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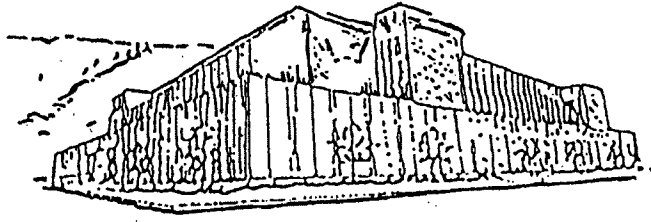
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**Assessing Foster Youth's Readiness to Prepare for Adult Community
Living**

by

Brenda K. Roche

B.A. University of Montana, 1995


Presented in partial fulfillment of the requirements

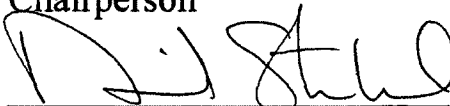
for the degree of Master of Arts

The University of Montana

1998

Approved by:


Christine Alexander, Ph.D.
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Dean, Graduate School

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Roche, Brenda K., May 1998
Clinical Psychology

Assessing Foster Youth's Readiness to Prepare for Adult Community Living (81 pp.)

Director: Christine Fiore Lerner, Ph.D. 

Leaving adolescence and moving into early adulthood is critical transition that is characterized by uncertainties in learning to respond to a series of new and unfamiliar developmental challenges. Relationships with parents, family, peers, schools, church, and community institutions are being redefined, modified, or terminated. Matters associated with the above transition must be confronted, including areas such as career choices, personal relationships, responsibility for decision-making, and the acquisition of necessary knowledge and skills. For adolescents in foster care this time comes with heightened pressure to succeed in the adult world since emancipation usually comes without a family to fall back on. Thus, targeting foster youth's readiness to prepare for this transition is essential.

The transtheoretical model has utility across a variety of behaviors. However, the application of this model in the readiness of foster youth to prepare for adulthood remains untested in empirical studies. The assessment of readiness to prepare for adulthood is a critical first step in developing effective interventions for foster youth. This study applied the transtheoretical model to foster youth's readiness to prepare for adulthood. The degree to which other factors (i.e., age of entry into care, number of placements, knowledge of life skills, internalizing and externalizing behaviors, delinquent behavior, at-risk behavior, psychosocial development, and youth's perception of current care provider environment) may be related to readiness to prepare for adulthood in this population were also examined.

Differences between youth in various stages of readiness to prepare for adulthood were found for the decisional balance construct of the transtheoretical model. Psychosocial development was found to increase in the preparation, action, and maintenance stages. Youth's perception of their care provider improved in the action and maintenance stage. Youth's report of externalizing behavioral problems decreased in the contemplation, preparation, action, and maintenance stages. Youth's knowledge of life skills increased in the action and maintenance stages. Transtheoretical model constructs failed to explain significant amounts of variance in internalizing behaviors, age of entry into care, number of placements, delinquent behavior, and at-risk behavior. This study provides a variety of implications for interventions with foster youth and for future studies.

Acknowledgements

There are many people to whom I am indebted for helping me with this thesis. First and foremost, I need to thank Dr. Christine Fiore for her guidance, mentorship, and patience in seeing this project to the end and also for her support and encouragement in my graduate school endeavor. Thank you Chris for always being there when I have needed you.

Thank you to my committee members, Dr. Allen Szalda-Petree, Dr. Paul Silverman, and Dr. Charles Horejsi. Your insight, knowledge and support were invaluable.

Thank you to my research assistants, Bridget Hegeman, Heather Brick, Amy Williams, Angela Pezzarossi, Brian Hansen, Cassandra DeTienne, Connie Wax, Darcy Lindeman, Gus Trost, Jennifer Emmendorfer, Jennifer Smith, Laurie LeDuc, Lisa Thomas, Molly Sasser, Trish Miles, Stacey Christensen, Kari Pedriana, Matt Bauman, Glen Monighetto, Heather Herbin, Samone Tessmer, Regina Titak, Kari Wirth, Elizabeth Traum, Heather O'Daniel, Stephanie Carlson, and Lucille Frost. Your persistence and dedication made the completion of this project possible.

Thank you to my right hand assistant and best friend, Tamera Sunderland. Your encouragement and assistance over the past two years has made this project possible and has helped me keep my sanity. I can not thank you enough.

Thank you to Judy Garrity, without your support and belief this project would have never gotten off the ground.

Thank you to all of the youth in foster care and their foster care providers who participated in this project. Without you this project would not have been possible.

Thank you to my parents, John and Mary Roche, for all your guidance, encouragement and total faith in me throughout my life. You are truly the mentors and role-models in my life.

A special thanks to my husband, John Schaack, for surviving the process and giving more of himself than I thought humanly possible.

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Chapter One

INTRODUCTION

Background

Human development theory proposes the existence of a series of important transitional periods in the life cycle. A transitional period is defined as a “boundary zone between two more or less defined or structured periods of life” (Egan & Cowan, 1980). Transitional periods are characterized by uncertainties that individuals face in learning to respond to a series of new and unfamiliar developmental challenges. Using chronological age as an indicator, the age span from 17 to 22 marks the transitional period that immediately proceeds early adulthood. Leaving adolescence and moving into early adulthood readily qualifies as a critical transition. Relationships with parents, family, peers, schools, church, and community institutions are being redefined, modified, or terminated. Matters associated with the above transition must be confronted, including areas such as career directions, personal relationships, responsibility for decision-making, and the acquisition of necessary knowledge and skills. For adolescents in foster care this time comes with heightened pressure to succeed in the adult world since emancipation usually comes without a family to fall back on. At some point, all young people in out-of-home care must leave the custody of the child welfare/placement system and enter the world of adult community living. The overriding question is to what extent are foster youth prepared for self-sufficiency, independence, and effective community living?

Although young people become adults upon reaching age 18 in the great majority of the states, most continue to receive parental assistance beyond that time and remain

subject, to some extent, to parental supervision. For those who feel unprepared to live independently upon reaching age 18, many choose to remain at home. Others leave home but remain dependent on parental advice and continued financial assistance. For those who unsuccessfully attempt to live independently, there is often the option of returning home.

However, the young person who ages out of the foster care system often experiences a more abrupt and arbitrary change at or after reaching age 18. In many cases, agency custody is simply terminated and the young person is expected to function as an adult. For youth in foster care, the time while in care may be characterized by too many restrictions before the young person reaches the specified age and not enough help and supervision there after (Hardin, 1988).

Adolescents in Care

The number of U.S. children in out-of-home care increased by 74% (280,000 to 486,000) in the 10 years from 1986 to 1995 (Petit & Curtis, 1997). According to a Child Welfare League of America survey, in 1995 teens represented 33% of the foster care population (Child Welfare League of America, 1995). Adolescents constituted 21% of the children and youth in foster care who were awaiting adoption in 1995, though few of them were eventually placed in adoptive homes (Petit & Curtis, 1997). In 1995, Montana served 3,611 youth in out-of-home placements (Healthy Mothers, Healthy Babies, 1996). Because of incomplete databases, there are no exact figures on how many of the 3,611 Montana youth are adolescents, but it is estimated that there are approximately 800 ages 16 and older (Personal communication, Peter Guthridge, 1997).

Adolescents who enter the foster care system usually do so under difficult conditions. In the 1996 National Committee to Prevent Child Abuse (NCPCA) Annual Fifty State Survey (Daro & Wang, 1997), the specific types of maltreatment that lead to substantiated cases of abuse and neglect are as follows: 60% neglect, 23% physical abuse, 9% sexual abuse, 4% emotional maltreatment and 5% other. Cook (1991), found that thirty-five percent of the families had a history of four or more of the above factors. Families reported for child maltreatment often display a number of problems, which can contribute to their likelihood of engaging in abusive behavior. NCPCA's 1996 survey found that out of 37 states who responded, 76% (28 states) found substance abuse as one of the top two problems exhibited by families reported for maltreatment. The second most frequently cited problem area noted by the respondents involved issues of parental capacity and skills. Twenty-one states (57%) also reported that their clients frequently lack specific parenting skills due either to various mental health problems, poor understanding of child's normal developmental path or young maternal age. Seventeen states (46%) indicated that poverty and the accompanying problems of poor housing and limited community resources were common among those families reported and substantiated for maltreatment. Finally, seven states (19%) reported that a significant percentage of their clients struggle with domestic violence and often present their own history of battering. However, one must be aware that these figures are based on reports from only 25 states and there are strong discrepancies in how consistently and accurately each state keeps these figures.

In general, young people who experience foster care are exposed to certain risk factors that children, who are reared in their own homes, are not. Foster placements tend to isolate children from their community and from accumulating knowledge of community resources. Furthermore, foster youth tend to lack social supports, consistent family ties, and/or a place to call home (Mech, 1988).

Emancipation Issues

According to Ryan, McFadden, Rice, and Warren (1988) independent living is the ability to accomplish daily living routines, which include managing school, job, peer, and family. To be successful, the adolescent must have a range of abilities which include understanding basic tangible skills (resource skills) such as: locating housing, money management, educational planning, seeking employment, maintaining employment, legal skills, knowledge of community resources, understanding sexuality issues and family planning. There are also intangible skills (functioning skills/attributes) which need to be learned that include skills in forming and keeping relationships, gaining problem-solving skills, developing relationships with co-workers, friends and family, and gaining a strong sense of self in the social environment.

Foster parents and social workers have consistently reported that adolescents approaching emancipation are unprepared for independent living. In a study of children and youth in long term foster family care, foster parents and social workers described two thirds and one half, respectively, of the adolescents as unprepared for independent living (Fein, Maluccio, & Kluger, 1990). Follow-up studies of young persons who grew up in out of home placement have also pointed to their lack of preparation for life after foster

care, lack of ongoing support from their families and the need for other support systems to help them move toward self-sufficiency (DeWoody, Ceja, & Sylvester, 1993; Festinger, 1983; Westat, 1991). These studies have also found that youth discharged from out-of-home care have a number of other significant needs that could affect their ability to lead productive lives as adults after discharge from care. Problems include (1) few job skills or experience; (2) physical and mental health issues; (3) unmet housing needs which lead to a high number of homeless individuals; (4) alcohol and drug abuse problems; (5) high rate of early parenthood; (6) educational deficiencies; (7) inadequate interpersonal social skills; and (8) minimal money management skills (Barth, 1990; Festinger, 1983; Mech, 1988; Stein & Carey, 1986; Susser, Struening & Conover, 1987; Westat, 1991). Clearly, the above needs are significant and may affect the youths' ability to lead productive lives as adults after discharge from foster care.

History of Independent Living Programs for Foster Youth

Programs to assist youth in their movements toward independence have been established increasingly in the last decade, as more and more states and agencies have recognized the need for this kind of service (Barth, 1986). Since the federal enactment of the Independent Living Initiative of 1986 (PL 99-272) and the subsequent infusion of federal funds, agencies have been developing services focusing on the preparation of young people in care for "emancipation" or "independent living" (Mech, 1988). However, at the present time, the aggregate empirical database on outcomes associated with independent living preparation in foster care rests on less than 1,500 *former foster youth*. The concern is with not only the limited database that exists but also the type of research

that has been conducted. To date, the published studies have utilized retrospective Need and Process evaluations.

The task of Need evaluations is to describe problems of foster youth in transition in such a way that seriousness can be evaluated and that ameliorative interventions can be envisioned. The questions that are addressed by a needs evaluation are: (1) Who leaves care; (2) What experiences have they had prior to leaving care; (3) What happens to them when they first move out of care placements; and (4) What support is available for them?

The task of a Process evaluation is to document the services that are actually delivered. Relevant questions addressed by this type of evaluation are: (1) What services are delivered; (2) How adequate are intake procedures; (3) What proportion of youth complete services; (4) How accessible are services; (5) What barriers are there to youth getting services; (6) How faithfully are mandated services implemented; and (7) How satisfied are youth with services? This type of research is important and informative; however, it does not answer all of the necessary questions in order to serve youth in foster care more effectively. For all practical purposes, cumulative, consistent, and programmatic research on foster youth independence has scarcely begun.

