

**Copyright**

**by**

**Julie Denise Griffin**

**2004**

**The Dissertation Committee for Julie Denise Griffin certifies that this is the approved version of the following dissertation:**

**GROWING UP IN FOSTER CARE: A QUALITATIVE STUDY OF THE  
RELATIONAL WORLDS OF FOSTER YOUTH**

**Committee:**

---

**Edmund Emmer, Co-Supervisor**

---

**Guy Manaster, Co-Supervisor**

---

**Kevin Stark**

---

**Cindy Carlson**

---

**Ruth McRoy**

**GROWING UP IN FOSTER CARE: A QUALITATIVE STUDY OF THE  
RELATIONAL WORLDS OF FOSTER YOUTH**

by

**Julie Denise Griffin, B.S., M.A.**

**Dissertation**

Presented to the Faculty of the Graduate School of

The University of Texas at Austin

in Partial Fulfillment

of the Requirements

for the Degree of

**Doctor of Philosophy**

The University of Texas at Austin

May 2004

Dedicated to all of those who have ever longed for a sense of family

## **Acknowledgements**

First and foremost, I would like to thank the young adults who so graciously shared their lives, including many deep hurts, with me as a part of this study. I have considered it a sacred trust and have done my best to tell their stories well. I would also like to acknowledge the individuals who worked at the transition center with these young adults. They are examples for all who wish to make a difference through their careers.

I am also indebted to School Psychology faculty members who have shaped my ideas over the years and taken an interest in my work. Your commitment to your students is commendable. I would like to thank Guy Manaster for first taking an interest in my topic and encouraging me to pursue it further. In addition, I would like to extend my deepest gratitude to Ed Emmer for the long hours he so graciously gave to supervising this endeavor. Without his guidance, suggestions, and constant encouragement, my stay in graduate school would likely have lasted many more years.

I am very thankful for the wonderful support, camaraderie, and encouragement given to me by my school psychology classmates, especially Nicole Fitzpatrick, Kathryn Guy Birch, and Julia Hoke for their help in everything from peer debriefing to proofreading. Somehow the load became lighter in the sharing.

On a personal note, this endeavor has made gratefully reflect upon my own “relational world.” I would like to especially thank my family and my three of my closest friends, Kristen Burks, Kathryn Birch, and Nicole Fitzpatrick for their ongoing prayers, support, and encouragement. Finally, I give thanks to God, who is the center of my relational world and the One through whom all things are possible.

**GROWING UP IN FOSTER CARE: A QUALITATIVE STUDY OF THE  
RELATIONAL WORLDS OF FOSTER YOUTH**

Publication No. \_\_\_\_\_

Julie Denise Griffin, Ph.D.  
The University of Texas at Austin, 2004

Supervisors: Edmund T. Emmer  
Guy Manaster

Grounded theory methodology was used to study 18 young adults (ages 18 to 25) who had spent at least four years in foster care during childhood. Semi-structured interviews were used to gain information about the experiences before, during, and after foster care placement. The interviews focused on relationships of all types, but especially caretaker-child relationships. Additional information on relationships and psychosocial functioning was collected via self-report measures and a file review. Results indicated that many of the participants' experiences caused relational wounds, including painful relational beliefs and emotions. Relational wounds endured over time and broadly affected the participants' experiences in foster care through the activation of goals and behavioral strategies. Foster placement characteristics also influenced the participants' choice of goals and behavioral strategies. In many foster placements, the participants' experiences inflicted new relational wounds or confirmed their existing relational beliefs. In some placements, however, participants experienced a sense of family. In these foster placements, participants received

messages from the foster caretaker that had a therapeutic effect on their relational wounds. Foster caretaker messages were related to five themes: love, belonging, acceptance, importance, and support. Healing of relational wounds resulted in changes in emotions, beliefs, and behaviors. Other factors, such as exposure to therapeutic messages, foster caretaker characteristics, the unexpected termination of relationships, therapy, contact with biological family, additional stress and trauma, and participants' psychological defenses also affected the extent to which healing occurred within the therapeutic context of a sense of family.

These findings support the use of foster parents as an agent of change and highlight the need to help foster youth form stable, enduring family relationships while they are in foster care. Implications for family-based treatment foster care, foster parent recruitment and training, and the role of mental health professionals in foster care is discussed.

## TABLE OF CONTENTS

List of Tables and Figures.....	xii
Chapter One: Introduction.....	1
Chapter Two: Literature Review.....	6
Foster Care Youth.....	6
Their Context: An Overview of the Child Welfare System.....	6
Characteristics of Foster Youth.....	7
Outcomes for Young Adults Transitioning from Care.....	15
The Role of Psychology in Foster Care.....	17
Relational Representations.....	18
Object Relations Theory.....	19
Attachment Theory.....	25
Social Cognitive Theory.....	33
Relational Representations: An Emerging Construct.....	37
Relational Representations of Foster Care Youth.....	50
Relational Representations of Maltreated Youth.....	51
Relational Representations and Adjustment of Maltreated Youth...	54
Rationale for the Current Study.....	56
Chapter Three: Methodology.....	58
Qualitative Research.....	58
Research Questions.....	59
Grounded Theory Approach.....	60
Participants.....	60
Procedure.....	61
Measures.....	62
Data Analysis.....	66
Open Coding.....	67
Axial Coding.....	68



Selective Coding.....	70
Establishing Trustworthiness.....	72
Credibility.....	72
Transferability.....	75
Dependability.....	76
Confirmability.....	87
Chapter Four: Participant Profiles.....	80
Chapter Five: Overview.....	106
Relational Wounds.....	106
Theory Overview.....	108
Chapter Six: Exploring the Model.....	114
Relational Wounds.....	114
Relationally Damaging Experiences.....	114
Intervening Conditions.....	123
Goals.....	125
Relational Goals.....	126
Behavioral Strategies.....	128
Three Primary Strategies.....	129
Consequences of Behavioral Strategies.....	135
Behavioral Strategies and Foster Care Settings.....	140
Chapter Summary.....	145
Chapter Seven: Exploring the Model.....	147
Healing Relational Wounds.....	147
Experiencing a Sense of Family.....	147
Creating a Sense of Family.....	150
Healing Consequences of Experiencing a Sense of Family.....	174
Factors that Affect the Healing Process.....	180
Chapter Summary.....	198
Chapter Eight: Illustrating the Model.....	200

Matt’s Story.....	200
Michelle’s Story.....	204
Jose’s Story.....	207
Summary.....	212
Chapter Nine: Discussion of Research Questions.....	213
How Do Young Adults in Transition Describe Their Relational Worlds?....	213
What Features of the Foster Care System Shape the Relational Worlds Of Foster Youth?.....	218
Instability.....	219
Structure.....	224
Summary.....	225
What Role Do Relationships Play in Transitioning into Adulthood?.....	225
Chapter Ten: Discussion.....	231
Limitations.....	231
Noteworthy Findings.....	233
Implications for Existing Theory on Relational Representations... ..	233
Importance of a Psychological Sense of Family and Foster Parent Messages.....	236
Importance of Foster Parents as Therapeutic Agents.....	240
Importance of an Enduring Family.....	243
Appendix A: Consent Forms.....	247
Appendix B: Timeline of Experiences.....	251
Appendix C: Diagram of Relational World .....	253
Appendix D: Interview Guide.....	255
Appendix E: Case Summary.....	259
Appendix F: Categories and Subcategories.....	263
Appendix G: ASQ Data.....	269
Appendix H: Participants’ Relationally Damaging Experiences.....	270
Appendix I: Participants’ Strategies and Goals.....	272

References.....	274
Vita.....	301

## LIST OF TABLES AND FIGURES

### Tables

Table 4.1 Participant Background Information.....	103
Table 4.2 Participant Functioning at Time of Interview.....	104, 105
Table 6.1 Types of Relationally Damaging Experiences.....	115
Table 6.2 Strategies Typically Associated with Each Relational Goal.....	135
Table 7.1 Factors That Affect the Healing Process.....	180
Table 9.1 Factors that Precipitate Changes in Placement.....	219

### Figures

Figure 5.1 A Youth's Experience of Foster Care.....	113
Figure 6.1 Understanding the Child in Placement.....	146
Figure 7.1 Reciprocal Communication Process Between Foster Caretakers And Youth.....	160

## CHAPTER ONE: INTRODUCTION

Britta's long blond hair hung around her shoulders as she glanced furtively around the room, purposely ignoring my presence across the table from her. Her face was stony. She was aloof and distant in her demeanor— Everything about her was tough...and I knew this would be no easy interview. And yet, there was something about her cold indifference to me that piqued my interest. As she unfolded her story with stark honesty, I was deeply moved. Britta had been in foster care since she was 7 months old. She had been in over 34 placements and had never known the simple comfort of having a parent or home. She had been in every kind of placement imaginable. At 18, she was alone in the world, struggling to make a place for herself, holding a job as a manager of a convenience store, and living at a transitional living center. Her experiences haunted my memory and touched my heart. I cried for her. I prayed for her. From that brief afternoon spent with Britta came the focus of this dissertation. In summing up what she thought would be the most important and interesting thing to study about foster care, Britta simply said, "Relationships. Study Relationships. It's the most important thing." And so began my own personal journey into the relational worlds of foster care youth.

In seeking to understand the concepts and processes involved in relationships, there are many different theoretical orientations which one could take. Undoubtedly, each approach likely offers important and unique concepts and ideas. And yet, a thorough review of all possible approaches could encompass volumes and is necessarily outside the scope of this dissertation inquiry. However, in seeking to understand the relationships of these youth, I found that my interest lay not so much in the external characteristics of their relationships but rather their internal perceptions of them. Indeed, most of the youth I interviewed in an initial class project reported having relationships with a variety of people, including parents, peers, teachers, and foster parents. And yet, their internal perceptions of these relationships proved to be the most interesting to me.

Within the psychological literature, several theories have focused on capturing the internal qualities of relationships. Attachment research has studied relational behaviors across the life span and has proposed that relational behavior is largely directed by internal working models of attachment (e.g., Bretherton & Munholland, 1999; Crittenden, 1990). Object relations theorists have studied relationships in terms of the internal object representations that people hold for the relationships they experience in reality (e.g., Sandler & Rosenblatt, 1962). Social cognitive theory proposes the existence of schemas, cognitive structures which actively guide the processing and retrieval of information. Although each is somewhat different, the concepts proposed by these diverse theories share many similarities and have been synthesized by some (i.e. Baldwin, 1992; 1999; Safran 1990a; Westen, 1991) into a theory of relational schemas. Relational schemas are cognitive memory structures which are thought to have developed beginning in early interactions with caregivers and have been shaped largely through repeated interactions with others in close relationships. As cognitive structures, they are thought to guide information processing by influencing attention, memory, and interpretation of relational events. Similarly, relational schemas are thought to be integrally related to an individual's expectations, goals, and emotions in relationships (Baldwin, 1992, 1999). Evidence from across theoretical perspectives have tied disturbances in relational schemas to psychosocial problems (See Allen, Moore, Kupermine, & Bell, 1998; Blatt, Auerbach, & Levy, 1997; Dozier, Stovall, & Albus, 1999; Greenberg, 1999; and Shirk, 1998 for reviews).

The often tumultuous early experiences of foster care youth along with the high rates of psychopathology in this population suggest that many foster care youth may hold relational schemas that are maladaptive. Although little research has studied the relational schemas of this population directly, attachment research with maltreated youth supports this hypothesis (See Crittenden & Ainsworth, 1989 and Morton & Browne, 1998 for reviews). Additional evidence suggests that foster care youth may process social information in ways which make developing and

maintaining relationships difficult (Price & Landsverk, 1998; Price & Brew, 1998). Although surprisingly little research exists which has attempted to study the relationships of foster care children, the few studies which do exist suggest that a significant proportion of foster care children have continued difficulties establishing relationships with foster parents, siblings, and peers (McAuley, 1996; Quinton, Rushton, Dance, & Mayes, 1998). While establishing relationships is an area of concern for foster children, research thus far has done little to illuminate the internal processes which contribute to these relational difficulties or the processes and factors which contribute to the development of healthy relational adjustment.

Two major methodologies have been used to study these relationships. First, some researchers have attempted to study attachment related constructs through the use of self-report, parent report, or quantitative scoring systems for narrative data. Most of these studies have focused on the larger population of maltreated youth and have generally illuminated relational characteristics of maltreated youth and have supported the proposed connection between attachment and adjustment (Milan & Pinderhughes, 2000; Shapiro & Levendosky, 1999; Toth & Cicchetti, 1996a, 1996b; Weizman, 2000). However, youth who remained in foster care can be expected to differ in important ways from the larger population of maltreated youth and youth first entering foster care. Youth who have spent long periods of time in foster care have had a diversity of experiences, both prior to entering care and within foster care, which create a highly complex web of associations. By relying solely on quantitative methods, much information may be lost and important relationships between variables may be skewed or remain unexplored. Second, a few studies within the field of social work have used a combination of semi-structured and structured interviews and rating scales to study the relationships of foster youth (Fanshel, 1982; McAuley, 1996; Quinton et al., 1998). However, these attempts were both small parts of larger longitudinal studies, and the results are often general in nature and fail to provide insight into the factors and processes which impact the relationships of these youth.

Thus, the current study adopts a qualitative approach to understanding the relational worlds of youth in foster care. The purpose is to provide an in-depth analysis of these young adults' perceptions of their significant relationships and patterns of relating in both past and current relationships, thus providing important information which can be used to guide foster care policy and future research. Young adults transitioning from care were selected as participants for several reasons. First, their higher level of cognitive development allows them to think abstractly and offer insights that younger participants might not be able to offer. Secondly, this population is far enough removed from their foster care experiences to be able to reflect on them insightfully, while still close enough to their experiences to accurately recall relevant details. Third, the use of young adult participants allows the development of issues, themes, and relationships to be traced across time from childhood through adolescence to emerging adulthood. Lastly, it was easier to gain access to this population because they were old enough to make their own decision about participation.

Young adults ages 18 to 25 who had lived in foster care for at least 4 years were recruited through a community transition services center, which functioned as a headquarters for many of the services available for young adults who are transitioning out of substitute care. Unstructured interviews were the primary method of data collection. Youth were asked to talk broadly about their relational worlds in order to identify their significant relationships, their perceptions of these relationships, and how their perceived experiences within foster care had shaped their relationships. Additional descriptive information was also collected for each young adult through the use of self-report rating scales, case file reviews (when possible), a foster care time line, and a relational diagram. Data was then analyzed using a grounded theory approach. This approach yielded a theory of how significant relationships can be both damaging and therapeutic for foster youth.

Chapter Two provides an overview of relevant research, including a discussion of the broad issues relevant to foster care, a discussion of three major



theories of relational representations, and a discussion of existing research on the relational representations of foster care youth. Chapter Three provides a description of the methodology that was used to guide data collection and analysis. In Chapter Four, brief summaries of the participants are provided to familiarize the reader with the participants and their stories. In Chapter 5, an overview of the model which emerged from analysis of the data is presented. Chapters Six and Seven explain the model more fully, using examples from the participants. In Chapter Eight, the model is illustrated within the lives of three of the participants. Chapter Nine provides a discussion of the data in light of the original research questions. Finally, Chapter Ten connects the results to previous research and discusses limitations of the study and implications for foster care policy and practice.

## CHAPTER TWO: LITERATURE REVIEW

Despite the best efforts of the Child Welfare Act of 1980 and the Adoption and Safe Families Act of 1997, both of which were aimed at promoting family preservation and adoption, the number of children in foster care has continued to surge. Of the 581,000 children who were living in out-of-home foster care nationally in 1999, 183,000 had been in care for more than 3 years and 99,618 were ages 16 to 21 (Children's Bureau, June 2001). Increases in incidences of AIDS, substance abuse, teen parenting, and poverty continue to contribute to the number of families in crisis (Maluccio, Abramczyk, & Tomlison, 1996). Due to this changing face of the American family and the relative ineffectiveness of previous policy to fully address the needs of these children and families, the child welfare system is in crisis and in need of research to guide its decisions and policies. The purpose of the current literature analysis is three-fold: 1) to provide an understanding of the characteristics of youth in foster care and the impact of current policies on their development 2) to provide an overview of the importance of the psychological construct of "relational representations" in understanding relationships, personality, and adjustment, and 3) to provide an overview of what is currently known about the relational representations of foster care youth.

### Foster Care Youth

#### *Their Context: An Overview of the Child Welfare System*

*Permanence*, or a "safe, stable, custodial environment in which to grow up and a life-long relationship with a nurturing caregiver" (Children's Bureau, 1999) is the national goal for all children who enter foster care. Although reunification with biological parents or other family members is preferred, adoption and other forms of legal guardianship are recognized as acceptable plans for permanence. Foster care is assumed to be a "temporary setting" in which children reside until a more permanent arrangement can be made (Children's Bureau, 1999). Passage of the Adoption and Safe Families Act of 1997 further supported this assumption by establishing policies for securing permanent placements for youth in a more timely manner. In Fiscal Year

2001, an estimated 290,000 children entered foster care in the U.S.(Children's Bureau, March 2003) and began a journey of interaction with the foster care system which will last anywhere from one month to the rest of their childhood. Since legal permanence is the primary goal of foster care, the vast majority of youth are only in foster care for a short period of time. For the children leaving care in fiscal year 2001, the median length of time in care was 11 months. In fact, national statistics indicate that 61% of the children leaving care in 2001 had been in care for less than 17 months. Fifty-seven percent of the children who left foster care in 2001 were reunified with their parents, 10% went to live with other relatives, 18% were adopted, 3 % exited through guardianship, and 7% emancipated from the system (Children's Bureau, March 2003). An additional 5% of the youth exited by running away or being transferred to another agency (Children's Bureau, March 2003).

As can be easily seen from the above statistics, the majority of youth in the foster care system are in an out-of-home placement for a relatively short period of time (less than one year) and are either returned to their parents, relatives, or adopted. However, a smaller subset of youth seem to stay in foster care much longer, and many never achieve permanence. For example, 20% of youth foster care in 2001 had been in care more than 3 years; 9% had been in care 5 years or more. (Children's Bureau, March 2003). Each year, approximately 20,000 youth in the U.S. turn 18 while still in foster care and officially "age out" or emancipate from the foster care system. These youth never achieved the goal of permanence. Many of these youth were in long-term foster care, awaiting adoption, reunification with parents, or simply waiting to emancipate from the foster care system. Although one would speculate that these children differ qualitatively from children who enter the foster care system only for short periods of time, very little research has studied this subgroup. Thus, unless otherwise noted, reported research on foster care youth will generally describe the more general population of all foster care youth.

## *Characteristics of Foster Youth*

### *Background Factors*

From 1980 to 1995, the number of reported cases of child abuse and neglect rose 258%, with an estimated 1 out of every 25 children in the U.S. experiencing some form of abuse (NCCAN, 1997; Petit & Curtis, 1997). Given that the goal of child protective services is to protect children from recurring maltreatment, CPS workers are faced daily with tough decisions of whether to close a case, refer the family for continuing services, or remove the child from the home. In cases in which children are deemed to be at a high risk of continuing maltreatment, out of home placement is one of the few alternatives. Of the over 3 million cases of reported abuse in a year, approximately 300,000 youth are placed in foster care (Children's Bureau, June 2001). Based upon data available from approximately half the states in 1997, the majority of placed youth had experienced neglect (56%) while 20% had experienced physical abuse and 12% of the children in foster care reported being sexually abused (National Center of Child Abuse and Neglect, 1997).

Regardless of the specific events that actually precipitated removal from the home, foster children's backgrounds comprise a constellation of factors that interact to place them at risk for adjustment and poor outcomes, namely familial substance abuse, parental mental illness, and poverty (as reviewed in Curtis, 1999 & Dore, 1999). In a study of 1034 families reported for child abuse or neglect, Zuravin and DePanfilis (1999) found that families in which the parent had a drug or drug and alcohol problem were 100% more likely to have their children placed in foster care. Families in which the parent had significant mental illness were 66% more likely to experience a foster care placement (Zuravin & DePanfilis, 1999). Although poverty was not found to be a significant predictor of foster care placement (Zuravin & DePanfilis, 1999), evidence suggests that about half of all children in out-of-home care come from families who meet government eligibility for Aid for Families with Dependent Children (U. S. House, 1996). In addition, although laws prohibit the placement of youth in foster care solely on the grounds of homelessness, research suggests homelessness and foster care placement are often closely connected

(Institute for Children and Poverty, 1993; National Coalition for the Homeless, 1998; Tatara, Zangrillo, & Mercer, 1995).

Foster youth are diverse, composed of 34% Caucasian, 39% African Americans, 17% Hispanic, and 10% other (Children's Bureau, June 2001). Compared to the general population, a disproportionate number of African American youth are placed in foster care (Petit & Curtis, 1997). These youth also tend to remain in out-of-home placements significantly longer than non-minority children (Barth, Snowden, Broeck, Clancy, Jorden, & Barusch, 1986; Gurak, Smith, & Goldson, 1982; McMurtry & Lie, 1992) and likely experience unique problems of adjustment within the system due to their minority status. Unfortunately, little systematic research has studied the experiences of these youth in care, and much remains to be known about how these children's experiences differ from those of non-minority children.

#### *Psychosocial Functioning*

Although estimates vary depending on sample characteristics, methodology, and the criteria used to denote psychopathology, numerous studies have estimated the rates of psychopathology in foster children in out-of-home care to be between 29% to 80% (McIntyre & Keesler, 1986; Stein, Rae-Grant, Ackland, & Avison, 1994; Thompson & Fuhr, 1992; Pilowsky, 1995; Urquiza, Wirz, Peterson, & Singer, 1994). For example, in a study of 50 children in out-of-home foster placements, Thompson and Fuhr (1992) found that 82% of this population scored above the 90th percentile on at least one of the syndrome scales on the Child Behavior Checklist, while approximately 60-62% scored above the 90<sup>th</sup> percentile on two or more syndrome scales, or in the 98<sup>th</sup> percentile on at least one syndrome scale. Regardless of the definition or methods employed, all of these studies found rates of psychological disturbance to be significantly higher in foster child populations than that which would be expected in the general population. For example, in a sample of all foster children age 4-18 in a southeastern region of the U.S., McIntyre and Keesler (1986) found that foster children are at 9 times the risk for psychological problem behavior relative to children reared in their own home.

In terms of types of symptomatology, foster care children have been found to manifest elevated levels of both internalizing and externalizing problem behaviors (McIntyre & Keesler, 1986; Stein, et al., 1994; Thompson & Fuhr, 1992), with conduct disorder seeming to be the most prevalent type of disorder (Stein, et al., 1994). In terms of relative risk, children in foster care have been found to have up to 16 times the relative risk for some internalizing problems (such as depression, anxiety, and social withdrawal) and up to 32.7 times the risk for some externalizing problems (such as conduct problems) than children in the normal population.

Given the ease with which it can be measured using parent checklists, problem behaviors is by far the most widely used outcome indicator of adjustment. Interestingly, longitudinal studies of youth in long-term foster care suggest that behavioral difficulties either remain fairly stable (McAuley, 1996; Quinton, et al, 1998) or generally increase with age and length of time spent in foster care (Fanshel & Shin, 1978). Thus, research does not seem to support the idea of foster care being therapeutic in and of itself.

Research evaluating the relationships and specific social problems foster children experience is much more sparse. In a one year longitudinal study of 63 foster children, Quinton and colleagues (1998) utilized parent interviews and parent report measures to study the relationships of foster children ages 5 to 9. They found that approximately one fourth of the children in their samples had significant difficulties in their relationships with their new foster parents, new siblings, and peers. Children who were placed in families which contained birth children seemed to have the most difficulty. Similarly, in a study of the peer socio-metric status of a group of seventeen school age foster youth, McIntyre, Lounsbury, Berntson, and Steel (1988) found that foster youth were more often disliked and rejected than other children. In a recent review of the peer relationships of children in foster care, Price and Brew (1998) concluded that the social behaviors of foster children (e.g., social withdrawal and aggression) tend to undermine the formation of positive and supportive peer relationships. In addition, they reviewed evidence that foster children's close friendships are typically with other children in the same foster home,

and that they are typically less popular with peers at school. Some of the difficulty that foster care children experience with peer relationships may be due in part to stress of disrupted peer relations associated with changes in placement (Marcus, 1991). An alternative hypothesis is that these children's expectations for relationships are formed from early poor relationship patterns within the family and are carried into new relationships with others and peers (Price & Brew, 1998). Although some research supports a relationship between peer relationships and psychological adjustment, the antecedents and consequences of poor peer relationships are unclear (Price & Brew, 1998).

