

FOSTERING ADOLESCENTS: A FOSTER PARENT PERSPECTIVE ON RAISING
ADOLESCENTS IN FOSTER CARE

by

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Abstract

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The U.S. Adoptions and Foster Care Analysis and Reporting System indicates adolescents comprise more than 45% of the total foster care population. They are approximately 40% of new placements into foster care but represent less than 20% of children adopted from foster care each year. This exploratory study sought to illuminate the voices of foster parents raising adolescents in their homes. The study identified foster parents' perspectives on (a) policy improvement needs from the State child welfare system, (b) assistance required from the State to improve adult outcomes for adolescents in their care, and (c) training parents needed to be successful in fostering adolescents.

Utilizing semistructured interviews, this qualitative study examined the experiences of 17 foster families raising teenagers in family foster care settings. The sample was primarily White and middle class; all informants were King County, Washington, residents. Study participants had an average of 17 years as foster parents and had collectively fostered more than 3,000 youth. Key findings suggest that knowledge of the motivations of foster parents provides useful information to improve recruitment, training, and support strategies for child welfare systems. Foster parents who were successful with adolescents expanded their role beyond the basic requirements of the State system. Consistent, easily accessible respite services were critical to

maintaining successful foster parenting for adolescents. Results suggest a need for future research to examine perspectives of other stakeholders to improve adult outcomes for adolescents emancipating from foster care. These include social workers, adolescents in foster care, systems administrators, and birth parents. Additional inquiry should explore the relationships between foster parents and young adults formerly in their care and how these interactions affect their life outcomes. Finally, more exploration would illuminate the potential for child welfare systems and other community institutions to promote resiliency in youth in foster care. This study describes two midlevel theories emerging from the voices of study participants: (a) features of foster parents and child welfare institutions that promote risk or resilience for adolescents aging out of foster care and (b) fostering the future for adolescents in foster care: a path toward hope and improved outcomes.

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CHAPTER I: INTRODUCTION AND PROBLEM FORMULATION

Scope of the Problem: Child Maltreatment and Foster Care in the United States

Each year in the United States, approximately 26,000 young people between the ages of 18 and 21 leave the foster care system because the government is no longer required to maintain them in government-financed care (U.S. Department of Health and Human Services [DHHS], 2008). This process of releasing young adults from foster care solely because of their age rather than their demonstrated readiness to live as productive stable members of society is referred to as *aging out* or *emancipation* (Stangler & Shirk, 2004). The plight of adolescents who are on the verge of adulthood and leaving foster care without adequate preparation for adult success has become of increasing concern for the child welfare field over the past decade, and child welfare systems across the country continue to face challenges preparing adolescents to transition successfully to adulthood.

Difficulties in the transition to adulthood are evident, because many adults emancipated from foster care experience negative outcomes. These include homelessness, failure to obtain a high school diploma or graduate from college, incarceration, and poverty (Courtney et al., 2005). These challenges reflect the failure of child welfare practice and programs in some jurisdictions to keep pace with the evolving needs of young people placed in foster care. The need to find programmatic, practice, and policy solutions to address these challenges has become more compelling as the number and percentage of adolescents in foster care have steadily increased. In 2005, there were 28,065,033 adolescents aged 12 to 17 in foster care in the United States, approximately 38.2% of the total U.S. population of children (U.S. Census Bureau, 2006). According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), 237,655

children aged 11 to 18 were in the foster care system as of September 30, 2005. Although this represented less than 1% of the total U.S. adolescent population, it comprised 46.3% of the total foster care population (513,000) in 2005 (U.S. DHHS, 2006). Trend data show that the overall rate of children in foster care has been slowly decreasing; however, the proportion of youth in foster care who are adolescents has been rising steadily since 1998, increasing from 40% in that year to 44% in 2004 and 46% in 2005 (U.S. DHHS, 2006).

Of the 311,000 children who entered foster care in 2005, 132,144 (42.5%) were between the ages of 11 and 18, while the proportion of the 287,000 youth exiting foster care that year who were between the ages of 11 to 18 was 43.2% (124,063) (U.S. DHHS, 2006). Those youth between 11 and 17 (age 18 was not included in the AFCARS statistics) also accounted for 11.9% (13,587) of children waiting to be adopted in 2005. Although 51,000 children of all ages were adopted in that year, only approximately 19% were adolescents. Nearly one in two youth in foster care are adolescents; however, in 2005 only one in every five foster children adopted from foster care was an adolescent (U.S. DHHS, 2006).

With its large and lengthy presence in the foster care system, the adolescent youth population requires attention from child welfare policy makers and providers. This is especially true given the unique needs and particular challenges that all adolescents face, including significant physical, cognitive, and social changes. Adolescents in foster care face even greater problems because their transition to adulthood takes place during the very time they are moving out of the protection of the child welfare system (Farmer, Moyers, & Lipscomb, 2004; Stangler & Shirk, 2004). Although there is increasing

awareness of the need to improve services provided to this population, many practice and programmatic questions remain unanswered. How do child welfare providers create supportive and nurturing environments for adolescents in foster care to assist them most effectively with their transition to adulthood? How do child welfare providers help adolescents in foster care build long-term relationships with adults as they struggle with fractures in their connections with their birth parents? What are the best ways to structure government and community-based programs to provide better support to adolescents as they transition to adulthood? At what age should child welfare policy makers expect adolescents to be ready to transition from foster care to adulthood?

Some questions relate specifically to the role of foster parents and group homes that are responsible for adolescents prior to emancipation. What roles must foster parents and kinship caregivers play to help adolescents during their transition to adulthood? How can child welfare systems improve their ability to care for more adolescents in foster homes rather than in group homes or other residential facilities? How do child welfare providers make sure that every adolescent who ages out of foster care has a committed, stable, and enduring relationship with at least one adult? Although there is little empirical research available to answer these questions, many researchers who have studied the transition of adolescents from foster care to adulthood have concluded that adolescents who have strong connections to stable adults during this developmental period have a greater likelihood of successful transition to adulthood (Courtney et al., 2005; Kerman, Maluccio, & Freundlich, 2009).

The central problem that animated this dissertation was the dearth of foster families available for adolescent children under the supervision of child welfare

authorities in the United States. One factor that may influence the developmental adjustment of adolescents in foster care is that many of them are not living with families. Foster parents are scarce; although approximately 463,000 children are in foster care on any given day, there are only about 170,200 foster parents in the country (Child Welfare League of America [CWLA], 2002). Children in care who are not living in foster homes live in group or residential care. Foster homes and congregate care are the two primary living arrangements for fostered children, although each has several variations (U.S. DHHS, 2009).

Family foster care is the provision of planned, time-limited, substitute family care for children who are not safe or who do not receive adequate care in their own homes. It involves the provision of care and custody services to the children, as well as provision of services to the child's biological parents or guardians to mitigate the issues that resulted in the out-of-home placement of the child (Maluccio, Fein, & Olmstead, 1986). There are two basic types of family foster care: kinship foster care and nonrelative foster care. In kinship foster care placements, the foster parents are relatives of the children through blood or a close family relationship. In nonrelative foster care placements, the foster parents are not relatives of the children and typically have no prior relationship with the children in their care.

Although state sanctioned, reimbursed foster care was traditionally provided by individuals unrelated to the child (McGowan, 2005), a number of ethnic minority groups in the United States have maintained a tradition of relatives informally caring for their children (Strozier, Elrod, Beiler, Smith, & Carter, 2004). For example, extended family networks in many ethnic minority cultures have been able to balance child-family contact

and child safety successfully without state involvement. The African American culture has a long history of caring for children in family-sanctioned kinship settings (Billingsley & Giovannoni, 1972; Boyd-Franklin, 1989; Hill, 1972; Scannapieco & Jackson, 1996). Similarly, in Latino families, godparents play important roles in child rearing even though they are often not relatives by blood or marriage (Garcia-Preto, 1982; Sena-Rivera, 1979; Sotamayor, 1991). Across the United States, the provision of care to children by extended family members has become very common; more than 6.1 million children live in U.S. households headed by relatives other than their parents; these relatives provide full-time care, nurturing, and protection (U.S. Census Bureau, 2006). Further, according to the U.S. Census Bureau, grandparents care for most children who require substitute care, and the vast majority live with relatives because of voluntary arrangements made by their families.

Beginning in the 1980s, however, when federal reimbursement for out-of-home placement of children with relatives became comparable to reimbursement for nonrelative placements, states began to use kinship foster care as a placement option for children in court-ordered out-of-home care (Hegar & Scannapieco, 1998). In 2005, kinship foster homes provided care for 124,153 (24%) of the children in out-of-home care, making kinship care the second most common form of out-of-home placement (U.S. DHHS, 2006). As a result, families who once took on informal traditions of care that sustained families in crisis without financial remuneration now receive compensation for the financial requirements of the care they assume when the child welfare authority seeks options for foster care.

Congregate Care, Group Home, or Residential Foster Care

Group, residential, or congregate care services are foster care services for children in a residential facility designed as a therapeutic environment; they provide 24-hour care. These settings integrate treatment and educational services in an individualized service plan for each youth who cannot live safely in his or her own home or in a family foster home (Whittaker, 2006). The two most common forms of group care are campus-based residential treatment centers and community-based group homes. Approximately 16% (76,287) of all 463,000 children in foster care are in congregate care; however, approximately 40% of adolescents in foster care reside in congregate care settings (U.S. DHHS, 2009).

A group or residential placement is a congregate living environment that houses six or more youth in a single facility. Parents do not head these facilities; instead, government or private agency personnel staff them. The staff largely consists of childcare workers who are high school graduates, and they usually receive very low wages. Social workers and other professional staff in residential settings are assigned at specific ratios based on the number of youth placed in the facility (Whittaker, 2006). The result mirrors an institutional as opposed to a family environment. Even though the federal Adoption and Safe Families Act (ASFA) of 1997 required all states to ensure that young people in foster care be placed in the least restrictive and most family-like setting, large numbers of adolescents in foster care continue to transition toward adulthood in group or residential settings (U.S. DHHS, 2006).

Uneven Outcomes for Children in Foster Care

Nearly 463,000 children in America live in either family or residential foster care where they may spend 5 to 17 years of their childhood. Current foster care practices and programs are governed by an intricate, but not necessarily coherent, set of policies and laws at the federal, state, and local levels (Curtis, Grady, & Kendall, 1999; Lindsey & Schwartz, 2004). According to professional and federal standards, child welfare agencies need to achieve a small but critical set of outcomes in three broad outcome domains: child safety, child permanence, and child and family well-being (U.S. DHHS, 2004).

For children placed in foster care, the systems should address their emotional, physical, and cognitive needs. The extent to which foster care placement addresses these domains varies based on the age of the child and the length of stay in care. Ideally, placement reduces the emotional trauma from child maltreatment. It also promotes (a) healthy physical development through regular check-ups and adequate medical, dental, and vision care; (b) avoidance of teen pregnancy; (c) life skills development and readiness for adulthood; (d) educational achievement through high school graduation and enrollment in postsecondary education or training programs; and (e) development of healthy socialization and healthy adult relationships (Berrick, Needell, Barth, & Johnson-Reid, 1998). For adolescents in foster care who are preparing to enter adulthood, child welfare systems have not succeeded in determining how to ensure their safety, permanence, or well-being after they have left the child welfare system. Because their special needs are compounded by the developmental needs that all adolescents experience, supporting successful transitions to adulthood of youth from care is complex and often poorly achieved (Kerman, et al., 2009; Stangler & Shirk, 2004).

Emancipation or aging out of foster care occurs solely based on age rather than demonstrated readiness for independent living. Along with the growing number of adolescents in foster care, concerns about issues faced by young men and women who are aging out of the system have grown too (Stangler & Shirk, 2004). Evidence of increased concern about these youth appears in recent amendments to Title IV-E of the Social Security Act, which attempts to support improvements for this population by increasing the funds available to states for services and by compelling states to better address the needs of youth designated for independent living (Leathers & Testa, 2006). Independent living services are supposed to prepare youth to live as productive, stable adults following their stay in foster care. Even with the development of this service category, serious concerns remain about the level of readiness and preparation for adulthood provided to this population (U.S. Government Accountability Office, 2004).

Dissertation Overview

Although state and federal governments continue to spend considerable public money to maintain children in foster care, data suggest that this investment has achieved mixed results. There is little doubt that some portion of poor outcomes is due to the early adversities that maltreated children experience, but the foster care system has clear limitations (Wilson, 1989). A number of areas are ripe for improvement. These include (a) better assessment methods to help place children in the most appropriate foster homes; (b) interventions to help stabilize youth while in care; (c) strategies for achieving permanency; (d) methods to help youth reach key developmental milestones and gain life skills; and (e) determination of what life-skills development approaches will help youth make a successful transition to living on their own. The available research evidence falls

short in pointing to the most effective means to achieve positive outcomes for children and youth in care.

The review of the empirical literature in this study demonstrates that the child welfare field lacks a firm empirical foundation upon which to base policies and practice for adolescents aging out of care. Of particular concern for the work here, few studies have engaged the voices of foster parents (Brown & Campbell, 2007), particularly those who are fostering adolescents. Kinship and nonrelative foster parents have daily, and the most consistent, contact with children and youth placed in their care. The perspective of foster parents may prove fruitful for uncovering the support needs and effective strategies for raising adolescents in foster care.

This dissertation responded to the lack of empirical evidence for decision making in foster care by calling attention to the challenges, barriers, and opportunities related to raising adolescents in foster families. It drew on the perspectives of a sample of foster parents who cared for adolescents for at least 2 years. A qualitative methodology engaged the foster parents in expressing their perspectives on the issues they identified in caring for adolescents and explored the challenges and opportunities they experienced. This study employed semistructured interviews of a purposive sample of 17 individuals and couples fostering adolescents from the State of Washington and mined their care-giving history and practices as they understood and experienced them. From their perspective, the study supported the benefit of increased use of foster home settings as placement options for adolescents in foster care.

This dissertation adds to current research on foster care practices by including the perspectives that foster parents bring to public child welfare efforts to create effective

placement settings for adolescents in their care. The study sought to capture the voices of the foster parents, and it drew on their experiences in an attempt to offer guidance that will assist future researchers in developing important concepts for use in further quantitative and qualitative studies in this area.

The conceptual framework underpinning this research study involved adolescent development theory and risk and resilience theory. Each of these theoretical lenses is developed later in this dissertation. For some time, adolescent theory has separated adolescent development into three stages: early adolescence (aged 10 to 13), middle adolescence (aged 14 to 17), and late adolescence (aged 18 to early 20s). Recent research has suggested that a new phase of adolescent development—emerging adulthood (aged 18 to 25)—should be considered, because some studies have shown that mature decision making does not emerge until the middle 20s (Smetana, Campione-Barr, & Metzger, 2006). This addition is particularly important in understanding the circumstances of youth approaching emancipation from foster care.

In this same context, risk and resilience theory provides a frame of reference that supports an understanding of the child and the family's capacity to thrive and survive despite multiple difficulties. In addition, risk and resilience theory contributes to understanding the trauma associated with child abuse and neglect. Risk and resilience theory also focuses on the importance of foster parents and other adults in helping youth in foster care to face the challenges associated with dealing with parental separation during the adolescent development process.

Because little research to date has included the voices of foster parents in the debate over how best to care for adolescents in foster homes, this study was both relevant

and unique. It highlighted the perspective of an overlooked resource and critically positioned observer: the foster parent. Foster parents have more direct contact with foster youth than any other child welfare stakeholders do. Analysis of interviews with foster parents revealed important and variable components of successful foster parenting of adolescents. In addition, their narratives uncovered the need for changes in support for foster families to help improve outcomes for this population. They also revealed a need for systems to consider foster parents' recommendations regarding actions that other foster parents can take to enhance the likelihood of successful adult outcomes for the adolescents in their care. These parents provided important information to help guide future child welfare casework practice; future policies for foster parent recruitment, training, and retention; and future research in this area.

The next chapters, which provide the foundation for the dissertation, are followed by a series of analytic chapters that present findings of this study. Chapter 2 is a review of the relevant literature describing the history of the development of the child welfare system in the United States and public policies that have directed programs and casework practice for children in foster care. The focus of the literature review was on the evolution of efforts to address the challenges associated with placing children in out-of-home care and the specific historical and policy response to addressing the needs of adolescents who age out of foster care. Next, the dissertation includes a presentation of the theoretical approaches that informed the dissertation. These theoretical concepts included adolescent development theory and risk and resilience theory.

Chapter 4 is a review of the empirical literature and concentrates on current and past research in foster parenting adolescents, adult outcomes for youth emancipating from

foster care, the developmental implications for children fostered in congregate settings or foster family settings, and the competencies needed for effective foster parenting.

Chapter 5 presents the research methodology used to guide data collection and analysis. It describes the proposed sampling criteria and the efforts taken with regard to the protection of human subjects. This chapter also describes the rationale for a qualitative study in the tradition of grounded theory as the underlying methodology for the research.

Chapter 6 through Chapter 9 present analysis of the narrative data collected during the semistructured interviews with study participants. The interviews with study participants were recorded and transcribed. Participant responses were analyzed to identify themes about the foster parents' experiences with raising adolescents in foster care.

Chapter 6 describes the factors that motivated study participants to become foster parents for adolescents. Chapter 7 provides insight into the complexity of fostering adolescents and illuminates the different parenting styles employed by study participants. This chapter reveals the interplay between the foster parents' challenges with meeting the developmental and behavioral needs of youth and the foster parents' expectations of gratification from their role as parents. Chapter 8 presents a perspective from study participants who described their efforts that appeared to go beyond those required by the state in responding to the needs of youth placed in their care. This chapter also addresses the responses of foster parents when their assessments as parents may have been in conflict with the recommendations of the state social workers.

Chapter 9 highlights the experiences of study participants when they found themselves in need of assistance. This includes assistance from the state as well as

assistance from other public systems. Chapter 10 describes two midlevel theories emerging from the foster parents' voices. The first theory focuses on institutional and foster family contributions to risk and resilience in adolescents emancipating from foster care. The second midlevel theory provides a road map for policy makers and child welfare planners that can guide decision making for the incorporation of family-based care for adolescents. It also supplies indicators that evaluators can use to determine whether important benchmarks are or are not achieved in family-based care. Finally, Chapter 11 presents the researcher's conclusions regarding the implications for practice, implications for policy, and areas for further research.

CHAPTER II: REVIEW OF CHILD WELFARE HISTORY AND POLICY

Historical Foundations of Child Welfare in the United States

Throughout history, the family was considered a basic building block of society. One of the major responsibilities of the family is to raise children to adulthood. Parents are expected to be successful in reproducing strong, stable, productive adults who contribute to society's growth and prosperity. Not all parents have been able to meet this expectation, however, and society's response has changed over time. This chapter addresses a number of questions: What has evolved as the role of the community or government when parents have been unable to provide appropriate homes for their children? What roles have nongovernmental organizations, religious groups, or children's advocates played over the course of time as social policy in America has evolved? How have policy makers framed the problems associated with meeting the needs of children whose parents could not effectively care for them? What paths has the evolution of social policy taken in this area? These questions guide the content of this chapter, which explores the historical societal and social policy response to children when parents could not care for them and they needed out-of-home placement. Although the chapter focuses on the overall policy response to all children, it includes a specific focus on what has occurred with teenagers.

Social policy is a deliberate, intentional course of action that affects a large number of people. In many cases throughout American history, social policy for children and adolescents has been hurriedly created based on significant events or trends that attracted public attention. In some cases, this reactive approach to public policy has resulted in a failure to account adequately for unforeseen or unintended long-term

consequences (Jenson & Fraser, 2006). Beginning in the early 1900s, there has been a significant push for and a response by the federal government to establish public policies to support a course of action designed to meet the needs of children who require out-of-home placement. Many of the federal policies discussed here emerged after the 1950s, but this chapter begins by tracing the societal response that preceded efforts by the federal government or were independent of the response by state governments or the federal government.

As with many social problems, the emergence of a systematic response to the issue of caring for children and protection for those in need of out-of-home placements has been influenced by the debate over what should be left as a private family matter and what warrants a public social response (McGowan, 2005). This chapter describes the emergence of the societal response in America captured in five distinct periods. Each period represents a particular framework of political ideology. These periods were chosen because they reflect unique thinking and programmatic responses that emerged during that time. They include (a) the colonial and almshouses era before 1850; (b) the poorhouse reform era between 1850 and 1880; (c) the progressive era, 1880-1930; (d) the family preservation period between 1930 and 1970; and (e) the child protection/permanency planning era from 1970 through the present. The child protection/permanency planning era includes specific responses to the needs of adolescents in out-of-home care. This is in contrast to preceding eras; the foundation of prior social responses was based largely on the needs of young children.

Colonial and Almshouses Era Before 1850

Formal and informal child welfare systems have a long, sometimes troubled, history in the United States. In Colonial times, society's responses when families could not care for their children largely derived from the English Poor Laws. The two primary categories of children who received public support were orphans and children from destitute families (McGowan, 2005). As evidenced by the types of care available for children, poverty determined the need for children to receive support; children and families required assistance because they did not have the financial resources to meet their basic needs. During this early period in American history, there were four primary forms of public service responses to children in need of care, and they were all mechanisms to compensate for their poverty. Families could receive "outdoor" relief, which was a form of public assistance that involved giving families limited resources to help maintain children at home. In a second response, poor families were "farmed out" to private citizens who would maintain them in their homes for a fee that typically was paid through free labor. A third approach was indenture and involved parents apprenticing their children to other households where the children learned a trade. In exchange for learning this trade and receiving room and board, the children owed loyalty, obedience, and free labor until the debt was paid. Finally, local officials could send destitute families and their children to an almshouse, also known as a poorhouse. The community, through its officials, established and financed these facilities (Areen, 1975; McGowan, 2005; McGowan & Meezan, 1983).

During the 1700s and early 1800s, most children who needed care were in almshouses or indentured. This pattern most often resulted in children remaining in

almshouses with their parents until approximately age 8 and then being indentured (McGowan, 2005; McGowan & Meezan, 1983). Robert Yates, the Secretary of the State of New York, released a report in 1824 that examined the social response to the poor; it contained harsh criticism of the use of outdoor relief and recommended that all counties abandon this approach in favor of almshouses. The result was a significant reduction in outdoor relief and a corresponding increase in the use of almshouses. Many poor families who had remained in their homes with the support of community outdoor relief programs were now living in what were the forerunners to today's homeless shelters (Katz, 1996). During the Colonial period, society viewed orphans and the children of poor families among the "deserving poor" who required public support. These arrangements did not grow out of a desire to have children's needs met as they grew into adulthood. Instead, the societal response developed because of concern that children whose parents were poor, homeless, and jobless would become like their parents if the authorities did not intervene (Katz).

Even though the report by Yates in 1824 heralded almshouses as the most effective approach for meeting the needs of the poor, towards the end of the 1840s many states recognized that conditions within almshouses needed drastic improvements. They were not acceptable for housing vulnerable populations, especially children (Katz, 1996). Problems included overcrowding, poor ventilation, disease infestation, and poor management. Not surprisingly, the following era brought efforts to reform the poorhouses, a forerunner of serving children in need of out-of-home placement.

Poorhouse Reform Era 1850-1880

Four major elements of the social policy response to children in need of out-of-home care occurred between 1850 and 1880. They included the beginning of the movement to reform almshouses (Katz, 1996); the beginning of the Children's Aid Society's Placing-Out System (Holt, 1992; O'Connor, 2004); the proliferation of the use of orphanages in America (McGowan, 2005); and the reliance on foster care provided in family home settings (McGowan). This era reflected increasing concern about the well-being of children and the conditions in which they lived.

As America entered the 1850s, the use of poor houses had become the dominant form of public assistance provided to poor families. However, reformers began to raise concerns about caring for children in the deplorable conditions found in most of these facilities (Downs, Moore, McFadden, Michaud, & Costin, 2004; Katz, 1996; McGowan, 2005). By 1856, the New York State Senate was engaged in an effort to expose the horrible conditions in poorhouses and called for alternative measures for the care of children, including the increased use of orphanages. Other states quickly replicated New York State's efforts, but full reform of the poorhouses regarding children did not occur until the 1870s (Katz; McGowan). As opposition to the use of poorhouses for the care of children grew and the poorhouse reform movement began, a separate but related movement emerged; The Children's Aid Society formed in an effort to reduce the number of poor children living on the streets of New York City.

In 1853, Reverend Charles Loring Brace established the Children's Aid Society and began to implement the concept of "placing out" (Holt, 1992; O'Connor, 2004), which was a strategy to deal with the impact of the poor on urban communities. Two

primary beliefs informed placing out: (a) the belief that without intervention, the children of the poor would learn and repeat their parents' behaviors; and (b) the belief that the most effective intervention to avoid this problem would be to remove children from their parents and to have the community give them the opportunity to learn a way of life different from that of their parents. Throughout these early efforts, the main motivation to protect children grew out of a need to contain poverty, either because they did not have parents or because poor parents could transmit poverty to their children.

The programmatic response to the placing out strategy was the Orphan Train program that the Children's Aid Society administered from 1853 through the 1920s (Holt, 1992; Kadushin & Martin, 1988; McGowan, 2005; O'Connor, 2004). As head of the Children's Aid Society, Charles Loring Brace and his associates planned and promoted the transfer of tens of thousands of children from the streets of New York City to the West or South by train. There the children were placed with farming families to work and grow up (McGowan). Although many children were orphans, others had one or both parents living. Most of these children were from newly arrived Southern European immigrant families. Initially, there was widespread acceptance of the placing out system because it removed children from the streets, relieved public officials of the responsibility of caring for destitute children, and satisfied the need for labor in the rural areas where the children were sent. In addition, it allowed New York society to feel that its poor children had a fresh opportunity to live productive lives (Holt; O'Connor).

By the late 1800s, however, the transfer of poor children from the urban areas of the East to the Midwest and West became controversial. The Catholic Church opposed placing Catholic children with Protestant families. Child welfare professionals also

resisted this movement because they were concerned about uprooting so many young people. Because of the controversial nature of the removal of children far from their families and issues related to monitoring of placements and possible abuses of the children, the Orphan Train movement declined. In its place, the Children's Aid Society began to provide and administer foster care programs within each state (Bremner, 1971).

As the placing out system expanded, efforts to reform the poorhouses that had functioned for many years without state monitoring or regulation resulted in establishment of the first boards of charities designed to improve the administration and oversight of charitable institutions. The first state board of charities was created in Massachusetts in 1863, followed by New York in 1867 and 16 other states by the end of the 1800s (Katz, 1996). By 1875, New York and many other states had completely outlawed the care of children in almshouses; the states took steps to ensure that local communities took responsibility for the needs of children who needed out-of-home care. In the same year, New York State passed the Children's Act, which prohibited the placement of children in poorhouses and instituted family break-up to facilitate a new policy for children between the ages of 2 and 16. In the years that followed, Pennsylvania, Indiana, and other states implemented similar policies (Katz, 1996). Family break-up initially involved removing children from the care of poor parents or parents convicted of criminal activities. This usually occurred with the voluntary consent of parents in exchange for being able to live in poorhouses. Eventually, court orders enforced a family break-up approach that directed the removal of children from parents regardless of agreement for housing (Katz, 1996).

In addition to this development, which supported continuation of the placing out system, two primary forms of local placement options developed as a part of the social policy response. The first was placement in non-relative foster homes. If placements were with relatives, they did not receive funds to support the care of the children. The second option was placement in institutions or orphanages, which did receive financial support from local communities for their operation (McGowan, 2005). These two forms of care, one in foster homes and the other in institutional settings, endure in contemporary child welfare practice today.

Family foster care has a long history. Care of children by relatives is the most common precursor of family foster care. Relatives continue to raise children when parents are unwilling or unable to fulfill the parental role; this practice occurs in all cultural groups. Family foster care began as an effort to “rescue” children who were “dependent” or whose parents were deemed inadequate because they were poor and relied on charity (McGowan, 2005).

The Progressive Era 1880-1930

As the 1880s approached, a variety of constituencies became concerned about child cruelty and child abuse. These concerns led to the “child-saving movement” and the founding of Societies for Prevention of Cruelty to Children (SPCCs), along with other organizations concerned about child maltreatment (Hutchison & Charlesworth, 2000; Katz, 1996). At this point in the history of child protection, reformers began to voice objections to removing children from their families solely because of poverty. Instead, they called for keeping children at home whenever possible or placing them in family-

like settings. During the early 1900s, reformers also advocated for expansion of the role of the federal government in child welfare; ultimately, they achieved this.

In 1909, President Theodore Roosevelt convened the first White House Conference on Children, and in 1912 Congress created the Children's Bureau—the first federal agency dedicated solely to children (Hutchison & Charlesworth, 2000; Katz, 1996; Trattner, 1999). This was the first attempt by the federal government to provide social services beyond education and public health. This new agency, the Children's Bureau, was responsible for providing services to children through its assistance to the states; it continues to operate today.

The Family Preservation Era 1930-1970

The family preservation era marked (a) the emergence of a policy response by the federal government; (b) an expansion of the state government response; (c) the strengthening of the response by nongovernment and religious organizations; and (d) the emergence of critical input from researchers, medical experts, and other community voices. In the 1930s, service delivery standards emphasized worker training and the differential roles of public and private family service agencies (Anderson, 1989). Public child welfare and child protective services became major program areas recognized as specialized endeavors. The passage of the Social Security Act of 1935 significantly influenced the development of child welfare services in the United States. Federal involvement in addressing child maltreatment dates to the passage of this Act, which provided the first federally funded public welfare services "for the protection and care of homeless, dependent, and neglected children and children in danger of becoming delinquents" (Kadushin, 1978, p. 5). The two most important components of the Social

Security Act were Title IV, Grants to States for Aid to Dependent Children, and Title V, Part 3, Child Welfare Services. The Social Security Act of 1935 provided federal matching funds to states to assist dependent children. The Act also required states to create and provide programs for dependent children (McGowan, 2005). Referred to as Title IV-E funds, they continue to make up the bulk of federal funding for foster care services today. The Social Security Act of 1935 also contained a provision for funding supportive services in the homes of needy families. This section of the Social Security Act, referred to as Title IV-B, was designed to help children in their homes and to finance services to help families prepare to have their children reenter their homes after they returned from foster care placement. Today, 90% of federal funding goes to Title IV-E, for maintenance of children in foster care, and 10% of funding goes to Title IV-B, for services to support children living safely in their homes.

Child rescue workers and SPCCs recognized child maltreatment in the late 1800s. During the 1950s and 1960s, social work, medicine, and other professions began to specify the definition and nature of a child abuse syndrome (Young, 1964). Although *child abuse* or *the battered child* as a specific syndrome was first publicized by pediatric radiologists in 1946 (Caffey, 1946; Silverman, 1953), the article that received the most widespread attention about child abuse appeared in 1962 in the *Journal of the American Medical Association* (Kempe, Silverman, Steele, Droegemueller, & Silver, 1962). This article highlighted a suspicious pattern of injuries seen in certain children. It publicized the importance of this problem and helped focus both professional and media attention on this area.

Following Kempe and his colleagues' identification of the battered child syndrome, states passed mandatory reporting laws and greatly expanded the investigatory response function of child welfare authorities (Bartholet, 1999; Katz, 1996). Some analysts have asserted that this shifted the role of social workers and child protective caseworkers from "meeting needs and helping families solve problems to collecting and organizing evidence and engaging in risk management, based on a legal criterion of proof" (Hutchison & Charlesworth, 2000, p. 582). Along with changes in the role of child protective workers, the legal system became much more central to the implementation of child welfare and child protection practices. Other significant federal legislation through the Social Security Act influenced child protection and child welfare. For example, in 1967, amendments to the Social Security Act allowed the states to pay for services provided through voluntary agencies, which are not-for-profit organizations that provide social and support services to children and families. This legislation made funds available that allowed the agencies to expand their services (McGowan, 2005).

The Child Protection/Permanency Planning Era 1970-Present

Most recently, the federal government passed additional laws to improve child protection and foster care—more than in any previous era. All states must enact laws and implement response systems to ensure the care and protection of children in need of out-of-home care. Nongovernment and religious organizations have become more directly incorporated into state-level response systems, and the voices of researchers and community stakeholders have become even more critical to oversight, monitoring, and the proliferation of best practices in meeting the needs of such children (Downs et al., 2004).

Practice experiences and research findings from landmark studies, such as those by Fanshel and Shinn (1978) and Shyne and Schroeder (1978), and critiques of foster care dating back to the 1950s and 1960s underscored a number of points. Most prominent was the finding that despite its temporary purpose, foster care placement had become a permanent status for many children. These researchers found that children were moving from one placement to another with little stability or continuity in their living arrangements. Although some children received effective help through placement in foster care, for others the experience of separation from their families resulted in adverse outcomes, including losing track of siblings, feeling inadequate, and experiencing unplanned school changes and disrupted relationships (Kerman et al., 2009; Maluccio et al., 1986). These and other findings, in addition to the rapid increase in the numbers of children entering foster care, led to questions about the effectiveness of the child welfare system.

The discovery (or rediscovery) of physical abuse of children by their parents or other family members prompted a tremendous expansion of child protection services and, inevitably, an increase in the numbers of children going into out-of-home care. At the same time, federal and state authorities embraced the notion that needy people, including children, should be cared for in the least restrictive environment. Consequently, by the 1970s, pressure to reform the child welfare system contributed greatly to the promotion of permanency planning as a large-scale national movement (Pike, 1976; Pine, 1986).

The Child Abuse Prevention and Treatment Act

In 1974, Congress passed PL 93-247, the Child Abuse Prevention and Treatment Act (CAPTA) in response to rising public concerns about the abuse of children. The

purpose of CAPTA was to provide financial assistance for demonstration programs for the prevention, identification, and treatment of child abuse and neglect. It also established a National Center on Child Abuse and Neglect (Child Welfare Information Gateway, 2004a). CAPTA increased funding for programs to protect children from abuse and neglect; most importantly, it mandated that states establish systems to report known or suspected instances of child abuse (McGowan, 2005). The requirement that mandated reports of suspected abuse raised the bar for anyone working with children.

Although these systems were necessary, mandatory reporting clauses did not carry a precise definition of what constituted child maltreatment. The persistent lack of specificity of what constituted child abuse and maltreatment remained a cause for concern and criticism. The law lacked objective standards for the reporting of cases of abuse or neglect. The title of the legislation clearly conveyed its intent, but implementation regulations focused attention on mandatory reporting and investigation, not on prevention and treatment. Consequently, the law greatly enlarged the potential pool of children in need of care and protection who were coming to the attention of public authorities. However, the act did not provide the resources or guidelines necessary to enable states to deal more effectively with this population (McGowan, 2005).

Following the passage and implementation of CAPTA, the number of children in out-of-home care or foster care increased significantly. Lawmakers and public policy experts faced a number of challenges regarding how best to meet the needs of children in foster care. In the face of an expanding number of children brought to the attention of child welfare authorities, the system lacked risk assessment technology, worker training, effective evidence-based programs, and public-policy decision making grounded in

research (CWLA, 2002). Mandated reports of child abuse and neglect increased, but methods to assess the risk or intervene effectively with verified cases were absent.

Permanency Planning and Foster Care Reform

Permanency planning as a policy and practice had its most significant period of development between 1980 and 2008. These almost three decades saw the passage of several key pieces of federal legislation to promote structure and consistency in the child welfare practice and improved outcomes for children. Key legislation discussed here includes: the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272); the Consolidated Omnibus Reconciliation Act of 1985 (PL 99-272) (1986); the Family Preservation and Support Services Act of 1993 (PL 103-66), which became known as the Promoting Safe and Stable Families Act (PL 105-89); the Adoption and Safe Families Act (ASFA) of 1997 (PL 105-89); the Foster Care Independence Act of 1999 (PL 106-169); and the Fostering Connections to Success and Increasing Adoptions Act of 2008 (PL 110-351).

These laws underscored the concept that foster care should be a temporary service provided only when children could not remain safely with their parents or legal guardians. Under current legislation, the goal of the child welfare system is to return children quickly to a permanent home or a state of permanency. The process of designing and implementing plans to achieve this objective is permanency planning. Public Law 96-272 (the Adoption Assistance and Child Welfare Act of 1980) and its successor, the Adoption and Safe Families Act of 1997 (ASFA), are two of the most important pieces of child welfare legislation in the last 20 years. Public Law 96-272 recognized the major

problems in the child welfare service-delivery system and attempted to promote a number of empirically supported practice approaches and service-delivery guidelines.

