2016

Foster Care Experiences and Correlated Outcomes

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Foster Care Experiences

&

Correlated Outcomes

An Honors College Thesis

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Spring, 2016

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Abstract

The current study sought to expand the knowledge base on the relationship between foster care experiences and the outcomes associated with these experiences. The different reported experiences in foster care were assessed using safety, power/control, esteem, and intimacy/trust themes. Foster care experiences were first identified and then compared to subsequent positive or negative outcomes. It was hypothesized that when subjects were reporting on their positive experiences in foster care, there would be positive correlations between intimacy/trust and positive outcomes, as well as safety and positive outcomes. In addition, with subjects reporting on their negative foster care experiences, there would be a positive correlation between safety and negative outcomes, as well as intimacy/trust and negative outcomes. Results showed significant correlations between both positive esteem experiences and positive intimacy/trust experiences with positive outcomes. There were also significant correlations between both negative safety experiences and negative esteem experiences with negative outcomes. Implications for the improvement of foster care placements and suggestions for future research are presented.

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1. INTRODUCTION

1.1. Statistics

Over 400,000 children are in foster care in the United States ("Statistics on Foster Care," n.d). In 2014, an average of one child every two minutes entered care ("Statistics on Foster Care," n.d). Forty-six percent of these children are living in a "Foster Family Home," which is a non-relative placement home, and 39% of them are 5 years old or younger ("Statistics on Foster Care," n.d).

Every child entering foster care has experienced some type of trauma, even if it was merely the act of being taken away from their family. Sadly, some continue to experience traumatic events, including abuse and neglect, after entering foster care. Abused children have many challenges they need to overcome. They are 59% more likely to be arrested as juveniles and 28% more likely to be arrested as an adult (Helping Hand, 2012). Abused children are also 30% more likely to commit a violent crime and 30% of them will later abuse their own children (Helping Hand, 2012). Sadly, of the 415,129 foster children in care in 2014, 326 died while in their placements ("Statistics on Foster Care," n.d).

Besides running the risk of dying, there are other stark differences in outcomes when comparing negative and positive placement experiences. Outcomes after negative placements include trouble with the law, in school, and with peers (Gallwey, 2013). Youth who were maltreated in foster care even had 73% higher odds of experiencing comorbid mental disorders (Jackson Foster et al., 2015). On the other hand, being in at least one positive placement has been shown to promote resiliency (Gallwey, 2013). Given the implications of these statistics, there is great evidence to support a need for change in the foster care system. However, only

49% of states currently meet federal standards for the absence of maltreatment in foster care (Jackson Foster et al., 2015).

1.2. Outcomes

1.2.1. ACES

Both positive and negative experiences during childhood have a tremendous impact on lifelong health and opportunity, as well as violence victimization and perpetration later in life (Adverse Childhood Experiences, 2016). As such, early experiences are a fundamental focus for research. Research in this area includes the Adverse Childhood Experiences (ACEs) study. ACEs harm children's developing bodies profoundly, which can influence the development of chronic disease, mental illness, and problems with behavioral control.

The original ACEs study was conducted at Kaiser Permanente during the mid to late 1990's (About the CDC-Kaiser ACE Study, 2016). It was one of the largest investigations into childhood neglect and abuse and the longterm effects on health and well-being (About the CDC-Kaiser ACE Study, 2016). Many research papers have been written based on the ACEs study. The study used 10 types of childhood trauma to measure ACEs. Each type is presented in a question format to which participants may answer yes or no (Got Your ACE Score?, n.d.). Five of the 10 types are personal — physical abuse, sexual abuse, verbal abuse, emotional neglect, and physical neglect. The other five are related to family members: a parent who is an alcoholic, a mother who's a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and the disappearance of a parent through divorce, death or abandonment (Got Your ACE Score?, n.d.). Each yes answers counts as 1 ACE. So a person who has been sexually abused, with one parent in jail, and another parent who has passed away

has an ACE score of three. The ACEs study only included these 10 types of trauma because they were the most common forms of trauma reported at the time and each of them were well studied in research literature (Got Your ACE Score?, n.d.). So, while there are other ways that a person could be experiencing other types of trauma that will increase their risk for health problems, the ACEs study is a well researched survey which has provided a plethora of information on the effects of childhood trauma.

This area of child victimization and trauma is disheartening, but has implications for future research and policy changes in the field of child welfare. Adverse Childhood Experiences have been linked to risky behaviors such as smoking, alcoholism and drug use, health conditions including obesity, diabetes, suicide attempts, sexually transmitted diseases, heart disease, cancer, stroke, chronic obstructive pulmonary disease and broken bones, social consequences such as lower graduation rates, lower academic achievement and lost time from work, and early death (About Adverse Childhood Experiences, 2016). Another risk that has a strong relationship to Adverse Childhood Experiences is the prevalence of mental health disturbances in memory and somatic domains that spans well into adulthood (Anda et al., 2006). The effects of Adverse Childhood Experiences do not just subside after a while. These effects, good or bad, are likely with people for a long time and sometimes for life. For instance, ACEs were associated with compromises to three measured areas of adult mental health, which include perceived well-being, psychological distress, and impaired daily activities, while higher ACEs were associated with poor quality of life in adulthood, which include low socioeconomic status and higher adversity in adulthood than the norm (Nurius, Green, Logan-Greene, & Borja, 2015). Higher adversity in adulthood leads to a chain of unfortunate events. The dysfunction is like a merry-

go-round that does not seem to stop. For example, early-life trauma may lead to less educational achievement, which in turns leads to less job security and financial insecurity, which increases the risk homelessness and dependence upon social services (Nurius et al., 2015).

The ACEs study also showed that childhood trauma is very common. Of the 11,333 people in the ACEs study who had an ACE score of at least one, 87% had more than one (Got Your ACE Score?, n.d.). However, as the number of these Adverse Childhood Experiences increase, the risk for negative outcomes increases as well. The number of comorbid negative outcomes triple across the range of Adverse Childhood Experiences (Anda et al., 2006). Specifically, the risk of panic attacks, depression, anxiety, hallucinations, sleep disturbances, severe obesity, difficulty controlling anger, sexual dissatisfaction, promiscuity, early intercourse, multiple somatic symptoms, and the risk of perpetrating intimate partner violence increase substantially for persons with at least 4 Adverse Childhood Experiences (Anda et al., 2006). This happens in response to chronic traumatic stress. When the body is exposed to a stressful event, cortisol and adrenaline are secreted (ACES 101, n.d.). Usually the stress subsides and hormone levels go back to normal. However, with chronic traumatic stress, such as abuse or neglect, adrenaline and cortisol are produced continually. Over time, their constant presence keeps blood pressure, cholesterol, and glucose levels high (ACES 101, n.d.). This weakens the heart and circulatory system, as well as leads to a higher risk of developing type 2 diabetes. Too much cortisol can also lead to gastrointestinal disease, arthritis, osteoporosis, anorexia nervosa, depression, hyperthyroidism and the shrinkage of lymph nodes. If the adrenal gland is constantly producing cortisol, eventually its functioning is impaired and it cannot produce enough cortisol to keep up with the demand of the body (ACES 101, n.d.). Since cortisol is so important in

maintaining normal responses, a person's body will have trouble returning to a normal state after exposure to any additional traumatic events in the future (ACES 101, n.d.). So, over time, a person becomes more sensitive to trauma or stress, and events that other people shrug off may trigger this individual. This shows that exposure of the stress response on the developing brain results in colossal impairment in multiple brain and bodily functions and structures (Anda et al., 2006). The long-term negative effects of experiencing adversity during childhood are vast. The ACEs study uncovered a link between childhood trauma and the chronic diseases developed in adulthood, including lung cancer, diabetes, heart disease, and autoimmune diseases (Got Your ACE Score?, n.d.). Stunningly, with an ACE score of 4 or more, the likelihood of chronic pulmonary lung disease increases by 390%, hepatitis by 240 %, depression by 460%, and suicide by 1,220% (Got Your ACE Score?, n.d.).

1.2.2. Poor outcomes

Much research has been done on the relationship between adverse childhood experiences and quality of life. Without intervention, the risks of poor quality of life and outcomes rapidly increase. The most common negative outcomes that foster children experience include incarceration, absence without official leave (AWOL), eating disorders, delinquency, mental illness, dropping out of school, expulsion, and homelessness (Jonson-Reid & Barth, 2000). Stunningly, 67% of former foster youth drop out of college (Parker, 2015). There are several contributing factors at work here.

It has been shown that children who were first placed between the ages of 12 and 15, children with multiple instances of being placed in foster care, and children who have had multiple placements while in foster care had a higher risk of being incarcerated for a serious or

violent offense (Jonson-Reid & Barth, 2000). A common occurrence in the foster care system is that children are put into a volatile placement. These volatile placements contribute negatively to internalizing behaviors such as social withdrawal, feelings of loneliness or guilt, unexplained physical symptom (e.g., headaches and stomachaches not due to a medical condition), not talking to or interacting with others, feeling unloved, feeling sadness, nervousness or irritability, fearfulness, changes in sleeping or eating pattern and difficulty concentrating, and externalizing behaviors such as physical aggression, destruction of property, underage drinking, running away from home, fighting, cursing, stealing, arson, impulsive behaviors, and refusal to follow rules, including written laws and curfews (Newton, Litrownik, & Landsverk, 2000).

Children who were in multiple placements had an even higher risk of these damaging effects. Other variables which contribute to the risk of these outcomes include ethnicity, age, prior behavior problems, dimensions of social support including parental, teacher and classmate support, self-perception, and the type of maltreatment experienced (Taussig, 2002). Being neglecting has been specifically linked to greater substance abuse and being physically abused actually predicted significantly greater engagement in delinquent behavior than their peers (Taussig, 2002).

One study investigated the link between post-arrest placement and recidivism of foster care youth under 16 years of age at the time of their first arrest (Huang, Ryan, Sappleton, & Chiu, 2015). It showed that 49% youth who stayed in their original placement after their first arrest had at least one subsequent arrest, while 71% of youth who either changed placement or were moved to a correctional or group home setting had at least one subsequent arrest (Huang et

al., 2015). Placement instability, as well as placement in group home settings, contributed to higher rates of reoffending.

Another study surveyed more than 100 women who had formerly been in foster care about their Adverse Childhood Experiences and current mental health status. Ninety-seven percent of them reported experiencing at least one ACE, 70% reported 5 or more, 33% reported 8 or more, and 23% reported 9 or more ACEs (Bruskas, 2013). Over 56% of these women were identified as having current psychological distress in their lives (Bruskas, 2013). This tells us that psychological distress is high in foster care alumni and that reducing the number of ACEs that occur after foster care placement becomes paramount in providing better outcomes later in life.

1.2.3. Better outcomes

There are several factors that contribute to better outcomes for youth in foster care. There are not nearly as many positive outcome variables as there are negative, unfortunately, research on this topic is considerably less common. One study sought to address this problem. They interviewed foster care alumni who have successful adult lives about their experiences in care. They inquired about what experiences the alumni viewed as having been empowering or that promoted resiliency within them. Several factors were identified as producing their positive outcomes. These factors include the impact of relationships with their foster parents, biological parents, caseworkers, therapists, and teachers (Lavin, 2014). These were said to provide emotional support, tangible support (e.g., transportation, school supplies), academic support, and preparation for life skills (e.g., goal-setting, daily living). Mentorship, as well as other intrinsic and environmental factors, was also identified as having contributed to their positive outcomes.