#### *Placement History*

Given that children who enter foster care enter for various reasons and remain in care for various lengths of time, it is not surprising that these children often have very different experiences within the system. Foster youth reside in a variety of types of out-of-home settings, including relative and non-relative family foster homes, group homes, and other institutions (such as residential treatment centers, hospitals, state schools, etc.). Based upon data collected in 1999, the vast majority of youth reside with foster families (26% in relative and 47% in non relative care) while only 8% live in group homes and 10% reside in institutions (Children's Bureau, June 2001). Through an assessment of the youth's current functioning and needs, all youth are assigned a "level of care." Placement of youth is determined by matching the youth's needs and level of care with available suitable placement settings. Changes in a youth's functioning or level of care often precipitate changes in placements.

In a review of cross-sectional placement change studies, Teather, Davidson, and Pecora (1994) concluded that about half of all children placed in foster care will experience only one foster care placement. However, for children who remain in long-term family foster care, the rates of multiple placements would appear to be much higher. In a 5 year longitudinal study, Fanshel and Shin (1978) found that only 15 % of the 227 youth still in care were in their original placement, 29% had experienced three placements and 17% had experienced four or more placements.

Children entering the Casey Family Program of long-term foster care have experienced an average of 6.8 changes in living situations and will typically experience an average of 3 changes in placements while in Casey long-term care (Fanshel, Finch, & Grundy, 1990). Indeed, research does seem to support the fact that the number of changes in placements is linked to time in care and the age of the child (Fanshel & Shin, 1978; Olsen, 1982; Pardeck, 1982, 1984). Thus, given that the vast majority of children in long-term foster care are older and have been in foster care longer, children who will grow up in long-term foster care should be expected to be at greater risk for multiple placement changes.

Conventional wisdom within child welfare policy and practice has sought to reduce the number of children experiencing multiple placements during their stay in foster care, termed “foster care drift” (Usher, Randolph, Gogan, 1999). Public Law 96-272 and the Adoption Assistance and Child Welfare Act of 1980 were both designed to prevent unnecessary changes in placements and to help youth achieve stable and permanent living situations. These laws and child welfare policy are built on the belief that children require a continuing relationship with accepting and loving caregivers in order to allow proper development of child identity and personality. Contrary to this assumption, studies focusing on the effects of placement changes have not found empirical support for the harmful psychological effects of number of placements (Fanshel & Shinn, 1978; Proch & Taber, 1985). However, researchers who have reviewed this body of literature point to methodological flaws and the fact that there are many reasons for placement changes, many of which are valid and should not be expected to be harmful. For example, changes in placement often occur due to time-limited residential treatment, temporary placements to allow for a better match, moving to a less intensive or restrictive setting, moving to a group home in order to prepare for self-sufficiency and emancipation, or returning to biological parents (Proch & Taber, 1985; Teather, et al., 1994). Instead of simply counting moves in care, longitudinal research is needed that addresses the effects of “placement disruption” (Proch & Tabor, 1985; Usher, et al., 1999), a term that Proch & Taber define as “an unplanned change in foster placement made in response to a



demand for replacement by a child's caregiver." It is these unplanned and repeated moves that are thought to reflect a pattern of reciprocal alienation and rejection and are therefore believed to further damage already battered children (Proch & Taber, 1985; Teather, et al., 1994). In support of the idea that placement disruption is harmful, Marcus (1991) found that increased time in foster care and increased number of placements was associated by a decrease in close peer relationships. In a review of outcomes research on foster care, McDonald, Allen, Westerfelt, & Pilliavin (1996) conclude that fewer placements while in care are associated with better adult functioning.

Given the commonly accepted assumption that multiple placements and placement failure has a deleterious effect on the psychological well-being of foster youth, many studies have sought to determine child, family, and caseworker factors that predict placement breakdown. Unfortunately, due to highly varied samples, methods, and factors studied, this research fails to provide a clear picture. Perhaps the most consistent finding across studies is that child problem behaviors are associated with a higher number of placements (see Proch & Taber, 1985; Quinton, et al., 1998; Teather, et al., 1994; and Triseliotis, 1989 for a review of relevant research). Research by Quinton and colleagues (1998) suggests that child problem behaviors early in a placement are not as predictive of placement instability as problem behaviors that still exist after one year in placement. They suggest that this may reflect the fact that the majority of foster care youth will experience a high number of problem behaviors during initial transitory adjustment periods, but that youth who continue to experience a high number of problem behaviors are more likely to have disrupted placements. Alternately, the continuation of problem behaviors in some youth could be a reflection of the quality of the relationship with the foster parent (Quinton et al, 1998). In support of this view, some research suggests that foster parent or caseworker characteristics may be more predictive of whether a placement succeeds or fails (Gershenson, 1991; Teather, et al., 1994). Some caseworker characteristics associated with placement disruption included lack of rapport with the family and a high caseworker turnover. Studies of foster parent characteristics

associated with placement disruption present an even more unclear picture, with different parent characteristics being found to be predictive by different researchers. Overall, the majority of researchers seem to agree that it is the interaction between parent, child and caseworker characteristics which best predict placement breakdown (See Teather, et al., 1994 for a review of caseworker and foster parent characteristics associated with placement breakdown).

Unfortunately, little research exists on the influence of relationships on placement stability. However, several findings suggest the importance of this variable. In a one year longitudinal study, Quinton and colleagues (1998) found that children who had been rejected by their parents were much more likely to experience placement instability. In addition, they found that foster parent responsiveness was highly predictive of placement stability. Their results suggest that this responsiveness enabled the foster parents to endure in the face of behavioral problems and also facilitate the development of child attachments, even for children who had experienced parental rejection. These results point to the importance of the child-foster parent relationship in influencing placement stability, and the need for more research illuminating the role of relationships in placement stability.

#### *Birth Family Involvement*

Another controversy within the social work field involves the efficacy of frequent visits with birth parents for youth in foster care. Theorists argue that continuing contact with birthparents is essential to a child's sense of identity and may help allay separation fears and enable the child to develop realistic ideas about their birth parents. In contrast, many caseworkers and foster parents frequently express that visitation with parents is followed by an increase in inappropriate behavior, and therefore may often not be in the best interest of the child (Cantos, Gries, & Slis, 1997). Early research in the area suggests the opposite, suggesting that children visited by their birth parents tend to have better emotional and behavioral adjustment than those who are not visited (Fanshel & Shin, 1978; See Cantos, et al., 1997 for a review). Unfortunately, this early research often failed to utilize standardized measures of adjustment, and results of the one study that did utilize a standardized

measure were less than clear (Fanshel & Shin, 1978). A more recent study of youth who had been in foster care an average of 34 months indicated that those youth who were not visited at all by their birth parents exhibited more internalizing and externalizing symptoms than those who had at least some contact with their parents. Similarly, youth who were visited frequently had even fewer symptoms than those who were visited infrequently (Cantos, et al., 1997).

#### *Outcomes for Young Adults Transitioning from Care*

A substantial subset of foster youth are never reunited with their foster families and are never adopted. These youth are said to emancipate from foster care when they leave the foster care system by either “aging out” at age 18, requesting formal release, or by running away from foster care before their 18<sup>th</sup> birthday (Center for Public Policy Priorities, 2001). Nationally, an estimated 20,000 youth emancipate from foster care yearly (U.S. General Accounting Office, 1999). Douglas W. Nelson, President of the Annie E. Casey foundation summarizes the outcomes of this group: “Research indicates that no group in the United States is more predictably headed for unhappy outcomes than young people who spend their adolescence in foster care” (Annie E. Casey Foundation, 2001, p.2). Beginning in the 1960’s and expanding in the 1980’s and 1990’s, studies began to illuminate that youth who transition from foster care are at higher risk for a range of negative outcomes including criminal activity, homelessness, alcohol and drug abuse, poor educational achievement, unemployment, economic instability, and health and mental health problems (Barth, 1990; Boyer & Fine, 1992; Cook, Fleishman, & Grimes, 1991; Cook, 1994; Courtney, Piliavin, Grogan-Taylor, & Nesmith, 1998; McDonald, Allen, Westerfelt, & Piliavin, 1996). The Foster Care Independence Act of 1999 was passed as a result of these findings in order to help youth in transition achieve more positive outcomes.

Qualitative studies of foster youth reveal that foster youth are more likely to have social difficulties (Triseliotis and Russel, 1984), poor social relationships (Quinton, Rutter, & Liddle, 1986), and higher levels of social isolation (Cook, 1992 as cited in McDonald et al., 1996) than comparison groups. However, it is important

to note that in general studies of foster youth suggest that the majority of children formerly in care are able to form satisfying social relationships (McDonald, et al., 1996). McDonald and colleagues (1996) conducted a research synthesis of fourteen studies which looked at social outcomes, six of which provided some basis for comparison. Although McDonald and colleagues acknowledge that the results are far from conclusive, they conclude that “problems may exist in forming stable cohabitating partnerships, in fulfilling parenting roles, and in achieving integrated and supportive social relationships in the community.” Research suggests that one-third to one-half of former foster youth maintained contact with their biological mothers and one-fourth to one-third maintained contact with their biological fathers. Although foster youth reported significantly less intimate relationships with their biological parents than youth who had never been placed (Cook, 1992 as cited in McDonald et al., 1996), a greater percentage of foster youth had meaningful biological ties as compared to adopted youth. Between 35-50% of foster youth had some contact with extended biological kin (Festinger, 1983; Jones & Moses, 1984), and in one study fifty-four percent of foster youth returned to live with extended kin after emancipation (Cook et al., 1991). In contrast, studies reveal that around 89% of former foster youth retain some contact with former foster or group-home parents. The majority of these youth maintained frequent contact and reported feeling very close to their foster parents (Barth, 1990; Festinger, 1983). Interestingly, in a synthesis of the literature McDonald and colleagues found several studies that suggested ongoing contact with biological ties had both positive and negative associations with adult functioning, while increased identification with foster parents was related to the absence of emotional and behavioral problems at the end of care and a greater sense of well-being and life satisfaction as adults.

In sum, long-term research on foster youth highlights the healthy adjustment of many individuals who were in foster care. However, it also highlights that the problems that foster youth experience prior to entering care and while in foster care do not just disappear when they turn eighteen. Instead, many foster youth leave the

state's foster care only to reenter the state's legal system, prison system, public assistance program, or the state's mental health system.

### *The Role of Psychology in Foster Care*

Nearly 20 years ago, researchers began heralding the need for psychologists to become involved in the foster care system, advocating that “foster care must become a therapeutic intervention as well as a caregiving arrangement” (McIntyre & Keesler, 1986). Over the past ten years the types of placements and services available to families and children in need have increased. An array of living arrangements is now available for foster care children, including specialized foster homes, treatment family foster care, residential group treatment, and group homes (Downs, Costin, & McFadden, 1996). A review of over 40 studies of the effectiveness of treatment foster care reveals that in general these interventions have been largely effective in reducing changes in placements, moving children to less restrictive settings, and improving social skills. Overall the treatments seemed to be moderately effective at reducing problem behaviors and improving psychological adjustment (Reddy & Pfeiffer, 1997). Yet despite the recent rise in therapeutic living arrangements, research indicates that in general the psychological needs of foster children are still often not adequately addressed within the child welfare system (Graziano & Mills as cited in Dore, 1999; Risely-Curtiss, Combs-Orme, Chernoff, & Heisler, 1996). Thus, the field of psychology still has much to contribute to the foster care system in terms of identifying the individual and system level variables associated with healthy adjustment. This study seeks to contribute to this cause by seeking a fuller understanding of the cognitive relational representations of foster care, and thus illuminating a deeper understanding of these youth, their experiences, and the processes involved in adjustment.

### Relational Representations

As is clear from the above review, limited research exists on the relationships of foster youth. To date, no studies have focused on the links between foster youths' relationships and other aspects of their lives, such as mental health, number of

placements, and contact with their parents. Research which explores foster youths' internal thoughts, beliefs, and expectations about self, others, and relationships is also scarce. Within the psychological literature base, several theories have focused on capturing the internal qualities of relationships and seem particularly pertinent to the study of the relational worlds of foster youth. Attachment research has studied relational behaviors across the life span and has proposed that relational behavior is largely directed by *internal working models of attachment*. Object relations theory, on the other hand, has studied relationships in terms of the internal *object representations* that people hold for the relationships they experience in reality. Social cognitive theory proposes the existence of *schemas*, cognitive structures that actively guide the processing and retrieval of information. Each of these theories seems to have converged upon a similar construct which is believed to be fundamental in understanding one's relationships, personality, and psychosocial adjustment. Although it is called by various names (including internal working models, object representations, interpersonal schemas, and relational schemas), and may be conceptualized somewhat differently by different theorists, these variations in conceptualization seem to illuminate different aspects of the same construct. Taken together, these theories each offer a unique perspective and deeper understanding of what for the purposes of this study will be called *relational representations*. In order to more fully understand the diverse roots of the construct of relational representations, a brief overview of its major theoretical and empirical roots will be presented, followed by a synthesis of the characteristics of the construct as it is currently understood and researched.

#### *Object Relations Theory*

Although many major theorists (such as Fairburn, Guntrip, Jacobson, Kernberg, Kohut, Mahler, Sandler, and Winnicot) are often lumped together as "object relations" theorists, a close examination of their work reveals many differences between their conceptualizations of object relations and its role within human functioning (Greenberg & Mitchell, 1983). Although a thorough review and

comparison of their works is outside the scope of this dissertation (see Greenberg & Mitchell, 1983 for one such review), a few central concepts and ideas can be drawn from their work collectively that seem pertinent to an understanding of relational representations.

Object relations theory rests on the premise that there is a fundamental push in human experience towards connectedness with others. Moving away from its early Freudian roots, most object relations theorists focus on the centrality of interpersonal relationships in development and the drive for relatedness rather than solely the pursuit of sexual pleasure (Fairburn, 1952; Kohut, 1977). The theory is built on the premise that through the process of *internalization*, individuals create internal representations of self and others (objects) through interaction with the external world. These representations serve to regulate and direct behavior (Blatt & Lerner, 1983a). Internalization, as described by Meissner (1977), involves integrating one's real or imagined interpersonal interactions or aspects of the environment into the functioning self and the structural organization of one's psychic world. Meissner proposed that the relationship between internalized object representations and the individual's actual object relations is reciprocal. The nature and quality of the actual relationship influences and shapes the level and type of organization and integration that characterizes the internalization. Similarly, the quality of the internalized representation will affect the quality of the actual object relation (Meisner, 1977). Thus, object representations refer to "conscious and unconscious mental schemata—including cognitive, affective, and experiential components—of objects encountered in reality" (Blatt and Lerner, 1983, p194-195). These self and object representations are thought to be part of an individual's "representational world" (Sandler & Rosenblatt, 1962). In addition to object representations, representations of needs, affects, and relationships are also proposed parts of the representational world (Sandler & Rosenblatt, 1962). Sandler & Rosenblatt liken this representational world to a stage upon which the representations of self and others (objects) are the main characters. The individual's ego is seen to function as the stage director and

production manager responsible for such tasks as changing scenes. Similar to current social cognitive theories, they distinguished between the general prototypic representations contained in an individual's representational world, and the subjective experiential "image" or "shape" of that representation at any given point in time. Sandler (1994) proposed that representations were organized psychological structures that exist outside of subjective experience, but which are both created by subjective experience and used to organize and interpret subjective experience. For example, the prototypic representation of "mother" will likely be formed from many different images of the mother nurturing, eating, feeding, cleaning house, etc, although at any one point in time an individual may experience a specific "image" or "shape" of mother that encompasses only one aspect of the larger representation (Sandler & Rosenblatt, 1962).

#### *Development of Object Relations*

Building upon the work of Piaget, object representations are thought to develop beginning at about 18 months of age with the development of ability to represent the objects by means of symbols and to act based upon this inner, symbolized reality. Initial representations of objects, self, and interpersonal interactions are described by Blatt and Lerner (1983a) to be "one, undifferentiated, affective, sensorimotor experience of pleasure or displeasure" (p. 194). Gradually, infants are thought to undergo a shift from only being aware of their own feelings of pleasure in the presence of their mother to an awareness of their mother as need-satisfying object. Differentiations between representations of self and others are thought to develop gradually over time, with representations of self and other becoming more stable over time (Blatt & Lerner, 1983b). In support of this developmental emphasis, Westen and colleagues (1991) found a developmental progression in the object relations of 2<sup>nd</sup>, 5<sup>th</sup>, 9<sup>th</sup> and 12<sup>th</sup> graders in terms of the complexity of their representations, capacity for emotional investment, and understanding of social causality. Similarly, in a study of the differences in representations from preadolescence (age 10) to adulthood (age 30), Blatt and



colleagues (1976) found that individual's representations of human figures on the Rorschach become more accurate, full human figures, who engage in meaningful, integrated and appropriate positive behaviors.

Object relations theorists differ somewhat in what they believe to be necessary for the development of healthy object relations, but all trace the roots of healthy object relations to the early and ongoing parent-child relationship (see Greenberg & Mitchell, 1983 for a review of major theorists' positions). Healthy object relations are thought to develop when caregivers are emotionally available and responsive to the child and provide a consistent and nurturing environment ( Kohut, 1971; Winnicott, 1965). For example, Winnicott believed that this "good-enough mother" included allowing the child to experience frustration commensurate with the child's developmental level. He believed experiencing optimal level of frustration facilitates the child's process of integration of both good and bad aspects of the object into a more mature, holistic representation. Experiences such as neglect, abuse, early separations from caregivers, and any situation which results in the caregiver being *chronically* unavailable are thought to result in more pathological object relations (Kernberg, 1976; Kohut, 1971; Winnicot, 1965).

#### *Assessment of Object Relations*

Over the last twenty-five years, there has been a push towards the development of procedures for assessing object relations. In general, researchers within the object relations tradition have sought to measure individuals' object relations through analysis of the content and structure of early memories (Mayman, 1968), human responses on the Rorschach (i.e., Blatt & Ritzler, 1974; Blatt, Brenneis, Schimek, & Glick, 1976), Thematic Apperception Test (TAT) responses ( Barends, Westen, Leigh, Silbert, and Byers, 1990; Westen et al., 1991), and open ended questions about relationships with significant others (Blatt, Wein, Chevron, & Quinlan, 1979; Blatt, Chevron, Quinlan, Schaffer, & Wein, 1988; Diamond, Blatt, Stayner, & Kaslow, 1991 as cited in Blatt, Auerbach, & Levy, 1997). These studies and others like them have largely sought to study the impairment of object relations in

the various forms of psychopathology, although a few studies have traced the development of object relations within normal populations. In general, the results have consistently confirmed that the manner in which people describe human figures on these tasks is related to their psychological health (see Blatt & Lerner, 1983 and Westen, 1991 for a review).

Although all object relation theorists tend to analyze discourse in response to projective or open-ended stimuli, the scales they have used to measure object relations have differed widely. Mayman analyzed a wide variety of data sources (early memories, Rorschach, TAT, autobiographies) by analyzing the thematic-affective content, the psychosexual level of development, and the degree to which the objects were mutually autonomous. His work provided a foundation for building construct validity for object representations and its manifestations in different types of data (See Blatt & Lerner, 1983a for a review of Mayman's research contributions). Blatt and colleagues carried out an extensive body of research utilizing a scale that assessed the developmental level of human responses on the Rorschach along the dimensions of differentiation, articulation, and integration (See Blatt & Lerner, 1983a. for a review). They found expected developmental changes over a 20 year period (Blatt et al., 1976) as well as differences in object relations unique to different forms of psychopathology (Blatt & Lerner, 1983b).

More recently, Westen and colleagues (Westen, 1991; Westen et al., 1991; Westen, 1993) have begun assessing levels of development in object relations from Thematic Apperception Test (TAT) responses along four different dimensions. The dimensions include the complexity of the representations, the affective quality of the representation, the capacity for emotional investment in people, the capacity for the emotional investment in values and morals, and the extent of understanding of social causality (see Westen, 1991 for fuller description). Using this system, Westen and colleagues have found support for the correlation between object relations and clinician and self-reported social adjustment. In addition, differences in these

dimensions have been found to distinguish among various clinical groups (see Westen, Lohr, Silk, Gold, & Kerber, 1990).

In addition to scales designed to assess responses to projective tests, several researchers have designed scales intended to measure object relations in descriptions of self and others. Diamond and colleagues (1991) (as cited in Blatt, Auerbach, & Levy, 1997) developed the Differentiation-Relatedness Scale. This scale conceptualizes object relations in terms of two main interacting dimensions—the degree to which self is differentiated from objects and the maturity of the interpersonal relatedness between self and object. The scale assumes that less mature object relations are characterized by a basic lack of boundaries between self and other, and more psychologically mature representations in which self and other are differentiated and interacting in mutually related ways (Blatt, et. al, 1997). Blatt and colleagues designed a 9 point scale designed to measure the conceptual level of a person's descriptions of self and others. This scale was derived from psychoanalytic concepts as well as cognitive developmental theory, and includes the discrete levels of *sensorimotor*, *preoperational*, *concrete perceptual*, *Iconic*, and *conceptual level*. Each level focuses on a particular way of viewing people (i.e. need gratification, physical appearance, etc), while the conceptual level integrates information from all the other levels (Blatt, et al, 1997). Descriptions of others have also been rated in terms of the themes or attributes that could be attributed to them. For example, the Qualitative-Thematic Scales allow characters to be rated in terms of the following characteristics: affectionate, ambitious, malevolent-benevolent, cold-warm, degree of constructive involvement, intellectual, judgmental, negative-positive ideal, nurturant, punitive, successful, and strong-weak ( Blatt, et al., 1997).

#### *Summary and Contributions*

Although object relations have been measured in many different fashions, a few generalizations can be drawn about how object relations have been conceptualized and measured. First, almost all the scales seem to in some way attempt to capture the structure and complexity of the representations. For example,

all contain a mechanism for measuring the degree to which self and object representations are differentiated and fully developed. Secondly, all the scales seem to contain a mechanism for capturing the interactions between objects, or the amount of relatedness present within the representations. In other words, to what degree do the objects in the representation interact and what is the nature of this interaction? Lastly, many of the scales seem to contain a way of measuring the emotional or thematic content of the representation. In some scales, this is measured along a continuum of malevolence to benevolence (i.e. dimensions of *affect tone of relationship paradigms* on Westen's scale) or in a more detailed fashion in which each of twelve possible themes is rated on a 7 point scales (see Blatt et al., 1979).

The theory and research stemming from object relations contributes a wealth of important information to the study of relational representations (see Westen, 1991 for a review). By using such complex scales, object relations theorists have highlighted important individual differences in relational representations that reach beyond the simplistic positive-negative views of self and other associated with attachment research (review to follow). These complex scales also highlight the developmental nature of object relations and measure differences along a developmental continuum. In addition, stemming from its psychoanalytic roots, object relations has highlighted the importance of the unconscious, and has challenged the view within social cognitive domains that people are generally aware of the activated concepts of self and others that are influencing their thoughts, emotions, and behaviors. By measuring object relations through projective techniques, object relations researchers have theoretically been able to capture aspects of representations that may lay outside conscious awareness, and therefore be inaccessible through other means (Westen, 1991). Lastly, because object relations theory derives largely from clinical work with individuals with severe psychopathology, it also highlights the importance of emotional investment in others, and speaks to the central role that relationships play in personal well-being (Westen, 1991).