Public Law 96-272 amended Title IV-A and Title IV-B of the Social Security Act and created a new funding category under Title IV-E (U.S. General Accounting Office, 2002). This legislation discouraged states from using custodial foster care by limiting funding for this purpose. Instead, it channeled funding to encourage pre-placement preventive services for families in crisis and permanency planning for children unable to remain with their own families. It also put in place an adoption subsidy program and required the institution and maintenance of best practice requirements by state child welfare programs. By enacting a new section, Title IV-E, PL 96-272, lawmakers set up a two-tier system for funding child welfare services. Based on the history of its foster care program expenditures, each state received a fixed sum in order to minimize foster care maintenance costs. Foster care maintenance covers the costs of food, clothing, shelter, daily supervision, school supplies, personal incidentals, liability insurance for the child, and reasonable travel by social workers to conduct child visits in foster homes (Pecora, Whittaker, Maluccio, & Barth, 2000).

This landmark piece of legislation, which began to shape the federal policy framework, established a set of financial incentives that encouraged practices consistent with what research demonstrated were best-practice standards and procedures. Successful implementation of the Adoption Assistance and Child Welfare Act of 1980 depended on adequate funding levels to provide the fiscal incentive for states to improve their delivery systems. Passage of PL 96-272 was an important historical step because it discouraged federal funding for foster care maintenance services and encouraged preventive or

restorative services. This legislation recognized the limits of the foster care system and clearly placed family preservation as the top priority.

In response to the increasing number of youth aging out of foster care and the poor outcomes they faced as adults, Congress created the Independent Living Program by passing the Consolidated Omnibus Budget Reconciliation Act of 1985 (PL 99-272). Public Law 99-272 authorized \$70 million to fund state efforts to create a supportive service system to assist youth in transitioning effectively to adulthood (*Healthcare Needs of Children*, 1999). As a result, states were required perform life skills assessments for each youth participating in the Independent Living Program, create a state-wide independent living plan, and create individualized independent living plans for all youth participating in the program.

Public Law 103-66, the Family Preservation and Support Act of 1993, continued to build the federal policy framework. With the passage of Public Law 103-66 in 1993, Congress permanently authorized funding for the Independent Living Program. Funding for this program had been subject to an annual determination from the time it was created by Public Law 99-272 in 1985. States were required to support the program with funding equal to that which they received from the federal government (*Health Care Needs of Children*, 1999). The Family Preservation and Support Act also continued the emphasis on increasing the level of community support available to help vulnerable children and their families. Federal funding for the services required by this new policy was only authorized for 5 years at approximately \$930 million for the 5-year period. Funding would have to be reauthorized by Congress every 5 years.

As previously mentioned, the policy framework focused attention on the need to support families to prevent foster care placements, but the level of financial appropriation seemed insufficient to meet the stated policy objectives. For example, even though the number of children in foster care increased from approximately 260,000 in 1982 to approximately 450,000 in 1993 (74%), the federal government appropriated only \$60 million to fund the Family Preservation and Support Services Act (PL 103-66) efforts nationwide in 1994 (U.S. DHHS, 2003). The funding increased to approximately \$150 million in 1995; in 2002, nearly 10 years after the passage of Public Law 103-66, federal funding was just over \$285 million.

With the 1997 passage of Public Law 105-89, the Adoption and Safe Families Act (ASFA), the Family Preservation and Support Act was reauthorized and renamed the Promoting Safe and Stable Families Act; this policy was extended through 2001. In addition to the two core policy directions of providing family preservation services and family support services, this reauthorized Act also required a focus on time-limited family reunification efforts and the provision of pre- and post-adoption services (Child Welfare Information Gateway, 2010). Although two additional areas of services were included in the reauthorized act, there was no corresponding increase of federal funding to ensure full implementation.

In addition to reauthorizing and changing the name of PL 103-66 to the Promoting Safe and Stable Families Act, Public Law 105-89 (ASFA) placed an unprecedented emphasis on reducing the amount of time state agencies allocated to reunifying children from foster care with their parents. Concurrently, ASFA introduced a financial incentive for states to increase the number of adoptions. A special allocation

provided financial bonuses to states that significantly increased their number of adoptions (*Health Care Needs of Children*, 1999).

The number of children reunified with their parents or primary caregiver dropped from 155,267 in FY 1998 (60% of exits) to 153,868 in FY 2007 (53% of exits). During this same period, the number of children exiting care to adoption increased from 38,221 in FY 1998 (15% of exits) to 52,235 in FY 2007 (18% of exits) (U.S. DHHS, 2006, 2009). While ASFA did not specifically mention intent to influence permanency for adolescents emancipating from care, there was a dramatic change for this population during the 10-year period following the passage of ASFA. The number of youth exiting care to emancipation increased from approximately 17,310 in FY 1998 (7% of total exits from foster care) to approximately 29,730 in FY 2007 (approximately 10% of all exits from foster care) (U.S. DHHS, 2006, 2009).

In 1999, Congress passed the Foster Care Independence Act (PL 106-169), which created the John H. Chaffee Foster Care Independence Program. Public Law 106-169 increased annual federal funding for independent living services from \$70 million to \$140 million. The law required states to serve transitioning youth up to age 21. It allowed for up to 30% of funds in each state's total allocation to pay for room and board for youth who left foster care between the ages of 18 and 21, and it permitted states to provide Medicaid coverage for youth ages 18, 19, and 20 who had already emancipated from foster care (*Health Care Needs of Children*, 1999). Public Law 106-169 also established accountability requirements mandating that the DHHS work with states, advocates, youth, service providers, and researchers to (a) develop outcome measures, (b) collect and track data on outcomes, and (c) report to Congress on progress regarding adolescents.

Finally, in 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act (PL 110-351). This new law extended adoption incentive payments to states through 2013. It also contained an option that allowed states to pay for foster care until children reach age 21. In addition, this funding could help states prevent foster care placement for adolescents by connecting or reconnecting children with family members (U.S. DHHS, 2009). Public Law 110-351 also required states to identify and notify all adult relatives that a child has been placed in foster care within 30 days of the placement. It also ensured that school-age foster children attended school, or if not, were documented as incapable of attending school. The purpose of these policies was to promote school stability among foster youth. The law required states to ensure that every youth emancipating from foster care had an individualized transition plan, and the plan was directed by the youth leaving care.

There appears to be a very comprehensive federal policy framework that currently guides the provision of foster care services. Before 1985, there was little specific concern for the needs of adolescents aging out of foster care, but a number of additions to the policy framework promoted the development of a strong, supportive environment for adolescents in foster care. Nonetheless, the challenges associated with an inadequate level of funding to ensure implementation remain. This raises the question of whether the intent and significance of the federal framework is evident in the daily lives of foster youth and—of particular interest in this study—the foster parents who raise them. This study sought to elicit the foster parents' perspectives on these questions as they described their experiences raising adolescents in foster care.

CHAPTER III: THEORETICAL FRAMEWORK

This chapter focuses on two interrelated perspectives that served as the theoretical underpinning for this research seeking greater understanding of the challenges and solutions to better support foster parents caring for adolescents: adolescent development theory and resilience theory. Policy and conceptual frameworks for social programs designed to assist vulnerable children over the past century have shifted significantly and repeatedly (Jenson & Fraser, 2006). Recently, advances in understanding the developmental processes connected with the onset of childhood and adolescent problems have suggested the need to rethink the framework used to design policies and programs for youth. The large body of literature on adolescent development and resilience theory provided a platform for understanding the interactions among foster parents, adolescents in their care, the foster care system, and community resources in the contemporary landscape of human services. Concepts from these theoretical approaches served as sensitizing concepts for the researcher in developing research procedures and designing the interview guide for this study (Patton, 2002). Ultimately, these theories were a foil for the narrative responses from the study informants: foster parents and families who brought adolescent children into their homes.

This exploratory study, which sought a greater understanding of what is required to raise adolescents in foster care and to prepare them for the eventual transition out of foster care into adulthood, required grounding in a theoretical framework focused on the biological, psychological, emotional, and social developmental aspects of adolescent functioning and the concept of adolescent resilience. This chapter addresses the developmental challenges adolescents in foster care face as they move from the late

stages of childhood into adulthood. It describes a recently identified concept of development, *emerging adulthood*, which recognizes that young people today appear to take longer to reach and exhibit behaviors associated with adulthood than young people did in the past (Arnett, 2004). It also provides a perspective for understanding the challenges youth face as they attempt to overcome the effects of the trauma associated with child abuse and out-of-home placement. This unique feature of their adolescent experience differentiates them from children who have not been involved with the child welfare system. The focus of resilience is also important for understanding the challenges and support needs faced by the foster parents who care for them. In particular, it provided the researcher with a guide to what behaviors foster care families exhibited raising the children in their care that might be associated with positive outcomes for these adolescents later in their lives.

Adolescent Development Theory

Some transitions and life events are so critical that they alter developmental trajectories, and their consequences can be either positive or negative (Fraser, Kirby, & Smokowski, 2004). Adolescence is widely recognized as a critical and stressful life transition, but researchers have only investigated the effects of stressful life events on adolescent development recently. It was not until the late 19th century that society recognized adolescence as a separate developmental stage (Kett, 1977). Puberty and adolescence are different; puberty is a biological marker, and adolescence is a social status. Lerner and Spanier (1980) defined adolescence as the period in the life span when biological, cognitive, psychological, and social characteristics are changing from what is typically considered childlike to what is considered more adult-like. Even for children

with biological, psychological, or social advantages, adolescence is a time of turmoil and confusion. It is a developmental stage when individuals begin to develop an adult identity, with the capacity for intimate relationships and adult role responsibilities. The two primary tasks of adolescence are separation from parents and development of independent identity (Erikson, 1968).

During more than 20 years of experiences with and observations of youth in foster care, this researcher observed that the frequent movement between foster homes experienced by many youth complicates the achievement of these developmental tasks. By the time they reach adolescence, these youth have experienced a multitude of caregivers and an inconsistency of multiple developmental environments. Frequent movements in care generate significant concern for healthy adolescent development, as the family appears to be an important context for the development of attitudes and behaviors through adolescence (Toumbourou & Gregg, 2001). Raising youth in foster care presents a number of challenges for both the youth in care and the foster parents who care for them. Similar to this researcher's professional observations, studies have reported that the processes of separation and identity formation for these youth result in predictable increases in tension in the parent-adolescent relationship (Shin, 2004; Steinberg & Morris, 2001).

These tensions include an increase in bickering and squabbling between adolescents and parents, in addition to an apparent decline in the reported level of closeness between parents and their adolescents. Many parents report difficulties adjusting to the efforts of youth to discover their individualized selves and to demonstrate autonomy (Steinberg & Morris, 2001). Given time and successful navigation of the

process, however, these tensions can be replaced by less volatile, more evolved relationships between older adolescents or young adults and their parents. Further, research has found that parents who are authoritative, warm, and firm are generally more successful at helping adolescents through this maturation process than those who are permissive, authoritarian, or indifferent (Baumrind, 1991; Steinberg, 1990, 2001).

These findings present issues for raising adolescents in foster care, because much of the context for successful parenting during adolescence is built upon the nurturing and supportive relationship parents were able to develop with youth in the preadolescent years. This is often unavailable to a foster child because this preadolescent development period took place either in the birth parent's home or in another foster home. Foster parents and adolescents in foster care are often seeking to build a new relationship with each other at a time when the expected adolescent development trajectory indicates that the teen should be establishing greater separation from parental control. This is also a time when foster parents may desire expressions of gratitude for their efforts. Nonetheless, from a developmental perspective, these substitute parents may experience increased tension between themselves and the adolescents in their care.

In addition to the need to help adolescents in care navigate this complex developmental terrain, foster parents and child welfare systems are faced with the increasing reality that adolescents of today take longer to reach full adulthood than teens did three or four decades ago. This observation led to the developmental concept of emerging adulthood (Arnett, 2004). Emerging adulthood refers to an extended period from the end of adolescence to the onset of full adulthood, stretching from the late teens to the mid-to-late 20s. Arnett distinguished emerging adulthood from extended

adolescence because young people in emerging adulthood have achieved greater independence and freedom from parental control. He did not consider this young adulthood, which would suggest that the onset of adulthood had already begun and would indicate the youth had moved past the developmental stage of adolescence.

Emerging adulthood is an age of identity exploration and instability, with a high degree of self-focus. During this stage, the young person feels in-between, not yet an adult, but no longer an adolescent. Finally, it can be a period of enormous possibility and opportunity for life transformation (Arnett, 2004). Informants in Arnett's research were youth in the emerging adulthood stage. His findings indicated that the top three positive indicators of transition from emerging adulthood to adulthood were the ability to (a) accept full responsibility for oneself, (b) accept responsibility for making independent decisions about one's life, and (c) become financially independent.

Risk and Resilience Perspective

The concept of emerging adulthood and the developmental challenges adolescents in foster care face for achieving independence amplify the problems that aging out foster children face. The system that has provided them support is not available to them during the period of emerging adulthood. Researchers, practitioners, and policy makers might reconsider approaches to helping foster parents in their efforts to prepare adolescent foster youth for adulthood in light of these findings and in anticipation of an extended period of need. A context for seeking solutions and designing supportive interventions for this dilemma may reside in the risk and resilience conceptual framework. The concept of promoting individual resilience among foster youth, as well as resilience in the family, was important to the theoretical underpinning of this study and had considerable

resonance among many informants in the current research who intuitively acted on resilience features.

According to Stewart, Reid, and Mangham (1997), resilience is “the capability of individuals to cope successfully in the face of significant change, adversity, or risk . . . [it] changes over time and is enhanced by protective factors in the individual and the environment” (p. 22). Common themes coalesced around an emerging literature that led to this definition. These included (a) the complex interplay between particular characteristics of individuals and their environment (Egeland, Carlson, & Stroufe, 1993); (b) the balance between stress and risk factors and the ability to cope or deploy protective factors (Rutter 1993, 2000); and (c) the notion that resilience changes developmentally over different stages of life (Egeland et al.; Rutter, 1990; Werner, 1993). For the purposes of this study, the developmental aspects of resilience were considered particularly salient for adolescents.

For example, resilience is important in helping with life transitions, including detachment from parents during adolescence and family disruption (Luthar, 2003; Luthar & Zigler, 1992). The concept of resilience in adolescents focuses on the individual’s capacity to recover from traumatizing and stressful events in his or her life. The resilience framework rests in the belief that there are multiple risk factors at the individual, the family, and the community level that hinder an adolescent’s ability to recover. Conversely, a number of protective factors are available at each level to promote an adolescent’s capacity for recovery (Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003). The mechanisms that are instrumental in promoting resilience in adolescents are wide ranging. They include a positive temperament, attachment to others, a sense of

hopefulness, clear strategies to deal with stress, parental warmth and encouragement, and a strong relationship with a caring adult (Olsson et al.). In contrast, risk factors inhibit an adolescent's capacity to recover from trauma and stress, and they are varied. They include poor parental mental health, separation of youth from parents, poverty, living in violent neighborhoods, and having negatively oriented peers (Stewart et al., 1997).

Family Resilience

Recent research applied the concept of resilience to family systems by looking at ways families can maintain a high degree of functioning despite facing significant challenges and difficult experiences (Lietz, 2006). This approach provided a conceptual context for the present study both to help foster parents raise teenagers and, in some cases, to provide support for birth parents. Lietz identified five components in the process of family resilience; they focus on the use of family strengths and protective factors to assist families with adapting and recovering from major challenges and stressors. These five elements include (a) survival, (b) adaptation, (c) acceptance, (d) growing stronger, and (e) helping others. Survival embodies the notion of taking one day at a time to keep the family moving forward, regardless of challenging events it encounters. When families are able to make changes in functioning in order to adjust to changing circumstances, they are employing adaptation. Another dimension, acceptance, involves adapting to new situations as the family's new way of life. When families recognize that strength emerges from dealing with challenges as a unit, they are employing the concept of growing stronger. A final element in Lietz's construct is helping others by giving back to people who are facing similar challenges.

In addition to the protective factors themselves, Lietz (2006) noted other strengths that enabled her research subjects to move between the stages. The author identified 10 specific family strength/protective factors that allowed study participants to move between the stages. These included: *insight*, the ability to gain understanding into a family's difficulty; *boundary setting*, the ability and willingness to separate the family system from unhealthy influences; *taking charge*, the ability to take action to meet the family's needs; *creativity/flexibility*, the ability to find multiple solutions; and *humor*, the ability to laugh. Additionally family resilience protective factors included: *internal social support*, giving and receiving support within the family; *external social support*, giving and receiving support outside the family; *morality/spirituality*, having a belief system that provides direction and comfort; *appraisal*, finding meaning in the struggle; and finally, *communication*, having the ability to express thoughts and feelings about the challenges the family faces.

Using this conceptualization of resilience as a process, effective interventions could focus on developing the individual's and family's internal resources and skills while changing the social environment to promote resilience. For the same reason, interventions and support structures for vulnerable families, such as foster care or other government or community services, can be better understood in terms of their effectiveness at building or maximizing existing protective factors in each of the categories: individual, family, and community.

CHAPTER IV: REVIEW OF THE EMPIRICAL LITERATURE

Overview of Issues in Fostering Adolescents

Both foster parents who care for adolescents and the youth themselves face many challenges. These coalesce around the complex nature of relationships that the youth have with their families of origin and the need to help adolescents who face impending forced emancipation, often with less social and emotional capital than their peers have. At a time when most youth in the general population are planning future occupations and gaining academic qualifications, adolescents in foster care may be devoting themselves to worrying about their relationships with family members or their ability to cope with emancipation that occurs at age 18 or 21. Studies have shown that a key issue for these young people involves their relationship with their own families and the ability of foster parents to accept their relationships with the family of origin (Jones & Kruk, 2005; Moyers, Farmer, & Lipscombe, 2006). Conflicting loyalties and ambivalent feelings toward members of their birth families may complicate this stage for some teenagers in the foster care system (Triseliotis, Borland, Hill, & Lambert, 1995; Ward, 1995).

In addition to complications that arise from their affiliation or separation with birth parents, adolescent youth enter placements with a range of unresolved issues from their past that foster parents are likely to have to address (Farmer et al., 2004). Parenting adolescents in foster care is different from ordinary parenting, because young people are seeking to establish a secure base in the foster family at the same time that they are striving to establish their autonomy. Adolescents in foster care also need to form their own identities while separating from their birth families (Aldgate, Maluccio, & Reeves, 1989; Steinberg & Morris, 2001) or attempting to reconnect with them. Another issue is

that some adolescents in foster care find themselves unprepared for independence because of previous trauma and the number of adversities they experienced in their lives. These circumstances may have inhibited their maturation.

Many adolescents in foster care are impaired in their capacity for attachment (Rushton, Treseder, & Quinton, 1988; Thoburn, 1990; Thoburn, Murdoch, & O'Brien, 1986). It is unclear which environmental factors are most important to ameliorate this issue. Given the early stage of adulthood at which youth in foster care must leave the foster care system, there is an increased need for adolescents in care to attain tangible life skills to enable them to deal with this premature transition to adulthood (Biehal, Clayden, Stein, & Wade, 1995).

Understanding what is currently known about the capacity of foster care systems to address these issues is central to the present study. The remainder of this chapter is a review of current knowledge about the competencies non-relative and kinship foster parents who care for adolescents need in order to provide effective care for these youth and prepare them for independent lives. In addition, the following sections examine the practice challenges of raising adolescents in foster care, outline the impact of trauma and mental health issues on adolescent development, and discuss the gaps in existing empirical knowledge about raising adolescents in foster care.

Foster Parent Characteristics and Competencies

Family foster care is the primary vehicle for caring for children in out-of-home care; consequently, child welfare agencies place great emphasis on identifying foster families. Until recently, relatively little was known about these families, and most of the available information focused on their demographic characteristics. In general, foster care

providers are more likely to be Caucasian, married, better educated, and employed outside the home; they also have higher levels of income (Gebel, 1996; Scannapieco, Hegar, & McAlpine, 1997). More than 75% of foster parents have at least one birth child, and another 30% have adopted at least one child. They live primarily in urban or suburban neighborhoods; only 24% live in rural communities. On average, they have at least 6 years of experience fostering children (Chipungu & Bent-Goodley, 2004). There are expectations about what qualities foster parents are supposed to have.

Competency Domains for Foster Care

The National Commission on Family Foster Care (NCFFC) (1991) and the Child Welfare League of America (CWLA) have consistent principles to guide foster care practice (CWLA, 2004). These include promoting children's development, recognizing the importance of parents and families, valuing diversity and cultural competence, managing loss, working as a team, and clarifying foster parent roles. These principles serve as a foundation for two of the most widely employed foster parent curricula used to prepare foster parents for their roles and responsibilities as substitute parents.

These two curricula are the Model Approach to Partnerships in Parenting (Pasztor, 1987; Pasztor, McNitt, & McFadden, 2005) and Parent Resources for Information, Development, and Education (PRIDE) (Illinois Department of Children and Family Services, 1997). Typical of the content of both of these programs, the PRIDE model addresses five essential role functions for foster parents: (a) protecting and nurturing children, (b) meeting developmental needs and addressing developmental delays, (c) supporting relationships between children and their families, (d) connecting children to safe nurturing relationships intended to last a lifetime, and (e) working as a

member of a professional team. More recently, Buehler, Rhodes, Orme, and Cuddleback (2006) identified eight competencies for successful foster parenting: (a) providing a safe and nurturing environment, (b) meeting developmental needs of children in care, (c) supporting birth-family work, (d) promoting long-term outcomes, (e) working in partnership, (f) maintaining self-care and family life, (g) growing as a foster parent, and (h) supporting children's cultural needs.

Ultimately, successful foster family parents meet children's physical, emotional, psychological, intellectual, social, and familial needs. In addition, foster caregivers promote growth in these areas in a safe, secure family environment. Indicators of successful care include actualization of permanency plans and the lack of unneeded or unplanned placement changes. Finally, successful foster families adequately manage the challenges associated with fostering so that providing care does not diminish the psychological well-being of foster family members or the quality of their interpersonal relationships (NCFFC, 1991). These outcomes arguably serve the interests of the child welfare authority, but they do not necessarily contribute to successful outcomes for the children.

Fostering competencies are a combination of the knowledge, interest, and skill needed to succeed in performing the tasks required for success as foster parents (Illinois Department of Children and Family Services, 1997). In an attempt to approach these competencies in a more realistic manner, Rycus and Hughes (1998) suggested distinguishing minimum and desired standards. Based on this reasoning, a minimum level of success in a given competency domain would be expected, whereas a desired level of success would be a goal foster parents would hope to achieve. All of these competencies

imply that support and training might be needed to help foster parents attain a desired level of success in a given competency domain.

Kinship Foster Parent Characteristics and Benefits

In kinship foster care, the providers are relatives of the children in need of out-of-home care. Kinship foster care has special relevance for this study because so many family members who are African American, Latino, or Native American Indian/Alaskan Native clan members care for these children. More than 6.1 million children in the United States live in households headed by relatives other than their parents, and these relatives provide full-time care, nurturing, and protection (U.S. Census Bureau, 2006). Nationally, 24% (124,153) of the children in foster care as of September 2005 were living in a foster family home with relatives (U.S. DHHS, 2006).

Relatives have often reported feeling obligated to assume the caretaker role, while others have viewed caring for their relatives' children as natural (Coakley, Cuddeback, Buehler, & Cox, 2007). Some kinship caregivers have motivations besides a sense of social obligation. They may want to enhance the life of a child, preserve their family, provide for the child's basic needs, and provide stability (Coakley et al.). They may also have religious reasons for assuming the care of a child (Chipungu & Bent-Goodley, 2004). *The National Survey of Child and Adolescent Well-Being* (U.S. DHHS, 2005) reported the average number of household members in foster homes was 4.5. In more than half (52%) of the kinship care homes, the child's grandmother or great-grandmother was the current caregiver. The child's aunt was the next most frequently cited, identified as the current caregiver for 33% of the children in a kinship care home. In addition,

kinship caregivers were more likely to have only one or two children (either biological or foster children) in the household.

Researchers have documented the benefits of placing children with relatives whenever possible. Among children who lived with a relative before removal and formal placement, the result was fewer traumas in the placement process (Ryan & Testa, 2005). Similarly, placements with relatives may promote more stable living situations and less disruption for children (Grogan-Kaylor, 2000). Children in kinship care have more consistency in their living situations than they would have in non-relative foster care placements. Children who are placed with family members are less likely to experience multiple placements, less likely to have involvement with juvenile justice systems (Ryan & Testa, 2005), and more likely to have positive adult mental health and financial outcomes (Pecora et al., 2005). Moreover, children placed with relatives are more likely to stay within the same community and school system and to behave in school as positively as children in non-relative care (Keller et al., 2001).

The Practice Challenges of Adolescents in Care

This section discusses the practice challenges child welfare professionals and foster parents face while attempting to meet the needs of the growing adolescent population in foster care. Recently, children in foster care have included an increasing proportion of distressed and difficult adolescents. Researchers know little about the unique components of providing family foster care to adolescents. Moreover, it is unclear what makes some foster parents more successful than others at providing this service to adolescents (Lipscombe, Farmer, & Moyers, 2003).

An acceptable approach to fostering adolescents ideally includes what conscientious birth parents would do; however, being a foster parent for adolescents involves a number of elements that are different from parenting one's own children. These tasks include (a) acknowledging and understanding the child's background, (b) knowing the child's experiences in other foster homes, (c) managing difficult behavior associated with these experiences, (d) recognizing and adjusting to the child's coping and defense mechanisms, and (e) developing relationships within the foster family while at the same time maintaining connections with the birth family (Lipscombe et al., 2003).

There are particular issues for adolescents in foster care. Many have unresolved problems that affect their capacity to develop attachments, and they wrestle with conflict between maintaining loyalty to their birth parents and connecting with their foster family. Adolescence is a life stage characterized by young people striving to establish autonomy and define their own identity. This developmental process is complicated for adolescents in foster care who have had multiple placements and inconsistent input from their birth parents (Lipscombe et al., 2003).

Lipscombe and colleagues (2003) sought to understand the parenting strategies employed by foster parents in response to adolescent acting-out behaviors and to assess the impact of these parenting strategies on placement outcomes. The researchers interviewed 68 adolescents in foster care between the ages of 11 and 17 and 68 foster parents. The independent variables they considered were placement disruption and the adolescents' views of whether their placements were beneficial to them or not. According to the study findings, strategies that had significant impact on positive placement outcomes were the degree of supervision of adolescents' behavior while they were

outside of the home and the foster parents' ability to respond to both the emotional and the chronological age of adolescents in their care (Lipscombe, et al., 2003).

Among all foster children, an estimated 33% experience emotional disturbances and 85% experience behavioral disturbances (Leathers, 2002). Among children in the same age group who are not in foster care, this compares to 7% and 20%, respectively. Children in the general population who have emotional and behavioral problems continue to have these problems into adulthood. It is estimated that approximately one third of all children with conduct disorders display antisocial personality disorders as adults. There have been no longitudinal studies examining the persistence of behavioral problems into adulthood among foster children; however, adults with histories of foster care placements have been shown to have disproportional representation in the adult criminal justice system, the homeless services system, and adult unemployment (Courtney et al., 2005).

Leathers (2002) sought to understand the connection between the behavioral disturbances among foster youth and (a) weak attachment to foster parents or birth parents and (b) lack of involvement with community institutions. The study sample included 199 12- and 13-year-old youth placed in non-relative foster care for at least 1 year. Research methods included interviews and content analysis of agency records. The researcher interviewed foster parents and caseworkers and conducted a thorough review of state agency case files. Findings indicated that stronger connections to foster parents and birth parents, combined with a high level of involvement with community institutions, correlated with fewer behavioral problems among the youth. The study also revealed that weaker foster family relationships and poor school performance correlated with more frequent placement changes. Higher school achievement was associated with

fewer behavioral disturbances for girls, while boys had fewer behavioral problems if they had stronger attachments to their foster families. Parental history of incarceration was a significant predictor of boys' conduct problems. For girls, parental substance abuse was a significant predictor of conduct problems (Leathers).

The Leathers (2002) study had significant limitations. The researcher relied on telephone interviews as opposed to in-person interviews. In addition, the study employed a behavioral checklist, so the interviewers were unable to explore additional causes for behavior. The study only provided a snapshot of current behavior, because it did not measure behavioral changes over time (Leathers).

Effects of Child Maltreatment and Placement Trauma on Adolescent Development

Evidence has indicated that child abuse may result in antisocial behavior, depression, inappropriate sexual activity, and socially withdrawn behavior. How young people adapt to adolescence is dependent upon how they cope with the attendant developmental challenges and issues. Adolescents who demonstrate less adaptive coping strategies are more likely to develop behavioral or emotional problems (Browne, 2002). Young people in foster care may be at higher risk of developing poor coping strategies because of significant relationship disruptions and multiple placement moves.

Children who are in foster care because of child abuse or neglect were forcefully removed from their parents. During the process of integrating the failings of their birth parents, adolescents in foster care may deny the existence of parental fault and engage in significant faultfinding with the foster parents. The intent is to prove that their birth parents were not so bad (Browne, 2002). This may manifest in behaviors that test the

limits of foster parents' patience and their ability to deal with the adolescents' disruptive behavior.

The way that child welfare professionals respond to these behavioral challenges may influence the future development of the youth. Many systems respond to behavioral challenges by removing disruptive children and placing them elsewhere. For adolescents, this often results in placement in a group or residential placement setting; adolescents are more likely than other children to be in congregate settings. Although nearly 70% of all foster care children lived with families in 2002, adolescents were more likely to reside in a group or residential foster care setting (U.S. DHHS, 2006).

Mental Health Issues

The literature reveals a number of other areas of concern for adolescent development during placement in foster care. These children may have poor outcomes during adulthood, exacerbated by the effects of child maltreatment on adolescent development and the consequences of multiple placement moves or placement disruptions. As noted earlier, foster care workers may respond to adolescent disruptions in foster homes by sending the child to another placement. The effects of child abuse and neglect on childhood, adolescent, and adult outcomes are numerous and diverse. Although many maltreated youth demonstrate resilience in the face of such adversity, others struggle with mental health problems, risk-taking behavior, social consequences, and physical health issues (Canino, Costello, & Angold, 1999). Examination of studies about these children warrants caution because of methodological limitations such as the lack of comparison groups, infrequent use of similar standardized instruments across studies, lack of statistical controls, and scarce use of complex multivariate models.

For example, Kessler, Davis, and Kendler (1997) found that many bivariate associations between childhood adversities (including child maltreatment) and the onset and persistence of *DSM-III-R* disorders were less present in models that controlled for clustering of adversities and for lifetime comorbidities among psychiatric disorders. In addition, some prior studies have focused on only one adversity, examined only one adult mental health condition, or not distinguished the effects of childhood adversity on initial disorder onset and subsequent course of functioning. Thus, there have been contradictory results as to whether most childhood adversities relate to first onset but not to the course of most adult disorders (Kessler et al.).

Furthermore, multiple effects of child maltreatment complicate the understanding of these dynamics. Even when sociodemographic variables, prior disorder, and prior adversities were controlled for, interpersonal traumas have been linked with the onset of mental health disorders. Kessler et al. (1997) found that adults who had been repeatedly molested as a child were 1.72 times more likely to have a drug disorder, 1.72 times more likely to have a childhood conduct disorder, and 1.93 times more likely to have any kind of *DSM-III-R* disorder. The researchers found that children who experienced isolated molestation were 2.39 times more likely to have a drug addiction. Father aggression correlated with an increased risk of major depression (1.29), conduct disorder (1.60), and any kind of *DSM-II-R* disorder (1.32). Aggression by the mother was correlated with an increased risk of panic disorder (1.55), generalized anxiety disorder (1.56), and any kind of *DSM-II-R* disorder (1.20).

Antisocial Behavior

Increases in aggressive, delinquent, and antisocial behaviors are evident in children in the general population exposed to almost any type of maltreatment. For example, English, Widom, and Brandford (2001) found that compared to other youth and adults, abused or neglected children in Washington State were almost five times as likely to be arrested as juveniles and twice as likely to be arrested as adults. The researchers also found that childhood neglect was just as likely as physical abuse to result in an increased risk of arrest for violent crimes. Violent crimes included a range of antisocial acts from hit-and-run accidents to rape, robbery, or homicide (English et al.). Compared to their non-abused counterparts, the abused and neglected females were seven times more likely to commit violent crimes, and the male victims were arrested twice as often; however, the Washington State researchers emphasized that abuse or neglect does not automatically lead to criminal behavior. Notably, their findings replicated three previous studies in other regions of the country done over the past decade, solidifying the relationship between abuse or neglect and a higher risk of criminal behavior (Widom, 1989).

Overall, it is difficult to determine the rates of specific antisocial and mental and physical health problems of youth entering and living in foster care because of variations between studies in sampling methods, assessment tools, and data collection methods (e.g., use of youth report, clinician assessment, foster parent report, caseworker assessment, or classroom observation). Nevertheless, multiple studies have indicated that many youth in foster care experience significant physical and mental health difficulties and are not having those needs met (Courtney et al., 2005).

Implications of Multiple Placement Changes

For some time, child welfare professionals have expressed concern about the effects of multiple placement changes on the development of children in foster care. Wilson, Sinclair, and Gibbs (2000) found that 63% of the youth in Washington State foster care had one or two placements, while 77% of the youth in James's (2004) study in California experienced three or more placements. These variations illustrate the need to account for time youth spend in care when comparing the number of placements across samples.

There is considerable documentation that placement instability correlates with difficulty in family reunification, more severe behavioral problems, and poor outcomes as adults after foster care (James, 2004). Although a study of the placement changes of 1,084 children placed in the San Diego County foster care system found significant placement instability in the sample, only one fifth of the placement moves resulted from problem behavior on the part of the children. Nearly 70% of the placement moves occurred because of the County's policies and procedures governing the foster care system. James found no correlation between systems-related placement changes and later child behavioral problems. There was a correlation, however, between behavior-related placement changes and children who came into placement when they were older.

James (2004) concluded that this finding suggested a need for further exploration regarding early identification and response to foster child behavioral problems. According to other researchers (Dubowitz, Zuravin, Starr, Feigelman, & Harrington, 1993), placement setting may correlate with maintaining placement stability and fewer disruptions. Dubowitz et al. found that children placed in kinship family foster care were

less likely to experience behavior-related placement changes than their peers placed in other foster care settings. The authors also found that the members of the sample placed in kinship foster homes had similar behavioral problems to those placed in other settings. The researchers could not find conclusive reasons for this result (Dubowitz et al.).

Placement instability is a significant factor correlated with poor adult outcomes. A recent report from the Washington Department of Social and Health Services described the characteristics, placement experiences, and emotional/behavioral needs of children in out-of-home care in Washington State in fiscal year 2004. These youth had a runaway event either during or prior to the report year (Brandford, Moe, Brummel, & Clark, 2005). Of the 14,653 children in placement during that period, 1,040 (7%) had at least one runaway event either during or before fiscal year 2004. Key child factors associated with increased risk of runaway behaviors were placement for behavioral problems, longer lengths of stay in care, and higher numbers of placement events. Girls were more likely to run away than boys were, especially multiple times. Youth tended to run away either in their first week of placement or after 3 or more years in placement. National research supported the Washington State findings regarding gender and age for runaways (Brandford, et al., 2005). Several researchers found that girls were more likely to run away than boys were (Courtney & Wong, 1996; Fasulo, Cross, Mosley, & Leavey, 2002; Kingree, Braithwaite, & Woodring, 2001; Nesmith, 2006; Yoder, Whitbeck, & Hoyt, 2001). Older children and adolescents were more likely to run away than young children were (Courtney & Wong; Fasulo et al.; Flores, 2002; Kaplan, 2004; Kingree et al.; Nesmith).

Gaps in Research Concerning Working With Adolescents in Foster Care

The focus of prior research on foster parents and family foster care has largely been limited to the behavior of youth while in foster care (Brandford et al., 2005; James, 2004) or the negative adult life outcomes experienced once they emancipate from care (Courtney et al., 2005; English et al., 2001). Some researchers have focused on parenting strategies employed by foster parents (Lipscombe et al., 2003) and the competencies needed to be an effective foster parent (Buehler et al., 2006; Illinois Department of Children and Family Services, 1997; Pasztor et al., 2005), but little inquiry exists from the perspective of foster parents with regard to their challenges, solutions, practice suggestions, and support needs.