Outcome research whether longitudinal or not, is an inherently comparative activity. This type of design raises the question, "Are youth in the independent living program different than they would have been if they had not participated?" Outcome research also compares alternative approaches to preparing youth for life beyond foster care, examines the goals of programs, the interventions or processes, and the results before discharge and on follow-up.

A large vacuum in the field of readiness for emancipation is the lack of any outcome study, which truly identifies which variables predict success. Outcome studies could provide information on the effectiveness of more individually tailored approaches or global approaches to preparing youth for emancipation from the foster care system. The literature is lacking in 1) the process of attaining self-sufficiency, 2) factors associated with successful outcomes for foster youth, 3) the understanding of why some youth choose to prepare for life after foster care and some do not, and 3) consistent program effects achieved across different approaches.

Montana Independent Living Program History

The state of Montana currently has approximately 800 youth eligible for funding under the federally funded independent living program. Montana's Building Skills for Adulthood Program serves approximately 450 youth per year with \$240,000 of federal dollars. The only federally required data to be collected includes number of youth served, age, gender, race, services provided, how many are utilizing public assistance 90 days after the program, and a program evaluation questionnaire that is completed by youth served in the program. Although important data, this information does not provide statistics on the effectiveness of the program to meet the needs of foster care youth approaching independent living status. Montana Department of Health and Human Services has been contracting with the University of Montana, Department of Psychology since October of 1994. Because there was no data on youth in out-of-home care in Montana, at the start of this contract, the University of Montana has been conducting a needs evaluation and a process evaluation. The data collected to date has been very informative and has assisted

the State of Montana in establishing a five-year plan for youth ages 16 to 21 who are in out-of-home care.

However, there are still many unanswered questions related to outcome of foster youth such as: (1) why do some youth choose to prepare for adulthood while others do not; (2) what type of interventions would be effective in addressing the needs of those youth who are choosing not to prepare for adulthood; (3) are any of the youth involved in Montana's Building Skills for Adulthood Program benefiting from participation more than if they had not participated, (4) which interventions are most effective with the range of youth in the BSA program, and (5) are there predictive variables for successful and unsuccessful transitions from care? This study seeks to initiate a prospective outcome study that will address the above questions.

The current proposal seeks to identify what individual characteristics differentiate youth that choose to actively work on skills for emancipation from youth that choose to do nothing. The individual characteristics that will be examined are the following: (1) **readiness to prepare for adulthood**, (2) **overall level of knowledge of tangible life skills**, (3) **level of psychosocial development**, (4) **emotional and behavioral difficulties**, (5) **self-report of delinquent behavior**, (6) **age of entry into foster care and number of placements**, and (7) **self-report of at-risk behavior** (i.e., alcohol and drug use, sexual activity, smoking, etc.).

Readiness to Prepare for Adulthood

This proposal seeks to determine whether the application of the transtheoretical model of change will be valuable in understanding readiness of foster youth to prepare for

adulthood. This model (Prochaska & DiClemente, 1984) was developed through investigations of how people change their problem behaviors. Research investigating such behaviors as 1) smoking cessation, 2) substance abuse, 3) weight control, 4) adolescent delinquent behaviors, 5) use of condoms, 6) sunscreen use, 7) radon gas exposure, 8) exercise acquisition, 9) mammography screenings, and 10) psychic distress have contributed to the delineation of the model (Prochaska, et al., 1994). Five stages of change (Precontemplation, Contemplation, Preparation, Action, and Maintenance) have been identified and explain differing commitments to the readiness for change process (Prochaska, DiClemente, & Norcross, 1992). The stages have been effective in identifying those who don't see a need to change their problem behavior (precontemplation), are seriously considering changing their problem behavior (contemplation), are intending to take action in the next month and/or have unsuccessfully taken action in the past year (preparation), individuals are modifying their behavior, experiences, or environment in order to overcome their problems (action), have achieved a change in their behavior and are attempting to continue that change (maintenance).

An additional measure, Decision-Making Questionnaire (DM), has allowed for identification of the decision making variables utilized in the process of committing to change and has contributed to the prediction and further understanding of behavior change. Based on a model initially formulated by Janis and Mann (1977) in which decision making was conceptualized as a conflict model, Decision-Making provides information regarding the pros and cons of making a change. The internal validity of a two-factor model of Decision-Making was strongly supported across 12 separate studies (Prochaska,

et al. 1994). Instead of eight categories on which individuals made decisions to change their behaviors, as suggested by Janis and Mann (1977), the structure appeared to be much simpler. Two major categories, pros and cons, were found to clearly represent decisional categories for making behavior changes across the stages of change (Prochaska, et al., 1994). Research has demonstrated that the Decision-Making construct could be usefully allied with the stages-of-change model in studying the pattern of cognitive and motivational shifts across the stages in the resolution of other health-related and personal problems as well (Velicer, DiClemente, Prochaska & Brandenburg, 1985). Of greatest importance to the present study is the finding of a change in balance from stronger cons to behavior change during the precontemplation stage to stronger pros in the contemplation stage (Prochaska et al., 1991).

The transtheoretical model has been applied to an adolescent population in research on adolescent smoking acquisition (Stern, Prochaska, & Velicer, 1987). In that study, measurement of stages of change were assessed and three stages emerged (identified as precontemplation, decision-making & maintenance) in the analysis of adolescent responses. The transtheoretical model was also applied to an adolescent population in research on self-change in delinquent youth (Fiore Lerner, 1990). In that study, measurement of stages of change was assessed and four stages emerged (identified as precontemplation, contemplation, action, and maintenance) in the analysis of adolescent responses. Fiore Lerner's (1990) study demonstrated the utility of the Decision-Making measure using adolescent population.

Because the model has primarily been applied to adults, consideration must be given to developmental differences. The implications of such developmental processes in the application of the transtheoretical model to adolescents are 1) application of strategies or in the language of the transtheoretical model, “processes” by adolescents may be different than used by adults; 2) the adolescent may be more “novice” in more domain areas (i.e., problem-solving or “decision making”, etc.); 3) the use of 5-point Likert formats should be comprehensible with adolescents; and 4) differences may exist in “self” and “other” awareness due to the ongoing development of metacognition.

With consideration for the lack of preparation for adulthood by foster youth despite interventions, and the cost of such interventions, more information about readiness to prepare for adulthood would be an exceptional contribution. Application of this model can contribute to increased understanding of foster youths’ readiness to preparing for adulthood, the application of new life skills preparation interventions, and can further promote the transtheoretical model of change as useful to the prediction of and intervention in readiness to prepare for adulthood among foster youth.

Tangible Life Skills

Successful preparation for adulthood of youth in care hinges upon acquisition of “tangible” skills such as employment, housing, money management, and home management (Pine, Kreiger, & Maluccio, 1990). Despite the acknowledged importance of acquiring such skills, few youth in foster care are assessed in these areas. Knowledge of self-sufficiencies or competencies may benefit youth prior to emancipation. Furthermore,

transition from school to work poses a continuing problem for young people, particularly those with limited workforce skills.

Westat (1991) found that skills training for foster youth was effective in influencing the transition into adulthood when delivered within a predefined set of skill areas. The 5-core skills measure (proportion of skills taught in the area of money, consumer, credit, employment and education) had the largest impact. They found that the likelihood of a youth maintaining a job for at least 1 year increased as the number of skills taught in the five core areas increased. Another finding was that youth were less cost to the community (e.g., in prison, homeless, or on public assistance) if they had received services and training in the five core skill areas. Therefore, this research supports the need for formal skills training for foster youth, specifically including education, employment, consumer, credit, and budgeting skills. The Westat (1991) study did not examine the motivation of youth to participate in the program and therefore are not able to identify what worked for different youth. Examining a youth's overall knowledge of life skills can provide information on potential skill base needed for readiness and perhaps elucidate the relationship between participation and readiness.

Psychosocial Development

Numerous theorists have proposed that psychosocial development is an indicator of psychological health and that it may be marred by environmental insult (Gavazzi & Sabatelli, 1990; Rutter, Champion, Quinton, Maughan, & Pickles, 1995). Youth who have experienced abuse, neglect and the foster care system are likely candidates for impaired psychosocial functioning that may or may not impact their ability to prepare for

adulthood. Preliminary findings, of this author (Roche, Fiore, Bauman, Herbin, Christensen, Pedriana, Bento, Peppenger, & Tessmer, 1997), have suggested a relationship between the age of entry into foster care and the youths' level of initiative, according to the Measure of Psychosocial Development which provides assessment of staging/resolution according to Erikson's theory of psychosocial development. Youth who enter the system at a younger age score lower on the initiative scale. Such a result suggests that the younger a youth enters care may impact likelihood that they will seek out services and take the initiative to prepare for adulthood.

According to Erikson (1980), the primary developmental task during adolescence is the formation of a stable identity. Successful resolution of the identity versus identity confusion stage depends on an exploration and commitment process (Marcia, 1966) affected by internal psychological development, important interpersonal relationships, and societal definitions of adolescence (Kroger, 1989). Erikson believed that in order for youth to function successfully in adult community living, individuals must move through the different stages of development and resolve the conflicts at each stage. There is virtually no information in the literature on foster youth and this model nor how these youth progress through the stages. If indeed they fail to develop psychosocially, how does this impact their ability to transition into adult community living?

Emotional and Behavioral Difficulties

More foster care programs are starting to focus on preparing older youth for adulthood. Typically, preparation includes job training, locating adequate housing and employment, and teaching youth other "tangible" life skills. Unfortunately, some of these

seemingly well prepared young people deteriorate emotionally shortly before or after they enter the adult world. In other words, despite tangible skills, some teenagers face emotional obstacles that impact their successful transition into adulthood. During late adolescence, most young people experience developmental changes involving separation and individuation and the formation of “adult” identities. Even for youth growing up in a nurturing family this process can be a struggle. Normally, these young people identify with, yet push away from their parents. For the adolescent in out-of-home care who has experienced numerous living situations and surrogate parents, this developmental process is extremely difficult because many childhood needs remain unmet.

Adolescents in out-of-home care face a special separation problem as they prepare to emancipate from the system: re-experiencing the stresses of earlier losses. Feelings of loneliness and anger, fears of abandonment, physiological reactions, acting out behavior, and regressed behavior are common among youth who have not resolved the earlier separation from and loss of their biological parents. In an attempt to make sense of the current separation, the youth may regress into magical thinking, common in children who have experienced a loss. They may also become stuck in an earlier developmental stage or behavior pattern (Jewett, 1982). Therefore, when investigating readiness to prepare for adulthood it is critical that the youths’ emotional and behavioral difficulties are examined.

Delinquent and At-Risk Behaviors

Jessor (1993) has found that with more independence during adolescence, some experimentation with risky activities is not all that uncommon. These activities include alcohol and drug use, smoking, minor offenses with the law, and early sexual activity.

However, most adolescents who experiment with high-risk behaviors quit them after a while, but some become deeply and chronically involved in them. Frequent engagement in some problem behaviors lead to involvement in others and to forming a high-risk lifestyle. Such behavior usually includes a constellation of activities such as heavy drinking, drug use, delinquent conduct, early sexuality, and disengagement from academic pursuits (Donovan & Jessor, 1985). Such a lifestyle often has consequences that jeopardize physical health and self-development. Some of the harmful effects produce irrevocable losses of life options. The more the problem behavior competes with and impairs the pro-social development, the more it jeopardizes successful developmental transitions. Therefore, the examination of self-reports of delinquent behavior, sexual activity, drugs and alcohol use, smoking, and aggression toward others may allow for the most inclusive information regarding at-risk behaviors that may impair the youths' ability to prepare for adulthood.