These environmental factors include placement stability and access to programs (Lavin, 2014). An intrinsic factor that was mutually identified as having cultivated resiliency was their utilization of their inner strengths to overcome the many difficulties that are associated with being in foster care (Lavin, 2014).

Another common source of empowerment in overcoming their struggles that the participants shared was the notion of one day helping others who face similar circumstances. In fact, the participants all shared a sense of responsibility to improve the child welfare system (Lavin, 2014). Perhaps this was influenced by their being forced to advocate for their rights and maneuver laws and procedures, all of which they identified as cultivating their resiliency. The participants of this study seemed to agree that what helped them get through was the belief that their pain was not in vain; that at some later time, another young girl or boy would be shuffled into the dark hole that is our foster care system and that they would be armed with the knowledge of how to climb out of that hole unscathed. They knew that they needed to survive this, so they could show others how to survive it as well.

When foster care alumni report positive outcomes in their adult lives, it is important to try and understand the factors that led to their resiliency and growth. It is shown here that the successful foster care alumni shared similar levels of social and financial support and consistent services provided to them (Gallwey, 2013). These same foster care alumni exhibited greater resilience than a normative group who had never even been in foster care (Gallwey, 2013). This may be a result of the previous findings that having to overcome the many difficulties associated with being in foster care forced these people to utilize their inner strengths, thus cultivating the quality of resilience. One study investigated the relationship between Adverse Childhood

Experiences, resilience, and professional quality of life. The dimensions of professional quality of life that were assessed included compassion satisfaction, burnout, and secondary trauma stress among professionals working with children in the foster care system. The results showed that people with higher ACEs and higher resiliency were more likely to have compassion satisfaction and go into the child welfare field (Hiles Howard et al., 2015). In fact, professionals were shown to have almost 13% more ACEs than a normative sample (Hiles Howard et al., 2015), and individuals with higher ACEs reported lower rates of burnout and higher levels of compassion satisfaction (Hiles Howard et al., 2015). These findings are consistent with the previous research, in that helping others was an empowering and motivating factor in cultivating their resiliency.

1.3. Resiliency

Resiliency was defined by the American Psychological Association (Comas-Diaz et al., n.d.) as the following:

> "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress — such as family and relationship problems, serious health problems or workplace and financial stressors. It means 'bouncing back' from difficult experiences."

Research shows that resiliency is a normal characteristic, but many people fail to continue to change following an initial crisis. Masten refers to resiliency as "ordinary magic" (Steiner, 2014). Resiliency is something that is commonly demonstrated. Most people have it to some degree or another, but it must be cultivated. It is built upon a combination of certain factors and behaviors. Studies show that the most important factor in fostering resiliency is having caring

and supportive relationships (Comas-Diaz et al., n.d.). Supportive relationships create intimacy, trust, self-esteem, and safety, which all help with adaptation following stressful events.

In a study done by Hass and Graydon (2009), 149 foster care alumni who successfully transitioned to post-secondary education were surveyed to see the mitigating factors of their positive outcomes. Eighty-four percent of the respondents said that what helped them the most was having people who provided various forms of social support. Thirty-eight percent of them mentioned having therapists or counselors as helping them achieve positive outcomes. In another study, peer coaching scored the highest in effectiveness in increasing higher education participation and fostering the youths' beliefs in their potential (Phillips et al., 2015). The peer coaching program that was utilized in the study consisted of resilient young adults who shared the life experiences of the youths' being mentored, and who were successfully pursing post-secondary education. While this contributes to the research on supportive relationship fostering resilience, it also adds another dimension. This draws attention to the importance of interacting with role models whose lives and struggles mirror their own. Since it has been shown in past research that negative-perceptions of foster care alumni may hinder them from attending college (Watt, Norton, & Jones, 2013), positive mentoring may act as a buffer to those negative-perceptions. Since the peer coaches being utilized have had the same life experiences, there could be no pre-existing negative-perceptions of their mentees. This may help the mentees believe that higher education is attainable for them as well.

An additional social support that has been implicated in fostering resiliency is the role of the biological family. There are different types of care provided to foster care youth. Family foster care occurs when children are placed in a family setting that is not biologically related to

them. Kinship foster care occurs when children are placed with members of their biological family, other than their mother or father. A group home foster care setting is a facility which houses many youth. It is the most restrictive out-of-home care option and it provides 24 hour supervision in a very structured environment. This form of foster care is associated with having more negative outcomes (Metzger, 2008). In a study done by Metzger (2008), different kinds of foster care were compared and their outcomes were measured. Kinship foster care children demonstrated significantly higher performance, self-concept, and personal attribute scores, while family foster care children were more likely to have repeated a grade and be in special education (Metzger, 2008). Kinship care children had significantly better social support. They also had significantly greater adjustment, self-worth, and well-being. Kinship care children were also found to have greater functional social support from peers, family, and their teachers (Metzger, 2008). This could account for more positive outcomes and higher resiliency, as social support has been implicated as being the most effective building block of resiliency. Another contributor to higher resiliency in kinship care was the biological mothers' visitation. Biological mothers visit more frequently when children are in kinship care, and their visitation is a form of social support which enhances resiliency (Metzger, 2008). Kinship care mothers are probably more likely to visit because they know the family, whether it is her family or the child's father's family. Another implication of the results of this study is the willingness of the family to take in the child of one of their family members. This shows a sense of loyalty and resourcefulness. According to Metzger (2008), this resiliency or resourcefulness buffers the child from the stress of being in out-of-home care and helps bind the family together. The functioning of the family, however, must be considered. If the family is dysfunctional and would contribute to furthering

the adversity already present in the child's life, the opposite actually happens. If the biological family fosters negative behaviors, being placed with them after discharge is a factor which is associated with more negative outcomes (Jones, 2012).

Another major factor in cultivating resiliency is placement stability. When children are placed in stable out-of-home care, their mental health problems have been shown to decrease by 50%, while children who remained in home following a child welfare investigation had a 23% increase in mental health problems (Conn, Szilagyi, Jee, Blumkin, & Szilagyi, 2015). So, while maltreatment experiences and low socioeconomic status contribute to diminished resiliency, the presence of stable and positive supports contribute to higher functioning in the same area (Houshyar, 2005). One study examined measures of placement stability and social-emotional well-being for children in foster care. It was shown that as placement stability increased, social skills significantly improved (Akin, Byers, Lloyd, & McDonald, 2015). This demonstrates a correlation between well-being and placement stability. However, the mitigating factor that made the correlation significant was a parent management intervention. The children who were given services as usual, as compared to the children who went into homes which received the parent management training, did not show significant effects on placement stability (Akin et al., 2015). The question then becomes, do we need to target cultivating the factors which foster resiliency through intervention?

Intervention may play a key role in resilience. Targeted intervention may foster factors that support coping strategies and enhance social supports, stable placements, and the role of the biological family. Intervention programs may be broad or specifically designed to target resiliency. One study used two experimental groups and two control groups to evaluate a

resiliency program for children (de Villiers & van den Berg, 2012). The two experimental groups were exposed to the intervention, while the control groups were not. After the experimental groups were exposed to the resiliency program, emotional regulation and self-appraisal increased significantly. Significant improvements were also seen in interpersonal skills and emotional reactivity, and increased self-awareness so much that it positively influenced the way they regarded stressors and used coping skills (de Villiers & van den Berg, 2012). Unfortunately, only self-appraisal was maintained and even increased over the three months following the implementation of the program, which may suggest a need for a long-term intervention or even a modified plan for living while in foster care. One study utilized a long-term intervention program referred to as Multidimensional Treatment Foster Care (MTFC), which was developed for youth exposed to severe early adversity to develop resiliency. This intervention lead to development of long-term resiliency mechanisms, including improved interpersonal relationships and adaptive neurobiological functioning (Leve, Fisher, & Chamberlain, 2009). The study is consistent with past research in its implications of developing supportive relationships, having access to supportive resources, and mentorship as key aspects of fostering resiliency.

Another long-term intervention called the Real Life Heroes (RLH) treatment engages children and their caregivers to build emotionally supportive relationships, develop self-regulation skills, reduce traumatic stress reactions, and integrate a positive self-image through life story work and creative arts. A study done on the effectiveness of the RLH treatment showed that after 12 months of being provided with the treatment, children demonstrated an increasing reduction in trauma symptoms and Post-traumatic Stress Disorder (PTSD) (Kagan & Spinazzola,

2013). This highlights the importance of intervention for trauma and stress related problems that tend to occur as a result of children being taken out of their homes and out into out-of-home care. This adds to the evidence suggesting that better outcomes are possible for youth that have experiences adversity and trauma with early treatment and intervention. Resiliency-focused intervention has even been shown to improve academic achievement by increasing participants Grade Point Average (GPA) (Rose & Steen, 2014). While putting into action resiliency-focused interventions long-term has shown to increase the duration of the positive effects, it has also been suggested that in order for resiliency interventions to create lasting change, other interventions (e.g., psychological) may have to be implemented along with them (Middlemiss, 2005). Combining interventions that promote the building blocks of resiliency and providing psychological services may be an important step in the direction of creating better outcomes for these foster care youth.

Other factors have been identified, to a lesser degree, in contributing to resiliency in young adults who are in or who have aged out of foster care. These other factors are less correlated to building resiliency, but correlated nonetheless. Some identified contributors include gender, age at the time of exit from care, stress level, and spiritual supports (Daining & DePanfilis, 2007). A relationship was found between being female and having higher resiliency scores (Daining & DePanfilis, 2007). Another interesting relationship that was found that fosters resiliency includes giving advice to other youth who have had or are having similar life circumstances (Samuels & Pryce, 2008). Just as how having a peer mentor with similar life circumstances can support resiliency, it is shown that it may also be of benefit to the mentor. Both the mentor and the mentee show increased resilience after working with each other. Other

factors that have been implicated in increasing resiliency include having optimism about one's future, identifying oneself as the only barrier to success (the opposite of feeling victimized), and giving meaning to the events in their lives that were traumatizing (perhaps by giving back) (Samuels & Pryce, 2008). Coping successfully while in foster care may promote future resiliency (Johnson & Tottenham, 2015). A study by Johnson and Tottenham (2015) found that adults with a history of foster care had higher levels of inhibitory control, had greater reported use of emotion regulation strategies, and were associated with healthier stress-related outcomes. This shows that being forced to cope with the multitude of challenging circumstances associated with being in foster care actually increases resiliency. Studies show that foster care alumni had to become aware of the emotional climates of others early in life in order to survive the situations in which they found themselves in with other people (Akullian, 2005). This influenced their ability to deal with others in their adulthood. Having to learn specific coping and defense mechanisms to distance themselves their traumatizing and painful experiences allowed them to carry these learned cognitive defenses into adulthood (Akullian, 2005). Since resiliency is so important in creating better outcomes for foster care children, it becomes paramount that we make in the primary area of inquiry in research about of foster care.

1.4 Current Study

The current study sought to expand the knowledge base on the relationship between foster care experiences and the outcomes associated with it. There were four areas of interest about foster care experiences. The different experiences in care were categorized as safety, power/control, esteem, and intimacy/trust. Positive and negative experiences in each category were identified and compared to subsequent positive or negative outcomes. It was hypothesized

that when subjects were reporting on their positive experiences in foster care, there would be positive correlations between intimacy/trust and positive outcomes, and safety and positive outcomes. It was also hypothesized that when subjects were reporting on their negative foster care experiences, there would be a positive correlation between safety and negative outcomes, and intimacy/trust and negative outcomes. (See Appendix A for more information on any of the studies cited in this paper.)