The existing perspectives that guide policy and practice have evolved from the child welfare system's efforts to document improvement strategies rather than to engage foster parents who have firsthand knowledge in a discourse on what is needed to improve outcomes for adolescents in foster care. Research has suggested that foster parents should be viewed and treated as respected partners in the foster care process (Buehler et al., 2006), but very few studies have elicited and elevated the voices of this critical group of stakeholders in an effort to increase knowledge on improving outcomes for adolescents in family foster care.

This dissertation sought to fill a portion of these gaps by incorporating the voices of foster parents in an effort to identify policy and practice changes to improve outcomes for adolescents in foster care. The researcher identified problems for adolescents placed in family foster care, as expressed by foster parents. While new and vital research has been conducted on a variety of foster care areas, including service outcomes, relatively

little attention has been paid to exploring the challenges people face while serving adolescents in family foster care.

The research reported here was an effort to explore in greater depth what foster parents felt were their major challenges and what they believed adolescents brought to foster care in terms of needs and strengths. Rather than rely on experts' broad conceptions of competencies for this function, this dissertation sought foster parents' own ideas about how to stabilize youth at the end of their experiences in care. The dissertation also investigated how foster parents coped with the challenges of fostering adolescents in their homes.

This study did not intend to measure actual child outcomes. Instead, it explored key issues foster parents faced, determined what was and was not working for them in caring for adolescents in their homes, and identified promising strategies for helping foster parents be more effective with the adolescents. The researcher sought to fill a gap in knowledge about successful strategies and support requirements for foster parents who are raising adolescents.

CHAPTER V: RESEARCH DESIGN AND METHODOLOGY

Introduction

The number of youth emancipated from foster care and those in foster care with an outcome goal of emancipation has increased significantly and consistently since the early 1980s. In federal fiscal year 1998, approximately 17,210 emancipated youth left the foster care system in the United States (U.S. DHHS, 2006). By fiscal year 2007, that number grew to approximately 29,730 youth emancipated from foster care (U.S. DHHS, 2009). Studies have shown that the adult outcomes for youth emancipating from foster care are dramatically worse than the outcomes of their peers who did not experience foster care. Available national data also reveal a shortage of families willing to open their homes to foster adolescents and support their improved outcomes through foster parenting (Rhodes, Orme, & McSurdy, 2003; Roger, Cummings, & Leschied, 2006). Absent from the discussion of how to alter this situation are the voices of foster parents who have raised foster adolescents in their homes. The purpose of this research was to address that absence through an exploration of their experiences. The researcher anticipated that these men and women could offer clues about potential opportunities for changes and improvements in practice, policy, and training for foster parents. In addition, he hoped for insights into how the experiences of these informants might improve future recruitment and retention of foster parents willing to foster adolescents in families.

This study sought to document the experiences of exceptional foster parents who provided and continue to provide foster care for adolescents in their homes. The study examined the care-giving history and practices of 17 foster parents and families in the State of Washington. This included a total of 20 informants, as both the foster mother and

foster father participated in three of the interviews. The study employed qualitative methods, a powerful research approach that elicited the foster parents' perspectives about how they interacted with public and not-for-profit agencies and what could improve the level of support provided to those who foster teens. This method of inquiry was effective in capturing the voices of an important stakeholder group and sought to create an opportunity for their experiences to influence policy and practice with the adolescent foster child population. This study utilized semi-structured interviews with foster parents to examine their motivations, parenting styles, indigenous supports, and interactions with the child welfare system. It created a dramatic canvas that brought to life experiences otherwise hidden from professionals and policy makers who work in the child welfare system.

Qualitative research is an interpretive, naturalistic approach that supports efforts to enhance the researcher's understanding of the participants' personal experiences (Denzin & Lincoln, 2000). This approach employs inductive methods that lead to interpretation of the phenomenon studied in terms of the meaning that the study participants derive from their lived experiences. Qualitative inquiry seeks an in-depth look at human behavior and pursues the reasoning behind that behavior. The researcher undergoes a process of immersion in the world of the participants and seeks to turn this world into a series of narrative representations expressed in the natural language of the informants (Denzin & Lincoln).

Qualitative inquiry was appropriate for this study because it allowed for flexibility of both design and questioning. The researcher adapted his inquiry as his understanding deepened, unconstrained by rigid designs that might have restricted the responsiveness of

the informants (Patton, 2002). The use of open-ended, semi-structured interview questions during the interviews with foster parents directly related to the sentiment Patton espoused, that the perceptions of others are meaningful, knowable, and able to be made more explicit.

Qualitative methodology was appropriate for this study because it allowed the researcher to capture information from the true experts in fostering of adolescents: foster parents who had significant experience in this role. Previous studies of foster parents have focused on a number of areas. These included the relationship between foster parents' parenting behavior and acting-out behavior of adolescents in their care (Lipscombe et al., 2003; Lipscombe, Moyers, & Farmer, 2004); role expectations for foster parents (Rhodes, Orme, & McSurdy, 2003); and reasons foster parents quit or consider terminating their role as foster parents (Rhodes, Orme, & Buehler, 2001). Studies in which foster parents themselves were able to give voice to their beliefs and perspectives on improving the foster care system have not been common.

Attending to the voices of successful foster parents who had frequent and direct contact with adolescents in foster care could play a significant role in social work research. This approach to research gave foster parents the ability to contribute beyond their care-giving roles and allowed them the possibility to participate in developing better services and supports to improve the long-term outcomes for adolescents in foster care. Study findings identified practices that might result in increased stability for youth who age out of the foster care system and transition into adulthood. Several notable areas emerged where informants' insights could generate improvements in practice. These included how to keep foster youth safe as they transitioned to young adulthood and how

to ensure that they had appropriate living arrangements after leaving foster care. In addition, foster parents promoted ways in which adolescents could (a) receive improved services in areas of health, education, and personal development; (b) enhance their capacity to plan and manage their lives after leaving foster care; and (c) improve their ability to avoid negative outcomes such as incarceration, homelessness, and unemployment. More significantly, the shortage of foster homes for adolescents is an enduring problem, and these informants revealed significant ways in which child welfare workers and the wider system could improve the circumstances for foster families.

Research Design Rationale

The design choice for this study was naturalistic inquiry as opposed to scientific, which includes both correlational and experimental design. In this context, the researcher sought to understand how experienced foster parents viewed and ascribed meaning to the role they played in the lives of adolescents in foster care. The design was naturalistic because the objective of the researcher was to minimize the manipulation of the perspective of the foster parents and not to inhibit what these informants could tell about their experiences (Patton, 2002). This approach emerged from the desire to discover the true foster parent experience. In contrast, an experimental design would have sought to control the conditions of the study by manipulating, changing, or holding constant external influences in the service of internal validity.

Research Questions

The researcher did not undertake this study in order to test any hypotheses. Instead, qualitative research design begins with questions (Janesick, 1994) used to inform all aspects of the inquiry, including observations and interviews. The central questions for

this study grew out of the researcher's desire to understand a range of aspects of the foster parenting experience. What motivated informants to open their homes to adolescent foster children? From the foster parent perspective, what practice and policy improvements would help maintain adolescents in family foster care? What characteristics and skills did they employ for effective foster parenting of adolescents? What were the key challenges they faced while parenting adolescents? How did foster parents negotiate their relationships with caseworkers, state regulations, and biological parents? What were their relationships with children once the children reached the age of emancipation?

A number of other questions were a part of the interview in order to deepen the understanding of foster parents' perspectives on raising adolescents. What did foster parents identify as the key needs that adolescents have while in foster care? How did adolescents in the care of these foster parents develop regarding the traditional stages of healthy adolescent development? What policy and practice changes should agencies consider to improve outcomes for adolescents while they are in foster care and as they transition into adulthood? Most significantly, what should government and nongovernment agencies do to better support foster parents who are caring for adolescents in their homes?

Qualitative research was the most appropriate approach to address these core questions, because it allowed for observation and discovery of the real-world situations as they unfolded naturally in the informants' lives (Guba & Lincoln, 1985). Through a naturalistic inquiry, meaning emerged from within the context of the foster parents' true

experiences with fostering teens. The natural setting became the vehicle by which the fullest understanding of the phenomenon derived.

Nature of the Naturalistic Inquiry

Research interaction took place with the entity in context, because naturalistic ontology suggests that realities are wholes not understood in isolation from their context. This led to a holistic perspective where the whole phenomenon under study was a complex system, more than the sum of its parts (Guba & Lincoln, 1985). An important strength for this qualitative study was that it facilitated the discovery process by incorporating the belief that there were no preexisting expectations or prior assumptions of the phenomenon. The stance of the researcher in the inquiry was to explore open-ended questions in the belief that the narrative data were resonant with detail-rich descriptions of people's personal perspectives and experiences.

A qualitative approach gave the researcher the opportunity to immerse himself in the context of investigation. It provided maximum design flexibility that enabled the pursuit of alternative paths as interviews unfolded and revealed unanticipated areas of concern for the informants. The researcher attended to the natural evolution of this process (Patton, 2002). This approach was particularly suitable for an area where very little was known about the phenomenon under study.

The researcher's personal experience of more than 30 years of work at various levels within the human services field was a valuable factor in the discovery process. During the interviews and data analysis process, the researcher was the CEO of a national foundation focused solely on foster care. Prior to that role, the researcher served as the Commissioner of one of the largest child welfare systems in the United States. As Patton

(2002) asserted, these experiences served as valuable tools; they also required the researcher to concentrate heavily on ensuring that his prior notions of what foster parents and youth experienced did not compromise or infiltrate the reflection of the true voices of study participants. Consequently, the researcher pursued a qualitative research design in the grounded theory and phenomenological traditions.

Research Methodology

Sampling Criteria and Recruitment

The subjects of this study were 17 English-speaking, licensed, non-relative foster parents and couples in King County, Washington, who had cared for adolescent foster youth aged 12 to 18 for 2 or more years. The Area Administrator for the Region 4 Central Service Office (King County), Washington State Department of Social and Health Services (DSHS) identified the participants. The sample was a non-probability, convenience sample.

Washington State employed the following procedures to avoid coercion and remain blind to the foster parents who ultimately agreed to participate in the study. Through the use of a probability sampling strategy, the Region 4 Area Administrator identified eligible kinship and non-relative foster parents and then mailed them a letter outlining the study and asking potential informants to indicate if they had an interest in learning more about possibly participating in the study. Because the State would not differentiate “exceptional” foster parents as a criterion, the researcher had to exclude it as a requirement for participation. This letter explained the study and asked foster parents to indicate their interest by returning a signed release to authorize the State to share their contact information with the researcher, resulting in a total of 117 potentially

eligible informants. Replacements were selected from the list of eligible foster parents if parents declined to participate in the study. This procedure, which was followed until the list of eligible foster parents was exhausted, resulted in 22 foster parents who agreed to learn more about the study. The initial contact for this sample only involved the Area Administrator. Once the Area Administrator received a signed release indicating a willingness to have their contact information shared with this researcher, she forwarded the potential informants' contact information to the researcher. By agreeing to hear about the study, the foster parents were not agreeing to participate in the research.

After receiving the list of potential informants from the DSHS, the researcher sent all potential informants a recruitment letter that described the purpose of the study, what participation entailed, and the voluntary nature of participation. The letter indicated that the researcher would telephone the foster parents to tell them more about the study, discuss their continued interest in participation, explain what would be involved in participation, discuss the voluntary nature of participation, and describe how the researcher would protect their identity. If foster parents agreed to participate, the researcher established a time and place for an interview. Only foster parents who consented to participate after the researcher fully informed them about the study were scheduled for an in-person interview at a convenient time and location of their choice. A total of 17 foster families, which included 3 couples, agreed to participate in the study. None of the families were kinship caregivers. The researcher sent them a letter confirming the time and date of the interview and providing his contact information. Foster parents who did not want to participate received a note of thanks.

Study Procedures

The researcher submitted Institutional Review Board (IRB) applications to both Washington State and Hunter College; both committees approved the research plan. All of the foster parents interviewed for this study were non-relative foster parents. Because of the diversity of the foster parent group in Region 4 of Washington State, the study sample included foster parents of multiple races and ethnicities, although all informants were English speakers. Because of limitations of the DSHS database and the practical constraints of manually sorting the data, foster parents were not sampled based on any particular variable, such as the number of foster youth in the household, the length of time as a foster parent, or children with special needs. They were not stratified by race, ethnicity, or any other factors. In this qualitative and exploratory study, the researcher sought informants who were experienced foster parents and had been caring for adolescents for 2 years or more.

This qualitative study used semi-structured, in-person interviews to identify (a) the factors that motivated informants to begin fostering adolescents; (b) the parenting approaches they employed; (c) the challenges they had encountered; and (d) how the public child welfare agency, the community, and other systems might more effectively partner with them to increase their success with fostering adolescents. The study focused on the key research questions identified in the interview guide, although questions evolved as interviews revealed promising new avenues of inquiry.

The researcher conducted all interviews. Each interview lasted approximately 90 minutes. The initial IRB approval with Washington State resulted in a request that the researcher not have more than one conversation with an informant. During the interview

process, many participants indicated that they might think of additional comments after the initial interview. As a result, the researcher successfully submitted an addendum to the Washington State IRB that allowed him to invite informants to contact him if they had additional comments following the interview. None of the participants called the researcher with follow-up comments. The purpose of the researcher's original desire to have follow-up interviews with the informants was to raise additional questions suggested by informants in earlier interviews. In qualitative study in the grounded theory tradition, data collection and analysis occur simultaneously. Important themes might have emerged that the researcher could have explored with subjects who had already been interviewed. The in-person interviews took place at a designated time, at the convenience of the informants, and at a location that was not the researcher's office.

Before the interview began, each informant received a copy of the informed consent form to read and sign and was encouraged to ask questions. The researcher asked informants not to use the real names of any foster children or provide information that could identify them as individuals. If informants agreed to be audiotaped, they also received and signed an audio consent form. If not, the researcher asked permission to take notes. Foster parents were told they could review the audiotapes and erase anything they did not want retained, or they could stop the taping if they decided they did not want specific information recorded on tape. The researcher also gave the participants a list of resources designed to support and assist foster parents raising adolescents. In signing the consent, subjects agreed not to use the names of individual foster children and acknowledged that their participation was voluntary and they could skip any question or end the interview at any time for any reason. If the researcher noticed signs of distress in

an interview participant, he asked if the participant wanted to take a break, skip the question, or discontinue the interview.

Interview Guide Construction and Data Collection

Qualitative methods are a powerful device to discover how the respondent sees the world. In this qualitative research study, interviews were the primary method for data collection. The interviews gathered descriptive data in the foster parents' own words to promote insights into how they interpreted their role in the foster care system (Bogdan & Bilken, 1983; Warren, 2002). The interviews were recorded, transcribed, and analyzed to identify themes that reflected and illuminated the meaning participants ascribed to their experiences as foster parents.

The ability of systems to identify and make available the resources and supports that foster parents need most to raise adolescents is critical to achieve the best outcomes for youth in current placements and to attract and maintain additional foster homes for this population. The interviews followed a semi-structured interview guide with a series of grand tour, contrast, and example questions, all with probes to explore responses in depth. The questions moved from broad questions about the participants' experiences with fostering adolescents and their efforts to integrate foster youth into their homes to questions that explored specific strategies employed to connect adolescents with their birth families and promote their healthy development. Other questions explored areas such as engaging other systems, managing adolescent behavior, obtaining support from the child welfare system, and helping youth prepare for adulthood. Although the researcher used an interview guide, he followed the informants' leads into areas they determined were most relevant to their personal experiences.

The researcher developed the interview guide specifically for this research to reveal foster parents' perceptions of their own success with raising adolescents, determine their perceptions of the challenges that they and others face when raising adolescents, and to elicit their suggestions and recommendations for systems improvements in the area of foster parent support. In addition, the guide queried parental functioning areas that could enhance foster parent training curricula. Although some of the questions in the initial guide were designed to elicit basic information about the individual study participants' experiences as foster parents, the majority of the questions developed from the theories that guided the inquiry and from the empirical literature. These sources helped the researcher identify sensitizing concepts that included developmental issues in adolescence, particularly emerging adulthood and resilience theory. Consequently, the interview guide drew on the challenges the foster youth faced when they aged out of foster care, the roles that some foster parents played in assisting adolescents to transition to adulthood, and some of the critical developmental challenges faced during adolescence.

In addition to complications arising through partnership with birth parents, the fostering of adolescents has raised a number of other issues. Young people enter placements with a range of unresolved issues from their past that foster parents are likely to have to address (Lipscombe et al., 2003). Two studies found that a key issue for many young people was their relationship with their own families and how accepting their foster parents were of their birth parents (Triseliotis et al., 1995; Ward, 1995). At the time when youth in the general population are planning future occupations and gaining the necessary academic qualifications, youth in foster care may be worrying about their

relationships with family members or their ability to cope with the forced emancipation that occurs at age 18 or 21 (Ward).

Foster care also differs from ordinary parenting in that young people need to establish a secure base in the foster family at the same time as they are striving to establish their autonomy. Similarly, they need to form their own identity while separated from their birth families (Steinberg & Morris, 2001). Some adolescents in the foster care system are not yet ready for these developmental tasks because of previous trauma and the number of adversities in their background. Conflicting loyalties and ambivalent feelings toward members of their birth families may further complicate this stage for some teenagers in the foster care system.

Finally, many adolescents in foster care are impaired in their capacity for attachment (Rushton et al., 1988; Thoburn, 1990; Thoburn et al., 1986). The optimum environment for the amelioration of these problems is not known. It is clear that given the early stage of adulthood at which youth in foster care are required to leave substitute care, these children have a heightened need to attain tangible life skills while in placement to enable them to deal with this premature transition to adulthood (Biehal et al., 1995).

A recent article on successful foster parenting (Buehler et al., 2006) identified eight important competency areas: (a) providing a safe and nurturing environment, (b) meeting developmental needs of children in care, (c) supporting birth-family work, (d) promoting long-term outcomes, (e) working in partnership, (f) maintaining self-care and family life, (g) growing as a foster parent, and (h) supporting children's cultural needs. Ultimately, successful family foster care results in children whose physical, emotional, psychological, intellectual, social, and familial needs are met and whose growth in these

areas is promoted within a safe, secure family environment. Successful care also is indicated by the actualization of permanency plans and the lack of unneeded or unplanned placement changes. Finally, successful care is demonstrated by foster families who adequately manage the challenges associated with fostering such that care provision does not diminish the psychological well-being of foster family members or the quality of their interpersonal relationships (NCFFC, 1991).

The Analytic Approach: Issues of Validity and Reliability

Guba and Lincoln (1985) suggested that the concepts of validity and reliability as described in quantitative research are not applicable in judging the soundness of qualitative inquiry. Instead, the authors proposed an alternative set of criteria. Their criteria included a focus on credibility instead of internal validity, transferability as opposed to external validity, dependability rather than reliability, and confirmability rather than objectivity.

Credibility involves establishing that the results of qualitative research are believable from the perspective of the participants in the research (Guba & Lincoln, 1985). For example, in this study the purpose was to understand the foster parents' perspective on the issues, opportunities, and challenges associated with raising teenagers in foster homes, and foster parents were the group best situated to judge the credibility of the results. A number of activities can enhance the likelihood that the findings and interpretations from qualitative research are credible. As an example, prolonged engagement allows the researcher to become immersed in the context and nature of the phenomenon being studied and thereby better control for distortions. These include the personal distortions of the researcher or the interview respondents. Persistent observation

is intended to assist with identifying those characteristics and elements in the environment that are most relevant to the issue being pursued and focusing on them in detail, thus providing depth to the inquiry.

As stated earlier, the foster parents themselves were in the best position to indicate whether the findings and interpretations truthfully represented the realities that they hold and the realities they expressed during the interview process. Member checking allowed for interpretations, and conclusions were tested with the foster parents from whom the data were originally collected. This allowed the researcher to determine if the reconstructed realities contained in the findings and conclusions were recognizable to the foster parents as adequate representations of their realities (Guba & Lincoln, 1985).

Transferability refers to the degree to which the results of qualitative research are applicable to other contexts or settings (Guba & Lincoln, 1985). From a qualitative perspective, transferability is primarily the responsibility of the person doing the generalizing: the researcher. The qualitative researcher can enhance transferability by doing a thorough job of describing the research context and the assumptions that were central to the research.

The qualitative researcher must account for the ever-changing context within which the research occurs; this determines dependability in analysis. Consequently, the researcher must describe the changes that occur in the landscape on which the phenomenon occurs and document how these changes affected the way the researcher approached the study. Similar to the conventional concept of reliability, dependability recognizes that the notion of repeatability is paramount to establishing trustworthiness of qualitative research results. During this study, no new regulations or events that would

affect the relationships among foster parents, adolescents in care, and the child welfare system occurred; however, the informants did discuss changes that had occurred in the past. Some informants had fostered adolescents for decades, and they brought considerable insight to the dynamic nature of the system and how they adapted to those changes.

Guba and Lincoln (1985) proposed the use of an inquiry audit to establish both dependability and confirmability. In such an audit, the researcher engages an independent expert to review both the process of the inquiry and the product of the inquiry, including the data, findings, interpretations, and recommendations. Following this review, the independent expert attests to the level of dependability (process) and confirmability (product) of the original research. The researcher did not employ an independent expert; however, regular discussions with the dissertation chair, who read and independently coded the interviews, continuously challenged the interpretive dependability of the researcher's analysis.

Protection of Human Subjects

As indicated earlier, the researcher undertook this study after the Washington State and Hunter College IRBs independently reviewed and approved the protocol. Participation in this study was voluntary, and although the researcher knew the identity of every participant, he took rigorous precautions in the collection, storage, and analysis of the tapes, transcriptions, and consent forms to maintain the confidentiality of participants. Study informants did not use the names of foster children or provide any information that would identify them. The interviews took place in a private location convenient to the foster parent, but not in the researcher's office located at a large foundation that provides

child welfare services. This was an important precaution, because in this setting informants could have encountered an agency representative who could have identified them.

The informed consent highlighted both the voluntary nature of the interview and how the researcher would maintain confidentiality. A professional transcription company that handles sensitive data immediately transcribed the audiotapes and removed any identifiers. The company that provided transcription for this study, TriWest Group, has a well-established reputation and procedures for ensuring confidentiality.

All materials related to this study were kept in a locked file cabinet in the researcher's office, to which only he had direct access. The dissertation chair also had access to unidentified transcripts of all interviews. The researcher anticipates keeping all transcribed interviews, notes, memos, and consent forms in a locked file cabinet in his office and will maintain them for 3 years, after which time he will destroy them. In this dissertation report, the researcher omitted or disguised all identifying information about families or agencies.

Analysis of Qualitative Data

Unit of Analysis

The unit of analysis for this study was the foster parent or couple—specifically, foster parents who were rearing teenage foster youth in their homes (Patton, 2002). The selection of foster parents as the unit of analysis meant that the primary focus of the inquiry and the data collection was on what the foster parents perceived to be the issues, challenges, and opportunities associated with raising teenagers in their homes.

Qualitative Data Analysis

The researcher manually analyzed the data collected for this study. Initially, the researcher developed categories within which he classified and interpreted observations from informants. Two different category systems were required because naturalistic evaluation is a two-step process. The first category was identification of the concerns and issues of the audiences involved, and the second category was collection of information bearing upon those identified concerns and issues (Guba & Lincoln, 1981). Through the process of inductive analysis, the researcher was able to identify emergent themes and concerns. Data analysis consisted of (a) a line-by-line reading of the transcribed interviews, (b) the identification of themes common to the responses of multiple participants, and (c) the identification of categories of meaning that emerged from the data.

The intent of the researcher was not to generalize findings from this sample of foster parents. Instead, the researcher strove to derive themes inductively from the narrative and to elevate and express the voices of these critical members of the foster care stakeholder community. Although trend analysis was not possible from this sample, thematic analysis was a critical aspect of the findings.

Analytic Strategy

The analysis of the collected data proceeded according to the three major processes outlined by Strauss and Corbin (1998). In the process of open coding, the transcripts were analyzed in order to understand and label the thoughts, ideas, and meanings contained in the data. From this analysis, categories and subcategories captured the experiences of all participants. The process of axial coding resulted in the

identification of connections between the categories and subcategories. Ultimately, the process of selective coding resulted in refining the categories, actions, and conditions identified in both open coding and axial coding into a cohesive theory that may support the design and development of approaches and strategies to improve foster parents' willingness and capacities to foster adolescents in their homes.

Limitations of the Study

Because this study was qualitative and designed to explore issues of fostering adolescents in depth, it did not test any formal research hypotheses. Instead, the purpose of the study was to explore key questions identified earlier so the researcher could understand them more completely. This kind of research can begin to establish a critical foundation for later research. In addition, there was a lack of previous research specific to this topic. Little knowledge was available on how foster parents understood their roles caring for adolescents, how they navigated the difficult terrain of adolescent development, or what expectations they had of the child welfare system. This was relatively new ground, and the researcher hoped to gain a better understanding of the role foster parents could play, if any, in influencing policy and practice with adolescents in foster care.

The study had several significant limitations. Although Washington State developed a probability sampling strategy to identify potential informants, the researcher was entirely dependent on the willingness of individuals and couples to agree to learn more about the research and ultimately to agree to an interview. Consequently, there was no way to determine how representative these informants were of the larger population of parents fostering children in the state. On the contrary, it was possible they represented a

unique population of foster parents willing or anxious to discuss their experiences with the interviewer. Consequently, their vivid descriptions of fostering teenagers, their exceptional level of commitment to their roles, the types of avenues that brought them to foster care, and their remarkable willingness to extend their relationships with foster children well beyond the expectations of the state may have been unique.

Although the researcher originally proposed selecting “exceptional” or “successful” informants for this study, Washington State would not agree to make such a determination; the pool of potential participants was any person or family known to have fostered teens for at least 2 years. The original rationale for interviewing successful foster parents grew out of the researcher’s intention to understand what made success possible in this difficult endeavor. Although it cannot be known with certainty, it is possible that the study participants were in fact the exceptional informants the researcher originally sought.

While the original intent of this study was to include both kinship and non-relative foster parents, none of 17 families who agreed to participate were kinship caregivers. This presented a limitation to the study as this significant voice on fostering adolescents was not included. Additionally, given the high percentage of African American (32%) and Latino (19%) children in the foster care system nationally, the absence of a significant representation of foster parents of color in the sample presented a limitation to this study. Only 17% of the sample was African American, and none were Latino.

Another limitation of this study was its geographic specificity. Although the Federal government establishes overarching standards for child welfare protection, each authority operates differently.

Despite these limitations, the researcher contends that the findings of this research began to inform the discourse about out-of-home care for adolescents on the cusp of emancipation from the child welfare system. Shifts in government and not-for-profit agency policies are generally the outcome of considerable internal debate that results in changes directed from a higher government authority. Rarely does this level of change occur based on the voices of a small number of participants from a single stakeholder group. Child welfare policies have been the subject of controversy for many years. This policy debate in child welfare raises questions in many areas, such as the rights of children as opposed to the rights of their parents. Another question plaguing child welfare policy is whether ethnicity is a factor to be considered in service design or is an indicator of those likely to abuse or neglect their children. Persistent questions in the field also include the following: What is the appropriate role of government in intervening in family problems? How long should the government be obligated to provide support services to young adults who spent a significant portion of their lives in the foster care system? The answers are complex, but it is clear that the child welfare system has access to an exceptional resource in the families that care for foster children and add their voices to the discussion. It is this level of inquiry, identification, and elevation of social issues that will keep social work at the heart of child welfare (Pecora et al., 2000).

In this study, the researcher strove to help increase understanding of adolescents preparing to age out of care and move on to independent living and how best to improve

their care and support. He anticipated helping social workers at both public and not-for-profit child welfare agencies gain a better understanding of what foster parents believed they needed to serve adolescents better. Additionally, this study provided a way to share the perspectives of existing foster parents with those who may potentially become foster parents.

The following chapter begins the discussion of the analytical results that emerged from the narratives of the foster parent interviews. The focus of chapter 6 is on the factors that motivated study participants to become foster parents for adolescents.

Chapter VI: FOSTER PARENT MOTIVATION: THE DRIVING FORCE BEHIND FOSTERING ADOLESCENTS

Introduction

The previous chapters presented the focus of exploration, the theoretical framework, a description of the methodology and design, and an overview of research about foster parents. Areas of interest for foster parent researchers included what motivated people who decided to take on foster children and the indicators of their success once they became foster parents (MacGregor, Rodger, Cummings, & Leschied, 2006). Earlier studies on motivation considered both intrinsic and extrinsic factors, a distinction originally introduced by researchers interested in examining motivation in the workplace. Intrinsic motivators were distinguished from extrinsic motivating factors based on their internal or external origin (Ambrose & Kulik, 1999; Baron, 1998).

Researchers have identified several expressions of intrinsic motivation to become foster parents. These include altruism, the desire to have more children in their homes, and the perceived benefits for their own biological children (McGregor et al., 2006). People may become foster parents because they want to give back to the community (Testa & Rolock, 1999) or to help children in need (Buehler, Cox, & Cuddeback, 2003). Additional expressions of intrinsic motivation include wanting to help a particular child with whom a relationship already exists, filling the void created when birth children leave, providing a playmate for an only child, or wishing to adopt a child (Baum, Crase, & Crase, 2001). The most frequently identified extrinsic motivator is the monetary support received by foster parents (Denby, Rindfleisch, & Bean, 1999; Hudson & Levasseur, 2002; Kirton, 2001; Redding, Fried, & Britner, 2000).

Prior research has focused largely on the experiences of foster parents in general (Denby et al., 1999; Hudson & Levasseur, 2002; Kirton, 2001; MacGregor et al., 2006; Rhodes et al., 2001). Few empirical studies have considered the motivating factors of foster parents who choose to raise adolescents in particular. Because little previous research focused specifically on the motivations of people who decide to foster teens, the current study sought to understand what factors motivate foster parents to accept adolescents, who are arguably a difficult age group, into their homes as foster children. The researcher used semi-structured interviews to elicit rich descriptive details from foster parents in King County, Washington, who have fostered adolescents for at least 2 years.

Washington State Foster Parent Requirements

In order to become foster parents, individuals or couples must undergo considerable scrutiny and endure investigation into their private lives. The licensing and certification procedures are also time consuming and expensive, so people must be highly motivated in order to undergo a process many would find onerous and overly intrusive. Chapter 388-148 of the State of Washington's Administrative Code outlines the requirements a person must meet to become a licensed foster parent. The enormity and complexity of these requirements are indicative of the life-changing steps potential foster parents must undertake to realize their desire to open their homes to adolescents in care. The Washington DSHS issues or denies a license or certification solely based on compliance with all licensing requirements.

Foster parents are required to be at least 21 years old. The State determines the number of children it will place in a home at any given time based on the household

accommodations, the foster parent's skills, and the level of care each child needs. Not all foster parents receive approval for the same number of children. The age, physical needs, and emotional needs of both the foster parents' own children and the foster children are factors in making this decision. According to the Administrative Code, a two-parent household may have a maximum of six children, including birth children. A single parent household may have a maximum of four children, including birth children.

Before licensing foster parents, representatives of the State assess the individuals for a number of personal characteristics described in the Washington Administrative Code. Applicants must demonstrate that they have the understanding, ability, physical health, and emotional stability to meet the physical, mental, emotional, and social needs of the children under their care. Applicants must undergo a background check, including a check of criminal background and any history of abuse or neglect. Background checks apply to any member of the household who is at least 16 years old. Any member of the household 16 years and older who has lived outside the State during the preceding 3-year period must complete an FBI fingerprint check.

If applicants have had a license denied or revoked by an agency that regulates the care of children or vulnerable adults, they cannot become licensed foster parents unless the State determines that they do not pose a risk to a child's safety, well-being, and long-term stability. The Washington Administrative Code also includes a clause asserting that the State may request additional information at any time, including (a) substance and alcohol abuse evaluations or documentation of treatment, (b) psychiatric or psychological evaluations, (c) psychosexual evaluations, and (d) medical evaluations or medical records.

The applicant for a foster care license must pay for any evaluations that the State requests. In addition, the applicant is required to give the State licensor permission to speak with the evaluator/provider prior to and after the evaluation. Foster parents are also required to have completed 30 hours of preservice training prior to receiving a license. The Administrative Code specifically mentions two components of this mandatory training. These are training on basic first aid and age-appropriate cardiopulmonary resuscitation. This training must meet nationally recognized standards. Additionally, foster parents must complete State certified training in the prevention and transmission of HIV/AIDS and blood-borne pathogens.

The State may deny, revoke, or suspend the license if the DSHS decides that a foster parent or an applicant cannot provide care for children in a way that ensures their safety, health, and well-being. The Administrative Code indicates that the State must disqualify a foster parent or applicant on a number of specific grounds. These include (a) failing the background check, (b) having committed child abuse or neglect, (c) obtaining a license based on false statements, (d) participating in or permitting illegal activity to occur in the foster home, (e) abusing substances or permitting others in the home to do so, (e) refusing to allow authorized state staff to enter the home, or (f) failing to comply with the federal and state laws for Native American children in their care.

Washington State provides foster parents reimbursement based on a foster care rate assessment. The State completes an individual assessment for every child placed in care to determine the level of care required to meet the child's needs. The State assigns each child a level of care ranging from one to four; four represents the highest level of need. The rate at which the State reimburses foster parents for caring for children is

predetermined based on the State-identified level of care. The current monthly reimbursement rates are approximately \$573 for children at level one, \$751 for level two, \$1098 for level three, and \$1377 for level four. In other words, foster parents receive reimbursement for care at an annual rate that ranges from approximately \$6,876 to \$16,524. Foster parents must demonstrate that they are financially able to meet their own household needs without using the reimbursement funds, which are intended for the care of the foster youth and are not considered salary for the foster parent.

The burdensome process involved in meeting the requirements to become a licensed foster parent and the intrusiveness into the lives of candidate foster parents in contrast to the relatively small amount of reimbursement for fostering children suggest that candidates' motivation must be strong. These factors also suggest that the widely held community belief, bolstered by expert study (Kirton, 2001), that people decide to become foster parents for financial gain is probably unfounded or exaggerated. Caring for adolescents is difficult for parents under the best of circumstances. The choice by foster parents to accept teenage foster youth into their homes intensifies the question of motivation as an area for exploration.

Motivations to Care for Adolescent Foster Children

A central question for this study was what motivates citizens to become foster parents for adolescents. What are the thoughts, needs, and feelings that underlie the decisions by individuals to open their homes, lives, and families to adolescents in foster care? What would cause someone willingly to undergo the level of government scrutiny involved in the licensing process? What enables foster parents to persist in the face of the challenges of fostering adolescents in particular? Few studies have sought to understand

this phenomenon from the perspective of foster parents currently raising adolescents. Foster parents in this study identified many difficulties fostering adolescents; however, they continued to do so, most for 15 years or more. These foster parents of adolescents faced numerous burdens, including destruction of property, relationship challenges with family members, false accusations of child abuse, and the complexity of providing for adolescents with extensive health and mental health care needs. Nonetheless, even when faced with behavioral problems, family disruption, economic strain, and persistent State intrusion, the foster parents who participated in this study continued to provide care.

Challenging Children

A number of participants described challenging episodes with children placed in their homes. While in their care, teens destroyed their property or used illegal substances. They came to their foster families with complex health and mental health problems. In many cases, however, the foster parents felt compelled to continue providing care to these children. Sarah, who had been fostering adolescents for more than 20 years, reflected on having her property destroyed:

I had a child, 17 years old, had been with me for a little over a year, and the social worker wanted the child to be returned back to bio father. The kid did not want to leave. Once he got the information that he was going to be transitioning back—and I am glad the State does a transitional piece now—the child started breaking things up. He broke every window out of my van with a 2 x 4. He never attacked me, but broke all my windows out, called me every name there was to call me, told me I had lied to him that he was able to stay here with me. It wasn't my choice that he went back to his home. He wanted to stay here and the State said, "No."

Another long-time foster parent, Carrie, was married with six children of her own. She had begun foster parenting almost 24 years earlier. She described the strain that fostering had on family members. In one case, the adolescent's desire to experiment with

drugs and alcohol contrasted sharply with a household that valued moral behavior. In addition, the 8-year relationship with her foster child threatened her relationship with her husband:

He and I had a great relationship because I had been mentoring him for 8 years and been with him when he had to report drug abuse of his mother and some really hard things he had to deal with. The kids—it was hard for them because they were going through their teenage stuff and they noticed he had more trouble following rules. We have a very moral home, and he had normal teenage behavior and he wanted to be sexually active and wanted to use alcohol—those kinds of things and my kids didn't. It was really hard on them that someone in our home would try to do those things. It was very difficult for my husband because the boy and I had a very close relationship and he didn't, and I think he felt left out. He was threatened by that relationship. It was hard, of course. In the beginning, I just thought it was fate and that he needed to be part of our family, and that we should see him through college and marriage, the whole thing. It was difficult when he didn't just say, "Oh, yes, thank you so much for being so wonderful to me. I am going to do everything you say."