Family Environment

When examining youths' readiness to prepare for adulthood the family environment is considered essential (Bell & Bell, 1993; Grotevant & Cooper, 1986). Specific aspects of the family environment have been associated with a diversity of characteristics among adolescents. High cohesion, expressiveness, and intellectual orientation are consistently linked with better social development, academic motivation, and achievement among youth (Moos & Moos, 1994). Positive family relations are also associated with social competence, expectation of early autonomy, and comfort in gaining independence from the family. Lack of family support has been linked to a number of

problematic outcomes, including anger and anxiety, depressed mood, alcohol use and problem behavior (Moos & Moos, 1994), all of which could have an impact on the youths' preparation for adulthood.

The above research has examined the effect of birth or blended families, however, there have been no studies that have investigated how the foster care living environment may impact foster youth. Empirical studies are needed on the effectiveness of foster care providers as role models, motivators, and sources for positive goal setting. What are the aspirations of foster care providers with respect to educational achievement, vocational/career development, family formation, and so on? Little systematic information exists regarding care provider characteristics and behaviors that exert a positive influence on adolescents. Research is needed on the relative effectiveness of various foster family environments in preparing foster youth for adulthood. Therefore, this study seeks to examine how the foster care living environment impacts youth's readiness for preparing for adulthood.

Age of Entry into Foster Care and Number of Placements Youth Experience

A youth's number of placements in foster care and the time spent in care have been found to be related to how well the youth handles the transition into adulthood (Courtney & Barth, 1996; Taber & Proch, 1987). Adolescents who have moved frequently in care are perhaps the most difficult youths served by the system. Such adolescents have difficulty with mastery of developmental tasks or achieving permanency goals often because they are not in one place long enough to benefit from services. With each move, they are likely to fall farther behind in school and become more alienated from adults.

They are at risk to ultimately “age out” of foster care lacking survival skills and without adults whom they can rely on. Characteristics of these foster youth include uncertainty about why they were removed from their parents home, where they have lived, why they were moved from one placement to the next, etc. Such risks place these youth at a disadvantage in potential ability to be developmentally prepared for another transition.

Furthermore, one problem of identity for the adolescent is establishing a sense of ego continuity – a sense that one’s current self-perceptions are firmly connected to the self-definitions of the past and to the anticipated self-perceptions of the future (Erikson, 1968). For most adolescents, the development of ego continuity is difficult enough, given the rapid changes associated with this period; for foster youth, however, the problem is compounded by lack of knowledge about their origins. Because it is still unclear as to what impact the age of entry into foster care and the number of placements youth encounter while in care has on the youths’ ability to transition into adulthood, this study will investigate the relationship between age at entry and number of placements as a possible factor in the youths’ readiness to prepare for adulthood.

The primary purpose of this study is to increase understanding of readiness to prepare for adulthood in foster care youth using the transtheoretical model of change. To this end the following hypotheses are proposed: 1) two components (Pros, Cons) will emerge from analysis of youth’s responses on the Decision Making questionnaire; 2) youth in the Precontemplation stage of change will show a Decision Making profile of less pros and more cons to preparing for adulthood than youth in any of the other stages; 3) youth in the Contemplation stage of change will show a Decision Making profile of less pros and

more cons to preparing for adulthood than youth in the Preparation, Action, or Maintenance stages; 4) youth in the Preparation stage will identify less pros and more cons to preparing for adulthood than youth in the Action or Maintenance stages; 5) youth in the Action and Maintenance stage will identify greater pros and less cons to preparing for adulthood than youth in any of the other stages; 6) youth who entered the foster care system at a younger age will be over represented in the Precontemplation and Contemplation stages; 7) youth who report higher levels of delinquent behavior and at-risk behavior will be over represented in the Precontemplation and Contemplation stages; 8) youth that experience a higher number of placements will be over represented in the Precontemplation and Contemplation stages; and (9) youth who perceive their foster care living environments as less functional will be over represented in the Precontemplation and Contemplation stages of readiness to prepare for adulthood.

Chapter Two

METHOD

Subjects

The subjects were 229 adolescents between ages 15 and 21, who were in the foster care system in the state of Montana. In total, 300 youth were recruited to participate in the study. Two hundred thirty four youth (78%) completed questionnaires. Of the 234 youth, four (1.7 %) had cognitive deficits that disqualified them from the study. Of the final 229 youth, one-hundred forty of the subjects were referred by Montana's Department of Public Health and Human Services and eighty-nine of the subjects were referred by Montana's Youth Court. All subjects had English as their primary language and were able to read. Institutional approval was established and consent of parent or guardian and participant was obtained prior to the subject's participation in the study (See Appendix A).

In the sample of 229 youth, there were 143 females and 86 males. Eighty-eight percent of the subjects were between the ages of 16 and 18 years of age. One hundred eighty-two were Caucasian, forty-one were Native American, four were African American, two were Hispanic, and one was Other. Table 1 presents demographic information on subjects. The state of Montana utilizes a variety of types of placements in which youth in out-of-care can reside depending on the youths needs. At the time of assessment the sample of 229 youth lived in a variety of settings: nine lived in a correctional facility; seven lived in a psychiatric hospital; five lived in residential treatment; 13 lived in therapeutic group care; 68 lived in regular group care; 10 lived in therapeutic

family foster care; 109 lived in regular family foster care; and eight lived in shelter care

(See Table 2).

Table 1

Demographic Information

Age	N	%
15	24	10.0
16	81	35.0
17	102	45.0
18	20	9.0
20	1	.5
22	1	.5

Race	N	%
White	182	79.0
Native American	41	16.0
Hispanic	2	.5
African American	4	2.0
Asian	0	0.0
Other	1	.5

Gender	N	%
Female	143	62.0
Male	86	38.0

Table 2

Type of Placement

Placement	N	%
Correctional Facility	9	3.9
Psychiatric Hospital	7	3.0
Residential Treatment	5	2.2
Therapeutic Group Care	13	5.7
Regular Group Care	68	29.7
Therapeutic Foster Family	10	4.3
Regular Foster Family	109	47.6
Shelter Care Facility	8	3.6

Note. The placements are listed from most restrictive to least restrictive.

Measures

The following instruments were administered to all youth as they entered the program.

The Daniel Memorial Independent Living Assessment for Life Skills (Daniel Memorial Institute, 1993) was given verbally and scored by computer. This assessment is designed for administration in one-on-one situations and contains 231 pass/fail questions in 16 categories. Each category lists questions in a hierarchy of skill levels, allowing the interviewer to administer specific levels appropriate to the abilities of a youth. This version has been extensively field tested in the Northeast Florida area and has proven to be extremely useful in determining the independent living assets and deficits of youth in rural areas as well as urban areas. The strength of this assessment is the high face validity of the items and its weakness is the low reliability when given by different assessors. To control

for this low reliability, the author has developed standardized answers that all assessors utilize.

The Measures of Psychosocial Development (MPD) (Hawley, 1988) was self administered by youth and scored by hand. This assessment provides a measure of the positive and negative attitudes, or attributes of personality, associated with each developmental stage, the status of conflict resolution at each stage, and overall psychosocial health. The MPD consists of 112 self-descriptive statements, which are rated on a five-point scale (“Very much like me” to “Not at all like me”). The inventory has 27 scales, representing the attitudes and dynamics outlined in Erikson’s framework: eight positive scales, eight negative scales, eight resolution scales, and three total scales. The eight positive scales assess the positive attitudes and the eight negative scales measure the negative attitudes, which Erikson proposes as the basic constituents of personality. Resolution scales tap the degree and direction of resolution existing between the two attitudes for each stage conflict. Total scales assess overall psychosocial adjustment. The MPD is self administered, taking 15-20 minutes to complete. Items are hand scored to obtain separate profiles for males and females reported in T-scores and percentiles.

Normative data have been provided for adolescents and adults, by gender, for ages 13 and over. Test-retest reliability of the MPD scales was examined for a sample of 108 adolescents and adults (62 females, 46 males). These subjects completed the MPD twice with an interval of 2 to 13 weeks between administrations. The scale coefficients uniformly approach or exceed .80, with the exception of one scale coefficient (Inferiority) which is still at an acceptable level (.67) for a personality measure (Hawley, 1988). Alpha

coefficients for the MPD were examined from a sample of 372 adolescents and adults (213 females and 159 males). For the positive scales, coefficients range from .65 to .84. The coefficients for the negative scales range from .69 to .83. Two alpha coefficients fail to reach .70, Trust (.65) and Guilt (.69). The scales have acceptable levels of internal consistency, particularly since coefficient alpha provides a conservative estimate of reliability.

Three self-report measures of Erikson's theory of personality development were administered to assess the construct validity of the MPD: the MPD, the Inventory of Psychosocial Development (IPD; Constantinople, 1966, 1980), and the Self-Description Questionnaire (SDQ; Boyd, 1966). The samples varied in size from 136 to 372. To investigate the construct validity, a multitrait-multimethod analysis was used and was divided into three phases (Phase 1: Monomethod Comparisons, Phase 2: Heteromethod Comparisons, Phase 3: Monomethod-Heteromethod Cross Comparisons), all of which provided support for the construct validity of the MPD (Hawley, 1988).

A Self-Report Inventory of the Frequency of Delinquent Behaviors such as truancy, drug and alcohol use, stealing, etc., was administered to obtain a direct assessment of frequency and severity of delinquent behaviors (see Appendix B). Self-report inventories are the preferred measure of delinquent behavior (Hindelang, Hirschi, & Weiss, 1987). The youth are informed at the beginning of the study that this information is confidential.

The Child Behavior Checklist (YSR)- Youth Report (Achenbach, 1991b) was completed by the youth. The YSR is designed to obtain self-ratings from youths aged 11

to 18. Youths provide self-ratings for 20 competence items covering their activities, social relations, and school performance. The YSR has 102 problem items that describe specific behavioral and emotional problems, plus 4 open-ended items covering physical problems, concerns, and strengths. In addition, sixteen socially desirable items that replace problem items deemed inappropriate to ask adolescents. Youths rate themselves for how true each item is now or within the past 6 months, using the following scale: 0=not true; 1=somewhat or sometimes true; and 2=very true or often true. The YSR has a readability level of approximately fifth grade.

The YSR scoring profile provides raw scores, T-scores, and percentiles for two competence scales (Activities and Social), Total Competence, eight syndrome scales comparable to those on the CBCL, Internalizing, Externalizing, and Total Problems. Scores are based on principal components analyses of 1,272 clinically referred youths and normed on 1,315 youths aged 11 to 18. The normative sample was representative of the 48 contiguous states of SES, ethnicity, region, and urban-suburban-rural residence. Children were excluded from the normative sample if they had been referred for mental health or special education services within the past year. The one-week test-retest reliability of the YSR Total Problem score was $r=.79$ (Achenbach and Edelbrock, 1991)

Family Environment Scale (FES) – Real Form was completed by each subject.

The FES – Real Form (FES; Moos & Moos, 1994) is a well-validated 90-item instrument that was developed to assess the subject's perception of his or her family environment.

The youth were instructed to complete the questionnaire with reference to their perceptions of their current care provider. The FES consists of ten subscales: (1)

Cohesion, the degree of commitment, help, and support family members provide for one another; (2) Expressiveness, the extent to which family members are encouraged to act openly and to express their feelings directly; (3) Conflict, the amount of openly expressed anger, aggression, and conflict among family members; (4) Independence, the extent to which family members are assertive, are self-sufficient, and make their own decisions; (5) Achievement-Orientation, the extent to which activities are cast into an achievement-oriented or competitive framework; (6) Intellectual-Cultural Orientation, the degree of interest in political, social, intellectual, and cultural activities; (7) Active-Recreational Orientation, the extent of participation in social and recreational activities; (8) Moral-Religious Emphasis, the degree of emphasis on ethical and religious issues and values; (9) Organization, the degree of importance of clear organization and structure in planning family activities and responsibilities; and (10) Control, the extent to which set rules and procedures are used to run the family.

