

(Blank Page)

DISSERTATION APPROVED BY

July 28, 2016
Date

Dr. Julie Gaddie, Ph.D.
Julie Gaddie, Ph.D., Chair

J Geiger, PhD, MSW
Jennifer Geiger, Ph.D., Committee Member

Jennifer Moss Breen
Jennifer Moss Breen, Ph.D., Program Director

Gail Jensen
Gail M. Jensen, Ph.D., Dean

A RESILIENCE MOSAIC:
FORMER FOSTER YOUTH VIEW RESILIENCE IN LIGHT OF THEIR
CHILDHOOD EXPERIENCES

By
Monique Williams

A DISSERTATION IN PRACTICE

Submitted to the faculty of the Graduate School of Creighton University in Partial
Fulfillment of the Requirements for the degree of Doctor of Education in
Interdisciplinary Leadership

Omaha, NE
(July 28, 2016)

Copyright (2016), Monique Williams

This document is copyrighted material. Under copyright law, no part of this document may be reproduced without the expressed permission of the author.

Abstract

Resiliency is a concept that has both intrigued and eluded scholars and practitioners throughout time and across multiple disciplines. In the case of youth in the foster care system, resilience is prominent in studies where researchers work to discover which factors cultivate some youths' ability to thrive in spite of less than ideal circumstances. This qualitative study explores the phenomenon of resilience through the lens of men and women who have aged out of the child welfare system. Six adults between the ages of 20 and 35 volunteered to participate in this case study where they engaged in hour-long, in-person interviews and shared their experiences prior to, during and following their time in foster care. As a result of this study, these participants were given the opportunity to paint, what they consider to be, a realistic, attainable, and desirable picture of resilience post-care. Resilience as a manifested reality, resilience as a partner to success and resilience as an individualized effort were the shared themes that encompass this mosaic of resilience as crafted by the study participants' profound and colorful. Implications of this study suggest that the cultivation of resilience requires quality mentorship, self-leadership from youth in-care and organizational commitment by state-operated child welfare agencies as well as the federal government. Recommendations based on these findings offer practical interventions for leadership to apply on both micro and macro levels of care for foster youth.

Dedication

This study is dedicated to every young person adrift, who, after having been mangled by life's harsh unpredictability, has had the wherewithal to return to his or her original and triumphant nature as designed by God from the beginning of time. To failing forward and in faith and to succeeding, not by one's own fallible will, but by the perfect will of God in Christ Jesus.

Acknowledgements

First and foremost, I am grateful to God the Father, God the Son and God the Holy Spirit, together forming the interwoven vine that gave birth to, nourishes and sustains my purpose-filled life. To my father, Mark Williams Sr., my mother Jerlyn Williams, my brothers Dr. Mark Williams and Jeremy Williams and to every leaf of my family tree, both past and present who hover over me as a veil of witnesses, supporting me in prayer and praise along my journey, thank you.

Thank you to my editors and friends Elnora Allen and Ashley Johnson for their work at the 11th hour and to my dear friends, Dr. Aisha Toure and Rev. Latonya Agard whose thoughts and prayers served as consistent sources of encouragement.

A special thank you to Dr. Julie Gaddie, my committee chair and Dr. Jennifer Geiger who both worked diligently to push me toward the finish line.

Thank you to the caring adults, dedicated to the work of children in-care who begin their journeys as temporary caregivers and end them as lifelong mentors, parents and friends.

Finally, the most sincere thanks to the men and women behind the 6 voices; each of you who joined together in chorus to share the most vulnerable parts of yourselves. Each piece of you is significant, whether large or small, sharp or dull, jagged or straight; because when they are melded together and the light of God shines through, your hue is brilliant, your beauty pure and your future is brighter than your past. Your stories were touching, your insights were rich and your contribution to the world is unique, urgent and profound. Thank you for your Resilience Mosaic.

Table of Contents

	Page
Abstract	iii
Dedication	iv
Acknowledgments	v
Table of Contents	vi
List of Tables	ix
CHAPTER ONE: INTRODUCTION.....	1
Introduction and Background	1
Statement of the Problem.....	3
Purpose of the Study	4
Research Questions	4
Aim of the Study.....	4
Methodology Overview	5
Definition of Relevant Terms	6
Limitations and Delimitations.....	7
Assumption.....	10
Leader's Role and Responsibility in Relation to the Problem.....	12
Significance of the Study	15
Summary	21
CHAPTER TWO: LITERATURE REVIEW	22
Introduction.....	22
Childhood Trauma/Maltreatment/Children in-care	22

Resilience Literature	24
Definition of Resilience.....	24
Resilience and Child Welfare.....	26
Leadership Literature	30
Mentorship.....	30
Self-Leadership and Interdependence.....	33
Summary.....	35
CHAPTER THREE: METHODOLOGY.....	36
Introduction.....	36
Research Questions.....	36
Research Design.....	37
Research Procedure.....	37
Data Collection Tools/Procedures.....	40
Ethical Considerations.....	41
Financial Issues Influencing Data Collection.....	42
Legal Issues Influencing Data Collection.....	43
Data Analytic Strategy.....	43
Leadership Roles and Implications in Data Collections.....	45
Reflective Practices.....	46
Summary.....	47
CHAPTER FOUR: FINDINGS	49
Background.....	49
Study Participant Profiles.....	50

Study Findings	69	
Summary	81	
CHAPTER FIVE: DISCUSSIONS, RECOMMENDATIONS AND		
CONCLUSIONS.....		82
Introduction.....	82	
Discussion.....	82	
Resilience as a Manifested Reality.....	83	
Resilience as a Partner to Success.....	85	
Resilience as an Individualized Effort.....	86	
Implications for Leadership.....	87	
Limitations.....	88	
Recommendations.....	89	
Youth in Care.....	90	
Caregivers.....	91	
Child Welfare Agencies.....	93	
State and Federal Government.....	95	
Further Research.....	96	
Conclusion.....	97	
References.....	100	
Appendices.....	112	

List of Tables

Table 1. Commonly Used Terms In Study	6
Table 2. Interview Schedule	39
Table 3. Participant Comparison: Definitions of Resilience	72

CHAPTER ONE: INTRODUCTION

Introduction and Background

Dr. Peter Benson, author of “Sparks: How Parents Can Help Ignite the Hidden Strengths of Teenagers” and founder of the Search Institute, gave a TedTalk in 2010 on the topic “Sparks: How Youth Thrive.” During this talk, Dr. Benson shared that, at that time, there were approximately 80 million children and youth between the ages of 0 and 18 in the United States (TedxTC, 2011). In his opinion, these 80 million children, were not just children and youth but they were 80 million opportunities for great potential to be realized. Of these 80 million children, Dr. Benson sites that merely 1 out of 4 high school aged children were “on a pathway of human thriving” (TedxTC, 2011). Based on his research, this then leaves an astounding 75% of high school aged youth who were setting out on the opposing path to which Dr. Benson explains leads them to an empty, medicated, confused, and lost state of being (TedxTC, 2011).

Dr. Benson attributes the cause of this dearth in success, to the fact that adults fail to identify and light the internal fire or “human spark” that exists in these children (TedxTC, 2011; Steiner, 2014). The human spark, here, is defined as the “the thing that gives a young person joy and energy, the reason why some will seek to get up in the morning and get moving. Something that gives their life hope and direction and purpose” (TedxTC, 2011). Brielmaier (2010) agrees that positive youth development is far more than helping the youth exist, rather, “it is about helping them thrive” (p.1). Dr. Benson goes further to assert that, when caring for a child, it is the responsibility of the adult to ask and listen for a meaningful response to the question, “What is your breath, what is your spark?” (TedxTC, 2011).

This talk shed light on ‘youth’ as a homogenous group of individuals, all in need of just a little inspiration. What, however, is to be said about youth in the aforementioned population who have experienced childhood trauma, maltreatment or displacement that initiated their journey through the child welfare industry? Does their past experiences play a role in stagnating their future success? What adult caregiver do they rely on to ignite their ‘spark’? How does the adult caregiver light a spark in the midst of a child’s tempestuous circumstance? How do they perceive resilience in light of their circumstances? Drapeau et al. (2007) assert that youth in-care are a vulnerable population and that this vulnerability does not end at the time of placement in-care or even as they matriculate through care but continues to make them susceptible to societal failings once they transition into adulthood. This assertion along with countless other points of research prove the pertinence of this study.

There is a sub-population of youth who, as a result of being in-care, find themselves unmotivated and grossly unpreparedness to tackle life after care (Berzin, Singer & Hokanson, 2014; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Daining & DePanfilis, 2007). Unpreparedness is not an issue that only effect the individual youth, but it has a direct correlation to a youth’s ability or inability to thrive as a productive member of society (Courtney, et al., 2001; Courtney, Terao & Bost, 2004). Based on the literature reviewed in this study, youth in-care require an additional level of support as they inevitably encounter several more hurdles than the average youth due to their experience with childhood trauma (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006; Courtney et. al, 2004; Culver, 2014). Youth in-care are particularly more vulnerable due to the barrage of adverse and non-traditional familial, circumstantial

and personal experiences that have shaped their outlook and responses to life (Drapeau, Saint-Jacques, Lepin, Begin & Bernard, 2007). The research conducted in this study will be used to develop programming and resources designed to assist adult caregivers with igniting the “spark” needed to transform youth in-care into thriving young adults in the global society.

Statement of Problem

Studies show that children who have lived in-care, typically experience some form of maltreatment. As a result of this treatment, many of these youth may encounter emotional, behavioral, relational, and neurological vulnerabilities (Culver, 2014; Davidson-Arad & Bitton, 2015; Hass & Graydon, 2008; Leve, Harold, Chamberlin, Landsverk, Fisher & Vostanis, 2012). Some children who have experienced such maltreatment can be more susceptible to patterns of homelessness, illiteracy, drug and alcohol use, post-traumatic stress syndrome, and unhealthy adult relationships (Almendon & Glandon, 2007; Carle & Chassin, 2004; Zolkoski & Bullock, 2012). Without the proper mentorship and programming, these youth enter adulthood unprepared, and can fall prey to negative societal outcomes such as unplanned pregnancies, drug and alcohol addictions and joblessness (Casey Family Services, 2015; Jones, 2011). If Dr. Benson’s theory is correct and it is the responsibility of adult caregivers to identify what “sparks” a child’s resilience; it is also the adult’s responsibility to create a meaningful relationship with a child. The problem is that this cannot be accomplished without the trusted adult’s commitment to searching for and garnering the true and attainable meaning of resilience from the experiences of those

youth who are familiar with trauma, maltreatment and the child welfare system (Benson, 2011; Havlicek, 2011; Brielmaier, 2010).

Purpose of the Study

The purpose of this qualitative case study was to gain a greater understanding of the perceptions that youth in-care have of resilience. By inviting former youth in-care to retrospectively consider their experiences before, during and post-care, the researcher unearthed their insights on the definition, components, value and leadership roles necessary to nurture resilience for youth in-care.

Research Questions

As the study's purpose creates the study's foundational structure, the following research questions provide essential pillars of support:

Research Question #1: How is resilience defined by alumni of care?

Research Question #2: What are the key attributes that make up resilience, as stated by alumni of care?

Research Question #3: What resources (i.e., people, programs) exist, or should to help promote resilience during and post-care?

These questions were used as the framework to create direction and structure for the interviews with the alumni of care.

Aim of the Study

The aim of this study was to create a space for former youth in-care to provide their honest insights regarding resilience. As the study participants reflected on their childhood and adult experiences, religious and philosophical belief systems, successes, shortcomings and future goals, they fashioned a theoretical filter through which they perceived resilience. Insights gleaned from these perspectives were used to create

effective transitional life-skills programs designed to provide support to youth in-care as well as youth in other historically disadvantaged communities.

Methodology Overview

A case study methodology was utilized for this study. Case study research is characterized by its focus on one specific topic, group, or individual person in a contemporary context or setting and is customarily utilized by experts in multiple fields, including but not limited to social science, medicine and law (Creswell, 2013). Because of its focus on one topic, group or individual, a case study often results in an in-depth understanding of the object of study (Creswell, 2013); hence, serving as the ideal methodology to examine the phenomenon of resilience through the experience of former youth in-care. The case study methodology is a compatible approach to the purpose of this study because it afforded the researcher an opportunity to compare the stories of a small group with similar experiences and study the phenomena of resilience through multiple lenses (Baxton & Jack, 2008).

The participants in this study were male and female adults who have aged out of care for a year or more. All of these adults have maintained communication with former house managers, group home staff, foster parents, friends and mentors who they connected with while in-care. In addition to connecting with agencies that serve youth post-care, the researcher utilized these caregiver connections to make initial contact with potential study participants. These connections between mentors and study participants were integral in the recruitment process due to the strength of their long-term relationships and the trust that have been developed through time and circumstances (Storer, 2014). Once the researcher contacted the study participants, a time and location

was scheduled for an in-person interview. The researcher made attempts to connect with a total of 10 young adults for this study, of which six responded and willingly participated.

The inclusion criteria for this study was male and female adults, 19 years and older who resided in various types of out of home placements for two years or more and who have aged out of care for a year or more. This age range was chosen because 18 is the legal age of adulthood and the age when youth can choose to transition out of care. The goal was to interview adults who have lived various amounts of time outside of care for at least one full year and who could give a fresh and clear perspective of their experience while in-care. The exclusion criteria for this study included anyone who is currently in a behavioral or criminal institution and youth 18 and younger.

Definition of Relevant Terms

The following terms in the table below, were used operationally within this study:

Table 1: Commonly Used Terms in Study

Term:	Definition:
In-Care	Period of time when a child matriculates in the Child Welfare System.
Youth In-Care	Children between the ages 0 and 18 who are currently matriculating through the Child Welfare System.
Post-Care	Period of time following a child's matriculation in the Child Welfare System/Adulthood.

Alumni of Care or Former Foster Youth	Young Adults 18 and over who have transitioned out of the Child Welfare System.
Out of Home Placement	Any placement within the Child Welfare System that is not the child's home of origin (i.e., group home, foster home, residential treatment center, relative's home).
Resilience	One's ability to recover from past trauma, adapt positively, and live in the present productively

These terms were essential to understanding the focus, context and direction of this study.

Limitations, Delimitations and Assumptions

Despite the careful preparation taken to develop this study, it is important for the researcher to acknowledge the presence of limitations, delimitations and assumptions in the study. First, there were several limitations pertaining to selection bias and generalizability, participant willingness and interpretation of data that shaped this study. The researcher employed the purposive and convenience sampling strategies for selection of participants. Creswell (2013) identifies three considerations that go into purposive or purposeful sampling: participants in the sample, type of sampling and sample size. This study's demographic was defined as: adults between the ages of 20 and 35 who had aged out of care for a year or greater and reside in the Phoenix Metropolitan area. As a result, 10 adults were contacted and six willingly agreed to participate. In many cases, some

young adults who have experienced care as a child or teenager wish to disassociate themselves from the system once they age out (Berzin, Singer, & Hokanson, 2014; Courtney et al., 2001).

It has been noted that some former youth in-care become disconnected from the child welfare system for many reasons. Some may do so accidentally, failing to maintain ongoing communication with their case workers (NPR, 2010). Some may simply enjoy the freedom of entering into a new phase in life without associating and others may disconnect themselves from the memory of their experiences that might include maltreatment, trauma or displacement both prior to or during their placement in-care (Berzin et al., 2014; Courtney et al., 2001).

Additionally, many of the youth who age out of the system fall victim to homelessness and are without permanent housing or consistent contact with others (Daining & DePanfilis, 2007; Courtney et al., 2004; Berzin et al., 2014). To complicate matters further, the longer the time that they have been out of care, the more difficult it becomes to connect with them due to all of the aforementioned complications. This study sample is unique because although each participant is a former foster youth, they all maintain positive relationships with mentors and have not, currently, fallen victim to negative life outcomes. Through convenience sampling there was a selection bias that attracted participants who were connected, thriving and willing to participate in this study. Thus, due to the type of participants, type of sampling and sample size, the results of this research cannot be used to generalize the entire aged out population. It was important to understand that there should be no expectation that all aged out adults would have the same outcomes.

Additionally, the researcher was aware that there needed to be special attention given to the willingness and emotional capacity exhibited by each participant. Once the initial connection is made with the alumni of care either by the researcher or the participant's mentor, it will be up to the participant to express interest and demonstrate his or her ability to undergo an interview regarding the details of their personal life story. Any research that requires the thoughts, opinions and perception of human subjects will generally go only as far as each participant is willing and capable of going. In this study, the participants were required to describe their challenging backgrounds and answer, what they may have considered to be, emotionally charged questions about their past, present and future.

The third limitation in this study relates to the interpretation of data. Creswell (2013) describes qualitative research as “an intricate fabric composed of minute threads, many colors, different textures, and various blends of material” which due to its intricacy make such research challenging to explain (p. 42). Qualitative research is demarcated by the allowance of interpretation by the researcher by permitting them to use their looms of their varying perspectives to create their own fabric (Creswell, 2013). In choosing the qualitative research method, the study will be limited to the range of interpretation exercised by the researcher.

Creswell (2013) defines delimitations as factors that are fully controlled by the researcher. By this definition, this study has three delimitations. The first delimitation in this study was in the collection of research. The researcher decided that the only method of data collection would be face to face interviewing. Because the participants were asked to recount their challenging histories leading up to, during and following placement in-

care, it was important for the researcher to create a comfortable and confidential environment to encourage open and honest sharing. Conversations over the phone and even via resources such as Skype or WebEx would not allow for this. Having face to face dialogue allowed the researcher to detect the feelings or concerns of the participant and adjust questions accordingly.

The second delimitation, similar to the first limitation, was based on the study demographic. Although youth can legally choose to age out of care at 18, some choose to stay in group homes or foster home after this time, on a voluntary basis for various reasons. These young adults were not included in this study because they have no experience living independently from a group or foster home. Also, while they are legally capable to agree to interviews without the consent of an adult, young adults who remain in-care would only be able to predict how life would be post-care, as they would still be in-care.

The final delimitation was based on the participants' out of home placement. This study focused on young adults who have either resided in group homes, foster homes or residential treatment centers. Any person who lived in alternative relative placement was not included in this study. This was decided in order to focus only on people who have lived in child welfare agencies.

Assumptions

In addition to limitations and delimitations, the researcher brought a number of assumptions to this study. The first two assumptions made in this study pertained to the researcher's expectations of participant responses to several interview questions. The first question(s) referred to the focal concept of this study, resilience. The assumption made

was that the participants were going to provide starkly different definitions of resilience. This assumption was based on the exceptionality of each of their life experiences and was not realized until the researcher began to interpret the findings of the studies and recognized that all six participants offered very similar definitions of resilience. The researcher assumed that their responses would directly reflect the participants' idiosyncrasies. Additionally, in hindsight however, the researcher recognized that the first research question, "How do alumni of care define resilience?" implied this expectation as well as the researcher's unconscious attempt to generalize this sample group as well as the larger population represented by this group.

Secondly, the researcher assumed that the participants' responses to the questions regarding their resilience or lack thereof would have a direct correlation to the whether or not they believed that they were successful. This too was not the case, the study participants acknowledged that they considered these two concepts to be mutually exclusive. Thus, in light of these first two assumptions, in an effort to maintain open-mindedness to the study, during the data synthesis phase, the researcher noted this assumption and made a concerted effort to view each study participant as an individual; independently of their circumstances, similarities and differences. Consequently, both of these assumptions became primary themes in this study.

The third and fourth assumptions relate to the researcher's profession. As the Education and Program Development Manager (EPDM) at a group home organization, the researcher is tasked to bring education and enrichment offerings to both staff and children in the group homes. One of the EPDM's primary obligations is to facilitate the young adult independent living skills program. This program provides life skill training

and assessment in areas of personal, professional, social and emotional development. Thus, the researcher brings extensive practical knowledge to this study as well as opinions regarding the structure and efficacy of independent living programs designed for youth in-care.

Finally, this position as EPDM and work with youth in-care leads to regular interactions. Examples of these interactions are, teaching classes, job hunting, mentorship, team decision making meetings and disciplinary discussions. These interactions draw the assumption that the researcher has some knowledge of the target demographic in this study. Through this connection with youth via training, educating and mentorship, the researcher brings personal and professional insights, opinions and about this population.

To manage all potential limitations, delimitations and assumptions developed in this study, it was important that the researcher maintained what Lietz and Zayas (2010) identify as “trustworthiness” in this research as she worked to create a product that would eventually support the larger population represented by the participants of this study. Any form of bias can seriously damage the integrity of this study. Therefore, the four pillars of trustworthiness (Lietz & Zayas, 2010) of credibility, transferability, auditability, and confirmability will be implemented throughout all points in this study.

Leader’s Role and Responsibility in Relation to the Problem

For the purpose of this study, the definition of leadership is “shaping beliefs, desires and priorities” of an individual or group (Haslam, Reicher & Platow, p. xiii, 2011). The role of leadership in this study was unique because there was a three-pronged leadership focus. The first focus was based on the traditional model of leadership in the

form of a relationship between the caregiver/mentor and youth in-care. The second leadership focus was self-guided and based on the influence the young adults have on themselves and their circumstance. The final approach was the interdependent leadership shared between mentor and self-guided youth.