### *Attachment Theory*

An offspring of object relations theory, attachment theory has underscored the primary role of relationships on human development, beginning in infancy and continuing into adulthood. According to the theory proposed by Bowlby (1982), individuals from infancy to adulthood possess an innate need to form emotional bonds with others for the purposes of survival, protection, and support. Bowlby believed that human relationships are regulated by a behavioral-motivational system which originates in infancy and is internalized in order to influence attachment across the lifespan. In infancy, attachment behaviors (proximity seeking, etc.) are activated in times of stress in order to maintain connection with the primary caregiver (Bowlby, 1982). Using what has been termed the Strange Situation procedure, four basic behavioral styles of attachment have been observed repeatedly as a response to a separation and reunion with the child's mother (i.e. secure, avoidant, resistant-ambivalent, disorganized) (Ainsworth, Blehar, Waters, & Wall, 1978; Main, Kaplan, & Cassidy, 1985, Main & Solomon, 1990). Perhaps most importantly, attachment research has highlighted the importance of these early parent-infant interactions to later patterns of development.

Bowlby (1982) suggests that while these patterns begin in their earliest stages as unconscious sensory-motor tracts stored in procedural memory, over time they come to be represented in other forms of memory. While these patterns begin as a reflection of the manner in which the environment actually responds to the child, they become increasingly internalized as the property of the child, in the form of *internal working models*. These working models serve to provide children with rules and strategies for relieving distress and obtaining security from their caregiver (Kobak & Sceery, 1988) and enable people to face new situations more effectively and efficiently through the benefit of previous experience (Bretherton, 1985). These models are thought to be composed of cognitive representations of the caregiver and the self as well as expectations about future interactions between the two (Bretherton, 1990; Collins & Read, 1994; Crittenden, 1990; Main, et al, 1985). In addition,

Collins and Read (1994) proposed that working models also contain specific attachment related memories, goals and needs related to attachment, and the plans or strategies for achieving these goals. Working models help an individual interpret the meaning of others' behavior, make predictions regarding others' future behavior, and plan appropriate behavioral responses (Crittenden, 1990).

Recent research in the attachment field has focused on accessing and measuring these proposed working models. Using longitudinal designs, research has been able to establish systematic relations between infant attachment behavior (using the Strange Situation procedure) and drawings, narrative discourse, behavioral observation, and responses to projective measures in middle childhood (See Rothbard & Shaver, 1994 for a review). Similarly, researchers have developed the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1996) to assess the current state of mind toward attachment in adulthood. In this interview, participants are asked to describe their childhood attachment relations and support their descriptions with specific memories. Interview transcripts are then coded into four attachment classifications (i.e., Secure-autonomous, Dismissing, Preoccupied, Unresolved), which correspond both theoretically and empirically to attachment in infancy. Since these measures tap memory structures associated with attachment, these methodologies are thought to tap into an individual's internal representation of attachment relationships (Rothbard & Shaver, 1994).

### *Categories of Attachment*

By categorizing attachment behavior across the lifespan in terms of four discrete patterns, attachment theory allows for the study of at least four relational representations which appear to be common. Although rates vary from sample to sample, it is estimated that approximately 60% of individuals show secure attachment, 20% show avoidant attachment patterns, 10% show anxious/ambivalent attachment, and 10% show disorganized attachment (Collins, 1996). A brief description of each pattern will follow, along with the major findings associated with each pattern.

*Secure.* The majority of children in the U.S. show patterns of interaction with their caregivers that have been termed secure. During the strange situation, these children who show signs of missing their parent upon their absence and actively greet them upon return (Main, 1996). They seem to use their parent as a “secure base” from which to actively and confidently explore the surrounding environment (Ainsworth, Blehar, Waters, & Wall, 1978). Secure children have been identified as happier, more enthusiastic, and more persistent in problem solving during their toddler years (Matas, Arend, & Sroufe, 1978) and more capable of responding persistently, flexibly, and resourcefully in preschool (Arend, Gove, & Sroufe, 1979; Sroufe, 1983). Socially, these children were rated by others to be more socially competent, possess more friends, and display less negative emotions than other children (Sroufe, 1983).

In late adolescence, Kobak and Sceery (1998) found that secure youth were rated by their peers as being more adept at modulating their negative affect in problem-solving and social situations. They were also rated as less anxious and hostile than others. In addition, secure youth indicated that they felt little emotional distress and that they generally felt high levels of support from their friends and family (Kobak & Sceery, 1988). In adulthood, secure individuals report feeling less depressed, anxious, or hostile than nonsecure individuals (Hazen & Shaver (1990). Romantically, these individuals tend to be in relationships with other secure individuals and describe their relationships as intimate, caring and supportive (Hazen & Shaver, 1987; 1990). Secure individuals are thought to have positive working models of both self and others which allow them to adaptively navigate the social world (Bartholomew & Horowitz, 1991).

*Avoidant.* Children who do not cry upon separation from their parents and actively avoids or ignores the parent upon reunion in the Strange Situation are classified as “avoidant” (Main, 1996). These children tend to cut-off emotional expression of anger or anxiety and sometimes display false positive emotions. In response to a caregiver that is rejecting or insensitive, such a strategy may be adaptive in the short run in that it minimizes the conflict between the caregiver and the child

while still allowing the child to be close enough for protection (Crittenden & Ainsworth, 1989). Crittenden (1994) suggests that in extreme cases, these children may learn that their true emotional self is unacceptable, and therefore may learn to present a false self that is more acceptable.

In adulthood, these individuals are often guarded and dismissing when talking about their early attachment relationships (Main, 1996). They tend to doubt the trustworthiness of others and to hold the goal of maintaining interpersonal distance in order to avoid rejection and maintain independence. Avoidant individuals tend to minimize or deny their emotions and tend to withhold intimate disclosure (Feeney & Noller, 1996). Adults categorized as dismissing of attachment on the AAI tended to remember their mothers as cold and rejecting (Feeney & Noller, 1996) and evaluate themselves as having less supportive and more distant relationships (Kobak & Sceery, 1988). Their relationships tend to be less committed and less interdependent than individuals of other attachment styles. Within relationships, these adults tend to be hostile and show an inability or lack of desire to compromise to resolve conflict (Morrison, Goodlin-Jones, & Urquiza, 1997). Interestingly, Bartholomew and Horowitz (1991) conceptually proposed that in adulthood the avoidant style of attachment may take on two forms. *Fearfully avoidant* individuals desire close relationships but are inhibited in forming these relationships due to their fears of rejection. These individuals tend to be hesitant, lonely, self-critical, and have low self-esteem. In contrast, Bartholomew & Horowitz classified individuals as *dismissingly avoidant* who tended to defensively deny their need for relatedness and to see themselves as independent, self-confident, and as having high self-esteem. Dismissing avoidant individuals are proposed to defensively maintain a positive model of self while holding a negative view of others. In contrast, fearfully avoidant individuals are thought to hold negative models of both self and others (Bartholomew & Horowitz, 1991).

*Anxious Ambivalent.* Also known as resistant ambivalent, these children respond to the separation and reunion task by maximizing attachment and seeking constant interaction with their caregiver, often alternating in expressions of fear and



anger (Main, 1996). The anxious ambivalent pattern of attachment is thought to develop in response to sporadic or inconsistent caregiving (Main, 1996). Although this strategy of attachment may be effective in maintaining contact with such a caregiver, some research suggests that it also limits the child's exploration and self-confidence (Kobak & Sceery, 1988). In childhood, teachers rated these children as "helpless" and "impulsive" (Sroufe, 1983).

As adults, individuals labeled as "Preoccupied" tended to relate their attachment experiences in a manner which indicated they were still angry, fearful, or confused (Main, 1996). Feeney and Noller (1996) found that "preoccupied" individuals often reported memories of their fathers being unfair, and seemed to hold the belief that others are complex and difficult to understand. Therefore, they are wary or "ambivalent" about interacting with them. However, unlike avoidant individuals, Feeney and Noller found that these individuals desire extreme intimacy and are willing to sacrifice autonomy to obtain it. Relationships are often intensely stressful for these individuals, as they are often preoccupied with fears of abandonment or rejection. By openly displaying their distress and anger, anxious-ambivalent individuals are able to achieve closeness to others (Feeney & Noller, 1996). As predicted, preoccupied individuals were described by their peers as being anxious and poor problem solvers (Kobak & Sceery, 1988). Similarly, they rated themselves as experiencing a high rate of distress (Kobak & Sceery, 1988). These individuals are thought to have somewhat positive underlying representations of others and negative representations of self (Bartholomew & Horowitz, 1991). In support of this, Kobak & Sceery, (1988) found that they perceived others as more supportive than avoidant adults, although not as supportive as secure individuals.

*Disorganized Attachment.* Main and Solomon (1986, 1990) were the first to recognize that not all infants displayed behavior in the strange situation that allowed them to be categorized into one of the three above categories by Ainsworth (Ainsworth, et al, 1978). Some infants seemed to not know how to respond to their mother, and showed signs of confusion or disorientation (i.e. approaching mother with head averted, falling to ground, freezing with dazed affect). These can be

classified as disorganized/disoriented (Main & Solomon, 1986). Given the high rates of such behaviors in samples of maltreated children (Carlson, Cichetti, Barnett, & Braunwald, 1989), disorganized attachment is thought to stem from frightening parental caregiving (Main & Hesse, 1990). These children are thought to experience their caregivers as both a source of stress and fear, thus not knowing how to respond to them. By age 6, these children seem to have developed a strategy of controlling other people by acting in either punitive or caregiving ways (Main, Kaplan, & Cassidy, 1985). In addition, longitudinal studies have shown that children with disorganized attachment in infancy are at higher risk for internalizing and externalizing disorders (See Lyons-Ruth & Jacobitz, 1999 for a review of disorganized attachment).

#### *Continuity and Discontinuity of Attachment*

Although attachment research clearly points to the existence of similar working models in childhood, adolescence, and adulthood, the extent to which these working models remain stable over time and the extent to which they are easily modifiable is an area of much debate. Longitudinal studies of attachment found concordance rates of 70-78% between attachment patterns in infancy and AAI status in young adulthood (Benoit & Parker, 1994; Hamilton, 1995; Waters, Merrick, Albersheim, & Treboux, 1995 as cited in Main, 1996), indicating that working models of attachment remain fairly stable over time. Feeney & Noller (1996) outline several factors that promote the stability of working models over time. First, individuals tend to gravitate towards environments, relationships, careers, etc. which confirm their existing views of themselves and others. Secondly, working models create biases in perception, memory, and explanation and thus tend to be self-perpetuating. For example, a child who believes that others will abandon him/her will likely notice more information which supports this conclusion, will tend to remember incidences in which he/she was abandoned more readily, and will likely explain current relational difficulties in terms of abandonment. Thirdly, because working models are often unconscious and are tied to behavioral responses, individuals will often find themselves automatically responding in a manner

consistent with their working models. Lastly, Feeney & Noller (1996) highlight the self-fulfilling nature of working models as another factor promoting stability.

Despite these factors that promote stability of working models, both theory and research suggest that changes in working models are possible and may not be as rare as sometimes thought. Continuity may be largely due to the quality and stability of ongoing care rather than simply the quality of early parent-child interactions (Clarke et al, 1994). In fact, in many economically disadvantaged samples, the concordance between attachment representations taken as little as six months apart has been around 60% (Thompson, Lamb & Estes, 1983; Vaughn, Egeland, Stroufe, & Waters, 1979), indicating that attachment representations may vary across time. Collins and Read (1994) have suggested that working models are most likely to change around points of major life transitions. In these instances, the person's social environment may change and begin to disconfirm the existing models of relationships. For foster youth, being placed in foster care would seem to represent a significant change in environment and therefore provide the opportunity for the revision of working models. Just as models are constructed slowly over time through interaction with the interpersonal environment, it seems probable that the working models of foster children may undergo revision over time through the experiences of foster care. Studies have demonstrated that when changes in attachment security do occur, there is usually a change in the environment (Egeland & Farber, 1984; Thompson, et al., 1982, 1983; van Ijzendoorn & Bakermans-Kranenberg, 1997). Similarly, research has found that insecure children do benefit from improvements in care, although they still seem to be particularly vulnerable to lapses in care (Erikson, Sroufe, & Egland, 1985). Feeney and Noller (1996) also suggest that working models are revised as individuals reach new understandings about their early attachment related experiences. Again, the distance from one's family of origin created by foster care may allow unique opportunities for foster children to gain a new and different perspective on their early familial relationships.

*Summary and Contributions*

Attachment theory and research contributes a wealth of information to study of relational representations by its focus on both attachment behavior and the proposed internal working models. Similar to the field of object relations, attachment theory holds the need for relatedness as fundamental in human development and proposes links between one's attachment and psychosocial functioning. Given that it is a developmental theory, research has largely been focused on non-clinical populations, leading to an understanding of the functioning of relational representations in the development of psychopathology and social problems within a normal population. In addition, although many attachment theorists believe in multiple hierarchical working models of relationships, the focus of attachment research on the four basic patterns has facilitated research methodology and has at least lead to a greater understanding of these patterns across the life span. This emphasis on attachment across the life span has lead researchers to begin to seek to understand the factors that promote continuity and discontinuity of attachment across the life span.

Unfortunately, since attachment research developed primarily from the study of intact middle class families, one must question the validity and utility of the existing system for understanding a population as diverse as foster children, who have often had several "attachment figures" during their childhood and therefore would be expected to hold many different and perhaps competing models of attachment. Although some studies exist which have begun to study attachment to fathers and peers (Bretherton, Golby, Halvorsen, 1993; Cassidy, Kirsh, Scolton, Park 1996, Verschueren & Marcoen, 1999), this research is limited in scope and still fails to capture the diversity of representations which would be expected for foster children.

#### *Social Cognitive Theory*

Social cognitive theories of personality have sought to understand both the coherence and the variations in personality by focusing on the interactions between many different cognitive, affective, and action sequences. These psychological mechanisms are thought to develop and be activated in social settings. In general, people are thought to interact with their environments as reciprocally interacting

systems (Bandura, 1999). People are believed to actively shape and give meaning to their social environments and social environments are believed to actively shape a person's views of self and knowledge structures (Cervone & Shoda, 1999). Although social cognitive theory and research encompasses much too vast an area to thoroughly review, its contributions to the study of relational representations can be briefly outlined.

### *Relevant Constructs*

Social cognitive theory and research has produced many concepts that seem related to the notion of relational representations by elucidating aspects of self, other, and the interaction between the two. Perhaps the most relevant to the concept of relational representations is the idea of schemas. Anderson (1993) defines schemata in the following manner:

Schemata are the knowledge structures that derive from prior experiences and organize the processing of past and future information. Schemata guide future behavior and create expectations, anticipatory assumptions, and contingency rules.

Anderson proposes that these memory structures are what fundamentally influence and guide how we perceive, interpret, and act in the world. Taking a broader view than most attachment or object relations theorists, Anderson suggests that relationships are influenced not only by self-schemata, other schemata, and schemata for relationships, but also by cultural, situation, and state schemata. A brief review of social cognitive research in each area will follow.

In terms of self schemata, social cognitive research suggests that self concept may be much like a prototype, containing a collection of self-descriptive traits and values (e.g. Rogers, 1977) that have been constructed from ongoing life events and patterns of behavior (Markus, 1983). In addition to containing multiple aspects of self, self-concept is also thought to include goals that may be represented as a desired self (i.e. rich self, loved self) (Markus & Nurius, 1986). When individuals have a firm idea about themselves in some area based on past experiences and feedback, information that is relevant to this domain of the self is consistently processed quickly

and confidently (Markus, 1977). In addition, these self-schemata are thought to guide future behavior in relationships, as individuals have been found to act in ways that are congruent with their self-perceptions (Markus, 1983).

Much social cognitive theory and research also suggests that people hold well-developed schemas of others and their personalities (Leone & Ensley, 1985; Sillars, 1982). These schemas of others influence how they interpret information. In addition, research in attribution has consistently found that people attribute behavior to stable characteristics of the person rather than attributes of the situation or relationship (Sillars, 1982). One's views of the other person are thought to affect relationships at all stages of development, and changes in one's perceptions of others or their typical manner of responding are thought to be critical predictors of changes in relationships (Anderson, 1993).

Anderson (1993) suggests that people also hold schemas for relationships that guide their interpersonal relationships. These schemata include a well-developed repertoire of what behaviors are appropriate and inappropriate in different types of relationships. For example, patterns of interaction and communication which would be perfectly acceptable within a close friendship may be deemed inappropriate for a more casual acquaintance.

Another relevant area of social cognitive research is the research which has been conducted on situation perception. Much like the prototypes they hold for themselves, others, and relationships, people are hypothesized to have knowledge structures relating to prototypic situations that help them anticipate what will happen and plan their own actions accordingly (e.g. Cantor, Mischel, & Schwartz, 1982). Research has shown that people hold schemas of situationally appropriate chains of events known as scripts (Abelson, 1981). A script of a typical interaction at a restaurant might include looking at a menu, ordering from a menu, visiting with company, etc. Research has found that individuals use scripts to fill in missing information and therefore may construct memories that never really occurred (e.g. Bower, Black, & Turner, 1979).

Anderson (1993) also highlights the importance of cultural schemata in shaping interpersonal relationships. He argues that “culture is such a pervasive influence that it is often confused with human nature itself” (Anderson, 1989, p. 13). Although often beyond conscious awareness, cultural differences can lead to behavior being labeled inappropriate, gross, or insulting. Unfortunately, these cultural differences are most often perceived as characteristics or personality flaws in the other person (Anderson, 1993).

#### *Assessment and Methodology*

In addition to supplying evidence about many of the constructs thought to be related to relational representations, the field of social cognition also provides a rich history of empirical research. This research suggests questions as well as creative methodology for the study of relational representations. Although social cognitive research has historically studied self, other, and situation perception in isolation, Baldwin (1995) suggest that the research methodologies that have been used in the past (such as self-report, lexical decision making tasks, priming procedures) can be effectively implemented to shed light upon the construct of relational schemas. Self report questionnaires can be used to help elucidate interpersonal scripts by asking participants how they would expect others to respond in various scenarios. In addition to self-report methodology, lexical decision making tasks can also be used to illuminate the networks of association present in relational schema. For example, if participants are provided with a situational context (such as “If I cry in front of my father then my father will...”) they should be quicker to distinguish words related to their schema from non-words. Priming procedures have also been widely used in social cognitive research to activate schemas which subsequently influence information processing. Use of such procedures in studying relational representations may help explain differences in social functioning across time and relationships (Baldwin, 1995).

#### *Models*

Many models have been proposed to illuminate the processes by which the various constructs in social cognition interact in order to shape behavior and

personality. One of the most well known models of social cognition is the information processing model proposed by Dodge (1986; 1991). In this model, the child's biologically determined capabilities, the data stored in long term memory from past experiences, and the current social cues of the situation all act as inputs into the model. The model includes five steps of information processing before action is taken on that information. First, the information must be encoded. Sensation, perception, and attention and focus are thought to guide this process. Schemas are thought to influence this stage of information processing by altering attention and focus to schema relevant stimuli. Next, the information undergoes a "representation process" in which cues are integrated with existing stores of information and interpreted as decision rules are applied. In this way, the declarative and procedural knowledge contained in schemas is thought to influence the interpretation of social events. Next, individuals are thought to undergo a response search in which they generate many possible responses. Schemas can influence this stage of information processing by determining the nature of possible responses and the rules that govern their use. The next phase involves a response decision process in which the individual generates representations of potential outcomes, evaluates these outcomes, and selects a response. This stage is integrally linked with the response search process and will influence the search for a response. Lastly, the individual undergoes the enactment process, in which protocols and scripts are thought to be enacted in order to produce a behavioral response.

#### *Summary and Contributions*

Through its varied methodologies and constructs, social cognitive research seems to provide evidence for aspects of relational representations that are often only vaguely alluded to in other theories. For example, although Bowlby originally proposed that people would likely hold many different working models of relationships, social cognitive theory has begun to shed greater light on this process and the interconnections between working models or schemas. In addition, the uses of varied methodologies allows one to delineate and test hypotheses about how relational schemas work and affect information processing.



## *Relational Representations: An Emerging Construct*

### *Characteristics of Relational Representations*

Integrating ideas from the various approaches previously discussed, Baldwin (1992) defines relational schema as a “cognitive structure representing regularities in patterns of interpersonal relatedness” (p. 461). Relational schemas are hypothesized to be made up of three components: a self-schema, an other-schema, and an interpersonal script. These three components are thought to be integrally interrelated, with schemas of self and other being complementary, and the interpersonal script being the link between the two (Baldwin, 1999). These cognitive structures are thought to function as a “program for maintaining relatedness” (Safran, 1990a).

In his groundbreaking work on self-schemas, Markus (1977) defined self schemata as ‘cognitive generalizations about the self, derived from past experience, that organize and guide the processing of self-related information contained in the individual’s social experiences’ (p. 64). He hypothesized that people have multiple self-schemas, and that the particular schema that is activated at the moment is often determined by the context or who they are interacting with and can best be thought of as a “working self-concept” (Markus & Kunda, 1986). For example, within the context of school, a child might have a schema of self as competent and knowledgeable and therefore behave in a outgoing and somewhat controlling manner, while within the family context one might experience self as inadequate and therefore act in a very timid, passive, and unsure manner. Thus, the self component of a relational schema is not a single, stable trait-like sense of self, but rather a fluctuating schema of self in relation to the interpersonal context (Baldwin, 1992).

Self-schemas are thought to be integrally related to other-schemas. How a person perceives his or her self is largely determined by the perception of others (Baldwin, 1999). For example, the self-schema of a rebellious uncared for teenager might be associated with an other schema of controlling, uncaring parent. In this way, self and other schemas are seen to be largely complementary. Consistent with the circumplex model of interpersonal theory, behaviors of stemming from a

particular self-schema are thought to pull for complementary responses in others which will then act to confirm the self-schema (Carson, 1979).

Interpersonal scripts are hypothesized to be the critical link between self and other schemas (Baldwin, 1992; 1999). They are theorized to contain both declarative and procedural knowledge of the typical patterns of interaction within a relationship based upon repeated actual experiences and patterns of interaction in the past (Abelson, 1981). In addition to expectations about the behaviors of self and others, interpersonal scripts are also thought to contain expectations about the thoughts, emotions, and goals of the self and other (Baldwin, 1992). Baldwin conceptualized interpersonal scripts as cognitive structures of stereotyped relational patterns that contain linguistically encoded declarative knowledge of what responses certain behaviors elicit (in the form of if-then contingencies). Through repeated experience, these if-then contingencies are thought to also become encoded behaviorally as procedural knowledge. As such, they begin to function automatically without conscious awareness to shape the interpretation of schema relevant information and the individual's response. (Baldwin, 1992). For example, a child who holds an interpersonal script of "If I get close to someone, they will leave me," may be more vigilant than the average child for signs of abandonment and rejection. He/She may unconsciously distance themselves from others with whom they might have otherwise had a close relationship.

Thus far, empirical evidence is supportive of the notion of relational schemas as it has been hypothesized. In a study of college age participants, Baldwin and colleagues (1993) found that individuals with different attachment styles held different expectations about likely patterns of interactions within their romantic relationships. Insecure subjects were more pessimistic in their expectations in regards to trust and closeness than secure subjects. In a study of preadolescent and early adolescent youth, Shirk and colleagues (1998) found that youth with more negative interpersonal schemas held more negative expectations of interpersonal interactions.

Given that people have experienced a wide variety of interpersonal experiences and relationships, each differing in nature, most people are thought to

have a variety of relational schemas that can be used to guide attention, interpretation and memory of social interactions. Social information processing is thought to be influenced by whatever schema is currently the most accessible (Baldwin, 1999). Consistent with a social cognitive perspective, stable individual differences in personality and behavior are thought to be a reflection of the chronic accessibility of some cognitive structures (Baldwin, 1999). For example, because of several long-term relationships with adults who were punitive towards him, a foster child might tend to always fear new adults in his life, expecting them to respond to him in a punitive fashion. If he had learned to be compulsively compliant in order to avoid punishment in his old relationships, he would likely continue to act in a compulsively compliant manner even when around adults who were more accepting and less punitive.