Implicit in this foster mother's description of her experiences with this foster child was the significance of a relationship with a child in whom she had invested 8 years of mentoring. She framed his misdeeds as typical adolescent behavior, even though her own children did not act out in similar ways. Although she longed for him to express appreciation for her efforts, hopes, and dreams on his behalf, that was not forthcoming.

Many children enter foster care with serious physical or mental health needs, and the foster parents who care for them must assist in meeting all their medical needs. These problems may be complex, longstanding, and place an enormous financial and emotional burden on foster parents. The intimate care of such a child can, however, have the paradoxical effect of creating a bond between the foster parent caregiver and the child. In the case of a foster child injured in an automobile accident, she and Gloria formed an intimate relationship as the foster parent supported the child through multiple medical interventions:

She was a very difficult child when we got her. She had lived at Harbor View hospital for 6 months because she had been run over by a truck and had too many surgeries on her leg. She had had nine surgeries when we took her. We ended up having 4 more surgeries during the time that she lived with us. She had lived in over 20 homes . . . There were many, many, many doctor appointments and hospital visits but she was difficult because she was a wild child. She had been partying, drinking and using some drugs starting at age 11. As I got to know her better she told me about some of the things she had done and been involved with but she always told me there were a lot of things she still couldn't share with me but someday she would. We actually became very close. She was probably the first foster child that I felt like was my own child.

Not only did these foster parents face acting-out behavior and complex medical and psychological problems when they cared for teens, but some also reported that they gave up their own life goals to commit to caring for other people's children. Martha had raised her son to adulthood and was preparing to enter a new career before she decided to return to fostering adolescent children. At the time of the interview, she was a 17-year veteran as a foster parent and had given up her pursuit of a singing career. She saw a parallel in her gift for singing and her gift for caring for children who needed a home. Both had religious meaning for her, and she saw them both as gifts from God:

Well I had put together a promotional packet and tape. I had opened shows for a number of top name acts—BB King, James Brown, Tina Turner several others. I wanted to headline or at least move up to the headlining spot in Las Vegas, and I had prepared my promo packet, and I was moving to go to Las Vegas and make it big. I went in and did a five or six song demo tape. I was all ready to go when I went into the fostering. There was just something about that need and children that were in need of a home that just touched my heart and made me want to do this.

I look at my ability to sing as a gift from God, and I know that children are gifts. So when I went back and forth with this I had to think about what is the greater gift? To go give my gift that God has given me to other folks or to take a gift that God has given and shape and mold that gift into a prosperous, functioning human being whose life had been upended through no fault of their own and help put them on the right path and guide them in the right way.

It was almost a no-brainer for me to make that decision because I know with my gift I can always sing at weddings, anniversaries, divorce, separation,

pregnancies—if you are worried about any of those things I can find plenty of opportunity to be able to sing. Singing for the sake of singing, is a beautiful thing, you listen to the roar of the crowd. It has not always been the roar of the crowd that has guided me in my thinking. But what I can do to make life better and the world better, humanity better there is no better way to do that than changing a life.

In spite of challenges and personal sacrifices, the foster parents interviewed for this study endured. They kept on giving even while they compromised their own family relationships, dealt with physically and emotionally wounded children, or put aside their personal ambitions. The bonds they were able to forge with the children produced emotional connections that sustained them. Even when children did not achieve the dreams they had for them, years later they could recall the power of hope.

A total of 20 foster families participated in this study. Among the primary respondents, 15 were foster mothers and 2 were foster fathers. The motivating factors they described for fostering adolescents were consistent with those found in the literature for foster parents in general. Just as Carrie, Gloria, and Martha reported, altruism appeared to be a powerful motivator, but what these narratives captured moved beyond a simple desire to improve the lives of these children. To some degree, the difficulties the adolescent children posed bound them together with strong emotional ties. In these cases, affective bonds enabled parents to continue to foster through many problematic circumstances and cemented the parents' altruistic motivations.

These narratives begin to unfold the complex nature of altruism. Although some informants may have started their journey as foster parents because they or others saw they had a gift for giving to children, a different type of altruism motivated others. For some, fostering was an extension of their job or field of professional expertise. A family member, friend, or neighbor recruited others. For some, the desire to fill a personal void

led them to foster adolescent children. Finally, some expressed a combination of motivating factors without any one factor appearing to be the dominant influence.

Motivation by Professional Association

Two informants, Deborah and Sandra, saw the foster parent role as an extension of their jobs; their professional lives led them seamlessly to undertake the care of foster children. In addition, circumstances allowed them to build on their past work experiences when they were no longer able to participate in the work force. Deborah's employment had been as a social services worker. After she was unable to work outside of her home following surgery, she saw becoming a foster parent as a way she could bring her profession into her home. In this case, the affective aspects of being a foster parent were secondary to a strong belief that fostering was also a profession and therefore should receive recognition and training commensurate with an occupation:

At that time I was in a pretty major flare, and I needed surgery on my knees, and I needed to be home so it was convenient, the situation to move my job home. That is how I have always looked at it. It is my profession; it is not just some little old lady in a lace apron doing a good deed. I have always advocated that this is a profession. We are not just do gooders. It is a profession, we need training and we need recognition.

Similarly, Sandra linked her motivation to become a foster parent to her employment.

She had been a police officer before she retired, and she also saw a direct connection between fostering children and her previous professional role. Since she had training in child abuse and molestation, the transition made even more sense to her:

In terms of getting into foster care; I am a retired police officer from San Diego County and my education is in child abuse and child molestation with my criminal justice degree. In law enforcement, I worked very closely with DSHS down there. I would work cases and most of the time I was the one who removed children from their home and took them to a foster home for placement. A lot of times I found that the foster home wasn't much better than the home I took them

away from. When I reached a point in my life when I knew I could provide a home for foster children I knew that was what I was going to do.

The foster parents who were motivated by a professional transition approached their role as foster parents in a more structured and less emotionally engaged way than some other foster parents did. Foster parents who did not link their professional and foster care roles tended to be bound to the children in more affective ways. Foster parents who were more instructional in their approach to the children were more likely to see foster parenting in a professional context. They were also less likely to see themselves as a substitute for a child's parent. Instead, they equated fostering with coaching or instructing the young person to make developmentally appropriate achievements. They were also less likely than those with nonprofessional motivators to romanticize their relationships with children in their care. Deborah explained it this way:

That is how I see my role, not so much as a parent but as a teacher. Because foster homes are terrible places, no matter how good they are, how skilled they are they are still terrible places for the child because it means someone has failed their essential duty to provide for that child and that is devastating and we can't be the parent. We can be the teacher, we can be the friend, we can be the role model, we can be all kinds of things but that essential role of the parent belongs to the parent. I don't try to get into making them think I am their mommy. I'm not. Yet, I can be a very valuable teacher.

Recruited Foster Parents: Friends, Neighbors, and Relatives

Nearly all study participants identified something within themselves as the catalyst for becoming a foster parent of adolescents. Only two of the foster parents, Allison and Sarah, identified the specific recruitment efforts of a friend, family member, or neighbor that caused them to open their homes to children in foster care. During their interviews, however, they also identified some preexisting interest in caring for others. In one example, work experiences that one parent had in a school might have primed him to

see the need for foster homes. In all these instances, a person outside the informant identified the person's compatibility with this demanding role. Samuel, a married father of three children and guardian to two relative children, described the role a chance encounter with a neighbor played and the decision he and his wife made to become foster parents:

We were out in the yard working one day and one of our neighbors passed by and she had a little girl who was probably about 5 at the time. She was a Caucasian woman and she didn't know how to do the little girl's hair so she asked my wife to do her hair. My wife did her hair and then the neighbor asked us if we would be interested in being foster parents because she was just temporary with the little girl. She convinced my wife—that was about fifteen years ago and we have had over fourteen children and six have been teenagers.

Having worked with the school district, I would come home with the tales about kids and what they were going through with their parents and I told her if we are ever in the position—we were not rich—but our kids had never been in trouble—kind of old school, new school raising, there was one way and then there was my way. So we thought we could take in other kids and help them out and maybe just steer them in the right direction.

Although it is clear that Samuel took action after he was prompted by a conversation with his neighbor, it was also evident other factors were already operating in his family's life that influenced the couple's decision. Samuel had worked for the school district, where he had heard about experiences of children who were "in trouble with their parents." In addition, he and his wife had been willing to raise their niece and nephew outside of the foster care system. Nonetheless, they were required to complete the State licensing and training process prior to having foster youth (even their own relatives) placed in their home. Similarly, Sarah described being directed by a relative to become a foster parent, while also indicating a belief that her life calling was to help others:

I was directed to do it by a relative because they saw something in me where they said, "You are always having children around you. You have been this way all your life. There are children out there that really could use a home like you can

provide.” They gave me the information and I went to a meeting and I liked what I heard and I decided that I would become a foster parent.

That was my calling. I am a provider and I enjoy taking care of others. It gives me joy to see children grow to be productive and to have an insight that other people do care about people. I try to give children who don’t have the opportunity to be in a family setting, because of whatever reason, to have a family setting—regardless of nationality or religion to come into a family and see what that looks like.

In both cases, outsiders may have promoted the decision for the people to become foster parents, but they did so after they observed how these people interacted with children in caring ways or how they expressed their love of children. The parents themselves might have identified an extrinsic source for their motivation to foster children—someone else who observed their behavior pointed out the possibility to them—but both Samuel and Sarah described the altruistic underpinnings of their decisions. Although altruism as a concept can manifest in a number of ways, generally it relates to an empathic predisposition to help others. These foster parents may not have made this connection themselves, but others did so for them.

Types of Altruism as Motivators to Foster Adolescents

In previous research, foster parents motivated by altruism have largely been viewed through a single lens—individuals who are motivated to do good for others in need. The participants described in this study presented a more complex and nuanced understanding of the concept of altruism that represented four distinctive types of altruistic motivation. Three of these variations were child-focused altruism, and the fourth was a form of self-focused altruism.

Child-Focused Altruism

Three of the study participants—Walter, Gloria, and Martha—indicated that they began their role as foster parents for adolescents because they saw helping children in need as their mission in life; put another way, they had an intense desire to “give back” by caring for children. This is the first form of child-focused altruism. Walter, a married father with two daughters, began fostering because he saw his family as “blessed.” In this case, the entire family, including the two young girls, understood the importance of sharing their blessings with others. They went through the licensing procedure in order to open their home to a particular child who remained with them through her adolescence. This father wanted his family to share what they had as a family with a child who was not as blessed as they were; they underwent the daunting State licensing process in order to take care of the child they identified as in need:

We have been foster parents for 18 years, my wife and I. She actually came to me 18 years ago when one of the grandparents that she sold Avon to, believe it or not, had her grandchild there that was in the system and the grandparent couldn't take care of her and she told my wife they were looking for a home that maybe could take care of this young child. My wife came home to me and said, “What would you think about doing foster care?” We had two children at the time that were 8 and 11, two girls, and she talked to us and we said, “well sure, we have been blessed let's find out more about it.” So, we took the classes and went through the whole training process and then waited for our first child. We just felt that we were blessed with having the tools, shelter, the upbringing, the support system to each other that we could share those with a child that didn't have those breaks.

A second type of child-focused altruism grew out of a desire to change the lives of a particular group of children or children with a particular set of needs, for example African American children. Martha described a desire to help African American children and children who were among the hardest to serve and the most difficult to place with same-race families. In her case, Martha exchanged her aspirations for her own career after she found out about the unique needs of Black children in the child welfare system.

Her desire to contribute to the needs of these particular children overwhelmed her personal aspirations:

I have been a foster parent since 1991 about 17 years. What motivated me is the need to have African American foster parents. I started out taking the classes and I just went to take the classes while I was getting ready to do some other career kinds of things. Once I took the class, I forgot about the career kinds of things I wanted to do and made fostering my life mission. Because they didn't have enough—what they said was they didn't have enough African American foster parents.

I always went into it knowing that I wanted children that were the hardest of the hardest to serve. To me it is a challenge to fix, if I can fix it, if I can make it better, if I can help it along, to change some thinking that I have seen go on in the heads of children and make them better and give them a piece of love and life. That is what meant something to me. Whatever kind of child they brought to me, it didn't make any difference, I just wanted to try and help that particular child. One of them at a time and help them to get better and move their life along.

In addition to altruism that reflected a desire to help the general population of children in need or a particular class of children, a third type of child-focused altruism reflected a desire to care for specific children with whom the foster parent already had a relationship. These relationships could form at church, at school, through mentoring efforts, or through other connections in the lives of potential foster parents. Some foster parents who began their fostering careers with this type of child-focused altruism went on to care for many other children beyond the initial placement, while others were clear that their altruism was limited to a particular child or a child who was a relative. Denise and her husband had raised nine children of their own when she encountered a group of foster children at her church. She knew very little about foster care but was concerned that the children were not receiving appropriate care:

What motivated me were some kids at my church. I would see these kids with other people and at that time I didn't know anything about foster care or anything like that because I had been so busy with the nine that I had of my own. I wasn't thinking about anybody else. I thought as soon as these are gone I'm going to be

fancy free but that wasn't the case. I met these kids, and I observed some of the way they were being kept, you know what I'm saying? To me, I didn't understand it. So sometimes, I would say to the kids, "Well, how are you doing today?" They'd respond, "I don't know. Can you get me something to eat?" And I would say, "You hungry?" "Yes, we didn't have any food today." I was like, "What is your Mom doing? She didn't make any food today? You guys are big enough; make your own food." They told me, "We can't go in the kitchen, we stay in the basement and the door is locked."

I didn't confront that lady but I really strongly wanted to get in her face . . . I had asked one of the ladies at church, what is foster care and they told me. I was like, man! I need to get some rules and regulations of what it looks like and what they expect of foster parents. So these kids started asking me if they could stay with me. I told them, "I don't know how this is done and she probably would be very upset."

One night and a phone call came . . . and it was somebody from the foster parent association, and I asked them who gave them my name and they said we have some kids who asked us to make you their parent. I said, "Oh, really who might that be?" She said, well some kids it seems like you might have been hiding them under your wings kind of like a mother goose. So right away, I knew who it was. I said, "OK."

Since this initial placement in 1990, Denise went on to foster a number of additional adolescents, and she continued to play a role in their lives and even the lives of their children. In contrast, Ruby and her husband had been foster parents for 3 years with only one foster child in their home. While raising their own child, they became foster parents because a family with whom they were involved needed help:

We kind of fell into it; we were doing mentoring, and we got involved with the child we have now through Family Preservation Services. We got involved with the family. When he actually fell into foster care, we got involved at that point.

[Caring for] multiple children was never really a thought for us. We have our own child and not wanting to upset the family dynamic too much with multiple kids in and out. When we got involved with this child it is because all of us knew we had helped or befriended a couple other kids and when he and his brother and sister went into foster care; actually it was pre-foster care, they were with a relative but it was an aging grandfather who was also pretty sick. They called and asked if we could arrange to spend some time with the youngest of these 3 children. So when we first got engaged with this boy it was really more through a mentor type of relationship and we just really came to love him during that time. So when the

grandfather got sick and the kids needed to be put in foster care that is when we were approached and they asked if we would consider taking a couple of the kids—a girl and a boy. So we said we would take the youngest.

Although Ruby did not express a desire to continue fostering children other than this particular child, she and her husband continued their altruistic efforts through mentoring and other community activities that involved improving the welfare of youth. At the time of the interview, they did not plan to take on more foster children in their home.

Self-Focused Altruism

Giving back to the community by helping children in need of foster care could also emerge from an underlying desire to meet one's own personal needs. Two study participants, Victoria and Kathy, described their entry into the foster parenting role as a form of self-focused altruism. Their motivations involved filling a personal need or void; however, their personal needs were different and so was the extent to which they extended their altruism to others.

Victoria began fostering at age 28, and over 37 years she touched the lives of more than 3,000 children in foster care. Most were with her for very short periods, but she cared for nearly 100 youth on a long-term basis. Her original motivation to become a foster parent stemmed from her own emotional needs at a difficult time in her life. As a young mother emerging from a failed marriage, she began fostering as a means of addressing her loneliness; she considered this self-focused motivation as the “wrong” type:

I got involved for the wrong reasons. I was newly in the process of getting a divorce. My biological kids were young and went to bed early and I sat up feeling sorry for myself. My sister went to a Quaker Friends meeting where they said they needed foster parents for teenagers. And I thought, “I’ll take a teenager and they will take my mind off of my own troubles.” It was also right at the time when

the State changed rules and you didn't have to be two, mother and father, to be foster parents. It just seemed to be the right thing to do.

Another foster parent, Kathy, was also motivated by personal emptiness in her life; she began fostering as a means to fulfill her desire to adopt a child. Unlike Victoria, she did not pursue providing long-term care for any children other than the daughter she ultimately adopted. In this case, her self-focused altruism stopped when she achieved her own needs:

I have been a foster parent for 22 years and I originally became a foster parent through foster-adopt because I knew I wanted to adopt. At the end of the 8 weeks of training (this was a long time ago) they told us if we would stay in training for 1 more week, which was just one night that they would license us as foster care also as well as the license for adoption. I thought that sounded good so then when our daughter came up for adoption we had her in foster care for about 6 months and then adopted her she is 21 now but she has developmental delays so it is a little different than your average 13-21 year old.

The decisions that Kathy made to bring additional foster youth into her home were largely because she wanted to meet the needs of her adopted daughter. She coupled this with her desire to be of service to others:

Partly to give my daughter the experience of siblings and to be of service; it is part of my belief that we are here to provide service. As my daughter got older, it became safe for her to be around other children. I had to wait until she was able to say no to outside influences and that took a long time.

The other young boy was an adolescent. I only had him for 2 days so it was very brief. That is what I do; I do emergency placements . . . I am very picky, so only about 6 (total). I am very selective and I usually ask my daughter if this is a good time for us to take in a kid. The longest I have taken is about 3 months and that was a baby.

Although clearly Kathy's motivation to foster was primarily her self-focused altruistic desire to adopt, she also alluded to another motivator: her long-held belief in service.

However, it may be that people whose motivation is more self-focused are more likely to assume responsibility for fostering adolescent children on an ongoing basis.

Foster Parents With Multiple Motivating Factors

Almost every informant in the study had multiple motivations for fostering adolescent children, but in most instances they were clear that one factor predominated. For other participants in this study, their primary motivation to foster adolescents was not as clear. Sophia, Andrea, Rose, Virginia, and Jean all had multiple motivating factors with no one dominant factor. For example, Andrea's motivation derived from a personal void she and her husband faced because of an empty nest, and it was also an extension of her professional role as a *guardian ad litem*. Consequently, she represented a combination of professionally driven and self-focused motivational features:

I was a young parent and when my children went off to college, they left at the same time. My husband and I looked at each other and asked, "What do people do without any kids?" We waited about a year and a half before we decided to try foster parenting and then we were just going to do respite care. The first child we had in respite care was 7, he is now 26 and he has been part of our family since that first day.

I was a *guardian ad litem* for about 2 years so I went out and talked to foster parents, children, and birth parents and saw there was a real need for foster parenting. I have always thought of myself as a professional "mom." I have always been around children. I helped with my younger brothers and sisters and had my children at an early age and took care of nieces and nephews all along, so children have always been a part of my life.

Both factors influenced Andrea and her husband's approach to fostering children.

Similarly, as a couple, Rose and John had complex motivations and no single one factor determined their decision to care for children in their home. Their motivations included John's profession as a therapist, the family's altruistic desire to foster a child with whom they had a relationship, and Rose's desire to fill the void of not having their own children.

John: My motivation came out of my work. I am a child therapist and often I would see children in foster care and they ended up moving so often that it felt like therapy was a waste of resources because they never had the stability behind

them to really settle in and work therapeutically. So, we started out trying to provide respite for foster parents to stabilize the placements.

We did that for several years and then an opportunity came along where we knew of a child who very much needed a placement and decided to try jumping in and being foster parents full time.

Rose: For me it was just not having children ourselves it was a way to build child interaction and be involved with youth. I have always enjoyed being involved with kids. This was an opportunity for me to fulfill that need within myself as well as provide some foster care for some kids.

For many foster parents in this study, the motivations to foster adolescents evolved and changed over time. In other words, motivation was a dynamic force, not a static, unitary force that caused them to assume this demanding role.

Summary

A number of commonly held beliefs inform what people think motivates some individuals to take on the role of foster parents, particularly for adolescents. One notion is that many people “do it for the money.” The rigorous process involved in becoming a licensed foster parent and the complex problems associated with caring for teens in foster care placement call this belief into question. In addition, ongoing problems associated with the child welfare system, described in more detail in a later chapter, add an additional burden to the efficacy of this theory. This chapter captured the perspective of a group of informants actually engaged in the process of caring for teenaged foster children; many had fostered adolescents for 15 years or more. The picture that emerged from these interviews was one of dedicated service-driven citizens who saw children in need of care and made an effort to meet that need. They willingly submitted to extraordinary scrutiny from the Washington State government authority that licenses and monitors foster parents. They accepted youth into their homes who vandalized their

property, disrupted their family relationships, and even made false allegations of abuse, but in most cases they continued to take more foster youth.

Study participants expressed a number of motivations for serving as foster parents, including altruism, professional association, and being recruited by others. None of the participants indicated that the annual reimbursement, which averages between approximately \$6,876 and \$16,524 a year, had any significant impact on their motivation for becoming a foster parent. In fact, many of them had to supplement their allocation from their own funds in order to meet the needs of the children in their care.

The narratives presented in this chapter came from a self-selected sample of foster parents in a single state. It is very possible that people who volunteered to be informants in this study represented foster parents who were particularly committed to their role. Clearly, these people sought out the opportunity to tell their story to the researcher. It remains clear, however, that motivations of this particular group of foster parents were varied and deeply held. They were also dynamic and could change over time. This opens the possibility that policy makers and child welfare organizations are not promoting the opportunity for altruistic expression in their efforts to recruit more and more committed foster parents.

The motives the informants expressed kept them caring for other people's children when the children's parents were not able to do so—even under the most difficult circumstances. Sophia captured the essence of the study participants' voices:

I wanted to give back and thought I had something to offer. I was a CPA, VP of finance, I am a successful professional woman. I had a house, three bedrooms, and 3-bath house with just me in it. Again, I am from a huge family with eight siblings. We had one bathroom and a very small house for the nine of us. I wasn't used to having this kind of space for just me. It just seemed kind of selfish and I just felt like I could make a difference . . . just try to show them what the world

might hold for them and hope that they will want to have a different life from what they had been given. Just to help kids, I guess, is the bottom line.

Knowledge of the factors that motivate people to become foster parents may open the door to a deeper understanding of how to support particular groups of foster parents better. It is clear from the study informants that not all foster parents are the same. They have different reasons for opening their homes to foster youth, different perspectives on how they view their roles in the lives of children, and different approaches to how they interact with children in their care.

It is these interactions and exchanges between foster parents and youth in their care that offer the best context to understand their parenting styles. The next chapter explores the interactions among these foster parents and foster youth. In addition, it examines the various approaches the participants employed to parent adolescents in foster care.

Chapter VII: PARENTING STYLES: KEYS TO RAISING HEALTHY YOUTH

Introduction

The previous chapter described various motivating factors that caused foster parents who participated in this study to open their homes to adolescents in foster care. Some of the informants started their journey as foster parents because they or others saw they had a gift for giving to children, and others were motivated by a different type of altruism. For some, fostering was an extension of their employment or a field of professional expertise. A family member, friend, or neighbor recruited others. The desire to fill a personal void motivated other informants to take in adolescent children for care. Finally, some were motivated by a combination of factors, without any one appearing to be the dominant influence. Particularly for the final group, motivation was a dynamic force that evolved over time as circumstances changed in their lives.

Regardless of their motivation to provide care, all foster parents interviewed for this study faced unique challenges when caring for adolescents. Ideally, parenting is a process that supports the development of a child from birth through various stages to young adulthood. Both the parents' approach and the temperament of the youth influence the probability of successful outcomes for children, particularly during adolescence (Lengua, 2006). The literature generally identifies a parent's ability to develop relationships with children as a factor in successful parenting of adolescents. Assertions about successful parenting often assume a context where children have not experienced significant trauma and where parents have been a consistent presence in their children's lives from birth. These elements were not in place for the adolescents the study informants met when they assumed responsibility for those in their care.

Foster parents who undertake the responsibility of raising adolescents in foster care do so under very different circumstances than biological parents who have raised their children in one home and without family disruption. Many teenagers in foster care have lived in a number of foster homes, experienced different adult expectations, and attended multiple schools. Because of separation from their birth parents, they have frequently experienced difficulties creating and sustaining relationships with adults such as parents or teachers or with other children such as siblings or peers. Adolescents enter foster care with many unresolved emotional and behavioral problems that ultimately influence their interactions with and responses to foster parents (Farmer et al., 2004). The family issues that precipitated their placement might involve witnessing domestic violence or experiencing the trauma of severe parental neglect, emotional abuse, physical abuse, and in some cases, sexual abuse. Successful parenting under these conditions is very different from caring for children outside the foster care system, and the informants in this study illuminated those differences.

The Complexity of Fostering Adolescents

The foster parents who participated in this study often described the complex and tumultuous lives of the children in their care. They reflected on how the children's past experiences shaped how these older children approached relationships with new adults in their lives, particularly when they arrived in their homes after serial placements. Sophia's description of her experiences parenting a young man placed in her care exemplified both the complexity of adolescent foster children's lives and the problems they presented for foster parents. Her expectations for a bonding relationship diminished under these circumstances:

He was in 18 homes, a guardianship for 6 years that blew up, but I knew him because he was related to my kid. But, what you have—you probably have kids who aren't going to bond with you they aren't going to believe that you really want to help them. They are going to be cynical, angry—you are just going to be dealing with a lot of issues because they have been in so many different homes. So, to me your chances of success are a lot smaller when you have kids that have been bounced around that many times.

Sophia's assessment of this child altered the expectations she had for a relationship with him. She linked the experiences he had in the past to his current behavior in her home, which involved considerable testing. Her strategy was to gain trust and respect through consistency and persistence, an approach she promoted for other foster parents faced with similar children:

You have to be tough and you have to try and stick it out. They are going to make it look like they are not going to work with you. They will self-sabotage their own placement a lot of times, and you have to not fall for that and realize they are just testing you to see if you can be one more in that long line of people who are going to boot them out. I have never had to boot a kid out. I have been very, very lucky. But they will test you and they will try to get you to kick them out because that is what they are used to and that is what they know. So if you are going to gain their respect if you have any opportunity for rapport with these kids you have to stick it out which means you are going to have some tough times.

Especially *these* kids because they have been in these homes, and there is a reason because they are not finishing up where they started out. A lot of times they have been booted out again, or they screwed up this, or they fouled up that and here they are again. So a kid is coming to your home that has not had good luck in several placements typically. A lot of these kids are coming right out of juvenile detention and have no place to go. A lot of these kids are runaways. So, you have to instill upon them that you want them, that you are there for them and you are committed to making this work no matter what. If you are not committed to doing that, you don't want to take teenagers because they will try you, and they will sabotage their placements.

Sophia's description of both adolescents in her care and the commitment required of foster parents like her was typical of the experiences others recounted. Many informants who took children after multiple placements framed their approach with teens around an

appreciation of the effect on their lives of sequential losses and failures to establish permanent homes.

The federal government has indicated that the focus of foster care must be to ensure the safety of children, promote their well-being, and ultimately provide a permanent home for all children who enter placement. The prospect of providing a permanent home for these children might have less salience, however, than promoting the adolescents' safety and well-being. Clearly, many of the children foster parents described here never had a permanent home; they often experienced multiple placements. Consequently, informants in this study reframed the focus of foster care to suit the needs of the adolescents in their care. When asked to describe how they attempted to meet these expectations in their role as substitute parents, they emphasized particular elements of the parenting process with adolescents that required special attention. These included (a) establishing a firm relationship between the foster parent and the adolescent, (b) setting and enforcing limits and structure for the children in their care, (c) using creativity in parenting, (d) directly addressing the relationship with the birth family, and (e) making a commitment to the adolescent that extended into the youth's adulthood. Although some of these elements may be broadly understood as ensuring the safety of children and promoting their well-being, these foster parents took them on in the service of the unique needs of older foster children. The following section includes detailed discussion of each of these strategies.

Establishing Parental and Peer Relationships in the Context of Foster Care

The study participants offered various thoughts about what was required to be successful raising adolescents in foster care. Informants consistently stated that foster

parents who could not develop a strong relationship with teens in their care had greatly reduced chances of success. They stressed several elements that promoted relationship development, including patience and open communication. Above all, they emphasized the need to avoid taking the young person's negative behavior personally. Foster parents such as Carrie understood that adults in the child's life had changed frequently. In this context, children wondered whether they could trust yet another new person in their lives—particularly during adolescence, which is already a tumultuous developmental stage:

I think the main thing you have to do as a foster parent of teenagers is to learn not to take things personally. It is not about you. They are not acting that way because you are a bad foster parent or because they hate you. They are acting that way because they are a teenager, they have hormones, and they have had a pretty tough go of it and they have had people drop out of their life over and over and over again. You can't expect them to all of a sudden decide you are sliced bread; that you are the best thing that has ever happened to them. They can't risk giving that up.

Carrie believed that even a single disruption at a very young age could make a child wary: "Even my daughter who we got when she was 2; she always was a little on the side, because she could never totally give us control as parents." Notably, Carrie and many of the other informants called their foster children their "sons" or "daughters." This approach echoed the parental relationships that informants chose to achieve as opposed to becoming the adolescent foster child's friend.

In the face of these types of responses from teens, foster parents had to clarify what kind of relationship would be most effective with the youth in their care; in particular, they needed to find an appropriate balance between the role of "parent" and the role of "friend." Some foster parents, such as Sandra, cautioned against foster parents of teenagers being overly concerned with developing friendships with adolescents.

Instead, she felt the foster parent's capacity for success centered on establishing a parental relationship with that teenager, not one of friendship. If foster parents were able to create an appropriately authoritative but trusting relationship with teens, the opportunity for friendship was more likely to follow. Establishing the type of relationship that enhanced the probability of successful outcomes with teens in foster care required foster parents to accept the reality of the role they had undertaken. Study participants were forthright in describing the barriers to bonding with the youth in their care.

Reframing "Success"

In some instances, foster parents managed this problem by redefining how they defined "success." Sophia contrasted her experiences with fostering children who came to her when they were young and grew into adolescence with her experiences fostering children who arrived in her home as teens. In each scenario, a successful relationship meant something different:

The kids that I raised from the time they were little; we got through their teenage years pretty well because we had a relationship. But when you get these kids—the last two kids I've had this guy and this other girl who just moved in with her boyfriend—turned 19 and moved out a couple weeks ago. They had been in 18 homes prior to mine. So you get kids who have been through all kinds of weirdness and you are not prepared for that right out of the blocks. You are just going to be dealing with a lot of issues because they have been in so many different homes. So, to me your chances of success are a lot smaller when you have kids that have been bounced around that many times.

Facing children who had experienced extreme disruption in their lives and who lacked enduring relationships with adults forced informants to reframe their aspirations for their relationships with teens and what they expected from them in the future. Sophia said she had to accept standards of achievement suitable for the individual child, and doing so

involved considerable patience. She stressed the relative nature of success that had to be calibrated for the individual child:

The first thing that I learned is to redefine what success is. What I learned growing up—all nine of us put ourselves through college—my parents had done the same. Success is making something of yourself and making your parents proud of you. But now, with these kids, success is graduating from high school. My kid graduated from high school.

None of her family has ever graduated from high school before. She doesn't have a drug problem; she doesn't have an alcohol problem; that is success to me. So, success is a lot more situational than I would have thought prior to becoming a foster parent. Success is just changing patterns that have been established for generations and doing things differently.

That is success. Success is looking at things differently and not thinking they have to be a certain way; that is success. So, I don't necessarily look at success as having a college degree and a nice home. That is great. But success is breaking cycles; seeing that there is a world out there; and wanting to improve yourself. Now that may take my kids a long time to get there but they know what it is and they know what it takes. So, I think success is very relative.

In addition to foster parents redefining their perspective on success, they were also encouraged to ground their relational and reward expectations in a reality that was very different from that of traditional parenting. Although some parents may expect their children to express appreciation for efforts made on their behalf, people fostering teens found they could not expect the affective reward of gratitude from their adolescent charges. Carrie warned people who aspired to foster teens that they should not expect thanks for their efforts:

Foster parents for teenagers need to be warned that they are not going to live happily ever after. They need to be told that things can work and you can have a great relationship with them. Like the young man I was telling you about, we still have a really good relationship but to be there and think I am coming in and they are going to be so grateful for all the things I am doing for them, that they will graduate from college and have a successful career and they will get up to receive their Emmy and they'll say, "I want to thank this foster parent because she never gave up on me," is probably not going to happen. They are probably at some point in some way going to let you know that they appreciate it.

These challenges existed for all the informants in this study. Overcoming them and moving toward better outcomes with adolescents in foster care began with building relationships, which involved clarity about the role the foster parents played in the lives of their foster children.

Relationship Building and Role Clarification

Many adolescents in foster care experienced significant trauma when they lived with their birth parents. In addition to the disruption and uncertainty of removal from their biological families, they also endured the stigma associated with living in the foster care system. The problems these children experienced were manifold and included multiple placements, family trauma, and inconsistent parenting. Consequently, as many of the foster parents in the study reported, the adolescents who came into their lives had serious problems trusting adults. Because so many adults disappointed them in the past or they sabotaged relationships, they found it difficult to commit fully to relationships with their caregivers.

The study participants offered many ideas about how to improve the process of building relationships with adolescents in foster care in the face of these damaging experiences. Informants suggested that foster parents should provide nonjudgmental acceptance of youth and acknowledge problems in the past that contributed to the current behavior and level of development of the youth. Expressions of nonjudgmental acceptance were evident in the perspectives from which foster parents approached the adolescents in their care and the way foster parents responded to the young people's behavior. Their ability to treat negative behavior as attempts to undermine the

relationship with their foster parent allowed them to put these behaviors aside in the service of their own aspirations for their relationships with the youth.

In one particularly optimistic approach, Deborah stressed how she communicated the value she placed on these children and the importance of lending a vision for their future by creating a pathway toward hope for a successful adulthood. Deborah described her approach this way:

It is the ability to talk about anything in a nonjudgmental way, to take the kid right where they are and to be able to show them the next step supporting incremental improvement and growth. I value them where they are. No matter what they are doing they are still precious human beings and to give them a vision of how to take the next step and where to move to.

Deborah saw herself as a role model creating a haven of peace for these adolescents, which served as a bridge where they could “just take a deep breath before they take the next step” to the other side.

In contrast, Sophia girded herself for the reality that her adolescent foster children would inevitably act out in school and in the home; she considered this realistic because of what she knew about their tumultuous childhoods. Sophia’s approach was less inspirational and more pragmatic:

I didn’t make this big, big deal out of some of the crazy stuff they’d do as my folks, for example would have. I expect that there is going to be some trouble with school. They are going to make some poor choices. I just think that our kids have had those formative years whether it is the first 1 or the first 5, I am not sure, you know way more about that than I do, but those formative years have been traumatic, there has been abuse, there has been neglect there is a reason these kids are not being raised by their family and they are in my home. And for us to deny that and to think that all is equal I think is silly and foolish and is not realistic.

Some study participants identified clear and strong communication patterns as significant elements in building a relationship with adolescents in foster care. Informants created opportunities for dialogue by actively participating in the daily lives of teenagers

in their care. Active participation involved moving beyond superficial interactions and showing a deeper level of concern for what the youth were feeling. Gloria approached every placement with the expectation that she would be in regular communication with the adolescents in her home. Her husband and other people who knew her identified her as a person to whom people naturally “opened up.” She used this attribute with foster children, and even children placed with her temporarily in respite care would talk openly with her. Her ability to listen and give the young women control over what they wanted to communicate appeared to promote disclosure:

I find they really open up to me. The other foster mom I was talking about, I think she is an excellent foster mom, she does so much for her foster kids but even the kids she has had, when they come to my house for respite I have had them—they may have lived with her for 2 years, and they’ll come for the weekend to be with me, and they will tell me things they have never disclosed to her even things that we then have to let the counselor know and the case worker know. Things that were going on in their home that they’d always thought went on but they could never get the kid to admit to.