Historically, leadership is understood as a process of influencing a group or individual to follow the ideology or goal set by of a singular leader or group of leaders, normally by force or persuasion (Haslam, Reicher, & Platow 2011). However, in recent years studies have shown a shift in leadership theories, thus it is now understood that successful leadership is evidenced when “followers act willingly because they really believe in what [the leaders] are doing” (Haslam, Reicher, & Platow, p. 166, 2011). This is where mentorship finds a place in this study. Avery (2011) asserts that “successful child development is inextricably linked to unconditional committed adult relationships” (p. 13).

Greeson and Bowen (2008) specifically mentioned that mentors to youth in-care can provide emotional, informational, instrumental and appraisal support. Emotional and appraisal support are closely related as they provide support where youth feel like their mentors are people they have the ability to talk to and learn from when problems arise (Greeson & Bowen, 2008). Instrumental support, however, relates the mentor to providing tangible support in the form of cooking or child care and informational support is practical insight regarding classic life scenarios (Greeson & Bowen, 2008). With there being a scarcity of positive adult-youth relationships, it is important for caregivers to either become mentors or recruit qualified individuals to serve as mentors for the children (Brielmaier, 2010).

While mentorship is highly encouraged, such connections can often be difficult to make and maintain, particularly in the child welfare paradigm (Salazar, Keller, Gowen, & Courtney, 2013; Ehlert, 2012; Anda et al., 2006). Therefore, it is essential to consider what Lowney (2003) believes is a primary component of leadership, which is self-motivation. As it is, this study was shaped by how youth formerly in-care articulate their understanding and experience of resilience which also takes into consideration that resilience may be something achieved with and without the standard support system afforded to average youth. Therefore, self-leadership requires a level of self-awareness because “those who have identified what moves them to wholehearted engagement have little trouble staying motivated” (Lowney, p. 95, 2003). Self-guided leadership should be self-generating meaning that it should replenish a person’s drive and willingness to progress (Haslam, Reicher & Platow, 2011).

Youth post-care struggle with teetering between multiple worlds of dependence and independence as well as adolescence and adulthood (Berzin et al., 2014). Yet, when they discover the power of independence, change happens. There have been more than 50 pieces of law in 8 states passed by legislation regarding child welfare, each of which were lobbied by foster youth-led organizations since the 1990’s (Foster Youth in Action, 2015; The Mockingbird Society, 2013). Such displays of leadership exhibit resilient behaviors by indicating their capability to articulate their needs and advocate for the needs of others. There is other evidence of the impact of the youth voice in the community and government such as the advent of foster advocacy groups like, Foster Youth in Action and Mockingbird Society. Both organizations utilize the strength of the foster youth

voice. Nevertheless, although these efforts are primarily fueled by young people in-care, even these acts are supported by mentors who provide counsel and guidance.

The interdependence between mentors and youth has recently surfaced as a more effective element of youth aging out than independence alone (Antle, Johnson, Barbee, & Sullivan, 2009). Historically, there have been programs that focused on independent living services, however, negative outcomes continue to be prevalent (Antle et al., 2009). However, interdependent living incorporates the importance of a foster youth having healthy and productive relationships with mentors and potentially with disconnected family and friends (Antle et al., 2009).

Significance of the Study

Almedom and Glandon (2007) make the following assertion regarding resilience,

...resilience metatheory has taken psychology to its original Greek meaning “study of the soul” where “soul refers to the whole integrated being of an individual...effectively recognizing the inevitability of interdisciplinary when tacking complexity (p. 128).

This, and essentially, any study of resiliency is a prime example of the inevitable incorporation of multiple disciplines because it can be defined and interpreted across disciplines (Almedom & Glandon, 2007; Frigborg, Barlaug, Martinussen, Rosenvinge and Hjemadal, 2005; Herrman, Stewart, Diaz-Granados, Berger, Jackson & Yuen, 2011). In this case, the study of resilience requires one to have a working understanding of the myriad of effects that has academically, psychologically, biologically, relationally, currently and over time. These effects can include but are not limited to physiological development and brain function (Almedom & Glandon, 2007; Herrman et al., 2011; Kim-

Cohen, 2006; Tugade & Fredrickson, 2004) personality and social intelligence (Friborg et al., 2005) and sociological interactions in school and the community (Bernard, 1991; Luthar & Cicchetti, 2007).

Daining & DePanfilis's (2007) study on resilience of youth in transition showed that youth who are aging out of care are grossly underprepared to support themselves and struggle most in the areas of employment and education. It went on to show that the subpopulations within this demographic who demonstrate higher resilience were those who were female, exited care later than 18 years old and/or those who perceive less global stress (Daining & DePanfilis, 2007). This study along with others make it clear that an indicator of resilience for youth who age out is an "internal locus of control" that nurtures qualities like assertiveness, independence and goal orientation" (Daining & DePanfilis, 2007; Hines, Merdinger & Wyatt, 2005).

Approximately, 40,000 foster youth age out of care every year (Richardson & Yates, 2014). Before being placed in-care, many children who are exposed to abject poverty, mistreatment and the foster care experience itself, find difficulties with adapting socially, academically, mentally, and emotionally (Jones-Harden, 2004). These difficulties, and others, follow the youth through their transition from foster care to adulthood. After having aged out, many of these young adults struggle with homelessness, inability to meet basic expenses or needs, poor health, and inconsistent employment" (Reilly, 2003). When it comes to academics, under 10% of youth in-care attend college, with approximately 3-4% graduating from a 4-year higher educational institution (Cohn and Kelly, 2015). Predictably, issues are outcomes that reflect a key barrier to their resilience "the premature and abrupt responsibility of self-sufficiency"

(Daining & DePanfilis, 2007, p.1158). This premature responsibility is exasperated by developmental difficulties associated with trauma before and during care (Hines, Merdinger, & Wyatt, 2005).

In their study, Berzin and colleagues (2014) discussed the concept of young adults “feeling in-between” because they are not fully child or adult. In this identity flux, young adults struggle with feelings of failure, lack of motivation and inability to support themselves, or contribute to others (Berzin et al., 2014). Therefore, by providing a space for youth in and post-care to express what they require in order to be successful, studies like this will offer fresh insight into what it takes to instruct, inspire, and prepare disadvantaged children from varying backgrounds to be competitive and contributing citizens in a global community.

Conversely, many other studies have found that there is a thriving sub-group of this demographic of youth that successfully transition and do not experienced poor outcomes (Greeson & Bowen, 2008; Sanders et al., 2014; Sanders et. al, 2015; Werner & Smith, 2001). Additionally, according to Sanders et al. (2015), youth aging out of care who have positive experiences with supportive services (i.e. mental health, special education) tend to report higher resilience, lower risks for negative outcomes, better outcomes overall and rank their levels of resilience risk and outcomes to be equal to that of youth who are in no need of such services (Sanders et al., 2014; Sanders et al., 2015). Shpiegel (2016) and Bernard (1991) both agree agrees that there are indeed many thriving youth in this demographic and discovered that experiencing struggle alone does not constitute a lack of resilience; a youth can struggle with one area of their lives and still possess resilient equalities. She also found that, gender and race play a notable role

in exhibiting resilience as well (Shpiegel, 2016). In addition to services and protective factors, the involvement of a consistent, nurturing adult who is willing to teach youth independent living skills, can often work to mitigate negative outcomes that customarily result from living in high risk environments (Greeson & Bowen, 2008; Osterling & Hines, 2006; Werner & Smith, 2001).

Studies have also shown that without effective intervention programs, a large population of young people exposed to multiple risk factors will experience extreme problems in the long run (Luthar & Cicchetti, 2000). For example, studies have shown that affluent suburban youth, a population perceived to be “low risk”, are more at risk for substance abuse (Luthar & Cicchetti, 2000).

The first significant benefit of this study is that it will not only provide information to create effective programs for youth in and post care, but it will do so on behalf of individuals, and organizations that serves marginalized populations. The concepts of adversity and resilience are not conditions reserved solely for children who have experienced foster care. While it is proven that youth who have matriculated through the child welfare system are at risk for numerous challenges (Davidson-Arad & Navaro-Bitton, 2015; Drapeau et al., 2007; Hass & Graydon, 2009; Leve, Harold, Chamberlain, Landsverk, Fisher, & Vostanis, 2012), they are not the only population “at risk.”

This “at risk” label is what the researchers at Mount Royal University (2014) worked to address in their study about using a strength-based approach to building resilience. In this study, the researchers found that most community programming is “deficit-based,” meaning that they focus on what is wrong with an individual or

community instead of what is right (Mount Royal University, 2014). This deficit-based approach infers an “unspoken doubt that people can cope with challenges and overcome them on their own” (Mount Royal University, p. 2, 2014). This approach is integral in creative programs that promote the existing strengths of marginalized populations including alumni of care.

Additionally, this study has great potential to add significant value to scholarly literature, governmental fiduciary policies and industry knowledge. As far a scholarly literature is concerned, this study will contribute to the ongoing conversation regarding the success of Child Welfare reform. Several studies suggest that rather than releasing young adults to full independence once they come of age, there is a dire need to build a system that integrates support and interdependence (Berzin, Singer & Hokanson, 2014; Propp, Ortega & Newhart, 2003). This idea is supported by Courtney and colleagues (2001) who believe that there should not only be more programs for youth aging out of the system but programs that are innovative and relevant. Being aware of what these young adults consider resilience, success and survival will assistance with making such programs applicable.

The findings of this study can potentially inform policies that justify the increase of government funding towards informative and preventative educational programming which can in turn provide support schools, group homes and juvenile detention centers. Daining & DePanfilis (2007), assert that one of the most noteworthy issues in child welfare is the need for funding to assist with the education support of youth in-care. In addition to funding for education there is also a clear need for funds to support graduates of the child welfare system require training in finding employment, financial sufficiency

and relationship building (Jones, 2011) and providing additional support for those who have disabilities (Geenen & Powers, 2007).

Findings from this study will not only speak to child welfare reform but can potentially infiltrate topics on effective leadership in minority and marginalized communities, as well as the eradication of the pre-school to prison pipeline. At the intersection of the pre-school to prison pipeline resides at-risk children (Kim, Losen, & Hewitt, 2010). The challenge is not so much with the youth as it is with the system that emphasizes children's deficiencies instead of their strengths and gifts (Kim, Losen, & Hewitt, 2010). Compound these system insufficiencies with children who are experiencing or who have experienced trauma that has caused them to be removed from their homes and the disparities are innumerable. Results from this study can potentially provide insight into how to provide effective support to at-risk children by utilizing their understanding of resilience in order to prevent student disengagement and improve drop-out rates.

Each level of this research study required the integration of reflective practice and an in-depth discussion on the efficacy of various types of leadership in different communities. Because this study requires the researcher to engage in intimate conversations with study participants regarding their traumatic histories, reflection will be integral before and after each interview. The researcher reflected on the fragility and vulnerability of each participant interviewed in an effort to create an open, safe and positive environment for each participant. Additionally, reflection took place following each interview so that the researcher could process her approach and the participants'

responses to her approach in order to make necessary improvements throughout the research processes.

Summary

The concept of leadership is a key element to this study. The idea of self-leadership and leadership of others and leadership together will be examined. As young adults are questioned about their experiences, it will be important for them to indicate who they attribute their leadership skills to, if they indeed identify that they are leaders. Additionally, questions about whether or not they feel as though they can rely on themselves as leaders and whether or not they feel adept at leading others will be presented.

CHAPTER TWO: LITERATURE REVIEW

Introduction

This literature review will offer background of the research regarding the phenomenon of resilience as well as the societal manifestations and responses to trauma experienced by youth and young adults in the child welfare system. This section will be divided into the following three subgroups: (1) Childhood Trauma/Maltreatment/Children In-Care, (2) Resilience Literature (3) Leadership Literature. Together, these subgroups will provide the reader with a cohesive background to the study of resilience and youth in-care.

Childhood Trauma/ Maltreatment/Children In-Care

Childhood trauma is not momentary and does not end with childhood (Anda et al., 2006; Ehlert, 2012). Rather, the ripples caused by childhood trauma are instantaneous and perpetual. Anda et al (2006) assert that the development of the human brain is delicate to “extreme, repetitive, or abnormal patterns of stress” (p. 174), thus when childhood trauma is experienced, there are "profound and lasting neurobehavioral consequences (p. 174). Several studies have found connections between childhood trauma, substance abuse, and emotional and neurological disturbances (Ehlert, 2013; Lynch & Cicchetti, 1998; Salazar, Keller, Gowen, & Courtney, 2012; Legault, 2016).

Dvir, Denietolis and Frazier (2013) cite that approximately 25% of children experience some form of abuse at home or in their communities before the age of 18. Placement in the foster or group homes is included in these traumatic experiences (Dvir, Denietolis, & Frazier, 2013). Decades of research have attributed manifestations of this

trauma, like schizophrenia, as resulting from abnormal familial interactions but are now considering environmental and genetic vulnerabilities (Dvir, Denietolis, & Frazier, 2013). It has been shown that childhood trauma is linked to adult psychosis, posttraumatic stress disorder (PTSD), homelessness, depression, alcohol abuse, and a host of other maladaptive personality traits (Almedom & Glandon, 2007; Anda et al., 2006; Colman et al., 2013; deCarvalho et al., 2015; Gomez et al., 2015; The National Center on Family Homelessness, 2011).

This relationship between PTSD and childhood trauma is supported by the study conducted by Salazar et al. (2012) who assert that 30% of foster care alumni experience a lifetime of PTSD as compared to 7.6% of their peers. These statistics and many others show that the existence of resilience and occurrence of adversity are mutually dependent on one another (Almedom & Glandon, 2007; Friborg et. al., 2005; Herrman et. al., 2011; Luthar, Cicchetti, & Becker, 2000; Luther & Cicchetti, 2000; Tungade & Fredrickson, 2004).

Dvir, Denietolis and Frazier (2013) has discovered that there are some types of trauma that have correlations to specific psychotic symptoms. For instance, Dvir, Denietolis & Frazier found that in many cases auditory verbal hallucinations experienced by a child may be connected to various forms of sexual abuse, while the act of separation can manifest itself as paranoia (Dvir, Denietolis, & Frazier, 2013). The varying results of childhood trauma are important to consider in light of future planning and the nurturing of resilience and success for children and youth in and post care. In understanding the root and manifestation of trauma, caregivers and mentor can seek to develop support plans that effective for children and youth in their care.

Resilience Literature

The Definition of Resilience

The word resilience has been traced to the early 1600s and is derived from the Latin word *resiliens*. Almond and Glandon (2007) define resilience as the capacity “to rebound, recoil, resume shape and size after stretching or compression.” Children were the subjects in what were some of the earliest studies of resilience. In these studies, Werner (1992) sought to find:

the roots of resilience in those children who successfully coped with such biological and psychosocial risk factors, and at protective factors that aided in the recovery of troubled children and youths as they made the transition into adulthood (p. 262).

The study spanned for decades and followed 698 multi-cultural/multi-racial children born into varying degrees of adversity (i.e., poverty, illiteracy, health issues) from infancy to adulthood (Werner & Smith, 1982). From this research, it was found that a third of these children displayed resilient behaviors or “self-righting tendencies” (Werner & Smith, 1982, p. 262) that resulted in the production of normal development despite persistent childhood adversity. The youth who displayed these resilient behaviors were found to be physically healthier, have a positive self-image, and a sense of responsibility for their actions and themselves (Werner & Smith, 1982).

In addition to Werner & Smith’s studies, many other studies have found that up to two-thirds of children who have survived abuse, poverty, war-torn environments, and other adverse situations not only overcome their circumstances but find a way to curiously transform their negative outcome into a positive one (Bernard, 1995; Werner & Smith,

1982; Herrman et al., 2011). Though the phenomenon of resilience is often made to appear as though it is an exceptional occurrence, Masten (2001) believes that the surprise of resilience is not that it is unique but that it is ordinary. Masten's (2001) study goes further to say that the occurrence of resilience stems from basic human adaptation. Nevertheless, regardless of subject or demographic, it is mutually agreed upon that resilience is a positive adaptation that occurs as a direct response to adversity (Almedon & Glandon, 2007; Friborg et al., 2005; Herrman et al., 2011; Luther, Cicchetti, & Becker, 2000).

There are numerous studies dedicated to defining what the phenomenon of resilience is and what it is not. Scholars in multiple disciplines seek to discover what resilience means specifically related to their subject matter, whether it is psychology, biology, genetics, public health, social work, or psychopathology (Herrman et al., 2011; Kim-Cohen, 2007; Harvey & Delfabbro 2004). In addition to academic disciplines, resilience has also been translated through the lens of political preference or ethical, moral and personal convictions (Almedon & Glandon, 2007).

Some scholars describe resilience as a "positive adaptation" to adverse circumstances (Herrman et al., 2011; Luther, Cicchetti, & Becker, 2000; Luther & Cicchetti, 2000; Tugade & Fredrickson, 2004; Bernard, 1991; Werner & Smith, 1982). Conversely, however, Almedon and Glandon (2007) took a unique approach to resilience from the perspective of what resilience is not. They assert that health is not simply the absence of disease as resilience is not simply the absence of Post-Traumatic Stress Disorder (PTSD) (Almedon & Glandon, 2007).

While the search for the definition of resilience has spanned for multiple centuries and longitudinal studies of resilience can be traced back the 1950s (Werner, 1982), Friborg et al (2005) claim that there has been a revival of interest in this human phenomenon in recent decades. They further state that it continues to lack “a clear-cut taxonomy, as well as measurement instruments for studying [its] construct” (Friborg & Barlaug, 2005, p. 29). This makes the study of resilience challenging and affirms the explanation as to why resilience scholars struggle to pinpoint its opus.

Resilience and Child Welfare

The understanding of resilience as it pertains to childhood trauma began to take shape in studies conducted by Drs. Werner and Smith on the Hawaiian island of Kauai. Throughout this study, they contemplated the idea of innate predispositions, parental influence, and evolution as being amongst the key components of resilience. Eventually, they conceded to the idea that there is a “need to identify more systematically the positive effect of these variables in contributing to ‘resiliency’ and ‘invulnerability’” (Werner & Smith, 1982, p.157).

The focus of this seminal study and many other studies was to better understand how some children display resilience despite circumstances such as poverty, violence, substance abuse, and illness (Werner & Smith, 1982; Zolkoski & Bullock, 2012; Werner, 2005; Masten, 2001; Jessor, 1993; Havlicek, 2011). Other studies simply grapple with general negative outcomes of the aforementioned circumstances like maladaptive personality traits and the propensity of depression and substance abuse (Colman et al., 2013; Ehlert, 2013; Anda et al., 2006). However, this study introduces the added layer of trauma sparked by life in the child welfare system and life post- care.

Youth are placed in-care for numerous reasons. Similar to the youth studied by Werner and Smith (1982), some are victims of poverty, poor health and illiteracy, while others suffer from abuse, neglect and/or abandonment that most likely occurred at the hands of trusted friends and family (Kids Health Organization, 2015). Bass, Shields and Berhman (2004) assert that some children's journey begin at birth "when it is clear that a mother cannot care for her newborn infant" (p. 6) while others begin when a community member makes a formal report of maltreatment. To the aforementioned explanations of abuse and neglect, Craft (2014) adds that children can also be placed in-care due to death or incarceration of one or both parents, truancy or voluntary placement due to parent's inability to manage a child's behaviors. As a result of these circumstances, these youth are taken and placed under the guardianship of a child protection agencies and subsequently reside with relatives or in group or foster homes. As previously mentioned, studies show that common explanations for a child becoming involved with a child protection agency include but are not limited to: physical, emotional and/or sexual abuse, medical neglect, homelessness, the inability of parents or guardians to provide essential resources for the children's survival, or deplorable living conditions.

As of July 2015, it was reported that after a 20% decline between 2005 and 2012 the number of children in foster care rose from 397,000 to over 415,000 in the year 2014 (U.S Department of Health and Human Services Administration for Children and Families, 2015). Additionally, there are approximately 3.6 million annual reports of child maltreatment in the U.S. that involve 6.6 million children. These reports are primarily made by law enforcement, educational and social service professionals but are also be made by family and friends (U.S. DHHS, 2015).

Coupled with the trauma resulting from their displacement, children and youth who reside in foster and group homes may also experience trauma in the process of removal from their homes (UPenn Collaborative on Community Integration, 2015). With very little opportunity to brace for change, these children are catapulted into the child welfare system where they are forced into new family structures, new friendships, and environments. Unfortunately, this trauma has lasting effect on in multiple categories of development (UPenn Collaborative on Community Integration, 2015).

It is noted that many youth struggle with unemployment as well as mental, emotional, educational, and relational distress (Daining & DePanfilis, 2007). As a result of these issues, youth in-care struggle with delayed and compromised development that affects future mental, emotional, physical and financial stability and well-being. (Daining & DePanfilis, 2007; Hines, Merdinger & Wyatt, 2005; Jones, 2011)

As a result of their lack of skill, training and support systems, life outcomes are dismal for many. Drapeau et al (2009) claim that the vulnerability of youth in-care does not end with their placement in-care or even as they matriculate through care but continues to make them susceptible to societal failings once they age out. The challenge is that once youth age out, these negative outcomes resulting from their time in-care can potentially escalate from individual to societal issues, such as homelessness and joblessness (Casey Family Services, 2015).

