

California State University, San Bernardino
CSUSB ScholarWorks

Theses Digitization Project

John M. Pfau Library

2007

Factors that contribute to resiliency in former foster youth

Deanna Nicole Reyes

Phillip Parra

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd-project>



Part of the [Social Work Commons](#)

Recommended Citation

Reyes, Deanna Nicole and Parra, Phillip, "Factors that contribute to resiliency in former foster youth" (2007). *Theses Digitization Project*. 3199.
<https://scholarworks.lib.csusb.edu/etd-project/3199>

This Project is brought to you for free and open access by the John M. Pfau Library at CSUSB ScholarWorks. It has been accepted for inclusion in Theses Digitization Project by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

FACTORS THAT CONTRIBUTE TO RESILIENCY
IN FORMER FOSTER YOUTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Deanna Nicole Reyes

Phillip Parra

June 2007

FACTORS THAT CONTRIBUTE TO RESILIENCY
IN FORMER FOSTER YOUTH

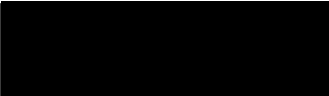
A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Deanna Nicole Reyes

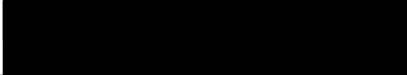
Phillip Parra

June 2007

Approved by:



Dr. Teresa Morris, Faculty Supervisor
Social Work



Omyia Thurston, M.S.W., Administrative
Director, Cameron Hill Associates



Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

5-22-07
Date

ABSTRACT

This research study focused on resilient, former foster youth. The post-positivist research paradigm was employed to address this question: Given the vulnerabilities of children in foster care, what factors lead to participant resilience? Data was obtained from ten participants who were receiving independent living services in San Bernardino County.

Qualitative data was evaluated using bottom-up analysis that included two stages: open coding and selective coding. Sixteen codes were identified and categorized according to common themes. The categories that emerged provided a theoretical understanding of resilience. The results of the study showed the categories "Coping Strategies," "Social Support," and "Self-Efficacy" were prominent factors that led to participant resilience.

TABLE OF CONTENTS

ABSTRACT	iii
LIST OF TABLES	viii
LIST OF FIGURES	ix
CHAPTER ONE: ASSESSMENT	
Introduction	1
Research Focus and/or Question	1
Paradigm and Rationale for Chosen Paradigm	3
Literature Review	4
Child Welfare Studies and Foster Youth Outcomes	4
Vulnerability	7
Resilience	9
Conceptualization of Resilience	9
Attachment Theory	11
Summary	12
Potential Contribution of Study to Micro Practice	12
Micro Practice	12
Summary	13
CHAPTER TWO: ENGAGEMENT	
Introduction	14
Research Site and Study Participants	14
Engagement Strategies	15
Self Preparation	16

Diversity Issues	17
Ethical Issues	17
Political Issues	18
Summary	19
CHAPTER THREE: IMPLEMENTATION	
Introduction	20
Selection of Participants	20
Data Gathering	21
Confidentiality (Protection of Human Subjects)	22
Phases of Data Collection	23
Data Recording	25
Summary	25
CHAPTER FOUR: EVALUATION	
Introduction	26
Data Analysis	26
Data Interpretation	27
Open Coding	27
Childhood Experiences	28
Number of Placements	28
Mental Health Factors	29
Relationships with Foster Parents	29
Relationships with Friends	30
Social Relationships	31

Relationships with Role Model	31
Self-Perception	32
Goals	33
Guarded	33
Locus of Control	34
Resources	34
Foster Care Experiences	35
Learned from Others	36
Regulated Emotions	37
Intellectual Insight	38
Categories	39
Negative Experiences	39
Coping Strategies	40
Social Support	42
Self-Efficacy	44
Selective Coding	46
Implications of Findings for Micro and/or Macro Practice	49
Micro Practice Implications	49
Macro Practice Implications	50
Summary	51
 CHAPTER FIVE: TERMINATION AND FOLLOW UP	
Introduction	52
Communicating Findings to Study Site and Study Participants	52

Summary	52
APPENDIX A: DATA COLLECTION INSTRUMENT(S)	53
APPENDIX B: INFORMED CONSENT	60
APPENDIX C: DEBRIEFING STATEMENT	62
REFERENCES	64
ASSIGNED RESPONSIBILITIES PAGE	68

LIST OF TABLES

Table 1. Demographics 20

LIST OF FIGURES

Figure 1. Category, Negative Experiences	40
Figure 2. Category, Coping Mechanisms	42
Figure 3. Category, Social Support	44
Figure 4. Category, Self-Efficacy	45
Figure 5. Dimensions of Resilience	48

CHAPTER ONE

ASSESSMENT

Introduction

In this chapter, a discussion on the purpose of this research project is provided. Included are the research focus, the research paradigm, and potential contributions to micro social work practice. In addition, a literature review that includes a theory that guides conceptualization section is included.

Research Focus and/or Question

The Federal Government reported there were 513, 000 children in the foster care system on September, 2005. Although emphasis is placed on permanency planning, many children remain in foster care until they are emancipated. Yearly, about 20,000 youth transition out of the foster care system (U.S. Department of Health and Human Services). In the State of California, between the years 1992-1997, the number of youth who transitioned out of the foster care system were 12,306 (Needell, Cuccaro-Alamin, Brookhart, Jackman, & Sholonsky, 2003).

National data about children in foster care, including data about outcomes of emancipated foster youth

are limited (VanBergeijk & McGown, 2001; see also Merdinger, Hines, Osterling, & Wyatt, 2005; Mason et al (2003). Despite insufficient outcome measures, children who enter the foster care system are susceptible to a myriad of vulnerabilities. VonBergeijk and McGowan (2001) discussed the following:

All children in foster care, almost by definition, are children at risk. They generally come from low-income families with a high incidence of socioeconomic, physical, and emotional problems. Compounding these disadvantages is the fact that these children have all been exposed to the trauma of at least one separation from a parent or parent figure and frequently more (p. 413).

This research project focused on resiliency and former foster youth. Moreover, the researchers acquired valuable information from resilient individuals who overcame many vulnerabilities. In addition, this research project was a micro practice study and focused on former foster youth who were in foster care in San Bernardino County.

The goal of this project was to identify factors that led to participant resilience. Participants of this

research project answered questions that explored areas such as personal characteristics, educational experiences, and personal relationships. From those questions, factors that enabled participants to become resilient were identified.

Paradigm and Rationale for Chosen Paradigm

The aim of this research project was to identify factors that promoted participant resilience. As a result, the researchers posed this question, "Given the vulnerabilities of children in foster care, what factors led to participant resilience?" This research project employed the Post-Positive Paradigm. An interview guideline was utilized to collect qualitative data. From participants' testimonials, a theoretical understanding about resilience was developed. Morris (2006) wrote, "The post-positivist is searching for regularities and patterns that will emerge from the data and be assembled into a theory" (p. 95). The data was evaluated using bottom-up analysis. By the way of this approach, the qualitative data was scanned for emerging codes and categories. Connections between codes and categories formulated a theoretical statement about resilience.

Literature Review

Child Welfare Studies and Foster Youth Outcomes

As previously mentioned, national data on children in foster care, including outcomes of former foster youth are limited. In addition, various studies suggested mixed results. A number of studies have reported negative outcomes for former foster youth; whereas, other studies suggested former foster youth fair well in comparison with the general population (Collins, 2001; Mason et al., 2003; Reilly, 2003). Included in this section will be (1) U.S. Department of Health and Human Service's study, and (2) empirical studies on outcomes of former foster youth.

In 1996 congress ordered the secretary of the United States Health and Human Services Department to conduct a national survey of children who are in the child welfare system. In 1999, data collection began, the survey was titled, "National Survey of Child and Adolescent Well Being" (U S Department of Health and Human Services). This survey is ongoing; to date there has been four phases of data collection. The most recent collection of data occurred in 2005. Results suggested that children in the child welfare system are 5 times more likely to have

behavior problems than the general population.