2. METHOD

2.1. Subjects

Subjects were 25 adults who met the criteria of having a history of being in foster care . This archival sample consisted of men and women whose ages are unknown. The data source was obtained through a google search and is publicly available. The data source, "Children Unseen: Personal Accounts of Life in Foster Care" (2014), is a collection of blogs from an organization called Children's Rights. They compiled the collection for their 2014 Fostering the Future campaign. The source contains 31 accounts of experiences with the foster care system. Six accounts in the data source were excluded from the study, as they were not written by foster care alumni, but by foster families and social workers.

2.2. Measures

The measure used to identify positive and negative experiences and outcomes in foster care in the four categories of safety, power/control, esteem, and intimacy/trust was created based upon the Cognitive Processing Therapy Veteran/Military Version: Therapist's Manual's five problem areas related to self and others (Resick, Monson, & Chard, 2008). These five problem areas were identified as safety, trust, power/control, esteem, and intimacy. They were

developed as a cognitive therapy model to identify how trauma affected beliefs about these areas and how these beliefs influence behavior. Adopting the five categories, the current study combined trust and intimacy to become one, because there seemed to be an overlap in code words created for the two separately. The measure used in this study was for positive and negative experiences in the four areas of safety, power/control, esteem, and intimacy/trust, and for positive and negative outcomes. The final number of categories being measured was ten; they consisted of four categories of positive experiences, four categories of negative experiences, one category for positive outcomes and one category for negative outcomes. A list of code words and phrases was created for each category (e.g., code words for negative outcomes included suicidal, run away, jail/incarcerated, eating disorder, fights, stealing, and drug use). Each code word or phrase identified was considered as one tally mark in the appropriate category. The possible range of scale scores for positive experiences was from 0 to 45. For negative experiences, the possible range of scale scores was from 0 to 46. The possible range of scale scores for positive experiences was from 0 to 12, while for negative outcomes it was 0 to 11.

2.3. Procedure

After obtaining the institutional review board's (IRB) approval (see Appendix B) and The National Institutes of Health's (NIH) "Protecting Human Research Participants" certificate (see Appendix C) and creating the coding scheme (see Appendix E), two coders were asked to code the same story to determine the inter-rater reliability. The two coders were females, ages 21 and 22, and students of an experimental psychology course at Long Island University Post campus. Inter-rater reliability was difficult to establish. In order to increase reliability, the categories of

trust and intimacy were combined to form the category trust/intimacy. Code words and phrases that could easily be misinterpreted as in other categories were carefully considered and moved appropriately. Once reliability was somewhat increased, a coder was asked to code the 25 stories. The coder was a 21 year old female who was also a student of an experimental psychology course at Long Island University Post campus. The coder was provided with specific directions and an example of how to tally each code word found (see Appendix D), a list of the code words and phrases (see Appendix E), and the contact information of a psychologist on campus should they experience any distress while coding for the study.

3. RESULTS

It was hypothesized that when subjects were reporting on their positive experiences in foster care, there would be higher correlations between intimacy/trust and positive outcomes, and safety and positive outcomes. It was also hypothesized that when subjects were reporting on their negative foster care experiences, there would be a greater correlation between safety and negative outcomes, and intimacy/trust and negative outcomes.

Two correlations were analyzed using IBM SPSS. The bivariate Pearson's correlation coefficient two-tailed test was used to find whether there was a relationship between positive experiences in the four domains of safety, power/control, esteem, and intimacy/trust, and positive outcomes (see Table 1). The bivariate Pearson's correlation coefficient two-tailed test was also used to identify a relationship between negative experiences in the four domains of safety, power/control, esteem, and intimacy/trust, and negative outcomes (see Table 2).

Significant correlations were found between positive esteem experiences and positive outcomes, and between positive intimacy/trust experiences and positive outcomes (see Table 3 below).

Table 3

Correlations between positive experiences and positive outcomes

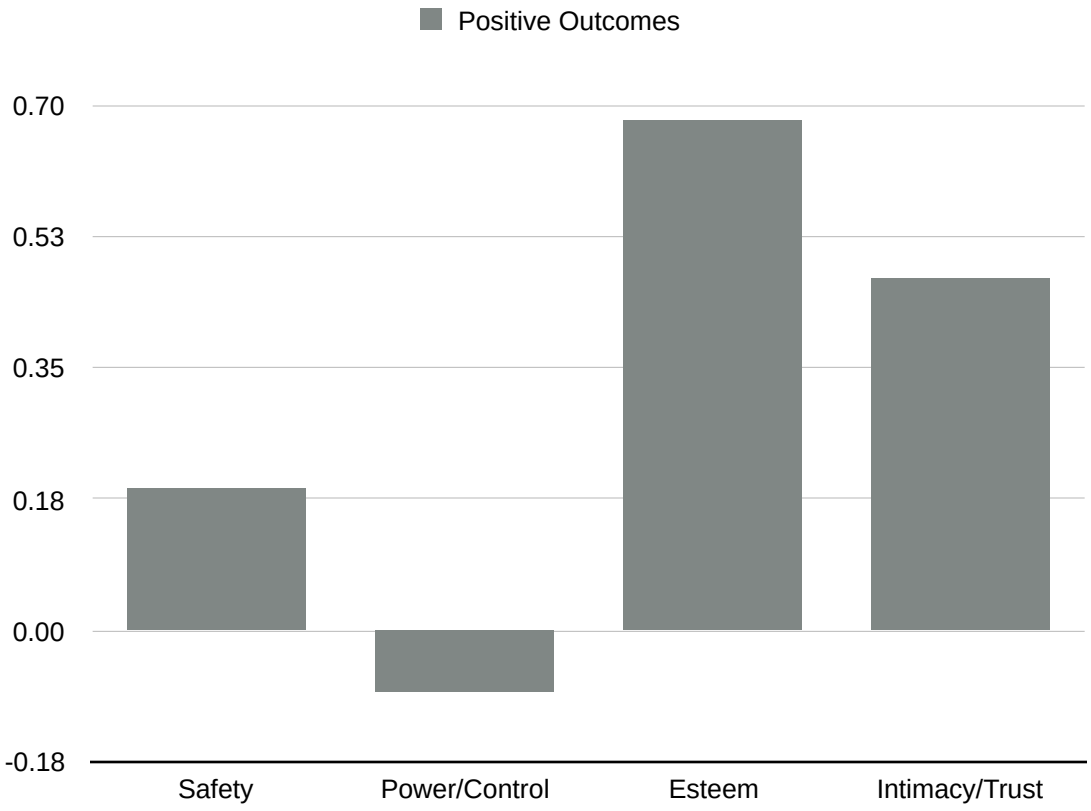
Positive Experiences	Positive Outcomes
Safety	0.19
Power/Control	-0.08
Esteem	0.68**
Intimacy/Trust	0.47*

** Correlation is significant at the 0.01 level (2-tailed) $p < 0.01$
* Correlation is significant at the 0.05 level (2-tailed) $p < 0.05$

As shown below in Figure 1, significant correlations were identified between positive esteem experiences and positive outcomes, and positive intimacy/trust experiences and positive outcomes. The hypothesis that there would be positive correlations between positive intimacy/ trust experiences and positive outcomes, and between positive safety experiences and positive outcomes, was partially supported. Positive intimacy/trust experiences showed a significant correlation, while positive safety experiences did not.

Figure 1

Correlations between positive experiences and positive outcomes



Significant correlations were also found between negative safety experiences and negative outcomes, and negative esteem experiences and negative outcomes (see Table 4 below).

Table 4

Correlations between negative experiences and negative outcomes

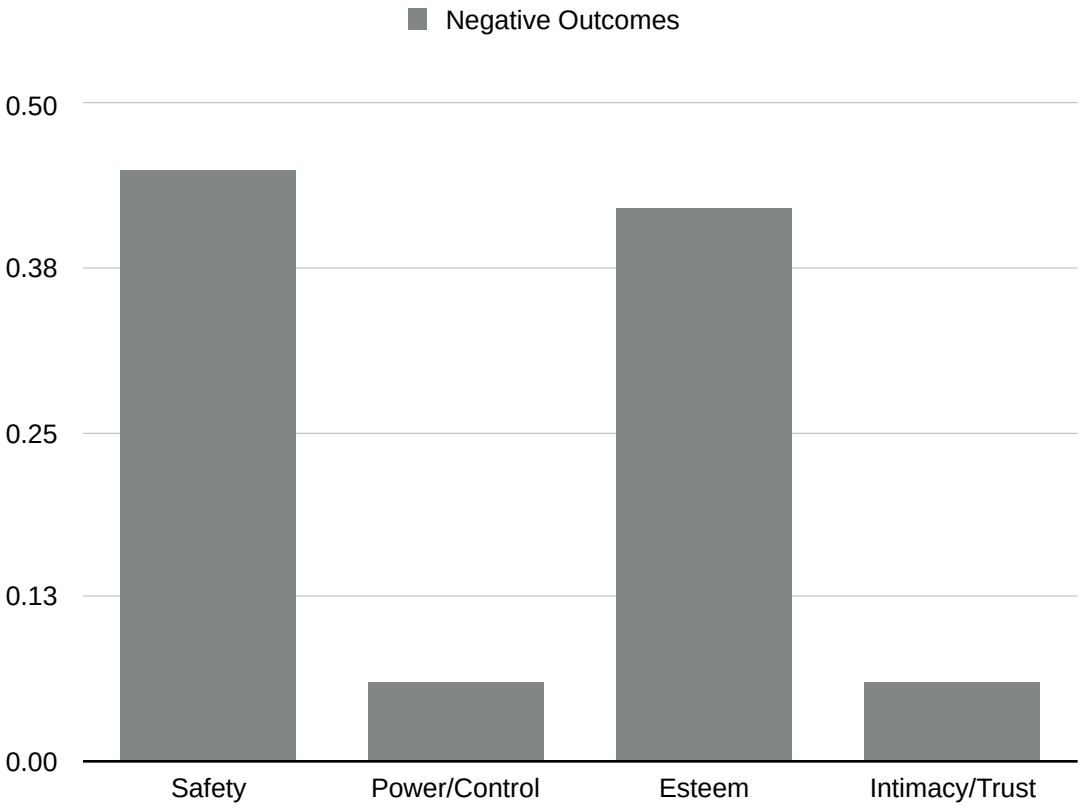
Negative Experiences	Negative Outcomes
Safety	0.45*
Power/Control	0.06
Esteem	0.42*
Intimacy/Trust	0.06

* Correlation is significant at the 0.05 level (2-tailed) $p < 0.05$

As shown below in Figure 2, the significant correlations in the second analysis were between negative safety experiences and negative outcomes, and negative esteem experiences and negative outcomes. The hypothesis that there would be positive correlations between negative safety experiences and negative outcomes, and negative intimacy/trust experiences and negative outcomes, was also partially supported. Negative safety experiences showed a significant correlation, while negative intimacy/trust experiences did not.

