-trauma

National Coalition for the Homeless (2009). LGBT Homeless. Retrieved from http://www.nationalhomeless.org/factsheets/lgbtq.html.

National Council on Disability, W. C. (2008). Youth with Disabilities in the Foster Care System: Barriers to Success and Proposed Policy Solutions. *National Council on Disability*, Retrieved from EBSCO*host*.

National Institute for Mental Health (2012). What is Trauma? (http://www.nimh.nih.gov/health/publications/helping-children-and-adolescents-cope-with-violence-and-disasters-parents/what-is-trauma.shtml.

Needell, B., Cuccaro-Alamin, S., Brookhart, A., Jackman, W., and Shlonsky, A. (2002). *Youth emancipating from foster care in California: Findings using linked administrative data*. Berkeley, CA: Center for Social Services Research.

Nelson, K. (1995). The child welfare response to youth violence and homelessness in the nineteenth century. *Child Welfare*, 74(1), 56.Retrieved from EBSCO*host*.

NYC Future. (2012). Fostering Careers. http://www.nycfuture.org/images_pdfs/pdfs/FosteringCareers.pdf.

New York State Office of Children and Family Services (OCFS). (2006). Adolescent services and outcomes, practice guidance paper. Retrieved online April 20, 2007 from http://www.ocfs.state.ny.us/main/ddps/adolescent/Adol_Guid_2006.pdf

New York State Office of Children and Family Services (OCFS). (2006). Permanency bill: Chapter 3 of the laws of 2005 - New York. Retrieved April 27, 2007 from http://www.ocfs.state.ny.us/main

New York State Office of Children and Family Services (OCFS). (2006). Permanency bill: Chapter 3 of the laws of 2005 - New York. Retrieved from http://www.ocfs.state.ny.us/ten_for_2010/OCFS_ChildWelfareFinance_Final.pdf

New York State Social Services Law, Section 39, and Regulation 18 NYCRR 430.11

O'Brien, K., Pecora, P. J., Echohawk, L. A., Evans-Campbell, T., Palmanteer-Holder, N., & White, C. (2010). Educational and employment achievements of American Indian/Alaska Native alumni of foster care. *Families In Society*, *91*(2), 149-157.

Olds, D. L., Henderson, C. R., Chamberlin, R., & Tatelbaum, R. (1986). Preventing child abuse and neglect: A randomized trial of nurse home visitation. *Pediatrics, 78,* 65–78.

Osgood,W. D., Foster, M. E., Flanagan, C., & Gretchen, R. R. (2005). Introduction: why focus on the transition to adulthood for vulnerable populations? In W D. Osgood, M. E. Foster, C. Flanagan, & R. R. Gretchen (Eds.), On your own without a net Chicago: The University of Chicago Press.).

Oswald, S. H., Fegert, J, M., & Goldbeck, L. (2010). Posttraumatic stress symptoms in foster children following maltreatment and neglect. *Verhaltenstherapie*, *20*(1), 37– 44.

Ounsted, C., Oppenheimer, R., & Lindsay, J. Aspects of bonding failure; the psychopathology and psychotherapeutic treatment of families of battered children. *Developmental Medicine in Child Neurology,* 1974, *16,* 447-4S6

O'Connor, S. (2001) Orphan Trains: The Story of Charles Loring Brace and the Children He Saved and Failed. Chicago: University of Chicago Press, 2004.

Packard, T., Delgado, M., Fellment, R., McCready, K. (2008).A Cost-Benefit Analysis of Transitional Services for Former Foster Youth. *Children and Youth Services Review, 30*(11), 1267-1278

Padgett, T. (2010).Still Black or White: Why the census misreads Hispanics and Arab Americans. Time U.S. Retrieve from http://www.time.com/time/nation/article/0,8599,1975883,00.html

Park, J. M., Metraux, S. S., Brodbar, G. G., & Culhane, D. P. (2004). Public shelter admission among young adults with child welfare histories by type of service and type of exit. *Social Service Review*, 78(2), 284-303. Retrieved from EBSCO*host*.

Park, J.M., Solomon, P., Mandell, D.S. (2006). Involvement in the child welfare system among mothers with serious mental illness. Psychiatric Services, 57 (2006), pp. 493–497.

Parker, K. Boomerang Kids. Pew Social & Demographic Trends (3, 2012) http://www.pewsocialtrends.org/files/2012/03/PewSocialTrends-2012-BoomerangGeneration.pdf

Paxson, C., & Waldfogel, J. (1999). Parental resources and child abuse and neglect. *American Economic Review*, *89*(2), 239–244.