The ten subscales are divided into three sets: the Relationship Dimensions, the Personal Growth Dimensions, and the System Maintenance Dimensions. Moos (1986) has conceptualized the Cohesion, Expressiveness, and Conflict Subscales as assessing the Relationship Dimension, the extent to which people are involved in their family and how openly they express both positive and negative feelings. Personal Growth includes Independence, Achievement Orientation, Intellectual-Cultural Orientation, Active-Recreational Orientation, and Moral-Religious Emphasis subscales. The Personal Growth Dimension focuses on the family's goals by tapping the major ways in which a family encourages or inhibits personal growth. The System Maintenance Dimension assesses the

family's emphasis on clear organization, structure, rules, and procedures in running family life, and is measured by the Organization and Control subscales.

Transtheoretical Model of Change

Two scales measuring the stages of readiness, and the pros and cons of readiness (five question stage algorithm & Decision Making) (Appendix C) were developed based on previously used instruments in investigations of the transtheoretical model and revised to appropriate age and problem-oriented language. As nearly as possible, the scales were constructed following the sequential method of scale development described by Jackson (1970, 1971) and Velicer et al. (1985). More items than necessary were included in each scale to allow for the establishment of reliable subscales after statistical analysis.

A *Decision-Making* (DM) questionnaire was developed consisting of 36 items designed to measure the positive and negative aspects of preparing for adult community living (pros and cons). Eighteen questions were designed to measure the cons of preparing for adulthood. Eighteen questions were designed to measure the pros for preparing for adulthood (Appendix C). The items are reflective of Velicer et al. (1985) and O'Connell and Velicer (1988) scales investigating Decision-Making. The questions were presented in a 5-point Likert format. Subjects were instructed to select the number that describes them best from 1 = not at all to 5 = very much. This measure will be evaluated as a component of this study.

Stage algorithms, were established by five statements related to each of the five stages of readiness to prepare for adulthood and were asked at the end of the Decision Making questionnaire. The subjects were instructed to select one description that

described them the best. Based on their response subjects were assigned to either: (1) Precontemplation: belief that there was no need to prepare for independent living; 2) Contemplation: belief that preparing for independent living is necessary for them to be ready for life on their own, but no action has been taken to prepare for this time; (3) Preparation: acknowledgement that they were preparing to learn skills; (4) Action: acknowledgement of the need to prepare for independent living and the assertion that they have been preparing for independent living for less than six months; and (5) Maintenance: assertion that they have been preparing for independent living for more than six months. These constructs will be investigated for validity in this study.

Demographic information was obtained from a self-report sheet that was completed by each subject (Appendix D). Subjects were asked to report their age, grade, race, whether they have ever been held back in school, current employment status, employment status within the last year, placement history, and age they entered in foster care.

Report of At-Risk Behavior was obtained from a self-report questionnaire that was completed by each subject (Appendix E). This questionnaire is a duplication of a measure utilized by the State of Montana Board of Crime Control and Office of Public Instruction that assessed 2,500 students in Montana public schools. This questionnaire addressed sexual behavior, drug and alcohol usage, and aggressive behavior.

Procedure

The subjects were mailed the above questionnaires with a self-addressed self-stamped return envelope enclosed for easy return. All subjects completed the Daniel

Memorial Life Skills Assessment via a telephone interview with a trained research assistant. Subjects were informed of the confidentiality of their answers and were assured that their responses would not be shared with Foster Care Providers (FCP) or Case Workers (CSW) or Probation/Parole Officers (PO) in an effort to control for honesty and validity of responses given by subjects.

Study Design

Three different studies of the application of the transtheoretical model to the foster youth preparation for adulthood were undertaken. Study 1 involved instrument development and investigation of the psychometric properties of the two model-based questionnaires (Stages Algorithms and Decision-Making). The Decision-Making Questionnaire was subjected to principal components analysis and analysis of internal consistency reliability using Cronbach's coefficient alpha.

Study 2 consisted of model-based analyses. The Decision Making scale was analyzed in the context of a cross sectional-study investigating patterns of preparation for adulthood in foster care youth. The external validity of the DM questionnaire was assessed by examining each questionnaire as a function of stage of readiness. Stage profiles were established using stage algorithms determined from the subject's response to the five stage descriptions. The Decision Making subscale scores, Overall Level of Life Skills Score, and the At-Risk Behavior Score were standardized to T scores ($M = 50$, $SD = 10$) to allow for ease in interpretation.

In study 3, the effect of pro's and con's of preparing for adulthood, psychosocial development, and foster care living environment in predicting stage of readiness was

examined using hierarchical multiple regression. The most conservative test of the effect these variables was to enter current age and gender at the first step, the age of entry into the foster care system, the number of placements a youth experienced, and the type of current placement at the second step, the youth's life skill knowledge at the third step, the two subscales of the MPD, the two subscales of the FES, and the pro's and con scales for the DM at the fourth step.

Chapter Three

RESULTS

Study 1: Instrument Development

Decision Making Questionnaire:

A principal components analysis was performed on the 36 X 36 matrix of interitem correlation's from the 36-item Decision-Making (DM) questionnaire. An oblique rotation was chosen as it was expected that there would be correlations between the different components being examined. Item selection was conducted to establish the most parsimonious scales. Items to be retained were selected on the following criteria. First, the item had to load primarily on one component. Second, the item-scale correlation had to be greater than .50. Third, the coefficient alpha reliabilities had to be increased when the item was included in the subscale. Two interpretable components were extracted, Pro's and Con's. The item reduction for the two component model resulted in 12 items for the first component and 8 for the second component. The resulting 20 items of the DM questionnaire are presented in Table 3. Three- and four-factor solutions were also examined but these solutions yielded substantially less interpretable component structures.

The two components accounted for 95% of the total variance. Table 3 depicts the items, the original DM category of each item, and the oblique rotated pattern. The first component was comprised of items originally developed to represent the Pros to preparing for adulthood. Items retained for this component were those such as, "People who are important to me want me to be prepared to live on my own", and "If I planned for the future I might do better living on my own". The second component was comprised of

items hypothesized a priori to represent Cons to preparing for adulthood. Examples of items retained for this component are: "Preparing to live on my own interferes with other things I need to get done" and "My friends don't expect me to be able to be on my own".

Table 3

Decision Making Questionnaire: Items & Component Patterns for Oblique Rotation

Item	Original	Component	
		I	II
<u>Pros</u>			
D2	P	.787	.074
D25	P	.759	.159
D17	P	.746	.050
D31	P	.731	-.168
D10	P	.670	.103
D9	P	.665	.261
D30	P	.619	.044
D27	P	.615	.217
D1	P	.584	.170
D6	P	.577	.259
D12	P	.574	.190
D4	P	.529	-.040
<u>Cons</u>			
D35	C	-.199	.748
D8	C	-.074	.643
D23	C	-.125	.609
D14	C	-.155	.589
D11	C	-.020	.583
D7	C	.172	.576
D5	C	-.006	.575
D22	C	.267	.510

Scale scores were calculated using the sum of each item comprising a scale and then dividing it by the number of items per scale. The means and standard deviations of the two scales are presented in Table 4 along with the correlation's between the two scales. Cronbach's coefficient alpha calculated for the two scales are .89 (Pros) and .77 (Cons) (See Table 4).

Table 4

Decision-Making: Means, Standard Deviations, Coefficient Alphas & Scale Correlations

	M	SD	Alpha	Correlation
				C
Pros	4.21	.69	.89	.145
Cons	1.92	.61	.77	

Discussion: Study 1

The present investigation of the internal validity of the Decision Making questionnaire (DM) developed for assessment of foster youths' readiness to prepare for adulthood yielded promising results. Consistent with O'Connell and Velicer's (1988) and Velicer et al.'s (1985) investigations of the Decision-Making model of Janis and Mann (1977). Two components emerged from the analysis representing positive aspects (Pros) of preparing for adulthood, and negative aspects (Cons) of preparing for adulthood. Corresponding alpha coefficients for each scale supported reliable measurement of these constructs with this population.

The findings suggest that in regard to readiness to prepare for adulthood, foster youth recognize both pros and cons to preparing for adulthood. This finding is important when considering different interventions for youth in foster care as they prepare for adulthood.

Study 2: External Validity

External validity for the DM was investigated by assessing the relationship between subscale scores on each independent variable with the assignment to one of the five stage groups. The assignment to stage group was established by each subject's response to brief descriptions of their readiness to prepare for adulthood. As in previous investigations of the transtheoretical model in which subjects were assigned to stages of change based on one-sentence algorithms (O'Connell & Velicer, 1988), description profiles related to the target behavior were devised for each stage. Subjects selected the profile that "described them the best". Subjects were considered to be: (1) in the Precontemplation stage of readiness to prepare if they endorsed the item "I don't think learning any skills is necessary to live on my own"; (2) in the Contemplation stage of readiness if they endorsed the item, "I think I need to learn skills to be on my own, but I haven't done anything yet"; (3) in the Preparation stage of readiness to prepare if they endorsed the item, "I am preparing to learn the skills to be on my own"; (4) in the Action stage of readiness to prepare if they endorsed the item, "I am learning the skills I need to be on my own, but I haven't done this for 6 months yet"; and (5) in the Maintenance stage of readiness to prepare if they endorsed the item, "I have learned the skills I need to be on my own and have been putting them into practice for more than 6 months".

One-way analyses of variance were performed for the stage of readiness on each independent variable to determine if significant between group differences existed for the stage algorithm groups. The Tukey-HSD procedure at the .05 level was employed as the follow-up test of significance as shown in Table 5.

Decision Making and Stage Algorithms

The one-way analysis of variance for stage of readiness on Pros scale yielded significant differences [$F(4, 224)=27.49, p<.001$] (See Table 5). The one-way analysis of variance conducted for Stage of Readiness on Con's scale yielded significant differences [$F(4, 224)=20.10, p<.001$] (See Table 5).

The above findings support the construct validity of the stage algorithms. As in previous studies with the Transtheoretical Model of Change (Prochaska, et al., 1994) as people move between stages they increase their perceptions or awareness of the advantages (pro's) and decrease their perceptions of the disadvantages (con's). The results, however, support a four-stage model and not a five-stage model. It appears that youths' perception of pros does not increase and youths' perception of cons does not decrease the longer they are actively preparing for adulthood and moving from the action stage to the maintenance stage. Implications will be further explored in the discussion section. Figure 1 illustrates how youth in the precontemplation stage will endorse a higher level of con's and less pro's to preparing for adulthood than any of the other stages and this trend continues until the pro's and con's crossover at the preparation stage at which time the youth endorse more pro's than con's to preparing for adulthood.

Table 5

Analyses of Variance for Stages of Change

	Stages of Change					F (dfn, dfd)
	Prec	Cont	Prep	Action	Maint	
IV's	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	
Pro's	36.74 ^a (3.88)	44.33 ^b (1.36)	50.54 ^c (.80)	56.39 ^d (.75)	56.34 ^d (.87)	(4, 224)
Con's	63.48 ^a (2.82)	53.42 ^b (1.67)	50.30 ^b (.81)	44.63 ^c (.84)	43.08 ^c (.90)	(4, 224)
MPD Pos	37.94 ^a (2.03)	42.89 ^a (1.29)	50.51 ^b (.89)	50.15 ^b (1.21)	56.75 ^b (2.58)	(4, 224)
MPD Neg	61.38 ^a (2.07)	55.34 ^a (1.41)	50.93 ^b (1.03)	48.91 ^b (1.24)	47.90 ^b (2.63)	(4, 224)
FFR	30.82 ^a (1.26)	44.75 ^b (.71)	48.15 ^c (.62)	58.02 ^d (.80)	66.08 ^e (.70)	(4, 224)
FPG	50.50 ^a (2.83)	48.84 ^a (1.21)	46.81 ^a (1.05)	54.08 ^b (1.32)	55.99 ^b (1.77)	(4, 224)

Note. Means with different subscripts differ significantly at $p < .05$ in the Tukey honestly significant difference comparison. Prec = Precontemplation Stage; Cont = Contemplation Stage; Prep = Preparation Stage; Maint = Maintenance Stage; FFR = Fostering Family Relationship subscale of the Family Environment Scale; FPG = Fostering Personal Growth subscale of the Family Environment Scale.