Figure 2

Correlations between negative experiences and negative outcomes



4. DISCUSSION

4.1. Summary of results

With childhood adversity being linked to risky behaviors such as smoking, alcoholism and drug use, health conditions including obesity, diabetes, suicide attempts, sexually transmitted diseases, heart disease, cancer, stroke, chronic obstructive pulmonary disease and broken bones, social consequences such as lower graduation rates, lower academic achievement and lost time from work, and early death (About Adverse Childhood Experiences, 2016), it

becomes important to understand how to counter these negative experiences. In order for us to gain a working knowledge of the contributors of such counteractive resilient behaviors, relationships between different experiences and better outcomes must be identified. This study shows significant correlations between positive esteem experiences and positive outcomes, and positive intimacy/trust experiences and positive outcomes. This supports the hypothesis that positive correlations would exist between positive intimacy/trust experiences and positive outcomes, but does not support a correlation between positive safety experiences and positive outcomes. Instead, results show a significant correlation between positive esteem experiences and positive outcomes. The results also show significant correlations between negative safety experiences and negative outcomes, and negative esteem experiences and negative outcomes. This supports the hypothesis that positive correlations would exist between negative safety experiences and negative outcomes, but does not support a correlation between negative intimacy/trust experiences and negative outcomes. Instead, results show a significant correlation between negative esteem experiences and negative outcomes.

Identifying a significant correlation between positive intimacy/trust experiences and positive outcomes is consistent with the plethora of research on the topic of resiliency which implicates social support as the primary contributor to better outcomes, including the study done by Hass and Graydon (2009) in which eighty-four percent of the responding foster care alumni reported that what helped them the most with successfully transitioning to adulthood was having people who provided various forms of social support. Another identifying factor which is consistent with past findings is the correlation between negative safety experiences and negative outcomes. There are no experiences more traumatizing than threats to a person's

safety. In fact, The Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision specifically defines trauma as a "direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity" (What Is Trauma?, 2006), which implicates threats to safety as traumatic events. With threats to safety affecting a person so strongly, it is no surprise that negative safety experiences had a positive correlation with negative outcomes.

4.2 Strengths and limitations

A strength of this study was the adaptation of the themes from the "Cognitive Processing Therapy Veteran/Military Version: Therapist's Manual" in creating the measure for foster care experiences. Cognitive processing therapy is an evidence-based treatment for Post-traumatic Stress Disorder (Karlin et al., 2010). This contributes to the the measures validity in that the categories of negative experiences that were used have been utilized in a number of past studies on traumatic events. A limitation of the study was the overlapping that occurred when creating code words for each category. It was difficult to determine whether certain code word or phrases should go in one category or another. This is why the Cognitive Processing Therapy categories of Trust and Intimacy were combined to form the category trust/intimacy. There was too much overlap to have have internal validity with the two. Because of the similarities between the code words and phrases, it was difficult to achieve strong inter-rater reliability. This may have influenced the results in some way.

4.3 Directions for future research

In future research, it may be important to operationally define each category before creating code words and phrases for them. With operational definitions for each of the

categories, the lines between each may be more clear. This would increase the inter-rater reliability and, in turn, the internal validity. With more clear cut code words, results may implicate other factors as being significant in affecting outcomes. If this were so, I expect that positive safety experiences would be significantly correlated to positive outcomes. Another important direction that future research may go is taking a closer look at the relationship between esteem and outcomes. Esteem was significantly correlated to positive as well as negative outcomes. This elicited a need for further investigation. Why does esteem affect individuals so deeply? How can we use this to create better outcomes for traumatized individuals or even prevent poorer outcomes by protecting esteem in the first place? I predict that taking a closer look at the relationship between esteem and outcomes will show that esteem is actually an important contributor to resiliency, as well as devastating outcomes such as suicide and homelessness.

5. CONCLUSION

5.1 Implications

Positive experiences with esteem and intimacy/trust were showed to have a relationship with positive outcomes later in life. This gives us a direction to go in, not only with future research, but also with the treatments provided to foster children and the training provided to foster families. What seems to positively affect children who are growing up in the foster care system is feeling good about themselves and others and believing in themselves and others. While what seems to negatively affect them the most is not feeling good about themselves, not believing in themselves, and not feeling safe. Committing to creating safer environments in foster homes seems like the simplest of resolutions and, as per the results of this study, it would

be the most impactful one when aiming to prevent more negative outcomes for foster children. Given this information, the fact that only 49% of states currently meet federal standards for the absence of maltreatment in foster care becomes more alarming (Jackson Foster et al., 2015). Promoting resiliency and positive outcomes is just as important as preventing further trauma and negative outcomes. The foster care system needs to create higher standards and safer environments for foster care homes. This study shows that positive experiences with esteem and intimacy/trust are both important factors in increasing resiliency and creating better outcomes for the foster care youth. Adversely, if foster care children are exposed to negative experiences with safety and esteem, they may have a higher risk of experiencing negative outcomes.

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Tables

Table 1

Correlations between four positive experiences variables and positive outcomes

		Safety	Esteem	Control	Intimacy/Trust	Positive Outcome
Safety	Pearson Correlation	1	.108	-.005	.028	.189
	Sig. (2-tailed)		.608	.983	.894	.365
	N	25	25	25	25	25
Esteem	Pearson Correlation	.108	1	.026	.512**	.677**
	Sig. (2-tailed)	.608		.901	.009	.000
	N	25	25	25	25	25
Control	Pearson Correlation	-.005	.026	1	-.219	-.083
	Sig. (2-tailed)	.983	.901		.292	.693
	N	25	25	25	25	25
Intimacy/Trust	Pearson Correlation	.028	.512**	-.219	1	.474*
	Sig. (2-tailed)	.894	.009	.292		.017
	N	25	25	25	25	25
Positive Outcome	Pearson Correlation	.189	.677**	-.083	.474*	1
	Sig. (2-tailed)	.365	.000	.693	.017	
	N	25	25	25	25	25

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

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

Table 2

Correlations between four negative experiences variables and negative outcomes

		Safety	Esteem	Control	Intimacy/Trust	Negative Outcome
Safety	Pearson Correlation	1	.084	.298	.121	.454*
	Sig. (2-tailed)		.689	.148	.566	.023
	N	25	25	25	25	25
Esteem	Pearson Correlation	.084	1	.017	.375	.423*
	Sig. (2-tailed)	.689		.937	.064	.035
	N	25	25	25	25	25
Control	Pearson Correlation	.298	.017	1	.093	.055
	Sig. (2-tailed)	.148	.937		.657	.794
	N	25	25	25	25	25
Intimacy/Trust	Pearson Correlation	.121	.375	.093	1	.058
	Sig. (2-tailed)	.566	.064	.657		.783
	N	25	25	25	25	25
Negative Outcome	Pearson Correlation	.454*	.423*	.055	.058	1
	Sig. (2-tailed)	.023	.035	.794	.783	
	N	25	25	25	25	25

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

Appendix A

Expanded Information on Articles Cited in Text

The sections Study/Method/Design, Subjects, and Major Findings are considered direct quotations for the purpose of this Appendix and credit therefore goes to the author/s cited directly above them. In order of appearance:

Article

Gallwey, S. (2013). The relationship between attachment and resilience in foster care alumni. *Dissertation Abstracts International Section A, 74.*

Study / Method / Design

This study tried to find a relationship between attachment and resilience in foster care alumni. This was a quantitative study that utilized the questionnaire method. Measures included the Connor–Davidson Resilience Scale, the Kim Bartholomew Relationship Scales Questionnaire and a Personal History Questionnaire.

Subjects

44 foster care alumni were compared to 39 non foster care service recipients. Individuals were ages 21 to 27 and either exited foster care as a young adult or never received foster care services.

Major Findings

1. The young adults who were successful shared similar levels of support (social and financial).
2. Consistent and accessible services are critical to successful outcomes.

Critique of Design

1. The questionnaires were given anonymously in an envelope and were self-administered, so anyone who had trouble reading and writing could not participate in the study. Does this leave out relevant data?
2. A flier in the envelope was used as informed consent documentation and each participant gave consent by submitting the questionnaire. Do all the participants really understand what they are consenting to?

Implication for Current Study

1. This study identified a group of foster care alumni who exhibited greater resilience than a group of individuals who were never in care. The similarities in the young adults who were successful were their levels of social and financial support, which means that better outcomes are possible with added support.

Article

Jackson Foster, L. J., Phillips, C. M., Yabes, J., Breslau, J., O'Brien, K., Miller, E., & Pecora, P. J. (2015). Childhood behavioral disorders and trauma: Predictors of comorbid mental disorders among adult foster care alumni. *Traumatology*, *21*(3), 119-127.

Study / Method / Design

This study expanded on previous examinations of foster care alumni mental health outcomes by assessing the prevalence of mental illness comorbidity and to examine the risk of pre- and during foster care trauma-related interpersonal factors on comorbidity.

Subjects

This was a secondary data analysis of adult foster care alumni who participated in the National Foster Care Alumni Study (NFCAS) conducted by Casey Family Programs (Casey). The present study includes data for 1,038 of the alumni participants who were interviewed for NFCAS. Trained interviewers, blinded to the study hypotheses, conducted case record reviews and interviews. The interview response rate was 73%, due to incarcerated alumni or those in mental institutions being excluded from the study, some eligible alumni choosing not to participate, and some being deceased at the time of the study.

Major Findings

1. 10.4% of the alumni had three or more diagnoses, 9.8% had two co-occurring diagnoses, and 20.8% had only one diagnosis. PTSD was most prevalent, occurring in 21.6% of alumni. Major depression was the second most prevalent (15.1%), followed by social phobia (12.1%), panic disorder (11.4%), generalized anxiety dis- order (9.3%), drug dependence (3.8%), alcohol dependence (3.7%), and bulimia (2.7%).
2. Having a prior behavioral health condition and two interpersonal trauma experiences (emotional and sexual abuse) were significantly related to comorbidity.
3. Alumni who were maltreated in foster care had 73% higher odds of experiencing comorbidity.

Critique of Design

1. The interviews included selected mental health sections of the World Health Organization Composite International Diagnostic Interview (CIDI), which was designed for administration by nonclinical staff.
2. No standard conceptualization of comorbidity.
3. *DSM-IV* was used, so there could be changes to data analysis with the *DSM-V* now being out.
4. This was a retroactive study, so many things could have affected participants memories.

Implication for Current Study

1. Foster care alumni who experienced maltreatment in foster care had much higher odds of experiencing comorbidity in comparison to those alumni who reported experiencing helpfulness from their foster parent. Alumni who were maltreated in foster care had 73% higher odds of experiencing comorbidity. Foster parent helpfulness may be a proxy for

positive interactions that contribute to adjustment after trauma, positive self-concept, sense of safety, and healthy coping.
2. Only 49% of states meet federal standards for the absence of maltreatment in foster care.

Article

Anda, R. F., Felitti, V. J., Bremner, J. D., Walker, J. D., Whitfield, C., Perry, B. D., & ... Giles, W. H. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives Of Psychiatry And Clinical Neuroscience, 256*(3), 174-186.

Study / Method / Design

This study used the Adverse Childhood Experiences (ACE) Study as a case example to analyze evidence of the epidemiological and neurobiological effects of childhood trauma.

Subjects

The ACE study included 18175 participants. This study used information from 17337 of the 18175 ACE study respondents. 754 of the ACE study respondents who underwent examinations during the study were excluded, as well as 84 respondents who had missing demographic information. The final study sample included 9367 women and 7970 men.

Major Findings

1. The ACE score had a strong relationship to the prevalence and risk of mental health disturbances. The risk of negative outcomes in the somatic, substance abuse, memory, sexual, and aggression- related domains increased as the ACE score increased.
2. The number of comorbid outcomes tripled across the range of the ACE score.
3. For persons with at least 4 ACEs, the risk of panic attacks, depression, anxiety, hallucinations, sleep disturbance, severe obesity, multiple somatic symptoms, early intercourse, promiscuity, sexual dissatisfaction, difficulty controlling anger, and the risk of perpetrating intimate partner violence were increased substantially. The risk of smoking, alcoholism, illicit drug use, and injected drug use were increased as the ACE score increased.
4. This affirms the theory that cumulative exposure of the developing brain to the stress response resulted impairment in multiple brain structures and functions.