Paxson, C., & Waldfogel, J. (2002). Work, welfare and child maltreatment. *Journal of Labor Economics*, *20*(3), 435–474.

Paxson, C., & Waldfogel, J. (2003). Welfare reforms, family resources, and child maltreatment. *Journal of Policy Analysis and Management*, *22*(1), 85–113.

Pecora, P., Jensen, P., Romanelli, L., Jackson, L., & Ortiz, A. (2009). Mental health services for children placed in foster care: an overview of current challenges. *Child Welfare*, 88(1), 5-26. Retrieved from EBSCO*host*.

Pecora, P. J., Williams, J., Kessler, R. C., Downs, A. C., O'Brien, K., Hiripi, E., & Morello, S. (2003). *Assessing the Effects of Foster Care: Early Results from the Casey National Alumni Study*. Seattle, WA: Casey Family Programs. Website: www.casey.org.

Pecora, P. J., Whittaker, J. K., Maluccio, A. N., & Barth, R. P. (2000). *The child welfare challenge.* New York: Aldine DeGruyter.

Pecora, P.J., Kessler, R.C., Williams, J., Downs, C.A., English, D.J., White, J., O'Brien, K. (2010). What Works in Foster Care? Key Components of Success from the Northwest Foster Care Alumni Study. New York, Oxford University Press, 2010,

Pecora, P., Kessler, R. C., Williams, J., O'Brien, K., Downs, C. A., English, D. J., White, J., Hiripi, E., White, C. R., Wiggins, T., & Holmes, K. (2005). Improving family foster care: Findings from the Northwest foster care alumni study. Retrieved from www.casey.org/Resources/Projects/AlumniStudy/.

Pecora, P.J., Kessler, R.C., O'Brien, K., White, C.R., Williams, J., Hiripi, E., et al. (2006). Educational and employment outcomes of adults formerly placed in foster care: Results from the northwest foster care alumni study. *Children and Youth Services Review, 28*(12), 1459-1481.Retrieved from EBSCO*host*.

Pecora, P.J., Kessler, R.C., Williams, J., O'Brien, K. Downs, A.C, English, D. (2005). Improving family foster care: Findings from the Northwest Foster Care Alumni Study. Casey Family Programs. Seattle: WA

Perez, A. (2005). *The northwestern foster care alumni study*. Washington D.C.: Connect for Kids. Retrieved November 23, 2005 from http://www.connectforkids.org.

Perez, B.F., Romo, H.D. (2011). "Couch surfing" of Latino foster care alumni: Reliance on peers as social capital. *Journal of Adolescence. 34* (2). 2011, Pages 239–248

Pergamit, M.R. and Johnson, H.(2009). *Extending Foster Care to Age 21: Implications and Estimates from Youth Aging Out of Foster Care in Los Angeles*. The Urban Institute.

Perry, B. L. (2006). Understanding social network disruption: The case of youth in foster care. *Social Problems, 53*(3), 371– 391.

Pianta, R. C., & Walsh, D. J. (1998). Applying the Construct Of Resilience In Schools: Cautions From A Developmental Systems Perspective. *School Psychology Review*, 27(3), 407. Retrieved from EBSCO*host*.

Piven, F. F., Cloward, R.A., (1971). Regulating the Poor: The Functions of Public Welfare. New York: Vintage.

Polvere, Lauren M. (2009). *Youth in out-of-home care: The question of psychological agency.* Psychology). *ProQuest Dissertations and Theses,* Retrieved from http://search.proquest.com/docview/304862897?accountid=27495

Portes, A. (1998). Social capital: its origins and applications in modern sociology. Annual Review of Sociology, 24(1), 1–24.

Price, J.M., & Glad, K. (2003).Hostile attributional tendencies in maltreated children. Journal of Abnormal Child Psychology, 31(3), 329-343.

Propp, J., Ortega, D.M., Newheart, F. (2003). Independence or Interdependence: Rethinking the transition from "Ward of the Court" to adulthood. *Families in Society, 84(2),* 259-266.

Putnam, R.D (2001). Bowling Alone: The collapse and revival of American community. Simon & Schuster: New York.

Racusin, R., Maerlender, A.C., Sengupta, A., Isquith, P., Straus, M.B. (2005). Psychosocial treatment of children in foster care: A review. *Community Mental Health Journal, 41(2),* 199- 222.