*Metastructure of relational representations.*

Another question that remains to be answered is whether interpersonal schemas are generic cognitive representations of relationships that have developed from a host of interpersonal experiences (Safran, 1990a) or whether it is more accurate to think of schemas within a particular domain, such as family or peers. Although Safran (1990a) describes an interpersonal schema as a “generalized representation of self-other relationships,” he suggests that it may be useful to think of an individual having a number of interpersonal schemas embedded within one another which may function on a number of different levels of generality. In her conceptualization of internal working models, Crittenden (1990) suggests the organization of working models may differ as a function of the individual and may be related to the adaptive use of such models or schemas. For example, some poorly functioning individuals may have a single representational model which they use to interpret all interpersonal interactions, while others who function more adaptively may have a generalized model with differentiated, relationship-specific submodels (Crittenden, 1990).

Limited research has looked at this distinction; however, support does exist for the notion of relationship specific schemas. Within the caregiving domain, the degree of concordance between mother-child and father-child attachment appears to be around 60% (Fox, Kimmerly, & Schafer, W.D., 1991; Verschueren & Marcoen, 1999; Van Ijzendoorn & De Wolff, 1997). This suggests that relational representations may be consistent across relationships for some youth while inconsistent for other youth. In addition, Rudolph and colleagues (1997) reported that a model of distinct relational representations for peers and family provided a better fit for their data than did a model in which all measures of interpersonal schema were pooled into a general representation when predicting depression in children. However, a growing body of longitudinal attachment research has highlighted that attachment with one’s mother impacts the quality of relationships with siblings and the quality and quantity of friendships in both young and middle childhood (See Berlin & Cassidy, 1999). Although more research is needed, existing research would

seem to support both the existence of different schemas for different relationships, as well as some generalized aspects being consistent across relationships.

#### *How Relational Schemas Function*

Like other schemas, relational schemas are cognitive structures, derived from past experiences, that guide the interpretation and processing of social information (Baldwin 1992; 1999). As schema, they are thought to guide the processing of information in certain ways. Building upon years of social cognitive research on other types of schemas, Baldwin (1992; 1999) suggests that relational schemas sensitize individuals to schema relevant information and to speed the processing of such information. Thus, when a particular relational schema is activated, an individual shows a heightened expectation for schema consistent events and will selectively focus on events in daily interpersonal interactions they could be construed in a schema consistent fashion (Baldwin, 1992). For example, a child who expects others to be rejecting will tend to pay closer attention to events that could be construed as rejecting and will tend to construe ambiguous information as rejecting. Although the vast majority of empirical research documenting this effect has been done with self-schema (e.g. Markus, 1977), empirical support does exist for relational schemas functioning in this same manner. In a series of studies of adolescent youths, Shirk and colleagues (1998) found that youth with negative interpersonal schemas selectively focused on negative aspects of interpersonal interactions. In addition to focusing attention on schema relevant information, relational schemas also speed information processing of schema relevant information (Baldwin, 1992). In order to test this hypothesized effect, Shirk and colleagues (1998) asked adolescent youths to evaluate whether a list of adjectives described a generalized other. Youths with negative interpersonal schemas showed more rapid endorsement of negative descriptors and faster denial of positive descriptors.

In addition to sensitivity and efficiency of processing schema relevant information, individuals are thought to have improved memory for schema relevant information. If semantic and procedural knowledge structures exist in a given domain, the individual should be able to access many specific episodic memories to

support one's schema. In this way, relational schemas are maintained through the process of selective encoding and improved memory for schema relevant patterns of interaction (Baldwin, 1992). Crittenden (1995) suggests that the episodic, procedural, and semantic memories of secure individuals are likely mostly congruent, allowing them to have a coherent sense of self. Unlike secure individuals, avoidant individuals are thought to experience discrepancies between their semantic memories of what they would like to believe about themselves and others and their episodic and procedural memories, which are developed more purely through experience. These individuals are heavily defended and may have difficulty generating specific memories that support their easily accessible and generally more acceptable semantic schemas. Coercive, or preoccupied individuals are thought to distrust cognitive reasoning and therefore rely more heavily on episodic memories. These individuals are thought to describe particular situations in profuse detail, but have difficulty integrating their memories into more cognitive semantic knowledge (Crittenden, 1995).

Given that the elements of self-schema, other-schema, and interpersonal script are thought to be interconnected, activation of one aspect of a relational schema should automatically activate the other aspects (Baldwin, 1992). This is based on the generally accepted principle within schema theory of "spreading activation", which states that once one aspect of a schema is activated, activation will spread through all associated aspects. Baldwin proposes that activation of a relational schema could start with any aspect (i.e. self, other, interpersonal script, associated emotion) and then spread through an association of neural networks to activate other aspects of the relational schema. Research in social cognition with other types of schemas supports the notion of spreading activation, and recent empirical evidence is building which specifically supports its role in relational schemas (See Baldwin, 1999 for a review). For example, Baldwin and colleagues (1993) found that avoidantly attached individuals were faster to recognize the word "hurt" after reading a description of a trusting romantic partner, indicating the spreading of activation within if-then contingencies. In addition, research by Baldwin & Sinclair (1996) found links

between the self-concept of individual and their expectations for interpersonal acceptance.

Given that a person may hold many different relational schemas for many different types of relationships, different relational schemas may be more accessible at different times. Thus, a given relational schema is proposed to have temporary accessibility (Baldwin, 1992). Stable individual differences in personality are thought to reflect the chronic accessibility of some schemas, while the contextual variations in a person's behavior are also thought to be the meaningful expressions of different relational schemas (Baldwin, 1999). Stability in personality is also perpetuated by the fact that each time a schema is activated, new associations may be formed between the schema and new contexts, new emotions, etc., making the schema more likely to be activated in a wider range of future contexts (Baldwin, 1999). What relational schema is most accessible is thought to be influenced by the situational and interpersonal context, the individual's current goals, and recent experience (Higgins, 1996). Schemas activated in the recent past are more likely to be used when processing new information. For example, within the context of school, a relational schema of the teachers as demanding and self as inadequate with all the associated expectations, emotions, and patterns of interaction might be activated on the first day of school to interpret the behavior of the new teacher especially if the previous year's teacher or others in the youth's life seem to fit this model. Many studies have shown that simply activating a construct in one context makes it more accessible and therefore more likely to be used to guide social information processing even in unrelated contexts (see Baldwin, 1999, and Bandura, 1986 for a review). In general, results indicate that individuals tend to assimilate ambiguous stimuli in terms of the existing schema that has been primed or activated. They tend to attribute the fluency of their interpretation of the social situation to qualities of the situation or person, rather than attributing their interpretation to the effect of their recent experiences, etc. (Baldwin, 1999). Interestingly, if a person perceives that a recent experience might be affecting their thoughts feelings, they tend to reject assimilating ambiguous

information into this existing schema (e.g. Lombardi, Higgins, & Bargh, 1987; Newman & Uleman, 1990).

Use of relational schemas is thought to enable a person to organize and interpret new social information and guide behavior in a more efficient and informed manner. In addition, it provides a guide for interpreting ambiguous social situations (Baldwin, 1999). However, theorists from both attachment and social cognitive camps warn that relational schemas can reflect distorted views of reality and can be used in ways that are maladaptive (Baldwin, 1999; Bretherton & Munholland, 1999; Crittenden, 1990). First, over-reliance on fixed relational schemas can be maladaptive (Shirk, 1998; Young, 1999). Given that relational schemas often operate outside of conscious control, Baldwin (1999) notes reliance on an internalized relational schema often leads to an error in attributing the source of one's thoughts and feelings to characteristics of the self or other rather than to the interpersonal knowledge structures that produce them. Crittenden (1990) classifies relational schemas in terms of the degree to which they are "open" or "closed" to revision based on new experiences. Similar to notions originally proposed by Bowlby (1982), Crittenden proposes that the degree to which a model is open to accommodation as well as assimilation will determine its long-term adaptive value. Crittenden (1990) also points out that a more adaptive or "working" model will allow an individual to explore a number of possible behavioral responses, while less adaptive "nonworking" models determine behavior in more rigid, fixed manner. If the relational schema is consistently closed to accommodation, over time it will come to reflect a distorted reality. Crittenden (1990) proposes that another source of distortion in relational representations may come from the operation of defensive exclusion on the memories stored in semantic and episodic memory in an effort to ward off thoughts and feelings that would otherwise cause psychological anxiety. Although this defensive exclusion may be adaptive in the short run, it prevents the adequate and realistic updating of one's working models. Building upon the work of Bowlby and Tulvig, Crittenden hypothesizes that defensive exclusion is likely facilitated by storing contradictory information in different memory systems. She proposes that memories can also be



elaborated or distorted by what one is told, experiences later, or how it is considered. To the extent that memory is systematically distorted by defensive processes, Crittenden (1990) proposes that the relational representations which are built upon these memories will also be distorted. Unfortunately, due to the complexity of research design that would be necessary, little empirical research has studied this phenomenon.

### *Assessing Relational Schemas*

Although theory has largely defined the expected nature of interpersonal schemas, attempts at measuring such schemas have taken diverse theoretical approaches, with some researchers approaching measurement from a cognitive perspective, while others have attempted to pull from attachment or object relations measurement tools to measure these relational representations. The result is that of the research conducted about “relational schema” may be only loosely tied to the tenets of the construct as proposed by Baldwin (1992; 1999) and Safran (1990). Most social-cognitive research to date has utilized self-report measures of perceptions, expectations, or contingencies (Rudolph, Hammen, Burge, 1995; 1997; Shirk, 1998). For example, Rudolph and colleagues (1995; 1997) have presented children with hypothetical vignettes and asked them to choose the most likely outcome. Consistent with the idea of interpersonal contingencies, Shirk and his colleagues (1998) have utilized a self-report measure which asks adolescents to rate contingency items on a scale of 1 to 4 based upon agreement (e.g., even when you show you are upset, other people don't really seem to notice). In an effort to overcome defense bias, other researchers have approached the task from a more psychoanalytic perspective and have sought to analyze TAT responses for the extent that people and relationships are expected to be hostile, malevolent or supportive (Barends, Westen, Leigh, Silbert, & Byers, 1990; Westen, Klepser, Ruffins, Silverman, Lifton, & Boekamp, 1991). As noted by Shirk (1998), all of these assessments focus on expectations of a generally negative or positive interpersonal response, while theory would suggest that interpersonal schemas should include expectations for a wide variety of interpersonal behaviors and a variety of recurrent interpersonal patterns. In addition, Shirk (1998)

cautions that self-report measures may not be able to adequately tap interpersonal schemas that have become increasingly internalized and less accessible to conscious awareness.

### *Relational Representations and Psychological Problems*

Social cognitive, attachment, and object relation theory have all proposed a link between their various constructions of relational representations and developmental psychopathology. Within the attachment field, although most theorists are quick to point out that insecure early attachment does not deterministically later cause psychopathology, they do predict that poor attachment, in combination with other developmental factors and life experiences, may set a child on a path of development in which psychopathology becomes more probabilistic (Stroufe, Carlson, Levy, & Egeland, 1999). The proposed mechanism for this connection is the child's working models, or relational representations. In fact, many theorists have proposed that relational representations or interpersonal schema are the core cognitive structures underlying vastly different forms of psychopathology (Safran, 1990). Blatt's (1991, 1995) model of psychopathology proposes that the various forms of psychopathology can be distinguished based on differential impairments in relational representations. He proposes analyzing aspects of one's mental representations, such as boundary constancy, recognition or emotional constancy, evocative or object constancy, self-constancy, and operational thought, will illuminate the underlying differences in psychopathology of various forms. Young and Lindeman (1992) also propose a model of psychopathology in which mental representations are the core construct. They propose that personality disorders can best be conceptualized in terms of a person's attempts to maintain, avoid, or compensate for their underlying schemas of relatedness. Unlike Blatt, they attribute the different faces of psychopathology to the differing content of representations.

Empirical evidence for the hypothesized role of cognitive relational representations in psychological problems is mounting across the various fields interested in the concept, even though these fields often measure relational representations in very different ways. Extensive research in the field of attachment

has linked poor attachment throughout the life span with psychological problems (Dozier, Stovall, & Albus, 1999; Greenberg, 1999; Hammen, Burge, Daley, Davila, Paley, & Rudolph, 1995; Rosenstein & Horowitz, 1996; Stroufe, Carlson, Levy, & Egeland, 1999). Similarly, clinical populations have been found to differ from non-clinical populations in terms of their object relations (See Blatt & Lerner, 1983a; Westen, 1991 for reviews) and a number of researchers have found support for the hypothesized differences in information processing that are thought to stem from interpersonal schemas (See Baldwin, 1992; 1999 for reviews).

Thus far, the majority of research on the role of relational representations in psychopathology has focused on depression. Clinically depressed adolescents have been found to report significantly less secure parental and peer attachment than non-depressed psychiatric controls and non psychiatric controls (Armsden, McCauley, Greenberg, Burke, & Mitchell, 1990). In a one year longitudinal study, Hammen and colleagues (1995) found that interpersonal attachment cognitions predicted the onset of depression, although such cognitions also contributed to the onset of psychopathology generally. The authors conclude that insecure attachment cognitions contribute to both the onset and severity of symptomatology. Some research has attempted to determine more precisely the nature of depressed children's representations. Children and adolescents with higher numbers of depressive symptoms have been found to differ from less depressed peers in the negativity of their interpersonal expectations (Rudolph, et al., 1997; Shirk, et al., 1998). Depressed youth were found to view others as less trustworthy, accepting, and supportive, view themselves as less competent and worthy, and to have more pessimistic expectations for interpersonal interactions than non-depressed youth (Rudolph, et al., 1997). In addition, these negative interpersonal schemas have been found to amplify the effects of stress on depressive symptoms (Shirk, et al, 1998). Research in attachment has found that preoccupied attachment has been associated with depression in adolescents (Allen, Moore, Kupermine, & Bell, 1998; Cole-Detke & Kobak, 1996; Kobak, Sudler, & Gamble, 1991) as well as depression related affective disorders in psychiatrically hospitalized adolescents (Rosenstein &

Horowitz, 1996). Rosenstein and Horowitz suggest that preoccupied youths' intense focus on their parents may hinder them learning to self-regulate their own negative affect.

The association between relational representations and externalizing behavior is less clear. In a study using a generalized measure of interpersonal expectancies, Shirk and colleagues (1998) found that while adolescents' interpersonal schemas interacted with interpersonal stress to predict depressive symptoms, adolescents' interpersonal schemas failed to predict symptoms of hostility either directly or through interaction with interpersonal stress. However, research by Dodge and associates indicates that aggressive children often rely on more negative schema and attend to fewer situational social cues than non-aggressive children (Dodge & Newman, 1981; Dodge & Tomlin, 1987). In corroboration of the notion that cognitive relational representations are also related to externalizing disorders, research using an adult attachment measure as an indicator of relational schemas found that relational schema significantly predicted non-internalizing disorders both alone and in interaction with interpersonal stress (Hammen, et al., 1995). One must exhibit caution when interpreting these results, however, because a significant proportion of the individuals exhibiting non-internalizing symptoms also exhibited depressive symptoms.

Much attachment research has also tied externalizing problems to problems in relational representations; however, the exact nature of the working models associated with externalizing disorders is less clear. Some evidence suggests that dismissing attachment is associated with antisocial and disruptive behavior (Renken, Egeland, Marvinney, Mangelsdorf, & Stroufe, 1989; Rosenstein & Horowitz, 1996; Speltz, Greenberg, DeKlyen, 1999) and substance abuse disorders, narcissistic or antisocial personality disorder, and self-reported narcissistic, antisocial, and paranoid personality traits (Rosenstein & Horowitz, 1996). However, other studies have found that preoccupied attachment status was directly related to externalizing problem behaviors (Allen & Kupermine, 1995 in Allen & Land, 1999; Allen, et al., 1998). In an attempt to reconcile these diverse findings, Allen & Land, (1999)

suggest that externalizing behaviors can serve as attachment behaviors that call for the help and intervention of the parent. From this viewpoint, youth with preoccupied attachment may use externalizing behaviors as a means of engaging parental attention, while youth with dismissing attachment may externalize in an attempt to distract themselves and others from attachment related distress. Overall, these findings suggest that the relationship between relational representations and externalizing behaviors is likely complex, as a given behavior may have many different meanings across people and contexts.

Research on the mental representations associated with other forms of psychopathology has begun to emerge. Recent research by Westen and his colleagues has centered on the object relations of people diagnosed with Borderline Personality Disorder (Segal, Westen, Lohr, Silk, et al., 1992; Westen, Lohr, Silk, Gold, & Kerber, 1990; Westen, Ludolph, Lerner, Ruffins, & Wiss, 1990). In general, the results of these studies suggest that borderline psychiatric inpatients can be reliably discriminated from other psychiatric inpatients and from normal controls based on their object relations. People diagnosed with Borderline Personality Disorder were characterized by a malevolent object world, a limited capacity to invest in others in non-need gratifying ways, and a tendency to make illogical and idiosyncratic attributions about others. In addition, these studies also found that borderline in-patients had even more malevolent representations and a lower capacity for emotional investment than did non-borderline patients with major depression (Segal, Westen, Lohr, Silk, et al., 1992; Westen, Lohr, Silk, et al., 1990; Westen, Ludolph, et al., 1990)

Relatively little research has looked at the implications of relational schemas for social competence and adjustment, with most of the relevant research stemming from attachment research, which has historically focused more on normative development rather than clinical populations. Such research suggests that secure youth are more socially competent with peers and have lower levels of deviant behaviors (Allen, et al., 1998; Kobak & Sceery, 1988). Children who have relatively less secure or more negative relational schemas have been found to be less socially

competent (Burk, 1996 as cited in Shirk, 1998; Rudolph, et al., 1995) and to have lower perceptions of perceived support (Kobak & Sceery, 1988; Rudolph, et al., 1995).

### Relational Representations of Foster Care Youth

The theory and empirical research reviewed to this point clearly suggest the importance of relational representations in understanding social relationships, social competence, and developmental psychopathology. Research within the field of foster care has consistently highlighted difficulties with these areas of development; however, to date the relational representations of foster care youth has only been studied in a limited fashion. Several studies do exist which suggest that foster children may be at higher risk for holding the types of relational representations which have been linked with less desirable outcomes.

Given that most foster youth have experienced some form of abuse or neglect prior to being placed in foster care, research on maltreated youth seems particularly relevant. Although it is outside the scope of this review to summarize the entire body of literature on child abuse and neglect, studies that have explored the object relations, attachment, or social information processing of maltreated youth seems particularly relevant to the current inquiry. Unfortunately, it is difficult to integrate the diverse findings of these studies due to the fact that the studies have used measures from many orientations that tend to measure very different aspects of relational representations.

### *Relational Representations of Maltreated Youth*

Studies on the relational representations of maltreated youth have mainly focused on infants (see Morton & Browne, 1998 for a review), preschool (Crittenden, 1992; Toth, Cicchetti, Macfie, & Emde, 1997; Toth, Cicchetti, Macfie, Maughan, & Vanmeenen, 2000; Waldinger, Toth, & Gerber, 2001) or middle to preadolescent children (Finzi, Cohen, Sapir, & Weizman, 2000; Milan & Pinderhughes, 2000; Stovall & Craig, 1990; Toth & Cicchetti, 1996). Only one study to date has focused on the relational representations of adolescents (Shapiro & Levendosky, 1999).

Although the current study will focus exclusively on adolescent foster youth, a brief review of what is known about the relational representations of younger youth seems important in order to maintain a developmental focus.

In a recent review of 13 studies that used the Strange Situation to study attachment in 11 to 24 month old maltreated infants, Morton and Browne (1998) concluded that on average 76% of maltreated infants are insecurely attached, compared to only 34% of non-maltreated children. Although only a few studies have coded for disorganized attachment, some studies have shown that the vast majority of maltreated infants can best be characterized by this pattern of attachment, rather than the classical patterns of avoidance or anxious attachment (Carlson, Cicchetti, Barnett, & Braunwald, 1989a, 1989b). In essence, maltreated infants seemed to show high levels of avoidance and resistance as well as high levels of proximity seeking. Studies which have utilized rating systems that account for these variations have found that approximately 90% of maltreated children have insecure attachments (Cicchetti & Toth, 1995).

Studies of maltreated preschoolers also suggest higher incidence of insecure attachments. Interestingly, however, the rates of preschoolers with atypical insecure attachments (ie, disorganized or A/C) were significantly lower than would be expected based upon its high incidence in infant and toddler samples (Cicchetti & Barnett, 1991). In general, these findings suggest that children who initially lack a coherent strategy for dealing with their worlds may develop a more consistent strategy over time. For example, Main, Kaplan, & Cassidy (1985) found that maltreated children who exhibited disorganized attachment in infancy were often controlling of their caregivers at age six. Crittenden (1992) found that abused children tended to become “compulsively compliant” towards their abusing mother, a strategy which is likely adaptive in the short-run since it acts to reduce the occurrence of abuse. Neglected children tended to be the most passive and to hold views of themselves as helpless. Avoidant or avoidant/ambivalent (A/C) attachment styles were prevalent among all of the maltreated youth, although a significant number

(20%) of the children who had only experienced neglect showed the anxious/ambivalent (C) style of attachment (Crittenden, 1992). A number of other studies have sought to elicit the relational representations of self and others by analyzing preschoolers' responses to the MacArthur Story Stem Battery. These studies have repeatedly found that maltreated preschoolers' hold more negative representations of self than non-maltreated controls (Toth, et al., 1997; Toth et al., 2000; Waldinger, Toth, & Gerber, 2001). Some evidence exists that these representations of self become more grandiose over time (Toth, et al., 2000). Analysis of maltreatment subtypes suggests that neglected and physically abused preschoolers may hold models of self as angry (Waldinger et al, 2001). In contrast, sexually abused children tend to hold more positive self-representations (Toth, et al, 1997) and representations of others as liking them, even when compared with non-maltreated controls (Waldinger, et al., 2001). Toth and colleagues point out that these positive representations may stem from portrayals of sexual abuse as "loving."

Within middle childhood, the strategies for measuring relational representations have varied widely. Using a 3 category self-report measure of attachment, Finzi and colleagues (2000) found a strong concordance between type of maltreatment and attachment style. Avoidant attachment was prevalent in physically abused children (85%), neglected children tended to have an anxious/ambivalent style of attachment (74%), and non-maltreated children were predominantly secure (68%). Given that this rating scale did not assess atypical patterns of attachment, the results are difficult to compare with studies of attachment organization in younger maltreated children.

The Relatedness Scale is another self-report measure which has been widely used to assess attachment in school-age children. On these scales, youth are asked to rate their feelings of positive emotions as well as their need for increased psychological closeness to various relational figures. Using this scale, Lynch & Cicchetti (1991) found that maltreated youth had more "confused" (high emotionality and high need for increased closeness) and less "optimal" patterns of relatedness with their mothers,



teachers, peers, and best friends than did non-maltreated youth. Approximately 30% of the maltreated youth in this study showed “confused” relatedness, a category which is thought to be similar to disorganized or A/C attachment in infancy.

Other studies have sought to measure the relational representations of school age children through the use of projective techniques. Using both a qualitative and quantitative analysis of TAT stories, Stovall and Craig (1990) found that physically and sexually abused children (ages 7-12) differed quantitatively from non-abused youth from distressed families. Specifically, they found that abused youth described others more in terms of their actions and behaviors rather than their internal characteristics. Representations of interpersonal relationships for abused youth tended to be more temporary and impersonal. No quantitative differences were found between the representations of sexually and physically abused youth, although a follow-up qualitative analysis suggested that the themes of the stories of these two groups did differ somewhat. Similarly, McCrone and colleagues (1994) found that 6<sup>th</sup> grade youth with a history of maltreatment had more negative interpersonal expectations and difficulty resolving relational conflicts than did non-abused youth. Specifically, they found that children who had been either sexually or physically abused personalized their stories more than youth who had been neglected. A qualitative analysis indicated that maltreated children tend to have difficulty with peer relations, poor or inadequate strategies for resolving conflicts and negativity and a preoccupation with troubling themes. For example, in response to TAT cards about problematic peer relations, maltreated youth tended to use defensive exclusion to ignore the presence of conflict, or if they did acknowledge the problematic situation, they seemed to lack the strategies to successfully resolve the problem. Maltreated youth also tended to tell stories with unresolved negativity or to revert to an unrealistic, idealized ending. They also tended to perseverate on certain negative themes (such as rejection).