I’d just be talking to them—I’ve just always been that way—my husband calls me a “sponge”—for some reason, people talk to me. I have had total strangers tell me things they have never told anyone before. So, I find that the same thing happens with these teenage foster girls. They like to have someone who really does listen and I tell them, “If I ask you any questions that you don’t want to answer, I am just asking to make conversation and if I am being too nosy just tell me you don’t want to tell me. It is just really amazing; we get into really great conversations. I like the teens, I like talking to them.

Gloria also understood that open communication with teens in her care was enhanced when she was willing to share aspects of her own life as a teenager honestly. She discussed the lasting impact of poor decisions she made as an adolescent, but stressed in our interview the importance of refraining from judging any of the disclosures teens made to her:

So, just being open and honest with them . . . you can sometimes tell them the stupid things you did when you were a teenager and how you regretted it. How

you never forget the dumb things you did and how it can haunt you for your whole life so to make good decision. Just to be able to let them talk to you and then don't judge them. If they are willing to tell you, it is not the time to be telling them that what they did was wrong or how bad it is. Just listen to them. They already know, I think.

Some informants used activities in much the same way as social workers do, particularly in social group work, to develop relationships. Informants found that opportunities to talk to youth in their care could take place around planned activities such as baking or creating menus. Sarah described these activities in detail and illustrated how they promoted conversation that led to bonding with youth in her care:

To me a parent interacts with their children, and I interact with them. We discuss their likes and dislikes. One of my favorite things to do with teenagers—even with younger children, we do simple things like bake cookies, and that gives us a chance to bond. With my teenagers I ask them what they like or ask them to write out a menu of something that they want to eat and enjoy and then we cook together and we talk and we bond. That is what family is.

Virtually every foster parent who participated in this study said that engaging foster youth in conversations about their daily life activities was a necessary component of successful parenting. Foster parents could also promote successful relationships with children by becoming involved with the teens' school activities and networks of friends. Sandra described volunteering at the teen's school, knowing when specific assignments were due, and knowing the child's friends. She linked these activities to her ability to establish strong relationships with teens in her care. Learning the details of school and social activities created the opportunity for communication about concrete events in the children's lives. It also created a sense of belonging for the youth and a sense of safety that they were a part of a family:

It is the parenting skills and being attuned to what is going on, being aware, being active in their education and the system, volunteering, and being out there and knowing who their friends are and what they are doing. Those are all confidence

builders and being able to have that conversation with their teens and not just accepting when they come home, “How was school?” “Good.” Not just accepting that answer. Having some specifics; knowing that there was a science test that day. Maybe they didn’t know you knew and being able to inquire about specific things is going to build your confidence too. We have very open communication in our home. There is open communication and I think it is a matter of parenting style. We are very open and communicative with our kids. If there is something that is going on in their life, we are able to communicate and talk with them.

Another foster mother, Ruby, took a similar approach. She maintained contact with what was occurring outside of the home as well as in the home environment:

I would say providing a home is not enough. You’ve got to put in the time. You’ve got to see beyond just putting them in a protective place, feeding them and sending them off to school. You have got to really put in the time to make sure they are getting their school work done correctly or find a different avenue for them . . . You’ve got to give them substance, you’ve got to sit there and do homework with them and you’ve got to figure out what their issues are and see beyond just protecting them today and feeding them. You’ve got to get them to a point where they are happy with themselves and feeling like they are going forward a little bit and that when they graduate from high school they really graduate and that they have some goals.

Addressing Inappropriate Behavior

The role of foster parenting extends beyond the home. Foster parents must be involved in the lives of youth outside the home. Although behavior problems presented themselves inside the foster home, much of the adolescents’ problematic behavior related to interactions with peers and others outside the home. The informants in this study often had to address undesirable adolescent behavior. This could pose a dilemma for foster parents who felt they needed to address the inappropriate behavior in the context of a fragile and tenuous relationship. Household rules were often the issue when these problems occurred. This dilemma not only presented a significant challenge, but also an opportunity to improve outcomes for adolescents in the informants’ care. All adolescents, including those in foster care, may experience adult discipline as a breach in their

relationship and an intrusion in their attempts to establish autonomy. Youth in foster care may react to the application of rules and structure by withdrawing, becoming aggressive, or wanting to terminate the placement with the foster parent. These reactions are a part of the teen challenges in accepting the authoritative role of foster parents and sharing the responsibility for decision making in their lives. Teens in foster care have experiences that range from making all of the decisions that determine their actions to having adults tightly control them and attempt to dictate all of their actions. The application of discipline may also reflect a level of caring and concern that an adult has for the welfare of the child. This may have the effect of cementing a relationship. Therefore, maintaining discipline is particularly important because it registers as an expression of adult concern, which may not have been a part of the foster child's prior experience.

Study informants offered different thoughts about how to create an environment that promoted shared decision making and behavior management. As stated earlier, many foster parents volunteered that they did not take the foster youth's actions or behaviors personally or as an effort to defy them or test their authority. They felt it was important to remember that events that occurred prior to placement in their homes might have caused an adolescent's negative behavior. Instead of swift censure, they recommended developing the capacity to observe and recognize emotional and behavioral responses from youth that related to or triggered memories of life experiences with their biological families, in other foster homes, or in congregate care placements. In the face of acting out or aggressive behavior, some informants said it was important not to act afraid. They also promoted the importance of communicating continuous respect for the teens in their care.

Andrea described a teenaged foster child who continually directed intense anger toward her:

He also would like to get in my face all the time, just get up and try to make himself look real big and loom over me and I wouldn't budge. One day my back was to the stairs and he was going to punch me. I said, "Well, just make it your best shot because you are only going to get one chance at this." I thought to myself what an idiot I was because I was going to be hurt. He just slowly moved his fist down. He needed to know I wasn't afraid of him, and he needed to know he wasn't going to scare me and that he wasn't bigger than me and I wasn't going to back down. I had never in my life had to deal with this. My first two kids were easy. So I thought all teenagers were like that.

But, I knew his birth mom had died, he didn't know his birth father. His mom's husband was still in the picture because he was the father of his two brothers and so he just needed to know that nobody was going to leave him. He was pretty angry at me after she died that I was still alive and she wasn't. He took a lot out on me. For his learning challenges, he is able to recognize that now. He says, "I was so angry because I wasn't with my birth family. I was so angry because you were here. But I love you so much!" I could not ask for better children now.

Similar to other situations where foster parents were able to develop positive outcomes in negative situations, this foster child's aggression gave Andrea an opportunity to exhibit both her moral strength and her commitment to the foster child. By challenging threats that could ultimately have undermined a stable placement, she expressed her commitment to him. She was not going to back down as an engaged foster mother. This example also illustrates how Andrea was able to reframe this boy's aggressiveness as a response to a series of losses that included his removal from home and the death of his mother.

Some negative behavior occurred in response to specific triggers. Sandra's recognition of the triggers allowed her to begin to establish response patterns that would help her and other family members form a supportive network for the foster child within the home. Adolescents in foster care needed help in adjusting to the authoritative role of foster parents, and they also needed help understanding and coping with the experiences

in the past that might affect their decisions and behaviors. Identifying triggers not only promoted understanding of the adolescent, but also allowed the foster parent to anticipate negative responses:

One of the biggest challenges for foster parents of teenagers is recognizing emotions that come out in them for what they really are. A lot of times people take it personally or they see it as rebellion and most of the time it is tied to something that is going on specific to the child at that time. They could see a movie and it could trigger something for them. Recognizing that, if you are at a movie or if someone is telling a story and a few days later the emotion comes out and you wonder, “Wow! Where did that come from?” Take a moment to think about it, think about what is going on in your kids’ lives and think about what might have triggered it.

We have two teenage boys, they are ones that we have adopted but it very much applies because they came into our care so late in life. Two of those boys around this time of year have extreme difficulties with their emotions. They tend to look for the weakest female in the family to lash out at. It can be any one of us at the time. If I am having a bad day, they may say something to trigger me because I am the weakest at that moment or they may say something to me or to one of their sisters. Acknowledging that for them, this time of year they get very angry with their mom but they can’t express the anger toward their mom.

They have no problem expressing anger toward their dad, because he was directly behind the domestic violence and the things that happened in their life, whereas with mom, she was the victim. Getting them to understand that they are angry with mom because mom didn’t protect, mom didn’t leave, mom didn’t get a job to keep them and all that went on. What happened previously in their life that this is the time of year that triggers it? I don’t know, but we do know that this time of year is extremely difficult.

The ability to attain and increase the level of shared decision making and behavior management with teens in foster care generally improved as the bond between teens and foster parents grew. Study participants emphasized that bonding took time and patience and required foster parents to spend “quality time” with the youth placed in their homes. In addition to using everyday activities as an opportunity for bonding, Ruby incorporated the teens in her care as a part of her family, integrating them into the ordinary activities of

family life. She was careful to include these children as “one of the family” and not “like a foster kid.” She accomplished this by using ordinary events as the catalyst for bonding:

He came to live with us and I think that a couple things that had to do with foster care that can be—number one is treating the kid like your kid whether they are or not. I don't think anytime he ever came to our house he ever felt like a foster kid. It was like—you are here as long as you want. You are one of the family. We are going to treat you like we treat our other kid, and that is just the way it is going to be.

Again, the ability to view the foster child as a member of the family, as a son or daughter, proved a positive tool for engaging adolescents.

Focusing on the Developmental Needs of Adolescents

Adolescents in foster care behave in ways that are similar to those of adolescents who have not been in care. For all youth, adolescence is a period when tensions arise in relationships between parents and children because of the adolescents' expression of their independent will. Foster parents in the study were particularly aware of the unique developmental challenges of adolescence and stressed their ability to assist the youth with facing and mastering the tasks associated with this life stage. They were equally strong in the belief that establishing a relationship with the adolescents in their care was required to allow the foster parents to set limits, provide structure, and ensure that consequences for inappropriate behavior were consistently applied.

Some of the informants focused on the importance of setting limits, creating structure, and enforcing consequences for teens. These foster parents assumed they had to be prepared for normal adolescent acting out, such as defying curfew rules—or in contrast, for successful achievement of important goals. In both circumstances, “being there” for children meant dispensing appropriate punishments or rewards. In either case, engaging appropriately with the child's accomplishments or limit testing could cement

the bond between the foster parent and the adolescent foster child. Victoria understood that she had to be able to do both and that her responsibility to protect a child from risky behavior was essential to her role as a foster parent, even when the child was generally doing well:

They are going to defy rules so you need to be willing to welcome them when they show up late. I think being able to still be the parent, still have expectations and be flexible enough to take little rewards rather than big—like my A student who is captain of the football team and prom king. He may not go to prom and he may not have friends or if he does they may not be people you necessarily want him to be hanging with but you want to give them the support and care and love that they can let you know that they are hanging with the ones you don't want them to be hanging with.

At 2:30 in the morning a couple of weeks ago I had to drive to Lynwood to pick up my 15 year old because instead of going to the recreation center like he said he was, he went out to Lynwood and then there was no bus to bring him back. Then he wasn't happy that I did it because the adrenaline wore off and by the next morning he was contrite. I still love him and I still—he had a punishment.

All adolescents are developing the ability to make appropriate decisions themselves. They are also developing the capacity to acquiesce to authority. Both of these processes are key elements for their development into independent and productive adults. Foster parents in this study understood the danger of being overly concerned with their relationship with the adolescent child, particularly when it interfered with setting appropriate limits and dealing with the consequences of destructive, antisocial behavior. Although Victoria understood it was important to be nurturing, loving, and understanding, she knew it was equally important to be consistent in her application of rules and structure. The most effective foster parents in this study knew they had to be clear about what they expected from their teens. This involved articulating both acceptable and unacceptable behavior within the family. Clarity was particularly important for these teens in foster care, because they were likely to have experienced

multiple placements with multiple sets of rules. Consequently, establishing household rules at the point of placement was critical. Deborah highlighted this during her interview:

I think it has also been very healthy for the girls to see a family that works. One of the things that I try to do—we have what I call family laws that we live by. To be able to articulate those are important. I think this should happen in every family but it doesn't. We kind of say certain things that we do and don't do—we don't lie to each other—and to not lie to each other means you have to be able to accept a truth even if you don't like it. I really think this is something kids need to learn how to do and how to do safely. Doing what you say you will, living within the civil law.

Study participants expressed the belief that once rules were clearly in place and understood, they had to be firm about the consequences of violating those rules.

Informants were equally committed to their belief that they had to demonstrate the capacity to “be human” and to let youth know that everyone makes mistakes. Informants indicated they tried not to suggest to the youth that they (foster parents) were without fault; instead, mistakes were an inevitable part of life and provided an opportunity for growth and learning.

Samuel and Allison were among the informants who promoted the idea that mistakes were a part of everyone's experience and that foster parents should recognize their own. They had been foster parents for more than 15 years and cared for more than 14 adolescents during that time. Samuel believed that foster parents needed to be open and willing to apologize to youth:

I found it very important to let them know I can make mistakes; as grown-ups we can make mistakes too. I tell them, “I am sorry for what I said if I hurt you or offended you in any way, if I embarrassed you because I said something in front of your friends. I apologize because it wasn't the best thing to do and I could have waited for a time when you and I were together but at the time I had that lizard syndrome—when the blood rushes to the front of the head and you are not thinking.” Let them know that the same things you guys do, I can do. “I

apologize, I made a mistake, I am sorry.” That really has worked because for a lot of kids no one has ever told them they are sorry. It is not a big thing. You are going to have to humble yourself a few times in life to say that . . .

There are going to be challenges. You’ve got your own kids and challenges. Teenagers got selective hearing. You can ask them to take out the garbage, and they will ask you, “Today or tomorrow?” Just have some patience. They are going to try you but also know that when you discipline you need to let them know—I know this sounds corny—I will walk up to them and say, “I love you, but I am not doing this to be mean or spiteful but I want to see you be successful. I am angry, not at you, but at what you did. I don’t want people to think I hate you because of what you did. I am really upset at what you did but I love the person. Your intentions were wrong.”

Samuel’s advice echoed responses from other foster parents who felt that critical discussion about the adolescents’ behavior, and not a criticism of the adolescents themselves, was the most effective way to discuss mistakes.

Teens may not respond immediately to requests and may not complete them exactly the way the foster parent intends. Nonetheless, another couple thought it was vital for foster parents to remain firm. At the same time, Walter and Ebony stressed the importance of remaining open to the growth that must occur in the relationship with foster youth:

Being a parent is not a popularity contest and we dealt with our teenagers in a way that said, “This is what is best for you. I know you are not going to agree with it but it is what is expected of you and you make the choice. If you choose not to be responsible then that is fine but you also lose some privileges. There are no free rides in this boat.” So we deal with them honestly and straightforward. Does that mean we don’t get into yelling matches with them? No. That is just parenting. But we also try to go back after the fact and talk about it after we are not so angry anymore.

We have found a great deal of success with that particular way of dealing with things. Sometimes you just have to accept that they are not going to be happy with your way of dealing with things and you are going to have to live with that and they are going to have to live with that.

A relationship that established a bond between an adolescent and a foster parent provided the platform for launching the parenting effort with adolescents in foster care. In some instances, bonding was promoted through shared fun and engaging activities; however, bonding could also occur through firm application of rules. Setting limits, providing structure, and enforcing consequences provided clarity about what foster parents expected from the children in their care.

Maintaining Adolescents' Relationships With Their Birth Families

By definition, the placement of youth in foster care means separation from the adolescents' birth parents and often separation from all other members of their biological families. This separation is an unavoidable consequence of the current system of child protection and results in a disruption to the natural relational process between adolescents and their families of origin. Informants described their impressions of the impact that separation from birth families had on youth in their care. In addition, they discussed their experiences with biological parents and their efforts to mitigate undesired consequences of either contact or separation.

Some study participants had not made significant efforts to allow the children in their care to maintain strong relationships with members of the children's birth families. Most participants, however, held the belief that relationships with biological family members were critical to their success as foster parents and, ultimately, to the long-term well-being of the teens in their care. In some instances, they acted on this sentiment in ways that forced them to balance the wishes of the children against child welfare worker attitudes toward individual parents. In a particularly unique instance, one informant

raised a foster child from the time she was a toddler to adulthood, and she continued to maintain contact with this child's mother even though the foster parent adopted the child:

I stay in touch with them through a post office box, and that has been very interesting. We send photos back and forth. Her birth mother has developmental disabilities and has at least two other children who I know about and who we stay in touch with. The birth mother did phone adoption support on her 18th birthday and said she wanted to get in touch with her daughter. They said, "Who are you?" She said, "I am the birth mother." They said, "We don't do that." They called me, and I really appreciated it so much. They asked if I knew her and I said just through letters.

They said, "Oh, she is a handful." I said, "Thank you for letting me know." They said, "She was very adamant that now that her daughter was 18 there should be no reason she couldn't just waltz back into her life." I asked my daughter and she said, "No. I liked knowing about my birth mother. I love getting photos and cards, but I don't want her in my life."

Research has documented the importance of planned and carefully facilitated contact between foster youth and their birth parents, both when the goal is reunification (Sanchirico & Jablonka, 2000) and when youth may emancipate from foster care (Collins, Paris, & Ward, 2008). In cases involving reunification, maintaining contact with parents is supposed to ease the reintegration of children back into their families of origin. With adolescents, particularly those who may ultimately emancipate from care, contact with the birth family may help prepare the youth and their families for eventual interactions as adults after foster care. Research has indicated that many foster youth return to live with the families from whom they were previously removed and never returned to by the state (Courtney & Dworsky, 2006; Iglehart & Becerra, 2002; Lindsey & Ahmed, 1999; Mallon, 1998).

The possibility that teens in care are likely to reconnect with their birth families through either reunification or reconnection as adults presents challenges for both state workers and foster parents. Often, state workers begin their relationships with birth

parents during a time when parents are still angry about the removal of their children, mired in the personal troubles that resulted in removal, and highly uncooperative with the system. These behaviors and descriptions of these interactions appear in case file documents and may influence the opinions of caseworkers who come into contact with children in the future. Even when parents' circumstances may improve years later, the opinions of staff may still fall under the influence of these earlier reports.

Foster parents, including many of the study participants, face a very complex set of choices in relations to birth parents. In some cases, they risk exposing themselves and their families to birth parents who may still harbor anger. Encouraging or allowing youth to reconnect with family members who may have harmed them in the past is not without risks. On the other hand, providing youth the opportunity to derive meaning from their families' experiences and make decisions about the level of family contact they desire may support a better outcome for the emancipated youth. In some cases, foster parents consulted professionals outside of the child welfare system to help them decide on an appropriate course of action. Some study participants struggled to make the decision whether or not to encourage relationships with biological parents; at times, they resorted to incremental approaches:

I need to set that up. I asked the birth mother to contact another family member to help facilitate it. My daughter's psychiatrist, when we took in the information that we had received said, "I know this birth mother couldn't figure this out." Who even knows about adoption support? It is this very vague thing that most people don't even know about and it is not the first number that anybody would have called. The psychiatrist figured somebody must have been telling her she could have contact with her daughter now and he said you really have to get another family member or a counselor involved before you do that so that she knows what to expect.

So, I would like to do it and I have thought in my mind how I would do it. I would meet the birth mother first and videotape it and bring it back for my daughter to

see. Because there may be behaviors that she is not comfortable with but I don't want to deny her the right to see that maybe her birth mother has the same mole or gesture or laugh or her voice may be similar and that is so valuable to know that there is somebody else on this planet who is like me.

Informants expressed a variety of thoughts and concerns about contact with birth families. In particular, they had frequent concerns about their own personal safety and the emotional effect the contact would have on the youth. They were aware that some adolescents in their care had experienced extreme emotional, physical, or sexual trauma associated with their past, and that contact with family members had to be supervised or monitored. Supervised visitation between foster children and their parents frequently occurs with younger children, but it is not routine with older children. Many informants believed that involving adolescents in the decision about contact with birth parents was critical. Rose had provided both foster care and respite care of teens for more than 10 years. Although she has had written communication with birth parents, she has never had face-to-face contact. Her perspective on contact between adolescents and their parents was guided by her belief that the youth should have a choice. She noted that child welfare workers did not always defer to adolescents' choices, and she thought that not respecting their wishes could have negative consequences:

The other child we are involved with now, we are told that family contact would only upset him, and it is not recommended so we try not to ever mention his family not knowing what he might choose to do with that. What concerns me is that if it is upsetting to him now it may be no less upsetting to him as an adult, and yes, we can make our lives easier and take care of him by not having contact but then society as a whole is going to have to somehow support him later in life if he does have contact.

I think "It would upset him" sounds like people aren't taking it too seriously. I think people feel he would decompensate in a mental health way. So I think there may be good justification for that but at the same time it will just delay the reaction unless he can choose to make the decision in the intervening years that contact is not in his best interest.

Study participants offered several framing thoughts as a context for understanding the experiences associated with developing, enhancing, and maintaining relationships with birth families. They saw a need for the state child welfare system to take a more proactive position and encourage relationships with biological family members. Some suggested that the child welfare system needed to recognize that relationships between adolescents and their parents changed after placement in foster care occurred; both the children and their birth parents could have changed dramatically since their initial separation. Their experiences as small children could be very different from their needs at this developmental stage. Rose saw the situation this way:

The couple of situations I have had with teenagers and their birth parents it has been a long time since they actually lived with their birth parents. They have moved on in some emotional sense. They are no longer the same person. Developmentally they are miles beyond what they have experienced with their birth parents so it really is a new relationship.

You are not helping them reconnect with the old relationship as much as, “who is this person going to be to them as they go on in life,” and I don’t know that it makes sense for the foster parent to take on that role as much as the case worker. It seems like the State has to have a very clear plan as far as do they want to allow contact and more than that, I think they have to encourage contact with biological parents.

Most foster parents in the study viewed maintaining relationships between adolescents in their care and their birth families as an opportunity rather than an obstacle. Although some participants expressed concern that birth families might be hostile toward them, most were empathetic about the life experiences of the birth families; they recognized that the youth would always have some level of connection to their family of origin. In some instances, they saw keeping adolescents connected to their birth families as part of successful foster parenting. Jeff and his wife Ruby were foster parents for just

over 3 years and cared for fewer than five teenagers, but they had very strong feelings about the importance of keeping youth connected with their birth families:

We have always tried to be very respectful to them and try to have family Christmas and we met the kids a couple months ago. The uncle brought them down, and we went to a movie and took them out to eat, then we took them home and we let them all run around for a while. The mom, the uncle, and the grandfather were all around.

We try to do that once or twice a year, because we think it is good to maintain relationships with his kin because someday he is going to be grown and they are still going to be his kin. His older brother is a real sweet kid. We considered taking him at one time, but it wasn't really an option at the time. He was going to continue staying with the grandfather.

We really didn't feel threatened with this family, but I can see how it would be an issue for other families, and you may not want them knowing where you live. From our standpoint, we just want to have reasonable control over the situation.

Summary

Parenting adolescents in foster care is a complex endeavor; nonetheless, for some people it appears to be a very rewarding one. These study participants described their efforts as requiring patience, persistence, and a long-term commitment. The overwhelming perspective on successful foster parenting was the need to redefine success when attempting to apply that concept to fostering adolescents. Many adolescents in foster care enter new placements after several failed relations, including their birth parents, other foster parents, state workers, and group care placements. Overcoming mistrust through consistent communication, setting firm limits, and engaging in shared decision making are critical elements of fostering adolescents. From the perspective of the foster parents in this study, fostering involved adjusting their expectations based on a continuous assessment of the individual needs of each adolescent placed in their care. The life experiences of each youth were uniquely personal and shaped the interaction

between foster parent and child. One foster parent described her approach as “putting herself in their shoes” and thinking “how would I want someone to treat me?”

Fostering adolescents requires foster parents to think deeply about their level of compassion for and commitment to working with adolescents. The foster parents in this study agreed that parenting teens in foster care is challenging and complex, but also rewarding. Informants agreed that the state needed to provide more guidance and support to aid foster parents with tough decisions to help them meet the evolving needs of youth in their care.

Some foster parents used expansive means to cement relationships with teens; they often went beyond the state requirements. They augmented standard expectations for parents in ways that employed a broader repertoire of skills than most of the parents in the study. For these foster parents, finding inventive way to address issues and solve problems was a significant part of their foster care experience. The next chapter highlights the extraordinary efforts some of these informants made that were significantly more than any state regulations required.

Chapter VIII: PARENTING STYLES: EXPANSIVE PARENTING

Introduction

The previous chapter described the approaches to parenting that informants used to help teens adjust to living in their foster homes. Their approaches took into account the complex lives that many adolescents in foster care live. They identified the first vital step as creating a welcoming home environment that recognized and responded to the unique needs of each young person. Participants elaborated on their efforts to build strong relationships with youth in their care through open communication, activities to facilitate bonding, and clear establishment of their authoritative role as foster parents. They reinforced their parenting role by setting and enforcing firm limits and structure for teens in their care. For the most part, these efforts were consistent with the foster parent responsibilities contained in chapter 388-148 of the State of Washington's Administrative Code, which outlines the requirements foster parents must meet in order to receive their license.

The Administrative Code indicates that foster parents must provide an appropriate range of care and supervision based on the youth's age and developmental skill level. In the case of adolescents, the study participants had to provide considerable emotional support, personal attention, and structured daily routine. Foster parents also had to meet the basic needs of the youth by (a) providing a protective environment, (b) supporting relationships with birth family members, (c) supporting intellectual and educational growth, (d) helping the youth build positive attachments and social relationships, and (e) helping the youth gain appropriate skills for independence. All of

these activities were part of the minimum level of expectation the State of Washington required.

Although these State-articulated requirements provided guidance for achieving positive outcomes for adolescents in foster care, study participants found that their efforts to achieve successful results with adolescents often required innovative efforts that went well beyond the basic requirements set forth by the State for fostering teens. This researcher has labeled these innovative parental efforts as *expansive parenting*; the foster parents used their wisdom, personal assessments, and their own best judgment to expand upon the requirements articulated by the state. Informants described expansive approaches to parenting that included taking actions to address the relationship between the foster parent and the birth family and its significance for the adolescents' development. A remarkable number of these informants also demonstrated a firm, lifelong commitment to the adolescents, which extended well into their adulthood. Washington State does require foster parents to make the kinds of investments in foster youth that some informants made willingly and often without guidance or support from child welfare workers or remuneration from the State. In some instances, however, foster parents' actions conflicted with the perceptions of child welfare workers who acted as representatives for State policies and procedures.

Expansive Parenting Approaches

Several study participants described innovative ways they addressed the circumstances they faced having adolescents in their homes. These parents stood out as remarkable, because their actions were unique compared with how most of the informants described their parenting practices and their relationships with the adolescents

they fostered. In some instances, these foster parents made an extraordinary personal commitment that represented an astonishing expansion of the foster parent's expected role; others used inventive problem-solving approaches unique to individual parenting styles. One parent described these strategies as "thinking outside of the box." Some of these approaches to parenting were helpful in reducing tension, increasing accountability, and strengthening family relationships; some involved engaging adolescents in the process of making decisions about their own lives. Many teens in foster care display behaviors and face life challenges that far exceed those of their peers in the general population. These teens respond to their life challenges in patterns of behavior that result from the effects of abuse, the lack of consistency associated with multiple foster home placements, or the lack of quality role models. When expansive foster parents acted as such, they saw the behaviors as expected responses to these life challenges.

Finding methods to assist foster youth to resolve some of their life challenges helped the youth identify new patterns of decision making that could enhance the likelihood of improved life outcomes. Deborah exemplified this expansive approach in her personal commitment to alter the values and aspirations of the children in her care. She had been a foster parent for more than 30 years and cared for several hundred youth. These children came to her home with a number of difficult issues, including drug addiction, criminal behavior, and sexual promiscuity. Deborah described an approach she used with one young woman and the enduring impact it had on their relationship:

The only thing that I have is talk. With a teenager, that is all you really have, and how you talk to them is really important, and what you say to them, may change their life. I had one kid who was 14 seriously involved in alcohol and drugs and the most promiscuous kid I have ever seen. She would lay down with anybody who asked, period. I had a conversation with her about abstinence and why. It started out with learning how to be self-disciplined and learning that your body is

a gift and that you have the right to choose who you give that to and that until you are abstinent for at least 90 days you don't know what that could mean. So, let's make a contract that for 90 days—you are not going to have sex with anybody and this kid couldn't say no to anything. So we started out with a program to teach her to say no. To teach her to say no to anything that she didn't want to do.

Well, that was uncomfortable, to say the least [laughs]. But, she got through it and she joined AA and then she started getting all the older men who didn't have great boundaries either who wanted to come pick up this pretty child and take her to meetings. So we agreed that she needed to go into inpatient treatment and she did. I acted as her family while she was in inpatient treatment, and then I took her back.

But she did, she made the 90 days. And then we talked about what it meant to share yourself with someone, not just sexually but spiritually. And that kid literally turned her life around and gave up all of those behaviors and now lives in Tennessee and calls me at least once a week. She has a 10 year old, and she is married; she is a health professional. But, she is still in touch.

This expansive type of approach could occur at any stage of an adolescent's placement or beyond. Study participants described innovative approaches they used to help youth adjust at the time of initial placement, to encourage them to perform required chores, and to improve relationships within the foster home. Sandra and Roger described two innovative approaches. They used one to introduce new adolescents into the family, and the other to deal with general issues in parenting teens. In order to maintain order in the home and achieve family harmony, they employed family meetings. The family meetings aided in decision making and encouraged problem solving among everyone living in the home. One problem these foster parents encountered was helping foster youth and their own children to get to know each other and see themselves as a part of the family unit. Sandra described how all members of the household were involved in the family meetings. Although family meetings began as a way to introduce new arrivals into the household, they were also a resource for everyone in the home to address problems in a supportive, community-like environment. The parents assumed a role similar to that of

a group worker and employed a skill set consistent with this method (Middleman & Wood, 1990), which promoted strategic problem solving and development of mutual aid among family members. They paid particular attention to the different roles children assumed during these meetings:

The first night that the boys came into our home, we had a family meeting, that very first night. Who are you and where do you come from? This is who we are and where we come from. What questions do you have? The oldest one, the very first question he had was, "Do we get allowance?" My question back to him was, "I don't know, do you do chores?" It was having that dynamic in having a family meeting. It became a support system in our family. If someone was having a problem we would say, "OK, time for a family meeting." A lot of times you would get, "Oh, who's in trouble this time?" We also have positive family meetings. We just had a family meeting this Sunday night for Christmas.

Anybody can call a family meeting. The reality is it is usually the two of us, although the oldest son in the house has called a meeting once and our oldest daughter has called one once. How is it run? Usually it is presented as, "This is what we are going to talk about." Whether it is an issue or positive of whatever and then it is a matter of fielding questions and then they all just jump in and have an opportunity. You do have to be careful and watch the dynamic of the introverts vs. the extroverts and that the introverts also get an opportunity, but that is just part of facilitating it as parents.

Sandra and Roger employed another innovative approach to ensure that all adolescents in the household participated in their daily chores, thus avoiding a significant source of tension. The number of adolescents in a foster home and the range of their willingness to comply with their household assignments could result in conflict between foster parents and an individual youth. It could also set off conflicts between the biological and the foster children living in the same home. Sandra described the approach she used in her foster home to reduce these conflicts. Her approach was to involve the youth in decision making, ultimately teaching all children in the home valuable life lessons. At the same time, this approach accomplished the primary objectives of universal cooperation completing chores in the household and diminished conflict:

We had this whole thing revolving around the chores and the kids not consistently getting the chores done. With seven kids in the house if one drops the ball on it, it is a snowball. So, I actually adapted a process where you could get fired from your chores or you could actually opt out if you wanted to. If you got fired from your chores—I had a flag system, you got three flags for not completing a task. I got tired of repeating myself, did you get this done, did you get this done and in the real world your boss isn't going to do that, so I set up the flags. I set it up where if the child got fired the other children could fill out an application to fill that spot and earn that child's allowance.

So, thinking outside the box to find things that would work. I actually made them fill out applications and it worked. We had a family meeting about it because I was so frustrated, I got tired of having to go through and do quality control, so I called a family meeting and said this is what I am implementing and you guys can opt out. I figured out how much money I was spending a month on chores, and I thought that would be a great pay raise for me so I told the kids, if you want to opt out, I can take care of it. They realized I was serious and not a single child opted out.

The children that got fired and the other children who got to pick up their chores, the ones who were consistent—that is what I needed, consistency—who is consistent, who is getting the job done, who doesn't have to be told. Reminders here and there are fine but the habitual over 20 minutes, "Did you get it done?" wasn't working. The children that were fired, I saw them step it up so that the next time around when someone else got fired, they could apply for their jobs and look good.

So, because they were fired from their chores they no longer had chores to prove themselves to me so they took the initiative—if one of the children is gone at an activity and those chores aren't going to get done and Mom is going to have to do them because that child isn't here, I am going to step up and say, "You want me to do that for you?" So, they started thinking outside the box, because I was thinking outside the box. Now our chore system is great again and it is working.

The use of expansive parenting approaches required foster parents to be willing to move beyond the notion of a demand-and-response approach to parenting. Although the expectation was that youth would respond to the authority of foster parents, the relationship and carefully nurtured response patterns did not always ensure compliance. The examples offered by some participants suggested that success required open communication, engagement of youth, a clear link to the benefits associated with

compliance, and above all, flexibility on the part of the foster parent. Foster parents who employed expansive parenting approaches applied multilayered responses to multilayered problems. They faced the complex nature of parenting youth who have not only been affected by the trauma of child abuse and neglect but also have often lived with multiple families. Foster parents addressed immediate family and household challenges while simultaneously modeling real-life situations that youth were likely to encounter as they entered adulthood. Many teenagers in foster care do not have the opportunity to witness and practice a consistent set of adult behaviors. Their birth homes and multiple failed foster homes seldom offer the stable learning environment required to develop the skills needed for a successful transition to adulthood (Ryan, McFadden, Rice, & Warren, 1988).

Expansive Approaches to Foster Parents and Birth Family Relationships

Study participants offered several framing thoughts as a context for understanding the experiences associated with developing, enhancing, and maintaining relationships with birth families. The previous chapter highlighted the collective perspective of study participants that the State needed to take a more interventionist position encouraging and providing guidance and facilitation of relationships among foster parents, birth parents, and adolescents in foster care. Foster parents, birth parents, and child welfare systems all have significant roles to play in achieving desired levels of engagement in the parenting process for adolescents in care.

Improving relationships between birth parents and foster parents is within the purview of the foster care and child protective services systems; however, the relationships are complex. A serious complicating feature is that the role of foster parents

in relation to biological parents is not clear. When the State removes children from their biological parents and places them in substitute families, it does not indicate what roles birth parents and foster parents should play with each other regarding the children. Often, conflicts and tensions arise between birth parents and foster parents.

Foster parents do not have guidelines to help them determine appropriate levels of interaction between children and their birth parents or between birth parents and foster parents, so they often have to resolve conflicts and determine the appropriate amount of contact on their own without guidance from authorities. As described earlier, many foster parents concentrate only on ensuring that foster youth have some contact with their birth family. In this study, the informants who took on an expansive role saw their relationship with birth parents as deeper than simply facilitating contact between foster youth and their family members. They acted in ways that were similar to the ways extended families often serve as emollients between adolescents and their parents during a difficult developmental period. First, they were clear that the youth were the biological children of the birth parents, and therefore they did not engage in conflict over who was the true parent. They took a nonjudgmental approach to birth parents, tried to move beyond the anger that birth parents might hold, and did not express fear in their interactions with biological family members.

Expansive foster parents sought a coparenting role with birth parents that included attempts at engaging birth parents in making decisions along with them and the youth. They sought to empower birth parents to take an active role in the lives of their children. Further, these expansive foster parents also offered mentoring or other means of support for birth parents' development. Victoria described a variety of her experiences involving

the relationship between foster parents and birth parents. Ultimately, she decided that if the child could see both “parents” as a part of an expanded support network, it would benefit the youth:

I didn’t want to have anything to do with parents. Then as time passed, I realized that the kids were being torn between their parents and their foster parents. They like me and they kind of liked their parents but they couldn’t say, “I like her.” I also, as my kids got older, I realized kids act out whether you are a perfect parent or not. Some parents handled it better, some don’t and so I started looking at parents more as people who have problems that they need to have dealt with.

So, I thought it was much better to get to know the parents and for the kids to see me as part of their support network that liked their parent.