Critique of Design

1. This study talked about behavioral problems that it claims “likely represent” dysfunction of specific brain systems, while only a couple of pages of the study was dedicated to explaining the actual neurobiological links.

Implication for Current Study

1. This study analyzed the ACE study data in such detail, that it has provided invaluable statistics and data for the current study.

2. Shows the long-term negative effects of experiencing adversity in childhood.

Article

Nurius, P. S., Green, S., Logan-Greene, P., & Borja, S. (2015). Life course pathways of adverse childhood experiences toward adult psychological well-being: A stress process analysis. *Child Abuse & Neglect, 45*143-153.

Study / Method / Design

This study used data from the 2010 Behavioral Risk Factor Surveillance System (BRFSS), a population-based health survey, for Washington State to provide an assessment of effects of adverse childhood experiences (ACEs) on three measures of adult mental health that include perceived well-being, psychological distress, and impaired daily activities.

Subjects

Participants were 13,593 English and/or Spanish speaking adults 18 years or older who live in a household with a working landline telephone.

Major Findings

1. Experiencing adversity in childhood compromises psychological health well into adulthood.
2. Early-life trauma (ACEs) was significantly associated with compromises to the three measures of adult mental health: perceived well-being, psychological distress, and impaired daily activities.
3. Higher ACE scores were associated with poorer adult conditions, including low socioeconomic status and high adult adversity. These life conditions can cause chains of risk in which one set of adversities tends to lead to another.
4. Multiple ACEs leads to less educational achievement, which then leads to financial insecurity, which then leads to increased risk of homelessness and unemployment. This series of adversities diminishes opportunities for stable social supports and inhibits maintenance of healthy habits.

Critique of Design

1. Self-reported data.
2. Retrospective, many factors could have affected memory recall.

Implication for Current Study

1. Prevention and early intervention of adversity in early years is emphasized in this study. Do youth who were taken from high ACE score homes at a younger age have better outcomes than youth taken out of a home with the same ACE score at an older age?

Article

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

Study / Method / Design

This study adds to the literature on the outcomes of children served in the foster care system by conducting an examination of adolescent incarceration for serious felony and violent offenses as a post-discharge outcome for children in out-of-home placement.

Subjects

Subjects were selected from California foster care data. The sample was limited to school-aged children who entered care after 1988. The final sample included 79,139 cases.

Major Findings

1. Results indicate that children first placed into care between the ages of 12 and 15, children with multiple placements and multiple spells in care, and children who have placement experiences supervised by probation following their child welfare involvement had a higher risk of incarceration for a serious or violent offense during adolescence.

Critique of Design

1. Since the sample was limited to school-aged children, it is possible that some of the sample children and youth had placements prior to those recorded after age seven.

Implication for Current Study

1. Children who experienced multiple placements had a higher risk of incarceration for a serious or violent offense during adolescence. This shows the importance of placement stability in better outcomes.
2. I'd be interested in seeing a study done on foster care placement experiences which increase the risk for incarceration. Although, such a study may be difficult to do, as it would most likely be done via self-report.

Article

Parker, P. (2015). How resiliency and spiritual perspective contribute to former foster youth achieving educational success. *Dissertation Abstracts International, 75.*

Study / Method / Design

This study used a retrospective causal-comparative research design to consider how spiritual perspective serves, along with resilience, to increase the likelihood of graduation. The Connor-Davidson Resilience survey and the Spiritual Perspective survey were used and the data were collected online.

Subjects

90 former foster youth participants ages 18 years and older. Recruitment techniques used a nonprobability design with convenience and snowball sampling.

Major Findings

1. Resilience did not have an effect on graduation from college, but there was a slightly higher mean of resilience among participants who graduated college

Critique of Design

1. This study used online surveys, so there is no way to know if the information provided is accurate and honest.
2. This study was retroactive, so a number of factors could have affected the participants memory.
3. It was found that the participants could choose not to take one of the surveys on the website that was hosting them, so there are missing data.

Implication for Current Study

1. An important piece to take away from this study is not the results, but the methodology. Although the current study does not involve higher education alone, it will be looking at overall quality of life, and her research methodology is worth noting for the current study.
2. Resilience has been identified as a factor related to foster care alumnus ability to pursue higher education.
3. 67% of former foster youth drop out of college. Why? This needs more research.

Article

Newton, R., Litrownik, A., Landsverk, J. (2000). Children and youth in foster care: disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*(10), 1363-1374.

Study / Method / Design

The purpose of this study was to look at the relationship between change in placement and problem behaviors over a 12-month period among foster children. The Child Behavior Check List was used to assess behavior problems. Every change of placement during the first 18 months after entry into the foster care system was abstracted from case records.

Subjects

415 youth who entered foster care in San Diego, California and remained in placement for at least 5 months.

Major Findings

1. Volatile placement histories contribute negatively to both internalizing and externalizing behavior of foster children.

2. Children who experience numerous changes in placement may be at particularly high risk for these damaging effects.

Critique of Design

1. Children should have been reinterviewed multiple times over a longer period of time.

2. I think it would be just as important to find out why the youth had to change placements. A lot of the time it's because the placement is an unhealthy or abusive environment.

Implication for Current Study

1. Multiple placements have a negative effect on children in the foster care system. Perhaps if policies held homes up to higher standards, there would be less problems in the placements. In the current study, there were bad placements and good placements. The placement changes generally only occurred when the placement the youth was currently in was a bad placement. The final placements were generally good and supportive, thus viable for long term.

Article

Taussig, H. (2002). Risk behaviors in maltreated youth placed in foster care: a longitudinal study of protective and vulnerability factors. *Child Abuse & Neglect,* 26(11), 1179-1199.

Study / Method / Design

This study examined protective and vulnerability factors in youth placed in foster care. 214 youth were recruited that were in foster care for at least 5 months. Youth and their caregivers were interviewed and assessed 6 months following their initial placement. Six years later, as adolescents, the youth were re-interviewed regarding their involvement in four domains of risk behavior.

Subjects

214 youth ethnically-diverse youth, ages 7–12, who were in foster care for at least 5 months.

Major Findings

1. Several variables were related to risk behavior outcomes. Examples of the variables include age, ethnicity, type of maltreatment, behavior problems, dimensions of social support and self-perception.
2. There are some modifiable protective and vulnerability factors present shortly after maltreated youth are placed in foster care that predict their engagement in adolescent risk behaviors 6 years later.
3. Lower support in the domains of Social Support variables, Parental and Teacher Support variables, and Classmate Support predicted more risk behaviors.
4. Being physically abused predicted greater engagement in Delinquent behaviors and being neglected predicted greater Substance Use.

Critique of Design

1. There were a lot of predictor variable limitations.
2. Sample size was small (limited to one county in the US).

Implication for Current Study

1. There are several modifiable variables present shortly after youth are placed in foster care that predict their engagement in adolescent risk behaviors later in life. With so much proof of the effects of the variables that could potentially be controlled for, policies could be changed.

Article

Huang, H., Ryan, J. P., Sappleton, A., & Chiu, Y. (2015). Crossover youth post arrest: Placement status and recidivism. *Children And Youth Services Review, 57*193-200.

Study / Method / Design

The current study investigates the association between post-arrest placement decisions and recidivism. Administrative records from the Los Angeles County Department of Probation and the Department of Children and Family Services were analyzed.

Subjects

The sample consisted of 213 youth who were in out-of-home placement at the time of their first arrest. The sample was selected from the population of first-time offenders arrested for a violent offense. The sample was limited to youth under 16 years of age at the time of first arrest.

Major Findings

1. The association between child maltreatment and juvenile delinquency is well established. Maltreated youth experience significantly higher delinquency rates than their peers. Studies report that placement instability in substitute care and placement in congregate settings (e.g., group homes) contribute to higher rates of offending.
2. Forty-nine percent of youth experienced a subsequent arrest.
3. This study shows that 49% of youth in an out-of-home placement had at least one subsequent arrest during the follow-up period. As compared with youth who stayed in their original placement within 90 days after their first arrest, youth who moved from a family-like setting to a group home within 90 days had a higher risk of subsequent arrest.
4. Juvenile offenders with experience of correctional placement are more likely to commit a new offense (71%) then youth who stayed in their original placement after their first arrest (49%).

Critique of Design

1. Does not specify what kind of original placement they were in when comparing youth who stayed in original placement to youth who moved from a family-like setting to a group home.

Implication for Current Study

1. Rate of recidivism was lower for youth who stayed in their original placement after their arrest then of youth who either changed placements or went into correctional placements. This may be the result of stability and support provided. Would the rate be even lower with an intervention specific to this occurrence.

Article

Bruskas, D. (2013). Adverse childhood experiences and psychosocial well-being of adult women formerly in foster care as children. *Dissertation Abstracts International, 74.*

Study / Method / Design

This study looked at retrospective reports of adverse childhood experiences and the current mental health of female alumni of foster care.

Subjects

101 women between the ages of 18 and 71 who were formerly in foster care. These women voluntarily and anonymously completed an online survey about adverse childhood experiences. The ACEs questionnaire was used. Psychological well-being was considered to be the absence of psychological distress, which was measured using the 13-item Sense of Coherence (SOC) and the 12-item General Health Questionnaires (GHQ).

Major Findings

1. Over 56% of participants were identified as experiencing current psychological distress.
2. 97% of participants reported experiencing at least one ACE, 70% reported five or more, 33% reported eight or more, and 23% reported 9 or more ACEs.
3. Foster care placement was associated with four ACEs.
4. ACEs reported before foster care was significantly associated with reductions in the level of Sense of Coherence and increases in the level of psychological distress.

Critique of Design

1. Survey was done online, there is no way to know if the participants really are foster care alumni.
2. Study was retrospective, many factors could have influenced the memory of the participants.

Implication for Current Study

1. Psychological distress is high in foster care alumni.
2. Although ACEs reported before foster care increase psychological distress in adult life, the higher that number of ACEs rise while in foster care, the more psychological distress that occurs later in life.
3. Reducing the number of ACEs that occur after foster care placement becomes paramount in protecting health outcomes later in life.

Article

Lavin, E. U. (2014). Empowerment of youth in foster care; foster care alumni's perceptions of transition supports during aging out of care. *Dissertation Abstracts International Section A, 74.*

Study / Method / Design

This study sought to examine experiences foster care alumni identified as empowering and promoting resilience. Data were collected by a qualitative, exploratory approach using semi-structured interviews with foster care alumni. Data were transcribed and analyzed to identify of common, interrelated themes.

Subjects

Four female foster care alumni who were in care in New Jersey were interviewed. The participants were solicited through caseworkers at the Division for Youth and Family Services and support programs such as Foster Care Alumni of America.

Major Findings

1. Participants credited their positive outcomes to several factors, which include the impact of relationships and mentoring, as well as other intrinsic and environmental factors.
2. The impact of the relationships with their foster parents, biological parents, caseworkers, therapists and teachers were said to provide emotional support, academic support, tangible support (financial assistance, school supplies, transportation, etc.), and preparation for life skills (planning and goal-setting, using community resources, daily living and functional activities, etc.).
3. Participants spoke of being forced to utilize their inner strengths to combat the many barriers that are associated with being in foster care, which cultivated resiliency.
4. Study found that participants were empowered to overcome their own struggles by the notion of one day helping others who face similar circumstances.
5. Participants had to learn how to advocate for their rights and maneuver laws, rules and procedures, which may have cultivated resiliency.
6. Participants shared a sense of responsibility to improve the child welfare system.
7. Environmental factors that may have fostered resiliency include placement stability and access to programs.