Although these studies have begun to illuminate important differences in the relational representations of youth who have experienced various forms of

maltreatment compared to non-maltreated youth, there is much left unknown. For example, the vast majority of these studies have used attachment measures to categorize the representations of these youth. However, object relations theory and research would suggest that there are many other important aspects of representations which maltreatment would be likely to affect. Unfortunately, studies on the representations of maltreating youth often do not specify how long ago the abuse occurred or what environment the child was living in at the time of the study. In addition, although the vast majority of foster youth have been maltreated, youth who grew up in foster care have been removed from their previous maltreating environments and may be expected to differ in important ways from youth who were still more closely associated with the maltreating environment. Thus, the implications of existing research for young adults who grew up in care awaits further study.

#### *Relational Representations and Adjustment of Maltreated Youth*

Relational representations are thought to mediate the effects of child maltreatment on later psychosocial adjustment (Shapiro & Levendosky, 1999). Several studies have sought to empirically test this relationship (Lynch & Cicchetti, 1998; Toth & Cicchetti 1996a, 1996b). Two recent studies have explored this relationship with samples of maltreated and non-maltreated youth. In comparing children grouped on relatedness to their mother as well as maltreatment, Toth and Cicchetti (1996b) found that maltreatment and relatedness affected adjustment both independently and in interaction with one another. Maltreated children with non-optimal patterns of relatedness showed lower perceived competence and higher depressive symptomatology, while maltreated youth with optimal patterns of relatedness showed lower depressive symptomatology and higher competence. Using structural equation modeling and self-report indices of attachment, Shapiro and Levendosky (1999) found support for a model in which secure attachment mediated the effects of child maltreatment on psychological distress and coping. In this model, insecure attachment was the strongest predictor of psychological distress, and

accounted for 46% of the variance. Interestingly, attachment was not a significant mediator or predictor of interpersonal conflict. The authors suggest that this was perhaps because interpersonal conflict was measured in terms of self-reported behavior, while attachment is an internal process and may not translate neatly into overt behaviors.

To date, Milan and Pinderhughes (2000) are some of the few researchers which have specifically set out to study the relational representations of foster care youth. They assessed foster youths' relatedness to their biological mother shortly after entry into care, and later assessed their relatedness to their foster mother and child functioning after being in a foster home for one month. Similar to samples of maltreated youth, less than 20% of the youth perceived their relationships to be "adequate." Interestingly, children's relatedness with their biological mothers did not predict internalizing, externalizing, or relational behavior in foster care or mediate the effects of maltreatment on these outcomes. However, a child's emotional quality with their biological mother was found to mediate the relationship between maltreatment severity and emotional quality with their foster mother. Maltreatment severity and self-representations were significant predictors of internalizing symptoms. Although the results of this study suggest some important relationships, several cautions must be noted when interpreting these results. Unlike other maltreated samples, ratings of emotional quality and proximity seeking were positively correlated, indicating that foster children may show an elevated desire for proximity in addition to perceiving their relationships as having a highly positive emotional closeness. Milan and Pinderhughes (2000) remind us that this is likely due to intentional positive reporting bias due to the recent investigation or to a heightened desire for proximity to an attachment figure due to recent separation.

#### *Summary and Contributions of Maltreatment Research*

The existing research concerning the relational representations with youth that have been maltreated clearly points to disturbances in these youths' relational representations, although the exact nature of these disturbances is not fully clear.

Research from different theoretical (i.e., other than attachment) and methodological (ie, qualitative) perspectives is necessary to gain a fuller understanding of these structures. The role that relational representations play in effecting the psychosocial outcomes of these youth is also unclear. The use of overly simplistic self-report measures which often measure very different aspects of relational representations has created confusion. Future research will need to utilize measures that are capable of capturing the complexity inherent in this population and utilize longitudinal designs in order to establish the role of relational representations over time. However, it is also important to acknowledge that while research on maltreated youth may inform our understanding of foster youth, youth who grow up in foster care face a unique set of circumstances that theoretically should impact their representations of relationships in important ways.

#### Rationale for the Current Study

Like the larger population of maltreated youth, young adults who grew up in foster care have experienced early negative experiences with their caregivers and have likely developed relational representations that reflect those negative experiences. However, they have also undergone significant changes in their environments, thus providing a possible opportunity for revision of existing models of relationships. Unfortunately, although many researchers have studied the external adjustment and relationships of foster youth, little is known about their internal representations of relationships and how that may impact their ability to adapt and adjust within a foster care setting. In addition, little is known about how relational representations are related to other aspects of relationships and individuals' relational worlds. The current scope of inquiry will therefore be broadened from "relational representations" to the "relational worlds of young adults who grew up in care" in order to capture some of these linkages.

The current research studies the unique relational perspectives of young adults who grew up in long term foster care. This population of youth is of theoretical interest largely because the majority have experienced multiple caregivers over the course of development and have resided within foster care long enough for potential

revision of relational schemas stemming from early maltreatment. Given that little is known about the relational representations of this population, this study is exploratory in nature. Rather than seeking to classify their relational representations within existing theory, the current study is built upon the premise that youth who have been in foster care for a prolonged period may differ in important ways from other youth who have experienced a more continuous developmental pathway. Although existing theory and assessment methods may provide important guides for inquiry, they may also limit the exploration of existing important developmental differences in this population. Qualitative inquiry allows important questions, themes, and differences to emerge from the data rather than being specified beforehand. In this sense, it is largely impossible to specify the issues and research questions which may arise as the most important. Instead, it seems most appropriate for a research question to identify a phenomenon of interest (Straus & Corbin, 1998). In this case, the phenomenon of interest is the relational worlds of young adults who grew spent a significant period of time in foster care.

## CHAPTER THREE: METHODOLOGY

### Qualitative Research

Given that the vast majority of the research produced and published in the field of psychology is quantitative in nature, a brief review of qualitative methodology will be undertaken in order to highlight both its nature and its potential contributions to the study of the relational worlds of foster youth. At its most basic level, qualitative research refers to “any type of research that produces findings not arrived at by statistical procedures or other means of quantification” (Strauss & Corbin, 1998, p.10-11). In general, qualitative research differs from quantitative research in several important ways, including its basic assumptions, the form in which data is collected, the methodology used for analyzing the data, and the nature and range of potential conclusions which can be arrived at from the analysis (Webster-Stratton & Spitzer, 1996). For example, quantitative research generally starts with theory and seeks to objectively test the hypotheses deduced from that theory through the use of standardized measures and statistical analysis. In contrast, qualitative research does not begin with theory or hypotheses but rather works inductively to arrive at both theory and hypotheses through the process of data collection and analysis. Unlike quantitative research, qualitative research does not strive to offer conclusions that are context-free, but rather accepts the context of participants’ lives as essential in understanding the phenomenon of interest. As such, qualitative and quantitative research offer complementary information; both contribute in important ways to a full understanding of a phenomenon of interest. In the case of the current study, the majority of studies on the relationships of foster youth have relied upon external ratings of child behavior or upon self-report measures of attachment, with the conclusions that can be drawn limited significantly by the methods employed. Similarly, the vast majority of existing research on relational representations has been of a quantitative nature, seeking to categorize the relational representations of maltreated youth. A few studies have also tried to quantitatively test the hypothesized relationship between relational representations and adjustment within this population,

although the results have been inconsistent. The current study was founded on the premise that these unclear results may stem from the fact that existing theory and measurement tools may not be adequate to explain the complexities of the relational worlds of foster care youth. Hence, the purpose of this qualitative study was to approach the study of the relational worlds of foster care youth in an open-minded fashion in order to more fully understand the meaning, function, and internalized view of relationships within this population.

### *Research Questions*

Rather than offering hypotheses to be tested, research questions within the qualitative paradigm serve to identify the broad phenomenon of interest. Although research questions are expected to evolve throughout the qualitative exploration of the topic of interest, it is also both useful and necessary to have questions to guide one's inquiry. For the current study, the phenomenon of interest was the relational worlds of young adults transitioning from foster care. Three primary research questions initially guided the data collection and inquiry process:

- 1) How do young adults in transition describe their relational worlds? In other words, who are the important people in the lives of young adults transitioning from out-of-home care? How do young adults perceive these individuals and their relationships with them?
- 2) How does the foster care system shape the relational worlds of foster youth?
- 3) What role do relationships play as young adults transition out of foster care?

As the study progressed, additional research questions became of interest. For example, what factors affect the relational representations of foster youth? How do these relational representations affect their experiences in foster care? What factors facilitate changes in relational representations of foster youth over time? Taken together, these questions guided analysis and led to the development of a theory of change in relational representations using grounded theory methodology.

### *Grounded Theory Approach*

Although there are many different approaches to qualitative research, the current study utilized a grounded theory approach (Strauss & Corbin, 1998). In this approach, data is systematically gathered, often through the use of interviews, observations, videotapes, and file review. Even as data collection is occurring, data is analyzed through the use of questioning, theoretical comparisons, and theoretical sampling in order to develop theory. Since theory is continually constructed from the data and compared to the data, the theory is said to be “grounded” in the data and to accurately reflect the “reality” of the data. Such theory can then provide insight, understanding, and a guide for action and further inquiry, of either a qualitative or quantitative nature (Strauss & Corbin, 1998).

### Participants

The participants were selected from the population of young adults (ages 18 to 25) who were in foster care for at least 4 years during their adolescence and were transitioning out of care into independent living. Young adults were selected for the study because of their increased cognitive ability to reflect abstractly both on their experiences in foster care and their experiences since leaving foster care; therefore, individuals with developmental disabilities or mental retardation were not included. In addition, this population was much more accessible than adolescents who were still in care due to the necessity of gaining parental consent for adolescents under the age of 18. With the help of a committee member, I was able to make a connection with the director of a transition service center for young adults transitioning from care. This transition service center was funded by a collaborative effort of several privately funded foster care agencies and provided services to all young adults who had been in state or privately funded out-of-home care.

Participants were recruited by posting flyers and a sign-up sheet in the transition services center and by the researcher making an announcement at a meeting dedicated to youth transitioning from care. Of the 18 participants whose data was analyzed, 11 were male and 7 were female. Nine of the participants identified



themselves as Hispanic or Mexican American; four of the participants identified themselves as African American; four of the participants considered themselves to be White, and one participant considered himself to be of mixed ethnicity. A more thorough description of the participants using the data collected is presented in Chapter Four and Tables 4.1, 4.2, and 4.3.

#### Procedure

As indicated previously, the researcher solicited participants for the study by making a brief announcement at a meeting of transitioning young adults and posting a flyer at a transition service center. This center houses social workers from several private organizations that act as support personnel for young adults transitioning from out-of-home care. The center contains computers, phones, a fax, a game room, meeting rooms, and a kitchen, all of which can be used freely by the young adults. Young adults who indicated interest in the study by signing up were then contacted by phone. I then explained the nature and purpose of the study, answered questions about the study, and screened the young adults for eligibility. If the young adult was eligible and interested in participating, arrangements were made to meet at the community transition service center to enroll in the study. When each participant arrived, he or she was again given a brief overview of the study. Due to the sensitive nature of the topics discussed, participants were told they could discontinue participation at any time or choose not to discuss a particular issue. None of the participants chose to discontinue the study. Procedures to ensure confidentiality were also explained, and participants were asked to sign the consent form (see Appendix A).

Data collection typically occurred in two separate audio-taped sessions, each lasting approximately 1 ½-2 hours. These sessions occurred anywhere from a few days to approximately one month apart, depending on the participants' availability. In two cases, all the data was collected in one session due to time availability and scheduling conflicts. Generally, the first session consisted of an unstructured interview focused on the participants' experiences in their family of origin and foster

care. The second session consisted of an interview focusing on the participants' experiences since leaving foster care and their current relationships. In addition, participants were asked to complete two self-report measures (the Attachment Style Inventory and the Young Adult Self Report). Finally, the young adults were asked questions on the Case Summary sheet to confirm relevant information and collect any missing information. At the conclusion of the second interview, young adults were given a \$30 gift certificate to Target or Wal-Mart. Participants were also asked to give permission to review any information contained in their case file. Fifteen of the participants granted permission and signed a release of information (see Appendix A). However, file information was only available for 12 participants. The available information varied considerably for each participant. For some participants, complete histories of time in care, including psychological assessments, were available, while for other participants available information was limited to caseworker notes regarding functioning since exiting care.

Following each interview, I recorded a memo regarding the interview, the topics discussed, and my subjective thoughts and feelings about the participant and the interview process. In addition, notes were made to remind myself of any follow-up questions or actions to take. The tapes of the interviews were then transcribed, yielding approximately 600 pages of data.

To ensure confidentiality, all participants were initially assigned a participant number which was used on all measures in the place of their real name. These numbers were later switched to the pseudonyms which appear in this document. Any references to the names of other individuals are also pseudonyms.

### *Measures*

#### *Interviews*

At the first meeting, I worked collaboratively with participants to construct a timeline of their living experiences both prior to initial placement and within foster care. Participants were asked to graph the affective valence of each living arrangement on scale of 1 to 5, with 1 being "really bad" and 5 being "totally

awesome” (see Appendix B for a sample). During this activity, participants often gave an overview of their experiences. This activity built rapport and provided the researcher with necessary background information to structure the following interviews. Because I was initially concerned that some participants might be hesitant to disclose sensitive information about their biological parents, I first interviewed the participants about their experiences in foster care before asking them to describe their experiences prior to entering foster care. As participants described their experiences in each placement, follow-up questions were used to elicit specific information pertaining to the participants’ relationships with caretaker figures.

At the second session, participants were first asked to describe their experiences since leaving foster care, including the challenges that they have faced and their plans for the future. Information about the participants’ experiences since they left foster care was added to the timelines. The second phase of the interview focused exclusively on current relationships and patterns of relating. Participants were asked to create a schema of their relational worlds by listing important relationships (see Appendix C). This technique allowed for the identification of the relevant people in the participants’ social world and their relative importance. The participants were then interviewed concerning the qualities of their relationships with the individuals identified. Although the interviews were unstructured and often progressed in a non-linear fashion, the interview guide in Appendix D provides an overview of the topics covered and types of questions which were asked.

#### *Attachment Style Questionnaire (ASQ)*

This is a 40 item self-report questionnaire designed to measure the major constructs identified by both adult and infant attachment literature (Feeney, Noller, & Hanrahan, 1994). This measure was chosen for inclusion in the current study because of its ability to capture generalized beliefs about relationships, rather than capturing attachment within a specific relationship. Participants are asked to rate each item on a 6 point scale, with 1= “totally disagree” and 6= “totally agree.” Responses can then be coded into either into three or five factors. The three factor solution

categorizes responses into the three major attachment styles of Secure, Avoidance, and Anxiety. Within the five factor solution, the Avoidance items are further broken down into Discomfort with Closeness and Relationships as Secondary. Items which are associated with Anxiety in the three factor model are further broken down into Need for Approval and Preoccupation with Relationships in the five-factor model. Thus, the five factor model yields one scale indicative of Security (Confidence), two factors associated with Avoidance (Discomfort with Closeness; Relationships as Secondary), and two factors associated with Anxiety (Need for Approval; Preoccupation with Relationships).

The Attachment Style Questionnaire has been demonstrated to have adequate reliability. Internal consistency, measured by Cronbach Alpha, was between .83 to .85 for the three factor solution and between .76 and .84 for the five factor model in a sample of young college students. Test-retest reliability over a 10-week period was demonstrated to be between .74 to .80 for the three factor solution and .67 to .74 for the five factor solution, which are considered to be adequate levels of stability. The Attachment Style Questionnaire has been shown to correlate in the expected directions with other measures of attachment, family functioning, and personality measures (Feeney, Noller, & Manrahan, 1994).

#### *Young Adult Self Report (YASR)*

Participants were asked to complete the YASR (Achenbach, 1997) as a measure of psychosocial adjustment. The YASR was chosen due to its norm referencing, thus allowing the psychosocial adjustment of the participants to be compared with same-age peers. In addition, the YASR was designed to have continuity with the Child Behavior Checklist, a measure for younger children which has received widespread use within the social work field. It was used in the current study primarily to provide descriptive information about the sample.

The YASR is a self-report measure that measures adaptive functioning, problem behaviors and substance use in young adults ages 18 through 30. The problem scale includes 116 items referring to problems that have been shown to

distinguish between referred and non-referred populations. Young adults are asked to score each item as a 0 (not true), 1 (somewhat or sometimes true), or 2 (true or often true) based on the accuracy of the statement for them in the past six months.

Adaptive Functioning items assess the respondent's functioning pertaining to friends, education, job, family, and spouse, and allow respondents to be compared to national means. The Adaptive Functioning items all differentiated between referred and non-referred populations. The Substance Use Scale contains only 3 items, all of which were found to discriminate between referred and non-referred subjects.

The YASR is appropriate for young adults who have at least a fifth grade reading level, and takes approximately 15 to 20 minutes to complete. Responses to these items are then summed and converted into T scores for the Internalizing and Externalizing subscales. T scores have a mean of 50; those above 70 are considered to be in the clinical range on the syndrome scales while T scores above 63 are considered to be in the clinical range on all the subscales. Scores falling between 67 and 70 on the syndrome scales and between 60 and 63 are on the subscale are considered to be borderline. The Internalizing subscale is composed of items from the Withdrawn and Anxious/Depressed syndrome scales. The Externalizing subscale is composed of items from the Intrusive, Aggressive Behavior, and Delinquent Behavior syndrome scales. Each of these syndrome scales was derived by conducting a principal components analysis with varimax rotation. Correlations were then computed on the raw scores on the syndrome scales and a principal factor analyses using varimax rotation was used to derive the Internalizing and Externalizing subscales (Achenbach, 1997).

Psychometrically, the YASR exhibits good reliability and validity. Internal consistency as measured by Cronbach's alpha was .92 (Internalizing scale), .88-.90 (Externalizing scale), and .96 (Total Problems Scale). One week test-retest reliability for a sample of 242 young adults was .88, .86, and .89 for the Internalizing, Externalizing and Total Problems scales, respectively, and .82 for the Mean Adaptive Functioning. Long term reliability was .62, .63, and .65 for the Internalizing, Externalizing, and Total Problems scale over a period of 39 months. The use of

clinical range cut-points on the Total Problems, Mean Adaptive, and Substance Use scales of the YASR accurately classified 67% of referred and non-referred subjects. Construct Validity of the YASR has also been supported by the predictive relationship between Child Behavior Checklist (CBCL) scores and YASR scores. In addition, YASR Total Problems score has been found to correlate .67 with the number of DSM diagnoses and -.65 with the Global Assessment of Functioning Scale (GAF).

#### *Case Summary*

In order to verify information in the interview and obtain any information which was not discussed in the interview, participants were asked to provide the information requested on the Case Summary form (see Appendix E) at the end of the second interview. For participants who gave permission for their file to be reviewed, the information on the case summary was verified with the information contained in the file.

#### Data Analysis

The process of data analysis in qualitative research occurs during and after data collection as data are labeled and reduced, relationships are displayed, and conclusions are drawn and verified (Huberman & Miles, 1998). Within the grounded theory approach as explained by Strauss and Corbin (1998), data analysis includes three major processes, although the researcher rarely proceeds through them in a strictly linear fashion. Within the process of *open coding*, important concepts and categories are identified in the data. Within the process of *axial coding*, relationships between categories and subcategories are explored and posited. Finally, during the process of *selective coding*, the relationships between categories are integrated into a consistent theory (Strauss & Corbin, 1998). In the current study, the participant interviews were analyzed using these three analytic processes in order to address the research questions and develop a theory that adequately explained the relational worlds of young adults transitioning from foster care. A brief discussion of the defining features of each process follows.

### *Open Coding*

In open coding, the transcripts were explored in order to understand and label the thoughts, ideas, and meanings contained in the data. In general, the purpose of open coding was to identify the concepts or ideas present in the data and to begin to group them into categories of similar happenings, events, or objects. Open coding involved labeling concepts, organizing them into categories, and defining the properties and dimensions of these categories.

The first stage of open coding was to begin to label the concepts present in the data. In order to do this, five transcripts were read and broken into discrete incidents, ideas, or events. These discrete chunks of data were then labeled. For example, many specific patterns of interactions were noted in which the youth seemed to withdraw from others and was therefore labeled “moving away”. Concepts that emerged in these first interviews were grouped together into larger categories and even larger conceptually related topics. The topics that were identified included participants’ conceptions of their relationships, early experiences, foster care experiences, emancipation experiences, therapy experiences, and future. Each of these phenomena contained categories and subcategories. For example, the broad topic of “Relationships” contained the category of “Relational Strategies” which contained the two subcategories of “Isolating/Remaining Detached” and “Moving against.” As open coding continued, new categories and subcategories were added to accurately capture the experiences of all the participants. A list of the categories and subcategories that evolved can be seen in Appendix F. The labels attached to each category often evolved over time to more accurately reflect the nature of the data contained in the category. Due to the sheer volume of data which existed, spreadsheets were also used as a means to track data related to specific categories across cases.

After larger, more abstract categories had been identified, the properties and dimensions of the categories and subcategories were explored through the use of microanalysis. Properties are the defining characteristics of a category that are

present in the specific examples which fall into the category. These properties can often be located along a continuum or range, known as a dimension of a category. Again, spreadsheets were helpful tools in illuminating the variations across participants in a particular category and facilitated the identification of properties and dimensions.

As mentioned previously, microanalysis was an important research technique used to identify categories, subcategories, properties, and dimensions. Microanalysis involves a word by word, line by line analysis of the data in which the researcher asks theoretical questions of the data and makes constant comparisons between other similar ideas in the data. From these questions, the researcher is then able to not only label concepts and lump them into categories, but also begin to determine the properties, dimensions, and conditions of these concepts (Strauss & Corbin, 1998). For example, in one interview, a youth described his relationship with his mother, by saying, “My mom never came to visit.” In analyzing this statement, I asked myself, “What is going on here?” and decided to apply the label **parental absence**. Based upon this statement, I asked further questions of the data, such as “Who never came? To what degree was the parent absent? What did this mean to the youth? What feelings/emotions are implied in this statement? How does this case differ from other cases of parental absence?” Although use of this analytic technique on the entirety of every transcript was time prohibitive, this technique was frequently used to identify properties and dimensions from key passages during the later stages of open coding.

#### *Axial Coding*

In general, axial coding is the process of developing connections between categories and subcategories. In order to do so in a manner which captures both the structure (i.e., the why) and the process (i.e., the how) of what is happening, Strauss and Corbin (1998) suggest an organizational scheme called a paradigm. They suggest that the connections between the structure and process of various categories and subcategories can best be analyzed through a process of identifying *conditions*, *actions/interactions*, and *consequences* present in the data. In order to attain a more



complete understanding of both the parts and the function of this paradigm, a fuller description of each of these components is essential.

Strauss and Corbin (1998) define conditions as “sets of events or happenings that create the situations, issues, and problems pertaining to a phenomenon” (p. 130). These conditions can be micro or macro in nature, and can yield both direct and indirect influences. Examples of micro conditions might include such things as experience of being abused, while macro conditions would likely include child welfare policies and procedures. Conditions can be related to patterns of interactions in numerous different ways. *Causal conditions* are events that lead up to and influence the phenomenon. *Intervening conditions* are the events or happenings which shape and determine the influence of the causal conditions on the phenomenon. Within the context of foster care, intervening conditions are highly useful in understanding why many youth with seemingly the same initial causal conditions experience very different outcomes than others. *Contextual conditions* are the specific sets of events and happenings which combine to create the circumstances which the person responds to in patterns of action/interaction. Although a strict categorization of categories and concepts as causal, intervening, or contextual is likely impossible as well as undesirable given the complex and fluid nature of the data, an understanding of the possible ways in which conditions can influence a phenomenon is important.

Understanding a phenomenon also requires understanding the patterns of actions/interactions which shape the phenomenon. Action/interactions are merely how people respond to the situations and conditions which confront them. It includes their routine ways of responding to normal everyday events as the strategic actions they take in order to respond to a problem. The patterns of actions/interactions in which individuals engage invariably are accompanied by consequences. Some of these consequences may be intended while others are not. Understanding these consequences and how they affect the phenomenon in question is essential in order to adequately build a theory to explain a phenomenon.