Furthermore, children in the child welfare system are more likely to suffer from depression than the general population. Lastly, more than half of children in foster care live with families where the household income falls below the federal poverty line.

To date, the "National Survey of Child and Adolescent Well Being" is the only national survey on children in the child welfare system. However, this national survey did not include data on the outcome of former foster youth. Studies on outcomes of former foster youth are limited. Furthermore, a number of research studies on outcome measures contained small sample sizes. Thus, outcome measures of former foster youth are not representative of the entire former foster youth population (Mason et al., 2003).

Mason et al. (2003) researched outcome domains for emancipated youth six months of discharge from the foster care system. The outcomes were measured according to participants' responses to various questions. Some of the domains measured were: (1) education status, (2) employment status, (3) substance use and criminal activity, and (5) relationship satisfaction. This study

compared former foster youth to sample studies of children who were not in foster care. The results of the study showed that school drop out rates for former foster youth were lower than the national average, and that most participants reported having positive relationships with peers and family members. Mason et al. found arrest rates for participants were similar to the national average. This study suggested that outcomes for former foster youth paralleled national outcomes for children who were not in foster care.

Reilly (2003) researched outcome domains for foster youth who transitioned out of the foster care system in the State of Nevada. The results of this study showed a disproportionate number of former foster youth could not maintain stable housing, were involved in the criminal justice system, and were living in poverty. Reilly found that foster youth who received aftercare services upon emancipation maintained a more positive adjustment.

Needell, Cuccaro-Alamin, Brookhart, Jackman, and Shlonsky (2003) studied the well being of former foster youth in California between 1992 and 1997. The results of this study showed a substantial number of minority women became pregnant while in the child welfare system or

shortly after emancipation, and that minority women were four times more likely to receive welfare compared to the State sample. The results of this study also found that many former foster youth had connections to a community college. Nonetheless, many did not have reasonable career goals, and few former foster youth progressed through the community college system. Needell et al. reported that only two-percent of those who attended community college either earned an Associate's degree or transferred to a four-year university.

Vulnerability

Children who grow up in the foster care system are vulnerable. In general, foster youth have been exposed to poverty, neglect, physical and/or sexual abuse, and trauma due to separation. Collins (2001) reported children who enter the foster care system experience disruptions in living situations due to being removed from their home and from experiencing multiple placements. Collins explained that the disruption of living situations prohibit foster youth from establishing relationships with caregivers and peers. Consequently, foster youth must cope through their childhood and adolescent years without those vital support systems.

In addition to poor social support, children in the foster care system are highly susceptible to developing symptoms of mental illness and having poor health, particularly if they experience multiple placements. Needell et al. (2002) reported foster youth who experience multiple placements have higher incidences of mental illness. Hansen, Mawjee, Barton, Metcalf, and Joye (2004) reported children in foster care have significant more health and developmental problems compared to low income children who are not in foster care.

Shin (2003) reported children who enter the foster care system experience various academic difficulties. Finessa (2004) reported foster youth who have not finished high school before they are emancipated are unlikely to complete high school afterward. Finessa also reported that only one to five percent of former foster youth graduate from post-secondary education.

Inadequate social support, mental illness factors, poor health, and under academic achievement can create a bleak future for many former foster youth. Despite such vulnerabilities many former foster youth obtain successful outcomes. Former foster youth who obtain positive outcomes are characterized as resilient. This

phenomenon of resilience is discussed in the next section.

Resilience

The following section discusses the phenomenon of resilience according to the following: (1) the conceptualization of resilience and (2) attachment theory as it pertains to the process of resilience.

Conceptualization of Resilience

Why are some foster youth able to thrive through life circumstances and others not? Frequently, those who successfully cope through life circumstances are described as resilient (VanBergeijk and McGowan, 2001). Resilience is a concept that is understood by many in the social work field; however, the conceptualization of resilience varies among researchers (Olsson, Bond, Burns, Vella-Brodrick, and Sawyer, 2003).

Olsson, Bond, Burns, Vella-Brodrick, and Sawyer (2003) conceptualized resilience according to risk factors and protective factors. They explained risk factors such as being placed in foster care, physical and emotional abuse, and poverty can create a foundation for negative developmental outcomes; nevertheless, protective factors such as a positive temperament, a strong support

group, a high IQ, and having high self-esteem will enable an individual to overcome adversity.

Thomas, Chenot, and Reifel (2005) also discussed risk factors and protective factors as essential elements to understanding the concept of resilience. Whereas, Olsson et al. identified various key protective factors, Thomas, Chenot, and Reifel categorized risk factors and protective factors according to the following:

- (1) individual factors, (2) familial factors, and
- (3) environmental factors.

Hines, Merdinger, and Wyatt (2005) explained the imperative of understanding the process of resilience, rather than attempting to conceptualize resilience according to risk and protective factors. They explained that resilience should be conceptualized as a dynamic interaction that is influenced on a broad level. A child's psychosocial development is a process that is developed through the individual, the family, and the community. Therefore, by defining resilience according to risk and protective factors, the conceptualization of resilience could be undermined.

Attachment Theory

Looking at Bowlby's attachment theory, it is evident that foster children have difficulties adjusting through life and coping with stressful events. Separation from parental figures and the unknown about who will be caring for them greatly impairs a foster child's ability to adjust. Furthermore, difficulty adjusting through childhood and adolescence has a profound impact on adjustment and outcomes in later adulthood. Stone (2006) explained that children acquire skills necessary to navigate through life by the role of a parental figure and a secure home base. Stone wrote:

For children or adolescents, a home base is secure when it provides a safe haven to which they can return to receive physical and emotional support and encouragement. When their needs are appropriately responded to, children and adolescents can continue to explore the world around them, with increasing confidence and independence (p. 83).

It is imperative that the foster care system provides and places children with surrogate parental figures who will provide emotional support and encouragement while they are in the foster care system.

By doing so, the foster child may continue to develop essential life skills despite being separated from their parental figures.

Summary

Despite the fact that researchers vary when conceptualizing resilience, there is a consensus that foster youth experience a myriad of vulnerabilities. Moreover, the fact that foster youth can continue with the successful acquisition of life skills demonstrates resilience. In addition, it is pivotal to understand the contribution of foster parents to a child's level of attachment, by which creates a secure environment while in foster care.

Potential Contribution of Study to Micro Practice

Micro Practice

Historically, foster care was meant to be a substitute form of care when children were not able to remain with their parents (VanBergeik & McGowan (2001)). While foster care is a substitute care, it is also known that emotional support and a secure home base allows children to navigate through life events. Each child in the foster care system is unique and is in need of

individual attention. The role of the social worker should be to secure a safe foster home for each child. While meeting this task, social workers should ensure that foster parents have the knowledge and ability to provide social support, emotional support, academic encouragement, and the capacity to instill within them a sense of belonging.

Summary

This chapter discussed the research focus and question. The researchers posed the following question, "Given the vulnerabilities of children in foster care, what factors led to participants' resilience?" Included in this chapter was a discussion of national data about children in foster care including data about outcomes of emancipated foster youth. In addition, conceptualization of resilience was discussed.

CHAPTER TWO

ENGAGEMENT

Introduction

In this chapter a discussion of the engagement process is provided. Included are an explanation of the research site, engagement strategies, and self-preparation. In addition, a discussion about diversity and ethical issues is provided.

Research Site and Study Participants

The research project was conducted at Cameron Hill Associates located in San Bernardino. Cameron Hill Associates provides independent living services for San Bernardino County's Department of Children's Services. The agency provides ongoing supportive services for all foster youth in San Bernardino County who have been emancipated from the foster care system.

The organizational structure of Cameron Hill Associates consists of (1) the director, (2) the staff supervisor, and (3) six case managers. Cameron Hill Associates manages a caseload of approximately six hundred former foster youth. Services provided at Cameron Hill Associates include, assistance with basic life

skills, housing, transportation, career exploration, education, and job readiness.

The participants in this study were clients of Cameron Hill Associates who were enrolled in post-secondary education and were earning a degree leading to a career goal. This research study recognized these participants as demonstrating resilient behaviors.