Gomez et al. (2015) define adulthood as “accepting responsibility for one’s self, making independent decisions, and becoming financially independent” (p. 508). They go further to say that with this otherwise natural transition in human development, to children who have experienced foster or group home care, transitioning into adulthood is

compounded with the risk factors associated with growing up in the child welfare system (Gomez et al., 2015). Consequently, these young adults, experience poorer outcomes such as poverty and violence, as compared to their peers (Gomez et al., 2015; Salazar et al., 2013).

A primary example of these challenges is described by Joshua Mendoza. As a young man who recently transitioned out of care into adulthood, Joshua Mendoza was interviewed by National Public Radio (NPR) and described life after care as “lonely” and “quiet” (National Public Radio, 2010). Joshua’s entire life was contingent upon his monthly stipend awarded by the state. In the interview he expresses this fear,

The only thing that I worry about is me losing my check [because] if I lose my check, that’s really, I am going to the street. Then I would not know what to do, or who to ask, or who to turn to (National Public Radio, 2010).

This environment of uncertainty and instability is where many of these young adults find themselves immediately after leaving the group home. Joshua joins the thousands of youth who experience what is defined as the end of a child’s time in-care, or “aging out” (Berzin et al., 2014; Courtney et al., 2001; Courtney et al., 2004).

In addition to approaching a new phase in life, youth leaving care often deal with the challenge of not being connected to a supportive network and consequently repeating the traumatic experiences that placed them in-care, such as homelessness, unplanned pregnancy, legal issues, lack of education and substance abuse (Berzin et al., 2014; Courtney et al., 2001; Courtney et al. 2004; Daining & DePanfilis, 2007; Hines, Merdinger & Wyatt, 2005). The problem not only lies in the unstable foundation set by

their childhood trauma, but when they are released from care, youth are faced with prematurely navigating the societal stigma of their circumstances and the failure of systems that should support them and provide “adequate human and financial capital” (Lee & Berrick, 2014).

Leadership Literature

Leadership is deeply interwoven into resilience research. While scholars still struggle to unearth the genetic makeup of resilience, ultimately, their search boils down to one question, “Who or what is responsible for resilience?” Storer, Barkan and colleagues (2014) attribute youth satisfaction with their foster family placements as a key component of positive development. Caregivers’ views of foster care and youth in-care, their ability to lead in connecting with the striving youth and their reactivity to the youth’s behaviors (Storer et al, 2014) can also have very lasting effects on a youth’s resilience. The two forms of leadership recognized in this study are: the leadership of a mentor and self-leadership as exhibited by the youth in-care.

Mentorship

In many cases, adolescence is just as difficult to navigate for the youth as it is for the parent or guardian (Benson, 2008). According to Benson’s research, it is the parents’ responsibility to “ignite the spark that glows in our children” and “give them learning and growing experiences that provide that ‘spark,’ that one thing that excites and intrigues them” (Benson, 2008, p. ix). The results of finding these “sparks” include but are not limited to an increase in school performance and attendance, improvement of physical health, and a greater sense of purpose (Benson, 2008). Leckman and Mayes (2007) claim that “finding ways to enhance resiliency is a major task for child mental health

professionals” (p. 221). For many scholars, it is the consensus that child and youth resiliency require a stable adult influence (Werner, 1983).

The challenge, however, with Benson’s research in the case of youth aging out of care is that it fails to address the lack of adult supports for this demographic. Nearly 10% of transitioning youth are emancipated from their birth parents or are supported by foster parents (Daining & DePanfilis, 2007); this can take place prior to them aging out. Both foster youth and parents admit that transitioning youth are ill-prepared for “self-support in terms of education and employment” (Daining & DePanfilis, 2007, p. 1159). Peers in the general population receive additional adult support as they emerge into adulthood and during the primary developmental years up until 25 years of age (Casey Family Services, 2015; Berzin et al., 2014; Courtney et al., 2001; Courtney et al., 2004; Daining & DePanfilis, 2007; Hines et al., 2005.) However, foster many youth do not experience this smooth transition; rather, going into adulthood is just another abrupt traumatic event that results in negative outcomes such as homelessness, substance abuse and PTSD (Casey Family Services, 2015).

These negative outcomes demonstrate themselves emotionally, socially, academically, financially, physically and professionally (Osterling & Hines, 2006; Hines et al., 2005). More than 20% of aged out youth will become homeless, less than 60% graduate from high school and by the age of 24, only about half of them are employed (Casey Family Services, 2015). Despite these outcomes, there are some disadvantaged youth and young adults who thrive against all odds. Masten (2001) called this phenomenon “ordinary magic”, otherwise known as resilience.

The presence of a consistent and supportive adult figure in the lives of youth post-care is integral in their success (Avery, 2011; Greeson & Bowen, 2008; Osterling & Hines, 2006). Doll et al (2011) claim that children can overcome adversity with the help of adults who can be role models and demonstrate attainable examples of what resilience can look like. Prior to youth leaving the group home, their support system consists of, at minimum, a case manager assigned by the state, a guardian ad litem, and the group home staff/foster family. According to their case plan, they may still have communication and interactions with certain family members as well. Of this group, the adult responsible for providing direct care for these youth are their foster parents or house managers. These adults are responsible for meeting their residential, medical, legal, and academic needs. After aging out, their case workers continue to having minimal involvement with the young adults. However, most of the contact with former caregivers post-care is left at the discretion of the young adult. The frequency or quality of this contact varies as many struggle with issues of trust and respect of authority figures even after care (Storer et al., 2014; Thompson, Greeson & Brunsink, 2016).

In an article written by Greeson & Bowen (2008), a foster youth says this about her mentor, “She holds my hand. It’s to the fact that I need somebody to hold my hand, but she’s a person that I can rely on when I’ve had a long day” (p. 1178). It is apparent that many youth express the longing for the support of an adult that they have learned to trust. The level of trust that youth in and post care develop with adults can also vary based on whether or not the mentor is natural or programmatic (Greeson & Bowen, 2008). Natural mentors include “teachers, extended family members, neighbors, coaches, and religious leaders” and programmatic mentors are assigned by an organization

(Greeson & Bowen, 2008). Of the two types of mentors, it is found, that the presence of the natural mentor positively effects the youth emotionally, behavioral, academically, professionally, and psychologically (Greeson & Bowen, 2008; Osterling & Hines, 2006; Storer et al., 2014; Thompson, Greeson, & Brunsink, 2015).

What is most important about the unique role of mentorship is that youth are less concerned about mentors when exhibit strengths in hard skills, than they are concerned about following the lead of mentors who they trust, love, and care for and consider to be like a parent (Greeson & Bowen, 2008). Mentors who lead with and establish relationships with these qualities are more likely to witness positive achievements and changes in their youth (Greeson & Bowen, 2008). Even more striking is the differences between the foster care narrative and the mentorship narrative that many youth share. Although some may associate feelings of resentment, disempowerment, and emptiness towards the foster care experience; when it comes to their mentors they express the positive turn their lives have taken with the right support (Greeson & Bowen, 2008).

Self-Leadership and Interdependence

In addition to leadership demonstrated through mentorship, the second form of leadership that was addressed in this study is exhibited by the youth and young adults themselves. Many researchers focus on this quality but designate different labels to it in their respective studies. Werner & Smith (1982) found that resilient youth had the ability to employ “self-righting tendencies” which could also be interpreted as self-leadership (Scales, Roehlkepartain, & Benson, 2008; Samuel & Pryce, 2008). Berzin et al. (2014) identified the concept of self-focus as a shared characteristic of youth in-care who have had a successful transition into adulthood. Based on this study, self-focus is the ability to

prioritize their needs and their goals over those of their families (Berzin et al., 2014). This is particularly necessary in situations where family and family issues serve as distracting factors for youth who are trying to find a balance between helping their family and exploring their own identity as newly emancipated adults (Berzin et al., 2014).

Daining and DePanfilis (2007) also contribute to this self-leadership discussion by promoting the need for youths to become self-sufficient. They found a connection between the timing that a youth leave care and the clear demonstration of “readiness for independence” (Daining and DePanfilis, 2007). For these researchers, job readiness, education support, money and time management and parenting education are some of the key training units necessary to ensure youths’ self-sufficiency (Daining and DePanfilis, 2007; Courtney et al., 2001). When the youth practice self-sufficiency in their post-care routine, it is found that there is a higher possibility of resilience and success (Daining and DePanfilis, 2007).

The crux of many of these studies was that there is a need for leadership on both sides of the spectrum. Mentors lay the foundation by leading youth in-care through training, providing encouragement, correcting and modeling positive and practical independent living skills. Youth in and post care, are then responsible for applying this knowledge and engaging challenges with a wiliness to learn. Together, mentors and foster care children create an interdependent leadership relationship. Interdependence maximizes the youth’s ability to thrive in the world post care because it marries the self-leading capabilities of the youth and the guidance and leadership of dedicated mentors (Jenson, 2003; Kaplan, Skolnik, & Turnbull, 2009).

Summary

The literature in this study is diverse and covers both macro and micro perspectives regarding childhood trauma/maltreatment, resilience, and leadership in the form of mentorship and self-leadership. While scholars may differ on the definition of resilience within their respective fields, it is clear that the search for the essence of resilience is an ongoing and united endeavor.

Hines and colleagues (2005) assert that most resilience studies regarding youth in-care fail to follow-up with former foster youth long after they have transitioned out of care. Thus, it is difficult to fully understand the lasting effects of trauma, the effects of supports offered to youth while they are in-care and the demonstration of a resilient over time. This study has the potential to initiate dialogue for researchers interested in studying how the definition of resilience changes over time for youth in-care during and following their foster care experience.

CHAPTER THREE: METHODOLOGY

Introduction

This study is based on primary data analysis collected by the researcher that examines the perspective of former youth in-care have regarding resilience. Due to the subjectivity of the study's data, the researcher selected a qualitative methodological approach. This approach is designed to focus on a "situated activity that locates the observer in the world" (Creswell, 2013 1076). Additionally, this approach allows for stories and the interpretation of stories as well as the discovery of its meaningfulness (Creswell, 2013). This study lends itself to just that, an opportunity for the researcher to enter into and find meaningfulness in stories shared by six individuals formerly in-care.

Research Questions

The following research questions provide framework and direction for this study:

Research Question #1: How is resilience defined by alumni of care?

Research Question #2: What are the key attributes that make up resilience, as stated by alumni of care?

Research Question #3: What resources (i.e. people, programs) existed (or should have existed) to help promote resilience during and post-care?

Sample

At the start of this qualitative study, a purposive sample of ten adults were contacted by mentors at the request of the researcher. Two participants never replied their mentor's call and two others eventually made contact with the researcher but later evaded any further conversation. Eventually, the sample included six adults between the ages of 20 and 35 who aged out of foster care at least two years prior to the start of this study. All participants currently reside in the Phoenix Metropolitan Area.

Research Design

Of the five primary qualitative methods identified by Creswell (2013), the case study methodology was found to be the most suitable approach for this study. According to Creswell (2013), case study research involves the study of a real life concept through interviewing, observations, reports etc. Through these data collection sources, the researcher is tasked to find commonality in themes and descriptions. Through this method, the theme of resilience was examined in light of experiences had by former youth in-care. A traditional analysis strategy coined by H .F. Wolcott which required the researcher to identify key information and patterns, conceptualize patterns with literature and display findings in table (Creswell, 2013). Bracketing was practiced in order to assist the researcher with setting aside any beliefs or perceptions that would interfere with her openness to the phenomenon of resilience (Creswell, 2013). No study participant has matriculated through any independent living programming facilitated by the researcher.

Research Procedure

The researcher began with recruitment. Due to this being a qualitative case study, the goal was to have a small sample of participants as opposed tens or even hundreds of participants as would be necessary in quantitative work (Creswell, 2013). Marshall (1996) asserts that random sampling is not an effective method for qualitative studies. This is because, unlike quantitative studies, the goal of a qualitative study is to “develop an understanding of complex issues in human behavior” (Marshall, p. 523, 1996). This study was designed to do just this, explore the phenomenon of resilience in youth formerly in-care. Therefore, the strategies chosen to employ for the recruitment of study participants include purposive and convenience sampling.

Purposive sampling is a selective and subjective approach to participant selection that allows the researcher to point the study towards a certain phenomenon while focusing on developing the richness of information received by all participants as opposed to specificities of individual participant's responses (Guetterman, 2015). Convenience sampling is a non-probability approach to sampling where the researcher hand selects study participants from the larger demographic for the sake of accessibility (Marshall, 1996). Together, these two sampling strategies allowed the researcher to choose participants who were easy to access and would provide rich insights regarding resilience in light of their personal experiences post-care.

The researcher initially approached trusted adults in the potential participants' support group such as their former house managers, caregivers, or peers/family who the adult had built lasting connections with while in-care. The researcher presented the study to the trusted adult and asked that they contact the young adult to explain the study to them, in their own words. This step was important because the initial conversation that the study participants had was not with the researcher but with their trusted friend/mentor.

Once these initial conversations took place, the trusted adult contacted the researcher to let her know whether or not their mentee would be willing to participate. If the answer was yes, the researcher requested that the trusted adult give the alumni of care, the option of having the researcher contact them or contacting the researcher themselves. Three participants initiated contact and three waited to hear from the researcher. This method yielded a diverse sample of six former youth in-care, willing to participate in the study. This initial phase took two weeks to complete.

Once the six adults agreed to participate in the study there was a discussion regarding meeting date, time, and location. The following chart shows the date, time and locations agreed upon by the researcher and the study participants:

Table 2: Interview Schedule			
Study Participants	Date	Time	Location
Jay	March 3, 2016	6pm-7pm	Hotel Business Office
Sam	March 5, 2016	11 am- 12pm	Dorm Study Room
Eve	March 5, 2016	4pm-5pm	Participant's House
Peter	March 11, 2016	5:30- 6:30pm	Participant's Workplace
Dee	March 13, 2016	6-7pm	Participant's Townhome
Sydney	March 26, 2016	2-3pm	Participant's Apartment

On the day of the interview, there were introductions and each participant was given a letter that offered further explanation of the study (See Appendix C). After this document was reviewed, the participant was asked to sign the letter giving the researcher permission to proceed. The researcher maintained the confidentiality of each interviewee by assigning them an alias from the start of the interview.

Recorded interviews were the only form of data in this study. These interviews were conducted between March 3, 2016 and March 26, 2016 and were each 45-60

minutes long, as Table 2 indicates. Each in-person interview took place in a location, the included: job-sites, hotels, homes, apartments and college dorms (See Table 2). All participants fully respected the interview process and took initiative to find quiet locations for their interview.

In only one instance, a study participant had children present in her home but she asked that they stayed in their rooms during the course of the interview. The college dorm had a quiet study room and the hotel also had a business room where the interview went undisturbed. The interviewer did not experience any technical difficulties and there were no notable distractions during any of the interviews.

During these face to face interviews, verbal responses, social cues, voice intonation, body language and observations were noted by the researcher (Creswell, 2013; Opdenakker, 2006). The researcher found it necessary to engage in each interview, both as a complete participant and participant observer (Creswell, 2013; Wolcott, 2002). She utilized all five senses in order to collect both verbal and non-verbal cues that would provide more in-depth information about each response (Creswell, 2013; Opdenakker, 2006) and, more importantly held the researcher accountable for the emotional and mental state of the participant (See Appendix H).

Only one participant requested that the interview be paused to give her an opportunity to recover from a deeply visceral response that she had to sharing her story. Moments after, she was more than willing to complete the interview.

Data Collection Tools

An instrument was developed that was comprised of open-ended questions that were developed as extensions of the study's three research questions. These questions

were used to create direction and assist with fostering natural discussion between the interviewer and study participants (see Appendix A). Additionally, when open ended question are used, the researcher can expect to achieve a “thick description” from each participant in the study (Lietz & Zayas, 2010). Thick descriptions are densely rich responses to the studied phenomenon (Lietz & Zayas, 2010). Gathering such responses allowed the researcher to reach a depth of information from which she has the opportunity to establish credibility and allow the readers to be transformed into the experience of the study participants (Lietz & Zayas). The participants were queried on the following topics: childhood experiences that led them to foster care, foster care experiences, transitional support from foster care to adulthood, plans made for their transition, resilience and success. Finally, the researcher applied H .F. Wolcott’s traditional analysis strategy to scrutinize the collected data (See Appendix G).

Ethical Considerations

Under the Institutional Review Board (IRB) policies regarding vulnerable populations, there is no specific clause that speaks to aged out young adults. However, it does generally state that the “primary concern...is the equitable selection of subjects and their fair treatment, including protection from risks and undue burdens” (Creighton IRB Policies and Procedures, 2015). Thus, due to the intimate nature of each young adult’s case and story, maintaining confidentiality was a priority in this study.

All information regarding the participants, including the interview conversations were stored on a thumb drive that was secured in a location that could not be accessed by the public. A pre-screening took place over the phone with each participant where a more detailed explanation of the study was given. In that explanation it was made clear that the

study would require them to tell their personal story of abuse, neglect, or abandonment. If after this conversation the participant felt as though they were unwilling or unable to share these intimate details, then they were not considered for the study. Each participant who participated was given a letter with information regarding the study and was asked to sign it as a form of consent (See Appendix D). After they gave consent, each participant was assigned an alias in order to protect their identity.

For those who agreed to proceed with the study the primary ethical issue in this study would be maintaining the confidentiality of each participant and their story. Because the participants are adults, there was no need to gain consent from the state or state appointed guardians. However, it was necessary for the researcher to continue to offer full disclosure when it came to the information that the researcher needed them to share for the study. As an additional support, the researcher offered community support options (i.e. licensed professional counselors) for the participants to utilize after the interview, if needed. Every participant opted out of these resources.

Financial and/or Budgetary Issues Influencing Data Collection

The financial obligations for this study were minimal. As previously mentioned, many of the young adults remain transient post-care. Therefore, the researcher had to prepare for the possibility of the participants having challenges with transportation. The researcher offered to hold the interview at location that was convenient and accessible to the participants, however, each participant asked the researcher to meet them at their place of residence. There were other financial obligations necessary for this study to take place. As a show of appreciation, the researcher offered each participant a \$15 Starbucks gift card for their time. The participants were not informed of this gift prior to the

interview. The researcher did this in an effort to avoid creating a climate persuasion or coercion. This gift was not offered as a condition to participate but as a gift after the interview was complete to honor their time.

Legal Issues Influencing Evidence Collection

Any legal issues in this study would have stemmed from the sensitivity of the study participants' background and confidentiality resulting from any pending legal cases. Prior to beginning interviews, participants learned that an integral part of the study was going to be the sharing of their stories of abuse or neglect. These stories were necessary in order to set each case study's context. Research shows that resilience exists primarily as a human adaptation or response to adversity (Bernard, 1995; Werner & Smith, 1982; Herrman et al., 2011, Almendom & Glandon, 2007). The participants' early life experiences and challenges are the backdrop of the entire study and provided justification for this study of resilience. If the participants did not agree to this requirement, they would not be eligible to participate in this study. Additionally, the participants were informed that if they choose not to share their story once the study has begun then they would have been released from the study with no repercussions. All participants were willing to share their respective stories.

Data Analytic Strategy

All recorded interviews were transcribed by a third party in preparation for analysis. Using this approach, the transcripts were emailed to the third party's secured website within an hour of the interview. The researcher received the each full transcript within 48-72 hours of submitting them to the third party. At no point during the study were the participant's names written or recorded.

The researcher then used a traditional analysis strategy associated with H. L. Wolcott by following four simple steps:

- 1) Highlighting certain information in description(s).
- 2) Identifying patterned regularities.
- 3) Contextualizing (patterns) with the framework of literature and;
- 4) Displaying findings in a table. (Creswell, 2013).

Each transcript was reviewed by the researcher 10-15 times prior to any analysis. After which, the researcher proceeded with Wolcott's first step for analysis, which is highlighting pertinent information. As the researcher highlighted outstanding information, she also made note of each participant's correlating non-verbal response (See Appendix F; See Appendix G). Wolcott (2002) emphasizes how necessary it is for the researcher to engage in participant observation as it is "the heart and heartwood of all qualitative inquiry" (p.101).

For steps two and three, the researcher used direct interpretation and developed naturalistic generalizations based on the results. By using direct interpretation, the researcher began to look at each case as a unique and "draw meaning from it" (Creswell, 2013). In doing so, this the researcher could dissect the data case by case before pulling in information from all six cases to find patterns and categorical correspondence (Creswell, 2013). Finally, the researcher developed naturalistic generalizations and employed open coding by which categories and themes were created based on study interpretations (Creswell, 2013). The researcher did not employ any software programs to synthesize data. There was no quantitative element to the analysis of this study's data. The data collected is presented in Appendix F.

Leadership Roles and Implications in Data Collection

Using H. F. Wolcott's traditional method of data collection and analysis the researcher paid special attention to three main roles of leadership throughout the study. The first leadership role was that of the trusted adult, in the form of the young adults' former caregiver, house manager or current mentor. The trusted adult is most often the person who has acted as caregiver and mentor for this young adults while in-care and years following. Therefore their communication regarding the study was imperative to the research. The trusted adult's commitment to the study played a major role in encouraging the young adult to participate and convincing them that this study was safe for them to engage in and important for the betterment of the greater good.