Several approaches were taken to identify the relationships among categories that were emerging from the data. First, memos were used to note relationships between categories for a given participant throughout the data analysis process. As data analysis proceeded, consistent and inconsistent information from other cases was then added to the memo to provoke thought about the complex relationship between categories. In addition, cases which were similar in several ways were compared to illuminate differences and potential relationships between categories. Again, memos were used as a means of capturing these relationships. Lastly, after I was thoroughly immersed in the data and highly familiar with it, Straus and Corbin's (1998) axial model was used to brainstorm conditions, actions/interactions, consequences related to different phenomena in the data. As I hypothesized connections between categories, the data were again consulted to verify the validity of these connections. Again, spreadsheets helped me to track connections between categories across participants.

### *Selective Coding*

During selective coding, the categories, conditions, actions/interactions, and consequences identified in the other processes of data analysis are slowly integrated and refined until they become a cohesive theory. Integration proceeds by first selecting a central category that emerged from the data and represents the main theme of the research. The central or core category is one which pulls the other categories together and explains a substantial portion of the variability in the data. After identifying this core category, a storyline is written which relates the conditions, consequences, and actions/interactions to the central category in a coherent manner. Intervening conditions are particularly important, as they often explain a substantial portion of variation in outcome.

Due to the extreme volume of data, the amount of variation in the participants' experiences, and the number of phenomenon which existed in the data, I initially had difficulty selecting a core concept or phenomenon around which to center a theory that best accounted for the variation in experiences. As suggested by Strauss and

Corbin (1998), I spent some time distancing myself from the details of the participants' lives and began to ask myself, "What is the main issue or problem these young adults are wrestling with? What keeps striking me over and over?" The answer to that question was two fold. First, I was struck by the pain and hurt present in the lives of the participants. This pain was not solely a feature of their pasts, but, to varying degrees, a characteristic of their current state of being. Their pain seeped out throughout all phases of the interviews, often leaving me deeply moved by their stories. From this insight came the core phenomenon of *relational wounds*, a metaphorical concept which seemed to capture several key categories and helped tie together the early experiences, foster care experiences, and current experiences of the participants in the study. Secondly, I was struck by the contrasting joy that many of the participants experienced within certain foster placements. What was it that made these foster placement experiences so different from the ones before and the ones after? From these questions came the phenomenon of a *sense of family*, a second category that was key for many participants. From these two key phenomena emerged a storyline which tied them and many of the other key categories together and accounted for the relationships between categories which had been noted during axial coding.

After formulating an initial theoretical scheme, I refined the theory by reviewing the scheme for internal consistency and logic. Next, I expanded the model by making sure that all the properties and dimensions of the relevant categories had been identified and fully developed in order to provide a range of variability. I then returned to the data, reviewing and refining the theory based upon the variations which existed in the data.

#### Establishing Trustworthiness

Just as any piece of quantitative research must undergo evaluation to determine its merit, the qualitative researcher must be able to convince the reader that the theories and findings derived from the above process have scientific merit. While the merit of quantitative research is usually determined by its reliability, validity, and

objectivity, these standards evolved from a positivist approach and can not be applied to qualitative research in a straightforward fashion (Lincoln & Guba, 1985). While acknowledging that these traditional canons of evaluation have merit, Strauss and Corbin (1998) suggest substantial redefinition is required in order for them to fit the complexities of qualitative research. In qualitative research, credibility, transferability, dependability, and confirmability are substituted for the traditional criteria of internal validity, external validity, reliability, and objectivity, respectively (Lincoln & Guba, 1985). A discussion of the meaning of these terms as applied to qualitative research follows, along with a discussion of the steps that were taken in the current study to ensure that it met these evaluative criteria.

#### *Credibility*

Credibility refers to one's confidence in the "truth value" of the findings or the theory which emerges from the data. In order for a theory to be deemed credible, it must adequately represent the realities of the participants in the study (Lincoln & Guba, 1985). Strauss and Corbin (1990) point out that the credibility of the emerging study is largely determined by how the researchers conduct the study. Within the current study, triangulation, peer debriefing, member checking, and prolonged engagement were all used to ensure the credibility of the data.

Triangulation, or the use of multiple sources or methods of investigation, is one way to increase the credibility of research findings (Lincoln & Guba, 1985). Employing several methods of data collection in the current study (including interviews, relational diagrams, self report measures, and file reviews) offered multiple perspectives on the phenomenon of interest. Each of these different methods of data collection focused on slightly different aspects of the participant's experience and therefore should not be expected to yield identical information; however, the data from the different sources were generally consistent with one another. In a few cases, file reviews revealed more detailed information that the participant had failed to provide (i.e., history of violence) but in no cases did the case file information contradict participant reports. In addition, the participant responses on the YASR

were generally consistent with my overall evaluation of their psychosocial functioning based upon my own clinical training. Participant responses to particular items on the ASQ were also generally consistent with the views expressed in the interviews and at times offered additional information about the participants' relational beliefs. Unfortunately, mean scores on the five factors (Confidence, Discomfort with Closeness, Relationships as Secondary, Need for Approval, and Preoccupation with Relationships) were of questionable interpretive value due to the fact that many participants often had similar mean scores on factors which are theoretically incongruent (see Appendix G). For example, Keith's mean scores on the Confidence and Discomfort with Closeness factors were highly similar (4.12 vs. 4.2). In addition, the participants' responses to the different items which made up a particular factor often showed greater variability than would be expected. For example, Maria's responses varied from 1 (totally disagree) to 5 (strongly agree) on items which composed the Discomfort with Closeness factor. Because many of the participants' responses showed similar variability, many of the means for each factor were in the midrange and were therefore difficult to interpret.

Peer debriefing was also used to increase the credibility of the data and the emergent interpretation. Two doctoral candidates familiar with qualitative inquiry but unfamiliar with the topic of study probed me regarding issues related to the study during regularly occurring meetings throughout open, axial, and selective coding. Peer debriefing occurred at least once a month with each peer debriefer (twice per month total) over a period of 4 months. The purpose of these meetings was to help me become more aware of my own interpretations, processes, and biases as a researcher, as well as to stimulate thinking about alternate conceptualizations and interpretations.

The credibility of the current study is also supported by a qualitative class project which was conducted in April 2001. In this project, I interviewed 5 young adults ages 18 and 19 who had been in some form of out-of-home care for at least four years. These young adults lived in a different city than the participants in the

current study and were not associated with a transition service center. Two of the participants in the class project had not been removed from their parents by state intervention but rather were placed by their parent's choice. Their backgrounds were similar to the participants in the current study in all other respects. Analysis of these preliminary interviews led to the development of categories, many of which were used in the current study. In addition, the experiences of these young adults served as additional data to which the findings from this study could be informally compared and validated.

Lastly, the credibility of the data was ensured by prolonged engagement in the setting. Lincoln and Guba (1985) suggest that prolonged engagement, or the investment of sufficient time in a setting, allows the researcher to learn the "culture," test for misinformation, and gain the trust of the participants. Over a period of five months in 2002, I visited the transition service center one to three times a week, and often stayed there all day. During this time, I interviewed the participants but also spent a great deal of time just being at the center. This afforded numerous opportunities for informal interactions with many of the participants in the study, other young adults transitioning from care, and the social workers having ongoing contact with the participants. Many of the participants in the study visited the center on a regular basis to use the computer, talk to their social worker, obtain financial aid, or search for a job. They became familiar with me, and often provided me with informal updates on their job searches, progress in school, etc. On a few occasions, I gave participants who needed transportation a ride to their destination. These interactions provided me an opportunity to observe many of the participants' mannerisms, moods, and social interactions with other peers and adults on several different occasions. I also visited informally with the center director and other social workers each time I was at the center. At times, I went out to lunch with them. This allowed me to gain an even broader perspective on the issues confronting the participants. In addition, I often informally checked my perceptions of the

participants with these social workers who had known them over a much longer period of time.

### *Transferability*

Analogous to external validity within the positivist tradition, transferability is concerned with the degree to which the results of the study are applicable to those beyond the individual participants. Lincoln and Guba (1985) assert that the degree to which the results of the study are transferable to another group will depend largely on the similarity of the contexts and populations studied. They further state that it is not the researcher's role to provide an "index of transferability" but rather the researcher should "provide the data base that makes transferability judgments possible on the part of potential appliers." In this study, detailed information was collected about each of the participants, including information about their family of origin, experiences within foster care, and other demographic information. Given that data on the psychosocial functioning is often collected in many foster care settings and is a common outcome measured in young adults transitioning from care, the Young Adult Self Report was also collected. To assist researchers in assessing the transferability of the findings, I have provided descriptions of the participants in the study, the contexts in which they function, and the methods used to recruit the subjects. Detailed information of this sort will enable other researchers to determine the applicability of the theory derived to the populations they are studying.

Strauss and Corbin (1998) also note that the generalizability of a grounded theory study is often determined by the explanatory power of the theory that arises from the data. By incorporating subjects who varied in ethnicity, gender, sexual orientation, type of out-of-home placement, number of transitions, length of time in care, and reason for placement, the theory which emerged is necessarily broad and not confined solely to a limited group. Instead, it seeks to capture the naturally existing variation which occurs in a population which has been in foster care for a long period of time.

### *Dependability*

Qualitative researchers are concerned with the dependability of their findings just as quantitative researchers are concerned with reliability or the reproducibility of the findings. Strauss and Corbin (1998) suggest the following definition for dependability:

Given the same theoretical perspective of the original researcher, following the same general rules for data gathering and analysis, and assuming a similar set of conditions, other researchers should be able to come up with either the same or very similar theoretical explanation about the phenomenon under investigation (p. 266-267).

Guba (1981) suggests that the researcher should keep detailed notes on the data collection and analysis process. These notes, often called an “audit trail” serve the purpose of documenting the author’s processes as well as providing data which can be reviewed by an outsider for accuracy and integrity of interpretation.

For this study, documentation from each step of the research process was submitted to one of my supervising professors in order to produce an audit trail. In addition, portions of transcripts were given to doctoral candidates familiar with qualitative research to code. Their codes were compared with mine, and discrepancies were discussed. In addition, a peer reviewer was given copies of participant histories to read which were written early in the analysis period, prior to the emergence of any theory. She was asked to give feedback the important concepts, phenomena, and processes that were salient to her. Later, in order to refine the theory, I asked a peer reviewer to examine the emerging theory in light of the histories of the individual participants. These discussions helped me consider alternative explanations and refine the theory.

### *Confirmability*

Within the tradition of quantitative research, emphasis is placed on designing the study in such a way that the results are not influenced by the observer or the values she holds. However, the qualitative tradition rejects the myth that knowledge



can exist in a vacuum and acknowledges that the researcher will influence the data collection and analysis process. Guba (1981) suggests that keeping a reflective journal is one way the researcher can become aware of her own thoughts, feelings, and beliefs and how those might be influencing the research process. After each interview session, as well as during the process of collecting data, I journaled reflectively in order to capture my own biases and assumptions. Regular meetings with a faculty member as well as peer debriefers also helped me gain awareness of my own biases. By making these biases overt, I hoped to guard against being unduly influenced by these and continue to look for alternative interpretations. A brief discussion of my current theoretical, professional, personal orientations seems warranted.

Theoretically, my views have been shaped greatly by the theoretical orientations prominent within my clinical training. In this sense, I find that my own interpretations of the world are shaped largely by cognitive behavioral, interpersonal, and systems theories. Furthermore, I have always been intrigued by the idea of schemas. The process of preparing a literature review focusing on this area made it a natural lens through which I attempted to view the data. While acknowledging the potential merit of these theories, I had to actively challenge myself to simply allow the data to speak, thus opening up the possibilities for numerous different interpretations.

Professionally, I have had almost continuous interactions with the foster care system over the past 4 years, including a job administering psychological assessments to foster youth and biological parents, conducting an informal research project with young adults transitioning from care in April 2001, and working as a psychology intern at a large residential treatment center. I have provided psychological services to foster children of all ages, led support groups for biological parents, conducted inservice training for foster parents, provided family therapy aimed at reuniting foster youth to their biological families, and worked closely with a variety of caseworkers and foster care staff. From these experiences, I have become aware of the

complexities inherent in the lives of foster youth, their families, and indeed the entire foster care system. I have struggled to help well-intentioned parents break free of the patterns of abuse, neglect, and violence which have shattered their families. I have shared in their pain as adolescent boys relate the trauma of being sexually abused, grieve over the loss of their fathers, or struggle to assert their manhood in what they perceive as a dangerous world. I have felt the longing of children who cry out for a home. At times I have been filled with anger at the parents who are nowhere to be found and the system which cannot fill the void. And yet I know that blame benefits no one; in fact it only hinders potential solutions.

Because of my experiences with foster youth, my bias is to see things through their perspective. And yet, I have had enough interactions with parents, foster parents, staff, therapists, and caseworkers to realize that there is always more than one side to things. I have learned that foster care is not simple, and every player contributes some piece to every problem or solution. In the process of building a theory, simplicity and neatness are alluring. However, my preexisting knowledge of the complexity of the system served as an asset in this regard, constantly challenging me to dig deeper to truly account for the large amount of variation which exists. Given that I had previously worked with youth in long-term foster care, I often used my past experiences in the field to check my emerging interpretations and theories. At times, I found that my interpretations were one-sided, accurately portraying the data (which is inherently one-sided) but failing to account for the reciprocity and complementarity which exists in all relationships. At these times, I forced myself to broaden my interpretations to acknowledge and validate other perspectives, while still remaining true to the perceptions of the participants.

Lastly, my deep, personal faith in a personal, relational God who is actively involved with mankind was a potential source of bias. I took several steps to guard against this bias. Although I believe that an individual can have a relationship with God and therefore God could be part of one's relational world, I purposefully did not ask any questions about God, religious beliefs or practices, or faith. I trusted that for

individuals who saw this as an important relationship or aspect of their life, it would emerge naturally in the process of talking about their experiences and relationships. Indeed, it did for many of the participants. In cases where participants spontaneously brought up the topic, I asked follow-up questions as necessary to refine their conceptualizations without imposing my own. During data analysis, I was careful to guard against giving undue weight to salient religious beliefs or experiences of some participants but instead focused on centering my theory and interpretations on experiences which were common to all participants. At times, participants' beliefs about the role that God played in their lives fit into these larger conceptualizations. In order to be true to the data, I have at times presented these experiences as examples of the variation within the data. I chose to do so even when the examples cast a negative light on God, faith, or religious practices. By doing so, I believe I have treated the topic fairly and honestly, without ignoring its clear impact on the lives of the participants.

## CHAPTER FOUR: PARTICIPANT PROFILES

In order to familiarize the reader with the young adults whose lives served as a basis for this model, brief profiles of the young adults' lives will be presented, including their early childhood experiences, foster care experiences, and experiences since leaving foster care. The profiles of fifteen of the youth will be given in this section. The remaining three participants (Matt, Michelle, and Jose) will be used to illustrate the model and will be presented in Chapter Eight. The profiles are based on the youths' perceptions of their experiences and are supplemented with information from the case files when available. In addition to these profiles, demographic and background information is given in Table 4.1 and information reflecting their functioning as young adults is given in Table 4.2. Appendix G contains their scores on the Attachment Style Questionnaire.

### Keith

Keith's mother had a drinking problem. He described the first nine years of his life as living like "nomads," rarely staying in one place too long. His memories of his mother are few because she was rarely around, and instead often left him for long periods of time at the house of one of her friends, whom Keith learned to call Grandma. Although his mother claimed that she would have taken care of him if she had had more money, Keith believes that his mother cared about her drinking more than she cared about him. At the age of nine, she abandoned him for good, and Keith was finally placed in the care of the state. Keith was placed at a youth ranch in a small Texas town, where he would reside until he graduated from high school at the age of 18. Initially, he liked his placement until he was sent to public school in middle school. As an African American in a small town where the KKK was still active, Keith began to experience racism on a daily basis. Keith's grades began to drop and he began to get into fights at school and become racist himself. Over time, the racism that Keith experienced lessened; however, he continued to feel like many

of the other kids in his school were jealous of him (due to the benefits he received from being in foster care) and did not want to see him succeed.

At the age of fifteen, Keith underwent the traumatic loss of his grandmother, the most stable person in his life. Following her death, Keith “lost [his] religion,” became severely depressed and angry, and attempted suicide several times. He also became increasingly violent, starting fights at school and in his placement. Although Keith noted that he “still hasn’t dealt with it,” he described a process of change and healing that has occurred slowly over time. Although he has found therapy somewhat helpful in this process, he believes that change only really happens with time. In addition to depression, Keith has struggled with anxiety, primarily focused around losing someone else close to him.

Throughout his time in placement, Keith had some close relationships with staff, who he felt loved and cared for him. However, Keith noted that he knew that his staff did not care “100 percent” because “It’s a business.” Keith viewed the foster care system as a business which makes money off of foster youth. While she was living, his grandmother always warned him that the staff did not really care for him and would not be there for him in the future. After leaving care, Keith tested out his grandmother’s prophecy by asking his previous foster placement for financial help. His belief that no one really cared for him except his grandmother was confirmed when his former placement was unable to offer financial assistance and failed to maintain contact with him after he left. Keith stated, “I think I have been used my whole life. And there is really only one person that I can see that ever really cared, and that was my grandma.” Although Keith said that he has some friends and maintains relationships with some staff from the ranch, he did not feel like these were relationships that he could really count on. In fact, he continued to feel that many of his friends merely used him when they needed rides. He had formed a close relationship with his caseworker at the transition center, to whom he turned for advice, emotional support, and financial assistance.

At the time of the interview, Keith had been out of care for almost a year. Keith had held several jobs since emancipating from care, the longest of which lasted two months. Keith had attended a local community college for two semesters but had failed both semesters. His life goal was to become a professional athlete.

#### Vicki

Vicki's mother was barely seventeen years old when she immigrated to the United States from Mexico, married a soldier in the Marine Corps, and had her first child, Vicki. Two years later, Vicki's mother was pregnant with her second daughter when she left her abusive husband and fled to another state with her young daughter Vicki. When Vicki was three, her father came and took her and her younger sister from their mother and brought his daughters back to Texas. Vicki has not seen her mother since then, and she has no memories of those early years. For the next nine years, Vicki remembers living in fear of her father, a highly strict, controlling, and punitive man who used physical beatings to keep his children "in line." As the oldest child, Vicki often faced the brunt of her dad's wrath, which led her and her sister to remember their time with their father very differently. Although Vicki often worked hard to please her father and to gain his approval, she never remembers receiving it. Instead, Vicki learned to read her dad's mood by reading his subtle interpersonal cues and monitoring how much he'd had to drink, always living in fear that her father's wrath would be unleashed again. One day after receiving a beating with a belt, Vicki and her sister ran away from their father's house to a friend's house. When they refused to return home after several days, the family friend called Child Protective Services. Given that this was not the first complaint that had been filed against her father, Vicki and her sister were finally removed from their father's care and placed in a shelter. After remaining at the shelter for a few months, Vicki and her sister were placed in a residential group home, where they would reside for the next five and a half years.

For the first couple of years, Vicki loved the group home and her house parents. Although the group home had many rules and routines, the structure and

stability provided by her house parents provided Vicki a sense of comfort. However, when her houseparents left after two years, the group home became “internally unstable,” and for the next three years Vicki and her sister underwent an almost constant turnover of houseparents, staff, and residents. As Vicki grew older, she became more and more resentful of the behavioral modification system, rules, and high expectations of foster care which she felt were robbing her of a “normal” childhood. Although Vicki had never been known for behavioral problems, she became defiant and disrespectful to staff.

At the age of sixteen, Vicki’s first set of house parents became foster parents and offered to take Vicki and her sister into their home. Ready for a change from the group home, Vicki and her sister gladly agreed. However, this family kept many of the same rules and expectations of the group home environment, implementing a system in which Vicki had to earn privileges by earning poker chips. After one year, the foster mother was diagnosed with cancer and MS and the parents decided to stop fostering youth. Although Vicki and her sister moved out of their home, the girls have maintained contact with this family over the years and at the time of the interview, Vicki considered this family to be the closest she has to a family.

Vicki and her sister were then moved to another foster home that had several biological children and three foster children. In this family, Vicki felt the foster parents were demeaning to the foster children and treated their biological children preferentially. Although Vicki was often argumentative to her foster parents, she resided in this home until she graduated high school at the age of 18.

After graduating from high school, Vicki enrolled in college. Her grades varied dramatically over the course of her college career; at times she failed all her courses and at times she dropped out of school completely. However, Vicki’s fear of having to live dependent on other people (asking for rides, a place to stay, etc.) and her belief in the importance of education kept her from giving up on getting a college degree. Six years after she began, Vicki graduated with a degree in social work. To Vicki, “that little piece of paper meant more than anything else.”

At the time of the interview, Vicki worked as a caseworker in foster care and often wondered how her own life would have been different if she had lived with different foster parents. In addition to working as a caseworker, Vicki was active as an advocate for foster youth. She held a leadership role in a foster youth group that worked to change foster care policies and provided support for foster youth as they transitioned from care. Vicki had made many friends through this group. Given that she was older than most of the youth in the group, she found that she plays a parental and big sister role for many of the members.

At the age of 25, Vicki had achieved many of the hallmarks of success for young adults transitioning from care. She had a college degree, held a good job, and had a place to live. And yet, like many of her counterparts who grew up in care, Vicki was still haunted by the feelings and emotions of the past. Though she tried to contain it, her unresolved anger, sadness, and hurt spilled out throughout the interview. Despite the success of her present life, the wounds of the past remained unhealed.

#### Valerie

For the first eight years of her life, Valerie was homeless. Her mother was a prostitute and her father was a street drug dealer, both making only enough to support their addictions to alcohol, heroin, and cocaine. The family lived in boxes, and Valerie remembered often seeking shelter from the police in drainage pipes. She also remembered being huddled in the corner of an alley with her younger sister, witnessing her mother's many "dates," which occasionally became violent rapes. Her early memories were full of fear, a fear which was only intensified by being placed in foster care. Valerie arrived in her first foster placement unkempt with a head full of lice. She remembered being criticized for her dirtiness, yet not knowing how to take a bath or perform the daily hygiene tasks that most eight year olds performed on their own. Her school age years were marked by rejection because she was dirty and "looked like a boy." During her first foster placement, Valerie was



molested while at day care and then blamed for the incident. Valerie's next foster placement was characterized by physical abuse. Valerie adapted by trying to do exactly what she was told to do, making good grades at school, and trying to excel at extracurricular activities; unfortunately, it never seemed to be enough. In describing this period of her life, Valerie commented, "I felt like a big mistake."

At age thirteen, Valerie and her two younger siblings were adopted by a highly religious family. At first, Valerie was overjoyed that she had finally found a family. After a few months, she felt so comfortable with this family that she began to confide in them about the thoughts that had been troubling her for years...obsessive thoughts of homicide and suicide. Valerie's new parents responded by sending her away to a residential treatment center (RTC) where she was diagnosed with Obsessive/Compulsive Disorder. Although Valerie's parents were only seeking to get her the help she needed, she felt betrayed. Additionally, although Valerie returned to her adoptive parents' home from the RTC, their relationship had changed. As her foster parents tried to enforce their religious rules of conduct and dress on Valerie, she began to rebel. Over the course of the next few years, Valerie ran away from her adoptive family's home eight times and was placed in a variety of residential treatment centers, only to eventually be returned to her adoptive parents and then run away again. At the age of sixteen, Valerie was finally placed in juvenile detention due to her runaway behavior. At this point, Valerie said she was "de-adopted."

Valerie finished her last two years in care at two residential treatment centers, each placement lasting approximately a year. Valerie excelled in these centers and described this as a major period of change in her life. Here she experienced a sense of accomplishment as she began learning independent living skills and achieving the highest levels possible at each placement. She held a full time job and excelled at school. The staff and other residents at these centers became the family she never had, offering her praise, encouragement, and a feeling of being loved and accepted for who she was. During these placements, Valerie also began to invest heavily in her counseling, which seemed to help her make sense of her early experiences. It was

here, at age 17, that Valerie finally found freedom from the obsessive thoughts and intrusive memories of her past.