Table 5 (Cont'd)

Analyses of Variance for Stages of Change

IV's	Stages of Change					F (dfn, ddf)
	Prec	Cont	Prep	Action	Maint	
	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	<u>M</u> (SEM)	
YSR Int	59.65 ^a (3.03)	55.54 ^a (.97)	55.27 ^a (.73)	54.74 ^a (.51)	53.40 ^a (.87)	(4, 193)
YSR Ext	61.69 ^a (2.98)	56.17 ^b (.73)	56.43 ^b (.58)	56.29 ^b (.69)	54.21 ^b (.96)	(4, 193)
Lifeskills	45.98 ^a (2.81)	48.52 ^a (1.38)	48.16 ^a (1.13)	54.32 ^b (.98)	53.82 ^b (2.04)	(4, 222)
Age of entry	12.56 ^a (.94)	12.79 ^a (.54)	12.43 ^a (.39)	11.69 ^a (.55)	13.00 ^a (.73)	(4, 223)
# Placements	5.56 ^a (.89)	4.38 ^a (.44)	5.02 ^a (.27)	4.44 ^a (.23)	4.35 ^a (.48)	(4, 223)
Del. Beh	46.16 ^a (2.15)	48.65 ^a (1.34)	52.42 ^a (1.27)	50.48 ^a (1.31)	52.94 ^a (2.16)	(4, 189)
At-Risk Beh	50.30 ^a (5.95)	48.65 ^a (1.70)	50.41 ^a (1.03)	49.72 ^a (1.18)	52.14 ^a (2.12)	(4, 189)

Note. Means with different subscripts differ significantly at $p < .05$ in the Tukey honestly significant difference comparison. Prec = Precontemplation Stage; Cont = Contemplation Stage; Prep = Preparation Stage; Maint = Maintenance Stage; YSR Int = Internal Processes subscale of the Youth Self Report; YSR Ext = External Processes subscale of the Youth Self Report; Lifeskills = Overall knowledge of Life skills; Del. Beh = Standardized score for the self report of delinquent behavior; At-Risk Beh = Standardized score for At-risk behavior report form.

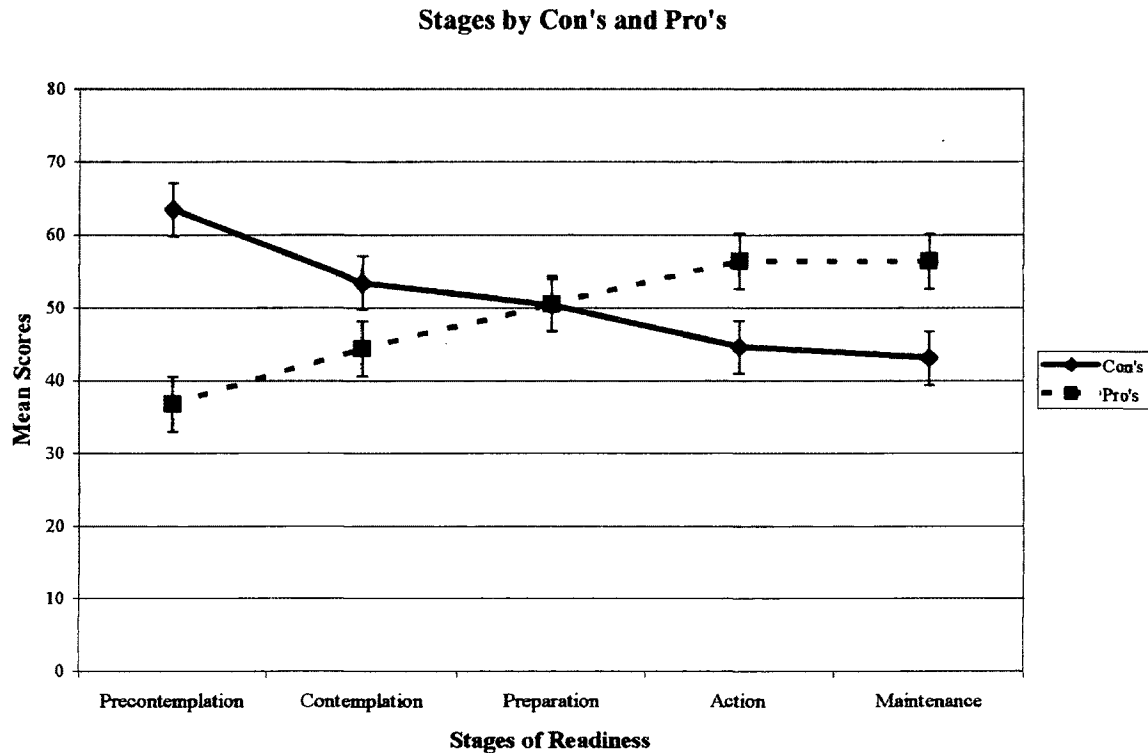


Figure 1. Points represent the mean standardized scores for the Pro and Con scales of the Decision Making Questionnaire by each stage of readiness; vertical lines depict standard errors of the means.

Measure of Psychosocial Development and Stage Algorithms

Two one-way analyses of variance were conducted to determine whether between-group differences were present in the subject's responses which represent two total scores on the Measure of Psychosocial Development for youth who were identified by the stage algorithms to be in the Precontemplation, Contemplation, Preparation, Action or Maintenance stages of readiness to prepare for adulthood (See Table 5). These two total scores, represent the score totals for the positive and negative scales respectively, and

provide an overview of the subject's current developmental functioning. The Total Positive (MPD Positive) and Total Negative (MPD Negative) scores provide overall measures of the subject's status with regard to the positive and negative attitudes associated with the eight developmental stages.

The one-way analysis of variance conducted for Stages of Readiness on MPD Positive score yielded significant differences [$F(4, 224)=10.51, p<.001$] (See Table 5). The one-way analysis of variance conducted for Stages of Readiness on MPD Negative Score yielded significant differences [$F(4, 224)=4.97, p<.001$] (See Table 5).

These findings examining the psychosocial development across stages of readiness suggest a two-stage model. The first stage would consist of youth that have not started to prepare for adulthood and the second stage would consist of youth that have made an effort to start preparing for adulthood. This would fit with the underlying constructs of the MPD in that youth who have high negative psychosocial development (e.g., high levels of mistrust, isolation, shame and doubt, guilt, despair, stagnation, inferiority, identity confusion) and low positive psychosocial development (e.g., low levels of trust, autonomy, initiative, industry, identity, intimacy, generativity, and ego integrity) are going to be less willing to seek out assistance to start preparing for adulthood.

One would also suspect that a crossover would occur with the psychosocial development that is similar to the pros and cons, in that the positive and negative psychosocial development would occur for youth at or prior to the Action stage. The findings in this study support this as seen in Figure 2.

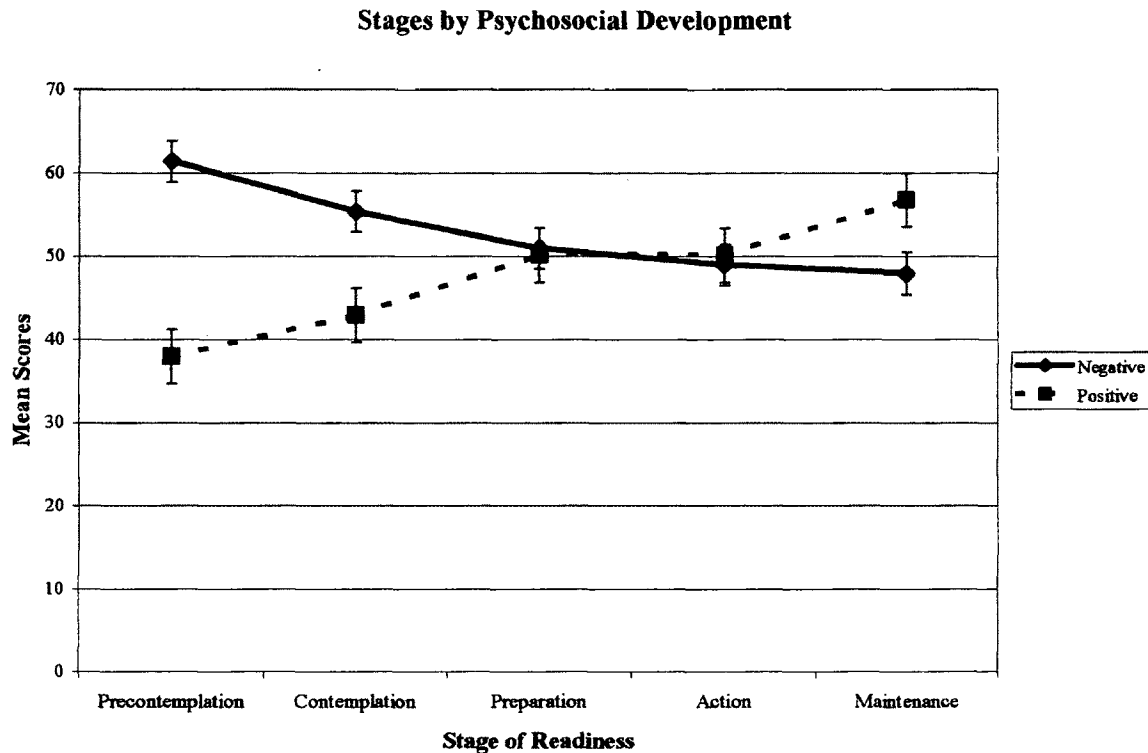


Figure 2. Points represent the mean standardized scores for the Positive and Negative subscales of the Measure of Psychosocial Development by each stage of readiness; vertical lines depict standard errors of the means.

Family Environment Scale and Stage Algorithms

Because this measure was not designed for use with foster care environments it was important to determine whether the three dimensions that Moos & Moos, 1994 theorized would be valid with this population. Therefore, a principal components analysis was conducted in order to group the FES scales study to underlying constructs. Instead of three components as Moos & Moos theorized, this study found two components that were retained, and in total they accounted for 63% of the variance (See Table 6). An

oblique rotation was chosen as it was expected that there would be correlations between the different components being examined. Item selection was conducted to establish the most parsimonious scales. Items to be retained were selected on the following criteria. First, the item had to load primarily on one component. Second, the item-scale correlation had to be greater than .50. Third, the coefficient alpha reliabilities had to be increased when the item was included in the subscale. Significant positive loadings indicate higher scores on that variable while significant negative loadings indicate lower scores. Two interpretable components were extracted, Foster Family Relationships (FFR) and Fostering Personal Growth (FPG). Three-, four-, and five-factor solutions were also examined, but these solutions yielded substantially less interpretable component structures.

Component one (FFR) and contained the following scales: Expressiveness (.823), Cohesion (.786), Conflict (-.772), Independence (.776), Organization (.579), and Control (-.532). Component two (FPG) and contained the following scales: Moral-Religious Emphasis (.787), Achievement Orientation (.759), Intellectual-Cultural Orientation (.733), and Active-Recreational Orientation (.592).

Table 6

Family Environment Scale: Subscales & Component Patterns for Oblique Rotation

Item	Component	
	I	II
FFR		
Expressiveness	.823	.078
Cohesion	.786	.296
Conflict	-.772	-.197
Independence	.776	.260
Organization	.579	.398
Control	-.532	.008
FPG		
Moral-Religious	.153	.787
Achievement Orientation	.019	.759
Intellectual-Cultural	.401	.733
Active-Recreational	.409	.592

The one-way analysis of variance for the Stages of Readiness on the FFR component yielded significant differences [$F(4, 224)=138.05, p<.001$] (See Table 5). The one-way analysis of variance for the Stages of Readiness on the Fostering Personal Growth (FPG) component of the FES questionnaire yielded significant differences [$F(4, 224)=7.07, p<.001$] (See Table 5).