The second role of leadership to be considered in this study was displayed by the young adults themselves. This was evident in how they determine their own brand of leadership in their resilience or lack thereof. Lowney (2003) asserts that self-awareness is foundational in the leadership of others. This begins with one being able to identify and conquer their weaknesses. By doing so, they will increase the probability of being confident, staying self-motivated and ultimately displaying resilience (Lowney, 2003). The researcher deduced that this concept of self-leadership would be challenging to pinpoint, as the perception of leadership for these young adults may only be understood from the vantage point of them being led by others and not themselves.

The final role of leadership in this study was demonstrated by the researcher. While the participants in this study are adults, it was important for the researcher to consider the sensitivity of their stories. Her leadership skills were implemented primarily during the interview conversations. It was important to consider the limitations and

triggers that each interviewee had and to proceed responsibly. In preparation for these interviews the researcher did the following:

- 1) Ensured that the participant felt comfortable telling their story.
- 2) Offered to compile a list of local agencies and support services that would be of use for the participants following the interview. This option was made available following each interview but was not accepted by any participants.
- 3) Allowed the participant space for processing and reflection after the interview.

Reflective Practices

The very nature of the qualitative process evokes meaningfulness and mindfulness. Lietz and Zayas (2006) state that qualitative inquiry implicitly points the researcher toward philosophical ideologies. Therefore, the researcher was consistently searching for deeper meaning in all phases of research; from initial contact with participants to eye contact and body language during the interview. At each juncture, it was important for the researcher to process the value of the words spoken or actions performed by the participant and by the researcher herself.

Additionally, it was also important for the researcher to maintain trustworthiness throughout all phases of this study. This was done in several ways. The first way was the extent at which the researcher maintained the confidentiality of the participants. Aliases were assigned twice during this study. The first was as at the start of each interview. The researcher referred to each participant by the first letter of their name for the entirety of the interview. The second time aliases were assigned for the research findings chapter of this study. The researcher gave each participant first names that began with the first letter

of their original name. This was done not only to maintain anonymity but to humanize each participant in the study.

The researcher also applied three formal validation strategies as identified by Creswell (2013), peer debriefing, rich, thick descriptions and clarification. After synthesizing data, the researcher debriefed with two industry experts, one being a study participant's mentor. The peer debriefing was not regarding any specific mentee rather, the subject expert was given the opportunity to "ask hard questions" and scrutinize the study's research in order to keep the researcher honest (Creswell, 2013; Lietz, Langer & Furman, 2006). Additionally, the researcher used rich-thick descriptions. The value of this validation strategy is that it provides abundant details and transparency that "enables readers to transfer information to other settings" (Creswell, p. 252, 2013).

Finally, the researcher made use of the clarification strategy which (Creswell, 2013). In order to set the tone of trustworthiness, at the start of the study the researcher was transparent in the discussion regarding personal, professional and methodological limitations, assumptions and biases. By doing so, the researcher made it clear that some "experiences, biases, prejudices and orientations" could shape study interpretation (Creswell, 2013).

Summary

This qualitative case study was a case study invited six aged out adults to share their stories and define resilience. Purposive and convenience sampling allowed for the researcher to choose subjects, with the help of their trusted mentors/peers, who were accessible, capable and willing to participate in this study. Through a recorded interview, participants thoroughly answered open-ended questions that allowed the research to later

provide rich-thick descriptions of the participants' experiences. Finally, with the help of Wolcott's (2002) traditional analysis strategy, the researcher identified pertinent information discovered three key themes with which the recommendation and implications of this study are established.

CHAPTER 4: FINDINGS

The purpose of this qualitative case study was to examine the unique stories of six adults who have aged out of foster or group home care and discover their definitions of resilience post-care through the lens of their experiences before and during their time in-care. The following research questions shaped the study: (a) How is resilience defined by alumni of care? (b) What are the key attributes that make up resilience, as stated by alumni of care?; (c) What resources (i.e. people, programs) existed (or should have existed) to help promote resilience during and post-care?

Through in-depth interviews, the 6 alumni of care provided descriptions of the circumstances that resulted in their placement into care, their experiences and perceptions while in-care, and their perceptions after having transitioned from care. Even more germane to this study was the insight that each person provided regarding resilience post-care. The findings that this chapter conveys is based on detailed analysis of these interviews and the observations of the researcher.

Background

The participant group in this study was comprised of 6 young adults who currently live in the Phoenix Metropolitan area. They ranged in age from 20 to 35 years old; three were female and three were male. The group is also ethnically diverse as it is composed of one Hispanic male, two Caucasian males, two African-American females and one female who identifies as being mixed race (African-American and Caucasian). Five out of six experienced foster/group home care in Phoenix, the sixth participant was the only person to have experienced care in the state of Illinois. On average, the participants had been out of the foster care system for approximately 7 years, the shortest

time being 2 years and the longest being 17 years. All 6 young adults reported having resided in group, foster, or residential treatment centers in their youth. Two participants transitioned to adulthood from a foster home, three transitioned from a group home placement and one person transitioned from a residential treatment center for females. All participants reported living in more than one placement during their time in-care.

Creswell (2013) submits that there is no standard case study format; often researcher simply proceeds based on the intent of their research. Because the intent of this study is to understand individuals' definitions of resilience post care, the Casey Family study was used as the framework for the following six narratives in this case study (See Appendix E, Appendix F and Appendix G). The Casey Family study is broken down into the following categorical outcomes of youth post-care: housing, employment, education, familial circumstances and mental health, each of which are mentioned in explication of the participants' stories to follow.

Case One: Jay

Jay was the first interviewee in this study. Jay is a 22 year old white male who aged out of care 3 years prior at the age of 18. He is engaged to be married, a home owner, and is currently employed in the information technology industry. Jay is a high school graduate, does not have children and did not indicate any mental health diagnosis. The researcher contacted Jay by way of his former house manager whom he communicates with on a regular basis and considers to be a mentor.

At the age of 3 or 4 years old, Jay lost his mother to a car accident and had never known his father. This tragedy left him in the guardianship of his maternal grandparents. His grandparents cared for him for a number of years before they divorced at which time

Jay went to live with his grandmother. During this time, Jay and his grandmother moved several times while in Arizona and then eventually ended up in Arkansas.

Jay recalled that the accident that claimed his mother's life, permanently paralyzed his aunt who was also being cared for by his grandmother. Due to these injuries, Jay's aunt required the majority of his grandmother's attention. It was this dynamic that Jay attributes to the rise of his negative behaviors. To this end he stated "Even though I knew I was loved, I just didn't get the attention that I needed or wanted."

According to Jay, "[He] just got into too much trouble to the point that she couldn't take care of her responsibilities and constantly be keeping me out of trouble." These behaviors snowballed into behaviors that his grandmother could no longer handle. At this realization, Jay's grandmother moved him and his aunt back to Arizona where they resided with another aunt. This arrangement was short lived because, according to Jay, "we did not get along." He was then moved to his grandfather's home, once again, only for a short time because he and his grandfather "also didn't get along." Jay stated that he "bounced around" from the home of a male church leader, to his aunt until his final option was his grandfather again. At that point, Jay said "he said no, I can't" because his grandfather was up in age and was becoming overwhelmed by Jay's behaviors. Soon after, Jay "found [himself] being dropped off at a CPS building in Phoenix."

Jay considered himself fortunate that he only experienced two group home placements and that his first placement "did give [him] a sense of stability I liked." He expressed his concern about the instability that he had heard about from other kids who were sent from placement to placement and "was a little worried because [he'd] heard

stories where you bounce around a lot when you're in foster care." Jay was placed in one group home as a temporary solution as he awaited a bed at the group home where he remained for several years until he transitioned into adulthood.

When speaking about his second placement, Jay smiled, which prompted the researcher to ask about his experience there. His initial words were "It was wonderful." He spoke about the group home having "more of a sense of family." and when asked how he would have changed his experience if given the chance he said "Honestly, it was a really good experience. I don't honestly, as of now, I can't think of anything I would have changed."

The interviewer then asked Jay what plans he had for transitioning out of care. Jay admitted that he "wasn't exactly planning on leaving when [he] did" but he left more abruptly than he anticipated. He acknowledged that his decision to leave care early, caused him to miss out on the resources that would have come from planning. He also mentioned that before leaving, he "hadn't even hit his senior year yet." Even though he originally had hopes of completing high school before his departure, Jay did not accomplish this goal at the time. Jay indicated that although he did not leave as planned or with a plan, his house manager "gave [him] a lot of support as far as giving [him] advice on what to do afterwards." In addition to his house manager, he grew closer to the owners of the group home and "found [himself] going back to them for advice as well."

When asked about what he imagined life would be like after care his response was "It's definitely a lot tougher than I thought it was going to be." He understood that he needed necessities like housing, a job, a diploma but "just didn't think how hard it was

actually going to be.” Jay’s first priority was housing which he found by connecting with family and friends.

Jay’s reality was different than most however, because he was recipient of a substantial monetary settlement as a result of his mother’s death. He receives \$60,000 every 5 years until the age of 30. Jay called this a “bonus package.” He mentioned that only a few weeks after aging out and finding secure lodging he received a call from his grandfather who informed him that he had received a check from an insurance company in Jay’s name and that Jay needed to attend a court hearing regarding the release of funds.

After having received these funds, Jay expressed that the pressure of survival was less of a concern for him thus giving him freedom to create a plan of his own. It was at this point where he was “able to sort of relax a bit and figure out what [his] next steps were going to be.” Initially, Jay made a priority of enrolling in high school as soon as possible, which to him, “was not easy considering they were so far behind the school [he] was in when [he] was in the group home.” This led to Jay dis-enrolling himself within his first week, as he cited feeling that the school curriculum “just felt too repetitive.”

Because he now had a financial safety net, Jay eventually felt comfortable enough to “take a deep breath and sort of look at my options.” He chose to deprioritize school for a while. To this end he stated,

Before I unenrolled, I started look[ing] at other options...and the more I looked, the more I realized that was going to cost money...So when I found out that I had funds, it was a huge relief because it gave me the chance to sort of put—not really put school on the back burner, but sort of give me a foothold to where I could actually look for a job...” (Jay, personal communication, May 3, 2016).

This job search, however, eventually proved to be unfruitful so he began to look into a high school program again but this time he opted for online programs. Jay felt strongly that earning a diploma was a stronger option than a GED. Eventually, he found a program that he was able to afford and completed this program within a month's time. Within a week of graduating from this program, Jay found a job. Based on these series of events, Jay deduced that "a high school diploma is everything."

Evidently, college proved to be more challenging for Jay than high school as he "actually started college probably five times." During that time, he studied medical assisting, radiology, pharmacy technology, and computer technology, but never stayed for more than a month. Jay has not graduated from college to date.

Professionally, Jay mentioned that he "had a hand in electronics, always" as early as five or six years old. His talent in electronics was such that "there was a point when [he] was in elementary school where [he] was the IT department. [He] had people from the IT department coming to [him] for help." This interest in technology continued into his adulthood to which he says "And I guess that's what's got me where I am now where I actually work for Intel."

When asked whether or not he considered himself successful at the time that he aged out of the system Jay's response was "Compared to now? Absolutely not." He explained "I left before I was ready. I chose to leave and ---thinking I was ready, and I was not." Although he realized that he had left prematurely, there was nothing that any one adult could have done to prevent his departure because "Once I have my mind made up, usually it's made up."

Jay, however, “absolutely” considers himself successful today. He mentioned that although he has the “power pack” in the form of his settlement he understands that he should not “sit back and relax” and that people “should not rely on free money because it’s not always going to be there.” This philosophy drives him to continue working as he keeps his sights on retiring responsibly.

To the question regarding whether or not he was resilient, Jay answered with a less confident “I believe so” as he stated that he’s “definitely not superman.” His advice to his 18 year old self is “don’t be an idiot and leave...don’t leave until you’re ready. And if someone tells you---someone that you look up to tells you you’re not ready, then most likely, you’re not.”

Case Two: Sam

Sam was the second interviewee in this study. Sam is a 20 year old Hispanic male who aged out of the system approximately 2 years prior, just as he was turning 19 years old. He is unmarried and is a full-time college student at a four-year private university, Grand Canyon University. Sam does not have children, is currently a student worker and identifies as suffering from depression but has not been officially diagnosed. The researcher contacted Sam by way of his former house manager who he communicates with regularly and considers to be a mentor.

Sam’s story began when he was four years old and lived with his mother and four siblings; he was the oldest of this sibling group. Sam recalls his mother being from Mexico and his family moving around multiple times, he says that he “actually counted—from the age of 5 to 10, we moved 30 times.” According to Sam, this constant movement prevented his mother from having a steady job. During this time of transition, his family

lived in abandoned buildings, alleys and dumpsters, and were often housed in places with no electricity. Sam's mother was "big into drugs" and prostitution, "was very abusive" and "she'd be gone weeks at a time."

Sam does not recall exactly how the Department of Child Safety got involved with his family's situation but he remembered being fostered at a young age. During his initial foster placement, Sam learned that his mother had three more children all of whom were diagnosed as having autism "because she was so addicted to drugs." Sam has not seen these three siblings since he was 10 years old and has had very little contact with members of his biological family since this time.

Sam identified himself as being "mad at the world," at a young age because he felt as though he was "betraying [his] mother by living with this other family." When he could, he would resort to stealing food or dumpster diving to help feed his family. More specifically, he recollected one instance where he would visit an Ace Hardware store daily to fill five cones of popcorn to feed his family. Most of these experiences took place between the ages of 5 and 10 years old.

Sam's memories of the first foster family with which he was placed were not positive. He carried feelings of anger and disappointment because he felt as though he had betrayed his mother and siblings. He recalled that the foster family tried "too hard to be [his] social support and emotionally keep [him] stable." Therefore, Sam rejected his foster family by being "really rude to them" and running away often. According to Sam, the foster family "were actually really rude" to him and "made it seem like they were only in it for the money." He stated that this family had one daughter and that he was told

on multiple occasions that the only reason why he was being fostered and adopted was “for their daughter to have a sibling.”

Sam noted that his foster family was Caucasian and they lived in an area that was highly populated by a large community that subscribed to the Mormon faith. According to Sam, it was in this environment where he began to have an identity crisis because “they put [him] down about [his] Hispanic heritage.” Sam got to a point where he began fighting his foster parents. Despite these incidences, eventually, Sam was adopted and his foster parents divorced.

After one particular episode where he ran away from home, Sam was detained but refused to be claimed by either of his adoptive parents. Sam recalls, “I couldn’t live with either of them because they eventually divorced and things got worse from there and they kind of took everything out of me. And which caused me to ----I started smoking at a really young age. I started hanging around with the wrong people. And that’s why I was really troubled and that’s why I ran away.” Because he refused to go home with either or his adoptive parents, Sam stayed in juvenile detention for 21 days after which he was placed in his first and only group home.

Sam described his initial experience in the group home as being “depressing because I ---at some point I was kind of---I was already depressed because I felt alone and no one really understood even though I talked to some of the other kids...” In an attempt to improve his feelings about his situation, Sam made multiple efforts to connect with other kids who had similar experiences but “[he] just still even felt at that time, no one really understood [his] situation.” He described himself going through, “like this little

thug mentality when I'd try to fight everyone" but of the many personality types he encountered in the group home, ultimately he described himself as "the over-thinker."

Additionally, Sam noted that the group home felt inconsistent because of the constant transition of his peers and staff. As a response to this inconsistency, Sam continued his pattern of running away, being detained and violating probation until one final time when he and a peer ran away and stayed away for over two weeks. When he returned, Sam was given a final opportunity for a fresh start. He said that the director of the program "was really cool about it and let us back, and he said this was my last chance."

This fresh start came within the same agency but at a new house and with a new house manager and staff member, both to whom Sam credited for doing "a really good job" creating stability and consistency. During this time, Sam felt well taken care of, well fed and attended to by the house manager because "she made it an enjoyable experience." He went on to share fond memories of the house manager making sure her kids "always got more [food] than most of the other kids" and going "all out" for prom, graduations and birthdays. Regarding the house structure, Sam said that "even though there's still rules and guidelines and you have to take your medications and do your chores and do allowance, she still made it as homey as possible."

When asked about his expectations regarding the aging out process, Sam said, "it sounds weird actually, but I never really wanted to leave, because I just thought it was going to be lonely." Sam stated that he was well aware of the challenges of transitioning out of the group home when one is unprepared and he had no plan to experience that. For many people, high school graduation is a time of celebration, but Sam said that

“graduating high school was actually---kind of hindered me.” Having grown accustomed to the routine and structured environment and now preparing to be on his own “where I wasn’t told what to do and I wasn’t going to have a family to, like, be there to support me for graduation. It all kind of emotionally hurt [him].”

He did not look forward to being on his own, living alone, being without emotional and financial support and accountability because he “thought financially [he] wasn’t going to be prepared...” and that he “would not have a family, ever.” According to him, all of his thoughts were negative. This fear of transition is the reason Sam chose to remain in-care for nearly a year after he turned 18. He felt the need to prepare, save money and have a solid plan.

At the age of 18, Sam signed a document called a voluntary agreement which is an agreement that the youth makes with the Arizona Department of Child Safety. At the time of signing, Sam agreed to stay in-care and at the group home until he was prepared to leave. Sam remained in-care nearly a full year from this date, almost until his 19th birthday. While he was in-care, he completed his high school education and found a job to save money. A month before his 19th birthday, Sam transitioned out of care and moved directly into the dorms of Grand Canyon University. Sam is currently excelling in his sophomore year and is active in multiple clubs and organizations. His plan is to graduate with his Bachelor’s degree in the Fall of 2017 and, skipping a master’s program, go directly into a PhD program in 2018.

Currently, Sam works as a travel coordinator for the university and plans to continue employment there so he can take advantage of the employee benefit of a heavily discounted fee for his degree program. Sam aspires to be a psychologist because

according to him, after having interacted with many counselors while growing up, “[he] never felt they were really helpful.” Sam feels as though he can bring empathy and genuine experience to the field because he can “actually relate to them.”

Although Sam states that he continues to struggle with bouts of depression, he has not been diagnosed and is not taking any psychotropic medications. When asked whether or not he felt he considers himself successful, he responded “honestly, no.” As he considered his school debt, not having his own transportation and his current pursuit of a degree, Sam expressed “I feel like I’m not where I am, where I want to be.” Sam also stated that he’s “not emotionally strong” and that he “would like to feel confident in [himself] sometimes” despite the pride that others show for him. However, because he has survived and continues to move forward in life, he does feel resilient. Still tentative, to resilience he responds “I would say yeah.” He reflected on his drug issues, on his effort to quit smoking and poor choices that he made in friends and concluded that “being hopeful is really [his] form of resilience.” His advice to his 18-year-old self is “Save. I spend money on clothes, shoes, a lot of food, trying to impress my friends too much...Like just even putting aside like \$100 every paycheck, whatever, would have been helpful. So just saving, I think that’s just it, is saving.”

Case Three: Eve

Eve was the third interviewee in this study. Eve is a 34-year-old African-American female who aged out of care 17 years ago. She is unmarried, a homeowner and is currently employed as an esthetician. Eve has two children, is not a college graduate and does not have any mental health diagnosis. The researcher contacted her through

Eve's sibling, an individual who works for an organization supporting youth transitioning from foster care.

Eve could not recall a lot of what took place in her life prior to entering the system at five or six years old. She has vague memories of being left alone a lot and witnessing her mother being drunk and her siblings doing drugs. She described her experience as being "really scary, a feeling of displacement, dis-attachment, like almost abandonment feeling." She described herself feeling as though she had been "snatched from [her] mom" and placed with "strangers." Eve remembered one foster parent that she stayed with saying "I'm not your mother, don't call me your mother, my name is___." This statement became a defining moment in her foster care experience as it was "one of [her] earliest memories of foster care."

Eve never stayed in a group home but, to her memory, was placed in two different foster homes. She described her first foster placement as having "pretty much no discipline, no consequences" which led to her being responsible for herself at an early age. However, she described her second placement as being "pretty pleasant." This home had five to eight girls that shared rooms, bathrooms and sometimes beds. She reported that she never experienced physical abuse while in the foster homes but found that her challenges were "more like verbal and mental."

When asked about what she would change regarding her experience, Eve began to speak about the need for children to be validated and for them to know their worth. After making this statement, Eve began to cry. She continued speaking about the importance of people not engaging in foster care for the money. She also reflected on her on experiences and said "If I had a foster parent-the first one would have just showed me a

little bit or told me my worth, it probably would have changed a lot for me growing up. [If] people will show you they care, then you will care.” She went on to speak about the vulnerability of children and said that there is no amount of therapy that will make a person forget words said by their foster parents. After expressing this thought, Eve asked to pause the interview and began repeating “Who knew, who knew that it would still affect me so much.” Moments later she gathered herself and asked to continue the interview.

Regarding her expectations prior to aging out of care, Eve stated that she did not think about the aging out process much and basically considered herself aged out when she went to school at 17 years old. She equated this transition to having freedom because, “no one to tell you things.” Eve attended college out of state. She did not receive a majority of her funding from the state because, according to Eve, “apparently they [were] a crooked agency. They got shut down. They stole everyone’s money.” At 21, the little funding that she received ended abruptly with no communication from the state or the agency. She attended school in Mississippi not knowing that attending school in Illinois, her state of residence, would provide additional benefit to her financially.