At age 19, Valerie had begun attending school at the local community college and is planning on becoming a drug and alcohol counselor. She was working part time as a waitress. Valerie presented as an extremely articulate, thoughtful, and insightful young woman. She radiated a confidence and hopefulness which stood in stark contrast to the picture she painted of herself in her youth. Although she was quick to acknowledge how far she has come, she was also quick to acknowledge that she has a long way to go. She stated that she still has difficulty trusting people and had very few real friendships. She also acknowledged that her relationship with her adoptive mother was still rocky, although she was hopeful that one day they will be able to interact like a real family. She described herself as “independent now” and feels that she no longer “needs anybody” although she was thankful for the help and support of the transition center. In reflecting upon her life, Valerie stated,

Everything happens for a reason. And I think that if I did not go through any of that, I would not have the mind on my shoulders. I would not be the person I am—be as motivated.... I wouldn't have such goals for myself. So in a way I am kind of happy it happened.

#### Kristen

Kristen's mother abandoned her at age 2 and she lived with her father and stepmother until she was 13. In this home, she witnessed domestic violence between her father and step-mom. In addition, she was physically abused by her stepmother and sexually abused by her stepmother's brother. During this period, life became so unbearable for Kristen that she tried to commit suicide. Kristen believed her father was the “worst parent ever” because he failed to protect her and her sister and did not believe her when she reported the abuse. She stated that she had loved her dad, but now hated him. Kristen seemed to have a great deal of unresolved anger at him for his inability to admit the role he played in her negative experiences.

Eventually, Kristen decided to run away to live with her biological mother, leaving her sister with her father and stepmother, which was probably one of the hardest decisions of her life and one that she has continued to feel guilty about. It wasn't long before her mother started doing drugs again and leaving the children unattended. The children were all eventually removed from their mother's care due to neglect.

Kristen's aunt became a licensed foster parent and Kristen was placed in kinship care. For the first several years, Kristen was angry. Although she tried hard in school, she often was grounded for poor grades. Kristen responded by acting out, often becoming involved in fights and even once set fire to the school. After a brief stay in juvenile hall, Kristen became involved in the Preparation for Adult Living (PAL) program. After meeting other youth in foster care who lived under more difficult circumstances than herself, Kristen realized that her own situation could be worse. Her behavior began to improve. Kristen lived with her aunt and uncle until she was 18.

After graduating from high school and moving out on her own, Kristen took legal custody of her 16-year-old sister, who had dropped out of school and was living with their mother and her boyfriend. While in her care, Kristen's sister became pregnant and accused Kristen's best friend of raping her. Kristen felt that her family blamed her for her sister's pregnancy and she carried immense personal guilt for her sister's situation.

At the time of the interview, Kristen had limited contact with her aunt and uncle. Although she tried to meet their expectations of her because she did not want her "mom" and "dad" to be mad at her, she rarely felt their approval and reported that they "treat me bad" when she visits. She was unsure if they considered her "their child" or not. For the previous eight months, Kristen had lived with her boyfriend, who seemed to function as her primary support person, offering both emotional support and advice, as well as help paying the bills. Through her boyfriend's family, Kristen had begun to be exposed to a well-functioning family, but she had difficulty

accepting their kindness without questioning their motives. She had yet to tell her boyfriend all about her family and childhood experiences, saying that she will tell him gradually over time.

### Laquana

In the words of Laquana, a nineteen year old African American foster youth, “the first eleven years with my mom was the worst time ever. It was just horrible.” Laquana’s mother was not only physically abusive to Laquana and her four siblings, she was also highly neglectful, leaving them for long periods of time on their own. Laquana’s oldest sister was left to try to cook for the children and get them off to school. Laquana reports that she attended school only twice a week, and most of the time she would simply go to sleep as a way to avoid her misery. Laquana relayed very few memories of this period in her life, stating, “I block it out because it was the worst time ever.” When she was first placed in care, Laquana “didn’t talk to nobody or anything.” However, in Laquana’s second foster home, a group home of 12 girls, she found the sense of family she had always missed. These parents “treated me like I was somebody”, in contrast to Laquana’s biological mother and previous foster parent. She spoke fondly of these foster parents, laughingly remembering that although she still occasionally failed to do what she was supposed to do, “they still loved me for it!” Although Laquana still considered these foster parents her “parents,” she actually only lived with them for three years. When she was sixteen, her foster parents retired from fostering children. Although Laquana reported that they had offered to adopt her and her sister, it never happened, and Laquana experienced five more foster placements before graduating from high school a few years later.

At the age of 19, Laquana was living with her most recent foster parents while she looked for an apartment of her own. She was working serving food at a retirement home, a job she had held for almost a year. Although Laquana did not know what exactly she wanted to do, she was motivated not to “live a crappy life” like her biological siblings, with whom she maintained infrequent contact. Laquana

had a few friends and still considered her caseworker and foster parents among her most significant relationships.

### Juan

Juan was born addicted to heroin and is only slightly above the mild mental retardation range of intelligence. He was removed from his mother's custody at birth, along with his three siblings. He and his siblings were adopted and lived the next eight years in a home which he described as "not too good." At age nine, Juan was placed in a locked residential treatment center, the highest level of care available. His memories of this placement were of being "locked up," physically restrained, and "drugged up." At age 10, Juan was placed in a therapeutic group home for three years. In this placement, Juan felt ignored by the staff. Although he tried to maintain good behavior so that he could go to a foster home, he felt like the staff were constantly looking for flaws and criticizing his behavior. At the age of ten, Juan received the news that his biological father had been murdered. He later found out that his father was trying to leave the Mafia in order to care for his children. At age 13, Juan saw his biological mother for the first time as she lay in a casket. Throughout this period, Juan struggled with depression and anger as he tried to make sense of his situation. At times he contemplated suicide, although he reported that he never attempted to kill himself.

At the age of 13, Juan finally got his wish of living with a foster family. For the next year and a half, he and one of his brothers lived in what would be the closest he ever came to having a family in foster care. Although Juan reported getting along well with his foster parents and liking this placement, conflict between the foster parents' biological daughter and the foster youth led to the disruption of the placement. Juan then lived for 8 months with a priest; however, this placement ended when the priest became aggressive towards Juan. From the age of 15 until he graduated from high school at age 18, Juan lived in two more residential treatment programs and a shelter. He also spent five days in jail for "breaking a window." In Juan's last residential placement, one staff member seemed to take a particular

interest in Juan and would take him places. However, for the most part, Juan's experiences in foster care and the first eighteen years of his life seemed to be devoid of significant relational attachments. In summarizing his experiences in care, Juan said that he mainly felt "trapped."

Juan had been out of care for seven months at the time of the interview. Although he had been employed successfully in the past, he was currently unemployed. Juan spent a good deal of his time at the transition service center. Through the center, Juan had become friends with many other foster youth with whom he attended meetings, played video games, and watched movies. Juan also had formed a very close relationship with his caseworker at the center, whom he described, "feels like a mother to me." In addition to seeing her at the center, Juan attended church with his caseworker on the weekends and felt respected and connected to her family and friends.

#### Jake

Many consider the fact that Jake is alive to be a miracle. At the age of twenty-one months, his father, in a drug-induced rage, threw him out of a seven story window. The next year of his young life was spent in the hospital, and for the next several years his childhood would be anything but normal as he underwent multiple operations and lived with the serious health precautions. By the time he was six, Jake had been in over ten foster placements according to his report, none of which proved memorable. At age six, Jake remembered returning to his mother's care. He felt nothing but anger towards the woman who had been notably absent during his first six years. After only four short months with his mother, Jake returned to foster care when his mother began using drugs once again. From the age of six until the age of thirteen, Jake was placed in a string of foster placements, ranging from locked psychiatric hospitals, to residential treatment programs, to foster homes. Jake remembered being aggressive and angry at his parents. He would throw chairs at people, start fights with other residents, and destroy property. At the age of eleven,

Jake learned for the first time that his father had tried to kill him. He describes feeling, “like my body just shattered all over again.”

At the age of thirteen, Jake was placed in a home that “felt like home.” At this placement, his foster parents considered him their child, and for the first time in his life, he “felt like [he] was somebody” and that someone cared for him. But, along with another foster sibling, Jake got involved in vandalism, credit card fraud, and a web of lies. At the end of two years, Jake couldn’t believe it when his foster parents called his caseworker to take him away. He described this as one of the biggest losses he had ever experienced. However, although these foster parents were no longer willing to have Jake live in their home, they made it quite clear to him that they still considered him part of their family. Jake believed his experience with this family changed him forever. His biggest regret was that he didn’t get his behavior more under control so that he could have remained in this home.

Over the next three years of foster care, Jake would again undergo a string of placements in shelters, foster homes, and residential treatment centers, the longest of which was for a duration of six months. Jake isolated himself from others and did not make any memorable connections during these placements. Although the majority of Jake’s many changes in placement were precipitated by his behavior, other changes were the result of a clash in his bisexual sexual preference and the values and religion of his foster parents.

At the age of eighteen, Jake left his placement in residential care to live in a trailer with his best friend. He maintained close contact with his former foster parents and had also begun spending time with his mother, who had been sober for a year and a half. At the time of the interview, Jake was currently looking for a job and trying to complete high school. Both he and his best friend plan to attend college and then join the Navy together.

#### Robert

Robert believed over thirty-eight complaints had been filed against his parents by the time he was removed from their home at the age of four. He didn’t have many

memories of his early years; he just knew that his truck driver father was rarely home and that his mother was usually at the bar. Robert was placed in three different foster homes during his first few years, but by the time he turned six he had landed in a residential treatment center, where he spent the next seven and a half years of his life. It was there that Robert was first told that he would not be returning to live with his parents. Robert remembered being very angry. He remembered throwing things, wanting to fight all the time, and being restrained by staff. At the age of fourteen, Robert's behavior problems had escalated to the point that he required several hospitalizations. He was finally given the chance to leave the residential treatment center, and Robert took it. However, he later regretted this decision, feeling that he abandoned his biological brother who had been placed at the same facility. After a couple of more short-lived placements, Robert ended up in the home of an ex-policeman and Vietnam veteran, where he resided for four years until he turned eighteen. At this placement, Robert learned to "be a man" and keep persevering. Although Robert knew that his foster father cared about him, the relationship between them could be very rocky at times. At the age of 18, Robert left his foster father to live with his biological parents. He dropped out of high school before completing his junior year and lived with his parents and brothers for approximately the next five months. He described this experience as "hell on Earth." He related numerous incidents of family fights turning violent, including family members pulling guns on other family members. Robert's offer for salvation came from his old caseworker, who had followed his case for the past four years. One day he came and picked Robert up and took him to see some apartments that were specially designed for foster youth transitioning from care. Upon returning from that visit, he described that he saw a "shadow of darkness" over his parent's house and realized it was "pure evil there." Consequently, Robert decided to move out and begin a life on his own at the age of 18.

At the time of the interview, Robert lived in an apartment complex solely dedicated to helping foster youth make a smoother transition into adulthood. He had



a job waiting tables and was planning on completing his high school diploma through a self-paced program. Although he didn't know exactly what he wanted to do after high school, he wanted to have a job that "pays big," like a doctor, dentist, psychologist, architect, or businessman.

### Gary

Gary entered care at age 3 due to "parental divorce", although he also indicates that parental drug abuse, sexual abuse, and physical abuse were all factors in placement. Although he was initially placed in foster care, he lived with his grandmother and later aunts and uncles from the time he was age 4 to the time he was age 8. At the age of 8, his family placed him in foster care. As Gary explained, "I was pissed and got rebellious because nobody wanted me. I didn't want to get close to anyone." This seemed to begin a string of placements in shelters, foster homes, and children's homes, the longest of which was of a year's duration. Moves between placements seemed to be precipitated by a variety of factors, including location, although the most prominent reason seemed to be "I [Gary] hated it." The caseworker seemed to become a pawn in this repetitive cycle. Gary was skilled enough in working the system to always get his way, even if it required pleading his case with the judge or his caseworker's supervisors. Gary's multiple changes in placement (more than 11) also seemed to coincide with multiple changes in caseworkers, most of which he described as, "I hated my new caseworker."

There was one notable exception, however, a young caseworker whom he describes as "my #1 caseworker" who was "the coolest." This caseworker seemed to win Gary's heart through enrolling him in camps, spending time with him each weekend, coming to his games, and hanging his drawings in her office. In the words of Gary, "She did the little things and it counted." Although she was only his caseworker for a little over a year, his relationship with her was perhaps the most meaningful connection of his entire youth. Gary maintains contact with her currently, and considers her to be "like my mom."

Gary's behavior vacillated dramatically in these placements. At times he had few behavioral problems while at other times he got in trouble for drug use, skipping school, and verbal and physical aggression. His behavior seemed directly related to his perceptions of the staff and the amount of freedom he was afforded. A turning point in Gary's life seemed to come when his cousin who had maintained consistent contact with him was killed unexpectedly. Following his death, Gary began to devote himself to doing well in school and his behavioral problems dramatically decreased.

Frustration with the foster care system led Gary to run away from care at age 18 and return to live with his relatives. They were all still heavily involved in drugs and began offering him drugs. Gary, however, was determined to stay in school and not get involved in drugs because of a promise he had made to his #1 caseworker. Parents of one of his high school friends took him in for a while, and then at the age of 19 Gary got his own apartment with the help of federal funds. At the age of 19, he finally graduated from high school.

Although Gary had planned on attending a private college in the future, he was working for a large private foster care agency doing advocacy work at the time of the interview. Through this job, Gary had gained a sense of family and had established a wide support network of both professionals in the foster care field and other foster youth. He reported that he loved his job and hoped to continue to be involved in helping reform the foster care system. Gary was optimistic about the future, felt secure in his relationships, and was working to mend the relationship with his grandparents.

#### Marcus

Marcus was born in the Northern United States and lived with his mother and father until they separated when he was age 6. From the age of 6 to 12, Marcus lived with his father and his paternal grandmother, aunt, and cousins. Although his father had custody of Marcus, Marcus' father was involved in drugs and "was never there." Marcus' memories of his father included seeing his dad being beat up and having his

dad steal his allowance from him to use on drugs. His grandmother and aunt assumed the primary responsibility for raising Marcus. When both his grandmother and aunt died within a month of one another, Marcus blamed himself. The house they had all been residing in became a crack house. After several months, one of Marcus' uncles suggested that he go to Texas to live with one of his father's cousins. Marcus remembered how scared he was as he boarded the plane for Texas, but he also remembered his father shedding a tear at his departure—a small indication that his dad might have actually cared about him. Although Marcus was only twelve when he left his biological family behind, he reflected, “I didn't feel like a kid at all. I mean my childhood was just ripped apart.”

After living with his cousin for almost a year, Marcus was admitted to a psychiatric hospital. One month later, at the age of thirteen, Marcus was placed in foster care. From the age of 13 to 19, Marcus would experience over thirty-one transitions as he made his way in and out of psychiatric hospitals, residential treatment centers, group homes, and foster homes. Many of his changes in placements stemmed from the fact that Marcus made suicide attempts in almost every placement and frequently required hospitalization. Other changes in placement were precipitated by clashes between his homosexual lifestyle and the values and beliefs of foster parents. Despite having some traumatic experiences while in care (including physical and sexual abuse by a foster parent), Marcus also had several families in which he felt “comfortable” and in which the foster parents considered him their child. Marcus still maintained contact with one of his foster mothers and considers her among his closest family.

At the time of the interview, Marcus still struggled with depression and thoughts of suicide, especially around the holidays. He was still filled with anger and wishful longing when he saw families together, and he tended to avoid gatherings of families. Although he still harbored considerable anger at his father, he had begun to forgive his father and reestablish some relationship with him. Marcus' parents were openly homosexual, which had opened the lines of communication between them.

Although Marcus could be a talkative and engaging young man, he identified that he had difficulty allowing others to become close to him and often pushed others away if they become too close. He still worried that others would leave him or use him for their gain. His closest relationships seemed to be with his boyfriend of four years, his younger brother, and his biological and foster mother. Marcus had made some friends at work; however, he did not fully trust them.

At the age of 20, Marcus worked in customer service at a supermarket. Although he was not currently enrolled in college, Marcus had attended a community college in the past and had plans to return to school to finish a degree in culinary arts and begin training in massage therapy.

#### Jeff

Jeff lived the first eight years of his life in the Midwest. His family was poor and had no electricity. He remembered huddling in the bathtub with his sister to keep warm during the winter. However, once the family moved to Texas, their plight improved. Jeff's parents worked as the manager and assistant manager of a fast food restaurant, and Jeff remembered loving to help out after school. He fondly recalled family wrestling matches and family Karaoke nights at the local club. When he was eleven, Jeff's family life as he knew it came to an end when his sister made allegations of sexual abuse against his father. During the first year, Jeff and his younger sister were placed in two different foster homes and a shelter. However, each placement was disrupted within a few months due to Jeff's sister's behavioral problems. At the age of 12, Jeff and his sister entered a large family-style residential program. Jeff recalled still being angry about his family situation, believing that his sister had lied about the abuse. At first, Jeff and his sister had trouble adjusting to the high behavioral standards. Within a couple of years, Jeff's sister was moved to a more restrictive setting due to her behavioral problems. However, Jeff remained at this residential program through age 18. He described that he had a conflictual relationship with his house mother, but that he believed that all the arguing made them close. He described making a commitment to staying at this placement as long

as his house parents stayed there. Likewise, his house parents made a commitment to stay at the agency until he graduated from care. Given that his biological father was in jail and his mother had surrendered her rights, Jeff's house parents became his primary parental figures. Jeff became highly popular in his cottage, playing the role of "big brother" to the younger residents. Although shy at first, in high school Jeff also became popular in school. In addition to participating in many extracurricular clubs and activities, Jeff was the school's mascot for two years. He was thankful for the opportunities he received in foster care, but also believed that he would still be doing well if he had remained with his biological family.

At the time of the interview, Jeff had recently graduated from high school and was residing at a transitional apartment sponsored by the residential facility. He planned to attend college in the fall and had been working in the fast food industry for several years. Jeff's father had recently been released from prison, and Jeff hoped to be able to reestablish contact with him. As the mediator of his family, he still had hopes that his entire family would be united at least one more time. Jeff's closest relationships were with his foster parents, his siblings, and his mother. He reported that he likes to "bring people closer" and hopes that all of his relationships can become even closer in the years to come.

#### Mitch

Mitch, an only child, was placed in foster care at the age of thirteen. Although his mother never abused him, she was decidedly absent in his upbringing due to a busy work schedule and illegal drug use. Beginning at age 9, his mother would leave him for long periods of time to attend rehabilitation. Although Mitch was supposed to live with relatives, he recalled that "if I couldn't stay with my mom, I wasn't going to stay with anybody." His building anger at this mother caused him to begin rebelling, skipping school, and hustling drugs for a gang. At age 13, Mitch was removed from his mother's care and began a series of short-term placements at shelters, foster homes, and a residential treatment center. Throughout this time, his mother did not visit, write, or maintain contact with him, a fact which he said made it

“hard for me to believe that they loved me, that they were my family.” At age fifteen, he returned briefly to his mother’s care. However, the unresolved conflict quickly erupted between them and it wasn’t long before Mitch moved out of his mother’s house and into the house of a local drug dealer and resumed drug trafficking. After being caught in a drug raid, Mitch called his caseworker and requested to be permanently removed from his mother’s care and placed back in care. He was then placed at two different youth facilities, each of which was disrupted due to his aggressiveness and physical fights with staff and other youth. At the age of sixteen, Mitch entered a drug rehabilitation program, where he learned of his uncle’s death and almost killed a fellow resident in his anger. After this incident, he began for the first time to talk to a counselor about his unresolved anger and sadness stemming from the multiple losses in his life, including the brutal murder of his aunt by his uncle, his uncle’s death, and his mother’s neglect and abandonment. Following completion of the treatment program, Mitch lived in two foster homes. During his senior year, Mitch was finally placed in a foster family that “felt like home.” Throughout his experiences in care, Mitch had remained aloof and distant from everyone, preferring to isolate himself in his room. However, at this placement, the foster parents encouraged Mitch to interact with the family, and he formed lasting relationships with his foster parents and many of his foster siblings. In this home, Mitch experienced the freedom to “mess up” and still be given another chance. In the words of Mitch, “That was the best house. I wish I would have went there when I first went to foster homes. I would have stayed there.”

Since graduating from high school at the age of 17, Mitch had been in the military briefly and lived with various members of his biological family. At the time of the interview, he had recently gotten an apartment of his own. Mitch maintained contact with the transition service center, where he relied on his caseworker for advice, a listening ear, and occasional help paying a bill.

Mitch was thankful for his experiences in foster care, stating, “I think foster care saved me....I could have been dead right now. I could have been in prison by

now, and I'm not." Even his mother commented on the change in him and how she had always feared that he would murder someone in his fits of rage. Although he had already overcome numerous obstacles and traumas, the journey ahead will not be easy for Mitch. In describing one of the most challenging aspects of transitioning from foster care, Mitch spoke of feeling alone in the world and having to rely on himself. One day, Mitch hopes to be a caseworker or foster parent in order to make a difference in someone's life.

### Maria

Maria lived with her biological mother and father until the age of 6. She remembered her parents fighting frequently and her father being abusive towards her and her siblings. She described this as one of the "worst" experiences for her. After her parents divorced, Maria lived with her mother until age 13. Her mother did not make her attend school, and therefore after first grade Maria just began staying home with her mother who often slept most of the day because she worked at night. Maria remembered watching TV most of the day and says that she often felt bored. At age 13, Maria went to live with her 18 year old sister, who began to teach her to read and enrolled her in school.

One year later, Maria's mother died of breast cancer and her father died one month after that. In the wake of these losses, Maria was removed from her sister's care and placed in a children's home. Although Maria's sister tried to gain custody of her younger sibling, after 2 months of attending court dates she gave up. Feeling abandoned by her family, Maria ran away from care and was gone from her placement for approximately 8 months. During this period, Maria didn't want to live anymore and contemplated suicide. She hung out downtown, lived in a park, and stayed with friends that she met, which eventually led to her stealing a car and being on the run from the police. At the advice of her sisters, Maria eventually turned herself in and returned to a locked juvenile facility. She had several placements throughout the remainder of her time in care, but none of her placements seemed to make a significant impact on her life.

At age 18, Maria left foster care to live with her sister and dropped out of high school. Although she went back to school briefly at age 19, she dropped out for good by age 20. At age 20, while living with her boyfriend and another friend, Maria became pregnant, only to miscarry because “I wasn’t taking care of myself.” Following the miscarriage and the subsequent loss of her job at Wal Mart, Maria felt very guilty and became very depressed. She and her boyfriend lived with her siblings for several months and subsequently resided in a homeless shelter for 2 months due to financial difficulties. At the time of the interview, both of she and her boyfriend were working in the restaurant industry, and had recently secured their own apartment.

#### Jessica

Jessica had a few happy memories of her childhood with her grandfather, “the only person that like really cared.” But most of her early memories of her early years were of sleeping on the streets or in hotels with her mother and being threatened by her mother’s abusive boyfriend. At the age of six and a half, she was placed in her first foster home. She remembered her brother and her being beaten, deprived of food, and feeling unloved. Mainly she just remembered always being hungry. The string of foster placements that followed this first placement were a blur in Jessica’s mind. She believed that there were at least 12 homes, and she remembered that she was both physically and sexually abused in several placements. And then at the age of nine, Jessica entered a private foster care agency and her luck turned. She experienced four families that allowed her to know “what to be loved was like, without being hurt, without being in any sort of way abused.” The first three of these placements ended when they were unable to care for Jessica’s twin brother, who was experiencing major psychiatric problems at this point. The last placement lasted for ten years and had formed Jessica’s sense of family. However, Jessica described her relationship with her foster mother as “rocky,” and said she had difficulty getting close to her mother.

At the age of 19 when the interview took place, Jessica’s goal was to be the strongest and the best. She had graduated from high school with honors. She



planned to begin college at a large public university in another state, but hoped to transfer to a private fine arts college. Jessica said her foster parents assure her she will always have a home to come to, but she had her doubts. Jessica reported a wide social network made up of her foster parents, siblings, foster siblings, their wives and girlfriends, as well as a few close male friends.