Critique of Design

1. Only 4 participants were interviewed, they were all female, and they were all serviced in New Jersey. This sample to too small to generalize.
2. Did this researcher only use “successful” alumni for her study?

Implication for Current Study

1. Common theme in many of the literature reviews seems to be that stability of and access to support has a major influence on successful outcomes.

Article

Hiles Howard, A. R., Parris, S., Hall, J. S., Call, C. D., Razuri, E. B., Purvis, K. B., & Cross, D. R. (2015). An examination of the relationships between professional quality of life, adverse childhood experiences, resilience, and work environment in a sample of human service providers. *Children And Youth Services Review, 57*141-148.

Study / Method / Design

This study investigated the relationship between ACEs, resilience, and professional quality of life including compassion satisfaction, burnout, and secondary trauma stress among professionals working with children in the foster care system. The measures that were used were the Adverse Childhood Experience's scale, the Resilience Questionnaire, the Group Environment Scale, and the Professional Quality of Life Scale.

Subjects

Participants were 192 professionals providing a range of services for children residing in foster care within a large metropolitan area in the southern USA. Data was collected during a trauma intervention workshop. Participants who wished to participate completed all questionnaires during the morning on the first day of training. Of the 258 participants at the training, 192 completed all questions.

Major Findings

1. Professionals had more ACEs than the norm sample (4 or more ACEs: 25.1% v. 12.5%).

2. Individuals with more ACEs had higher compassion satisfaction and lower rates of burnout.

Critique of Design

1. Small sample size.
2. Was everyone in the field required to go to the trauma workshop or was it a preferred activity. This would affect the sample. People who really enjoy their careers would be more likely to go.

Implication for Current Study

1. People with higher ACEs and higher resiliency are more likely to go into the child welfare field and have compassion satisfaction. As apposed to children who experience high ACEs and have low resiliency that end up in trouble with the law. Does this actually help build their resiliency? Thinking that they had to go through what they went through for a purpose, to then help others get through the same experiences? Knowing that their pain wasn't in vain.

Article

Hass, M., & Graydon, K. (2009). Sources of resiliency among successful foster youth. *Children And Youth Services Review, 31*(4), 457-463.

Study / Method / Design

The purpose of this study was two-fold. The first part of the study was to determine what helped the foster youth who successfully transitioned to post-secondary education succeed. The second goal was to develop recommendations for programs that work with foster youth based off of the findings. An 83 question survey was given to 44 young adults who were removed from their biological parents as children. The questions were drawn from the Gratitude Questionnaire-Six Item Form, the Sense of Coherence Scale, and the California Healthy Kids Survey. The questions derived from these scales and surveys were meant to examine participants' perceptions of themselves in regards to categories such as gratitude, satisfaction, and resiliency.

Subjects

Data were gathered through surveys delivered to 149 foster youth who successfully completed a post-secondary educational or vocational program or who was at least a junior in a four-year institution at the time of the study. 44 completed surveys were returned.

Major Findings

1. When asked what helped them the most 84% cited persons who provided various forms of social support, 38% mentioned therapists or counselors, 21% cited various programs, 19% mentioned foster family members, and only 12% said mentors.
2. A trend that appeared in the data was the mentioning of the employees and/or counselors, at the facility where they received care, that provided them with assistance with helping them to obtain grants, scholarships, and other financial opportunities at school.
3. 70% agreed with items stating that there was a supportive, caring adult outside of their home or school. Of these, 62% identified a mentor, while friends, family members, and co-workers accounted for the remainder.

Critique of Design

1. Small sample was taken from only one facility.
2. Only 12% of the participants cited mentors as having helped them the most, but 70% agreed with statements that they had a supportive and caring adult in their life. There is some concern that the self-reporting isn’t all that insightful. Maybe the incongruence is from the understanding of “social support” for which 84% said to have been most helpful.

Implication for Current Study

1. Data are consistent that mentorship is important for successful outcomes and to develop resiliency.
2. Gives an understanding of what I am researching from the perspective of the foster care alumni themselves.

Article

Phillips, L. A., Powers, L. E., Geenen, S., Schmidt, J., Winges-Yanez, N., McNeely, I. C., & ... Bodner, C. (2015). Better futures: A validated model for increasing postsecondary preparation and participation of youth in foster care with mental health challenges. *Children And Youth Services Review*, *57*50-59.

Study / Method / Design

This article describes Better Futures, which is a model for increasing the higher education participation and other related outcomes of young people in foster care with mental health challenges. Better Futures features a four day on-campus Summer Institute, coaching provided to youth by older peers who are in college and have shared experiences around foster care and/or mental health, and workshops that bring together youth, coaches and guest speakers for information sharing and mutual support. The model is grounded in self-determination-based peer coaching, goal pursuit, experiential learning, and validation and promotion of mental health wellness and inclusion.

Subjects

A total of 36 youth were randomized to the treatment group and assessed at baseline. 31 youth were randomized to control. All but one youth completed the Summer Institute (n = 35) and thirty-three youth finished coaching; of the 33 youth who completed the intervention, all but one completed a survey providing feedback and reflections about their experiences with the model.

Major Findings

1. Peer coaching received the highest score in effectiveness.
2. The model had the greatest impact in fostering young peoples' beliefs in their capacities and potential for participating in higher education.
3. In many cases, participants were provided the first opportunity for them to meet resilient young adults who shared their life experiences around foster care and mental health, and who were successfully pursuing their educational goals. Working with role models whose stories mirrored their own lives may have helped them see that higher education can be attainable for them as well. The value in working with a peer who has had similar experiences may account for this component of the intervention being rated as most impactful by the participants.

Critique of Design

1. Small sample size.
2. Further testing is needed.

Implication for Current Study

1. Some of the negative effects associated with childhood maltreatment and foster care placement may be negated by proper intervention. Risk specific (poor educational continuation) interventions may work better than general interventions.

Article

Watt, T. T., Norton, C. L., & Jones, C. (2013). Designing a campus support program for foster care alumni: Preliminary evidence for a strengths framework. *Children And Youth Services Review*, *35*(9), 1408-1417.

Study / Method / Design

This was a qualitative investigation that used "case studies" from participants in the Foster Care Alumni Creating Educational Success program developed at Texas State University.

Subjects

It is unclear how many participants they collected data from, however all participants were either in foster care or foster care alumni.

Major Findings

1. Negative self-perceptions of foster care alumni could deter their use of campus support programs, increase their risk of dropping out of college, and even hinder them from attending college at all.

Critique of Design

1. Researcher bias. The study was purely conducted to create scientific research that supports the strengths perspective.
2. The research seems like it was poorly organized and the results are scientifically unclear.
3. These don't seem to have been actual case studies. The researchers included data from events and panels that FACES held by recording the students reactions to the events and panels. There were no surveys given and any interviews were not recorded thoroughly.
4. GPA actually declined following participation in the FACES program.

Implication for Current Study

1. There are no scientific implications for the current study.
2. This is a good example of what not to do.

Article

Metzger, J. (2008). Resiliency in children and youth in kinship care and family foster care. *Child Welfare: Journal Of Policy, Practice, And Program*, *87*(6), 115-140.

Study / Method / Design

This study did qualitative research using a survey methodology. The setting was a private child welfare agency in Manhattan. The population was the family and kinship placed foster care children and their foster parents. Data were collected in the fall of 1997. Children over the age of 7 were invited to participate. Letters were sent asking for the children to volunteer to be involved and were debriefed that participation would not affect their case. Confidentiality was maintained by being assigned codes instead of using names. Informed consent was obtained

from the birth parents of the children. Informed assent was obtained from the children under the age of 14, while informed consent was obtained from children over the age of 14. Questionnaires that were at least 80% completed were included in the study. The sampling was an unmatched convenience sample. It measured self-concept, resiliency, and social support in children and youth placed in foster care in NYC. Some were placed in family foster care and some were placed in kinship foster care. Scales used in this study include The Personal Attribute Inventory for Children (PAIC) which measures self-concept, Rating Adjustment of the Child, Affective Reactions, Behavioral Reactions, Quality of Foster Care Received, and Social Support, The Kansas Parent Satisfaction Scale (KPSS), and The Appraisals Scale which measures the degree to which a child feels loved a valued.

Subjects

107 children and youth placed in foster care in NYC were examined. 55 of them were placed in family foster care and 52 were placed in kinship foster care.

Major Findings

1. Kinship foster care children and youth demonstrated significantly higher self-concept, performance, and personal attribute scores.
2. Family foster children were more likely to have repeated a grade and be involved with special education services.
3. Mothers of the kinship care children were more likely to have a history of substance abuse and to have been homeless with the child prior to care.
4. Kinship care mothers tended to visit more frequently than family care.
5. 51% had never been visited by their fathers since entering foster care.
6. Kinship care children and youth had significantly better adjustment, reactions or social support scores on the Festinger scales, except for the quality of care received and the sub-scale of friend social support.
7. Kinship care children and youth had significantly greater well-being and self worth on the PAIC measure (PAIC was developed by Parish and Taylor as a measure of a child's sense of their own well-being and self-worth).
8. The results of the KPSS (a three-item measure designed to examine parental attitudes) show that the kinship foster parents had significantly greater satisfaction with the children, with their relationships with the children, and overall satisfaction than the family foster parents.
9. Results from the appraisals scale of functional social support found the kinship children to have significantly greater functional social support. The kinship children felt that they received greater social support from peers, family, and their teachers.
10. Kinship care placement, mother visits, satisfaction of the foster parent with the child, and social support all helped to explain the variability in child self-concept.
11. There seems to be indication of a pattern of resiliency or learned resourcefulness in many of the kinship families. This resiliency or resourcefulness is thought to buffer the child from stress and help bind the family together.
12. The kinship care mothers had a higher rate of substance abuse and homelessness, yet still visited more often and increased visiting had a significant effect on children well-being.

Critique of Design

1. Although the study uses the term resiliency, they seem to really be talking about adjustment. No standardized measure of resiliency.
2. What is the difference between assent and consent. According to the Merriam-Webster dictionary, assent means to agree to or approve of something (such as an idea or suggestion) especially after carefully thinking about it. What exactly does this mean in this study? Why did they choose the younger children to assent and the older youth to consent? Is this an ethical issue?
3. Not a random sample, hard to generalize.
4. 80% filled out questionnaires were included, how do we know if the 20% was not important data.
5. Biased in the data. Kinship care children were mostly children of color.

Implication for Current Study

1. Family foster care is family not related, kinship foster care is related family.
2. Resiliency is considered affected by mother visitation, which occurred more in kinship care.
3. Does the resiliency and resourcefulness of kinship care teach resiliency?

Article

Jones, L. (2012). Measuring resiliency and its predictors in recently discharged foster youth. *Child & Adolescent Social Work Journal*, *29*(6), 515-533.

Study / Method / Design

This study's objective was to identify psychosocial factors that contributed to resiliency among foster care alumni. This was a qualitative study that utilized interviews of 97 foster care alumni. Participants self-reported their mental health status via the Young Adult Self-Report (YASR). The Ansel-Casey Life Skills Assessment-Short Version (ACLSA) was used to asses the alumnus independent living competencies upon discharge.