After transitioning to college, Eve discovered that the newfound independence was a distraction to her academic progress because she was “not used to that environment” (Eve. personal communication, May 5, 2016). By junior year, she had a low grade point average and consequently had to sit out an entire semester. She did so and returned to Illinois where she became pregnant with her daughter.

Eve felt unsupported because she “had no guidance at all.” According to her, “nobody gave me anything.” She chose to discontinue school and work to support her

child. Years later, Eve went back to college but did not graduate. She was studying criminal science but lost interest in the subject. She eventually went to school for esthetics and mentioned also having an interest in nursing. Eve aspires to eventually teach esthetics and have her own business.

Eve considers herself successful because she is drug free, not dependent on government assistance, supports her children and has a respectable job. For the same reasons, Eve considers herself resilient because she “didn’t succumb to [her] environment.” Eve’s advice to her 17-year-old self is “Get ready, Get ready, prepare.”

Case Four: Peter

Peter was the fourth interviewee in this study. Peter is a 22-year-old white male who aged out of care 3 years prior at the age of 18. He is married, lives with his in-laws and is currently employed as an assistant director at a Phoenix group home. Peter does not have children, is a college graduate and does not have any mental health diagnosis. The researcher contacted Peter by way of his former house manager and adoptive father whom he communicates with regularly.

Peter remembers that at the age of six, he was living in a few places with his father, step mother and siblings. Eventually they settled in Phoenix where they lived in an apartment complex where his father worked. Peter entered the group home when his father was arrested; he was seven years old.

Peter and one of his siblings bounced around to several different placements before he ended up at his final group home with his brother. Initially, the plan was to split him and his brother up, but the house manager at the group home intervened and prevented this from happening. Peter stated that the decision to keep him and his brother

together was very “impactful to [him].” Although he started out as an aggressive child, Peter remembered not being “a typical male” who engaged in fighting and was happy that his brother took over and “fought all [his] battles for [him].” Peter says that his brother was “able to keep [him] safe and nerdy so [he] could keep learning.”

Peter described his experience in the group home setting as “interesting” because “you never get a second alone, you know, to yourself” and there was always a need to share resources. He also described the group home as being “very chaotic.” Several years after living in the group home, Peter transitioned into a foster home which was his group home manager’s personal home. This experience, Peter described as being “less chaotic” and abundant in resources that he needed. Having freedom to use computers as often as he needed gave Peter the opportunity to teach himself new computer skills and how to play the guitar. He defined his general experience as being “great.”

Peter admitted that his view of aging out was dramatically different at the age of 18 than it was at the age of seven. When he was seven years old, he imagined that aging out would be him getting a home and having his siblings back together again. He also imagined that he would get a job so that he and his siblings could all live together. However, this idea changed as he aged and became set on going to college and getting a degree “for free.” He also aspired to earning a PhD in psychology or computer science.

Peter aged out of care two months after his 18th birthday and moved directly into the dorms at Arizona State University. Peter feels that he achieved a great deal of his goals because “everything that [he] said is going to happen, happened.” All he has left to accomplish is earning his PhD. This goal has been delayed due to Peter getting married. Peter paused his education to support his wife who is currently pursuing her Bachelor’s

degree in nursing. He is working 80 hours a week to ensure that she does not have to work while pursuing her degree

Peter has earned a degree at Arizona State University and still plans to pursue his PhD once his wife has completed her degree program. There is also the possibility that he will pursue another bachelor's or master's degree. When asked if Peter considered himself successful he evaded the question until finally saying "So, it's just about being happy, being successful. And I am happy. I'm happy with my life, I'm happy with---I mean, I'm getting tired of seeing what I'm seeing, trying to change it. But I'm still--- regardless, I'm still happy." He also considers himself to be resilient but made it clear that resilience is not "nearly as important as adaptability." The advice that Peter would give to his 18-year-old self is "Do both degrees. You're going to need the money."

Case Five: Dee

Dee was the fifth interviewee in this study. Dee is a 35-year-old African-American female who aged out of care 17 years prior at the age of 18. She is unmarried, shares a townhome with roommates, and is an entrepreneur. Dee does not have any children, is a college graduate and does not have a mental health diagnosis. The researcher contacted Dee by way of a Phoenix based organization designed to provide support to former foster youth.

Dee's experiences prior to foster care began with her mother's issues with substance abuse, homelessness, and multiple relationships with men. Dee was 8 years old and had a sibling who was 12. Due to these issues, Dee and her sister moved in with their grandmother who lived in a nursing home. Soon after, they moved in with their aunt who kept them for about one month before turning them over the state to care for them.

Dee entered care at 8 years old and described her experience as “devastating” because of the separation from her family. Her older siblings’ both fathers were in their lives, but hers was not. Her older brother was able to live with his stepfather. It was during this time that Dee felt that she had begun to build habits and defense mechanisms “so [she] wouldn’t be hurt.”

Dee resided in one group home and multiple foster homes. In the group home, “[she] dealt with a lot of bullying” and adapting to people with different backgrounds. At some point she was able to live with her sister at a foster home. The foster parents were sisters who were very religious, so church was a major part of their upbringing. Dee described them as “such great women of God.” They maintained communication with one another until last year when the primary foster mother passed away from cancer. Dee expressed that although she was in-care for many years, she still wished to see her mother while she was in-care.

Dee used one word to describe her expectation of aging out and it was “freedom.” She also looked forward to “the freedom to be like the [other] kids.” She had no financial plans but knew that she wanted to attend college. She was given the option to stay with her foster mother but she either had to work or go to college. She chose college. Dee mentioned that while in college, she generally made good decisions but wished she had known more about financial responsibility. According to her, financial literacy “would’ve made a huge difference.”

Dee aged out at 18 years old, and went directly to Arizona State University. She was on an athletic scholarship. To date, Dee has obtained a bachelor’s degree from Arizona State University, is currently an entrepreneur and employed part-time. When

asked if she considered herself successful, Dee responded “I do think I’ve made progress.” Dee considers herself successful in comparison to the statistical profile of foster youth post-care. However, Dee more confidently considers herself resilient by responding with an unquestionable “I do.”

Like Sam, Dee’s advice to her 18 year old self was “Save your money. Save your money. Plan.” But she went further to say, “You know, don’t be too hard on yourself if you fail, because failure is---that’s how you grow. And although you might have been in a situation where you feel like you failed, even though it wasn’t your circumstance or your situation, just don’t allow, you know, people or failure to hold you back to what you’re trying to do to make yourself as a better person.”

Case Six: Sydney

Sydney was the sixth and final interviewee in this study. Sydney is a 21-year-old mixed race female who aged out of care 3 years prior at the age of 18. She is dating her long-time boyfriend, lives in an apartment and is currently employed part-time at a restaurant. Sydney is currently pregnant with her first child, is currently enrolled in community college and has a diagnosis of bi-polar disorder. The researcher contacted Sydney by way of her former house manager whom she communicates with regularly and considers to be a mentor.

Sydney described her life prior to living in-care as “pretty decent.” She spoke about how her mother struggled with gambling while they lived in Las Vegas, Nevada, which is where Sydney was initially placed in the care of a child protection agency. She was in their care for a week before her mother was able to regain custody. Things

improved until Sydney was molested around the age of 10 years old, at which point they moved to Arizona.

The first group home that Sydney entered was an all-female “lock down” facility. At the facility they had a school on campus and there were several cottages which according to her housed approximately 100 girls. She remained in this home for a year and a half. Sydney recalled having anger management issues during this time and often engaged in self-harm. For years, Sydney went back and forth to juvenile detention and her group home.

At the age of 12, Sydney was taken in by a foster family, which she said was “awesome.” While she wished that she could remain in their care, she could not because it was a short-term, therapeutic group home. This placement lasted for 9 months after which she was removed without warning. After this point, she began to move from foster home to foster home. This constant transition made her “really mad.” Due to her anger, she often fought physically and verbally with her caregivers or peers.

Her final two placements were a shelter and then the group home where she stayed from 15 to 18 years of age. During her time in-care, Sydney was diagnosed with bi-polar disorder. She described her condition as being “based on anger” as opposed to sadness.

When asked about her expectations of the aging out process, Sydney mentioned that she “was so, so, so scared” because she would no longer have free food and well cooked meals. She also mentioned that although many people attempted to prepare her she “pushed them away a lot” and took them and their advice for granted.

Sydney is a high school graduate and is currently enrolled at Phoenix Community College. Sydney and her boyfriend are expecting their first child. Sydney considers herself successful now, more so than she did when she initially transitioned out of care,

“because some of the bad habits, like cutting and still having my anger issues, taking medication for me being bipolar ---I still was doing those things at the age of 18. So I didn’t really accomplish what I wanted to. I didn’t really have the mindset of an adult basically. And I was so scared to be on my own.”

After understanding what resilience was, she said “yes” she is resilient. Sydney’s advice to her 18-year-old self is,

“Take advantage of what you have in front of you. Because at the end of the day, you’re not going to have all these people that want to help you. Because out in the real world, it’s not going to be like that. Nobody’s going to want to help you. Everybody’s there to fend for themselves. Like yea, there’s like maybe like two percent out of the world that’ll be like---yes, we’ll help you, you know?”

Study Findings

The six adults in this research all proved to be highly valuable to the overall narrative of this study. Each person was able to offer a clear picture of their experiences and fresh insights based on these experiences. In some way, each participant acknowledged that the lessons they each shared could only be seen in hindsight and that they were still learning and growing into their adulthood. Berzin et al. (2014) best summarizes this sentiment in the words of a youth who said “I am an adult...at the same time, I am still learning, still a child” (p. 624). The act of emerging into adulthood implies that there are a culmination of multiple transitional experiences that push young people forward into adulthood (Berzin et al., 2014). This section gathers insights and weaves together the stories of their transition that ultimately developed three key themes.

Based on the question presented or the nature of the topic, some participants offered more detailed descriptions about certain themes while others comfortably

discussed each theme with equal interest. All participant voices are highlighted throughout the study.

The three themes that emerged from the data are as follows:

- (1) Resilience as a manifested reality.
- (2) Resilience as a partner to success.
- (3) Resilience as an individualized effort.

Based on the interpretation of questions by the participants, responses given may either overlap themes or completely allude them altogether.

Theme 1: Resilience as a manifested reality.

This first theme is a counter-response to one of the research assumptions. At the start of this study, the researcher assumed that there would be stark differences in the way each participant defined and understood resilience. This was based on the fact that each person had different childhood experiences, resided in different types of out of care placement facilities, had different aging out experiences and are currently in different phases in their adult lives. This theme acknowledges that differences in the participants' understanding of resilience was not the definition but the manifestation of this phenomenon.

For the sake of discussion, the definitions of resilience used to inform this study were taken from the 2016 Merriam-Webster dictionary as follows,

- 1: the ability to become strong, healthy, or successful again after something bad happens.
- 2: the ability of something to return to its original shape after it has been pulled, stretched, pressed, bent, etc.
- 3: the capability of a strained body to recover its size and shape after deformation caused especially by compressive stress.
- 4: an ability to recover from or adjust easily to misfortune or change

A critical component of this study was to determine how alumni of care define resilience in light of their specific childhood experiences and their experiences aging out of care.

Each interview began with the interviewer inquiring of the participant's background prior to their time in-care and ended with questions regarding their insights into resilience, success and supportive resources for children in-care. This line of questioning was designed to set the tone and direction of the interview for both the participant and the interviewer. This was also done to create an ethos of reflection regarding each person's progressive state of being from their childhood trauma to their life post-care.

It was only after each participant recounted their stories of childhood trauma and experiences in group or foster home that the discussion of resilience was presented. The researcher engaged each interview expecting to receive varying translations of the definition of resilience. This assumption was based on each participant being different people, having different traumatic experiences and having varying levels of education and experience. However, that, was not the case. When asked, four of six participants offered definitions that were similar to standard definitions.

A vast majority of resilience studies proceed by providing a working definition of resilience and then inserting the subject matter into their interpretation or definition. An example of this form of interpretation would be studies that view resilience juxtaposed with specific themes like Brooks (2006) and Bryant (2005) and their focus on resilience and urban education.

One of the goals of this study, however, was to give the young adults an opportunity to define resilience, in their own unique way. It was discovered however, that

after conducting this study each person's definition was a close variation of the formal definition of resilience (as described in Table 3):

Table 3: Participant Comparison: Definition of Resilience

Resilience: One's ability to recover from past trauma, adapt positively and live in the present productively.	
Participant	Definition
Jay	"Resilience is your ability to take what knocks you down and use it to get back up instead of using it as an excuse to stay down."
Sam	"Being resilient is just kind of bouncing back and getting back on the right track."
Eve	"Resilience for me, a person who overcomes all these obstacles put in their way."
Peter	"I think mine is the same as pretty much anybody else's. Or maybe, as Miriam Webster's definition of continuing on despite adversity."
Dee	"Never giving up, you know, no matter the circumstance, no matter your situation, and just being able to take whatever cards you are dealt with and being able to press forward and change your environment."
Sydney	"Like from the bottom---like, and then you're working your way to the top?"

Each definition has the same key components: a) an unfavorable starting place; b) a favorable destination, and c) the process in between. What was discovered was that though definitions of resilience were similar, the manifestations of resilience differed by participant. Each person presented different evidence demonstrating why they considered themselves to be resilient.

Jay offered the least descriptive response as to what made him resilient. He was given an opportunity to rate himself on a scale of 1 to 10, "10 being 'I am superman.'" He confirmed that he was "definitely not superman" but he gave himself a six or seven. He gave himself this rating based on his acknowledgment that "stuff gets [him] down...but the key is to always get back up." Jay also acknowledged that mentors played a role in his

resilience as they “taught [him] the same thing...to just work for what you want because not everything’s going to be handed to you.”

Jay offered a more detailed portrayal of a person who is not resilient. In this portrayal he described a person who “didn’t have a roof over his head,” who “left long before he was ready”, who “was on drugs begging for money on the side of an Old Country Buffet” and who “just threw away all the support system that he had before he was ready.”

Sam offered a more introspective perspective of how resilience is manifested through him. After tentatively but affirmatively responding to the question of whether or not he is resilient, Sam began to reflect on previous issues with drugs, smoking, and peer influences. He also talked about how he was an involved student in high school “but for the wrong reasons.” As he drifted into listing the resume of activities that he engaged in and how he did so “because [he] thought it would make [him] feel cool and everyone would talk to [him]”, he became lost in his thoughts and said, “Wait, what was your question again?”

Once the researcher redirected him, Sam continued to reflect on the abuse he suffered at the hands of his mother and foster family, his identity crisis and “not wanting to be Mexican anymore.” He went on to recall his doubts about graduating from high school and going to college, going to “juvie” and the lack of close relationships to “just kind of put [him] in the right track.” Finally, Sam admitted that although “I do have a chip on my shoulders...I think of all the things that I can accomplish.” He affirmed that despite being depressed “I know that it’s only temporary” and that “everything’s going to be worth it.”

Eve tackled the idea of resilience with confidence, saying “I’m definitely resilient because the same reasons why I feel like I’m successful. I didn’t succumb to my environment. She expounded on this point by saying “I didn’t look at my downfall as, okay this is it---I was raised like this, so I have to stay in this environment.” Rather, she moved forward with the realization that she needed “to be better than that---to be a better person every day.”

Contrary to the rest of the participants, Peter offered no anecdote illustrating his path to resilience. Rather, to the questions regarding whether or not he was resilient, Peter simply responded “Yeah. But I don’t think resilience is nearly as important as adaptability.” He then gave no further explanation.

Dee, like Peter offered little detail on why she, herself was resilient but she offered this example, “My mom was a drug addict. That doesn’t mean I need to-I have to be one.” Interestingly, of the participants, only Dee and Eve acknowledge a faith element in their resilience as they each strived for meaningfulness and strength in their individual situations. Having been independent at an early age, Eve attributed her resilience to no one else “but...God and myself.” Besides her friends and track coach, Dee’s only support system was “most definitely God.”

Finally, when asked whether or not she considered herself resilient, Sydney said “Yes” and proceeded to share a story about the challenges of living on her own for the first time and how everything “blew up at the end.” This led to two months of homelessness and a threat from the Department of Child Safety to withdraw financial support “if [she] didn’t get [her] act together.” This warning was her trigger to “bounce back real quick.”

These responses paint a more elaborate picture of resilience than the definitions that they provided (see Table 3). In these pictures, the researcher understood that there are various defining moments within multiple segments of life that became filters through which youth in and post care perceive resilience.

Theme Two: Resilience as a partner to success

The interview that served as the opus of this theme was Sam. This was the second interview conducted, and it was at this point that the interviewer began to pay close attention to the different responses given for the questions “Are you resilient?” and “Are you successful?”

Originally, when the interview questions were created, there were five questions regarding success and resilience:

1. Did you consider yourself successful when you initially aged out of care? How so?
2. Do you consider yourself successful now? How so?
3. How do you define resilience?
4. Are you resilient? Explain
5. On a scale of 1 to 10, how resilient are you?

At the onset, creating these five questions was not an attempt to separate these two concepts but to simply obtain as much information from the participants about survival and achievement. The assumption was that if they considered themselves successful, then they would also consider themselves resilient, with equal tenor. However, with Sam, the researcher experienced a moment of enlightenment when he answered the questions about success negatively and the questions about resilience positively.

In Sam's interview, the interviewer asked whether or not he considered himself successful, to which Sam answered, directly, "Honestly, no." He went on to describe items that he considered to be failures, such as: currently being paid a low wage, having student loans despite having found scholarships, not having a car or license and not feeling "emotionally strong." Sam acknowledged that others expressed their pride in him but to this he said, "But I'm not proud of myself, 'cause I don't have a family yet. I don't have a car yet. I don't have a career, or a house." He did however say, once he earned all of these things he would be successful. Sam however had an easier time admitting that he was resilient with the, tentative response, "I would say yeah."

This response caused the interviewer to return to the first interview conducted with Jay to revisit his responses. Jay, who had not obtained a college degree but owns a house and car stated that he was "absolutely" successful. When describing why he was successful, he acknowledged that he received a substantial settlement as a result of his mother's death that he "relied on that sort of just [gave him] a foothold because it was just enough to do that." He also added the fact that he had the opportunity to "bounce around from job to job" until he found a job that he liked and that he "kept trying."

However, when asked about being resilient he was more tentative, with the response "I believe so." This indicated that he considered resilience to be different than success. To glean a deeper response, the interviewer asked that Jay rate his resilience from 1 to 10, 10 being "superman." To this he rejected the idea of being superman but rated himself with a substantial "six or a seven."

Eve agreed that she was successful based on the fact that she made "it out of the hood" and out of the foster care system. She also mentioned that because she was not "a

product of [her] environment,” was not on drugs, not a prostitute, not on welfare and was able to care and provide for her children, she was successful. And without being asked, whether or not she was resilient, as she defined what resilience meant to her she stated that she “definitely” was and it is due to the same reasons why she felt successful.

Initially, Peter did not offer a direct response to whether or not he was successful because he had “never really been concerned with success.” He viewed the potential pursuit of his PhD as an “intelligent” and “informed” decision but not necessarily an indication of success. After further thought, Peter said that he equated success to happiness. To the question of resilience, Peter also gave a brief response saying that he would use “Merriam-Webster’s definition of continuing on despite adversity.” He expressed that he was resilient but stated that he felt it was not “nearly as important as adaptability.”

Dee associated success with growth and according to this definition did not actually state that she was successful but that she’s “made progress.” Also, she considered success in light of “statistics for foster kids” and expressed that “there’s still room to be successful.” Then to the idea of resilience, Dee admitted that she was resilient and she felt stronger about her resilience than her success.

Finally, Sydney stated that she was successful because she has been able to maintain her mental health without hurting herself or taking any medications. Also, the fact that she was employed, enrolled in school and was on track to graduate within several weeks were also contributing factors to her success. However, she did not initially understand what resilience was but after receiving the definition she confidently responded “like from the bottom—like, and then you’re working your way to the top?”

after which she described her progression in residential and employment stability. The final theme stipulates that the resilience and success that has been experienced by the interviewees exists due to people's invested focus on each of them as individuals.

Resilience and success are often used interchangeably and are mistakenly considered to be the same thing. However, the participants in this study clarified that there is a distinct difference. They did so not only in their words but in the tone of their responses. The researcher observed very different postures, physical reactions and strength of response each time these questions were asked. It is important that studies make this distinction and search for how the two of these concepts inter-relate in their subject matter.

Theme Three: Resilience as an individualized effort.

Congregate homes, by definition are homes that house multiple residents at one time. As such, most of these organizations focus on the basic needs of the group, rather than that of the individual. All of the facilities or homes that the study participants lived in while in-care had multiple foster child residents. Not only do the numbers influence organizational focus but the transient nature of the population also plays a role in diverting the organization's attention on the individual client. Several participants alluded to the challenges associated with being housed with multiple people and cared for based on the needs of the house, not them as individuals.

The study revealed that a majority of the study participants agree that in order to make lasting impact on the future of children in-care, resilience is built individually, not collectively.

Jay was most emphatic about his great desire to have had,

a special person or a few people that worked for the company, not per se the houses, but for the company, that could go out to these 16, 17, 18 year olds...and take them out and work with them on their resume one-on-one, work with them in finding a job...and just work with them on that, that would be a huge help.