Engagement Strategies

The gatekeeper for Cameron Hill Associates was the director. The researchers gave the director a letter of introduction that explained the proposed research study. Thereafter, she allowed the researchers access to Cameron Hill Associates and arranged a time for the researchers to meet with the staff supervisor. During this meeting the researchers further defined the proposed study, the proposed involvement with case managers and they also answered questions asked of them.

The participants were contacted by telephone through their case manager or by the researchers themselves. The focus of this research project, and how resilience was defined was explained to participants. Furthermore, participants were informed that they were selected

because of their pursuit of higher education and their defined career goal.

Self Preparation

The researchers spent time with the case managers to learn more about the former foster youth population. Case managers shared that many of their clients' experienced distressing events in their lives. It was the objective of the researches to learn such information. This process helped the researchers prepare for what was expressed during the interviews. In addition, case managers shared some of the most common complaints they received from the population they serve. These complaints included social worker's poor response time to their phone calls, client's lack of awareness about benefits that are available to them, and overall frustration with the foster care system. This information helped the researchers identify areas where special sensitivity was required.

In addition, the researchers learned the meaning of the basic and commonly used acronyms within the foster care system. This knowledge enabled the researchers to clearly understand what the participant was referring to when the acronyms were used.

Diversity Issues

Children in foster care are a diverse population. They are made up of different genders, ethnicities, cultures, education, abilities, sexual orientation, and other characteristics that make them individually unique. In addition, the environment in which they were raised, have been exposed to, and live in now, adds to their uniqueness. The researchers were prepared to meet with young people with a variety of personalities, opinions, and values.

Ethical Issues

The researchers developed a rapport with each participant. Through the development of rapport, the participants became more comfortable and shared information more freely. Participants shared valuable information during the interview. They shared their personal feelings, memories, and hopes. For some participants, this process appeared to be therapeutic. They became comfortable and in some instances they questioned some of their choices. The researchers described their roles to participants. The roles of the researchers were to gather information from the participant for the purpose of facilitating the research.

Researchers informed the participants that they were welcome to stay in touch for the purpose of finding out the results of this research project. However, should they need to see a social worker for therapy or a referral, they would be referred to their social worker.

After each interview, the researchers reviewed with participants the information that was gathered. This assured to participants that their words were recorded accurately.

Political Issues

The gatekeeper of Cameron Hill Associates is a graduate of California State University, San Bernardino. Her graduate thesis focused on the clients of Cameron Hill Associates. With this commonality and shared interest, the researchers found the gatekeeper to be very supportive.

However, obtaining a list with current phone numbers of each participant required a lot of time for management staff. A management staff at Cameron Hill Associates worked diligently to provide the researchers with the contact information. Because of the time that he spent in acquiring the needed information, this could have been a political issue for the agency. However, the gatekeeper

was supportive of the study through out its duration and it did not become a political issue.

Overall, with the focus being resilience among the clients of Cameron Hill Associates, the researchers received full cooperation from all staff. The outcome of this research project served as valuable information for the agency. It revealed how some of their college and career oriented clients think and feel regarding their life experiences and what actions they took to become resilient.

Summary

This chapter explained that Cameron Hill Associates provides independent living services for San Bernardino County's Department of Children's Services, and all the study participants were clients of this agency. The participants selected were enrolled in college and had a career goal. The research study recognized these participants as displaying resilience because of their pursuit of college combined with a selected career goal.

CHAPTER THREE

IMPLEMENTATION

Introduction

In this chapter, a discussion on how the research was implemented is provided. Included are an explanation of how the participants were selected, an explanation of how the data was gathered, and an explanation of the phases of data collection. In addition, discussion of how protection of human subjects was implemented is provided.

Selection of Participants

Ten individuals participated in this research project (7 females and 3 males). The age of the participants ranged from eighteen to twenty-eight. Table one shows participants' demographics.

Table 1. Demographics

	No.	%
Gender		
Male	3	30%
Female	7	70%
Ethnicity		
Caucasian	3	30%
Hispanic	2	20%
African American	4	40%
Latino	1	10%

Participants were former foster youth from San Bernardino County, and were recruited from Cameron Hill Associates.

Critical case sampling was utilized in this research project. An administrator at Cameron Hill Associates generated a list of fifty-seven former foster youth who were enrolled in post-secondary education. From that list approximately fifteen individuals were not accessible due to disconnected phone numbers. The researchers contacted the remaining names on the list to arrange an interview date and time. Ten participants agreed to meet with the researchers. Interviews were completed between June 2006 and December 2006.

Data Gathering

Judith Akullian (2005) developed a questionnaire for her research called "Resilience in graduates of Long-term foster care: A retrospective study." This research project utilized a modified version of Judith Akullian's (2005) interview schedule (See Appendix A).

This modified version contained sixty-six questions that acted as an interview guideline for the researchers. The guideline contained the following areas: (1) foster

care background, (2) biological family background, (3) personal characteristics, (4) education experience, and (5) personal relationships. It was within these five areas that conversation developed and information was learned about each participant.

The interviews lasted about an hour and one-half and were conducted at Cameron Hill Associates, Cal State University, San Bernardino, and Riverside Public Library. For confidentiality, interviews were conducted in a private room, with the door closed.

Confidentiality (Protection of Human Subjects)

A written consent was given to each participant. The consent described the purpose of this research project and explained participation was confidential and voluntary. From each participant, a consent to audio record the interview was obtained. A debriefing statement was issued at the end of each interview. The statement reiterated the purpose of this research project and explained how participants can obtain a copy of the study's results. Furthermore, the debriefing statement provided a telephone number of the supervising staff, in case participants had questions or exhibited any discomfort as a result of the interview. All interview

schedules were placed in a locked box, only accessible to the researchers.

Phases of Data Collection

The data collection consisted of two phases. In the first phase, one participant was interviewed and asked all sixty-six questions from the interview guideline. During the interview the researchers discovered that many of the questions from the interview guideline were redundant. In addition, the interview guideline created a structured interview that confined participants' responses to the specific questions. Therefore, the researchers removed the redundant questions and approached the second phase of data collection differently.

In the second phase of data collection, the researchers encouraged participants to discuss and elaborate on five specific areas: (1) foster care background, (2) biological family background, (3) personal characteristics, (4) education experience, and (5) personal relationships. Each interview was different. Many interviews flowed with conversation that covered all five areas easily, while others required the interviewers

to utilize parts of the interview guideline to gather the needed information.

The researchers recognized that some of the answers to many contrasting questions were vague. Questions that received vague answers were: (1) "How was your relationship with your foster family?" (2) "In what ways did your foster care experience have a positive or negative effect on your development?" (3) And, "How would you describe yourself as a child?" When participants gave vague answers, the researchers asked for clarification. The participants' responses to contrasting questions were vital to understanding resilience. Moreover, answers to such questions conceptualized how each participant developed resilience.

In the later part of phase two, the meeting location became less convenient for participants. Prior to this dilemma, all interviews were conducted at Cameron Hill Associates. To accommodate participants, the remaining interviews were conducted at California State University, San Bernardino and Riverside Public Library.

Data Recording

Interviews were audio recorded and the researchers took notes. After each interview, the researchers wrote a one to two page journal that recorded their thoughts and feelings about the interview. In addition, each interview was transcribed. The average interview produced approximately twenty pages of data. The researchers then read each transcribed interview and made notations in the margins that recording insightful information that was not discovered during note taking and journal recording. This process helped to facilitate data analysis, which will be discussed in the next chapter.

Summary

This chapter described that participants were recruited from Cameron Hill Associates. Critical case sampling was utilized. Participants were former foster youth, who were enrolled in post-secondary education. The foci of the interview guideline helped to examine participant resilience.

CHAPTER FOUR

EVALUATION

Introduction

In this chapter, a discussion of the research findings and implications for micro and macro practice is provided. An explanation of the data analysis process and an explanation of data interpretation are included.

Data Analysis

The data analysis process was completed using a bottom-up approach. Morris (2006) explained that bottom-up analysis allows researchers to develop theory based on qualitative data. The bottom-up method is a synthesis of various stages of analysis wherein the data is translated from a series of words into a theoretical statement. The data analysis process for this research study consisted of the following stages: (1) open coding and categorizing of codes, and (2) selective coding.