Subjects

97 foster care alumni who were at least 17 years of age and were discharged 6 months prior to the interviewing.

Major Findings

1. Factors that are associated with resiliency are: having social support, competency in independent living skills, being older at discharge, and maintaining contact with former foster parents.
2. A factor that is associated with negative outcomes is living with biological family after discharge.

Critique of Design

1. Only 6 months after discharge, does not see the long-term adjustment of alumni.
2. Missing data due to nonrespondents and alumni who were not able to be contacted.
3. Small sample size from a single facility, cannot generalize.

Implication for Current Study

1. Social support fosters resiliency.
2. All of the research points to the same conclusions, that interpersonal relationships and access to resources develops resiliency and supports better outcomes for foster care alumni.
3. How do we support interpersonal relationships, develop mentorships, and extend accessibility of services and resourced to discharged youth?

Article

Conn, A., Szilagyi, M. A., Jee, S. H., Blumkin, A. K., & Szilagyi, P. G. (2015). Mental health outcomes among child welfare investigated children: In-home versus out-of-home care. *Children And Youth Services Review*, *57*106-111.

Study / Method / Design

The purpose of this study is to compare the difference in mental health among children investigated by child welfare who remained in-home and those who were placed in stable out-of-home care. It examined children, aged 1–18 years, using the National Survey of Child and Adolescent Well-Being II (NSCAW II). It compared changes in mental health functioning over 18 months for children who remained in-home with parent training versus those placed in stable out-of-home care. The children's mental health was measured using the Child Behavior Checklist.

Subjects

The sample of 749 children was drawn from the children in NSCAW II who were aged 18 months to 18 years and either remained in-home with biological parents or were placed in out-of-home care 3 to 6 months after the initial child welfare investigation and remained in this placement with the same caregiver through the 18-month follow-up.

Major Findings

1. Among school-aged children placed in stable out-of-home care, mental health problems decreased by 50%, while for school-aged children who remained in home, mental health problems increased by 23%.

Critique of Design

1. For pre-school aged children, mental health problems increased in both settings, but even more so in stable out-of-home care. There are a few implications for this that are not discussed in the study.

Implication for Current Study

1. For school aged children with a history of maltreatment, mental health outcomes improve following stable out-of-home placement, yet worsen when remaining in-home with parents. We should work toward all out-of-home placements to be high-quality stable environments, to foster better mental health and resiliency.

Article

Houshyar, S. (2005). Genetic and environmental predictors of resiliency in maltreated children. *ProQuest Dissertations and Theses*, 160.

Study / Method / Design

This study examined genetic and environmental predictors of resiliency in maltreated children. Children's levels of behavioral, intellectual and academic, emotional, social and global resiliency were assessed.

Subjects

The sample included 115 maltreated and 80 community children.

Major Findings

1. Low SES and maltreatment experiences contributed to diminished global resiliency, while the presence of stable and positive supports contributed to higher functioning on this measure. After accounting for the effects of these environmental factors, GABRA2 genotype was found to be a significant predictor of children's global resiliency scores.

Critique of Design

1. Small sample size.
2. This study did not utilize any resiliency scales or longitudinally assess and measure resiliency across development.

Implication for Current Study

1. This study illustrated the contributions of social supports and genetic factors to resilient adaptation. While every other study also pointed to social support, this study implies an interaction between genes and the environment. If vulnerable children are exposed to traumatic events or toxic environments, it will literally cause genetic mutations. These genetic mutations may lead to a multitude of health problems.

Article

Akin, B. A., Byers, K. D., Lloyd, M. H., & McDonald, T. P. (2015). Joining formative evaluation with translational science to assess an EBI in foster care: Examining social–emotional well-being and placement stability. *Children And Youth Services Review*, *58*253-264.

Study / Method / Design

This study examined measures of placement stability and social–emotional well-being for a federally-funded project of in-home Parent Management Training-Oregon model (PMTO) for children in foster care with serious emotional disturbance. Children identified as having serious emotional disturbance within six months of entering foster care were randomly assigned to PMTO or to a services-as- usual comparison group. A baseline social–emotional wellbeing was taken and compared to a post-placement test of social–emotional well-being. Placement stability was also assessed.

Subjects

121 children, ages of 3 and 16, who were in foster care and identified as having an serious emotional disturbance within six months of entering foster care. Of the 121, 78 were assigned to the PMTO intervention group and 43 to the control group.

Major Findings

1. Only the intervention group demonstrated significant effects of placement stability on post-test well-being.
2. For the intervention group, as placement stability increased, post-test social skills significantly improved, demonstrating an association between well-being and placement stability that was not evident in the comparison group.

Critique of Design

1. The measure used for placement stability was simply the number of placements. This seems to be a broad and inaccurate measure of placement stability.

Implication for Current Study

1. Placement stability is crucial for the well-being of foster care children. Placement stability was increase using intervention. The intervention used in this study was Parent Management Training-Oregon Model (PMTO). This may be adopted by other agencies or even researched further and revised.

Article

de Villiers, M., & van den Berg, H. (2012). The implementation and evaluation of a resiliency programme for children. *South African Journal Of Psychology*, *42*(1), 93-102.

Study / Method / Design

The purpose of this study was to develop, implement and evaluate a resiliency program for children. The Behavioral and Emotional Rating Scale, Resiliency Scales for children and adolescents, and the Fortitude Scale were used to assess resiliency. The Solomon Four Group Design was used. There were two experimental and two control groups for a total of four groups. Only the two experimental groups were exposed to the intervention.

Subjects

161 participants were selected from four schools in South Africa and divided into experimental and control groups. There were 72 girls and 89 boys between the ages of 11 and 12 years.

Major Findings

1. Emotional regulation and self-appraisal increased significantly after the children had been exposed to the resiliency program.
2. Statistically significant improvements were seen in interpersonal skills, emotional reactivity and self-appraisal.
3. This increased self awareness and ability to appraise themselves more positively influenced the way they regarded stressors and use coping skills

Critique of Design

1. Only the effect of self-appraisal was maintained and increased over the three-month period before the post-test.

Implication for Current Study

1. Activities promoting emotional regulation, stress management, interpersonal skills, and problem solving are important in the development of resiliency.
2. Emotional reactivity shows a statistically significant improvement with the implementation of a resiliency program.

Article

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

Study / Method / Design

This study uses randomized efficacy trials and effectiveness studies to describe an intervention program for youth exposed to severe early adversity to develop resiliency. The intervention program is referred to as Multidimensional Treatment Foster Care (MTFC). The study obtained data from four randomized clinical trials that utilized MTFC.

Subjects

Data was collected from 4 randomized clinical trials. The first one was referred to as ‘‘Juvenile Justice Boys,’’ in which 79 adolescent boys with chronic and severe delinquency who were referred for out-of-home care were randomly assigned to receive intervention. The second study was modeled after the first study and included 81 adolescent girls with chronic delinquency who were referred for out-of-home care by a juvenile court judge and randomly assigned to receive intervention. The third study, referred to as ‘‘Multidimentional Treatment Foster Care for Preschoolers,” consisted of 57 foster children who were randomly assigned to receive intervention, 60 children of which were randomly assigned to regular foster care, and 60 low-

income children living in their biological homes with no child welfare system involvement. The fourth study involved 700 families with children between the ages of 5 and 12 years who were randomly assigned to receive the intervention.

Major Findings
1. Intervention leads to the development of resiliency mechanisms, including improved interpersonal relations and adaptive neurobiological functioning.
2. An important aspect of resiliency is the ability to develop supportive relationships and to have access to support resources.
3. Having a mentor/s and social support fosters resiliency.

Critique of Design
1. No long-term follow-ups took place.

Implication for Current Study
1. Resiliency can be developed and supported with intervention.
2. Study after study insists that a key aspect of resiliency is having a mentor/s and supportive relationships, and having access to resources.

Article

Kagan, R., & Spinazzola, J. (2013). Real Life Heroes in residential treatment: Implementation of an integrated model of trauma and resiliency-focused treatment for children and adolescents with complex PTSD. *Journal Of Family Violence*, *28*(7), 705-715.

Study / Method / Design

This was a pilot study in which 41 children were provided with Real Life Heroes (RLH) treatment. The purpose of this study was to highlight the utility of the RLH model for helping residential treatment programs implement evidence-based trauma and resiliency-focused treatment. The Real Life Heroes (RLH) model engages children and care- givers to build emotionally supportive relationships, develop self-regulation skills, reduce traumatic stress reactions, and integrate a positive self-image through conjoint life story work and creative arts.

Subjects

41 children in home-based, foster care, residential treatment, and out-patient programs.

Major Findings
1. After 12 months of being provided with RLH the children demonstrated an increasing reduction in trauma symptoms.

Critique of Design
1. Small sample size.
2. This seems like another study designed to sell you a model type, there may be some bias.

Implication for Current Study

1. This study highlights the importance of intervention for trauma and stress related problems that tend to occur as a result of being put into foster care.
2. It seems that there is a lot of evidence out there that is saying that better outcomes are possible with early treatment and intervention, so why isn't there action being taken to implement resiliency-focused treatment to at risk populations such as foster care?

Article

Rose, J., & Steen, S. (2014). The achieving success everyday group counseling model: Fostering resiliency in middle school students. *Professional School Counseling*, *18*(1), 28-37.

Study / Method / Design

This study aimed to discover what impact a group counseling intervention, which focused on resiliency characteristics, would have on middle school students' academic and social success. The model they used was the Achieving Success Everyday (ASE) group counseling model. Their goal was to increase the grades and personal functioning of middle school students by focusing on resiliency using the ASE model. This study used both qualitative and quantitative data.

Subjects

7 eighth-grade students at a school in Washington, DC that teaches grades 6-12. The average GPA for these students was 2.05 on a 4.0 scale and each of these students had at least three disciplinary referrals by the end of the first quarter.

Major Findings

1. Some students achieved an increase in their GPA and personal-social functioning following the intervention.
2. 5 of the 7 participants showed an increase in their GPA.
3. The participants self-worth improved.

Critique of Design

1. The sentence "data was not collected from all seven student," was slipped into the discussion section, without more of an explanation. There are missing data.
2. Small sample size.
3. Research bias.

Implication for Current Study

1. Academic achievement can improve with resiliency-focused intervention.
2. Self-worth can be improved with resiliency-focused intervention.
3. Resiliency can be developed and fostered with intervention and treatment.

Article

Middlemiss, W. (2005). Prevention and Intervention: Using Resiliency-Based Multi-Setting Approaches and a Process-Orientation. *Child & Adolescent Social Work Journal*, *22*(1), 85-103.

Study / Method / Design

Two intervention approaches that help facilitate children's social and academic successes in the face of multiple risks are presented. One is a resiliency-based intervention approach that focuses on increasing protection and decreasing risks faced by children. The other approach focuses on using a process orientation in interventions as a means of working with different issues that affect the children's development.

Subjects

It is unclear where they collected data and who they collected it from.

Major Findings

1. Using both a resiliency-based approach and a process-orientation may have a stronger impact on the children.

Critique of Design

1. Unclear where they collected data.

Implication for Current Study

1. In order for resiliency interventions to create lasting change, other interventions may have to be implemented along with it to work on other issues that may null the effects of resiliency training.

Article

Daining, C., & DePanfilis, D. (2007). Resilience of youth in transition from out-of-home care to adulthood. *Children And Youth Services Review*, *29*(9), 1158-1178.