Jay acknowledged that “[group home] staff don’t exactly have time to work with you on one-on-one basis to help you get the resources to do these things” thus proving the necessity of professionals with this type of focus. Dee was equally as passionate about the importance of individual focus because, according to her “everybody might not be open, you know, or be able to be open in a group setting.”

Both Eve and Sydney emphasized the relational impact that a person has on individual children. Eve recounted a pivotal moment in her development when she was told by her foster mother, “I’m not your mother, don’t call me your mother.” She went on to say if “the first [foster parent] would have just showed me a little bit or told me my worth, it probably would have changed a lot for me growing up. [If] people will show you they care, then you will care.”

Similarly, Sydney made repeated references to two mentors who “saw the best in [her]” and attributed their focus and patience with her to her personal growth and her growth in her relationship with her natural mother. Furthermore, she advises any direct care worker to be attentive to the child who talks to them “more than anyone else” and once they identify them “keep them...keep just trying to get through to them. Because it will work after awhile.”

As Peter reflected on whether or not caregivers set achievable goals for their clients, he proceeded on a diatribe about how “some [caregivers] don’t care at all” and

many of them do not think about the clients at all. He then shared a story about how he and a team of caregivers provided specified care for a “super-aggressive” client and how they were able to see the client’s progress due to this care. When asked whether or not individualized care or group care was more effective he made it clear that this can only be determined by paying attention what each child needs. He suggests that “when you see the people who are independent...let [them] do their own thing. And then you have those who need more individualized care. And you can give them that.”

Sam was the lone participant who advocated for a group approach to building resilience. In his interview, he opined the need for “little group meetings where [they] just kind of have like an open conversation...where there’s no judgement.” Sam admits as much as this idea “would have helped to avoid fights, and helped each [person] to understand one another” he “probably wouldn’t have participated in it.” In hindsight, he understands the benefits of group interventions but also understands that many children and youth in-care may not respond to it in a positive manner.

In their responses, the adults in this study clarified that despite the group structure created in most foster and group homes, it is imperative that caregivers see each child for who they are. While there are some benefits to the group environment such as the value of shared experiences, caregivers must understand that individual care is highly valued and desired by the youth in-care.

Summary

The six alumni of care who agreed to participate in this study all painted vivid pictures of their lives prior to care, during care, and post-care. From these stories, the following three themes were extracted:

- (1) Resilience as a manifested reality.
- (2) Resilience as a partner to success.
- (3) Resilience as an individualized effort.

These themes will be reviewed in light of the study's three research questions which will, in turn, provide the results and recommendations for this study.

CHAPTER FIVE: DISCUSSIONS, RECOMMENDATIONS, AND CONCLUSIONS

This study invited former youth in-care to reflect on their journeys from childhood in the child welfare system to adulthood. Through this lens of experience, the six study participants shared their unique insights on resilience. This chapter will discuss the themes excavated from their insights and provide recommendations for programming and further research as well as implications of the study. This chapter will also provide responses to the study's research questions: How is resilience defined by alumni of care?; What are the key attributes that make up resilience, as stated by alumni of care?; and What resources (i.e., people, programs) exist, or should to help promote resilience during and post-care?

This study responds to the call for caregivers and mentors to listen to the individual and collective voices of foster youth in order to provide them with the best quality care (Greeson & Bowen, 2008; Storer et al., 2014). Rather than impressing a view of resilience that may or may not be realistic, attainable or even desired by youth in-care, this study asks the former foster youth to paint their own picture of resilience.

Discussion

Three themes were uncovered in this exploration of resilience in the stories of former foster youth. In light of their perspectives, we have learned that youth in-care view resilience: As a manifested reality, as a partner to success and as an individualized effort. Many researchers have found that there are protective factors or “self-righting tendencies” that are exhibited by resilient youth in-care such as gender, race, self-leadership, mentorship, familial and friend support system and specialized

(individualized) care (Bernard, 1991; Shpiegel, 2016; Werner & Smith, 1982). The themes in this section reaffirm the value of many of these existing factors.

Resilience as a manifested reality

During the interviews, the participants in this study each exhibited a common pattern. When asked about whether or not they were resilient, they all responded first by defining resilience and then explicating it based on their individual experiences. The definitions of resilience that were provided, all followed the same configuration:

Resilience has three components, a) An unfavorable origin; b) A favorable destination and c) The process in between. Resilience as a process is particularly central to research conducted by Hines, Merdinger & Wyatt, 2005). One participant went so far as to say that his definition was no different than that of Merriam-Webster. Very quickly, their collective and analogous response to what resilience is, immediately disproved the implication in the first research question, as well as the researcher's assumption that participants would offer definitions of resilience that would be starkly different from one another.

After reviewing these common definitions, the researcher discovered that the significance of the participants' understanding of resilience was not in their definitions at all. Rather, as this theme suggests, the significance of their perspectives was based on the exceptional way resilience manifests itself in each of their lives. In their responses, each participant recognized exactly where and in what way resilience prevails in their lives.

Jay understood that the evidence of resilience is realized when one recovers from a fallen state of being. This is a relatively traditional sense of resilience as the ability to regain a positive state of being (Herrman et al., 2011). This traditional definition also

aligned with Peter's understanding of resilience which he shared was congruent to Merriam Webster's definition. Instead of going into any further detail about resilience, Peter, stated that he believed the trait of adaptability is a superior survival trait to that of resilience. Sam, however, felt that resilience manifests itself through hope in the future. In order to answer the question, Sam spent a good deal of time reflecting on everything he had done wrong. Once this reflection ended he stated that resilience will be realized when he's reached a certain level of success and see that everything that he has experienced "is going to be worth it."

Eve believes that resilience is shown by one avoiding the temptation of becoming a product of one's environment which is similar to Dee's view that resilience is manifested through her ability to avoid repeating generational errors. This notion is similar to Walsh's (2007) assertion that loved ones are susceptible to experiencing primary and secondary effects of trauma experienced in a family group and that family functions and network can be dismantled by ongoing trauma (Walsh, 2007). Therefore, through Eve's ability to pull from a strong belief system and Dee's ability to construct a supportive of friends they've both determine create different outcomes than their family history dictates (Hines, Merdinger & Wyatt, 2005). Sydney was the only participant that did not know the meaning of resilience. After the researcher provided one, she shared that, to her, resilience is the recognition of one's downfall and the ability to recover before it is too late.

Based on these responses, this study advances our understanding of the fact that foster youth recognize resilience in the places that they feel most progress or in experiences that they consider to be profoundly instrumental in their survival.

Resilience as a partner to success

Not far into the research process did it come apparent that the participants saw resilience and success as very different phenomena. It was Sam's contradictory responses to the question of whether he was resilient and successful that became a pivotal moment of clarity for the researcher. After Sam's interview, the researcher noticed that a majority of the participants made a clear distinction between their resilience and their success. It was found that even if they considered themselves to be both resilient and successful, the glaring differences in their intonation and their time of reflection given to each concept indicated that they considered these concepts as partners in their progress but not interchangeable concepts.

As the first theme indicated, all participants agreed that resilience was their overall ability to recover from or survive in spite of their circumstances (Hermann et al., 2011; Luther, 2000; Tugade & Frederickson, 2004). However, they considered success to be the acquisition of things, relationships and lesson gained along their journey way. For instance, Sam agreed that he was resilient because he had overcome his past. However, he did not consider himself successful because his academic, career and family goals have yet to be realized.

This insight challenges caregivers and mentors to promote programming that offers multiple levels of achievement and tangible skills and resources that can be attained as they transition into adulthood. In turn, these successes will provide a sense of resilience that will fuel the youth's willingness to succeed and give them hope for the future (Berzin et al., 2014).

Resilience as an individualized effort

When asked the question “To what or whom do you attribute your resilience?” Most participants took a moment to reflect on the question. After reflecting, all but one participant recounted the role of one on one mentorship in their lives prior to and post their transition. This interview question echoed the second research question “What resources (i.e., people, programs) exist, or should to help promote resilience during and post-care?” It was clear that above all else, it is who and how someone teaches a youth in-care that supersedes any one particular tool for survival. The existence of the mentor is crucial to both the resilience and successes of a young adult.

Jay mentioned that he “had a lot of mentors” during his time in foster care and , “all of them pretty much taught me the same things is to just work for what you want because not everything is going to be handed to you.” Eve and Sam’s emotionally charged responses to the devastating impact that their caregivers had on their self-worth best surmises Greeson & Bowen’s sentiments about the deep value of connection, love, care, and support that caregivers should offer to youth in their care (2008). All study participants were very clear in their assessment of a caregiver or mentor’s ability to indicate the needs of youth in their care and provide the necessary guidance to help them meet these needs.

Programs that mentors create should be shaped by the individualized care they provide to each of their youth. Transitional programs designed by mentors should take every unique quality of each youth into account (Shpiegel, 2015). Independence is often the goals of these programs but it is interdependence that has proven to be a key factor in promoting resilience in a young person (Jenson, 2003; Kaplan, Skolnik, & Turnbull,

2009). Developing interdependence teaches individual youth how to survive independently while empowering them to reach out for support when challenges arise (Berzin et al., 2014; Propp, Ortega & Newhart, 2003).

Implications for Leadership

This study suggests the importance of nurturing a fruitful micro and macro environments that promote the development of: youth self-leadership, mentorship for youth, youth and mentor co-leadership. Together, these objectives will stimulate the exhibition of resilient qualities in youth. This leadership trifecta begins with the ability for leadership to create trusting, realistic and supportive relationships with their mentees (Avery, 2011; Greeson & Bowen, 2008; Osterling & Hines, 2006). Sam shared that the adults who made the most impact on his life would “just sit there...and, like talk to us” they helped by “letting us vent and giving us advice and kind of letting us tell them what we’re thinking and what we’re going through, how we’re feeling, was just helpful.” Most participants also expressed the value and limits of staff empathy. Sydney shares that many youth in-care know that caregivers and mentors “don’t know what they’re going through” and though “they want to help” they should never assume that they understand their circumstance.

Most of the support youth in-care need is practical understanding of basic life skills such as navigating social environments, managing a budget or cooking a meal but just as important is the mentors’ role in learning their youth well enough to lead that youth to a greater understanding of self (Benson, 2008; Berzin et al., 2014; Daining & DePanfilis, 2007; Samuel & Pryce, 2008; TedxTalk, 2011). Eve was the first to admit that she did not have any mentors to rely on and that “as a kid you want to be validated”

and know their worth. According to her, caregivers and mentors to find some way to show, tell and teach youth “about self-love and self-worth” because “all that matter in the scheme of things.” This type of support creates a foundation for the youth launch out boldly an independently as they emerge into adulthood.

Thirdly, interdependence is the hybrid of the first two leadership needs, it teaches the youth how to simultaneously practice self-independence and learn to trust and rely on adult mentors for necessary support (Jenson, 2003; Kaplan, Skolnik, & Turnbull, 2009). Dee’s explained that due to what she considered to be a “devastating” loss of family and connection, she built “a defense mechanism so [she] wouldn’t be hurt.” However, through her faith and positive relationship with her foster mother, she eventually found space rebuild her relationship with her biological mom and rely on her friends and track coach. Greater than mentorship or independence alone is the foster youth’s ability to embrace relationships with and value being led by others while trusting themselves make quality choices for the betterment of their lives (Antle, Johnson, Barbee, & Sullivan, 2009).

Limitations

This study is an important step to understanding the meaning and value of resilience for youth in-care and post-care. The information provided by the data collected contributed to expanding the breadth of understanding for researchers, practitioners, policy-makers, caregivers, mentors and even the youths themselves. However, this study’s results, implications and recommendations, as in all other aspects of this study, should be viewed in light of the study’s limitations. The limitation with the most influence on this study was selection of the participant group. The sample size was small,

was limited to adults who had positive and current relationships with trusted adults and only recruited those who resided in or near Phoenix, AZ.

These stipulations affected the demographic and experiential diversity of the sample. The specificity of this participant group excluded the experiences for the subgroup of aged out youth who are experiencing negative outcomes. As a result, generalization about the larger in-care and aged out populations cannot be made based on this sample. Second, interpretation of data. Future mixed methods research on examining alumni of care perceptions on resilience throughout the nation would advance in this area of study.

Recommendations

It has been shown that individuals and organizations that adopt positive youth development programs witness significant benefits to the outcome of youth in-care (Sanders, Munford, Thimasarn-Anwar, & Liebenberg, 2013; Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015). Directly in line with Berzin et al. (2014), Shpiegel (2016), Courtney et al. (2001), Jones (2011) this study highlights how important it is for practitioners to focus on designing transitional programming that echo the needs of aging out youth by emphasizing practicality, individualization and interdependent leadership. People on all levels of child welfare have a weighted responsibility to support youth on the local, state and federal levels and should do so by sticking to the F.A.C.T.S. F.A.C.T.S. is an easy to remember, acronymic pattern created by the researcher to increase the memorability and marketability of these following programs. These recommendations are supported by the insights provided by the study's participants as well as existing literature on resilience, youth in-care, aging out and

leadership. Each of the recommendations follow the acronym F.A.C.T.S. to indicate the five key implementations assigned to each group.

Recommendation 1: Youth in-care

At the end of each interview, the researcher made the same inquiry of every participant, “If you could give your 18-year old self advice about aging out, what would it be?” In their responses, several participants alluded to the value of self-sufficiency which is a concept that has proven to be an integral indicator of resilient children post-care (Daining & DePanfilis, 2007; Samuels & Pryce, 2008). The participants also spoke about excusing oneself for failing, acknowledging those who offer sound advice, planning, accessing resources when they are available and saving money (Shpiegel, 2016). Based on these insights, the following five statements can be seen as advisory or action steps given from one youth in-care to another. It is paramount for youth to embrace these understandings as they face the F.A.C.T.S. about aging out:

- **Fail forward.**
- **Actively seek advice from others who invest in you.**
- **Create a plan and follow through with it.**
- **Take advantage of your resources.**
- **Save, save save.**

Dee beseeches youth in-care to reimagine failure as part of the process and understand that “failure...is how you grow.” Although the feeling of failure is a natural response to the miscarriage of one’s past or plan, it can be used as a ‘teachable moment’ (Berzin et al., 2014; Jones, 2011). Next, a number of alumni of care emphasized the importance of actively seeking advice from people who youth trust and admire and taking advantage of

all resources available to you as a child in-care. These are two concepts are seen as necessary because in adulthood “everybody’s there to fend for themselves” (Sydney, personal communication, May 26, 2016). Furthermore, Eve advises youth in-care to “get ready...and prepare” for the unexpected and one primary way to do so, as agreed upon by all six alumni of care is to save money. These five conversations can be accomplished through therapy and one on one interactions with a trusted adult.

The sage advice given by the former youth in-care are things that, in hindsight, each participant wishes he or she had done. The general consensus amongst the alumni of care was that there is no magical formula that can be used to coerce a teenager to heed to this hindsight insight, because as Jay so fixedly stated “Once I have made my mind up, usually it’s made up.” This, willfulness however, should not discourage caregivers and mentors to plant seeds now that will germinate and blossom later.

Recommendation 2: Caregivers

The second recommendation concerns those who work on the front lines as mentors and caregivers of youth in the child welfare system. Avery (2011) asserts that the benefits of mentorship are as follows:

- 1) Enhancing youth’s social relationships and emotional well-being;
- 2) Improving their cognitive skills through instruction and conversation; and,
- 3) Promoting positive identity development by serving as role models and advocates (p. 10-11)

It is at this next level of care that the “spark” is necessary to ignite children’s pursuit of purpose is realized (Benson, 2008). Dr. Benson says to trusted adults, “If you ever discover and name a kid’s spark, say it back them. Tell them you see it and hear it. Thank

them for possessing it.

Because the spark, in almost all cases, is good and beautiful and useful to the world” (TedxTalks, 2011). The study participants along with a number of existing studies are clear about requiring mentors and caregivers to face the F.A.C.T.S. and provide individualized care and attentiveness (Shpiegel, 2016), and grow in knowledge and understanding of the demographic they serve and themselves:

- **F-ocus** on the specific needs of individual children rather than generalizing the needs of the group.
- Be **A-ttentive** toward the youth who make efforts to connect with you.
- Provide **C-ontinuous** counsel and support to youth post-care.
- Seek extensive and ongoing **T-raining** on dynamic demographic needs and trauma informed care.
- Understand and remain within the **S-cope** of your personal and professional limits.

To begin with, focus and attentiveness come with the genuine, quality time spent with one’s mentee (Osterling & Hines, 2006; Storer et al., 2014). This time fosters love, trust, and support in multiple ways (Greeson & Bowen, 2008). Sydney gives this advice to mentors “if you can find somebody that will actually talk to you, and you find them talking to you more than anybody else, keep them....keep [just] trying to get through to them. Because it will work after a while.” Additionally, mentorship and other necessary support services should not come to an abrupt end at the time of aging out, in fact, as the recommendation suggests, it should be ongoing (Sanders et al., 2014). As a result of this consistency, outcomes prove to be more positive and youth are more empowered

(Sanders et al., 2014). Finally, training and mentor self-awareness are vital to mentors being knowledgeable, culturally sensitive and authentic in their roles. To this end, Peter offers this challenging critique of uninformed and unaware caregivers “no, I don’t think anybody sets achievable [goals]...because they don’t work with the [youth].” Youth in-care are fully aware that mentors and caregivers “don’t know what [foster youth are] going through” and are sensitive to the fact that “[caregivers] want to help” but cannot due to a lack of understanding (Sydney, personal communication, May 26, 2016).

Caregivers can be given opportunities for further education their respective organizations or a reputable trainer or agency.

Recommendation 3: Child-Welfare Organizations

This third recommendation speaks directly to the responsibilities of agencies that house youth in-care. It has been studied and proven that “increased resilience and better outcomes are achieved when youth report that services are respectful and provide them with opportunities to exercise personal agency during treatment” (Sanders et. al, p. 688, 2014). These recommendations are extensions of the recommendations for youth in-care and caregivers. In their responses, the participants indicated that there is need for accessible programming that provides trainings on finances, education, career development, problem- solving and self-awareness. Each of the following components are practical life skills agreed upon by the study participants and necessary in the preparation for transition into adulthood:

- **F-inancial** literacy:
 - opening and maintaining a bank account
 - writing checks

- debt education
- savings and Investments
- **A-cademic** planning and support;
- **C-career** preparation and placement;
 - resume writing
 - mock Interviews
 - job search
 - internships and training
 - networking
- **T-roubleshooting** challenges/ critical thinking; and
- **Self-awareness** and self-worth.

This recommendation is the most practical of all for recommendations ask it is fully

based on concrete living skills. Jones-Harden (2004) suggests that “preventative approaches designed to promote social skills, self-regulation, and coping in high risk children have been found to result in positive outcome (p. 43). A majority of studies focused on transitional living skills agree with alumni of care who emphasize, budgeting, academics, career building, problem solving and self-awareness (Berzin et al., 2014; Courtney et al., 2001). Each alumni of care suggested that a focus would be made on real-world application. Agencies can use their current programs to teach many of these skills such as study time for academic planning and weekly allowance for budgeting. However, of these skills do not necessarily need to be provided directly but foster homes but can be done with by partnerships with community organizations like financial

institutions, local colleges and university, professional networks and counseling practices. The development of challenging programs that not only teach but test youth on their competence can assist with critical thinking and application of these tangible skills.

Recommendations 4: State and Federal Government

This final recommendation was not developed based on the direct responses from the study's participants; rather, it stems from the researcher's observations, interpretations of the participants' responses and existing literature that indicate the need for policy-level influence in the child welfare system (Avery, 2011; Bass, Shields & Behrman, 2004; Havlicek, 2011). In order to foster a nationwide community of successful adults formerly in-care, it would behoove both state governments and the federal government to give special attention to the following action steps:

- **F-unding** to support long-term transitional programming for each state.
- **A-age of majority** for youth in-care should be increased from 18 to 21.
- **C-ampaign** for supportive more government supported transitional skills programs for young adults once they age out of care.
- **T-rack** the progress of successful young adults post care for decades following their aging out of the system through research and data driven methods.
- **S-potlight** and support state transitional programs with successful outcomes.

This final recommendation is quite possibly the most challenging implement, as it requires persuading policy makers that investment in this population is an investment in future generations. Jones-Harden (2004) stresses the fact that all adults “have an obligation to ensure that this very vulnerable group of children has the needed opportunities for

developmental progress” (p. 44). This begins with youth in-care, mentors and child welfare agencies uniting in the cause of advocacy for this population. Once policy makers are convinced that there is value in this demographic, the funding that is given should be sustainable and match the cost of living and changing needs of aging out youth. Then, multi-disciplinary, nation-wide longitudinal studies, like the one suggested in the Recommendation for Further Research, should be conducted by researchers from various backgrounds who express an interest in promoting resilience amongst youth in-care. Professionals from mental health, law enforcement and child welfare should all weigh in with their unique expertise and vantage points of providing for youth in-care.