In the first stage of data analysis, the process of open coding was completed. Morris (2006) wrote, open coding is a "process of identifying the social phenomenon's concepts, categories of concepts, the properties of concepts, and the dimensions of those

properties" (p. 114). This phase of data analysis allowed the researchers to develop codes that were similar from all transcribed interviews. Once the codes were developed, they were organized into categories. The codes were categorized according to common themes. The categories that emerged represented dimensions of resilience.

The second stage of data analysis was selective coding. Morris (2006) explained, "selective coding is the process of integrating and refining the categories and their dimensions to develop theory" (p. 116). The researchers created a diagram that illustrated relationships between categories. The result was a theoretical framework that explained the developmental process of resilience.

Data Interpretation

Open Coding

Sixteen codes were identified. Many codes provided explanations about participants' experiences. However, the majority of codes described features of resilience. The following section lists and describes all sixteen

codes. In addition, responses from participants that led to the formulation of each code are provided.

Childhood Experiences

It became apparent during the interviews that drug and/ or alcohol abuse was the main reason for the majority of foster care placements. All but two participants reported that they experienced drug and/or alcohol abuse in their family. Moreover, many participants reported drug and/or alcohol abuse was the primary problem with their biological parents. One participant stated, "My mother's boyfriend was into drugs and she was also into drugs at the time." Another participant stated, "My father was not around and my mother was a drug addict."

Number of Placements

The number of placements varied with participants. Many participants were placed in kinship care or with people who were somehow connected with their family. The number of placements ranged from one to five. Multiple placements made it difficult for participants to establish and maintain relationships with foster parents and friends. In addition, multiple placements made it

difficult for participants to maintain school involvement.

Mental Health Factors

Participants spoke freely about their mental health issues during childhood and adolescence. Many had trouble adjusting to placement, and recalled this period of their lives with great detail. Furthermore, several participants reported that they experienced symptoms of depression. One participant stated, "I was not really a happy person growing up. I'd come home from school and go straight to my room." Another participant stated, "I was depressed all the time. I was never really happy." In addition, one participant reported symptoms of anxiety; she stated, "When it came to being around groups of people, I would just hyperventilate." It is unclear if these mental health problems were caused by experiences while in the child welfare system; nonetheless, these factors created additional obstacles that participants had to overcome.

Relationships with Foster Parents

As previously mentioned, the number of foster family placements varied for each participant. Nonetheless, the data showed participants commonly had a positive

relationship with at least one foster family. This concept was enlightening. Positive relationships with foster parents provided participants with affectional needs such as love and emotional security. A participant stated, "My foster parents taught me to be a leader. They tried to give me the best kind of life. They made me who I am, and I think that's part of the reason why I was so involved in school and other activities." Another participant stated, "My relationship with my foster parents is wonderful. To me, they are like my biological parents. They are all I have known since I was a child, and they treat me like I'm theirs".

Relationships with Friends

Close friendships played an integral role in the lives of all participants. The data indicated that many participants still remain in contact with their childhood friends. A participant stated, "I met a girl in elementary school, and she is still one of my best friends today." Another participant stated, "I've known Chris since the fifth grade, and we are still best friends." Participants' relationships with friends seemed to promote support and motivation towards resilience.

Social Relationships

Social relationships were defined as participant involvement in high school activities. All participants experienced some form of high school involvement. Many participants were elected to student government positions. Other participants were involved in sports activities such as football, soccer, baseball, softball, and swimming. In addition, many participants were involved in after-school activities such as choir, drama, and foster care advocacy groups. For many, their high school involvement included scholastic achievement. One participant stated, "I was involved in the National Honor Society, Scholarship Federation, and the Key Club." Another participant stated, "My last two years of high school were combined with Junior College. I received college credits and I graduated with a 4.02 grade point average (GPA)." Participants' social relationships seemed to have fostered resilient behavior.

Relationships with Role Model

All participants identified at least one role model in their lives. This role model provided guidance and encouragement that appeared to have a lasting impression for each participant. The researchers believe that

guidance and encouragement contributed to participants' resilience. For example, one participant identified her social worker as a role model. She stated, "My case worker was my mentor. She always encouraged me to do the right thing." Moreover, many participants commonly acknowledged a foster parent as their role model. One participant stated, "My foster mom is a strong person and I developed many of her characteristics." In addition, another participant stated, "My Nina (foster mother) was my best friend."

Self-Perception

Participants' self-perceptions were mainly positive. Moreover, despite their underlying experiences of family circumstances, many participants identified themselves as strong. One participant stated, "I'm determined; I'm strong, and I value a lot of things, much more than the average person." Another participant stated, "I'm honest and I'm a hard worker in general. I'm loving and caring, and I'm a strong person." The researchers concluded that self-perception was an integral component of resilient behavior.

Goals

All participants had a career goal while they were in high school. Participants' career goals included a nursing career, a career as a teacher, a career in business, and a career as a pharmacist. One participant stated, "I want to open my own business. Whatever I do, I want to be in charge of it." Another participant stated, "By the age of 30, I want to have my PhD in Social Work and I want to be the director of Child Protective Services." Having an established goal provided participants with a road map to success. To accomplish their goals, all participants enrolled in some form of post-secondary education.

Guarded

It became apparent to the researchers that participants had various trust issues. Many participants explained that they were hesitant to develop close relationships with friends, foster families, or significant others. One participant stated, "With my mom, and with everything she put me through, I lacked trust. It took me a long time to trust my boyfriend." Another participant stated, "As a foster child, you don't really know who to look to or who to trust." Another participant

stated, "I can't think of anyone who ever saw my whole personality up front. It was something that developed over time." These statements depicted a common phenomenon for every participant. Behaving this cautiously may have protected participants from experiencing additional emotional trauma.

Locus of Control

A prominent theme within each interview was the idea that if participants wanted something, they would have to obtain it through their own efforts. This realization was pervasive among all participants. Participants made statements such as, "I realized that no one does anything for you. You must do it for yourself." And, "Foster care taught me how to be on my own. I knew I had to take authority when wanting to figure something out." By assuming responsibility for their own success, participants became motivated to accomplish their goals and learned not to rely on other people.

Resources

Many participants explained that their foster parents provided vital resources that enabled them to have material things, participate in activities, and achieve academic success. One participant stated,

"Sometimes I wonder where I would be if I was not with my family now? If I had not been given the opportunity to be with them and I was still with my biological parents, I don't think I would have had the same opportunities that I have now." Another participant stated, "My foster parent pulled me out the public school system and placed me into a private, Catholic school. She also had me attend Sylvan Learning Center five nights a week. She provided me with these opportunities because I was behind in school. By the time I got out of eighth grade, I had a ninth grade reading and math level." These resources were vital to participants' involvement in high school activities. In addition, these vital resources enabled resilient behavior from participants.

Foster Care Experiences

The majority of participants offered negative feedback when discussing their experiences with the child welfare system. For the most part, participants were not satisfied with their social workers because they felt their workers were unfamiliar with their cases. A male participant stated, "I felt like they should have stepped it up a notch. I felt as if the social workers glanced at my file in the morning, walked out the door, and came to

see me. In fact, I had many social workers who did not know what grade I was in." In addition, participants were unhappy about being assigned to multiple social workers over the duration of their foster care placement. One participant stated, "I would have one social worker in court and then six months later, some other lady is pulling you out of class. My social workers were constantly changing." Another participant recalled that he had twenty-one social workers during his involvement with the child welfare system. These experiences did not contribute to resilient behaviors. Rather they created additional barriers towards resilience.

Learned from Others

Many participants came from homes in which their biological parents were drug and/or alcohol users. These participants, at a young age, understood the effects of drug and/or alcohol abuse. Moreover, the participants realized how parental life choices contributed to their personal problems. As a result, participants chose to do the complete opposite of their biological parents. One participant stated, "I saw what drugs did to my mom and in a way, it was a big motivation. I would think of her and say, 'I don't want to be like her.' Therefore, I just

kind of looked at her and did the opposite." Another participant stated, "I knew I did not want to be like my mom." Participants realized drug and/or alcohol abuse led to negative outcomes for their biological parents; therefore, they chose to follow a different life-route.