Raghavan, R., Inkelas, M., Franke, T., & Halfon, N. (2007). Administrative barriers to the adoption of high-quality mental health services for children in foster care: A national study. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(3), 191-201. doi: 10.1007/s10488-006-0095-6.

Reilly, T. (2003).*Transition from care: Status and outcomes of young adults who age out of foster care*. Washington DC: Child Welfare League of America.

Reimer, D. (2010). Everything was strange and different: young adults' recollections of the transition into foster care. *Adoption & Fostering*, 34(2), 14-22. Retrieved from EBSCO*host*.

Richardson GE. (2002). The metatheory of resilience and resiliency. Journal of Psychology 58:307–321.

Richardson GE, Neiger B, Jensen S, Kumpfer K. 1990. The resiliency model. Health Education 21:33–39.

Richardson, S., Early, B. and Rivera, K. (2005). *Creating a group home for LGBTQ youth in out-of-home placement*. Master's thesis. San Francisco: SFSU, School of Social Work.

Rivaux, S. L., James, J., Wittenstrom, K., Baumann, D., Sheets, J., Henry, J., & Jeffries, V. (2008). The Intersection of Race, Poverty, and Risk: Understanding the Decision to Provide Services to Clients and to Remove Children. *Child Welfare, 87*(2), 151-168.

Roberts, D. (2002). *Shattered Bonds: The color of child welfare.* New York: Basic Books.

Rodriguez, C. M., & Green, A. J. (1997). Parenting stress and anger expression as predictors of child abuse potential. *Child Abuse & Neglect, 21*, 367-377.

Roisman, G. I., Masten, A. S., Coatsworth, J., & Tellegen, A. (2004).Salient and Emerging Developmental Tasks in the Transition to Adulthood. *Child Development*, 75(1), 123-133. doi:10.1111/j.1467-8624.2004.00658.x

Rosner, D., Markowitz, G. (1997). Race, foster care, and the politics of abandonment in York City. American Journal of Public Health, 87(11), 1844-1849.

Rothbaum, F., Weisz, J., Pott, M., Miyake, K., Morelli, G. (2000). Attachment and culture. Security in the United States and Japan. *Journal of American Psychology*, 55(10), 1093-104.

Salazar, A. M., Keller, T. E., & Courtney, M. E. (2011). Understanding Social Support's Role in the Relationship Between Maltreatment and Depression in Youth With Foster Care Experience. *Child Maltreatment, 16*(2), 102-113. doi:10.1177/1077559511402985

Saleebey, D. (1992). *The strengths perspective in social work practice*. New York: Longman Publishing Group.

Samuels, G. M. (2008). *A reason, a season, or a lifetime: Relational permanency among young adults with foster care backgrounds.* Chicago: Chapin Hall Center for Children, University of Chicago.

Scharf, M., Mayseless, O., & Kivenson-Baron, I. (2004).Adolescents' attachment representations and developmental tasks in emerging adulthood. *Developmental Psychology, 40(3),* 430-444.

Schwartz, S.J., Cote, J.E., Arnett, J.J., (2005). Identity and agency in emerging adulthood: Two developmental routes in the individuation process. *Youth & Society, 37 (2),* 201-229.

Schroeder, J. J., Lemieux, C. C., & Pogue, R. R. (2008). The collision of the Adoption and Safe Families Act and substance abuse: research-based education and training priorities for child welfare professionals. *Journal of Teaching in Social Work*, 28(1/2), 227-246.

Scott, L.R., McCoy, H., Munson, M.R., Snowden, L.R., McMillen, J. (2011). Cultural mistrust of mental health professionals among Black males transitioning from foster care. *Journal of Child and Family Studies, 20*(5), 605-613.

Seith, D., Kalof, C. (2011). Who are America's poor children?: Examining Health disparities by race and ethnicity. National Center for Children in poverty: Mailman School of Public Health, Columbia University http://nccp.org/publications/pub_1032.html

Settersten, R. A., Furstenberg Jr., F.F., Rumbaut, R.G. (2005). *On the frontier of adulthood*. John D. and Catherine T. MacArthur Foundation Series on Mental Health and Development, Research Network on Transitions to Adulthood and Public Policy.

Sheppard, J.E., & Woltman, M.A. (2005). Children raising children: city fails to adequately assist pregnant and parenting youth in foster care. The Public Advocate for the City of New York http://pubadvocate.nyc.gov/policy/documents/FosterCareSurvey ReportFinal.pdf (last visited Mar. 28, 2006).