Similar to Victoria, some other foster parents saw themselves in a coparenting role with the birth parents or in a position to assist birth parents with their efforts to overcome problems in their lives. A central theme that emerged in this study was the compassion many foster parents expressed for the parents of the children in their care. Some determined that their efforts to help birth parents improve their lives ultimately increased the likelihood that the youth would have improved outcomes. Similar to Victoria, Martha expanded her perspective to include working with the entire birth family:

When you can work with an entire family—it used to be early on, when I first started, people would say “Well, you don’t need to have people coming over to your house the children’s families won’t come to you. Some of them are drug addicted or have other issues going on. You don’t need to work with them.” I would sit there dismayed.

If there is any chance of this child ever going back to their home, how can I not want to work with the parents? So day one working with teenagers I knew that—and sometimes I have done things kind of unorthodox—in my approach to children—I wanted to know the parents “Come here, maybe I can help re-parent you to be the best parent to your child that you can be.”

When you find that children do want that connection to their family find out what the pieces are that have gone wrong. Are they getting the help that they need? Then I can work as a unit to help that parent and encourage them.

The challenges of raising adolescents in foster care are enormous. When foster parents were able to engage birth parents in a shared process, however, the benefits extended to all parties: the foster parent, the birth parent, and the youth. Ebony expressed that sentiment this way:

Birth parents are a big challenge if you don't understand what they are going through. As I mentioned earlier the birth parents look at you as the enemy. We have found that once we meet with them and talk with them one on one and listen to their concerns to ask them questions about this child you begin to see the barrier dropping.

Several things happen here, you are a better foster parent for those kids by knowing more about them. Another thing is that the birth parents, when they stop hating you—they are always going to be ticked off at the State—but if they can stop being angry with you and realize you are providing care to them and that you care about their child, you start getting more information out of them; not a lot.

They start to understand that you are not judging them. And probably the most important thing is the children seeing the foster parent and the birth parents working together. This is about the best medicine you can give that child because they are no longer forced to make a choice.

Part of the role of parents during adolescence is to allow the young people to achieve their own identities and live independently; this includes making decisions about what people the foster youth allow in their lives, including their birth parents. Some foster parents struggled with facilitating a relationship between foster youth and the parents who had previously hurt them. Expansive parents ultimately saw that they could have a joint role along with birth parents to ensure that the foster youth made successful transitions to adulthood.

Emancipation and Life after Foster Care

One of the primary objectives of foster care is to make certain that the youth have permanent family connections; this feature of foster care is what promotes maintenance of relationships with biological family members. For some, this means returning children to their birth families. For others, it involves creating a new family through adoption, but this is not often a likely outcome for adolescents who are in foster care. Nonetheless, the concept of a permanent family is supposed to extend into adulthood. Each year more than 24,000 young adults leave the foster care system because they have reached the age of 18 or 21. When study participants described their experiences preparing adolescents in their care for adulthood, they included the roles they played in the young people's lives after they became adults.

Expansive participants indicated they knew that in order for teens in foster care to be effective and successful in adulthood, they would need family connections. Remarkably, some remained committed to fulfilling that responsibility themselves by continuing a lifelong support system for adolescents who had been in their care. This is an entirely uncompensated and unexpected role for foster parents; their responsibility for children in their care ends with the children's emancipation. Nonetheless, foster parents interviewed for this study who operated with the expansive parenting perspective established enduring relationships with the youth who had been in their care. For example, Deborah saw herself as a grandmother whose door was always open:

I like watching them grow I like the relationship that happens after they leave. I've got kids all over this country that still call. Kids that have got kids of their own who call for advice with their kids. So I am kind of grandmother to kids who are out there making it on their own, who have kids of their own. That is nice, I like that.

They have my phone number they can call me, they can come back and visit, it is an open door policy. “Yes, I do want an ongoing relationship with you.” I think the thing that people miss in dealing with teenagers is that if a kid is in their own family and they hit 16, their job at that point is to separate, to develop their own identity and to figure out who they are and what they want to do with their life. If you take a 16 year old and put them in a foster home, to expect them then to bond as a family member is unrealistic because their job, their developmental stage job, is separating. So, what you have to do, in my opinion, is to give them skills and be their cheerleader and help them to take the next step. The only way they can take the next step is if they are comfortable with where they are and who they are and gain the strength to go on to the next step. That is what my job is.

Achieving separation and adult independence often takes several years beyond a youth’s 18th or 21st birthday. Although the role of the State ends when the young person reaches a chronological milestone, expansive study participants saw their role extending as long as the young person required assistance. This included allowing young adults to return to their homes; in some cases, foster parents provided financial assistance to young adults who were no longer in care. Their commitments were ongoing, as in Carrie’s case:

We still have a good relationship. I pay for her cell phone. While she was working and living with us, I charged her \$50 a week and put it in a savings account saying this will be the way you can get an apartment on your own because that is what her goal was even before she dropped out. She had \$700 when we said, “If you aren’t going to follow our rule and you are dropping out of school and you are refusing to take your meds then you need to be somewhere else. We love you and you are still part of our family and you will be forever, you just can’t live in our house if you aren’t doing those things.” She eventually lost her job. Now the \$700 is gone but she is getting another job. She stayed with us the weekend, we have a good relationship but she just knows that living at home is not an option because she has made that decision. So, that is where we are at.

With the continued involvement from foster parents comes the continued challenge of helping former foster youth adjust to the responsibilities of adulthood. Consistent with Arnett’s (2004) developmental concept of emerging adulthood, many of the study participants understood the instability and lack of readiness for responsibility that many of the youth experienced as they entered the age of majority. Expansive foster

parents saw the unwavering commitment to supporting and encouraging the development of youth after 18 or 21 as being essential to successful outcomes. This support included continuous reminders that (a) the foster parents were their family, (b) the youth were welcome to return to their homes, and (c) the provision of life-skills support and advice would continue for as long as needed. Sandra described her approach as follows:

For us even when our kids transition out, this is always their home. Even at the age of 21 if they find themselves in need of help, they can always come back here based on a realistic need—just like any other parent should. If they needed to come back into the home that is an option for them. Our concept isn't, "Oh, you are 18, you are no longer our responsibility even though the State has washed their hands of you," and they are not paying any monthly stipend for caring for this child that doesn't stop our commitment to them. I think them knowing that is extremely important.

We are always Mom and Dad and we are always going to be here for them. Just because they are done with high school at 18 doesn't mean they are done, you are gone, figure it out, go do your thing. No, we will be home and whether they are going into technical school, they are looking for a job, helping them create the knowledge for budgeting, going on to college if that is what they want to do. If they go away to college, then their breaks and everything, their room is here. This is where they can come back to.

In other instances, such as with Jean, the support included supporting the birth parent as she assisted her daughter with adult life roles and responsibilities:

One of my girls is 19 and she is going to be having a baby and she calls me all the time and asks me about pregnancy and since I had one of my own, I am able to talk to her about it. In fact, her mom is the one who calls me all the time to ask for help.

Assistance from foster parents took many forms, including attending GED graduations, paying cell phone bills, and helping youth find employment. Regardless of the form of assistance, expansive foster parents indicated that the youth's knowledge of the fact that the foster parents would be there for them was an essential element of the equation for promoting the opportunity for success.

Summary

In this chapter, foster parents described various activities that are not expressly required by the Washington State system; however, they are reasonable expansions of the direction contained in the Administrative Code. There is an emerging recognition that emotional and behavioral maturation occurs much later than the chronological maturation age of 18 or 21 (Arnett, 2004). The informants in this study were consistent in their belief that successful foster parenting of teens required an intentional commitment to be available to the youth even after the point of chronological maturation. Their willingness to undertake these expanded roles indicated an unrecognized level of commitment these informants evidenced. Based on this small, self-identified sample of foster parents, it is impossible to determine the extent to which foster parents in general expand their roles.

This study uncovered serious, unaddressed issues for adolescents in foster care. Two prominent problems were the thorny issue of their relationship to their biological parents and their need for ongoing adult support well into their own adulthoods. Here, foster parents told how they wrestled with these issues without support from the State. In some instances, their success in each of these areas suggests the State should increase its support of efforts to determine how people fostering adolescents can be more effective.

In most situations, study participants found themselves compelled to engage in the expanded efforts described in this chapter without clear direction, financial support, or any guidance or financial assistance from the State, and informants clearly desired more. Further, foster parents indicated that their ability to achieve successful outcomes with teenagers in foster care significantly depended on the availability of support. A greater level of support was needed from the foster care system as well as from other institutions

in the community. Specific support needs included (a) obtaining the needed support from systems other than child welfare, (b) obtaining regular respite support for foster parents, and (c) assisting adolescents with their adjustment to adulthood and independence.

Similarly, prior research showed that young adults who emancipate from foster care face significant challenges adjusting to adulthood roles and responsibilities (Courtney et al., 2005). Many of these challenges can be traced back to the lack of appropriate levels of support during their adolescent years in foster care. Researchers identified a number of support needs, including managing and controlling behavior (Schofield & Beek, 2005); educational achievement (Scannapieco, Connell-Carrick, & Painter, 2007a); and emotional support (Sneddon, 2010). The next chapter explores the support-seeking experiences of study participants in more depth, including (a) their definition and context for support in fostering adolescents, (b) their perspectives on the specific support adolescents in foster care require, and (c) the supports they thought would enhance the ability of foster parents to carry out their roles.

Chapter IX: FOSTER PARENT EXPERIENCES SEEKING AND OBTAINING SUPPORT

Introduction

The context for exploring the needs of adolescents in foster care and those of the foster parents who care for them rests on the notion that no one can raise children alone. Just as the foster care system alone cannot address the support needs of foster youth, neither should foster parents by themselves be expected to address all of the needs of the youth placed in their homes. When children are placed in the foster care system, the responsibility for their care and custody is legally transferred from their birth parents to the state or county child welfare system; foster parents are private citizens who receive a stipend to provide shelter, supervision, and the daily care needs of children placed in the system's custody.

At a minimum, this arrangement suggests a shared responsibility between the child welfare system and the foster parents to meet the needs of youth. Most often, an assigned social worker is responsible for both providing management and oversight to meet the needs of children in care and assisting foster parents in their efforts to obtain the support they require to fulfill their child caring role. The assigned worker is supposed to facilitate the interface between the child welfare system and the foster parents. In Washington State, the position title is social worker; however, not all of these individuals have a bachelor's or master's degree in social work. According to the Washington State Department of Personnel job specifications, individuals filling the social worker position may have a bachelor's or master's degree in social services, human services, behavioral sciences, or an allied field (Washington State Department of Personnel, 2007).

Research has indicated that adolescents in foster care present a number of complex needs, and they have problems in areas such as academic achievement, mental health, and behavior control. Adolescents in foster care are less likely to graduate from high school than their peers in the general population are (Barth, 1990; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Farmer et al., 2004). They are at a higher risk for depression and other mental health problems than adolescents in the general population are (Courtney et al., 2001; Farmer et al.). They frequently have difficulty controlling their behavior, including aggression toward others and failure to comply with rules and structure (Farmer et al.). The preceding chapters highlighted the active role foster parents can play in addressing these deficits and promoting resilience, even among adolescents who have spent years in foster care and in multiple placements.

In past studies, foster parents have described a number of supports they needed to carry out their roles. They wanted sufficient preplacement information about the youth placed in their care, a good relationship with the state agency, community-based supports, and linkages with other foster parents (Brown, 2008). Farmer et al. (2004) indicated that the primary supports foster parents desired also included (a) consistent telephone access to child welfare professionals in case of emergencies, (b) assistance identifying professional help with education and mental health issues, and (c) sufficient availability of respite support.

In this study, foster parents described their experiences seeking and obtaining support to meet the needs of youth in their care and their own need for assistance in performing their role more effectively. This chapter seeks to illuminate these foster parents' responses to problems they faced and how their relationships with the child

welfare system supported or limited their ability to carry out their roles as substitute parents.

Support Based on the Care Needs of Adolescents

When Foster Parents Seek Help

Foster parents must observe and respond to the daily needs of the children placed in their homes. The needs that foster parents encounter are not very different from those that occur when raising any teenagers. Some youth need help with practical matters, such as getting a driver's license or finding employment; however, a number of study participants found that the needs of the adolescents they fostered in their homes went far beyond their capacity to respond without additional support and assistance. Their reports of the needs of adolescents in their care echoed research findings that indicated special challenges these children present. Despite the overwhelming difficulty some of the children presented and the commitment shown by all respondents, the informants often found institutional support wanting. Even those foster parents who expanded their roles to address the special needs of adolescents in their care did so with limited support or guidance from child welfare professionals. In some cases, they even avoided assistance from these professionals.

Not all foster parents were equally resourceful; when support was absent, it could have unfortunate consequences for the child, including removal from the foster home. For example, Rose and John struggled with the repeated suspensions from school of an adolescent boy placed in their care:

I think what could have very much helped us keep the adolescent we had longer was a concrete plan for what were we going to do when he was suspended from school. To have him repeatedly expelled and just hanging around our house for weeks on end and us having to scramble around and take time off of work to

supervise him. We needed somebody to devise a very specific plan with additional help to supervise him or programs for him to go out to; even a volunteer job he could have gone out to when he was expelled from school.

Even though this couple tried to obtain help from a number of systems, including a private foster care agency, the State child welfare agency, the public school system, and a lawyer identified by the state, the situation remained unresolved:

The State really encouraged us just to work with the lawyer who was doing his best legally but it isn't his job to devise a daily plan for the child. What the school was offering as a stand in, everyone was telling me that is not good for you—don't send him if they offer. They didn't offer so I didn't have to worry about that. It just felt like we were at a stalemate and didn't have anything specific and concrete. I would have to say that there was a private agency involved, so that technically this child was served by the private agency in lieu of the State, but as the private agency couldn't come up with this, the State wasn't able to step in and we were looking for another private agency and they didn't have another private agency to suggest. It just felt like everyone was kind of throwing up their hands, and we didn't know where to turn.

Academic problems and difficulty complying with rules are widely recognized issues for adolescents in foster care; however, despite their efforts to locate institutional support, this couple was unable to get the help they sought. Ultimately, this young man was removed from this family's care and placed in a psychiatric hospital. Rose and John continued to be available as a placement alternative, but the youth never returned to their home:

It was hard to know what to hold him accountable for and what to hold the district accountable for, so when he blew up that day a supervisor from the State came out. It was decided that this just wasn't working out and that he needed group care. But, then they didn't have anything to offer right away so he lasted about another week and finally then he was such a mess that his therapist was able to get him psychiatrically hospitalized. From there it has been a series of a couple of things but he is not stable in group care.

These foster parents sought structured support to manage some of the behavior problems presented by the adolescent in their care. Often, as was evident in this case, foster parents

looked to professionals to develop a plan and to guide them through specific difficulties they encountered with foster teens.

Victoria faced a similar situation with two young men placed in her home. These two boys were developmentally delayed teens who were touching each other in sexually inappropriate ways. Victoria reported the incident to the Washington State foster care social worker and sought help to address the behavior. Again, rather than helping the foster parent address the problem within her home, the institutional solution was removal. Victoria described the events that precipitated the boys' removal and the way in which the State responded, which included labeling the children. Ultimately, their precipitous removal did not respect the bonds the foster family had established with the boys or provide help that would have enabled Victoria to manage the situation. Their knee-jerk reaction suggested more concern about the effect the boys' sexualized behavior might have on the child welfare authority than about providing a consistent, supportive home for the boys. The pain Victoria still felt was evident during the interview, as she began to cry when she described the events:

I had a boy who lived with me—he was 10 when he came here and left when he was 16—and he was handicapped. There was some cooperative sexual behavior—they were humping and they were fully clothed—and the one that had to leave, because he was delayed—the other one was younger but he was delayed so he was developmentally a little less. The State said, “Oh, my God! Oh, my God!” like they do. So they put the one kid, the younger of the two—they had him have an SAY (sexually aggressive youth) evaluation which took forever and ever and ever to accomplish—so they moved him.

Then the other kid had to move to another home because after this evaluation the other kid was going to come back. They knew this was happening and they had a date. They had months to find a home and they found the home on the day they needed it. So, he never, in all this time had a chance to say goodbye to my Dad [*crying*] who had been his grandfather. The thing that was so sad about the whole thing was that the evaluation said it was normal behavior, not anything bad.

Something kids just do. But the fact that they were kids in foster care *[crying]*. The way it was handled was, “Oh my God! We’ve got to fix this problem, make sure they are not deviants,” when there was nothing that would make you suspect that because there was nothing in this kid’s background. It was a knee-jerk reaction to this kind of stuff.

Victoria’s efforts to obtain support resulted in replacement of the two boys and lasting pain for the foster family. She continued to provide care for other children in her home, but she expressed significant concern that the process for addressing this type of behavior was inadequate and needed improvement. She worried about the children, because she felt their abrupt removal denied any need to address the separation for the young men. She felt this action could have lasting effects on their ability to develop relationships in the future.

It just seemed so unfair to these boys to be sent off. Especially without a lot of time to adjust or some time to adjust or even a couple days to adjust—letting him know we are coming in a couple days. They called one evening and said we are coming tomorrow at 11:00.

He didn’t get to say goodbye to the kids at school. It’s not right. It is not unusual and we wonder why kids don’t attach. We wonder why kids are angry. We have done that when we took them away from their families. We do that when we move them from foster home to foster home. Even with bad transitions, with homes that weren’t their permanent home, if they spent any length of time there, like a month or even a couple weeks they still should be able to say goodbye to the people in the home or say goodbye to their teacher or something because they have all those things left hanging.

Coping with Effects of Trauma and Mental Health Conditions

Youth placed in foster care frequently come with mental health problems, as did the young man with whom Rose and John struggled. Some of the children have specific psychiatric diagnoses; other children may require mental health services because of the trauma of child abuse and neglect they experienced. In some instances, children have specific psychiatric diagnoses and traumatic responses from past abuse. Over a period of

11 years, Andrea cared for two young men with psychiatric diagnoses. One young man had a diagnosis of bipolar disorder, and the other had severe depression in addition to developmental delays:

Two of my boys who are now adopted, they are now 22 and 24—for 11 years we had daily screaming, yelling, throwing fits in our home; I didn't even want to come home from work. If one of them wasn't throwing a fit the other one was. One was bipolar the other was more on the depressive side. The bipolar one had a very high IQ. The other had a very low IQ and had many learning challenges. He is 24 now and he reads at a 3rd or 4th grade level. They went to school every day in special education. The bright one was in a self-contained classroom because of his behavior. The other one had gotten out of self-contained classroom and was in regular classes. He spent all day trying to hide from other people the fact that he couldn't read and didn't know what was going on.

So he would come home from school and I would say something horrible like, "Hi, how was your day?" And boom, he'd hit the roof! You never knew what to expect. Is this a good day or a bad day? There were days I thought, "Oh, this will be a good day," but, no, he'd fall apart; every single day for 11 years. Now the fits could be 10 minutes the fits could be 2 hours; you never knew—yelling, screaming, filthy language, horrible.

Even though these young men posed significant challenges, Andrea was reluctant to engage social workers for assistance. She felt that she had built a substantial support network outside of the formal child welfare system that could help her meet her responsibilities as a foster parent rearing these two young men. Andrea drove one of the young men for 45 minutes to and from his therapist, and she had a network of other foster parents who supported her in her extraordinary efforts to care for a child with mental illness:

I don't want to bother them unless it is big . . . In my house I don't need a lot of hand-holding. I don't need somebody there telling me to try this or try that because I have all these outside sources (other foster parents, the kids' therapists) helping me with that sort of thing. I just need to know if I need permission to take them on a trip for example or if I need permission for something else, I just need to know that they are going to be there and respond.

In addition to having developed a network of support, Andrea indicated she was reluctant to ask social workers for assistance for two other reasons. First, Andrea saw herself as a “professional” foster mother and believed it was part of her professional responsibility to solve problems. In addition, Andrea had previously served as a *guardian ad litem*. In this role, she had witnessed the extensive workload of social workers. After becoming a foster parent, she expressed a belief that she would be helping overworked social workers by not bringing them unnecessary problems. Andrea represented the type of foster parent initially motivated by her professional experience, and her response to this complex and disruptive set of circumstances was to revert to her professional status. In addition, one could speculate that her use of the term “overworked” might have been a proxy for “unavailable,” causing her to rely on a social network she found more reliable than the child welfare system.

Support to Meet the Needs of Foster Parents

When the foster parents in this study reflected on the supports they needed from the child welfare system, they indicated major concerns. Some of these concerns were similar to support needs identified in prior research, including (a) better communication with workers, (b) respect from workers for foster parents’ opinions and abilities, and (c) being considered part of the case decision-making team (MacGregor et al., 2006). Informants also spoke about the need for respite; they wanted the Washington State social workers available and responsive to emergency calls, and they wanted them to make regular visits. In addition, they expressed a desire for access to other foster parents for support and advice. Finally, in a request specific to caring for adolescents, they felt they needed ongoing coaching on significant aspects of working with teens.

The foster parents felt they could be more effective managing and responding to adolescent behavior if they could recognize the triggers that set off undesired behaviors. Study participants who were successful at fostering teens could anticipate and identify intervention strategies that enabled them to deescalate the negative progression of youth during those episodes. Some participants were not always able to gain control of the situations. The absence of a 24-hour State resource to call upon during these episodes left some foster parents feeling that their only recourse was to call the police for assistance, a situation they hardly found ideal, as Deborah described:

One of my biggest complaints—and this is a big one—is that we do not have after hour services now. When I started and up until about 8 years ago, there was an after-hours unit and there were services 24 hours a day in that 12:00 at night, you had an emergency. You had a kid that was punching the lights out of another kid, you could call up and say, “I need somebody to come and pick this kid up now.” And somebody would and they would take them down and put them in the after-hours unit and find another home for them. If you have a crisis now, you are on your own. You call the police—I live in King County—it is not happening. So, basically you have no backup.

Inviting the intervention of the local police department was a cry for help of the last resort that foster parents associated with the unavailability of any alternative.

For the most part, study participants fully embraced the responsibilities and accountability requirements to fulfill their role as foster parents, and they viewed the role of rearing youth in foster care as a partnership between the foster parent and the state social worker. The notion of partnership was important, because they felt it would enable them to be effective with the children in their care. For foster parents, the operational definition of the term *support* had at its core an articulation of the mutual respect and trust that had to exist between these two central players in the foster care system. For

example, Victoria explained that support involved mutual trust between the system and the foster parents and both had to be committed to the welfare of the child:

To me support is someone who is going to know me well enough to be trusting of me. I don't want people to not be somewhat apprehensive though. I would hate to have—people say this all the time—“Oh, I trust you, I don't have to worry.” Well, maybe you do have to worry. Maybe there is an occasion when foster parents fall over the edge of the cliff. So, just because they have always been good doesn't mean that you should say we never have to go visit or check on them. What happens if things change? I've had kids who have never seen their social worker. I had a child who lived with me for 7 years who was from another county and they never saw the social worker the whole time she was here.

How on earth? Just because I have a good reputation—how on earth do they know I am not abusing that child? Just because I never have before doesn't mean that something might happen. On the other hand, I don't want someone to automatically assume it is the worst thing in the world. I want someone who is going to come and say, “Hey, what happened? What can we do?” They are supposed to be making sure the kid is safe, and they are also supposed to be supporting the kid in the placement they are in; doing what they can to keep that placement going so the kid is not disrupted.

The informants indicated that making this partnership work and achieving improved outcomes for the foster children required a shared context for the work. A partnership that worked also required a clear delineation of the roles each party had to play. In addition, foster parents felt both parties needed to apply focused attention and planning for some of the coaching, training, and other needs they identified, such as interaction with other foster parents and unobstructed, uncomplicated access to respite support. This definition of partnership did not always play out in equally shared responsibilities. The need for support provided by others outside of the foster home was a central theme among the study participants. The informants were clear about some of the areas where they needed support; however, accessing that support presented another set of problems.

Experiences with Support from the Child Welfare System

Seeking and obtaining support from the Washington State child welfare system presented complex problems for study participants. Two central contextual issues were related to foster parents' interactions with the State social workers and their perception of that relationship. Nearly half of the study participants stated that State social workers and foster parents must work together as a team in order to achieve optimal success with rearing adolescents in foster care. They viewed clear communication channels, the responsiveness of social workers to foster parents, and the ability to have a shared perspective on the case as positive aspects of a strong working relationship. Study participants clearly needed help to be effective at rearing adolescents in foster care. Deborah described the way in which she thought this relationship should work. She understood that effective foster parenting involved a system of supports:

I really try to keep a very strong relationship with the social worker who is working with these kids, and I am very open to calling them and saying, "Hey, this is what I am dealing with and let's look at what we can get done here" and looking at getting the kid involved in counseling or help from outside agencies or whatever, as quickly as possible, because I see teamwork as being the most important thing. I can't do this by myself, I need the whole community.

They really need to work hard on relationships between foster parents and caseworkers. Some of the caseworkers use deceptive intelligence when they are putting together those reports. When you call in and talk to them, they need to keep their voice out of the report. That was one of the things that I learned as a social worker at UW [University of Washington]—they told us never to put our voice in the reports about our clients. I find that many of the caseworkers at DSHS they are writing their story and that is not good. That causes problems between us and the caseworkers. When the caseworkers are good and the foster parents are good it is enrichment for the kids. You can see the difference in the kids when the caseworker and the foster parent are on the same page.

Several study participants described a serious impediment to building strong partnerships between foster parents and social workers. They found the power imbalance

between social workers and foster parents constrained them and made it difficult to seek and obtain the social workers' support. Foster parents expressed concern that their assessments and observations of children in their care were not considered in the case decision-making process—despite foster parents spending more, and more concentrated, time with adolescents in care than any other member of the foster care staff or service-providing community did. The foster parents were in a unique position to recognize and communicate critical information regarding the adolescents' development or problems related to their development. Even though they saw themselves as a potential resource, the informants did not see the system calling on their experience or expertise.

Study participants had a range of responses to this perceived power imbalance. In some cases they avoided being assertive and did not express their points of view because they feared retaliation. If they did take a risk, it was because the foster parents felt it was critical to voice their observations in the interest of helping the youth. Rose was concerned about preserving her working relationship with the assigned social worker. She feared, however, that social workers might misrepresent foster parents' advocacy for children as an effort to seek greater compensation for them, since their compensation depended on the level of need a child required. She was also concerned that the State would remove a child if she "pushed" too much:

You don't want to alienate a caseworker. You don't want to make a relationship unworkable. At the same time I don't think they see us advocating for this child as much as for ourselves. It is just very unclear as to how they regard us. There have been times when I have really taken a stand that I don't think this child should attend a meeting it will make him too anxious.

I have said I can get you the recommendations from his mental health therapist if you need documentation that he should not attend. I was told in no uncertain terms that it had been discussed with his supervisor and that the child needed to attend. This child got expelled from school and ended up in detention within a

week of that meeting. I can't say that it was definitely that meeting that upset him to that point but I just didn't feel respected as though I knew anything about this child, and if I would have pushed it with the State that I would somehow damage this child's ability to stay with us.

Ebony had less confidence in her assessment ability or her authority to challenge the social worker. Her lack of confidence appeared related to the fact that she was a relatively new foster parent; at this point, she lacked clarity about her role and Washington State's expectations. She imagined the system and its representatives were extremely powerful:

But what you realize is that it is you against this enormous machine and that if you go against the establishment then you are going to be red-flagged. So you're afraid to say no or ask too many questions. Often times the people you are talking to, they may have done hundreds or thousands of placements and you are just one more foster placement to them. I think relationship between new foster parents and the caseworkers or the Department is very one-sided because we come in as foster parents unknowing and unprepared to really deal with the thing and we look at the people who talk to us over the phone or in person as the experts; the people in charge. Almost as if we were employees of theirs.

Nonetheless, at least one study participant noted progress over time toward including the foster parent voices more in case planning and decision making. Martha reflected on the engagement efforts that she has seen in recent years as compared with experiences from her early years as a foster parent.

I think another thing that is changing—that I am so glad to see that change—is that where people hear the voice of a foster parent. Not just hearing the voice of a foster parent but they are included in the decisions being made about the children that they have through the educational process, court things that kids have to go through—for every aspect of what is going on with that child that you spend the most time with—that you are included in that circle that is that child's life—other than “you take care of him and we'll worry about the direction of how things are taking effect.”

That was the climate way back in the day—“You do as I say and make sure this and this happens and that is all we need from you.” That has changed and that has been a wonderful change because you have to have the communication of all parties involved from the bio parent to whatever administration that has to deal

with that child—upper administration to whoever has to deal—wherever those prints of that child’s life go—you have to have that involvement of those cohesively that are involved in those prints and when you do that it makes for far better outcomes for children.

Additionally, foster parents were concerned about the availability of Washington State social workers. They framed this issue in the context of the heavy workload of social workers that prevented them from focusing effectively on the needs of each child on their caseload. Clearly this was a well-known issue; social workers had activities they had to perform on a monthly basis for each child on their caseload. The size of an individual social worker’s caseload was a significant determinant of the capacity of the social worker to respond to the needs of the youth and foster parents. Deborah recited a mathematical review of the number of required activities and the number of hours associated with each activity; this led her to the conclusion that it would be very difficult for social workers to meet their performance requirements:

I’ve got really good relationships with the people I am working with, and I see them just burning out because more and more is being expected with no support to do it. Yet, the things they are asking, need to be done but it is like the health and safety checks which used to be every 3 months and now is once a month. If you’ve got 30 kids on your case load and you are expected to visit in each home once a month, that is a lot.

Most social workers are having trouble making that happen because—just figure the time—that is at least another 60 hours a month and add on to that meetings and court cases and all of the other things they have to do. It is an impossible job. I would like to see more realistic caseloads for them. Then I think we would get better services.

In 2005, administrative leaders in Washington State aspired to achieve an average caseload of 18 children. According to Washington State documents, this was consistent with the standard set by the Council on Accreditation, a national organization that grants accreditation to human services organizations that meet its standards for service delivery.

According to recent performance data for the King County region, the geographic region for this study, social workers had an average caseload of 20 cases (Washington State DSHS, 2008). The foster parents' observations appeared to be borne out by an increasing caseload in this jurisdiction.

Expand and Enhance Foster Parent Training

Most of the study participants described rearing adolescents in their homes in the context of adolescent behaviors that pushed them to the limits of compassion. They described the effects of family disappointments about the conduct of youth in foster care. All that was required of them burdened them if they sought improved outcomes for the teens. Study participants insisted that for more foster parents to apply for this uniquely challenging endeavor, training prior to placement needed to improve. One of the most important aspects of training that participants suggested was the need to hear the reality of foster parent expectations from people who have fostered successfully. Although Sophia could not remember the name of the woman who spoke at her training session, she remembered the content of her presentation:

They did have a lady come in that was really awesome that did parent just teenagers and she talked about her experiences. She was great. She had had 17 teenagers and she took nothing but teenagers. She mentioned she was one of only 5 that are registered in the State of Washington that take just teenagers. She told us a little about what it was like and it was scary, very scary. She talked about different crazy things that her kids have done. But she loved them and wanted to help them and she was there for them and she like the challenge of it all. For me it sounded overwhelming. This lady had raised her own children, single mom. Neat lady, I wish I knew her name but this was a long, long time ago.

Virginia also thought that professionals made less effective trainers:

In terms of training, I am tired of having MSWs and clinical psychologists and psychiatrists do the training. I need foster parents who have been on the front line to do the training. It would nice for example, last year I went to the 16th annual DSHS conference at the Trade Center and most of the people doing the training

were MSWs, PhDs. I would love to hear some foster parents doing the training. There was one lady, she was a foster lady and she was finally doing good and that was good. I would like to hear from some foster parent doing the training. I got the training book for 2009 and it is the same old people doing the training.

Although participants acknowledged that training had improved over time, there was widespread affirmation that those who seek to foster adolescents could receive better support with improved training, both before and after they assume the role of foster parent. Sophia expressed this view:

Well, I get dragged into the panels a lot of times. Someone will call me and say, “We need you!” They used to teach those classes (Pride classes) that people had to take for license. I used to come and they would ask me all these questions. They had me there recently but it wasn’t for that. It was for a bunch of people they were trying to talk into becoming licensed. This other foster parent, who is really awesome, and I came and we talked about why we did what we did and all that kind of thing.

I could just tell by the nature of the questions, not these guys, but the Pride classes that they are getting more nuts and bolts they are getting more grounded in what they are doing. It is a lot more extensive than what was done for me way back when. So, yeah, I do think the training is improving.

Study participants described the role that frequent and consistent training could play in better supporting their efforts to rear adolescents in their care. They were unclear about significant parenting roles, however, such as preparing youth to live independently after they reached adulthood, teaching adolescents about personal hygiene, teaching teens about meaningful relationships, and instilling educational aspirations. When asked about other areas in which the state could improve training, study participants offered a wide range of topics. Virginia identified some specific areas:

In terms of the State, I think they should employ more foster parents so you can get a better picture of how foster care should be implemented. I think the current policies need to be revamped because they are old and out dated and need a lot of changes. I am tired of seeing many caseworkers moving up the corporate ladder and becoming more skilled and you only want the foster parents to have training around mental health.

Foster parents should be trained on administration, they should be trained on finances, they should be trained on planning, they should be trained on real estate. They should be trained in every area because the foster children need to be educated so you can't just train us on mental health and behavior all the time you've got to train on other things too because we may have young ladies who may have a husband, who may get married and they've got to know these things.

Another concern was the pace of training. Foster parents receive extensive training during the recruitment and preplacement process. As many study participants pointed out, however, new foster parents are not fully aware of what they need to know until they have been in the role for a significant period. Participants suggested that the State schedule follow-up orientation trainings after foster parents have had youth in their homes for 6 months or more. In other words, they proposed refreshers, where new foster parents could return and bring some of the problems they encountered early in their foster parenting careers. Sophia stated it this way:

Too bad the training isn't until 6 months after you have been doing it so you can figure out how to navigate through some of this stuff. Because you get too much information on the front end, and you aren't necessarily going to remember it when you are in the heat of it.

Additional recommendations included (a) training foster parents to be better advocates for youth with other systems, (b) preparing foster parents for such sensitive issues as teen prostitution, (c) providing individual consultants for foster parents, and (d) helping foster parents to be prepared in the event an allegation of child abuse or neglect is filed against them.

Dealing with Child Abuse and Neglect Reports

Almost half of the foster families interviewed for this study indicated that they had been accused of child abuse or neglect at least once since they began fostering teens. Those who were not accused simply viewed themselves as lucky. Foster parents would

go to great lengths to protect themselves from the possibility of such an accusation. For example, Sophia explained it this way:

It has never happened to me, I have never had a referral, I have been very, very lucky and I know it. It made me be very, very sure that I knock on the kids' doors and never barge in on them in the restroom. I give them privacy in their bedrooms. I have been hyper, hyper vigilant which I probably never would have thought of if it wasn't for what I went through in the training. I became paranoid. I have never, ever barged into the bathroom. That was the number one thing I took from the training was to be very, very careful.

Don't put yourself in any kind of a compromised situation that you are going to have a hard time explaining yourself in court. I hate to be paranoid like that but at the same time when they are saying it is not a matter of if, it is a matter of when there is going to be an allegation you've got to prepare yourself for that or be proactive and try to make sure you don't get yourself into that situation in the first place.

Although many study participants were accused of child abuse or neglect, the investigations by the State Child Protective Services did not find that any of the foster families in this study had actually committed the acts of which they were accused.

The range of accusations included screaming at youth, choking youth, allowing youth to fight each other, and foster parents physically assaulting youth. Even the foster parents who had not been accused of abusing or neglecting an adolescent in their care indicated that State foster care staff told them that they should expect to be accused at some point during their tenure as foster parents. For many, it was not a question of if someone would accuse them, but when.

Added to the existing burden of fostering adolescents was the likelihood that these citizens would become subjects of a child abuse or neglect investigation. In most states, people accused of child abuse and neglect (including foster parents) have their names placed in a central registry. This even includes people who have not been found to have committed any acts of abuse or neglect. Virginia elaborated on the problem:

It was unfounded. I don't want any "unfounded" in my folder because what does unfounded mean? That you did do it or that you didn't do it? Or, somebody 20 years from now decided that they disagreed with you they can pull that out of your file and start trying to found it. So, they need to revamp their CPS investigation system.

This situation raises significant policy and practice questions for state child welfare agencies. Foster parents are citizens who volunteer to provide needed care for youth who cannot remain in their birth homes. If these same volunteer citizens are at higher risk of being accused of committing acts of child abuse or neglect and they are at equally higher probability of not being found to have committed those acts, should the results of their investigations be treated the same as any other investigation? Given the enormous amount of public scrutiny placed on child welfare agencies, should states take the risk of appearing not to hold foster parents to the same standards as birth parents?