Youth Self-Report and Stage Algorithms

The one-way analysis of variance for Stages of Readiness on the Internalizing subscale did not yield significant differences [$F(4, 193)=2.25, p=.065$] (See Table 5). The

one-way analysis for variance for Stages of Readiness on the Externalizing subscale yielded significant differences [$F(4, 193)=3.85, p<.005$] (See Table 5).

These findings indicate that youth expressing high levels of Externalizing problems are also less likely to acknowledge the need to prepare for adulthood. Youth in the precontemplation stage are likely to have higher externalizing behaviors that can be important when examining the interventions, especially those youth in the correctional settings. Thus, further examination of the possible differences between youth referred by different agencies such as Juvenile Probation and Department of Public Health and Human Services.

Life Skills Knowledge and Stage Algorithms

The one-way analysis of variance for Stages of Readiness on the Overall Level of Knowledge of Life Skills yielded significant differences [$F(4, 222)=5.18, p<.001$] (See Table 5). These findings make intuitive sense, in that, youth who have been actively preparing for adulthood would have higher knowledge of life skills than youth that have not yet begun to prepare. This also rules out a possible interpretation that youth who report that they do not need to prepare for adulthood (e.g., youth in the Precontemplation stage), already have the skills necessary for adulthood and therefore are accurate in their perceptions of the need to prepare. This was important to clarify when investigating potential intervention approaches for foster youth. If youth in the precontemplation stage did have adequate knowledge of life skills then it would indicate a different intervention than the one currently in place in Montana was needed to address these youth. This finding also supports the need to identify more characteristics of youth in the

Precontemplation and Contemplation stages. Furthermore, it is necessary to clarify how to engage and assist youth that are unlikely to have adequate skills necessary to successfully transition into adulthood.

Number of Placements and Age of Entry and Stage Algorithms

The one-way analysis of variance for Stages of Readiness on the Number of Placements did not yield significant differences [$F(4, 223)=1.21, p=.306$] (See Table 5).

The one-way analysis of variance for Stages of Change on the Age of Entry did not yield significant differences [$F(4, 223)=.733, p=.570$] (See Table 5).

Standard Scores for Delinquent Behavior and At-Risk Behavior and Stage Algorithms

The one-way analysis of variance for Stages of Readiness on the standard scores of Delinquent Behavior did not yield significant differences [$F(4, 189)=2.05, p=.089$] (See Table 5). The one-way analysis of variance for Stages of Change on standard scores for At-Risk Behavior did not yield significant differences [$F(4, 189)=.395, p=.812$] (See Table 5).

Study 3: Prediction of Stage of Readiness

Of the original 229 cases, 16 were dropped from analysis because of missing data. Missing data appeared to be randomly scattered throughout groups. Of the remaining 213 cases, evaluation of assumptions of linearity, normality, multicollinearity or singularity, and homogeneity of variance-covariance matrices revealed no threat to multivariate analysis. The means, standard deviations and correlations of predictor variables are presented in Table 7.

The regression equation containing the youth's current age and gender accounted for .5% of the variance in the stages of readiness and did not yield significant results [$F(2, 210) = .543, p > .05$]. At the second step, the incremental contribution of the youth's age of entry into the foster care system, the number of placements a youth experienced, and the type of current placement to explaining the variance in stages of readiness did not yield a significant result [incremental $R^2 = .015$, incremental $F(5, 207) = .621, p > .05$]. Inclusion of the youth's level of life skills knowledge at the third step yielded a significant incremental contribution [incremental $R^2 = .072$, incremental $F(6, 206) = 2.661, p < .05$]. Finally, at the fourth stage, the incremental contribution of the two subscales of the MPD, the two subscales of the FES, and the pro's and con scales for the DM in predicting variance in the stages of change was significant [incremental $R^2 = .811$, incremental $F(12, 200) = 71.743, p < .01$] accounting for 81% of the variance in stage. Table 8 summarizes the results for the regression model. This table provides standardized regression weights for each predictor, as well as the zero-order correlation of each predictor with the criterion variable.

When examining the correlations of the predictor variables, several significant correlations are of interest to this study. The results in Table 8 indicate that youth with higher positive psychosocial development are likely to have higher life skills knowledge; perceive their foster families as having high organization, cohesion, expressiveness, independence, and low conflict and control; and endorse more pro's and less con's to preparing for adulthood. Results also indicate that youth living with foster care providers which they perceive as high in cohesion, organization, expressiveness, independence and

low in conflict and control, will also perceive their care providers as higher on the Fostering Personal Growth components; will score higher on overall level of life skills knowledge; and will endorse more pro's and less con's to preparing for adulthood. Finally, youth that enter the foster care system at a younger age or experience a higher number of placements are likely to have lower positive psychosocial development. Together these predictors account for 81% of the variance.

Table 7

Means, Standard Deviations, and Correlations of Predictor Variables (N=213)

Variables	Mean	SD	Stage	1	2	3	4	5	6	7	8	9	10	11
Age	16.63	.87	.07											
Gender			.01	-.07										
Age Entered	12.40	3.67	-.06	.08	-.05									
# Placements	4.76	2.53	-.03	-.01	.15 ^a	-.44 ^c								
Current Place			-.04	-.13 ^a	.37 ^c	-.01	.10							
Life Skills	50.45	9.97	.24 ^c	.14 ^a	.02	.05	.01	-.01						
MPD Pos	48.12	10.39	.44 ^c	.12 ^a	.06	.24 ^c	-.16 ^b	-.10	.25 ^c					
MPD Neg	51.74	10.52	-.32 ^c	-.12 ^a	-.07	-.01	.08	-.05	-.01	-.43 ^c				
FFR	50.14	10.22	.82 ^c	.05	-.01	-.11	-.08	-.09	.27 ^c	.32 ^c	-.28 ^c			
FPG	50.46	9.90	.21 ^b	-.01	-.15 ^a	-.13 ^a	-.18 ^b	-.21 ^c	.16 ^a	.12 ^a	-.08	.39 ^c		
Con's	49.74	10.21	-.49 ^c	-.03	-.05	.11	.03	.01	-.18 ^b	-.19 ^b	.50 ^c	-.45 ^c	-.14 ^a	
Pro's	49.75	10.23	.55 ^c	-.02	.02	.04	-.05	-.11	.08	.32 ^c	-.04	.44 ^c	.15 ^a	.15 ^a

Note. Gender and Current Placement are not listed as they are dichotomous and ordinal variables. Age = Age of youth at the time of assessment; Age Enter = Age youth entered the foster care system; # placements = Number of placements the youth has experienced; Life Skills = Standardized score of overall life skills knowledge; MPD Pos = Positive subscale of the Measure of Psychosocial Development; MPD Neg = Negative subscale of the Measure of Psychosocial Development; FFR = Foster Family Relationship component of the Family Environment Scale; FPG = Fostering Personal Growth component of the Family Environment Scale; Con's = Con scale of the Decision Making Questionnaire; and Pro's = Pro scale of the Decision Making Questionnaire.

^a $p < .05$; ^b $p < .01$; ^c $p < .001$

Table 8

Summary of Hierarchical Regression Analysis for Variables Predicting Foster Youths' Readiness to Prepare for Adulthood (N = 213)

Predictor Variables	<u>b</u>	β	<u>r</u>
Step 1			
Age	.041	.033	.069
Gender	-.109	-.049	.013
Step 2			
AE	-.004	-.015	-.061
# PL	.017	.041	-.027
CPL	.035	.066	-.039
Step 3			
LifeSkill	-.002	-.019	.242 ^a
Step 4			
MPD Pos	.017	.163 ^c	.442 ^c
MPD Neg	.007	.070	-.316 ^b
FFR	.058	.553 ^c	.824 ^c
FPG	-.010	-.093 ^b	.212 ^a
Con's	-.032	-.311 ^c	-.492 ^c
Pro's	.034	.327 ^c	.548 ^c

Note. Age = Age at time of assessment; AE = Age at time of entry into foster care; # PL = number of placements youth has experienced; CPL = type of current placement; LifeSkill = Knowledge of life skills; MPD Pos= positive subscale of the Measure of Psychosocial Development; MPD Neg= negative subscale of the Measure of Psychosocial Development; FFR = Foster Family Relationship component of the Family Environment Scale; FPG = Fostering Personal Growth component of the Family Environment Scale; Con's= Con scale of the Decision making Questionnaire; and Pro's= Pro scale of the Decision Making Questionnaire.

^a $p < .05$, ^b $p < .01$, ^c $p < .001$

Chapter Four

GENERAL DISCUSSION

In the past two decades, there has been an effort to understand and affect the level of readiness of youth in out-of-home care to enter adult community living. The dismal forecast in the early 1980's has been met by new efforts that bring with them greater promise. The results of the present investigation contribute to understanding that promise. The transtheoretical model of change was successfully applied to the area of readiness to prepare for adulthood among youth in out-of-home care. Conceptually, it offers a framework on which future investigations may build. In practice, it brings hope for the development of successful interventions. Alone it increases the understanding of behavior change.

In the present study, subgrouping according to stage provided several useful conceptualizations with youth in out-of-home care in terms readiness to prepare for adult community living. For example, youth who are precontemplators and contemplators may be better candidates for informal learning through modeling of foster care providers, school classes and peers and/or through the participation in life skills groups. While other stage groups may do better in a mentoring program, advanced life skills group, or transitional living program. Furthermore, future development may allow for reliable application of the stages as a grouping tool in the implementation of interventions or the selection of participants for costly intervention programs.

The results of this study support the hypothesis that youth in the five groups of readiness to prepare for adulthood do indeed have different characteristics. However, it

may be that with this population and problem issue that a four stage model will fit better. Youth in the Action stage of preparing for adulthood appear to stabilize across all of the variables investigated in this study and are not significantly different from youth in the Maintenance stage. Therefore, when developing interventions it may not be critical to change the ongoing support interventions for youth that have started to actively engage in preparing for adulthood. Instead, the focus may need to address the issues at the other end of the spectrum, getting youth motivated to start preparing for adulthood and emancipation.

When investigating interventions, this research supports the hypothesis that youth are able to identify the cons to preparing for adulthood and these cons may impede them from starting to prepare for adulthood. Therefore, it may be beneficial to hold focus groups with youth to identify the possible cons to change and develop interventions accordingly. For example, if youth identify that a con to preparing for adulthood is not having enough time because of their busy schedules, the intervention that's developed needs to address this concern and work with the youth in identifying different interventions that are realistic and manageable given time constraints. The solution may be as simple as rearranging the day of the week or time of day that you offer an intervention. The Decision Making questionnaire may serve as a tool to screen youth in order to determine what pro's and con's are important to youth and could allow for individualized interventions that can be more effective and less costly.

Results also indicates that when developing interventions for older foster youth in the first three stages (e.g., Precontemplation, Contemplation, and Preparation) it is

important to clearly identify and address not only the disadvantages (con's) to preparing for adulthood but also the advantages (pro's). Once youth actually take the initiative to start preparing, they are able to recognize the advantages such as, "People who are important to me want me to be prepared to live on my own", and "If I planned for the future I might do better living on my own" and minimize their perceptions of the disadvantage such as "It would be difficult for me to prepare for living on my own" and "It would be embarrassing if others knew that I was working on skills to live on my own". Therefore, when looking at interventions for youth in the earlier stages, it appears a critical component may be to assist the youth in identifying more advantages and decrease or address their perceptions of disadvantages to preparing for adulthood.

Unfortunately, youths' perceptions of the disadvantages may be accurate, for example the con's "Preparing to live on my own interferes with other things I need to get done" and "If I started preparing to live on my own I might lose friends". Therefore, it may be effective to develop interventions that address the disadvantages. This may be facilitated through using a peer group of youth in the more advanced stages of readiness such as Action or Maintenance. Peer groups facilitating an intervention may relate more to the youth's struggles than an adult may. Peer groups may also be in a better position to discuss the advantages and disadvantages of preparing for adulthood and identify how they circumvented some of the disadvantages. (See Appendix F for Pro's and Con's that are statistically significant).