Regulated Emotions

For many participants the suppression of feelings was a common coping style. Suppression of feelings is generally viewed as an undesirable coping mechanism; nonetheless, many participants explained that they usually held their feelings in. Regulating emotions may have allowed participants to avoid the emotional trauma that they experienced as a child. One participant stated, "I never really show my emotions that much, and I guess I just hold stuff in." Another participant stated, "I'm not open with my feelings." Given that participants did not like to talk about their feelings, it was not surprising to find out that participants disliked therapy. Many participants were required to attend therapy sessions; however, they did not have a positive experience because they did not want to talk about their childhood trauma. This coping style appears to have allowed the

participants to shut down what they could not deal with, which enabled them to move forward with their lives.

Intellectual Insight

Participants expressed similar thoughts and feelings about their biological parents. They acknowledged that their parents' behaviors were abusive and neglectful. However, participants were able to develop intellectual insight about their biological parents' behaviors. As a result, they learned how to accept their biological parents despite on going issues that impacted the entire family. Moreover, intellectual insight allowed participants to cope with the emotional trauma caused by their biological parents. One participant stated, "With my biological mother, I learned to accept her. She is an alcoholic. She suffers from bipolar and schizophrenia. Therefore, a lot of her issues that she placed upon me are not really her fault." Another participant stated, "I should be happy that my biological parents allowed me to live with my foster parents. So, I don't really hate them. I am happy they were not stubborn like some parents and make their children grow up in unfit situations."

Categories

Once these codes were formulated, the researchers proceeded to the next phase of open coding: categorizing of the codes. The codes were categorized according to common themes. For example, the codes "Intellectual Insight" and "Regulated Emotions" were placed into the same category because they represented a type of coping mechanism.

As a result of the categorizing process, four categories emerged. The categories were: (1) Negative Experiences, (2) Coping Mechanisms, (3) Social Support, and (4) Self-Efficacy. The category "Negative Experiences," represented childhood experiences that were common for all participants. Whereas, categories "Coping Mechanisms," "Social Support," and "Self-Efficacy" represented features of resilience. The following section lists and describes all four categories.

Negative Experiences

Figure one illustrates the category "Negative Experiences". The codes under this category represent participants' experiences from childhood through young adulthood. The code "Childhood Experiences" represented the emotional trauma that participants faced prior to

entering the child welfare system. The codes "Foster Care Experiences" and "Mental Health Factors" represented setbacks that participants experienced while they were in the child welfare system. For example, many participants experienced multiple placements, factors that led to dissatisfaction with the child welfare system, and symptoms of mental illness. These codes were placed under the same category because they were all interpreted as negative experiences.

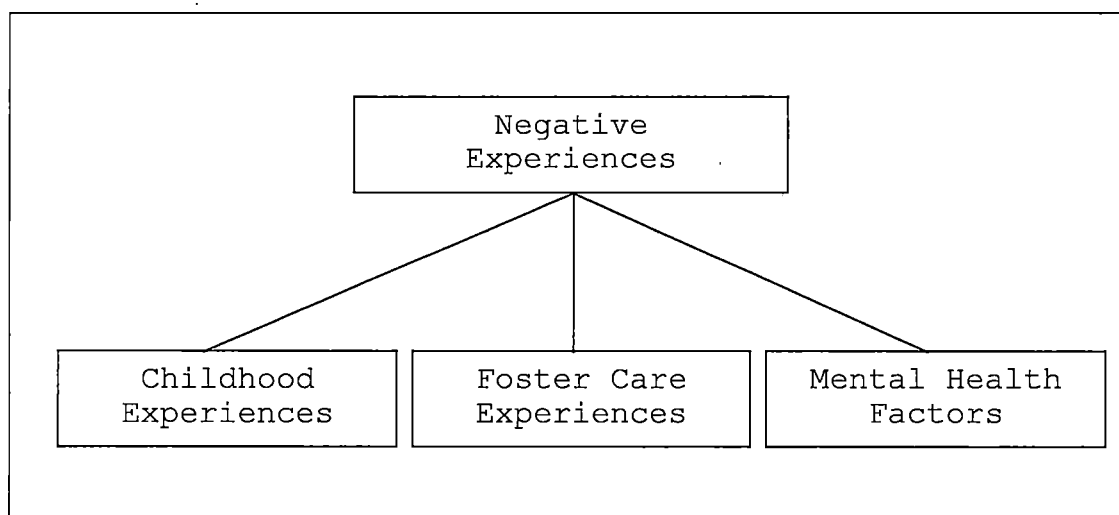


Figure 1. Category, Negative Experiences

Coping Strategies.

Figure two illustrates the category "Coping Mechanism." The category "Coping Strategies" represents a feature of resilience. Each code under this category

described how participants coped with their negative experiences and coped with the emotional trauma. The codes "Intellectual Insight," "Regulated Emotions," and "Guarded" were coping strategies that all participants used.

These coping mechanisms were utilized at different stages of participants' developmental lifespan. They served as coping tools that enabled participants to deal with particular crises in their lives. The code "Regulated Emotions" explained how participants coped through childhood. Although "Regulated Emotions" is viewed as an unhealthy coping style, regulating emotions allowed participants to avoid feeling the pain of their childhood trauma and move forward with their lives. Participants utilized the coping mechanism "Guarded" while they were in the child welfare system. The code "Guarded" protected participants from experiencing additional emotional trauma. For example, many participants experienced multiple placements. To prevent the emotional trauma that occurs when they are removed from people who they are attached, many participants did not allow themselves to become attached to the next set of foster parents. As participants became young adults,

they utilized the coping mechanism "Intellectual Insight." As young adults, the code "Intellectual Insight," allowed participants to accept their biological parents despite the emotional trauma caused by their parents' behaviors. They developed an understanding about their parents' actions as they related to their parents issues.

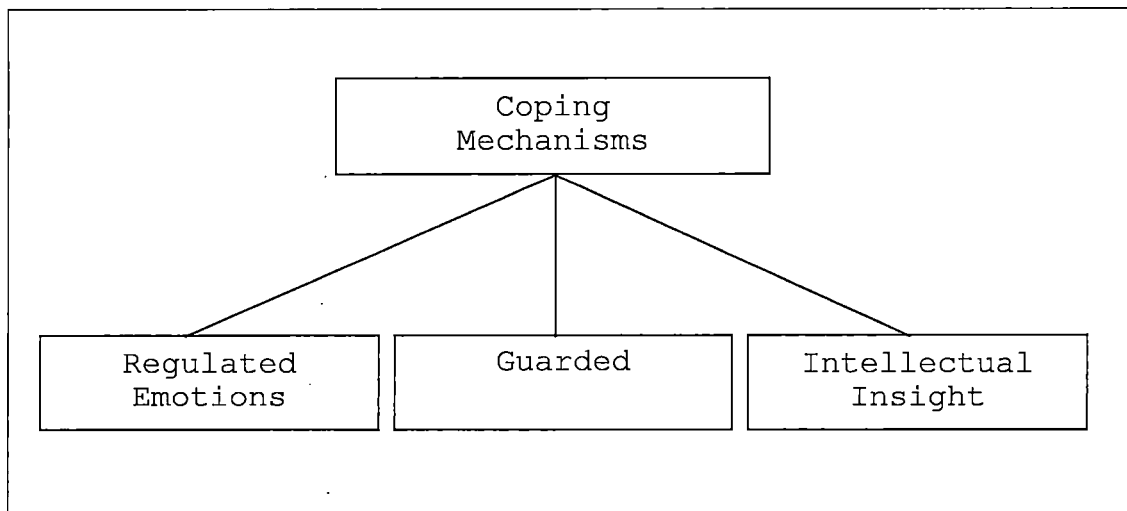


Figure 2. Category, Coping Mechanisms

Social Support

Figure 3 illustrates the category "Social Support". The category "Social Support" represents another feature of resilience. The codes under this category seemed to have fostered participants' resilient behaviors. The code "Relationships With Foster Parents" provided participants

with emotional support and encouragement. The support and encouragement promoted resilient behavior. The code "Relationships With Friends" provided additional support and encouragement. Friends served as a support network in which participants could confide. The code "Relationships With Role Models" also provided guidance and encouragement. Many role models possessed healthy traits that participants were able to adopt. Those traits contributed to resilient behavior. Lastly, the code "Social Relationships" described participants' involvement while in high school; as they were highly involved during their high school years. The code "Social Relationships" demonstrated participants' resilient behaviors and served as reinforcement to continue such behaviors.