The annual rate of confirmed child maltreatment by foster parents is relatively low. The federal government has established the national standard for the absence of child abuse and neglect in foster care as 99.68%. This standard refers to the percent of children in foster care who will not be victims of child abuse or neglect during any reporting period (U.S. DHHS, 2009). Although slightly less than half of the study participants were accused of child abuse or neglect at least once during their tenure as foster parents, none of the children in their care were confirmed as victims of child abuse and neglect while in their care. According to the U.S. Department of Health and Human Services (2009), in 2007 only 19 states met or exceeded the national standard for the absence of maltreatment for youth in foster care. The average rating for all states was 99.50 %. The State of Washington exceeded the national standard, with a rating of

99.77%. Additionally, of the 695,320 children in the United States who were confirmed as victims of child maltreatment in 2007, only 0.2 % were children in foster care.

Study participants described different experiences about their treatment during child abuse and neglect investigations. They also had different levels of understanding about what support was available to them. Carrie indicated that she was aware of the potential that she might become the subject of a report. In her case, she felt that Washington State’s investigative response was both sensitive and supportive:

They called and they weren’t accusatory, they just told me she made this report, and they needed to investigate and asked if they could come out and talk with me to see what I remembered happening in the situation. They talked to me and they talked to her and decided it was all OK and it all got resolved.

Virginia reported a very different experience, which she referred to as a “witch hunt”:

When they came out with the referral, they came out and said I said it. I had a problem with that. Instead of saying, “Ms. U. you had children in your home who were doing A, B and C and we got this referral because we don’t think you handled it appropriately,” they came in my face and said, “You did it,” and I didn’t like that at all. I think they need to change investigations because that is the wrong term. It is more like a witch hunt; it is not an investigation. In the criminal justice system, if you commit a crime we tell you right up front that this is an assault four.

With CPS you may not know what it is about for a month! So investigation is the wrong term. They need to put witch hunt up there first because you don’t have a clue. You don’t even know why they are investigating. When you call them up they’ll tell you neglect and abuse. Well, what is that? It is a whole list of things on this brochure they have. Well, what abuse am I committing? On the list they have choking, hitting—then they have neglect and a list to go along with that—which one? After they showed me the list I said, “I didn’t commit any of these.”

Washington State has identified staff available to offer supportive services for foster parents during child abuse investigations, and study participants were aware that they could call the state foster parent association for support. Sophia acknowledged her awareness:

There is help, there is a process that you go through, there are people you can call that will actually advocate for you, walk you through it and help you out—that I remember. I thought that is really nice because I want somebody to help me out and not necessarily think I am guilty before I have had a chance to present the situation. I remember that, I was grateful for that but otherwise I just thought I've got to make sure that I do everything in my power not to get there if I can possibly help it. If it does happen then I know who to call.

Although participants acknowledged that this support was available, many criticized the investigative process and thought it needed improvement. Their suggestions included (a) having a panel of people involved in the investigation; (b) including staff who were aware of the foster parents' history of working with youth; (c) improving the training for both foster parents and social workers; and (d) requiring social workers to live in the neighborhoods where youth on their caseloads are placed, thereby increasing the social workers' availability to support foster parents. Despite the risks, the emotional distress, and the reputational challenges associated with accusations of child abuse and neglect, study participants were remarkably willing to continue their efforts to change the lives of the youth placed in their care. Carrie reflected on this commitment:

You always worry because it is a horrible place for the State to be in because if they don't do enough some kid might get hurt or killed and then it becomes this big media blitz and the message that you are not taking care of these children. On the other hand, if you falsely accuse foster parents that are doing their best you lose foster parents. People are afraid to even go into it because they are afraid of the repercussions. I had a lot of people say, "I don't know how you can be a foster parent because once they come into my house I could never give them up." I tell them, "That is a really hard thing to do but think about the alternative. If I don't say I am going try to make a difference, who is?"

Improving the Respite System

One of study participants' most challenging concerns involved obtaining support from the child welfare system as it related to respite services. Foster parents need to have time away from their foster children. Although many study participants spoke about a

need for respite to ensure that they could maintain the frame of mind required to be successful foster parents, many characterized the process they had to go through to get respite as burdensome. Martha described the importance of respite, which she equated with the support she required to fulfill her role in an optimal fashion:

The help that a foster parent with teens needs desperately is to have a break. I just need a break. When I look at the time that I have been a foster parent and how much you give of your life—I kind of forget what it is like to go out to dinner with my spouse and it is just me and my spouse and we go to a movie or that we can go and take a two week vacation. These are things that you don't get to do. You give up that part of your life. I have—I don't know about others—I have given up often times that part of my life to be able to be there for a life I am trying to help mold and shape and become better. So, help was respite. To be able to get away.

Respite services are provided by interim caregivers who provide temporary care for youth in foster care while the primary foster parents obtain much needed rest, relaxation, and rejuvenation, or attend to their own personal needs (CWLA, 1995). Study participants frequently identified problems with the process of seeking and obtaining respite services from the state. These included the lack of a prerecruited, trained, and available group of respite providers. Foster parents described a situation where they were expected to identify respite providers, coordinate the respite arrangement, and ensure that respite providers were paid for their services. The situation was even more complicated because the Washington State required that youth not be left for an extended period with individuals who had not been screened for criminal background, screened for child abuse or neglect, and approved by the State. Rose, who originally only sought a State license to be a respite provider, felt that the system did not understand how best to utilize her home without making her vulnerable:

Licensers weren't used to going out and licensing a home just to do respite. So there was some confusion on their part as to why they would spend their time and

energy doing that. Then it was unclear as to how people would use us. I am not sure how our name was given out to people. The first time we were used we got a couple of kids over a holiday weekend and then I was told later on “Oh, we never intended them to go to your house; that was a mistake.” So I just didn’t know enough how the system worked to be more useful to the State and also to set our own limits around what was going to be comfortable for us.

Foster parents in this study reported a lack of direction and assistance from the state in securing quality respite services. The daily requirements for meeting the emotional and developmental needs of teens in foster care can place significant constraints on the capacity of foster parents to attend to personal health needs, meet the needs of other family members, or even take family vacations (Dougherty, Yu, Edgar, Day, & Wade, 2002). A number of study participants reported they had the primary responsibility to ensure that they received respite services, even though they had given the State significant advance notice of scheduled medical procedures or family vacation time. In one example involving a vacation, the family informed the State of the scheduled vacation prior to the youth being placed in their home. Sandra described the situation:

We had a situation about 3 years ago where they were very much in need of homes and they were calling us and so we opened up two beds. In a matter of 2 weeks we had two girls, one that was 7 and one that is still currently with us and she would have been 13 at the time. We had a family vacation planned that we were leaving on in a matter of a few weeks of the time that they came into our care. I made that perfectly clear with the caseworkers that we absolutely had to have respite. Normally our kids go with us on every single vacation but on this one we just couldn’t accommodate it because we were going with two other families and we were maxed. So, then it was a mad scramble to find care up to days before we were to leave; almost to the point where we were going to have to cancel or have the kids go back into care. We were very much advocates for not bouncing children. Whatever we can do to keep kids from bouncing we do because we firmly believe in that. So, I would say that was difficult and we actually did have to find our own respite for that.

The experiences of study participants regarding respite were consistent with those of foster parents in previous research (U.S. DHHS, 1994). Respite services can help foster

parents to improve the adjustment of youth to their homes, enhance foster parents' capacity to cope with stress, and reduce conflict between foster youth and foster parents (Dougherty et al., 2002). These positive consequences demonstrate that respite services serve the objectives of both foster parents and their State partners to improve outcomes for foster children.

The issue of respite care for foster parents has been an area of debate since Congress passed the Family Preservation and Support Services Act of 1993 (PL 103-66). At that time, the emphasis on respite heightened due to the disparity between the number of children requiring foster home placement and the declining availability of foster parents. In the decade leading up to passage of Public Law 103-66, the number of children in foster care increased from 259,000 to 450,000 (74%), while the number of foster homes declined from 140,000 to 125,000 (11%). Notably, the stress of fostering was the most frequently cited reason for the foster parent decline (U.S. DHHS, 1994).

Public Law 103-66 sought to address this issue through several provisions that expanded federal public policy direction and definitions related to the provision of government-funded support services for families (Child Welfare Information Gateway, 2010). Public Law 103-66 expanded the definition of *family* to include people needing services regardless of family configuration. This included biological families, adoptive families, foster families, extended families, and self-defined families. In addition to expanding the definition of family, PL 103-66 defined the preservation and support services that states should provide to families, and this expanded definition included the provision of respite services to children to provide temporary relief for parents and other caregivers, including foster parents (Child Welfare Information Gateway).

Further, the law required states to engage in a comprehensive planning process to develop family support and preservation strategies that were more responsive to the expanding needs of families. The results of this planning process were to be a part of 5-year state plans for child welfare services. Prior to the complete implementation of these 5-year plans submitted pursuant to Public Law 103-66, the federal government enacted another law aimed at child welfare reform: the Adoption and Safe Families Act of 1997 (ASFA). Although ASFA shifted the federal policy focus of foster child permanency outcomes from return to parents to adoption, it also upheld and reinforced the federal government's policy commitment to the need for respite and family support services for foster families (ASFA, 1997).

Most people associate the ASFA legislation with its emphasis on setting time limits for birth parents to take the necessary steps to ensure that they meet state requirements to have their children returned from foster care. Less attention has been given to the fact that ASFA did not change the federal policy framework supporting the provision of family support and respite services to foster parents. In fact, the federal policy framework for supporting respite care for foster parents has remained unchanged for the past 17 years.

The responsibility for ensuring that programs and services in local communities align with the federal policy framework resides with state or county government leadership. As indicated earlier, the majority of study participants indicated that they were unable to access respite services consistent with their level of need; they did not deem the Washington State process for accessing respite care supportive of their role as foster parents. In contrast with the voices of study participants, the Washington State

Practice and Procedures Guide (Washington State DSHS, 2008) paints a different picture of the State's approach to providing respite services for its foster parents.

According to the *Practice and Procedures Guide*, (a) social workers are responsible for verifying that respite providers have the experience to meet the needs of children, (b) respite care payments are the fiscal responsibility of the State regional office, and (c) social workers must coordinate access to the various types of respite provided for by the State.

Chapter four of the Washington State *Practice and Procedures Guide* describes a support service framework that incorporates respite services as a means of avoiding out-of-home placement, preventing placement disruption for children in foster care, providing relief from care-giving responsibilities, and allowing caregivers an opportunity for personal time away from home (Washington State DSHS, 2008). The procedures guide further indicates the State's belief that caregivers should be encouraged to use respite in advance of crises to ensure maximum benefit and that respite should be a regular part of the child's safety plan.

The State describes three categories of respite: retention respite, child-specific respite, and exchange respite. In Washington State, retention respite is intended to support retention of foster parents. According to the procedures guide, foster parents earn 2 days of retention respite each month and may accrue a maximum of 14 days to be used at one time, meaning foster parents can accumulate enough respite days to take 2 weeks away from fostering every 13 months. Child-specific respite provides a caregiver with relief from the care needs of a child with special medical or behavioral needs, and exchange respite refers to the process where foster parents can negotiate with each other

to provide respite. Exchange respite does not include any additional payments by the State, and the social worker must approve the arrangement (Washington State DSHS, 2008).

Clearly, participants in this study were not aware of the respite support available to them and the service framework and approach described in the Washington State *Practice and Procedures Guide*. Some study participants mentioned the possibility of having 2 days off per month, but no one in this study was certain it was available or had received this form of respite.

Virginia described a situation that suggested she understood exchange respite, but she expressed dissatisfaction because the State suggested there was no payment for this type of respite. Study participants wanted the State to improve respite services; they wanted a list of prescreened respite providers or, as suggested by Sandra, a respite house:

I feel, which I did submit this also—is to have a respite house. These people are a couple of houses where they have let's say four foster parents or three foster parents where the foster parents would call in the month before and request particular days and another foster parent would call and request their days. The respite house would set it up where the respite house would automatically know when these children are coming and they are actually going to a respite provider where they are comfortable, they know the house, they know the people, the people get to know them and this is place they will be, it is all prearranged, nobody is shocked, it is not like you are getting put out.

The respite house could be reimbursed on a set—these people are going to use this house this many days so in order for the respite house to be reimbursed so there is not a financial problem—designed on how many foster parents they are accommodating would be how they are reimbursed as a set of people.

Experiences With Support From Other Public Systems and the Community

In addition to the support that study participants asserted the Washington State child welfare agency should provide, these foster parents frequently sought help from the

police and the public education system when they engaged other systems for assistance with caring for teens. When they sought help from the local police department, it was most likely to control or respond to negative or unwanted behavior from the adolescents in their care. Rose described one such situation:

So, he was not going up to his bedroom at the end of the day and he started flipping over the furniture and getting really aggressive. I called the police, they showed up on that occasion, and he hadn't touched me because we had worked through that from the previous time when he had pushed on me.

They said, "It is great that you have not hurt anyone or we would not be able to walk away from this situation." They were very helpful in calming him down and saying we are not going to try and make more trouble for you we just want to make sure you are safe and your parents are safe.

So it was a really different experience with the police than the first time when he gets hauled off to detention. Something in the middle—I have no complaints about the police. I am very grateful that they will come when I call and when I am nervous and they have a tough job.

With the call to the police, the foster parent appeared to be seeking a way to force behavioral compliance. The adolescent's immediate response to the presence of the police appeared to satisfy the foster parent's goal of child compliance. This question remains: How does resorting to outside authority help the adolescent to learn to control his or her own behavior? This challenge underscores the need many foster parents expressed for specific training to help them identify triggers for antisocial behavior and deal with behavioral problems when they occur.

Given the disproportionate number of former foster youth who ultimately become involved in the criminal justice system, learning to self-regulate or control one's own negative behavior is a vital tool for adolescents in foster care to develop and master. Providing foster youth with support in developing the capacity for resilience is equally important. Even the efforts of foster parents to obtain help from the public education

system often focused on ensuring that the teens in their care followed the rules or were compliant with the expectation of getting an education rather than integrating the education process into an effort to build a capacity for resilience in the youth.

The concept of building the capacity for resilience in adolescents in foster care involves assisting youth to develop internal adaptation in spite of the repercussions of trauma they have experienced and to develop external adaptation capacity in spite of the acute stressors and chronic adversities they may face (Siqueira & Diaz, 2004). Foster parents play a unique role in helping adolescents in foster care master the many aspects of adolescent development. The trauma of child abuse and neglect and the subsequent placement of youth in foster care can interrupt the normal developmental process of adolescence. The behavioral changes and episodic relational disconnections that occur for most adolescents may at times become overwhelming for both the adolescents in foster care and their foster parents.

An approach to discipline that overly emphasizes compliance with rules without a concurrent recognition of the trauma-related constraints affecting the youth's ability to comply may be incomplete and counterproductive. Researchers have identified five protective factors that may have significant implications for foster parents in their efforts to assist adolescents to develop the self-regulating behavior often associated with resilience (U.S. DHHS, 2009; Child Welfare Gateway, 2010). These five protective factors include (a) nurturing and attachment, (b) knowledge of parenting and of child and youth development, (c) parental resilience, (d) social connections, and (e) concrete supports for parents. These factors echo the requests of informants in this study for

supports they felt the system should provide that would improve their capacity to foster teens.

Although these protective factors have generally informed early childhood education policies and programs in the past, they have more recently emerged in the area of strengthening families, particularly those affected by child abuse and neglect (Child Welfare Gateway, 2010). The factors that appear most relevant for foster parents of adolescents are parental resilience, social connections, and concrete supports for parents. Many of the participants in the present study identified their need for connection to community resources and other foster parents as a means of ensuring their ability to meet the needs of the youth in their care as well as their personal needs for support. Further, as mentioned earlier, when foster parents engaged the police in their efforts to control the behavior of youth in their care it most often occurred because they needed an immediate response that was not available from the child welfare system.

Helping foster youth to build the capacity for resilience or the capacity to overcome their internal and external problems is not simply the responsibility of the foster parent. It is a collective effort that requires the constant engagement of the foster family, the youth, the child welfare agency, and the community in which the foster family resides. Sandra explained it this way:

It is the old corny saying “It takes a village to raise a child”—it really, truly is that concept. Because we are a small town everybody knows us. When we have a new child come in and become part of our family everybody knows that child so if there is something going on in their life we are directly told. They realize there are a lot of people out there who care about them. Immediately upon coming into our family they are introduced to the people in the community. The people in the community will go out of their way to acknowledge them and acknowledge their successes; the teachers, counselors, down to the lunch lady who lives across the street from us. I think that is part of the success.

Summary

The experiences of the study participants demonstrated that the chances of achieving positive outcomes for adolescents in foster care could improve if there were a more robust support network involving the child welfare system, other government service systems, and members of the child's family and community. There is a need to ground the efforts to shape a systematic approach to support in the context of clarifying who is actually responsible for meeting the needs of youth and their foster parents. If youth are in the legal custody of Washington State, then this has important implications for the roles that all of the State service systems must play in assisting the State foster care system in meeting the needs of youth and foster parents. Foster parents in this research continually touched on the problem of how child welfare systems could better engage communities to embrace and support vulnerable families, foster youth, and the foster parents who care for them. Given the existing federal policy framework for family support services, states should ensure that all families, including foster families, have the level of support required to rear the children in their care successfully. The questions that emerged from this study require further exploration and are central to ensuring that a well-defined, comprehensive approach to meeting the support needs of youth and foster parents is established.

The study participants identified ways they used their personal resourcefulness to obtain help, often in spite of the lack of assistance from the State system. The informants consistently expressed their desire to see an intentional supportive response from State systems and community stakeholders. The following chapter presents the researcher's conclusions, implications for policy, and areas for further research.

Chapter X: THE FUTURE FOR ADOLESCENTS IN FAMILY FOSTER CARE:
A PATH TOWARD HOPE

Introduction

This study sought to illuminate through their own voices the experiences of people who chose to provide foster homes for adolescents. Information about the demographic characteristics of foster parents exists (Chipungu & Bent-Goodley, 2004; Scannapieco et al., 1997b), and some studies have explored what successful fostering of adolescents requires (Buehler et al., 2006; Farmer et al., 2004; Kerman et al., 2009 Lipscombe et al., 2003); however, research that relies on the voices of foster parents themselves to learn about their behaviors, attitudes, and parenting approaches is absent from the scholarly literature. The vivid stories of foster parents collected in videotaped and written training materials by the organization You Gotta Believe (O'Brien, 2001) encouraged the researcher that the voices of foster parents—rarely heard in child welfare scholarship—could be an important resource for informing this challenging issue. The researcher used an inductive approach to elicit from people with the most direct experience fostering adolescents (a) what contributed to the successful achievements of foster parents raising adolescents in foster care and (b) what behaviors and attitudes were less productive. Study informants also provided insights into how formal institutions established to promote the well-being of abused and neglected children were or were not effective partners in these efforts. Informants' descriptions of the role these systems played led to greater understanding of what promotes or inhibits productive outcomes for adolescents emancipated from care while living in foster families.

Even though the study employed a nonprobability sample and informants self-selected to participate in the research, the 17 foster families and 20 individuals interviewed represented characteristics similar to those that researchers have observed among the more than 170,000 foster parents across America. Consistent with prior research, more than 80% of study informants were Caucasian, the majority were married, and 76% indicated that they had outside employment (Gebel, 1996; Scannapieco et al., 1997b). Additionally, more than 94% of the foster families had more than 6 years of foster care experience, with the average being 17 years (Chipungu & Bent-Goodley, 2004).

Consequently, although it is impossible to generalize the findings reported here to other people who have elected to foster adolescents, the researcher's intent was always to identify important variables and to develop concepts and midlevel theory that could provide a basis for understanding this particular phenomenon. In addition, in the tradition of grounded theory (Strauss & Corbin, 1998), the researcher aspired to produce midlevel theory that would capture important elements of this experience and serve as a basis for further inquiry about what fostering strategies promote resilience or risk among adolescents about to embark on independent lives. The researcher also sought guidance for policy makers and program designers on how to improve family-based foster care for adolescents.

An essential aim of this study was to increase knowledge of what foster parents raising teenagers believed to be critical factors contributing to successful outcomes. The informants identified several factors that are discussed in more depth in the remainder of this chapter. One key element in the success of study participants was that the foster

parents in this study made an unwavering commitment to their relationships with the youth in their homes that was not conditioned on receiving an equal relational response from the youth. Remarkably, these people maintained that commitment in spite of teens breaking curfew, engaging in acts of intimidation against foster parents, and in one case, falsely reporting an assault that resulted in the foster parent spending 24 hours in jail. This researcher is not aware of any prior research that highlighted the exceptional dedication these informants routinely reported in the current study.

Not only were these study participants unexpectedly dedicated, but they also demonstrated success with foster children considered among the most difficult to help: adolescents. Their success relied on resourcefulness and their willingness to expand their parental actions beyond the minimum efforts required by Washington State. Study participants did not use the absence of needed support from the State, such as adequate respite or help when they encountered crises with youth, as an excuse or reason for failing to push for the best outcomes for the youth. Finally, study participants achieved success in gaining improved outcomes for youth in their care because, in a majority of cases, they committed to being “forever” resources and maintaining their commitment to youth even beyond the age of emancipation from foster care. Their enduring parental commitment was reflected in the way in which many study participants referred to the children of former foster youth as their “grandchildren,” just as they viewed the former foster youth as their children.

Foster Parents Promoting Resilience

Fostering Hope and Enduring Relationships

A sense of hope for the future and a strong relational connection to a stable adult are protective factors that promote resilience (Riley, 2002; Thomlison, 1997). *Hope* is a desire and the confident expectation that the desire can be fulfilled (Merriam-Webster, 2005). In addition, the significance of an enduring relationship with an adult helps predict resilience among youth who have experienced trauma, loss, and disruption in their lives (Luthar, Cicchetti, & Becker, 2000; Steinberg, 2001). These two central features reported by some informants—their ability to impart a positive vision of the future and their willingness to participate actively in the future lives of fostered teens—supported the successes the study informants identified with raising adolescents in family foster care. Their ability to develop strong, lasting relationships with youth in their care and to convey and help the youth as they traversed extended adolescence were intertwined. Together, they reflected their expectation that adulthood success was possible, and they were willing to provide both the vision and a stable home base for children past the time when they were not technically responsible for them. Informants identified the challenges and disappointments they faced in their efforts to support the development of youth, including the frequent absence of needed support from their State foster care worker.

Expansive and Routine Foster Parents

Although the lack of negative parenting types found in this study may be an artifact of a self-selected pool of informants or the reluctance of participants to share poor practices, all respondents in this study appeared to provide a basic level of care to adolescents. Throughout the study narratives, the informants described their efforts to use

consistent communication, shared activities, and engagement in the daily lives of the youth to establish and strengthen their relational bonds with the youth in their care. They took teenagers to medical appointments, communicated with school personnel, made appropriate arrangements for their foster children when they required respite care, and integrated foster children into their families. When they could not handle problems that put the children at risk, they sought help from the authorities, even if the consequences were not always to the advantage of their teenaged charges or produced painful outcomes for the foster parents themselves. When resources from the child welfare system were not forthcoming, they found formal or informal alternatives to keep children safe. Whether they called the police when children were in danger or used informal networks of other foster parents for advice, they met their responsibilities—often in spite of deficiencies they encountered in a system some described as “overburdened.”

The routine responses of informants in this study indicated they lived in anticipation of the likelihood that (a) they would be accused of abusing children in their care and (b) the financial burden of caring for teens would exceed the stipend they received from the State. Numerous informants stated that it was not a matter of “if” they would be reported for abuse or neglect, but rather a matter of “when” the report would occur. They understood that the reports would most likely come from the parents of the youth in their care or the youth themselves. These foster parents knew about the likelihood of being reported for abusing the children in their care, because care workers or trainers told them in advance of bringing the foster teens into their homes. Almost half of the study participants had been reported and investigated for child abuse or neglect;

however, none of these investigations confirmed any of the acts for which they were accused.

Despite receiving warnings about the potential for accusations of abuse, informants felt the State could do more to prepare them for the likelihood of a report and provide greater levels of support for foster parents during and following investigations. Some study participants acknowledged their awareness that Washington State has identified staff expressly for providing support to foster parents during investigations of child abuse and that the State Foster Parent Association also provides support in such situations, but others clearly did not know it was available or how to access it. This situation presented another opportunity for the State to clarify the level of support available to foster parents and promote a parenting partnership.

In spite of the stress and uncertainty associated with the high probability of reports for abuse and neglect, even by youth in their care, the foster parents did not hesitate to invest their own resources in meeting the needs of youth in their care. A small number of the foster parents asserted that the State stipend was insufficient to meet the needs of youth. Further, foster parents spoke of supplementing the State stipend in routine and fundamental ways, such as purchasing clothes and paying higher electrical bills that resulted from housing adolescents. Considering the levels of financial support available to foster parents described earlier in this report in contrast to the expenses associated with caring for adolescents that the informants described, the researcher found little to support the widely held belief that foster parents are “in it for the money.” Quite the contrary, even among the “routine” foster parents, fostering adolescents was expensive and did not accrue financial benefits to these informants.

Some informants were exceptional foster parents, and their efforts went far beyond those who provided more routine care. These individuals were expansive in their roles as foster parents. Regarding the insufficiency of the State stipend, the expansive foster parents spoke about using their own resources to (a) buy cellular phones and pay the phone bills, (b) pay for foster youth to go on family vacations, and (c) help to pay rent after youth had emancipated from care. Expansive foster parenting also took a number of other forms, but in all cases it represented a broadening of the activities Washington State expected them to perform. Some foster parents were guided by professional expertise, while others were creative problem solvers or intuitively understood adolescent needs. Expansive foster parents made a commitment to youth that extended well beyond their emancipation from foster care and were willing to engage birth families far beyond what was required by the State. Informants showed exceptional and expansive efforts in a number of areas, such as Victoria's teaching of safe sex through conversations during volunteer assignments with the Northwest AIDS Society:

Then, sex, for a long time I had the kids doing volunteer work at the Northwest AIDS Society and they would do work like putting condoms into packets which gave us a chance to talk about safer sex. I believe in talking about birth control and that kind of stuff and also things like monogamy which is not always easy for kids to understand because they are so sure that they love the person they are with that they are going to be with them forever and ever.

Some expansive foster parents saw themselves in a coparenting role with the birth parents or in a position to assist birth parents with their efforts to overcome problems in their lives. A central theme in this study was the compassion many foster parents expressed for the parents of the children in their care. Efforts to help birth parents improve their lives were seen as steps to increase the likelihood that the youth would

have improved outcomes. Martha expanded her perspective to include working with the entire birth family:

When you can work with an entire family—it used to be early on, when I first started, people would say “Well, you don’t need to have people coming over to your house the children’s families won’t come to you. Some of them are drug addicted or have other issues going on. You don’t need to work with them.” I would sit there dismayed.

If there is any chance of this child ever going back to their home, how can I not want to work with the parents? So day one working with teenagers I knew that—and sometimes I have done things kind of unorthodox—in my approach to children—I wanted to know the parents “Come here, maybe I can help re-parent you to be the best parent to your child that you can be.”

When you find that children do want that connection to their family find out what the pieces are that have gone wrong. Are they getting the help that they need? Then I can work as a unit to help that parent and encourage them.

While foster parents demonstrated the capacity to engage both youth and their parents in a collective decision-making process designed to improve outcomes for youth, there were challenges in getting support from other institutional and community stakeholders.

Institutional Role as Fostering Partners

Supports Available to Foster Parents

Foster parents in this study revealed the complex nature of their daily efforts to meet the needs of adolescents in their care. For both routine and expansive foster parents, the desired outcomes were not achievable solely through the efforts of any single stakeholder. The range of stakeholders that all contributed to outcomes for adolescent children in foster care included (a) youth, their birth parents, and extended families; foster parents; informal systems and formal systems such as schools and medical and mental health providers; the Washington State child welfare authority and the federal government; and the community. Successful outcomes required a collective effort on the

part of all these stakeholders. In particular, the foster family and the local child welfare authority had to work together and had to marshal the resources of the other stakeholders on behalf of youth aging out of care.

Enhancing the Institutional Role as Parenting Partners

Woven within study participants' descriptions of their daily efforts to influence the lives of youth in their care were examples of the interplay of actions by various stakeholders needed to promote successful outcomes for adolescents in foster care. In addition to foster parents, the two most frequently acknowledged stakeholders were State social workers and members of the birth family, including parents and extended family members. Informants described the interplay with the State social workers with both an appreciation for the value they sometimes added and a level of disappointment about the breakdowns in availability and support. Foster parents desired from social workers a level of direction setting, advocacy with complex situations, regular communication, and respect as a team member. In some instances, the social worker met their expectations; in others, the absence of visits and the frequent changes in social workers complicated matters. Ruby and Jeff articulated it this way:

We never even had a visit from the case worker for that first year. She came to the school one time and got him out of the school . . . Shortly after that she went on medical leave so then we had a few temporaries. We had one or two visits within the next year from the temporary case workers and then we got a new guy. He started coming regularly and since then we've got another new guy because we are in the adoption phase.

In some instances, informants found State social workers significantly helpful.

One indicator of a positive relationship identified by Jean was the responsiveness when she needed to telephone a social worker:

The case workers have been great. I have called them with concerns and they are good about talking with me about the concerns or they will call me back. The kids that I have had . . . I have had fire-starters, I have had kids be physically abusive toward me or my other children but they were things that were usually able to be worked out by talking to them and letting them know we are not the bad guys here and letting them learn to be able to trust on their own time and not forcing them. Everyone (social workers) I have ever worked with I have been able to get calls back and concerns have been met or talked about. I have been pretty lucky that way. I have heard horror stories, but my own experience I have had a good experience with it.

As the only stakeholders with daily contact with the youth, it was the foster parents' belief in and commitment to the youth that formed the foundation to which other sources of support were attached. One example involved Virginia's efforts to assist a young woman in her care:

I have one young lady here . . . She has been in foster care since she was 3 and she is doing quite well . . . I am really happy. I am hoping that while she is here that the other girls can see the things she is doing that they can get up and do and that they can see being in foster care is not going to in any way stop you from being a successful person if that is what you want to do . . . She wanted change. I support her. If she says I want to take 15 credits I said, "Go for it, I will help you." The more she was dedicated to it I just made sure I was there to support her. If we didn't have money for books I just worked the additional hours to get it or I would get on the phone with Tree House. Tree House was there 100%.

Tree House is a community-based agency in King County, Washington, that provides support for foster parents raising teenagers. In addition to social workers, foster parents also received support from mental health counselors, community-based agencies, and the local police department. Often the engagement of the police was not to punish, but to assist with behavior management, as in the case of Jean:

One of my kids; a friend of theirs had given them a bag with some marijuana in it. I called the police and they came to my home. The kids didn't know about it, they were in their room. The police . . . popped the door open and I had three kids just about wet their pants right then and there . . . She basically chewed them out and that we didn't deserve that and they didn't deserve that; whether they intended to smoke it or not, it was not right to bring it into the home.

These foster parents found a variety of sources to support their efforts to improve outcomes for youth in their care.

Grounded Theories of Risk and Resilience Features of Adolescent Foster Care Institutional and Foster Family Contributions to Risk and Resilience

A primary objective of this dissertation was to produce midlevel theories grounded in the adolescent care-giving experiences of foster parents (Strauss & Corbin, 1998). Two promising theoretical propositions emerged from this study. The first reflected contrasting themes that promoted risk or resilience for adolescents aging out of foster care along two dimensions: characteristics of foster parents and characteristics of the child welfare system. The second theoretical proposition reflected foster parents' perspectives of need and meaningful guidance on actions that the State foster care system could take to improve the likelihood of positive adult outcomes for adolescents in family foster care. It is a systems response model consisting of 4 systems response components and 14 systems behavioral elements; these variables provide a way to understand how improved outcomes, or "paths to hope," can develop for adolescents in care and on the cusp of adulthood.

The matrix in Table 1 is a graphic illustration of the contributions of foster parents and the responses of the child welfare system to foster parents' needs, and their respective roles in promoting either risk or resilience for adolescents in care.

Table 1. *Features of Foster Parents and Child Welfare Institutions That Promote Risk or Resilience for Adolescents Aging Out of Foster Care*

	Risk-promoting features	Resilience-promoting features
Foster parent characteristics	<ul style="list-style-type: none"> • Requesting removal for behaviors common to developmental stage • Failing to ensure youth connection with birth family • Abuse within foster home • Low expectations for youth achievement 	<ul style="list-style-type: none"> • Strong informal support network • Lending a vision • Extending relationships beyond forced emancipation • Expressing and reinforcing high expectations for youth achievement
Institutional characteristics	<ul style="list-style-type: none"> • Lack of routine access to emergency services • Precipitous removal of teens • Lack of social work support • Lack of commitment to teaming with foster parents • Lack of consistent social worker 	<ul style="list-style-type: none"> • Forming and supporting a decision-making partnership with foster parents and youth • Providing clear guidance and support for youth and foster parent interaction with birth family • Meeting the support needs of both youth and foster parents

A Path toward Hope and Improved Outcomes

Table 2 summarizes the second theoretical model that emerged from this study.

Table 2. *Fostering the Future for Adolescents in Foster Care: A Path Toward Hope and Improved Outcomes*

Believe that family foster care can produce successful outcomes for adolescents	Lend hope and vision through family foster care Make commitment to raising adolescents in family settings
Build case-level foundation for successful outcomes	Understand foster parents' motivation Understand foster parents' approach to parenting Build decision-making team including foster parent, child welfare worker, and adolescent Develop clear plan for adolescent exit from foster care
Support needs of key stakeholders	Identify and address needs of all key stakeholders Commit to foster parent respite services Develop multisystem community-based supports
Commit to successful adulthood	Ground efforts in path to separation and identity formation Commit to ensure forever adult relationship Allow adolescents practice in independent living Support through emerging adulthood

This theoretical model reflects the experiences of foster caregivers interviewed in this study and draws on emerging research in the areas of adolescent development and risk and resilience. This approach provides a road map for policy makers and child welfare planners that can guide decision making for the incorporation of family-based care for adolescents. It also supplies indicators that evaluators can use to determine whether important benchmarks are or are not achieved in family-based care.

As evidenced by Virginia's comments earlier, the capacity for success for youth in care begins with the belief that success is possible. This is the first of four systems response components in the emerging midlevel theory: fostering the future for adolescents in foster care: a path towards hope and improved outcomes. This and the remaining 3 systems response components and the 14 systems behavioral elements emerge from the successes evidenced by study participants, as well as their disappointments. They emerge from the supports foster parents received from the State and other stakeholders, as well as from the supports they desired that were not made available to them. The care-giving and support-seeking experiences of informants reflected the need for the State to engage in each of these behavioral responses.

One finding of this study is that the factors that motivated informants to become foster parents appeared to influence their parenting behavior. This suggests opportunities to design training specifically tailored toward developmental needs of certain foster parents as well as opportunities to better match the needs of specific youth with the foster parents who may be better suited to meet those needs. The State system can demonstrate its belief and commitment to improved outcomes for youth by ensuring that key stakeholders (foster parents, adolescents, birth parents, and social workers) are fully

prepared and supported by consistent identification of unmet needs and by investing the resources to meet those needs.

Foster parents in this study reported a lack of direction and assistance from Washington State in securing quality respite services. The daily requirements for meeting the emotional and developmental needs of teens in foster care can place significant constraints on the capacity of foster parents to attend to personal health needs, meet the needs of other family members, or even take family vacations (Dougherty et al., 2002). Although the federal policy framework supporting the provision of respite services for foster parents has been consistent for more than 17 years, informants consistently indicated a need for improvement from the State. Respite support does not stand alone. The range of need voiced by informants throughout this study indicates the importance of a multisystems, community-based approach to services. Foster parents described youth with a variety of different needs. Some youth engaged in prostitution, some had criminal backgrounds and needed to adjust to living crime free in society, and others were dealing with mental health needs or substance abuse. Jean described the challenges she faced:

She was bipolar, there was a lot going on with her . . . It was difficult and dealing with it—it is hard, there is not a lot of programs out there for the kids—there is that little program like the one at my kid’s counseling center. I have tried getting my kids into inpatient programs even with DSHS coupons it is still hard. It is hard to find a place that will accept them and then if they accept them it is hard to find an empty bed.