Recommendations for Further Research

Conducting a multi-disciplinary, nation-wide longitudinal study on youth and young adults in-care would be the primary recommendation for future research. It would be highly beneficial to follow youth in-care from the age of 17, the year prior to adulthood, to at least 10 to 15 years post care. Additionally, it would benefit this field of study to have research that spans across the nation, including subjects from all states that have an active child welfare state department. Conducting this type of study or series of studies can provide answers to the following questions:

- 1) Which states have the most successful population of youth formerly in-care and in what developmental categories do they excel?
- 2) What best practices can be adopted from these successful states and implemented nationwide?
- 3) Do young adults’ support needs changed over time? If so, how?
- 4) Do young adults’ perceptions of resilience and/or success change over time?

Based on these questions, the federal government can create solid programming that is transferable from state to state which would invite dialogue about each state's challenges providing for this population and more importantly, increase nationwide consistency. The states that demonstrate strengths in producing positive outcomes should be recognized and targeted for best practices. These best practices can be shared via sources like TedTalks series designed specifically for child welfare education and reform.

Another aspect of the study that can potentially prove to be beneficial is to have focus groups led by researchers that overtime can develop into participant led support groups in each state. These support groups would not only be a conduit of support for the aged out adults but can serve as foster "alumni" associations. Like most university or fraternity/sorority alumni associations, they would provide supportive mentor services for young people who are in the process of navigating the same challenges that they experienced while in-care.

Conclusion

This qualitative case study was an invitation for caregivers and mentors to understand the phenomenon of resilience through the voices of six former foster youth. The aim was to embrace lessons learned from the insights provided by these alumni of care and create practical, effective and meaningful transitional programming for both youth aging out of the system as well as youth in other historically relegated communities. Through purposive and convenience sampling, and with the help of their trusted adult, the study's participants were selected to engage in an hour long interview of open-ended questions framed by the following research questions: How do alumni of care define resilience?; What are the key attributes that make up resilience, as stated by

alumni of care?; and What resources (i.e., people, programs) existed (or should have existed) to help promote resilience during and post-care? The traditional analysis strategy used by Wolcott (2002) was employed to collect and analyze data from these interviews and themes were drawn through the use of open coding.

From this process, we learn that resilience in youth is comprised of various parts of science, art, heredity, sparks, and magic (Benson, 2011; Masten, 2001). However, resilience for youth post-care is comprised of all of these things while threatened by the ominous clouds of trauma. The six young adults interviewed in this study helped us to understand that resilience is not any different for them than it is for others however;

- 1) It manifests itself in unique ways;
- 2) It is not the same as success but it is a partner to success; and
- 3) It requires individualized focus.

Though all participants agree on their definition of resilience, they each gave a unique example of how resilience is manifested through their eyes and their experiences.

Elements of faith, hope in the future, self-leadership and mentorship all play an essential role in paving the way for a successful transition from childhood to adulthood.

It is important that individual caregivers, organizations, and governmental bodies, take a vested interest in the success and resilience of one of our nation's more vulnerable populations. It has been proven countless times that the failure of one is the failure of all. Youth who struggle with identity, drug abuse, criminal activity and maladaptive behaviors and personality will soon be adults who struggle with job placement, mental illness, housing, and domestic issues; all of which effect the local, state and national communities. It is everyone's responsibility to fact the F.A.C.T.S. and work towards

providing ongoing support, leadership, and practical skills designed to fit the distinct and dynamic needs of each individual youth in-care.

References

- Antle, B., Johnson, L., Barbee, A., & Sullivan, D. (2009). Fostering interdependence versus independent living in youth aging out of care through healthy relationships. *The Journal of Contemporary Social Services, 90*(3), 309-415.
- Almendon, A. & Glandon, D. (2007). Resilience is not the absence of PTSD any more than health is the absence of disease. *Journal of Loss and Trauma, 12*, 127-143.
- Anda, R., Felitti, V., Bremner, J., Walker, J., Whitfield, C., Perry, B., Dube, S. and Giles, W. (2006). The enduring effects of abuse and related adverse experiences in childhood. *European Archives of Psychiatry and Clinical Neuroscience, 256*(3), 174-186.
- Avery, R. (2011). The potential contribution of mentor programs to relational permanency for youth aging out of care. *Child Welfare, 90*(3), 9-26.
- Bass, S., Shields, M. and Behrman, R. (2004). Children and families, and foster care: Analysis and recommendations. *Children, Families and Foster Care, 14*(1), 5-29.
- Bendall, S., Jackson, H.J., Hulbert, C.A. and McGorry, P. (2008). Childhood trauma and psychosis disorders: A systemic, critical review of the evidence. *Schizophrenia Bulletin, 34*(3), 568-579.
- Benson, P. L. (2008). Sparks: How parents can help ignite the hidden strengths of teenagers. San Francisco, CA: Jossey-Bass.
- Bernard, B. (1991). Fostering resiliency in kids: Protective factors in the family, school and Retrieved from: <http://files.eric.ed.gov/fulltext/ED335781.pdf>
- Bernard, B. (1995). Fostering resilience in children. *Eric/EECE Digest, EDO-PS-99*.

- Berzin, S., Singer, E., and Hokanson, K. (2014). Emerging versus emancipating: The transition to adulthood for youth in foster care. *Journal of Adolescent Research*, 29(5), 616-638.
- Brielmaier, K. (2010). Finding the student spark: Missed opportunities in school engagement. *Search Institute Insights and Evidence*, 5(1), 1-13.
- Brooks, J. (2006). Strengthening resilience in children and youths: Maximizing opportunities through the schools. *Children & Schools*. 8(2), 69-76.
- Bryan, J. (2005). Fostering educational resilience and achievement in urban schools through school-family-community partnerships. *Professional School Counseling*. 18(3), 219-227.
- Carle, A., Chassin, L. (2004). Resilience in a community sample of children of alcoholics: Its prevalence and relation to internalizing symptomology and positive effect. *Journal of Applied Developmental Psychology*, 25(5), 577-595.
- Children's Rights. (2014). Aging Out. Retrieved from:
<http://www.childrensrights.org/newsroom/fact-sheets/aging-out/>.
- Cohn, S. and Kelly, S. (2015). Foster youth attending college. *National Center for Child Welfare Excellence at the Silberman School of Social Work*. Retrieved from:
<http://www.nccwe.org/downloads/info-packs/CohnandKelly.pdf>.
- Colman, I., Garad, Y., Zeng, Y., Naicker, K., Weeks, M., Patten, S., Jones, P., Thompson, A., Wild, T. (2013). Stress and development of depression and heavy drinking in adulthood: Moderating effects of childhood trauma. *Social Psychiatry and Psychiatric Epidemiology*, 48(2), 265-274.
- Courtney, M., Piliavin, I., Grogan-Kaylor, and Nesmith, A.(2001). Foster youth

transitions to adulthood: A longitudinal view of youth leaving care. Retrieved from:

http://www.thenightministry.org/070_facts_figures/030_research_links/060_homeless_youth/courtneyfosteryouthtransitions.pdf.

Courtney, M., Terao, S., and Bost, N.(2004). Midwest evaluation of the adult functioning of former foster youth: Conditions of youth preparing to leave state care.

Retrieved from:

http://www.tndev.net/mbs/docs/reference/Child_Welfare_System_National/Midwest_Study_Former_Foster_Youth.pdf.

Creighton University Research Services. (2015). International Review Board Policies and Procedures. Retrieved from:

http://www.creighton.edu/fileadmin/user/ResearchCompliance/IRB/Policies_and_Procedures/116_Vulnerable_Research_Populations.pdf

Creswell, J.W. (2013). Qualitative inquiry and research design: Choosing among five approaches. Los Angeles, CA: Sage.

Culver, T. (2014). Resiliency and its use in foster care. Retrieved from:

<http://www.kidspace.org/healing.aspx?id=3303>.

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.

de Carvalho, H., Pereira, R., Frozi, J., Bisol, L., Ottoni, G. and Lara, D. (2015). *Child Abuse and Neglect*, 44, 18-25.

- Doll, B., Jones, K., Osborn, A., Dooley, K., & Turner, A. (2011). The promise and the caution of resilience models for schools. *Psychology in the Schools*, 48(7), 652-659.
- Drapeau, S., Saint-Jacques, M., Lepine, R., Begin, G. & Bernard, M. (2007). Processes that contribute to resilience among youth in foster care. *Journal of Adolescence*, 30, 977-999.
- Drumm, R., Popescu, M. Cooper, L., Trecartin, S., Seifert, M., Foster, T. and Kilcher, C. (2014). “God just brought me through it”: Spiritual coping strategies for resilience among intimate partner violence survivors. *Clinical Social Work Journal*, 42(4), 385-394.
- Dvir, Y. Denietolis, B., and Frazier, J.A. (2013). Childhood trauma and psychosis. *Child and Adolescent Psychiatric Clinics of North America*, 22(4), 629-641.
- Ehlert, U. (2013). Enduring psychobiological effects childhood adversity. *Psychoneuroendocrinology*, 38(9), 1850-1857.
- Foster Youth In Action. (2014). “State by state legislation won by foster led groups.” Retrieved from: <http://www.fosteryouthaction.org/state-by-state-legislation-won-by-foster-youth-led-groups/>
- Friborg, O., Barlaug, D., Martinussen, M., Rosenvinge, J. and Hjemdal, O. (2005). Resilience in relation to personality and intelligence. *International Journal of Methods in Psychiatric Research*, 14(1), 29-42.
- Geenen, S. and Powers, L. (2007). “Tomorrow is another problem” The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29(8), 1085-1101.

- Gomez, R., Ryan, T., Norton, C., Jones, C. and Galan-Cisneros. (2015). Perceptions of learned helplessness among emerging adults aging out of foster care. *Child and Adolescence Social Work Journal*, 32(6), 507-516.
- Greeson, J.K.P., and Bowen, N. (2008). "She holds my hand" The experiences of foster youth with their natural mentors. *Children and Youth Services*, 30(10), 1178-1188.
- Guetterman, T. C. (2015). Descriptions of sampling practices within five approaches to qualitative research in education and the health sciences. In *Forum Qualitative Sozialforschung/Forum: Qualitative Social Research*, 16(2).
- Harvey, J., & Delfabbro, P.H. (2004). Psychological resilience in disadvantage youth: A critical review. *Australian Psychologist*, 39(1), 3-13.
- Haslam, S. Reicher, S. & Platow, M. (2011). *The new psychology of leadership: Identity, influence and power*. New York, NY: Psychology Press.
- Hass, M., Allen, Q. & Amoah, M. (2014). Turning points and resilience of academically successful foster youth. *Children and Youth Services Review*, 44, 387-392.
- Hass, M. and Graydon, K. (2009). Sources of resiliency among successful foster youth. *Children and Youth Services Review*, 31, 457-463.
- Havlicek, J. (2011). Lives in motion: A review of former foster youth in the context of their experiences in the child welfare system. *Children and Youth Services Review*, 33(7), 1090-1100.
- Herrman, H., Stewart, D., Diaz-Granados, N., Berger, E. Jackson, B., & Yuen, T. (2011). What is resilience? *The Canadian Journal of Psychiatry*, 56(3), 258-283.

- Hines, A., Merdinger, J., & Wyatt, P. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry*, 75(3), 381-394.
- Jenson, J. (2003-2004). Fostering interdependence: A family-centered approach to help youth out of foster care. *Whittier Journal of Child & Family Advocacy*, 3(2), 329-363.
- Jessor, R. (1993). Successful adolescent development among young in high-risk settings. *American Psychologist*, 48(2), 117-126.
- Jones-Harden, B.J. (2004). Safety and stability for foster children: A developmental perspective. *Children, Families, and Foster Care*, 14(1), 31-47.
- Jones, L. (2011). The first three years after foster care: A longitudinal look at the adaptation of 16 youth to emerging adulthood. *Children and Youth Services Review*, 33(10), 1919-1929.
- Kaplan, S. J., Skolnik, L., & Turnbull, A. (2009). Enhancing the empowerment of youth in foster care: Supportive services. *Child Welfare*, 88(1), 133.
- Kim-Cohen, J. (2007). Resilience and developmental psychopathology. *Child Adolescent Psychiatric Clinics of North America*, 16(2), 271-283.
- KidsHealth.Org. (2015). Child Abuse. Retrieved from:
http://kidshealth.org/parent/positive/talk/child_abuse.html#.
- Leckman, J., & Mayes, L. (2007). Nurturing resilient children. *Journal of Child Psychology and Psychiatry*, 48(3/4), 221-223.

- Lee, C. and Berrick, J. (2014). Experiences of youth who transition to adulthood out of care: Developing a theoretical framework. *Children and Youth Services Review*, 46, 78-84.
- Lee, J., Courtney, M., Harachi, T. and Tajima, E. (2015). Labeling and the effect of adolescent legal system involvement on adult outcomes for foster youth aging out of care. *American Journal of Orthopsychiatry*, 85(5), 441-451.
- Legault, L. Anawati, M., and Flynn, R. (2006). Factors favoring psychological resilience among fostered young people. *Children and Youth Services Review*, 28(9), 1024-1038.
- Leve, L., Harold, G.T., Chamberlain, P. Landsverk, J., Fisher, P. and Vostanis, P. Practitioner review: Children in foster care-vulnerabilities and evidence-based interventions that promote resilience processes. *The Journal of Child Psychology and Psychiatry*, 53(12), 1197-1211.
- Lietz, C., Langer, C. and Furman, R. (2006). Establishing trustworthiness in qualitative research in social work: Implication from a study regarding spirituality. *Sage Publications London*, 5(4), 441-558.
- Lietz, C. and Zayas, L. (2010). Evaluating qualitative research for social work practitioners. *Advances in Social Work*, 11(2), 188-202.
- Luthar, S., Cicchetti, D., & Becker, Bronwyn. (2000). The construct of resilience. A critical evaluation and guidelines for future work. *Child Development*, 71(3), 543-562.

- Luthar, S., & Cicchetti, D. (2000). The construct of resilience: Implications for interventions and social policies. *Development and Psychopathology*, *12*(2000), 857-885.
- Lowney, C. (2003). *Heroic leadership*. Chicago, Ill: Loyola Press.
- Lynch, M. and Cicchetti, D. (1998). An ecological-transactional analysis of children and contexts: the longitudinal interplay among child maltreatment, community violence, and children's symptomology. *Development and Psychopathology*, *10*(2), 235-257.
- Masten, A. (2001). Ordinary magic: Resilience processes in development. *American Psychologist*. *56*(3), 227-238.
- Marshall, M. N. (1996). Sampling for qualitative research. *Family Practice*, *13*, 522-525.
- Mount Royal University. (2014). *Fostering Resilience using a Strengths Based Approach*. Retrieved from: <http://www.mtroyal.ca/cs/groups/public/documents/pdf/strengthsbasedapproachrb.pdf>,
- National Public Radio. (2010). Reflections on aging out of foster care. Retrieved from: <https://www.youtube.com/watch?v=kZyI3Q9tro4>.
- Opendakker, R. (2006). Advantages and disadvantages of four interview techniques in qualitative research. *Forum Qualitative Sozialforschung / Forum: Qualitative Social Research*, *7*(4), Art. 11, <http://nbn-resolving.de/urn:nbn:de:0114-fqs0604118>.
- Osterling, K., & Hines, A. (2006). Mentoring adolescent foster youth: Promoting resilience during developmental transitions. *Child and Family Social Work*, *11*, 242-253.

- Propp, J. Ortega, D. & Newhart, F. (2003). Independence or interdependence: Rethinking the transition from ward of the court to adulthood. *Families in Society: The Journal of Contemporary Social Services*, 84(2), 259-266.
- Reilly, T.(2003). Transition from Care: Status and outcomes of youth who age out of foster care. Retrieved from:
https://www.researchgate.net/profile/Thom_Reilly/publication/8909219_Transition_from_care_status_and_outcomes_of_youth_who_age_out_of_foster_care/links/54ad90100cf2olo828b29fcad4e.pdf
- Salazar, A., Keller, T., Gowen, L. and Courtney, M. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology*, 48(4), 545-551.
- Samuels, G.M. and 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.
- Sanders, J., Munford, R., Liebenberg, L. and Ungar, M.(2013). Multiple service use: The impact of consistency in service quality for vulnerable youth. *Children Abuse & Neglect*, 38(4), 687-697.
- Sanders, J., Munford, R., Thimasarn-Anwar, T., Liebenberg, L., & Ungar, M. (2015). The role of positive youth development practices in building resilience and enhancing wellbeing for at-risk youth. *Child Abuse & Neglect*. 42, 40-53.
- Scales, P., Roehlkepartain, E. and Benson, P. (2009). Teen Voice 2009: The untapped strength of 15-year olds. Retrieved from: http://www.search-institute.org/sites/default/files/a/TeenVoiceReport_FINAL.pdf.

- Shpiegel, S. (2016). Resilience among older adolescents in foster care: The impact of risk and protective factors. *International Journal of Mental Health and Addiction, 14*(1), 6-22.
- Steiner, A. (2014, September 17). Ann Masten: Children's natural resilience in nurtured through 'ordinary magic.' *The Minneapolis Post*. Retrieved from: <https://www.minnpost.com/mental-health-addiction/2014/09/ann-masten-children-s-natural-resilience-nurtured-through-ordinary-m>
- Storer et al. (2014). In search of connection: The foster youth and caregiver relationship. *Children and Youth Services Review, 42*, 110-117.
- Stott, T. (2012). Placement instability and risky behaviors of youth aging out of foster care. *Child and Adolescent Social Work Journal, 29*(1), 61-83.
- [TedxTC]. (2011, April 22). *TedxTC Peter Benson-Sparks: How Youth Thrive*. [Video File]. Retrieved from <https://www.youtube.com/watch?v=TqzUHcW58Us>.
- The Annie E. Casey Foundation (2016). Aging Out. Retrieved from: <http://www.jimcaseyyouth.org/about/aging-out>
- The Mockingbird Society.(2013). Youth impacted by foster care to inform Congressional Caucus on foster youth on national listening tour. Retrieved from: <http://www.mockingbirdsociety.org/images/stories/PR/05.27%20tms%20release%20re%20cong%20caucus%20on%20fy.pdf>
- The National Center on Family Homelessness. (2011). The Characteristics and Needs of Families Experiencing Homelessness. Retrieved from: www.familyhomelessness.com.

- Thompson, A., Greeson, J.K.P., and Brunsink, A. (2016). Natural mentoring among older youth in and aging out of foster care: A systematic review. *Children and Youth Services Review, 61*, 40-50.
- Tugade, M., & Fredrickson, B. (2004). Resilient individuals use positive emotions to bounce back from negative emotional experiences. *Journal of Personality and Social Psychology, 86*(2), 320-333.
- UPenn Collaborative on Community Integration. (2015). Retrieved from:
http://tucollaborative.org/pdfs/Toolkits_Monographs_Guidebooks/parenting/Factsheet_4_Resulting_Trauma.pdf
- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2015). *Child maltreatment 2013*. Retrieved from: <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-management>.
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process, 46*(2), pp. 207-227.
- Werner, E. E. (2005). Resilience and recovery: Findings from the Kauai longitudinal study. *Research, Policy, and Practice in Children's Mental Health, 19*(1), 11-14.
- Werner, E. E. (1992). The children of Kauai: Resiliency and recovery in adolescence and adulthood. *13*(4), 262-268.
- Werner, E., & Smith, R.S. (1982). *Vulnerable but invincible: A study of resilient children*. New York, NY: McGraw-Hill.

Wolcott, H. F. (2002). Writing up qualitative research...better. *Qualitative Health Research*, 12(1), 99-103.

Zolkoski, S., & Bullock, L. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*. 34(12), 2295-2303.

Appendix A: Alumni of Care Interview Questions

Time of Interview:

Date:

Location:

Interviewer:

Interviewee: A

The purpose of this qualitative case study is to determine the definition and contributing factors of resilience from the perspectives of youth formerly in-care. The end goal will be to understand how youth formerly in-care define resilience in their own words.

1. Describe your home life prior to entering foster care.
 - a. What feelings would you use to describe this experience?
2. Describe your transition from home to foster care. ‘
 - a. What feelings would you use to describe this experience?
3. Describe your experience in the group home (s).
 - a. What feelings would you use to describe this experience?
4. If you could change anything about your group home experience, what would it be?
5. What kind of resources or support did the group home offer to prepare you for your transition into adulthood?
6. Before turning 18, what were your plans for aging out?
7. Once you aged out of the system, what were your first steps to establishing yourself?
 - a. What feelings would you use to describe this experience?
8. What were your housing plans? Did your plans work? Where do you live now?
9. What were your educational plans? Did your plans work? How far did you go educationally?
10. What were your financial plans? Did your plans work? Do you have a checking and saving account?
11. What were your professional plans? Did your plans work? Where do you currently work?
12. Did you consider yourself successful when you initially aged out of care? How so?
13. Do you consider yourself successful now? How so?
14. How do you define resilience?
15. Are you resilient? Explain
16. On a scale of 1 to 10, how resilient are you?
17. What/Who helped you become resilient?
18. If you could give you 18 year old self advice about aging out of care what would you say?
19. Paint a picture of a person who is not resilient.
20. If you could train adults to care for foster kids or design a program what would it look like?