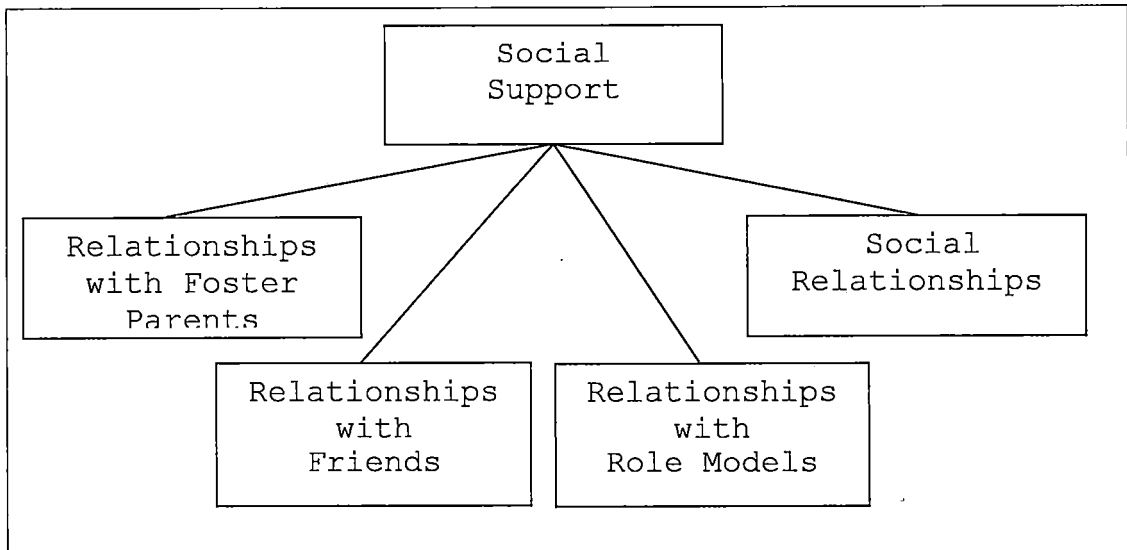


Figure 3. Category, Social Support

Self-Efficacy

Figure four illustrates the category, "Self-Efficacy." The category "Self-Efficacy" is another feature of resilience. The codes under this category represented components of self-efficacy. The codes "Self-Perception," "Locus of Control," and "Learned From Others" are features of participants' personalities; whereas, the code "Resources" contributed to participants' levels of self-efficacy. The codes under this category had a profound impact on participants' resilient behaviors.

The code "Self-Perceptions" allowed participants to developed a high level of self-efficacy. The code "Locus

of Control” motivated participants to take responsibility for their own success. This responsibility impacted participants’ level of self-efficacy, which then impacted participants’ resilient behaviors. The code “Learned From Others” fostered resilient behaviors because participants learned what not to do from others. The code “Resources” enabled participants to achieve success. They were provided with material resources as well as with transportation resources. These vital resources helped participants achieve success, which then reinforced participants’ self-efficacy.

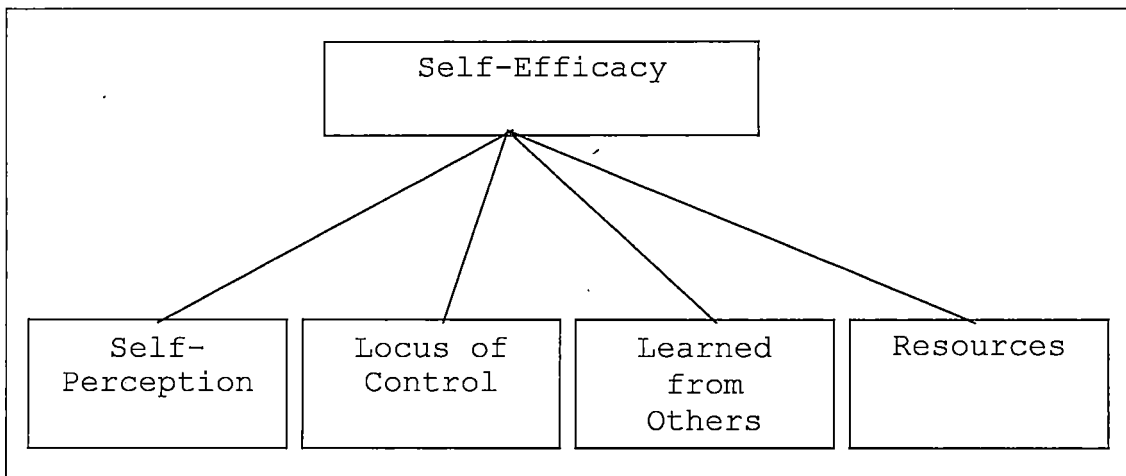


Figure 4. Category, Self-Efficacy

Selective Coding

The last stage of data evaluation was selective coding. In this stage, an overall theoretical framework was developed. Figure five illustrates how each code and each category contributed to resilience.

The category "Negative Experiences" is the starting point of figure five. This category represented vulnerabilities that participants experienced. The arrow above the category "Negative Experiences" points to codes and categories that led to participant resilience: (1) Coping Mechanisms, (2) Social Support, and (3) Self-Efficacy.

The codes underneath the category "Coping Strategies," enabled participants to deal with childhood experiences and to deal with experiences while they were in the child welfare system. In addition, the code "Guarded", allowed participants to protected themselves from experiencing additional emotional trauma. In general, participants' coping styles enabled them to move on with their lives despite being away from their biological families.

The category "Social Support" seemed to have fostered participants' resilient behaviors. The codes

underneath this category, "Relationships with Foster Parents," "Relationships With Friends," and "Relationships With Role Models" provided support and encouragement while participants were in the child welfare system.

Lastly, the category "Self-Efficacy" enabled participants to pursue their desires and goals. Underneath this category, the code "Self-Perception" revealed that participants perceived themselves as strong, determined, and intelligent. The code "Self-Perception" was a pivotal component of the category "Self-Efficacy". The code "Locus of Control" served as motivation for participants to become resilient. The code "Means" provided participants with resources that enabled resilient behaviors. Lastly, the code, "Learned Life Lesions" taught individuals what not to do. When combined, the codes make up integral components of the category "Self-Efficacy".

The results of this study showed that all three categories were integral components of resilience. In addition, the results of this study explained that resilience was a developmental process and that external and internal sources led to participant resilience. The

results of this study suggested that although "Regulated Emotions" and "Guarded" are perceived as unhealthy coping mechanisms, such coping tools enabled participants to continue with their lives despite "Negative Experiences."