Shirk, M., & Stangler, G. (2004). *On their own: What happens to kids when they age out of the foster care system.* Colorado: Westview Press.

Signer, D. A. (2008). African American in Foster Care. Presentation on GAO Report for Casey Family. National Convening on Youth Permanence

Spencer, S. (2006). Race and ethnicity: Culture, identity and representation. Routledge, New York.

Sroufe, A., Carlson, E.A., Levy, A. K., & Egeland, B. (1999). Implications for attachment theory for developmental psychology. *Development and Psychopathology*, *11*, 1-3

Stahmer, A.C., Leslie, L.K., Hurlburt, M., Barth, R.P., Webb, M.B., Landsverk, J., & Zhang, J. (2005). Developmental and behavioral needs and service use for young children in child welfare. Pediatrics, 116(4), 891-900.

Stashenko, J. (2011). New York City Settles Class Action Over Time Spent by Foster Care Youth in Psychiatric Hospitals. The New York Law Journal.

Stein, M. (2005). Research review: Young people leaving care. *Child and Family Social Work*, 11(3), 273-279.

Stolley, K.S. (1993). Statistics on adoption in the United States. *The Future of Children: Adoption*, *3(1*), 26-42.

Stoltzfus, E. & Spar, K, (2002). Child Welfare: The Promoting Safe and Stable Families Program. http://www.cwla.org/advocacy/adoptionhr6893resources.htm.

Stotland, E., & Godsoe, C. (2006). The legal status of pregnant and parenting youth in foster care. *University of Florida Journal of Law & Public Policy*, 17(1), 1-61. Retrieved from EBSCO*host*.

S., W. W. (2010). Young adults hit hard by recession: Moving back home and financial worries will be lasting trends. *Trend Letter*, *29*(4), 5. Pew Research Center

Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Healthcare for the Poor and Underserved*, *9*(2), 117–125.

Testa, M. F., & Slack, K. S. (2002). The gift of kinship foster care. *Children and Youth Services Review*, 24(1/2), 79-108. Retrieved from EBSCO*host*.

Thomas, M., Chenot, D., & Reifel, B. (2005). A resilience-based model of reunification and reentry: Implications for out-of-home care services. *Families in Society, 86(2),* 235-246.

Thomas, M., & Reifel, B. (2010). Child Welfare Workers' Knowledge and Use of a Resilience Approach in Out-of-Home Care. *Advances in Social Work*, 11(1), 17-32. Retrieved from EBSCO*host*.

Thomlinson, B., Maluccio, A.N., & Wright, L.W. (1996).Protecting children by preserving their Families: A selective research perspective on family reunification. *International Journal of Child & Family Welfare, 2(1),* 127-136.

Tolliver, W. (2011). In conference with project investigator November 19, 2011.

Tratner, W. I. (1994). From poor law to welfare state: A history of social welfare in America. New York: The Free Press.

Travis, L. A., Bliwise, N. G., Binder, J. L., & Horne-Moyer, H. (2001). Changes in clients' attachment styles over the course of time-limited dynamic psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 38(2), 149-159. doi:10.1037/0033-3204.38.2.149.

Trnavsky, P. (1998). Strange situation behaviors in Chinese infants. *Child Study Journal, 28,* 69–88.

Tugade, M. M., & Fredrickson, B. L. (2004). Resilient Individuals Use Positive Emotions to Bounce Back From Negative Emotional Experiences. *Journal of Personality and Social Psychology*, 86(2), 320-333. doi:10.1037/0022-3514.86.2.320

Tusai, K., & Dyer, J. (2004). Resilience: A historical review of the construct. *Holistic Nursing Practice,* 18 (1), 3-8.

Tyler, K. A. (2006). A qualitative study of early family histories and transitions of homeless youth. Journal of Interpersonal Violence, 21, 1385–1393.

Tyler, K. A., Hoyt, D. R., & Whitbeck, L. B. (2000). The effects of early sexual abuse on later sexual victimization among female homeless and runaway adolescents. Journal of Interpersonal Violence, 15, 235–250.

Tyler, K.A., Melander, L.A. (2010). Foster Care Placement, Poor Parenting, and Negative Outcomes Among Homeless Young Adults. *Journal of Child and Family Studies*, (2010) 19:787–794

Ungar, M., (2001). The social construction of resilience among “Problem” youth in out-of-home placement: A study of health-enhancing deviance. *Child & Youth Care Forum*, 30(3), 137-154.