Developing services for youth while they are in care is a critical factor affecting their success; however, with issues such as mental health and the use of psychotropic medication, the need does not magically end at maturation. Committing to a successful adulthood for each adolescent requires that public systems consider the extension of a service framework beyond the age of 21. The developmental concept of emerging

adulthood (Arnett, 2004) challenges systems to rethink the upper age limits for service eligibility. States must decide where to make investments of their resources to leverage the best results for adolescents in care. Rose believed that at a minimum an upfront commitment must be made at least until age 21:

I think the first thing you do is make a commitment to these kids until they are 21. Looking at the society as a whole is going in the direction that kids at 21 aren't leaving home even under normal family circumstances. So certainly foster kids who have so much fewer resources to fall back on should have that until they are 21. I think there is a sense that people may start pulling back resources as the kids start to transition and I think what needs to happen is a putting in of more intensive resources at the very time when that is not what is happening in the system.

Another behavioral element of the path to hope is the use of a family resilience model. Building resilience in adolescents in foster care may be an opportunity to leverage State resources. Youth with high levels of resilience have an increased likelihood of achieving the indicators of the onset of adulthood: taking responsibility for oneself, making quality decisions, and attaining the financial capacity to meet one's own needs (Arnett, 2004); therefore, investing in resilient-promoting practice could extend the State's impact on adolescents in care. Although living in foster care is considered a risk factor, some of these families added resilience features in the lives of the adolescents, particularly when they demonstrated expansive parenting. Victoria helped one young woman practice living in an apartment before she aged out of care, even though this went beyond the rules of foster care:

My 19 year old, the one who just moved out, has some health problems and she is drug exposed prenatally and is developmentally, not so much delayed, but she is not as bright as most of her peers and she really needed—she is much younger so she is chronologically one age but developmentally far more a young teenager. She got a job and she wanted to move out and get an apartment and all that stuff. I wanted to make sure she was going to be able to handle it.

Normally, once you leave you have to be gone. In her case, because she is over the age of 18 she can't return to foster care, there is no way. So, I talked to her psychiatrist and decided that she should have a trial; that she should be allowed to go and try it for a month and make sure she can handle it; make sure she can take care of her medical needs. I wanted to let her try it out as a visit for a month and then be allowed to come back if she couldn't do it and I told her social worker that I was going to do that. She said she couldn't approve it but she wasn't going to say anything about it because she also thought it was the right thing to do. I wouldn't have done it if I hadn't told her.

A number of factors affect the development of resilience in adolescents, including (a) parental vigilance and supervision; (b) increased self-esteem; (c) supportive, structured parenting; and (d) a significant, sustained relationship with an adult (Stewart et al., 1997).

Summary

Study participants embraced the value and the need for strong supportive relationships as a critical factor in creating a path toward adulthood success for adolescents in foster care. Frequently, adolescents in foster care have spent their early years in turbulent and often volatile home environments. Many also have had to live in multiple families or group care settings. For far too many foster youth, these conditions create a level of hopelessness that follows them into adulthood. Previous research indicated that large numbers of youth emancipating from foster care ended up either in an adult criminal justice facility, or homeless, or both (Courtney et al., 2005).

As mentioned earlier, the midlevel theories emerging from the voices of the study participants provide a basis for more study. Future research that operationalizes some of the concepts proposed in these theories might determine whether they represent a model to predict risk and resilience that involves the interplay of the system and the foster parents, as well as a model that produces more productive outcomes for youth. Study participants expressed the need for more clear communication from the State regarding

the resources and supports that were available to them. Foster parents desired more effort from the State to engage and involve them as members of the social work decision-making team. They wanted their voices heard and their knowledge better utilized to improve case outcomes for youth.

Study participants realized that the path toward hope does not end at age 18 or 21. Foster parents made a commitment to be a forever family for the youth in their care for as long as the young people needed it. Finally, many of the foster parents called for a greater intentionality on the part of the State with regard to incorporating a family support framework in the social work process. Studies have shown that many teens who emancipate from foster care return to live with the families from whom they were removed (Courtney & Dworsky, 2006; Iglehart & Becerra, 2002).

Incorporating a family support framework would recognize that government cannot effectively raise children. Children are most effectively raised by families within the context of supportive communities. A path toward hope occurs when foster parents, government support, and community services are combined to assist vulnerable children and their families become more resilient and find ways to advance in spite of the challenges they face. Study participants expressed a range of thoughts, feelings, and concerns about their role in helping youth become adults and helping youth bridge the gap with their parents that emerged over time. For some, it was simply a matter of believing with a sense of expectation that success was possible, believing that they could find meaning in the very challenging world of raising someone else's child. For some, hope was found in becoming part of the adolescent's family, as Sarah did:

I got to know the bio mother by talking to her and showing her pictures from the time he was in my home, having phone conversations and getting to know her and

us knowing each other. Now, this has been over a year ago the bio mother and I are very close. I talk to her as if she is my daughter. I admitted to her that I was nervous that I had some fears that she would want our child living with her and she would take him away from me. She said she had the same fears that I was going to be judgmental. Through communication, we were honest and open and there was not hostility and we worked through it.

The next chapter presents the implications for building a resilience framework on policy, practice, and further research.

Chapter XI: CONCLUSIONS AND IMPLICATIONS

Introduction

This study used data collected through semistructured interviews of foster families caring for adolescent foster youth in King County, Washington. The study examined the foster parents' perspectives on the challenges, opportunities, and support needs associated with raising adolescents in family foster care. This final chapter outlines the implications from this present study for federal and state-level policy, foster care practice, and future research.

Implications for Policy

Although goodwill, community support for vulnerable citizens, and family support for vulnerable children are a moral expectation in many societies, it remains a question as to what role these elements should play in the implementation of social policy in America. The examination of existing federal social welfare policy in this study suggests that at the federal level there appears to be a broad policy framework that captures many of the service directions needed to support the healthy development of adolescents in foster care. This framework developed through several acts of Congress from 1985 to 2008. In 1985, Congress created the Independent Living Program with the enactment of the Consolidate Omnibus Budget Reconciliation Act of 1985 (PL 99-272), although federal funding for the program was subject to annual reappropriation. The federal policy framework for adolescents in care was strengthened with the passage of the Family Preservation and Support Act of 1993 (PL 103-66), which removed the annual appropriation of funds for the Independent Living Program by making funding permanent. In 1999, Congress passed the Foster Care Independence Act (PL 106-169)

and renamed the program as the John H. Chaffee Foster Care Independence Program. Public Law 106-169 doubled the funding for independent living services and required all states to provide these services for foster youth up to the age of 21. States may also provide Medicaid health coverage for 18-, 19-, and 20-year-old youth who have already emancipated from foster care.

Finally, in 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act (PL 110-351). This new law contained an option that allowed states to pay for foster care until children reach age 21. In addition, this funding could help states prevent foster care placement for adolescents by connecting or reconnecting children with family members (U.S. DHHS, 2009). Although the mandate for supporting adolescents may exist at the federal level, neither the federal nor state funding levels nor the programmatic responses at the state level have had a significant impact on improving adult outcomes for emancipating youth or reducing the number of youth who emancipate each year (Courtney et al., 2005; U.S. DHHS, 2006, 2009).

This study echoes the dissonance between the expectation that adolescents require special supports as they face emancipation and the available resources in personnel and funding to achieve implementation of those supports. Clearly, both the levels of funding and the structure of the funding need improvement in order to make the achievement of the policy more possible. Further, many foster parents were either unclear or completely unaware of State policies that allowed for greater levels of support of their efforts to meet the needs of adolescents in their care.

At the federal level, the largest and most consistent source of funding for foster care comes to states through Title IV-E of the Social Security Act; however, the use of

these funds is restricted to specific services to maintain youth in foster care. An increase in the options for state use of this federal funding could be a critical aspect of creating a path to improved outcomes for adolescents. As indicated earlier, the State needs both to ensure greater alignment of its policy structure with the federal policy and to ensure that all foster parents are aware of the supports available to them. The findings of this study revealed that (a) some informants were not aware of supports, (b) some were reluctant to access them for fear of increased contact with the system, and (c) needed supports were not forthcoming through a partnership of caring for youth.

Implications for Practice

This study identifies the essential need for states to improve the relationships between social workers and foster parents. Study participants expressed the need to be fully incorporated into the case decision-making process. Foster parents spend more time with adolescents in family foster care than any other stakeholder does. Their observations, their practical innovations, and their expansive efforts to help youth obtain improved outcomes must be integrated into the case planning process. Foster parents were reluctant to criticize Washington State social workers extensively, but study informants identified a number of areas that lend themselves to further exploration and discussion. This reluctance to levy heavy criticism may result in large part from (a) foster parents' perception of an imbalance in the power dynamics between themselves and social workers and (b) perception that social workers' extensive workloads limit their effectiveness.

Although the voices of the social workers are not present in this study, the areas of concern identified by the foster parents suggest opportunities for practice changes that

may assist foster parents to enhance their capacity to promote improved outcomes for adolescents in foster care. Regrettably, some of these concerns are already well known. For example, the informants were concerned that social workers did not provide all available information about youth prior to their placement in foster homes. Full disclosure could help to shape the activities and expectations of foster parents more appropriately before youth are placed in care.

In addition, social workers should seek to gain a better understanding of the primary and secondary motivating factors that influence successful candidates to become foster parents. Among the informants in this study, some started their journey as foster parents because they or others saw they had a gift for giving to children, and others were motivated by a different type of altruism. For some, fostering was an extension of their employment or field of professional expertise. A family member, friend, or neighbor recruited others; for some, the desire to fill a personal void motivated them to take in adolescent children for care. Finally, some were motivated by a combination of factors without any one appearing to be the dominant influence. Motivating factors may drive foster parenting approaches and may indicate both the foster parents' ability to develop relationships with youth and the types of training that individual foster parents might need.

Additionally, states should explore models to improve coparenting approaches between foster parents and birth parents. Many of the study participants made significant efforts to engage birth parents in the decision-making process regarding outcomes for youth in their care. This often took place without guidance or input from the State social worker. In some cases, foster parents became mentors for birth parents, and in others they

behaved in ways typically associated with extended family members. Prior research has shown that large numbers of youth return to live with their birth families following emancipation. This occurs without any substantive work to resolve the familial issues that caused the youth's placement in foster care (Courtney & Dworsky, 2006; Iglehart & Becerra, 2002). Foster parents may offer a key resource opportunity for state child welfare agencies to begin addressing unresolved youth/birth family issues prior to emancipation. Finally, models to promote shared decision making and shared behavior management between foster parents and adolescents could be beneficial to enhance relationships between foster parents and the youth in their care.

Limitations of the Research

Because this study was qualitative and designed to explore issues of fostering adolescents in depth, it did not test any formal research hypotheses. Instead, the purpose of the study was to explore the phenomenon of fostering adolescents on the cusp of emancipation to illuminate the motivations, parenting styles, and experiences from the perspective of foster parents. This study had several significant limitations. First, although Washington State developed a probability sampling strategy to identify potential informants, the researcher was entirely dependent on the willingness of individuals and couples to agree to learn more about the research and, ultimately, to agree to an interview. There was no way to determine how representative these informants were of the larger population of parents fostering children in Washington State. On the contrary, it was possible they represented a unique population of foster parents willing or anxious to discuss their experiences with the interviewer. The researcher originally proposed selecting "exceptional" or "successful" informants for this study, but Washington State

would not agree to make such a determination. The pool of potential study participants included any person or family known to have fostered teens for at least 2 years. The original rationale for including just successful foster parents grew out of the researcher's intention to understand what made success possible in this difficult endeavor.

Finally, the small number of respondents to this study was another limitation. Only 17 foster families (a total number of 20 people) agreed to participate. Another limitation of this study was its geographic specificity. Although the federal government establishes overarching standards for child welfare protection, each state or county child welfare authority operates differently.

An additional limitation of the study was the researcher's unique position as CEO of Casey Family Programs. Casey is a widely known foundation focused solely on foster care, with headquarters in King County, Washington. It is possible that some informants knew or inferred the researcher's position, which may have positively or negatively influenced their responses during the interview. In fact, at least one informant specifically mentioned the researcher's affiliation in her responses. Other methods such as focus groups or observational studies might have produced different or richer results; however, the researcher's access to those methods was not possible given the constraints imposed by the State.

Also missing from the data and the findings are the perspective of case workers and the adolescents themselves. The researcher can only infer their behaviors from the reports of the foster parents. A study that involved triangulation of each of these perspectives might have produced much richer results, particularly since the different stakeholders would have seen things from very different vantage points.

Implications for Future Research

This study contributes to an understanding of what foster parents believe they need to enable them to improve the potential for successful outcomes for adolescents in family foster care placements. The midlevel theories offer insight into the role foster care systems and candidate foster parents can play in enhancing the development of resilience among adolescents living in foster care. Since the findings of this study are not generalizable to a larger population, more research—both quantitative and qualitative—should be conducted. Quantitative research could determine which of the elements foster parents believe to be contributory to success and actually show correlations to support that belief. Additional research using random sampling as opposed to self-selected sampling may also produce a set of findings more representative of the wide array of foster parenting approaches with adolescents in care.

The number of young adults emancipating from the foster care system annually has continued to increase over the past decade, with more than 26,000 foster youth leaving foster care to adulthood in 2006 (U.S. DHHS, 2008). Some studies have documented the negative adult outcomes experienced by significant numbers of these former foster youth (Courtney et al., 2005), but little empirical data exist highlighting the needs of foster parents through their own voices. This study adds to the existing knowledge base on (a) the experiences of foster parents attempting to improve life outcomes for adolescents in foster care and (b) the support needs foster parents indicate are critical both for themselves and for the youth in their care. Further, this study illuminates the voices of foster parents currently engaged in caring for adolescents

regarding their relationships with social workers and birth families, and the policy and programmatic assistance they need from the Washington State child welfare agency.

The present study revealed that a significant gap exists between the federal policy framework that directs the requirement for state-provided and community-based family support services and the amount of federal and state resources available to pay for such services. Future research should focus on the impact of poorly funded services (in spite of strong policy statements) and the poor adult outcomes faced by significant numbers of adults who emancipate from the foster care system. Additional research is also needed to identify the possible causes and solutions for foster parents' lack of knowledge of the services available to them even when the state has a well documented policy expectation of support.

Several study participants engaged in expansive foster parenting efforts, including obtaining apartments for youth to allow them to practice living as adults prior to emancipation and engaging birth families in a collective approach to decision making and relationship development with foster youth. Research is needed to determine the efficacy of these and other foster-parent-driven innovations for improving the likelihood of successful adult outcomes for youth emancipating from foster care.

Further exploration involving triangulation of the adolescent foster care experience from the perspectives of foster youth, social workers, and foster parents would add valuable knowledge to assist systems in their efforts to meet the needs of foster parents, youth, birth parents, and social workers. This type of research would serve as a significant opportunity to test the conclusions reached in the present study, which were only achieved by exploring the foster parents' perspective. This study produced two

midlevel theories that should be tested further to determine any correlation to either increased resilience in youth or improved outcomes in adulthood for former foster youth. Finally, from a policy perspective, further research is needed to examine and articulate clearly the impact and expectations of the entirety of federal policy impacting the care and outcomes of adolescents and emancipating foster youth. The federal government enacted a number of policies between 1985 and 2008; however, there is not a clear link from policy to policy. At the state implementation level, the tendency has been to focus on the most recent federal law rather than to develop a comprehensive strategy based on the entirety of federal requirements. The absence of empirical data also leaves it unclear whether any contradictions exist between federal and state policies.

Summary

Foster parents in this study had an average of 17 years of experience fostering adolescents in a family foster care setting. Some of the informants had as many as 30 years of experience and had touched the lives of several hundred youth. Their voices revealed the pain that they and their families endured from the behaviors of some youth, the complexities associated with fostering teens, and the unwavering commitment to a young person's success that is required by anyone who decides to take on this role. Although the efforts of some informants distinguished them as expansive foster parents, most study participants demonstrated a propensity to go beyond the basic requirements of the state agency in their effort to assist youth with their transition into foster homes and with their transition into adulthood.

Informants recognized the need to engage a youth's birth family and the need to commit to be a part of a youth's family even into adulthood. Informants identified

themselves as being grandparents to the children of former foster youth. They continued to have youth over for holiday celebrations and counted it as a success when youth called them years after leaving care. This study began with the intent to identify the behaviors of successful foster parents. Although Washington State declined to designate specific individuals as being successful, it was clear from the voices of many of the study participants that they were indeed successful in helping many foster youth to transition effectively to adulthood.

Appendix A:**Washington State Letter to Prospective Research Subjects
(On Washington State DSHS Letterhead)**

June 17, 2008

First name Last name
XXXX XXXXX
Seattle, WA XXXX

Dear Mr. Smith,

I am contacting you to inform you of a study that is being conducted by William Bell, a doctoral student at Hunter College School of Social Work in New York City, and an employee of Casey Family Programs here in Seattle Washington. This study is being conducted in collaboration with the Department of Social and Health Services. ***The purpose of the study is to understand the challenges of serving adolescents in foster and kinship care, and the parenting strategies that work best with these youth.***

You have been randomly selected to participate in this study because you are currently providing care for an adolescent between the ages of 12 – 18 in King County. Foster parents or kinship caregivers who participate in the study will be asked to take part in a 90 minute in-person, tape recorded interview. The interview will ask questions about how you parent adolescents in your care, what works well, and where you have challenges.

The researcher believes your experiences and the practical lessons you have learned over the years would be valuable to the study and would like to contact you to tell you more about the study. If you would like to participate in this study and agree to have your contact information shared with the researcher, please sign the enclosed form. Signing the form gives us permission to share your name and contact information with William Bell so he can contact you to tell you about the study and ask if you want to participate. Signing the form does not mean you are agreeing to be in the study, just that it is OK for the researcher to contact you. If you don't want to learn more about the study and don't want your information shared, just discard this letter.

I will only share your name and contact information with the researcher if you sign the enclosed form and return it to me in the enclosed self-addressed stamped envelope. If you would like to participate in the interview, I will share your contact information (phone number and address) with Mr. Bell, and he will then write you a letter and call you to tell you more about the research and ask if you may be interested in participating.

Your participation in this study is completely voluntary. Even after you are contacted by the researcher, you are not obligated to participate.

DSHS staff will not know whether you decide to participate in the research or not. No one at DSHS will see any individual foster parent or kinship caregiver answers to the research questions. That interview data will be compiled for a summary report. There are no penalties for refusing to participate in the research, for deciding not to answer interview questions or for ending the interview at any time.

If you agree to meet with the researcher, you will be asked to sign an informed consent form before beginning the in-person interview. To thank parents for participating in the study, the researchers will provide a \$75 gift card at the end of the interview.

Yours sincerely,

Stephanie Allison-Noone,
Area Administrator for the Region 4 Central Service Office
Washington State Department of Social and Health Services

Appendix B: Researcher Recruitment Letter

June 17, 2008

Dear Name:

I am William C. Bell, a doctoral student at the City University of New York Graduate Center and the Hunter College School of Social Work. I am also employed by Casey Family Programs, located in Seattle, Washington. I am conducting a research study for my doctoral dissertation with the cooperation of the Washington State Department of Social and Health Services. Casey Family Programs is supporting this research. The purpose of this study is to learn directly from foster parents about their experiences raising adolescents in kinship and non-relative foster homes.

The Washington State Department of Social and Health Services identified you as a potential participant because you have worked with adolescents in foster care. They gave me your contact information because you expressed an interest in learning more about possibly participating in this study and signed a waiver giving permission to share your contact information with me.. If you want to be in the study, I will ask you to participate in a 90 minute interview and, perhaps, a follow up telephone call. I anticipate interviewing 30 foster parents. The foster parents I interview for the study will receive a gift card of \$75 as a stipend.

As the researcher for this study, I will conduct all interviews in person. I will ask questions about your experiences with the adolescents who have been in your home. I will also ask about the support services and other help you think is needed to better assist foster parents who are caring for adolescents in their home. But there will be plenty of opportunity for you to raise issues and questions that I may not have thought about. Of course, I will ask you not to use the real names of any of the foster children we discuss.

Your participation in this study is entirely up to you. I will take every precaution to protect your identity if you agree to be interviewed and I will discuss the steps I will take to maintain confidentiality with you before hand to make certain that you are comfortable that the level of protection is enough.

I will telephone you within the week to discuss your continued interest in participating in the study and answer any question you have before you make your decision. Please feel free to contact me in advance if you want

Best Regards,

William C. Bell
(917) 363-3877
wbell@casey.org

Appendix C: Telephone Script

Telephone:

Hello Name, this is William Bell calling. I sent you a letter last week about a study I am conducting about the experiences of parents fostering teenagers in their care. Did you receive the letter? Did you have a chance to look at it? Would you like to continue to talk about the study?

Let me fill you in a little on what I have in mind. Every year about 24,000 young adults in the U.S. leave the foster care system and enter adult life. Currently people who work with foster care agencies know very little about what foster parents think are the best ways to work with these young people while they are in foster care to better prepare them to succeed as adults. Through this study I hope to learn from people like yourself, who have had experiences with these youths, about your experiences and your recommendations for improving ways to support families like yours. I am very interested hearing about your actual experiences, and how you were able to successfully help the youth in your care transition to adulthood. I am also interested in learning about the challenges you faced and how you managed.

As I mentioned in my letter, I hope to interview 30 foster parents; fifteen will be kinship parents and 15 will be non-relative parents

Does this sound interesting? Do you want me to keep going?

Ok, so because it is an interview, and because there are so few of you, I want you to feel free to say what is on your mind. So you should know some things about the study. This study is being supported by Casey Family Programs with cooperation from Washington State DSHS. Even though the State Office gave me your contact information, I am the only person who will know who participated in the study and who did not. And you don't have to be interviewed if you don't want to—there will not be any repercussions if you don't want to participate.

I will do everything under the law that I can do to protect the confidentiality of your responses. Ideally I would like to audio tape the interview, but I can also take notes. Even if you agree to have the interview taped, you will be able to review it or stop the tape so I can erase any parts you do not want included. If I tape the interview, I will be using a service that transcribes tapes and will eliminate any information that can identify you as an individual person. Once they send me the transcriptions, I will destroy the tape.

As I mentioned in my letter, I plan to write up the results of the study for my dissertation and I will also prepare a report for Washington State. But I will not write anything that can be used to identify you as an individual. When I write up the findings, if I want to use a quotation from your interview as an example, I will disguise it, even if it means changing factual information so that no one would know who you are. I am interested in

writing the themes I discover in the interviews, not your experience as an individual person. And remember, you won't be giving the real names of any foster children you cared for.

Do you still think you want to participate? Can we decide on a time and place to meet for 90 minutes? It can be anywhere you want except my office. I want you to be free to express yourself.

Great! I will bring a consent form for you to sign for the interview and another one if you agree to be audio taped. I have a list of resources that might be helpful to you in your role as a foster parent caring for adolescents. And I will give you a \$75 gift card, which you can have even if you decide you don't want to continue the interview once we begin.

Remember, you can drop out at any time, so, if you change your mind, just get in touch with me to let me know. You can also call me if you have any questions before the interview.

But as of now, we will be meeting at _____ on _____ at _____. I will confirm by phone the day before we meet.

Here is my phone number and e-mail. I will send you a letter with all this information.

Thank you for your commitment to our children!

Appendix D: Interview Confirmation Notice

June 17, 2008

Dear Name:

Thank you for agreeing to participate in this study. As I promised during our telephone conversation, I am writing to confirm the date, time, and location that we agreed would be best for our scheduled interview. Remember, you can drop out at any time, so, if you change your mind, just get in touch with me to let me know. You can also call me if you have any questions before the interview.

But as of now, we will be meeting at _____ on _____ at _____. I will confirm by phone the day before we meet.

I can be reached by telephone at (917) 363-3877 or by e-mail at wbell@casey.org.

Sincerely,

William C. Bell

Appendix E: Thank You Note for Foster Parents Who Decline Participation

Dear _____

Thank you very much for getting in touch with me. I appreciate it. I hope you are doing well and I appreciated the opportunity to discuss this study with you. I wish you the very best as you continue to care for our children.

Sincerely,

William C. Bell

Appendix F: Informed Consent Form



Informed Consent

William C. Bell is a doctoral student at the City University of New York Graduate Center and the Hunter College School of Social Work. He is also employed by the Casey Family Programs located in Seattle, Washington. You are invited to participate in a qualitative study designed to explore the challenges and barriers experienced by foster parents who are raising adolescents in their homes. You are being asked to participate because you have two or more years of successful experience with rearing adolescent foster youth in your home. It is anticipated that 30 individuals will participate in this study. Participation in this study is voluntary, and refusal to participate will involve no penalty or loss of benefits to which you are entitled.

You are being asked to participate in a ninety-minute in-person interview with William Bell. During the interview you will be asked questions about your experiences as a foster parent, your efforts to integrate adolescents within your home, your efforts to promote healthy development in the youth placed in your care, and the challenges associated with helping them transition to adulthood. Mr. Bell may also contact you for a brief follow-up telephone interview if any questions come up that he did not ask in the interview.

You will receive a \$75 gift card for participating in the interview or any follow up telephone call, whether you choose to skip any questions or decide to withdraw from this study. Participation in the study may give you the opportunity to reflect on your experiences as a foster parent and contribute to the design of better programs for foster parents. Although the risks of your participation are minimal, it is possible that you may experience some discomfort from discussing past or current unpleasant experiences. The researcher is giving you a list of local resources that provide help to foster parents. You don't have to answer any question you don't want to, and you may stop the interview at any time.

Although the researcher will know your identity, he will take precautions to keep what you say in the interview confidential. You understand not to use any real names of foster children you talk about in the interview. The researcher will tape record the interview with your permission, or take notes if you prefer. However if you say something on the tape you do not want included, you can ask for it to be erased during the interview or after it is over. You will be given a separate form to indicate your permission for tape

recording the interview. The researcher will contract with a private firm to transcribe the tapes. This firm is required to keep all information confidential and will not have access to any of your personal identifying information. The researcher will remove any information that could identify you from the transcriptions.

Your name will not appear on any transcripts or notes and no information that could identify you as an individual will be retained. Once the transcriptions are completed the audio tapes will be immediately destroyed. All materials related to this study will be kept in a locked file cabinet in William Bell’s locked office to which only he will have access. All research materials will be stored for a minimum of three years, after which they will be destroyed.

William Bell will analyze the de-identified, transcriptions of the interviews using standard thematic qualitative research methods. The information will be used to write his doctoral dissertation at the Hunter College School of Social Work in New York City and to create a written report for the Washington State DSHS. The findings from this study may also be used for publication in professional journals. All identification about you, your family and others who participated will be omitted in any publication.

The researcher is mandated to report to the proper authorities suspected child abuse and any indications that you are in imminent danger of harming yourself or others.

If you have questions about the study, you may contact William C. Bell at (917) 363-3877 or by e-mail at wbell@casey.org. You should contact William Bell’s faculty advisor at Hunter College School of Social Work, Dr. Harriet Goodman at (212) 452-7113 or the Hunter College IRB Office at (212) 650-3053, if you have questions regarding your rights as a subject or if you feel you have experienced a research-related injury.

I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received (or will receive) a copy of this form for my records and future reference.

Participant’s Name

Signature

Date

Researcher’s Name

Signature

Date

Appendix G: Audio Tape Recording Release Consent Form

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
AUDIO TAPE RECORDING RELEASE CONSENT FORM

Protocol # _____

Researcher: William C. Bell

Title: Fostering Adolescents: A Foster Parent Perspective on Raising Adolescents in Foster Care

As a part of this project an audio tape recording will be made of you during your participation in this research project. Indicate below the use of these audio tapes to which you are willing to consent. This is completely voluntary and up to you. In any use of these audio tapes you will not be identified personally.

The audio tapes will be used by the researcher will be used for the research project. _____

A professional research firm will transcribe the audio tapes. _____

I may stop the taping at any time or review the tape at the end of the interview to erase information I do not want included. _____

I have read the above description and give my consent for the audio tapes to be used as indicated above. I have also been given a separate consent form.

Participant's Name

Signature

Date

Researcher's Name

Signature

Date

Appendix H: Resources and Supports for Foster Parents

Here is a list of brochures, or website addresses and other local resources you might find helpful as a foster parent..

A Foster Parent and Caregiver support line is described in the link below:

<http://www1.dshs.wa.gov/pdf/ca/fpcrisisfaq.pdf>
1-800-301-1868

General crisis information and community services are available through the Crisis Clinic and the 211 line.

www.crisisclinic.org
1-866-427-4747

The King County Kinship Collaboration has a new website. It has a detailed list of resources. Kinship Navigators are the key contact person because they are responsible for responding to calls from Kinship families.

www.kckinship.org
206-268-6785

Family Reconciliation Services (FRS) provides counseling and other support services to families: the link below contains a document that describes the FRS services and how to access them.

<http://www.dshs.wa.gov/pdf/publications/22-448.pdf>
1-800-562-1240

Appendix I: Study Interview Guide

STUDY INTERVIEW GUIDE

Study Purpose

Although four in ten children in foster care in 2004 were teenagers, we do not know much about what works best for these youths. I am conducting interviews with 30 foster parents like yourself to learn what you think are the best ways to help these children and what resources are the most important ones.

My hope is to use the information I learn from you and the other foster parents I speak with to write my doctoral dissertation, but equally important, I hope your ideas will help organizations like my employer, Casey Family Programs, to develop better training and planning to support the important work you do.

Before we begin, I want to remind you not to use any of the real names of children we talk about. Also, you can ask me to stop the tape anytime you want, or erase any part of it at the end.

INTERVIEW QUESTIONS

1. What motivated you to become a foster parent?

Probes:

What was happening in your life at the time that you decided to become a foster parent? What thoughts and/or questions arose from you making this decision?

2. When did you decide that you wanted to be a foster parent for teenagers? What caused you to decide that you wanted to foster teenagers?

Probes:

Who, if anyone, influenced your decision? What was your experience like with the first teenager placed in your home? What did you think about your decision during the first placement? How does that compare to what you think now? What was happening in your life at the time of your first placement?

3. Can you describe the process you went through when you become foster parent?

Probes:

Was there training? If yes, describe the training. What did you think about the helpfulness of the training to what you experienced? Would you change anything about the training? Did you receive help from anyone during the first placements of teenagers in your home? Who helped you? Was there help that you felt you needed but did not receive? Who would have been the best person/people to help you? How do your thoughts then compare to your thoughts now?

4. What, if anything, did you know about raising teenagers in foster care before you fostered your first teen?
5. How have your thoughts changed over time about what it takes to foster teenagers in your home?

Probes:

What would you say are the biggest challenges with fostering teenagers? What are the greatest joys that you have experienced fostering teenagers in your home?

6. Were there times when you felt you needed help in your role as a foster parent? What kind of help did you need? Who, if anyone, helped you?

Probes:

What did each person do that helped? Did anyone or any rules governing foster care seem to hinder you or get in the way? Was there help that you felt you needed that wasn't available?

7. Some people think that teenagers are the most difficult group of children to foster. Based on your experiences, what advice would you offer someone who is thinking about becoming a foster parent for teens?

Probes:

How do you think being a foster parent for teenagers is different from being a foster parent for younger children? Have any of the teenagers that you have cared for experienced any specific emotional or behavioral challenges? If yes, can you describe them? How did you help them deal with these experiences? Who if anyone helped you? How did they help you? Was there help that you felt that you needed that wasn't available?

8. Have any of the teenagers that you have cared for ever engaged in high risk behaviors such as drug or alcohol use, unprotected sex, self-harm, criminal behavior? What did you do?

Probes:

How have you tried to help teenagers in your care reduce and/or avoid these high risk behaviors? Of the things you have tried, which were successful and which were not successful? Why?

9. I would like to ask you about how you manage difficult behaviors with teenagers placed in your home.

Please describe some examples of rules that you have that define unacceptable behavior in your household and when and how are these communicated to the teenagers?

When teenagers placed in your home behave in ways that are unacceptable to you, how do you manage those behaviors and/or discipline the teenagers? [Ask FP for example if they do not mention one.]

When your teenagers have spent time outside of your home (e.g., at a friend's house, a party or other locations), what information do you typically have regarding their activities?

10. I would like to talk about relationships that the teenagers in your home were able to develop and maintain – if that is okay with you. I would like to ask a few questions about their relationships with members of your household, their parents, their siblings, and any other significant relationships.

How would you describe the relationship between you and the teens in your care? How would you describe their relationship with others in the household including other foster youth? Describe the relationship between teenagers you have fostered and their biological parents? Describe the relationship between teenagers you have fostered and their siblings and other family members? Describe any other relationships that the teens you foster had that you considered significant and why? What role, if any, did you play maintaining or supporting their relationships?

Were there any relationships that concerned you? If yes, how did you respond?

11. How many teenagers have moved to adulthood while in foster care with you and what are some of the ways that you helped them prepare for adulthood?

Probes:

What thoughts or concerns do you have about preparing teenage foster youth for adulthood? What kind of help do you think that foster parents need to help teenagers successfully transition to adulthood? What are your thoughts about the requirement for young people to leave foster care at age 18 or 21?

12. One of the reasons you were identified as a potential participant for this study is because you have experience fostering teenagers. How would you define effectiveness as a foster parent for teenagers?

Probes:

What could others do to help foster parents fostering teenagers? What kind of training and how much training is needed? What kinds of support services are needed? Is there anything more that your agency could do to help? What additional community services are needed to help?

13. What relationships have you developed with systems other than the foster care system that were helpful to you as a foster parent? Are there any other community resources or organizations that have been helpful to you?

Probes:

What type of help did you seek? What happened? Why do you think you received these results?

14. You give so much of yourself in this role as a foster parent, how do you take care of yourself? How do you find the energy to keep going?
15. How has your life been changed by being a foster parent for teenagers?
16. Is there anything about fostering teens that you may not have thought of before that may have occurred to you during this interview?

Probe:

Is there anything that we have not covered that you would like to add about being a foster parent for teenagers?

17. Is there anything that you would like to ask me?

Demographic and Background Variables

Data for the following variables will be collected by a brief paper and pencil survey at the end of the interview:

1. Age
2. Gender
3. Race/Ethnicity
4. Kinship Care Provider / Non-relative provider
5. Years of experience as foster parent
6. Number of adolescent foster children cared for
7. Number of own children in the home

Thank you so much for spending time with me and participating in this interview. I will send you a short summary of this interview by next spring.

(Confirm that the consent form has been signed and that the participant has received the gift card.)

Thank you again for sharing your time and your thoughts.

Appendix J: Transcription Service and Confidentiality Flier

TriWest Group

TriWest Group (TriWest) is a Colorado and Washington State-based company with a simple mission: *We help human service organizations do a better job of helping others.*

Our services include evaluation, training and management consulting. TriWest was founded in 1999 and has consistently done work with Casey Family Programs since 2000. TriWest maintains offices in Boulder, Colorado and Seattle, Washington. Overall, TriWest staff includes nine professional consultants, and an operations manager.

TriWest Group is committed to improving services for youth in care and to supporting the health and welfare of children and families. Each member of the TriWest team has invested his or her career to improve services to children and their families and helping systems move towards more effective, evidence-based services. The team is led by Peter Selby, PhD. Dr. Shelby is a licensed clinical psychologist with significant experience in both direct provision of services to children, youth and families as well as evaluation and consultation to programs.

TriWest Group Contact Information

Boulder:

4450 Arapahoe Ave,
Suite 100
Boulder CO 80303

Seattle:

6549 1st Ave NW
Seattle WA 98117

Phone: 303-544-0509

Protection of Transcription Data

All TriWest staff have completed the Washington State IRB-approved training in protection of human subjects.

All electronic files will be password-protected. All recordings of interviews will be maintained in locked cabinets. All interview results will be coded with a study ID and without identifying information. There will be no need to retain a link between the study ID and the participants' personal identifying information.

Throughout the study the TriWest team members will abide by the following data protection protocols to help maintain participants' confidentiality:

- All data will be kept in secure locations including locked filing cabinets for any hard copies of documents and the interview tapes.
- The TriWest team will keep all interview results electronically without any identifying information.
- The TriWest team will use and protect computer passwords for all electronic files.
- The TriWest team will protect against indirect identification of individuals by keeping hard copies of documents and interview tapes in a secure locked cabinets before being transcribed and subsequently destroyed.
- All tapes and recordings of interviews will be returned by TriWest to William Bell and no copies will be made or maintained by TriWest.
- Any electronically maintained information will be permanently deleted from all electronic files (including deleting any cookies related to those files) and any information kept in hard copy will be shredded by the study end date.

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