Study / Method / Design

The purpose of this study was to identify the factors that contribute to resiliency in young adults who left foster care in a large urban child welfare system. Sixty percent of the youth participated in a computer-assisted self-administered interview about their self-sufficiency. The interview included topics such as educational attainment, employment, housing, parenthood, health risk behavior, criminal activity, and perceived levels of social support, spiritual support, community support, and global life stress. This study looked for the relationship between support systems, life stress, and the youths' resilience.

Subjects

100 youth aged 18 years and up who left foster care or kinship care between October, 1999 and September, 2000. 89 eligible foster care alumni were excluded from the study due to incarceration, hospitalization, refusal, inability to be located, and cognitive impairments.

Major Findings

1. Females, older youth, and youth with lower life stress had higher resilience scores.
2. The study found a relationship between resilience and gender, age at the time of exit from care, stress level, and social and spiritual supports.
3. The majority of youth demonstrated resilience across multiple domains that are critical for self-sufficiency.

Critique of Design

1. Small sample size.
2. Not clear where they sought out eligible participants.
3. The majority of the participants were female and african american, and all of the study population came from the same city, therefor the data are hard to generalize.
4. Only studied over a one year period, not long enough to see the long-term effects.
5. A response rate of 60% could indicate bias results.

Implication for Current Study

1. Raising the age of youth having to leave care is a consideration. Maintenance models following resiliency interventions could ensure that discharged youth are continuing coping with stress and building their social and spiritual supports.

Article

Samuels, G. M., & Pryce, J. M. (2008). 'What doesn't kill you makes you stronger': Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children And Youth Services Review, 30*(10), 1198-1210.

Study / Method / Design

This was a qualitative study that used interpretive analyses of interviews through the use of the Extended Case Method (ECM) to look at survivalist self-reliance as a resiliency “strategy.” Interviews from The Midwest Evaluation of Adult Outcomes of Former Foster Youth were transcribed and double coded. Themes and patterns were then sought out in the data.

Subjects

This study was part of a larger study called The Midwest Evaluation of Adult Outcomes of Former Foster Youth. Survey data were collected when youth were about 17, 19, and 21 years of age. In-depth interviews were also conducted with 44 youth who were on average 20 years of age.

Major Findings

1. Giving advice to other youth, optimism about their futures, identifying themselves as their only barriers to success in adulthood, and the meaning they made of events in their lives were themes common to the participants.
2. Coping with adversities lead to what is being called survivalist self-reliance.
3. The participants identified pridefully as self-reliant survivors.

Critique of Design

1. The foster care alumni were on average 20 years old. They were either only out of foster care for two years, or they were still in care, depending on the state in which they were receiving care. This does not allow us to see is survivalist self-reliance as resilience was a long-term effect of aging out of foster care or if added to more successful outcomes for the youth. If it doesn't contribute to better outcomes, is it really a part of resiliency? A longitudinal study should be conducted on survivalist self-reliance compared to ability to ask for help and utilize resources.

Implication for Current Study

1. There is a need for caregivers, caseworkers, therapists, and other adults to have relationships/ mentorships with foster care youth throughout their time in care so they are not experiencing the traumas associated with out of home care all on their own.

Article

Johnson, A. J., & Tottenham, N. (2015). Regulatory skill as a resilience factor for adults with a history of foster care: A pilot study. *Developmental Psychobiology*, *57*(1), 1-16.

Study / Method / Design

The purpose of this study was to compare regulatory functions in a group of adults with a history of foster care to those without a history of foster care and to see how regulatory skills function to moderate stress-related outcomes of adversity (daily cortisol production and anxiety). Self-report items that were collected include the Adult Temperament QuestionnaireShort Form (ATQ), Emotion Regulation Questionnaire (ERQ), State/Trait Anxiety Inventory (STAI), and the Life Events Questionnaire. The Emotional Face Go/Nogo, a computerized task, was also given and measures of salivary cortisol were taken.

Subjects

53 adults participated in this study. 26 individuals had a history of foster care and 27 individuals did not have a history of foster care. All participants were either undergraduate students enrolled in a 4-year college or were "successfully employed."

Major Findings

1. Results showed that adults with a history of foster care had higher levels of inhibitory control, were associated with healthier stress-related outcomes and had greater reported use of emotion regulation strategies.

2. Adverse caregiving can have long-term negative effects on mental health that carry into adulthood, but cognitive regulatory skills may moderate these outcomes by contributing to more complex emotion regulation skills.

Critique of Design
1. Define “successfully employed.”
2. Cannot not manipulate regulatory skills for study.

Implication for Current Study
1. Regulatory skills may be an important target for intervention following caregiving adversity.
2. Not very helpful for current study.

Article
Akullian, J. (2005). Resilience in graduates of long-term foster care: A retrospective study. *Dissertation Abstracts International Section A, 66,* 1160.

Study / Method / Design
This was a qualitative research study meant to examine resiliency in foster care alumni to determine what enabled them to develop competency as adults. In-depth interviewing was used. The interviews were then transcribed and analyzed to identify major themes and patterns.

Subjects
11 foster care alumni, two males and nine females ranging in age from 25 through 60, who had been successful in their lives and therefore were considered to be resilient were interviewed.

Major Findings
1. Specific coping and defense mechanisms enabled participants to distance themselves from the trauma experienced before and during foster care placement.
2. Nurturing relationships were found to support resiliency.
3. The use of cognitive defenses such as rationalization, disassociation, intellectualization, and moralization allowed the participants to distance themselves from their painful experiences.
4. The subjects in this study primarily used distancing defenses to deal with the overwhelming feelings of sadness, rejection, anger, fear, etc.
5. Participants had to become aware of the emotional climates of others early on in life to avoid problems with their foster parents or other children, this may have influenced their ability to deal with others.

Critique of Design
1. The researcher in this study spent her childhood in foster care. Her reactions to the participants recollections of foster care were sometimes emotional and stressful for her. Could this have made her data collection bias? Could her reaction have influenced the interview in any way?

Implication for Current Study

1. Being forced to cope with a multitude of challenging circumstances that one generally wouldn't have to face in a normal family household taught these successful foster care alumni resiliency. How can we make this the rule instead of the exception? Nurturing relationships, mentors, coping strategies, consistently available services and support.

Appendix B

Institutional Review Board Approval

LONG ISLAND UNIVERSITY
UNIVERSITY OFFICE OF SPONSORED RESEARCH
UNIVERSITY CENTER

Please be aware that a protocol violation (e.g., failure to submit a modification for any change) of an IRB approved protocol may result in mandatory remedial education, additional audits, re-consenting subjects, researcher probation, suspension of any research protocol at issue, suspension of additional existing research protocols, invalidation of all research conducted under the research protocol at issue, and further appropriate consequences as determined by the IRB and the Institutional Officer.

TO: Professor Thomas Demaria, Psychological Services Center
Courtney Ocasio, Student Principal Investigator

FROM: Patricia Harvey, University IRB Administrator
LIU Post Institutional Review Board

DATE: March 4, 2016

PROTOCOL TITLE: Foster care experiences & resiliency

PROTOCOL NO: **16/03-471**

REVIEW TYPE: Expedited

ACTION: **IRB Exempt Determination/Approval**

Your project as described in your application of March 4, 2016 is still considered to be an EXEMPT educational methodology/approach as defined in 45 CFR 46.101.b.4:

Research involving the collection or study of existing data, documents, records, pathological specimens, or diagnostic specimens IF:

- These Sources are publicly available

OR

- The information obtained is recorded in such a manner that human subjects cannot be identified, either directly (e.g., name) or through identifiers linked to the subject (i.e., through ANY code used with the intent of being traced back to the subject)

Your approval expires on **March 3, 2017** unless you submit appropriate renewal application and annual report.

Please note: Revisions and amendments to the research activity must be promptly reported to the IRB for review and approval prior to the commencement of the revised protocol.

LIU
LONG ISLAND UNIVERSITY

Verification of Institutional Review Board (IRB) Exempt Determination/Approval

LIU Project ID: 16/03-471

Project Title: Foster care experiences & resiliency

Expiration Date: March 3, 2017

Signature: _____

Name/Title: Patricia Harvey, University IRB Administrator

Phone: (516) 299-3591
Fax: (516) 299-3101
Email: Patricia.Harvey@liu.edu

Appendix C

Protecting Human Research Participants Certificate

Certificate of Completion

The National Institutes of Health (NIH) Office of Extramural Research certifies that **Courtney Ocasio** successfully completed the NIH Web-based training course "Protecting Human Research Participants".

Date of completion: 02/09/2016.

Certification Number: 1996181.

Appendix D

Coder Directions

Record story # in top left box.

Read story, looking for code words and phrases. Code words / phrases don't have to be exact. They may be words or phrase that are similar or have the same meaning as word / phrases listed.

For every code word or phrase that you read, put a 1 in the appropriate box.

For any OUTCOME words / phrases that you find, please look to see whether they came after a positive or negative experience.

EXAMPLE:

#	Safety	Power/ Control	Esteem	Intimacy / Trust	Positive Outcome	Negative Outcome
Positive Experiences	**1111**	**11**	**1**	**111111**	**111**	
Negative Experiences	**11**	**1**	**11111**	**11**		**11111**

If you experience any distress while reading the following stories, a psychologist is available to you. Please contact Dr. Thomas Demaria, the advisor of this study. Dr. Demaria is the Director of the Psychological Services Center on campus and may be reached by phone at (516) 299-3211 or via email.

Dr. Thomas Demaria thomas.Demaria@liu.edu

Appendix E

Coding Scheme

Positive <u>Outcomes</u>:
Success
Liberated
College
Career
Peace
Good grades
Stable life
Positive outlook / High self-esteem
Graduate
Give back
Independence
Marriage

Negative <u>Outcomes</u>:
Suicidal
Run away
Jail / Incarcerated
Eating Disorder
Fights
Stealing
Drug use / dealing
Homeless
Depression
Expulsion
School drop out

Positive Safety:
Stability
Feels of being protected
Comfort
Needs met / Taken care of
Safe / Good home
Assurance
Good health
Help when needed
Orderliness

Negative Safety:
Instability
Abuse (physical/sexual)
Uncomfortable
Neglect
Confined
Afraid / Fear / Terrifying
Pain
Horrible home
Chaos
Nowhere to sleep at night
Unsafe / Danger
Yelled at

Positive Power/Control:
Help
Resilient
Survive
Therapeutic / Counseling
Cope
Empower
Make a change
Free
Choice
Learn / Grow from
In control
Hope / Hopeful
Heard / Have a voice
Justice
Power

Negative Power/Control:
Helplessness
Victimize
Prisoner
Forced
Voiceless
No cope/struggling
Out of control
Gave up / Hopeless
Injustice
Growing up too fast
Hopeless
Injustice
Weak
Powerless

Positive Esteem:
Worth
Value
Victorious
Worth
Determination
Warrior
Strong

Negative Esteem:
Worthless
Invisible
Disposable
Lost cause / Never amount to anything
Failure
Broken

Positive Intimacy/Trust:
Attached
Connected
Father figure
Emulate
Taught me
Stood up for me
Support
Listening
Heard
Care
Love
Relationship
Support
Mentor

Negative Intimacy/Trust:
Detached
Disconnected
Unloved
Uncared for
Distant / No closeness
Non-supportive
No one to look up to
No one standing up for them
Abandon
Lie
Not talked to
Alone / Lonely
Untrusting/trust no one
Saw them as a paycheck