Ungar, M. (2004). The importance of parents and other caregivers to the resilience of high –risk adolescents. *Family Process, 43(1*), 23-43.

United Cerebral Palsy & Children's Rights. (2006). *A case for action for children and youth with disabilities in foster care.* Retrieved from www.ucp.org/uploads/Forgotten ChildrenFINAL.pdf.

U.S. Census Bureau (2010). 2005–2009 American Community Survey: Children characteristics. Retrieved at. http://factfinder.census.gov/servlet/STTable?_bm=y&- geo_id=01000US&-qr_name=ACS

U. S. Department of Education (2009). Trends in High School Dropout and Completion Rates in the United States: 1972–2009 Compendium Report. http://nces.ed.gov/pubs2012/2012006.pdf

U.S. Department of Health and Human Services (USDHHS). (2000). Report to the Congress on kinship foster care. Washington, DC: U.S. Department of Health and Human Services. Administration for Children and Families.

U.S. Department of Health and Human Services (USDHHS). (2005). The AFCARS report: Preliminary 2005 estimates as of September 2006. Retrieved online from www. www.acf.hhs.gov/programs

U.S. Department of Health and Human Services (USDHHS). (2006). The AFCARS Report-Preliminary Estimates FY 2004. www.acf.hhs.gov/programs/cb.

United States Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. The AFCARS report preliminary FY 2010 estimates as of July 2011 Retrieved from US Department of Health and Human Services, Washington DC (2011) http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report18.htm

U.S. Department of Health and Human Services (USDHHS), Health Resources and Services Administration Bureau of Health Professions. (n.d.). Health careers opportunity program definitions. Retrieved December 2, 2007 from http://bhpr.hrsa.gov/diversity/ definitions.htm#Cultural Competence

U.S. Department of Health and Human Services (USDHHS). (n.d.).*Reasonable Efforts to Preserve or Reunify Families and Achieve Permanency for Children: Summary of State Laws.* Retrieved from http://www.childwelfare.gov/systemwide/laws_policies/statutes/reunifyall.pdf

U. S. Department of Health and Human Services. (2009). Preliminary FY 2008 estimates as of September 2009. http://www.acf.dhhs.gov/programs/cb/stats_research/afcars/tar/report13.htm

U.S. Department of Health and Human Services. (2009). Major federal legislation concerned with child protection, child welfare and adoption. Retrieved from http://www.childwelfare.gov/pubs/otherpubs/majorfedlegis/

U.S. Department of Health and Human Services. (2009). Child Maltreatment: 2009.Retrieved from http://www.acf.hhs.gov/programs/cb/pubs/cm09/cm09.pdf

U.S. Department of Health and Human Services. (2011). The Children's Bureau. Retrieved from http://www.acf.hhs.gov/programs/cb/programs_fund/

U.S. Department of Health and Human Services, Administration for Children and Families. "AFCARS Report: Preliminary FY 2011 Estimates as of June 2011." Washington, DC: DHHS ACF, 2011.

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2011). *Child Maltreatment 2010.*

U.S. General Accounting Office (GAO) (1999, November 5). *Foster care: Effectiveness of independent living services unknown.* Report to the Honorable Nancy L. Johnson, U.S. House of Representatives. Report No. GAO/HEHS-00-13. Washington, D.C.: General Accounting Office. Retrieved from http://gao.gov/archive/2000/he00013.pdf

U.S. General Accounting Office (GAO) (2007). African American children in foster care: Additional HHS assistance needed to help reduce the proportion in care. GAO/HEHS-00-13. Washington, D.C.: General Accounting Office. Retrieved from http://gao.gov/archive/2000/he00013.pdf

U.S. General Accounting Office (GAO) (2008). African American children in foster care: HHS and congressional actions could help reduce proportion in care. GAO/HEHS-00-13. Washington, D.C.: General Accounting Office.

Vandepol, A. (1982). Dependent children, child custody, and the mothers' pensions: the transformation of state-family relationship in the early 20th century. *Social Problems*, 29(3), 221. Retrieved from EBSCO*host*.

Van den Boom, D. C. (1994). The influence of temperament and mothering on attachment and exploration: An experimental manipulation of sensitive responsiveness among lower-class mothers with irritable infants. *Child Development, 65,* 1457–1477.