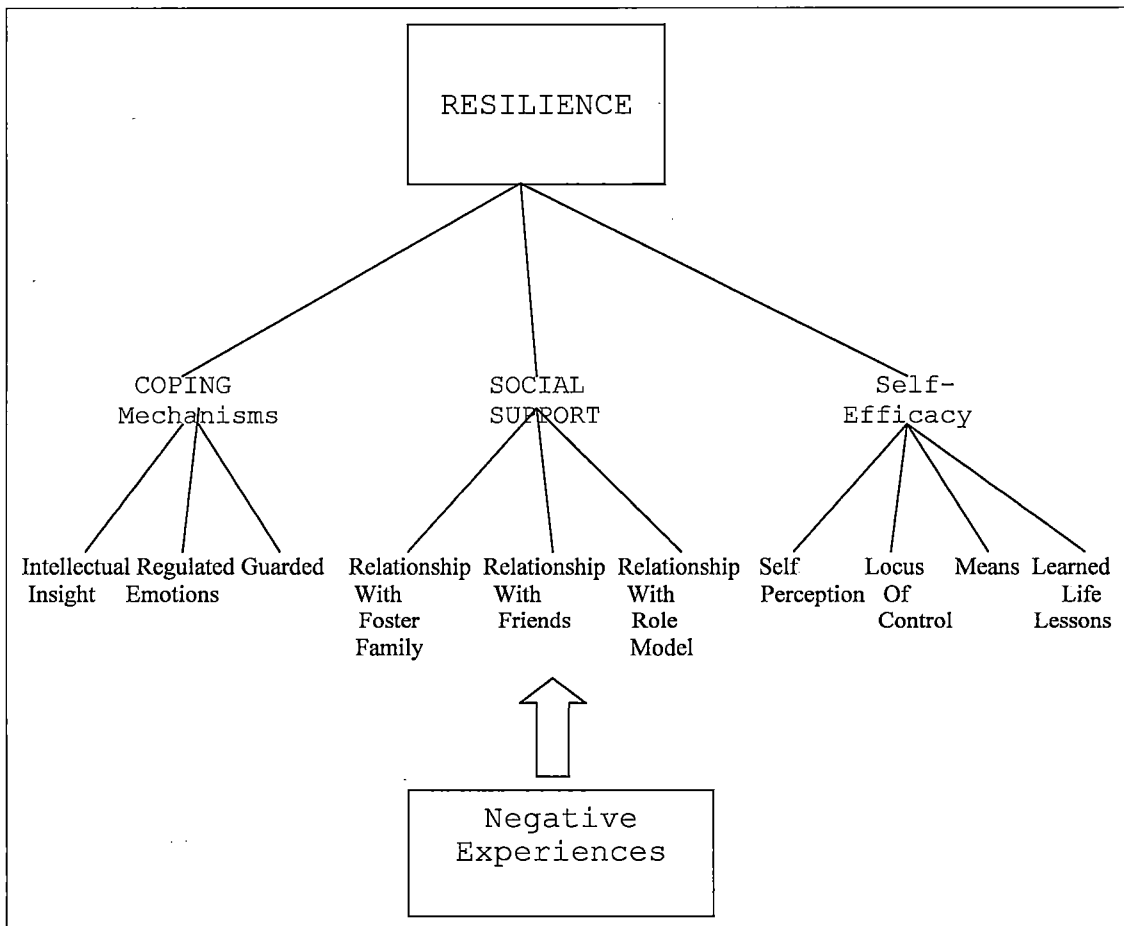


Figure 5. Dimensions of Resilience

Implications of Findings for Micro and/or Macro Practice

Micro Practice Implications

The results of this research study showed that resilience is developed through coping mechanisms, social support, and self-efficacy. With resilience being the goal for all foster children, the researchers recommend that a Bio- Psych-Social-Cultural Assessment should be performed for children placed in the child welfare system.

The Bio-Psych-Social-Cultural assessment should assess for current coping abilities, social support, and current level of self-efficacy. Questions that address current coping styles should inquire how the child handles problems and how they have overcome past experiences. Social support should be addressed with questions that seek to gather information regarding family support, sports activities, hobbies, friendships, scholastic goals, favorite school subjects, and church involvement. Questions that address self-efficacy should seek to discover how the child views him or her self, their current situation, their immediate future, and their perceived locus of control.

Based on the results of the assessment, a treatment plan that includes measurable goals and objectives should be formulated. The foster child should have an integral role in his or her treatment planning. Foster childrens' involvement will empower them to accomplish their goals and objectives. In addition, the foster parent should be part of the assessment process, so they will be cognizant of their responsibilities to achieving the treatment goals and objectives.

Macro Practice Implications

In this study, participant social involvement and support from foster parents were prominent features of resilience. The results of this study indicated participants' foster parents invested time and energy to assure that their children maintained school involvement and developed social networks. The researchers recommend a curriculum be developed within the department of child welfare system that will enable all foster parents to better understand how the areas of coping styles, social support, and self-efficacy impacts the development of the child.

The results of this study showed participants' involvement contributed to resilience. Therefore, foster

parents should be encouraged to inquire about school activities that are available to their children and what prerequisites are required to participate in these activities. A financial assistance program should be developed so that finances do not become a barrier to Foster involvement.

Summary

This chapter described the theoretical framework of resilience. The category "Negative Experiences" described issues that participants had to cope with. The categories "Coping Styles", "Social Support", and "Self-Efficacy" were factors that contributed to resilience.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

In this chapter a discussion of how the researchers presented their study findings to staff at Cameron Hill Associates is provided.

Communicating Findings to Study Site and Study Participants

Researchers met with staff at Cameron Hill Associates at their monthly staff meeting. At the meeting a small number of study participants were in attendance. The researchers presented the study findings verbally and provided a two-page outline for all in attendance. After the presentation, there was a question and answer session. The researchers expressed gratitude and appreciation towards those at Cameron Hill Associates and those who participated in the study. The researchers provided refreshments for all in attendance.

Summary

This chapter discussed how the researchers presented the study findings to staff at Cameron Hill Associates and study participants.

APPENDIX A
DATA COLLECTION INSTRUMENT(S)

Introduction

We are conducting a research study with former foster youth who are now enrolled in college and have a career goal they are working towards. We are defining this choice of education combined with a career objective as resilient. Because you meet these criteria, we will be asking you several questions. We are interested in learning why you're resilient, what made you resilient, and what encouraged you to maintain your resilience. Your responses will assist us in learning new information about former foster care children who show evidence of being resilient.

Foster Care Back Ground

1. When did you first enter foster care? How old were you at the time?
2. What was the reason for foster care placement?
3. What was your reaction and feelings to the foster care family, group home, or foster kin family?
4. What was your relationship with your foster family, group home, or foster kin family like?
5. What ways, if any, did you feel cared about by your foster family, group home, or foster kin family?
6. In what ways, if any, did your foster care experience have a positive effect on your development?
7. In what ways, if any did your foster care experience have a negative effect on your development?
8. How many foster care placements were you in?

9. If there were multiple placements, How long was your longest placement?

10. Was there anyone outside of the foster family that you felt cared about you? If there was, who was that person and in what ways did they show it?

Biological Family Background

11. Did you have contact with your biological family? If so, what was your relationship with them like?

12. Did you have contact with your extended biological family? If so, what was that relationship like?

13. If any, what were the positive aspects of these relationships?

14. If any, what were the negative aspects of these relationships?

15. What, if any feelings, did you have not being with your biological families? How did you cope with your feelings regarding not being with your biological family?

Personal Characteristics

16. How would you describe yourself as a child? (i.e. shy, passive, active, aggressive, outgoing)

17. How did you respond to new situations? (i.e. anxious, frightened, daring, bold)
18. How would you describe yourself as a teenager? (i.e. outgoing, popular, actively involved in activities, withdrawn.
19. As a teenager, what was your relationship like with your peers?
20. As a teenager did you have any boyfriends (or) girlfriends? If so, what was your relationship like with them?
21. As a teenager did you have a best friend? If so, that was your relationship like?
22. As a teenager did you feel different from other teenagers because you were in foster care? If so, how?
23. If so, how did you cope with those feelings?
24. What do you consider your personal strengths to be?

25. How do you perceive that they developed?
26. How do you think those personal strengths developed?
27. Why do you think you did well in spite of your experience in the foster care system?
28. What do you consider your personal weakness to be, if any?
29. How do you perceive they developed?
30. Was there an event in your life that you view as a turning point for yourself and which propelled you to make changes?
31. Did you have any dreams or fantasies about your life while in foster care? Were they dreams of how your life might be different for you?

Education Experience

32. Was elementary school, including grades K-8th grade, a positive or negative experience for you?
33. Did you have any special talents in elementary school?
34. Was high school a positive or negative experience for you?
35. In what ways was high school positive?
36. In what ways was high school negative?