Further studies investigating the advantages and disadvantages may consider exploring pro's and con's to preparing for adulthood with youth at different ages. Do the

advantages and disadvantages, or perceptions of these variables change across time? Are disadvantages such as “Getting ready to be on my own would be admitting that I am not ready yet” or “My friends would be jealous if I did well on my own” easier to address for youth at a younger age?

This study also found that level of psychosocial development predicts foster youths’ readiness to prepare for adulthood. The findings suggest that youth with delayed achievement in psychosocial development (e.g. lower endorsement of the eight positive psychosocial scales) are less likely to start preparing for adulthood. This finding supports a potential developmental link to stages of change or readiness to prepare for adulthood. When youth have lower levels of trust, initiative, autonomy, identity, etc. they are less likely to be willing and/or able to prepare for adulthood.

This finding is important when considering the different interventions one might use to facilitate youths’ readiness to prepare for adulthood. For instance, if a youth has low initiative and/or low trust a common intervention such as a mentoring program may be likely to fail. Youth with this profile of psychosocial development may be more unwilling and/or unable to engage in a relationship with a stranger and may wear out the sincere interest of a volunteer mentor by not taking initiative in the mentoring process. For youth with this psychosocial profile, it may be more effective to have a peer invite them to participate in a life skills group where the youth has less relationship building demand and can receive support from their peers. Peer support through a life skills group may help these youth recognize that they are not unique in their feelings and experiences and that there is some hope for life after foster care. Youth with this profile may also

benefit from informal learning situations such as modeling by foster care providers, natural mentors, and birth family members.

However, because this study did examine the individual 16 scales that comprise the positive and negative total scores, it is not yet possible to address specific potential components of the MPD. Further investigation of the specific components could lead to even further understanding of specific areas of concern that could be useful when developing interventions.

Another interesting finding related to psychosocial development, is a positive relationship between the age a youth enters foster care and their overall positive psychosocial development. This relationship suggests that the younger a youth enters foster care the lower they are going to be in their overall psychosocial development and consequently, the less likely they are to be ready to prepare for adulthood. This finding suggests that it is important to investigate how entry into the system at a younger age influences the process of psychosocial development. Youth entering the foster care system at a younger age are generally believed to have more stable and healthier environments because they were removed from abusive and neglectful homes and placed with loving and nurturing foster homes. However, the removal of a youth from an abusive or neglectful home may not be enough to guarantee normal psychosocial development, and indeed this data suggests the earlier this is done the more potential for negative developmental outcomes. This study supports the need for further research of different interventions and their potential for influencing developmental outcomes for youth once they are placed in foster care. Discovering what may moderate or alleviate such

consequences is likely to be a worthy cause for foster youth. Identifying what interventions promote and/or hinder this developmental process may be a critical factor in establishing a readiness to prepare for adulthood later in foster youths' life.

A negative relationship between the number of placements a foster youth experiences and their overall positive psychosocial development is another finding that calls for more investigation. Once a youth has been placed into foster care, it is also important to note that many youth encounter several different placements. Youth in this study averaged 5.14 placements. This study suggests that the more placements a youth experiences the less they develop psychosocially. Therefore, not only is it important to examine what interventions are effective for young foster children, but examination of what happens to the child after they enter the system and reasons for foster care placement break downs can further enhance our understanding of the factors that contribute to developmental disadvantage. This important question was not addressed in this study but is in need of investigation. This study supports developing more effective interventions and support/assistance for youth as they enter the system and decreasing the number of moves they make after they enter the system, in order to improve their psychosocial development. This is likely to impact youths' readiness to prepare for adulthood or emancipation as discovered in the current study.

However, it is important to remember that the age of entry and number of placements are highly correlated (see Table 8) as the younger a youth enters care the more opportunity they have for increased number of placements. Therefore, it is difficult to tease out which specific variable has the most impact.

Another factor that relates to foster youths' readiness to prepare for adulthood is the foster care environment. The findings of this study support the hypothesis that the foster care living environment predicts a youth's readiness to prepare for adulthood. The critical foster care living environment factors that contribute to enhanced readiness include high cohesion, high expressiveness, high independence, high organization, and low conflict and control. The results of this study suggest that youth in the Preparation, Action, and Maintenance stages of readiness have foster care living environments which provide facilitation to preparing for adulthood while youth in the Precontemplation and Contemplation stages are not providing evidence of this kind of living environment.

These findings suggest that training of foster care providers in adolescent development and the special needs of transitioning foster youth may be critical to youth success. Care providers need to be aware that the environment they create can assist or hinder the facilitation the youths' readiness to prepare for adulthood.

However, it should be noted that this study is not predicting causal relationships. The foster care environment does not cause youth to hold back from preparing for adulthood. Rather, some youth may enter foster care unwilling to prepare for adulthood and would perceive any environment they live in to be lacking in family relationship. Another possibility is that the characteristics the youth brings to the family environment produces changes in the living environment. Regardless of the reason, it will be important to inform foster care providers that changing the environment to provide more cohesion, expressiveness, independence, organization, and less conflict and control may facilitate the youths' preparation for adulthood.

This study does provide support for further research into (1) the effect of foster care environments on youths' readiness to prepare for adulthood, (2) how youth entering a foster care environment impact the home environment, and (3) interventions and training in creating a foster care living environment that is more facilitative in youths' readiness to prepare for adulthood.

This study also suggests, youth in living environments perceived as low in the Fostering Personal Growth components of the FES are not ready and/or active in preparing for adulthood. These findings also lend themselves to the investigation of training for foster care providers. The more foster care providers can make efforts to stimulate the personal growth environment by encouraging and emphasizing achievement, intellectual, cultural, and recreational activities the more likely youth are to start preparing for adulthood.

Another interpretation is that foster care providers that have a greater emphasis on the personal growth components may also be providers who are actively involved in community groups, events, and activities which may provide an opportunity for the youth to be surrounded by a broader support group. This involvement in the community may provide more opportunities to experience life and be exposed to different people's perceptions which may encourage the youth to look at the future in a different way than youth who may not have this involvement in the community. Again, it is important to remember that this study is not proposing causal effects but relationships, and further study may help to clarify specifics and gather information on what the nature of the relationship may be.

The present study utilized a cross-sectional analysis as an approach to external validity. With confirmation of the utility for application to youths in out-of-home care readiness to prepare for adulthood, a longitudinal design would provide the opportunity to gather further validation. Furthermore, connecting the components that emerged in the present study with long term behavior change would provide a more complete picture of the process of youth in out-of-home care preparing and successfully transitioning into adult community living. Such a design would also provide a forum to address questions related to patterns of readiness within subjects.

In summary, the findings suggest that youth in the first three stages (e.g., Precontemplation, Contemplation, and Preparation) are lacking in the necessary life skills to make a successful transition into adult community living and there are specific areas that need to be addressed to move youth into the Action stage. When developing interventions for youth in the Precontemplation, Contemplation, and Preparation stages the following issues need to be addressed: (1) examining and addressing the disadvantages (con's) that youth identify to preparing for adulthood; (2) the lack of positive psychosocial development and high rate of negative psychosocial development; (3) training foster care providers to have a better understanding of the needs of adolescents in care and how changing their home living environment may facilitate youths' preparation for adulthood; and (4) increasing the advantages youth perceive in preparing for adulthood.

One limitation to this study involves the procedure that was used to measure the foster care living environment. This study utilized reporting by only one member, the foster youth, and did not obtain any corresponding reports from other members of the

foster care living environment. Youth that are less likely to prepare for adulthood and have lower psychosocial development may have more difficulty in adapting to a foster care situation and therefore could have skewed views of the foster care living environment functioning. In future research it will be important to obtain informant reports of foster care living environment functioning from such individuals as foster care providers, other adolescents or children in the home, and case workers or probation officers. This may give a more reliable description of the foster care living environment and may or may not change the above findings.

If indeed, the functioning of the foster care provider can impact the youths readiness to prepare for adulthood and psychosocial development, it will be important to investigate interventions that will impact these variables. Foster care providers that serve the older youth may need special training in how to establish a more facilitative environment for youth's preparation for adulthood and psychosocial development. Currently in Montana, the foster care providers that serve adolescents receive no training specific to the special needs of adolescents in care and how to assist in the transition to adulthood.

The investigation of the Decision Making questionnaire reported here support the application of the Transtheoretical Model of Change to understanding readiness to prepare for adulthood among youth in out-of-home care. As an integrative model of behavior change, the transtheoretical model has been applied to many areas of adult behavior change and has provided increased understanding of the elements of self-change. The problem areas of youths in out-of-home care readiness to prepare for adult community

living is unique in both are of application and age group. These findings also provide added support for the generality of the Transtheoretical Model of Change across problem behaviors and populations. These findings are consistent with the original hypothesis and replicate what has been found in other studies investigating the utility of the Decision-Making Questionnaire to classify individuals in the stages of change.

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Appendix A

Consent for Participation

A Study of the Effectiveness of Montana's Building Skills for Adulthood Program

I understand that:

1. The purpose of this study is to learn more about the effectiveness of the Building Skills for Adulthood Program in Montana.
2. I will be asked a series of questions about life skills over the phone. My answers will be entered into a computer and a life skills plan and a transitional plan will be generated. These plans will be sent to my caseworker or probation officer. Once a mentor is assigned I will work on the plans with my mentor and/or foster parent. I may be asked the same questions six months after the completion of the assessment, and again one year later.
3. I will also be asked to answer sets of questions about myself through questionnaires that I will receive in the mail. This will be completed before the skills program, six months after the assessment, and again one year later. My answers to these questions will be kept private and will NOT become part of my file with the foster care system. The answer sheets will be coded by number and my identity will be kept by the head of research. Final results will be anonymous. None of this information that I answer by mail will be given to anyone but the head of this research project and nothing I answer will be used against me in any way.
4. This study could find important information about how effective the building skills for adulthood program is in Montana. It could add to what we already know. It may lead to a more effective program for youth in the future. I know that my answers and my honesty are very important.
5. My decision to be in this study will not affect my involvement in the Building Skills for Adulthood program. If I decide not to participate in this study, I will still be interviewed over the phone on life skills and I will still receive a life skills plan, a transitional plan, a mentor, and I am still eligible for INC funds.
6. I have a choice to be in this study and can decide not to be in at any time. I may choose not to answer any question I do not want to answer.
7. If I have any questions about this study I can ask the person who contacts me by phone or contact Brenda Roche at 243-5855 or 1-800-556-6803, if Brenda is not there, leave your name and number and she will contact you as soon as possible.
8. In the event that you are injured as a result of this research you should individually seek appropriate medical treatment. If the injury is caused by the negligence of the University or any of its employees, you may be entitled to reimbursement or compensation pursuant to the Comprehensive State Insurance Plan established by the Department of Administration under the authority of M.C.A., Title 2, Chapter 9. In the event of a claim for such injury, further information may be obtained from the University's Claims Representative or University Legal Counsel.

I UNDERSTAND EACH OF THE ABOVE ITEMS AND AGREE TO BE IN THE STUDY.

Signature of Youth

Date

Signature of Guardian

Date

Appendix B

Date: _____

ID#: _____

Self-Report Questions

To answer the questions below, make your best estimate of the number of times you have done the following things and circle the set of numbers that are closest to your answer:

1. Skipped school without having an excused absence:
 0 1-5 6-10 11-15 16 or more
2. Suspended from school:
 0 1-5 6-10 11-15 16 or more
3. Taken things that do not belong to you:
 0 1-5 6-10 11-15 16 or more
4. Involved in a fight that someone was hurt:
 0 1-5 6-10 11-15 16 or more
5. Used alcohol to get drunk:
 0 1-5 6-10 11-15 16 or more
6. Used drugs to get high:
 0 1-5 6-10 11-15 16 or more
7. Sold drugs:
 0 1-5 6-10 11-15 16 or more
8. Carried a weapon:
 0 1-5 6-10 11-15 16 or more
9. Used a weapon against someone else:
 0 1-5 6-10 11-15 16 or more

Appendix C

Date: _____ ID#: _____

Decision Making

Each sentence below describes how young adults think or feel about themselves. Think about each question and choose a number that tells how much each statement describes you.