Van der Kolk, B. A., McFarlane, A. C., & Van Der Hart, O. (1996). A general approach to treatment of posttraumatic stress disorder. In B. A. Van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society* (pp. 417–440). New York, NY: Guilford Press.

Walsh, R. (2012). You can go home again. *Library Journal*, *137*(10), 56-58.

Walker, L. & Smithgall, C. (November 2009). *Underperforming schools and the education of vulnerable children and youth*. Chicago, IL: Chapin Hall Center for Children at the University of Chicago.

Walzer, L. (2009). An uneasy idealism: the reconstruction of American adolescence from world war II to the war on poverty. A Dissertation Proquest LLC: Anne Arbor Michigan.

Weaver, D. E. (2010). The relationship between cultural/ethnic identity and individual protective factors of academic resilience. *Dissertation Abstracts International Section A,* 70, Retrieved from EBSCO*host.*

Weidner, L. (2010). Fostering connections roundtables highlight opportunities to improve outcomes. Retrieved from http://cwla.org/voice/JF10fostering.html.

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review, 71*, 3-25.

Weinfield, N.S., Whaley, G.J.L., & Egeland, B. (2004). Continuity, discontinuity, and coherence in attachment from infancy to late adolescence: Sequelae of organization and disorganization. *Attachment and Human Development, 6(1)* 73-97.

Wenar, C. and Kerig, P. (2006).*Developmental Psychopathology: From Infancy to Adolescence* (5eds.). McGraw Hill: New York.

Whittaker, J. K., & Maluccio, A. N. (2002).Rethinking "child placement": A reflective essay. *Social Service Review*, 76(1), 108-134. Retrieved from EBSCO*host*.

White, C., O'Brien, K., White, J., Pecora, P. J., & Phillips, C. M. (2008). Alcohol and Drug Use among Alumni of Foster Care: Decreasing Dependency through Improvement of Foster Care Experiences. *Journal of Behavioral Health Services & Research, 35*(4), 419-434.

Wilber, S., Reyes, C. & Marksamer, J. (2006). The model standards project: creating inclusive systems for LGBT youth in out-of-home care. *Child Welfare, 85(2),* 133-149.

Wilkinson, R.G. (2005).The impact of inequality: How to make sick societies healthier. Routledge, New York.

Williams, J., McWilliams, A., Mainieri, T., Pecora, P. J., & La Belle, K. (2006). Enhancing the Validity of Foster Care Follow-up Studies Through Multiple Alumni Location Strategies. *Child Welfare*, *85*(3), 499-521.

Wilson, W. C, & Rosenthal, B. S. (2003). The relationship between exposure to community violence and psychological distress among adolescents: A meta-analysis. *Violence and Victims. 18*, 335-352.

Wilson, W, C, Rosenthal. B. S., & Battle, W. S. (2007). Effects of gender, ethnicity and educational status on exposure to community violence and psychological distress in adolescence. *Journal of Aggression, Maltreatment and Trauma, 15*, 93-111.

World Health Organization (September 2007). Mental Health: Strengthening Mental Health Promotion. Retrieved from http://www.who.int/mediacentre/factsheets/fs220/en/.

Wright, M.O.D. & Masten, A, (2005). Resilience processes in development: fostering positive adaptation in the context of adversity. *In Handbook* of Resilience in Children. S. Goldstein & R. Brooks, Eds.: 17–37. Kluwer Academic/Plenum. New York.

Wright, E. R., & Perry, B. L. (2006).Sexual identity distress, social support, and the health of gay, lesbian, and bisexual youth. *Journal of Homosexuality*, 51(1), 81-110. Retrieved from EBSCO*host*.

Wulczyn, F. (2004).Family reunification. *The Future of Children*, *14(1*), 95-113.

Wulczyn, F., Kogan, J., Jones Harden, B. (2003).Placement Stability and Movement Trajectories. *Social Service Review* 77 (2): 212–36.

Wulczyn, F., Snowden, L., Drake, B. (2012). Racial disproportionality and poverty in child welfare. https://cb100.acf.hhs.gov/.../...

Zimmerman, B. J., Cleary, T.J., (2006). Adolescents development of personal agency: The role of self-efficacy beliefs and self-regulatory skill 45–69 Information Age Publishing: New York.

Zlotnick, C., Robertson, M., & Wright, M. (1999). The Impact of Childhood Foster Care and Other Out-of-Home Placement on Homeless Women and Their Children. *International Journal on Child Abuse & Neglect*, 23(11), 1057-1068. Retrieved from EBSCO*host*.