Appendix B: Timeline for Dissertation Process

Activity	Timeframe
Submit the First Draft of Proposal	October 2015
Complete, Submit and Present Revised Proposal	February 2016
Obtain IRB	February 2016
Collect Demographic Information from Participants and Set Up Interviews	February 2016
Conduct Interviews with Participants (Data Collection)/Data Analysis	March 2016-April 2016
Dissertation writing and completion	April 2016-July 2016
Defend Dissertation	July/August 2016

Appendix C: Creighton IRB Approval Letter

The screenshot shows a web browser window displaying an Outlook email. The browser's address bar shows the URL <https://outlook.office.com/owa/projection.aspx>. The email header includes the subject "IRBNet Board Document Published" and the sender "Christine Scheuring <no-reply@irbnet.org>" with a profile picture and the date "2/23/2016". The email body contains the following text:

Inbox

Please note that Creighton University IRB-02 Social Behavioral has published the following Board Document on IRBNet:

Project Title: [871852-1] A Mosaic of Resilience: Alumni of Care Perceive Success through their Brokenness
Principal Investigator: Monique Williams, MDiv

Submission Type: New Project
Date Submitted: February 18, 2016

Document Type: Exempt Letter
Document Description: Exempt Letter
Publish Date: February 23, 2016

Should you have any questions you may contact Christine Scheuring at christinescheuring@creighton.edu.

Thank you,
The IRBNet Support Team

www.irbnet.org

The bottom of the screenshot shows the Windows taskbar with icons for various applications and the system tray displaying the time as 3:42 PM on 6/25/2016.

Appendix D: Study Participant Information Letter and Consent Form

Dear Participant,

My name is Monique Williams and I am a current doctoral student at Creighton University. For four years, I have had the pleasure of working on behalf of youth and young adults in the Child Welfare System and would now like the opportunity to contribute even more of my energy to provide resources and support for their success by dedicating my academic study to their cause.

The focus of my study is: The Resilience of Adults Post-Care

I would like to invite you to participate in this study as I grow to understand the strengths, weaknesses, opportunities and threats experienced by young adults post-care. If you agree to participate, it would require an interview about your personal story prior to placement in the group/foster home, your experiences while in-care and your insight about life after care. If you agree to participate, we would schedule a time and location that works well for you and allot about half an hour for our conversation. After the interview, it is possible that I might connect with you on at least one more occasion for follow-up questions or review of transcripts.

There would be no risks on your part and I will be certain to maintain full confidentiality. Please know that you are under no obligation to participate and there will be no consequences if you choose not to participate or withdraw at any time.

Please feel free to contact me at [623-687-6981](tel:623-687-6981)/Monique.a.williams@gmail.com or my advisor Dr. Gaddie, Julie.Gaddie@sjsd.k12.mo.us if you need any further clarification. You are also free to contact the Creighton University's Office of Research Compliance at 402-280-2126 if you have any questions about your right as a research subject.

Please indicate your willingness to participate by signing here:

Thank you for your consideration!

Appendix E: Negative Outcomes of Youth Aging Out of Care

(Categories used in Chapter 4: Findings)



Appendix F: Study Participants and Casey Study Comparison

<u>Participant</u>	<u>1 in 5 will become homeless after age 18</u>	<u>Only half will be employed by 24</u>	<u><3% earn a college degree</u>	<u>71% of young women will be pregnant</u>	<u>1 in 4 will experience PTSD</u>
Jay					
Sam					X
Eve			X	X	
Peter			X		
Dee					
Sydney	X		X	X	X

This chart cross references the Casey Family Study (See Appendix E) with the demographic information of the six study participants.

Appendix G: Summary of Data Analysis

<u>Questions</u>	<u>Quotes/Notes</u> --- = Participant did not respond	<u>Themes</u> --- = No notable theme
<p>1. Describe your home life prior to entering foster care.</p> <p>a. What feelings would you use to describe this experience?</p>	<p>Jay: Mother passed in accident, lived in multiple places with grandparents.</p> <p>Aunt was paralyzed “and so she required a lot of attention, and it took a lot of attention away from me. And so, as any kid my age, I started to act out because of it. Because even though I knew I was loved, I just didn’t get the attention that I needed or wanted.”</p> <p>Sam: Mother involved with drug use and prostitution.</p> <p>Consistent homelessness.</p> <p>Anger towards foster family.</p> <p>Rebellion. Felt responsible for family. Identity crisis.</p>	<p>Pre-Care Memories</p> <p>highlight:</p> <p>Mother: 5 Participants</p> <p>Father: 1 Participant</p> <p>Common Issues:</p> <p>Drugs: 3</p> <p>Death: 1</p> <p>Abuse: 1</p> <p>Neglect: 2</p> <p>Abandonment:0</p>

	<p>Eve: Does not remember much from her childhood.</p> <p>Mom was often drunk and siblings did drugs.</p> <p>Peter: Lots of moving around, father got divorced and ended up in prison. Recalled being separated from siblings but living with one brother.</p> <p>House Manager advocated for brothers to stay together and eventually fostered both of them.</p> <p>Dee: Mother was abusive, drug user. Homelessness. Made excuses for mom not knowing parents.</p> <p>Sydney: Remembers childhood being “pretty decent.” Mother struggled with gambling. Participant was molested.</p>	
--	--	--

<p>2. Describe your transition from home to foster care. ‘</p> <p>a. What feelings would you use to describe this experience?</p>	<p>Jay: “At first I was worried because I’d heard stories where you bounce around a lot when you’re in foster care, and it kind of scared me...”</p> <p>Sam: Transitioned from Juvenile detention to group home. Felt he abandoned mom.</p> <p>Eve: “It was really scaring, a feeling of displacement, dis-attachment, like almost abandonment feeling. I got snatched from my mom and then I was placed in this situation with all these strangers. “</p> <p>Peter: See above.</p> <p>Dee: “Yeah, it was devastating, because being so young. But it was devastating because I didn’t really get to see my older brother enough.”</p>	<ul style="list-style-type: none"> - Worry - Guilt - Fear - Indifferent - Devastation - Anger
---	--	---

	<p>Her siblings moved with their fathers but she did not have that option.</p> <p>Sydney: “Mainly just---I didn’t really want to be there, you know. And I was just not really angry towards everybody, but just angry towards like my situation personally.”</p>	
<p>3. Describe your experience in the group home (s).</p> <p>a. What feelings would you use to describe this experience?</p>	<p>Jay: “It was wonderful...Honestly it did feel like family.”</p> <p>Sam: “At first it was kind of depressing because I---at this point I was kind of –I was already depressed because I felt alone and no one really understood...”</p> <p>Eve: Foster mom told her “I’m not your mother, don’t call me your mother, my name is___.” Most of foster</p>	<ul style="list-style-type: none"> - Positive - Depressing - Interesting - Negative

	<p>care was “generally pleasant” but lot of girls.</p> <p>Peter: “It’s very---its interesting. It’s—you know, you never get a second alone, you know, to yourself. And then you’re always having --- you know, resources are limited.”</p> <p>Dee: Group home stay was short but difficult without siblings but foster home was a positive experience. “We were blessed to have a foster home mom who also had a sister, so she understood sisterhood.</p> <p>Sydney: First placement in treatment center. She remembered struggling with anger issues. Second placement with a family. She</p>	
--	---	--

	<p>enjoyed it until it ended abruptly.</p>	
<p>4. If you could change anything about your group home experience, what would it be?</p>	<p>Jay: “Honestly it was good experience...I can’t think of anything that I would have changed”</p> <p>Sam: “I think maybe some kids just need counseling. Right? And they just –some of us don’t like, seek it. Or like little group meetings where we just kind of have an open conversation about...just to get to know each other.”</p> <p>Eve: “If I knew then what I know now---I mean, I don’t know, as a kid you want to be validated, and growing up. If I knew my worth then...” A lot of people are “in it for the money.”</p> <p>Peter: “Nothing. It was great. I mean, it was me, my</p>	<ul style="list-style-type: none"> - Nothing - More group interaction - Visit with family - Be validated by caregiver. - Listen more.

	<p>brother. And there was nothing I could've asked for more. They provided a wonderful home.”</p> <p>Dee: “I never really had visits with my mom.”</p> <p>Sydney: “Honestly, I would have listened to people a lot more...I wish I would've applied [my resources] that I had.”</p>	
<p>5. What kind of resources or support did the group home offer to prepare you for your transition into adulthood?</p>	<p>Jay: “Miss _____, or the house manager gave me a lot of support ...And I know that I talked to _____ and _____ and we grew very close.”</p> <p>Sam: Transitional program, tutors, physical activity, accountability from caregivers and mentors, college, resume building, writing checks, realistic perspectives shared by mentors.</p>	<p>-None</p> <p>- Mentorship</p> <p>- Transitional Program</p>

	<p>Eve: "I did not [have any]."</p> <p>Did not receive all money promised at aging out due to her agency being "crooked."</p> <p>Peter: "I was pretty much self-taught." Allowing freedom, removing distractions of other 9kids.</p> <p>Access to the internet.</p> <p>Dee: ---</p> <p>Sydney: Believes CPS should have given more resources due to foster kids not having normal lives.</p>	
<p>6. Before turning 18, what were you plans for aging out?</p>	<p>Jay: "My plan was to finish high school at least before I left. And I wanted to do college too, but..." "It's definitely a lot tougher than I thought it would be...I knew I needed to find [a] place. I needed to find a job. I need to finish my education. I knew I</p>	<ul style="list-style-type: none"> - Complete HS/College - Did not plan to leave - Freedom

	<p>needed to do all that. I just didn't think how hard it was actually going to be.”</p> <p>Sam: “It sounds weird actually, but I never really wanted to leave, because I just thought it was going to be lonely.” Concerned about finances, transportation, and family. Stayed for one year after 18.</p> <p>Eve: “I mean, because I was so young and naïve...I had very little regard for whatever aging out would mean. It wasn't until I got pregnant that I started realizing, hey, this is reality.”</p> <p>Peter: When he was younger, aging out was about “family again.” Later at 15, 16, 17 years old, “I knew I was</p>	
--	--	--

	<p>going to college,” and eventually get a PhD.</p> <p>Dee: Having freedom.</p> <p>Sydney: ---</p>	
<p>7. Once you aged out of the system, what were your first steps to establishing yourself?</p> <p>a. What feelings would you use to describe this experience?</p>	<p>Jay: 1) Find a place to stay... “once I found a place to stay- unlike a lot of kids in the system, I had sort of a bonus package...a very substantial settlement.”</p> <p>Sam: He turned 18 and stayed in-care for an additional year to work, save move.</p> <p>Transitioned into GCU.</p> <p>Eve: No plans noted.</p> <p>Peter: He went directly into college.</p> <p>Dee: ---</p> <p>Sydney: Transition was not successful “because some of the bad habits, like cutting and still having my anger issues, taking medication for</p>	<ul style="list-style-type: none"> - Find a home - No plan (2) - College (2)

	<p>me being bipolar...I really didn't have the mindset of an adult, basically.”</p>	
<p>8. What were your housing plans? Did your plans work? Where do you live now?</p>	<p>Jay: Stayed with friends and then found own place after settlement. Currently has own home.</p> <p>Sam: Dorm</p> <p>Eve:---</p> <p>Peter:---</p> <p>Dee: Had no plans</p> <p>Sydney:</p>	<p>---</p>
<p>9. What were your educational plans? Did your plans work? How far did you go educationally?</p>	<p>Jay: Wanted to finish high school. Dropped in and out a few times before finding an online GED. Highest certificate/degree is GED. “I actually started college probably five times.</p> <p>Sam: Was accepted to GCU. Aspires to be a psychiatrist because he had an effective counselor or therapist.</p>	<ul style="list-style-type: none"> - HS (1) - College (4)

	<p>Eve: Went to college out of state at 17 years old but did not complete.</p> <p>Peter: Aspires to be PhD.</p> <p>Dee: “College for sure, because it was imbedded.”</p> <p>Sydney: ---</p>	
<p>10. What were your financial plans? Did your plans work? Do you have a checking and saving account?</p>	<p>Jay: No plans until settlement from mother’s death.</p> <p>Sam: Saved money while in-care. Applied for school scholarships.</p> <p>Eve:----</p> <p>Peter:---</p> <p>Dee: Had no plans</p> <p>Sydney:---</p>	<p>---</p>
<p>11. What were your professional plans? Did your plans work? Where do you currently work?</p>	<p>Jay: Strength in IT...eventually found a job with Intel.</p> <p>Sam: Currently works as student. Plans to maintain job in order to receive education discount at GCU.</p>	<p>---</p>

	<p>Eve: Studied criminal science, studied being a police officer...later became an aesthetician.</p> <p>Peter: Currently in behavioral health but has changing interests. He just wants “to be highly educated.”</p> <p>Dee: Currently an entrepreneur and has an administrative position.</p> <p>Sydney:---</p>	
<p>12. (a) Did you consider yourself successful when you initially aged out of care? How so?</p>	<p>Jay: “Compared to now? Absolutely not. Because I left before I was ready. I chose to leave and – thinking I was ready, and I was not.”</p> <p>Sam: ---</p> <p>Eve:---</p> <p>Peter: “You know, I’ve always---I’ve never really been concerned with success.</p> <p>Not when I was little, not---</p>	<p>- Most did not consider their transition successful.</p>

	<p>getting the PhD wasn't about being successful. It was about being intelligent, informed....So success...if I had to say what do I think makes somebody successful is if they're happy....And I had this inkling of knowing—okay, I'm not going to be happy if I'm poor. You know. And that was my goal---not to be poor.”</p> <p>Dee: “I mean, I would say yeah, in a way, yeah, because I went to college..”</p> <p>Sydney: No.</p>	
<p>13. Do you consider yourself successful now? How so?</p>	<p>Jay: Absolutely</p> <p>Sam: “Honestly, no.” No money, school debt, no care, no license. “I feel like I'm just not where I am, where I want to be. Sometimes I feel like I'm not emotionally strong.”</p>	<p>-Yes (5)</p> <p>-No (1)</p>

	<p>Eve: “Yes ma’am”</p> <p>Peter: “Yeah”</p> <p>Dee: “I do think I made progress.”</p> <p>Sydney: “Yeah I haven’t, I don’t hurt myself anymore. I don’t take any medications. I work, I go to school and I will be done in school in five weeks, and I’ll be a CNA.</p>	
<p>14. How do you define resilience?</p>	<p>Jay: “Resilience is your ability to take what knocks you down and use it to get back up instead of using it as an excuse to just stay down.”</p> <p>Sam: “I think just being able to cope with diversity. And when you’re at your low moments you just kind of get back up and realize that life isn’t over. Life goes on. Things happen...”</p>	<ol style="list-style-type: none"> 1) Unfavorable start. 2) Favorable end. 3) Process from point A to B.

	<p>Eve: “Resilience for me, a person who overcomes all these obstacles put in their way.”</p> <p>Peter: Miriam Webster’s definition</p> <p>Dee: “Never giving up, you know, no matter the circumstance, no matter your situation, and just being able to take whatever cards you were dealt with and then being able to press forward and change your environment.”</p> <p>Sydney: Did know what resilience meant.</p>	
<p>15. Are you resilient? Explain</p>	<p>Jay: “I believe so...I’m definitely not superman. But the key is to always get back up.”</p> <p>Sam: “I would say yeah.”</p>	<ul style="list-style-type: none"> - Yes (5) - Indifferent (1)

	<p>Eve: “I’m definitely resilient because the same reasons why I feel like I’m successful. I didn’t succumb to my environment. I didn’t I fell but I got back up and I didn’t let it hold me back.</p> <p>Peter: “I don’t think resilience is nearly as important as adaptability.”</p> <p>Dee: “I do. My mom was a drug addict. That doesn’t mean I need to---I have to be one.”</p> <p>Sydney: After hearing the definition... “Yes.”</p>	
<p>16. On a scale of 1 to 10, how resilient are you?</p>	<p>Jay: 6 or 7</p> <p>Sam:---</p> <p>Eve:---</p> <p>Peter:---</p> <p>Dee:---</p> <p>Sydney:---</p>	

<p>17. What/Who helped you become resilient?</p>	<p>Jay: "I had a lot of mentors. I had – not only from the group home, but through the support agencies...I had a lot of mentors over the time I was in the group home.</p> <p>And all of them pretty much taught me the same thing is to work for what you want because not everything's going to be handed to you."</p> <p>Sam: "I don't think there was just one person. I feel like just my life in general. I feel like the everyday life of everything that's ever happened has really led me to here."</p> <p>Eve: "I've had seldom really good mentors. I'm not trying to sound, like, cocky, but besides God and myself, I can't—no one."</p>	<p>-Mentors</p> <p>- Self</p> <p>-God</p>
--	--	---

	<p>Peter: Self-taught and had an involved mentor.</p> <p>Dee:--</p> <p>Sydney: Consider two mentors that she met in the group home as keys to her resilience.</p>	
<p>18. If you could give you 18 year old self advice about aging out of care what would you say?</p>	<p>Jay: “Don’t be an idiot and leave. That’ for sure. Don’t leave until you’re ready. And if someone tells you--- someone that you look up to tells you you’re not ready, then most likely you’re not ready.”</p> <p>Sam: “Save.”</p> <p>Eve: “Get ready. Get ready, prepare.”</p> <p>Peter: “Do both degrees. You’re going to need the money.”</p> <p>Dee: “Save your money. Save your money. Plan. You know,</p>	<p>Prepare/Plan</p> <p>Save</p> <p>Listen to Advice</p> <p>Take advantage of resources</p>

	<p>don't be too hard on yourself</p> <p>if you fail, because failure is—that's how you grow.”</p> <p>Sydney: “I would say---take advantaged of what you have in front of you. Because at the end fo the day, you're not going to have all these people that want to help you...”</p>	
<p>19. Paint a picture of a person who is not resilient.</p>	<p>Jay: “I went to Castles ‘N Coasters one day and I came across someone that was actually at ____ with me. And he didn't have a roof over his head. He left long before he was ready. He actually went AWOL and never showed back up...he was on drugs begging for money...”</p> <p>Sam:---</p> <p>Eve:---</p> <p>Peter:---</p> <p>Dee:---</p>	<p>---</p>

	Sydney:---	
<p>20. If you could train adults to care for foster kids or design a program what would it look like?</p>	<p>Jay: One on one work with youth. Don't view kids based on the money you receive for them.</p> <p>Sam: Focus on job experience, resume building, interview, budgeting, time management, learning what your resources are. Give youth space to process and hold them accountable.</p> <p>Eve: Teach financial responsibility, sex education, self-worth, job placement, computer skills, people skills.</p> <p>Peter: "I don't think they think about the clients at all....Well, some of them do. You got some who don't care at all. And then you got those who do care. And even the ones who do care—they think</p>	<p>Budget/Financial</p> <p>Job Skills i.e. Resume, Interviews, Job search</p> <p>Social Skills</p> <p>Computer Skills</p> <p>On on One</p> <p>Mentorship</p> <p>Self-Care/Self-Awareness</p> <p>Educational Plans</p> <p>Sex Ed</p>

	<p>they know what's right. And they want to help but they don't know how. And they end up just messing up half the time." Social skills, financial budgeting, educational.</p> <p>Dee: Self-help through art or sports, mentorship.</p> <p>Sydney: Saving money, college, maturity.</p>	
--	---	--

Appendix H: Summary of Observational Protocol

Interview: Jay (60 mins)	
General tone: Attentive, positive	
Descriptive Notes	Reflective Notes
Interviewer inquired about life pre-care...	Jay shared the story in a very matter of fact manner. Little emotion...methodical responses.
Interviewer inquired about support system...	Enthusiastic response regarding his mentor's involvement.
Interview inquired about success...	Matter of fact.
Interviewer inquired about resilience...	Tentative but affirmative.

Interview: Sam (60 mins)	
General tone: Reflective, remorseful	
Descriptive Notes	Reflective Notes
Interviewer inquired about life pre-care...	Deeply reflective and remorseful.
Interviewer inquired about support system...	Matter of fact.
Interview inquired about success...	Remorseful.
Interviewer inquired about resilience...	Hopeful but not enthusiastic.

Interview: Eve (60 mins)	
General tone: Thoughtful, emotional	
Descriptive Notes	Reflective Notes
Interviewer inquired about life pre-care...	----
Interviewer inquired about support system...	Eve did not refer to any support system, I wonder if it is because of her experience with the foster mother who told her not to call her mother.
Interview inquired about success...	Hopeful and certain
Interviewer inquired about resilience...	Hopeful and certain

Interview: Peter (60 mins)	
General tone: Distracted, matter of fact.	
Descriptive Notes	Reflective Notes
	General tone: Cordial but not fully engaged.
Interviewer inquired about life pre-care...	Matter of fact
Interviewer inquired about support system...	Matter of fact
Interview inquired about success...	No a fan of success in the traditional sense.
Interviewer inquired about resilience...	Matter of fact.

Interview: Dee (60 mins)	
General tone: Attentive, thoughtful.	
Descriptive Notes	Reflective Notes
Interviewer inquired about life pre-care...	Matter of fact
Interviewer inquired about support system...	Clear that foster mother had meaningful impact.
Interviewer inquired about success...	Hopeful
Interviewer inquired about resilience...	Hopeful

Interview: Sydney (60 mins)	
General tone: Enthusiastic	
Descriptive Notes	Reflective Notes
Interviewer inquired about life pre-care...	Sounds as if she's come to terms with her past.
Interviewer inquired about support system...	Extremely enthusiastic about her support system.
Interviewer inquired about success...	Positive
Interviewer inquired about resilience...	Did not initially understand but agrees that she is resilient.