There are five answers to choose from:

- 1 = Not at all
- 2 = A little
- 3 = Somewhat
- 4 = A lot
- 5 = Very much

		Not at all				Very Much
1.	I would be proud if I was ready to live on my own.	1	2	3	4	5
2.	People who are important to me want me to be prepared to live on my own.	1	2	3	4	5
3.	It is a waste of time to prepare for the future.	1	2	3	4	5
4.	Being prepared for living on my own would ease the worry I cause others.	1	2	3	4	5
5.	My friends might be jealous if I did well on my own.	1	2	3	4	5
6.	My life would be better if I was prepared to live on my own.	1	2	3	4	5
7.	It would be difficult for me to prepare for living on my own.	1	2	3	4	5
8.	My friends don't expect me to be able to be on my own.	1	2	3	4	5
9.	My being prepared to live on my own will be better for others.	1	2	3	4	5
10.	Members of my family want me to be prepared to live on my own.	1	2	3	4	5

		Not at all				
11.	It would be embarrassing if others knew that I was working on skills to live on my own.	1	2	3	4	5
12.	Preparing to live on my own would help me to be a better person.	1	2	3	4	5
13.	Preparing to live on my own would be hard thing for me to do.	1	2	3	4	5
14.	If I start preparing to live on my own I might lose friends.	1	2	3	4	5
15.	I should be ready to be on my own instead of being a burden to others.	1	2	3	4	5
16.	Some people would make fun of me if I started preparing to live on my own.	1	2	3	4	5
17.	Most people think preparing to live on my own would be good for me.	1	2	3	4	5
18.	If I started preparing to live on my own I wouldn't be hanging out with the same friends.	1	2	3	4	5
19.	I would like to prepare for being on my own, but other people don't want me to.	1	2	3	4	5
20.	My being ready to be on my own would ease the strain on others.	1	2	3	4	5
21.	Preparing to live on my own would be the best way to deal with life.	1	2	3	4	5
22.	Getting ready to be on my own would be admitting that I am not ready yet.	1	2	3	4	5
23.	It takes too much time to prepare to live on my own.	1	2	3	4	5
24.	Only fools believe that planning and preparing to live on their own will make a difference in life.	1	2	3	4	5
25.	If I planned for the future I might do better living on my own.	1	2	3	4	5

						70
						Very Much
		Not at all				
26.	I enjoy not having to deal with planning to live on my own.	1	2	3	4	5
27.	Planning and preparing for the future would show that I am a strong person.	1	2	3	4	5
28.	I enjoy not planning or worrying about my future.	1	2	3	4	5
29.	It is a pain to prepare for the future.	1	2	3	4	5
30.	I will go further in life if I prepare to live on my own.	1	2	3	4	5
31.	If I prepare to live on my own, I will feel better about myself.	1	2	3	4	5
32.	I don't have time to prepare to live on my own.	1	2	3	4	5
33.	I get mad at myself for not preparing to live on my own.	1	2	3	4	5
34.	I would get a better job if I was prepared to live on my own.	1	2	3	4	5
35.	Preparing to live on my own interferes with other things I need to get done.	1	2	3	4	5
36.	If I prepare to live on my own I will not end up homeless, unemployed, in trouble, and/or on welfare.	1	2	3	4	5

Read each of the 5 statements below carefully. Circle ONE that describes you best:

- A. I don't think learning any skills is necessary to live on my own.
- B. I think I need to learn skills to be on my own, but I haven't done anything yet.
- C. I am preparing to learn the skills to be on my own.
- D. I am learning the skills I need to be on my own, but I haven't done this for 6 months yet.
- E. I have learned the skills I need to be on my own and have been putting them into practice for more than 6 months.

Appendix D

Demographic Information

Please Print your answers: Date of Birth _____
Date _____

1. AGE: _____

2. GRADE: _____

3. SEX: _____ male
_____ female

4. RACE: _____ white _____ native american
_____ asian _____ black
_____ hispanic _____ other

5. Are you currently attending any education program?

_____ yes _____ no If yes, where? _____

If yes what type of program (high school, GED, etc) _____

6. Have you ever been held back a year in school? _____ yes _____ no

If yes, how many times? _____ What grade (s) _____

7. Are you currently employed?

_____ yes _____ no Where _____ wage _____

8. If yes to Question #7, how long have you been employed at your current position?

_____ less than one month
_____ between 1 month and 3 months
_____ more than 3 months but less than 6
_____ more than 6 months

9. If no to Question #7, have you been employed at any time in the past year?

_____ yes _____ no Where _____

If yes, how many months within the last year: _____

10. Please list all the places you have lived starting with the most current on #1: (in own apartment, foster home, with friends, with relatives, parents, homeless, group home, etc.)

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

11. What age did you first enter the foster care system? _____

Appendix E**Behavior Report Form**

Please circle the answer for each question that best represents you. Remember that these answers are completely confidential and no one will see them except for the research team at the University of Montana and then it will not be in association with your name but only your ID #. It is important for you to be honest.

Q-1 During the past 30 days, how many times did you ride in a car or other vehicle driven by someone else who had been drinking alcohol?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

Q-2 During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

Q-12 During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

Q-3 During the past 30 days, on how many days did you carry a gun?

- A. 0 days
- B. 1 day
- C. 2 or 3 days
- D. 4 or 5 days
- E. 6 or more days

Q-4 During the past 12 months, how many times were you in a physical fight?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

Q-5 During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

Q-6 The last time you were in a physical fight, with whom did you fight?

- A. I have never been in a physical fight
- B. A total stranger
- C. A friend or someone I know
- D. A boyfriend, girlfriend, or date
- E. A parent, brother, sister, or other family member
- F. Someone not listed above
- G. More than one of the persons listed above

Q-7 Have you ever tried cigarette smoking, even one or two puffs?

- A. yes
- B. no

Q-8 How old were you when you smoked a whole cigarette for the first time?

- A. I have never smoked a whole cigarette
- B. Less than 9 years old
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 or more years old

Q-9 During the past 30 days, on how many days did you smoke cigarettes?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. all 30 days

Q-10 During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

- A. I did not smoke cigarettes during the past 30 days
- B. less than 1 cigarette per day
- C. 1 cigarette per day
- D. 2 to 5 per day
- E. 6 to 10 cigarettes per day
- F. 11 to 20 cigarettes per day
- G. more than 20 cigarettes per day

Q-11 during the past 30 days, how did you usually get your own cigarettes? (select only one response.)

- A. I did not smoke cigarette during the past 30 days
- B. I bought them in a store such as a convenience store, supermarket, or gas station
- C. I bought them from a vending machine
- D. I gave someone else money to buy them for me
- E. I borrowed them from someone else
- F. I stole them
- G. I got them some other way

Q-12 When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

- A. I did not smoke cigarettes during the past 30 days
- B. I did not buy cigarettes in a store during the past 30 days
- C. Yes, I was asked to show proof of age
- D. No, I was not asked to show proof of age

Q-13 Have you ever tried to quit smoking cigarettes?

- A. Yes
- B. No

Q-14. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as redman, levi garrett, beechnut, Skoal, Skoal bandits, or Copenhagen?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. all 30 days

Q-15 How old were you when you had your fist drink of alcohol other than a few sips?

- A. I have never had a drink of alcohol other than a few sips
- B. less than 9 years old
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 or more years old

Q-16 During your life, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days

Q-17 During the past 30 days, on how many days did you have at least one drink of alcohol?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. all 30 day

Q-18 During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row; that is, within a couple of hours?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 to 5 days
- E. 6 to 9 days
- F. 10 to 19 days
- G. 20 or more days

Q-19 How old were you when you tried marijuana for the first time?

- A. I have never tried marijuana
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

Q-20 During your life, how many times have you used marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

Q-21 During the past 30 days, how many times did you use marijuana?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-22 How old were you when you tried any form of cocaine, including powder, crack, or freebase, for the first time?

- A. I have never tried cocaine
- B. 8 years old or younger
- C. 9 or 10 years old
- D. 11 or 12 years old
- E. 13 or 14 years old
- F. 15 or 16 years old
- G. 17 years old or older

Q-23 During your life, how many times have you used any form of cocaine , including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-24 During the past 30 days how many times did you use any form of cocaine including powder, crack, or freebase?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-25 During your life how many times have you used the crack or freebase forms of cocaine?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-26 During your life how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-27 During your life how many times have you taken steroid pills or shots without a doctor's prescription?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-28 During your life how many times have you used any other illegal drug such as LSD, PCP, ecstasy, mushrooms, speed, ice, or heroin?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

Q-29 During your life how many times have you used a needle to inject any illegal drug into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

Q-30 Have you ever been taught about AIDS/HIV infection in school?

- A. yes
- B. no
- C. not sure

Q-31 Have you ever talked about AIDS/HIV with your parents or other adults in your family?

- A. yes
- B. no
- C. not sure

Q-32 Have you ever had sexual intercourse (by choice)?

- A. yes
- B. no

Q-33 How old were you when you chose to have sexual intercourse for the first time?

- A. I have never had sexual intercourse
- B. 11 years old or younger
- C. 12 years old
- D. 13 years old
- E. 14 years old
- F. 15 years old
- G. 16 years old
- H. 17 years old or older

Q-34 During your life with how many people have you chose to have sexual intercourse?

- A. I have never had sexual intercourse
- B. 1 person
- C. 2 people
- D. 3 people
- E. 4 people
- F. 5 people
- G. 6 or more people

Q-35 During the past 3 months with how many people have you chosen to have sexual intercourse?

- A. I have never had sexual intercourse
- B. I have had sexual intercourse but not during the past 3 months
- C. 1 person
- D. 2 people
- E. 3 people
- F. 4 people
- G. 5 people
- H. 6 or more people

Q-36 Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- A. I never had sexual intercourse
- B. yes
- C. no

Q-37 The last time you had sexual intercourse did you or your partner use a condom?

- A. I have never had sexual intercourse
- B. yes
- C. no

Q-38 The last time you had sexual intercourse what **one or two** method (s) did you or your partner use to prevent pregnancy?

- A. I have never had sexual intercourse
- B. no method was used to prevent pregnancy
- C. birth control pills
- D. condoms
- E. withdrawal
- F. some other method
- G. not sure

Q-39 How many times have you been pregnant or gotten someone pregnant?

- A. 0 times
- B. 1 time
- C. 2 times
- D. not sure

Appendix F**List of Statistically Significant Decision-Making Questions****Pro's to Preparing for Adulthood:**

2. People who are important to me want me to be prepared to live on my own.
25. If I planned for the future I might do better living on my own.
17. Most people think preparing to live on my own would be good for me.
31. If I prepare to live on my own, I will feel better about myself.
10. Members of my family want me to be prepared to live on my own.
9. My being prepared to live on my own will be better for others.
30. I will go further in life if I prepare to live on my own.
27. Planning and preparing for the future would show that I am a strong person.
1. I would be proud if I was ready to live on my own.
6. My life would be better if I was prepared to live on my own.
12. Preparing to live on my own would help me to be a better person.
4. Being prepared for living on my own would ease the worry I cause others.

Con's to Preparing for Adulthood:

35. Preparing to live on my own interferes with other things I need to get done.
8. My friends don't expect me to be able to be on my own.
23. It takes too much time to prepare to live on my own.
14. If I start preparing to live on my own I might lose friends.
11. It would be embarrassing if others knew that I was working on skills to live on my own.
7. It would be difficult for me to prepare for living on my own.
5. My friends might be jealous if I did well on my own.
22. Getting ready to be on my own would be admitting that I am not ready yet.