37. What were your grades like in high school?
38. What was your favorite subject in high school?
39. What was your least favorite subject in high school?
40. Did you have any special talents in high school?
41. What was it like when you graduated from high school?
42. Who was present when you graduated from high school?
43. Did you wish anyone else was there?
44. What is your current field of study in college?
45. Is college a positive or negative experience?
46. Do you participate in any extracurricular activities, clubs, sororities, or fraternities?
47. When will you be graduating from college?
48. Who will you hope will be at your graduation?
49. What or who inspired you to go to college?

Past and Future Employment

50. What was your first job?
51. How did it make a difference in your life?

52. How did that job make a difference in your life?

53. What is your future employment goal?

54. What caused you to become interested in this field?

Personal Relationships

55. Do you have a close relationship at present? If so, with whom?

56. How do you get along with this person?

57. Are there any issues in the relationship?

58. Do you feel your experience as a foster child has affected your relationships with people in your life?

59. How has it affected them negatively?

60. How has it affected them positively?

61. Have you ever been in psychotherapeutic treatment?
If so, what ways was it positive?

62. What ways was it negative?

63. If you have children, has parenting rekindled any thoughts or feelings or memories about your foster care experience.

Conclusion

64. When looking back at your entire foster care experience, is there anything particular about your foster care experience?

65. What suggestions can you make for improving the foster care system?

66. Is there anything that you would like to add that has not been asked about you?

THANK YOU FOR SHARING TO FREELY THIS STUDY IS NOW COMPLETE, THE FULL RESULTS WILL BE MADE AVAILABLE TO YOU UPON YOUR REQUEST IN JUNE 2007.

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate your personal characteristics that contribute to your success in overcoming barriers. This study is being conducted by Phillip Para and Deanna Reyes under the supervision of Dr. Morris, Chair of Department of Social Work. This study has been approved by the Department of Social Work Subcommittee at California State University, San Bernardino.

In this interview you will be asked to respond to questions about your personal history. The questionnaire should take about 60 minutes to complete. All of your responses will be held in the strictest of confidence by the researchers. Your name will not be reported with your responses. All data will be reported in group form only. You may receive the group results of this study upon completion on June, 2007 from the library located at California State University, San Bernardino.

Your participation in this study is totally voluntary. Cameron Hill will not know if you participated in this interview, or what you say. You are free not to answer any questions and withdraw at any time during this study without penalty. In order to ensure validity of the study, we ask that you not discuss this study with other participants.

If you have any questions or concerns about this study, please feel free to contact Dr. Teresa Morris at (909)537-5561.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least 18 years of age.

Place a check mark here

Today's Date _____

APPENDIX C
DEBRIEFING STATEMENT

DEBRIEFING STATEMENT

A RESEARCH STUDYING THE RESILIENCY OF FORMER FOSTER YOUTH

This interview you have just completed was conducted to learn more about former foster youth who are enrolled in college and are moving towards a career goal. The focus of this study is to learn how former foster youth, such as you, overcame barriers while others did not. Through your responses to the questions asked today, new information was learned. This information will be compiled with future and past interviews of other study participants producing a complete research study that will be used to educate others on the subject of resilience in former foster youth.

Thank you for your participation. If you have any questions about the study, please feel free to contact Phillip Parra, or Deanna Reyes, or Dr. Teresa Morris at 909-537-5501. If you feel like you need to speak with a counselor, referrals will be given upon request. If you would like to obtain a copy of the group results of this study, please contact the library at California State University, San Bernardino or Cameron Hill at the end of Spring Quarter of 2007.

REFERENCES

- Akullian, J. (2005). Resilience in Graduates of Long-Term Foster Care: A Retrospective Study (Doctoral Dissertation, New York University, 2005). Proquest.
- Bass, S., Shields, M.K, & Behrman, R.E. (2003). Children, Families, and Foster Care: Analysis and Recommendations. Retrieved November 18, 2005, from www.futureofchildren.org.
- Collins, M. (2001). Transition of Adulthood for Vulnerable Youths: A Review of Research and Implications for Policy. Social Service Policy, 271-291. Retrieved November 18, 2005, from the Science Direct database.
- Ferrell, F. (2004 October/November). Life After Foster Care. Legislature, 28-30. Retrieved on January 10, 2007, from Ebsco Host database.
- Gitterman, A. (2001) Handbook of Social Work Practice with Vulnerable and Resilient Populations (2nd ed.). New York: Columbia University Press.

Hines, A.M., Merdinger, J., & Wyatt, P. (2005). Former Foster Youth Attending College: Resilience and the Transition to Young Adulthood. *American Journal of Orthopsychiatry*, 75(3). Retrieved November 20, 2005, from Ebsco Host database.

Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development*, 71(3), 543-562. Retrieved October 14, 2005, from Science Direct database.

Mason, M., Castrianno, L.M., Kessler, C., Holmstrand, L., Huefner, J., Payne, V., Pecora, P., Schmaktz, S., & Stenslic, M. (2003). A Comparison of Foster Care Outcomes Across Four Child Welfare Agencies. *Journal of Family Social Work*, 7(2), 55-72. Retrieved January, 10, 2006, from Ebsco Host database.

Merdinger, J.M., Hines, A.M., Osterling, K.M., & Wyatt P. (2005). Pathways to College for Former Foster Youth: Understanding Factors that Contribute to Educational Success. *Child Welfare*, 84(6), 867-896. Retrieved December 1, 2005, from Ebsco Host database.

Morris, T. (2006). Research Methods of Four Alternative Paradigms: A Generalist Approach to Building Social Work Knowledge. Thousand Oaks: Sage.

Needell, B., Cuccaro-Alamin, S., Brookhart, A., Jackman, W., Shlonsky, A. (2002). Youth Emancipating from Foster Care in California: Findings Using Linked Administrative Data. Retrived January 10, 2007, from University of California, Berkeley, Center form Social Sciences Research web site:
http://cssr.berkeley.edu/research_units/cwrc/publications_details.html.

Olsson, C., Bond, L., Burns, J.M., Vella-Brodrick, D.A., & Sawyer, S.M. (2003). Adolescent Resilience: A Concept Analysis. Journal of Adolescence, 25, 1-11. Retrieved December 15, 2005, from Science Direct database.

Reilly, T. (2003). Transition from Care: Status and Outcomes of Youth Who Age Out of Foster Care. Child Welfare League of America 82(6), 727-746. Retrieved December 10, 2005, from Ebsco Host database.

- Shin, S.H. (2003). Building Evidence to Promote Educational Competence of Youth in Foster Care. *Child Welfare League of America*, 82(5), 615-632. Retrieved January 10, 2006 from Proquest database.
- Thomas, M., Chenot, D., & Reifel, B. (2005). A Resilience-Based Model of Reunification and Reentry: Implications for Out-of-Home Care Services. *Families in Society*, 86(2), 235-243. Retrieved December 15, 2005, from Science Direct database.
- U.S. Department of Health & Human Services. (n.d). Abuse, Neglect, Adoption, & Foster Care Research Secondary Analysis of Data from The National Survey on Child & Adolescent Well-Being, 2005-2008. Retrieved January 10, 2007, from http://www.acf.hhs.gov/programs/opre/abuse_neglect/nscaw_sad/index.html.
- VanBergeijk, E.O., & McGowan, B.G. (2001). Children in Foster Care (Chapter 14), in Gitterman, A. *Handbook of Social Work Practice with Vulnerable and Resilient Populations* (2nd ed.). New York: Columbia University Press.
- Webster's pocket English dictionary (revised ed.). (2001). New York: Barnes and Noble, Inc.

ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Phillip Parra

Assisted By: Deanna Reyes

2. Data Entry and Analysis:

Team Effort: Deanna Reyes & Phillip Parra

3. Writing Report and Presentation of Findings:

a. Assessment and Engagement

Assigned Leader: Deanna Reyes

Assisted By: Phillip Parra

b. Implementation

Assigned Leader: Phillip Parra

Assisted By: Deanna Reyes

c. Evaluation

Assigned Leader: Deanna Reyes

Assisted By: Phillip Parra

d. Termination

Assigned Leader: Phillip Parra

Assisted By: Deanna Reyes