#### Joseph

Joseph lived with his parents until age 6 ½, but their marriage was marked by arguments and domestic violence rather than happiness. One day, his mother “snapped” and “just kind of took off.” Joseph’s grandmother took him in because his father was not emotionally or financially stable enough to raise Joseph and his younger brother on his own. Joseph described his grandmother as “consistent” and “always there.” In his life, she played the role of “the comforter, the spiritual support, and the provider.” His grandmother took him to church on Sundays, prepared family meals, and enrolled him in lessons to learn to play an instrument. By age 14, Joseph was playing in a small band at church. Two years later, Joseph was playing for a very large church. He began meeting more people, becoming more social, and feeling more “secure as a person.” He stated that music had always been “very much of a healing thing” for him.

Although Joseph’s grandmother acted as his primary support, he described his grandfather as “critical” and “distant.” His own father was often emotionally unavailable due to his relationship difficulties with women. In order to spend time with his father, Joseph took on the role of a “marriage counselor.” He recalled, “I always felt like I need to be the sober one, I need to be the person that everybody can talk to, and I played that role and I guess I did it well.” However, constantly playing the role of “therapist” left him feeling lonely and like no one really knew him. At age 18, he contemplated suicide briefly, thinking “Nobody cares. I mean my parents didn’t care.” However, Joseph remembered “what [his] grandma and everybody had invested in [him]” and decided not to give up.

At age 19, Joseph said, “I don’t even know who I was back then. When I look back I feel like I am just now starting to live this life...I am making things happen for myself.” He was attending junior college and working part time. In his relationships, Joseph no longer felt like “such an on-the-surface guy.” Joseph had made many real connections with a wide array of family, friends, co-workers, musicians, and pastors, all of whom he said were “getting to know me.”

Table 4.1 Participant Background Information

Name	Age	Ethnicity	Years in Care	Number of placements	Longest placement	Types of placements
Jake	18	Hispanic/ Native American	16	20+	2 yrs.; foster family	Shelters, foster homes, biological mother, RTCs, juvenile detention
Robert	18	White	14	6	7 yrs.; residential	Shelters, foster homes, RTC, group home
Jeff	18	White	11	5	6 yrs.; family residential	Shelters, foster families, family residential
Jessica	19	White	12	16+	10 yrs.; foster family	Shelters, foster families
Laquana	19	African American	8	9	3 yrs.; foster family	Shelters, foster families
Michelle	19	White	10	5	4 yrs.; foster family	Foster families, group home
Gary	19	Hispanic	15	16+	~1yr.; residential treatment	Kinship care, foster families, shelters, children's homes, RTCs
Joseph	19	African American	11	1	12 yrs.; Kinship care	Kinship care
Valerie	19	Hispanic	12	8	2 yrs.; foster family	Shelter, Foster families, adoptive family, RTCs
Juan	19	Hispanic	8 yrs. adoptive, 10 yrs. foster care	7	3 yrs.; RTC	Adoptive family, foster families, RTCs, shelters
Keith	19	African American	9	3	8 yrs.; RTC	Shelter, RTC, foster family
Kristen	19	Hispanic	4.5	2	4 yrs.; kinship care	Foster family, kinship care
Mitch	20	African American	5	12	1 yr.; foster family	Shelters, foster homes, RTC, group homes, parent's home, drug rehab center
Marcus	20	Mixed; African American and White	5	17+	1.5 yrs.; group home	Psychiatric hospitals, RTCs, group homes, foster families
Maria	21	Hispanic	4	4	1 yr.; juvenile detention	Shelters, family-style group home, juvenile detention
Matt	21	Hispanic	12	5	7 yrs.; foster family	Shelters, foster families
Vicki	25	Hispanic	6	3	4 yrs.; family residential	Shelter, family-style RTC, foster families
Jose	25	Hispanic	6	2	5 yrs. ; family residential	Shelter; Family-style RTC

Table 4.2 Participant Functioning at time of Interview

Name	Age	HS graduate	YASR Education T-Score	Unemployment >2 mo. since exiting care	YASR Job T-score	YASR Mean Adaptive	YASR Problem Scales
Jake	18	Still in school	T=55	N/A	T=55	T=54	Int. T=41; Ext. T= 44 Total Problems T= 42
Robert	18	Dropped out. Plans to reenroll	no data	no data	no data	no data	No data
Jeff	18	yes	T=45	N/A	T=55	T=54	Int. T=38; Ext. T= 47 Total Problems T= 44
Jessica	19	yes	T=32*	N/A	N/A	T=34	Int. T=59; Ext. T=68** Total Problems T= 68**
Laquana	19	yes	T=55	N/A	T=40	T=41	Int.T=46; Ext. T= 53 Total Problems T= 48
Michelle	19	yes	T=55	N/A	T=51	T=46	Int.T=37; Ext. T= 45 Total Problems T= 39
Gary	19	yes	T=55	N/A	T=47	T=55	Int.T=41; Ext. T= 49 Total Problems T= 42
Joseph	19	yes	T=45	Yes; 2mo.	T=43	T=43.5	Int.T=54; Ext. T= 44 Total Problems T= 53
Valerie	19	GED	T=39	No	T=44	T=41	Int. T=55; Ext. T= 49 Total Problems T= 50

Name	Age	HS graduate	YASR Education T-Score	Unemployment >2 mo. since exiting care	YASR Job T-score	YASR Mean Adaptive	YASR Problem Scales
Juan	19	yes	N/A	Yes; 7 mo.	N/A	T=55	Int. T=55; Ext. T= 46 Total Problems T= 55
Keith	19	yes	T=28**	Yes; >8 mo. in past year	T=33*	T=20**	Int. T=55; Ext T=61* Total Problems T= 63*
Kristen	19	yes	T=53	6 mo.	T=51	T=35	Int.T=46; Ext T= 43 Total Problems T= 45
Mitch	20	yes	N/A	Yes; 4 mo.	T=39	T=41	IntT=72** Ext.T=61* Total Problems T= 64**
Marcus	20	yes	N/A	Yes; 3 mo.	T=43	T=36	Int.T=63*; Ext. T= 59 Total Problems T= 61*
Maria	21	No GED	N/A	Yes; ~ 5yrs.	T=40	T=41	Int.T=62*; Ext T=63* Total Problems T= 65**
Matt	21	yes	N/A	No	T=55	T=55	Int. T=49; Ext. T= 41 Total Problems T= 40
Vicki	25	yes	T=35	No	T=40	T=35	Int.T=44; Ext. T= 47 Total Problems T= 41
Jose	25	yes	N/A	Yes; 2 mo.	T=43	T=39	IntT=68** Ext. T= 52 Total Problems T= 64**

\* Denotes scores in the borderline range of clinical significance

\*\* Denotes scores in the clinically significant range

## CHAPTER FIVE: OVERVIEW

### Relational Wounds

In the course of analyzing the lives of foster care youths from childhood to young adulthood, the amount of pain these youth had endured stemming from relationships became highly salient. The term “relational wound” was used to capture this phenomenon. The metaphor of a wound seemed particularly applicable, given both the pain involved and the gradual process of healing that these youth seemed to undergo.

A clearer understanding of the term “relational wound” can best be gained by defining the terms “relational” and “wound,” thereby illustrating its key properties. First, a relational wound was “relational” in the sense that it resulted from an action that directly impacted the child by an individual with whom the child had a significant relationship. For the purpose of this study, relational wounds tended to occur primarily within the context of parent-child relationships of all sorts (i.e., biological parents, foster parents, kinship relationships) although some wounds also occurred within the context of friendships and romantic relationships. The term “wound” was used to reflect the intense pain and highly charged emotions that stemmed from the interaction and which endured over time.

For the purpose of this study, relational wounds were conceptualized as being comprised primarily of painful emotions and relational beliefs. Participants often described themselves as being very hurt, sad, or angry. Many of the youth described feelings of “hate” or “rage” towards the individual. These feelings had an enduring quality that allowed them to remain salient for years following the incident. These relational wounds seemed to consciously or unconsciously color not only the youth’s perception of all further interactions with that individual but also seemed to impact their perceptions, emotions, and behaviors in many other relationships. Negative relational beliefs were also associated with these painful emotions. Although relational beliefs influenced how one saw oneself and others, they seemed to be distinct from beliefs about self or beliefs about others. Relational beliefs were best

conceptualized as “self in relation to others” or “others in relation to self.” For example, within the data, youth often expressed painful beliefs in the form of “Nobody wanted me,” or “Nobody cared about me.” Some youth held complementary beliefs about themselves, such as “I felt like a nobody,” or “I felt like a big mistake,” while other youth seemed to protect their self identity by holding negative views of others, such as, “She was evil.” Still others held very mixed views of self and others. Yet, for the youth in this study, relational beliefs seemed to be the most salient, regardless of the implications for the child’s view of self or others individually.

Although these relational beliefs were cognitive, it is important to note how closely tied they are to emotion. Many of the youth in the study framed their beliefs in terms of how they *felt* (i.e., “I *felt* like nobody in my family really wanted me.) Thus, for many of the youth in this study, their relational beliefs were more of a *felt sense* rather than a conscious cognitive belief. In fact, a few of the youth described conscious cognitive beliefs that directly contradicted their felt sense. For example, in describing her foster mother, Michelle stated that she was sure that her mother loved her, but also repeatedly commented on the fact that she rarely “feels loved.” Thus, the felt sense seemed to be a deeper and less conscious form of knowing, and therefore was less likely to be altered by defenses or subject to bias. Thus, when a discrepancy existed between the felt sense and more conscious relational beliefs, the felt sense was deemed to be more closely associated with the relational wound.

Based on the statements of relational beliefs made by the participants in this study, relational wounds centered around five key areas:

1. Love: “Nobody loves me,” “She doesn’t care about me”
2. Belonging: “I felt like nobody wanted me”
3. Acceptance: “Everything I did was wrong.”
4. Importance: “They treated me like I was a nobody.”
5. Support: “I have nobody,” “Everyone leaves me”

Although these areas were delineated for the purpose of this study to more easily understand the nature of relational wounds, in reality these were not discrete areas, but rather were overlapping in nature, and rarely existed in a pure form. For example, a youth for whom the salient relational wound was “Nobody wanted me,” the wound could be said to be primarily in the area of belonging, although the child likely held doubts as to the extent to which his family loved him and would be there for him.

In sum, relational wounds were comprised of painful emotions and deeply felt relational beliefs which seem to arise from an interpersonal interaction but endure over time, shaping not only future interactions with that individual, but also affecting one’s expectations of interactions with multiple others.

#### Theory Overview

Though the youth in this study grew up in a variety of foster care contexts and had vastly different experiences within the system, they all shared the fact that they were not raised by their biological parents and went through **relationally damaging experiences**<sup>1</sup> at young ages. These experiences seemed to leave relational wounds, some small, some deep. Although time passed and situations eventually changed, these youth found that there are some wounds that time alone cannot heal.

As the youth entered foster care, many factors combined to make the relational wounds of the past highly salient for the participants. First, decreased contact with the biological family often opened old wounds and at times added new ones. For example, although foster children may have previously felt neglected by their parents, they may also have additionally felt abandoned if their parent did not visit them in foster care. Many also felt abandoned by relatives who had previously cared for them, not understanding why their relatives would not or could not continue to care for them. Secondly, within the context of foster care, the youth faced adjusting to a new individual in the parenting role. This often seemed to bring up the highly emotionally charged wounds of the past, which explained the intense reactions some youth exhibited when first placed in care. For example, one foster youth

---

<sup>1</sup> Each of the terms in bold and italics is explained in greater detail in Chapter 6 and 7.



recalled screaming at her foster mother, “You are not my mother!! You can’t tell me what to do!” Thus, in addition to dealing with the pain and confusion of past hurts and their current circumstances, foster youth had to also find some way to manage a new relationship with foster parents or foster care staff.

The youth’s perception and evaluation of the specific foster care setting played a crucial role in influencing the youth’s behavior at the setting. Three different **behavioral strategies**, or typical patterns of behavior, emerged from the data. For example, some youth tried to *please and perform* for their caregivers, others *withdrew and tried to isolate themselves*, and still others *lashed out against* both youth and adults in their foster settings. These **behavioral strategies** were used by the youth to accomplish a combination of **life goals**, **placement goals**, and **relational goals**. **Relational goals**, in particular, seemed to arise from existing relational wounds. Youth evaluated their foster placements in the light of their past hurts and adopted a plan or **relational goal** to manage both the foster setting and their past hurts. Some youth seemed driven to *protect themselves* from more relational pain, other youths tried to *gain love and affection* in an attempt to make up for the past, others seemed to use their behavior to *gain power and control*, and still others used behavior as a means of *expressing their past hurts*. Thus, relational wounds play an important role in shaping behavior within foster care through the relational goals that a youth adopts.

These behavioral strategies had varied **consequences**. At times they proved to be highly effective in accomplishing the child’s goals, although they varied in their long term adaptiveness. For example, many children were able to end placements they did not like, protect themselves from forming meaningful relationships, or accomplish their life goals of becoming successful by doing well at school. However, continued use of these strategies over time usually undermined the healing of the underlying relational wound. Instead, maintenance of the strategy usually meant maintenance of the relational wound, including its related painful emotions and relational beliefs. In addition, these behavioral strategies at times contributed to

placement disruption, replacement, and additional relational wounds. Youth who desperately tried to avoid attachments in order to protect themselves found themselves feeling lonely and isolated, even more convinced that no one cared about them. Youth who tried to meet the expectations of others found that their efforts were never quite good enough to secure the sense of acceptance and belonging that they longed for. And youth who moved against their caretakers found themselves alone in the world with no place to call home. Thus, relational wounds did not merely heal over time, but instead often multiplied in number and deepened in intensity. Without effective intervention, behavioral strategies also often led to an on-going cycle string of placement disruptions. Figure 5.1 illustrates this process as well as illustrating how healing can occur.

Relational wounds began healing when the conditions were right. For many of the participants, the conditions became right when they found the very thing that they had been deprived of or had lost somewhere along their journey in foster care...a **sense of family**. *Intervention* was almost always initiated by the foster parent, as they created a therapeutic context which decreased the need for relational goals and gently challenged maladaptive behavioral strategies through their actions. Foster parents and staff fostered a sense of family by creating a family *climate* and *routines* which facilitated the child's involvement in community. They also sent *messages* to youth that made them feel loved, accepted, important, supported, and like they belonged to the family. These messages functioned as healing agents to youth who had felt unloved, unaccepted, unwanted, and abandoned. Just as the parent-child relationship was the one in which most of the youth in the study were first wounded, the parent-child relationship became the catalyst for healing.

Many of the youth talked about the **healing** that they underwent during such periods, **changes** not only in *behavior* but also changes in predominant *emotions*, and *relational beliefs*. At first, changes were evident primarily within the context of the parent child relationship; however, over time the changes generalized to other relationships. These changes did not appear to happen overnight, or even in a few

years. For the youth in this study, healing seemed to be a gradual process which occurred over time within the context of healthy relationships, first within the parent-child relationship and subsequently within other supportive, close relationships (such as with a partner).

Although a sense of family was the primary context in which healing seemed to occur, **many factors intervened to either facilitate or hinder the healing process.** These factors are represented by the white boxes in Figure 5.1. Youths' *exposure to therapeutic messages* varied due to the length of time they were in a particular placement. The continuation of the parent-child relationship over time was essential for healing. An *unexpected termination of a therapeutic relationship* could not only stop the healing process, but could also cause yet another relational wound. In addition, the *caretakers' characteristics* varied tremendously and impacted healing to a large extent. Although many youth decided to call a certain person or group of people "family" in the absence of better alternatives, these families were often only able to partially provide the "sense of family" that served as a healing context. *Additional stress and additional trauma* activated the thoughts and feelings associated with relational wounds and can either facilitate or hinder the healing process. In addition, healing was moderated by the youth's *psychological defenses*. Youth who relied heavily on psychological defenses must first begin to lower their defenses before true healing of relational wounds could occur. At times, *therapy* provided a safe context for processing these wounds. However, because of the difficulty of establishing a therapeutic relationship with this population within the context of an hour a week, therapy was not a primary agent of change. After emancipation from foster care, many young adults strived to reestablish *contact with their biological families* in an effort to work through past relational wounds and sometimes to gain a sense of family. This process was often painful, and could either facilitate or hinder the healing process. In sum, many environmental and internal factors intervene and moderate the healing process.

The youth in this study found this “sense of family” in a variety of foster care settings, including kinship care, single parent foster homes, group homes of twelve children, residential treatment centers, and with caseworkers. Some never found this sense of family while they were in foster care but have since found it in transition center staff, groups of foster youth, and committed romantic relationships. Some of the youth have tried once again to find this sense of family among their biological family ties. And some of the youth in the study were still searching, haunted by relational wounds which continued to mount over time.

A more in-depth analysis of this theory, complete with support from the data, will follow. Chapter 6 focuses on how relational wounds are formed and how these wounds influence the experiences of youth in foster care. Chapter 7 focuses on describing the conditions and processes by which relational wounds are healed over time. Finally, Chapter 8 illustrates the model using the lives of Matt, Michelle, and Jose.

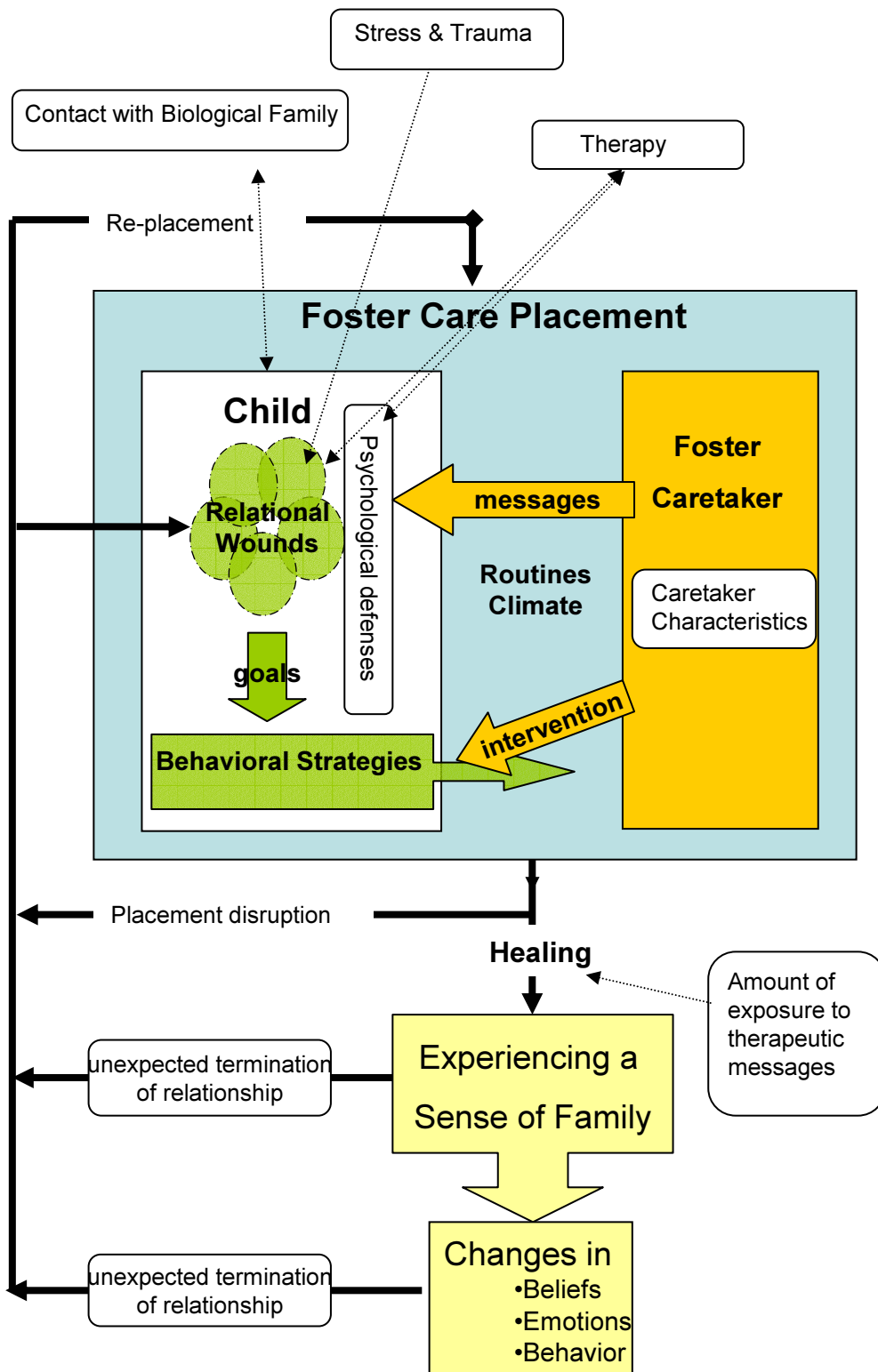


Figure 5.1 A Youth's Experience of Foster Care

## CHAPTER SIX: EXPLORING THE MODEL

### Relational Wounds

#### *Relationally Damaging Experiences Associated with Relational Wounds*

As stated in the theory overview, relational wounds seemed to first arise within the context of important parent-child relationships during childhood. Given the instability of the family structures of the population in this study, this could include biological parents, grandparents, other relatives, family friends, and step-parents or parents' romantic relationships. For example, five of the youth in this study were placed in foster care at a very young age, and thus experienced no changes in caregivers prior to entry into care. However, the 13 youth who entered care later in childhood underwent an average of almost three separations or transitions per youth prior to entering foster care. By the age of 8, 16 of the participants in the study had experienced the complete absence of a parental figure, either because of abandonment, parental separation, death, or entry into foster care. Thus, these youth were often wounded in a variety of parent-child relationships prior to even entering foster care. Although foster youth undergo a change in legal status when they enter foster care, their internal experiences follow a continuous path of development. Thus, relational wounds can also be inflicted within the parent-child relationships within foster care. Again, the length of time that the majority of participants spent in foster care (mean 9.5 years) and the number of replacements that they underwent (mean 7.8 placements) created numerous opportunities for relational wounds within the context of foster care. Regardless of the setting or whom the relationship was with, certain conditions were predictably associated with relational wounds. These events are summarized in Table 6.1. A discussion of each of these events, complete with examples from both biological families and foster care will follow. A more detailed chart of the relationally damaging experiences of each participant is provided in Appendix H.

Table 6.1 Types of Relationally Damaging Experiences

1. Hurtful parental messages	6. Abandonment
2. Sexual abuse	7. Death of loved one
3. Threats to physical sense of well-being	8. Being used for personal gain
4. Neglect	9. Broken trust
5. Failure to protect	10. Blame

### *Hurtful Parental Messages*

As they told their stories, several of the youth in the study recalled specific things that parental figures had told them. Although many youth also recalled supportive messages, some parental messages were negative in tone and seemed to be associated with a great deal of long-lasting intense painful emotion, signaling the presence of a relational wound. For example, Mitch remembered that one day in the midst of an argument his mother shouted, “I wish you were never born. I should have listened to your auntie and aborted your ass.” Mitch recalled, “I hated her for saying that. I really did. I couldn’t stand her for saying that shit.” In discussing his family relationships, he expressed the associated relational belief that “I felt like nobody in my family really liked me.” Robert was used to hearing hurtful and degrading things from his biological family. But somehow he can’t forget the words of his foster father, whom he loved like a dad, said, “You are not going to amount to anything. You are not going to be nothing more than a burger flipper.” Robert still thought about these words, afraid that they might just be true.

### *Sexual Abuse*

At the age of eight, Valerie was molested in day care. Valerie told an adult, but “they blamed me. They told me it was my fault, because I was a tomboy.” Valerie believed “I was the bad person. It didn’t seem like that guy did anything wrong. So I came up and apologized to him. And I told my foster mom and she didn’t even talk to me.” Valerie stated that this experience “shaped my personality

and shaped my self-esteem for later years.” Matt was sexually abused by his father in addition to being physically abused by him. However, when he reflected on the main hurts in his life, he said, “The main one was my dad molesting me. That really tore me up. That can mess somebody up bad...It was a lot. It was just...blaming myself, denial, saying my dad couldn’t do that to me. All that.” For Matt, the experience of being sexually abused by his father represented a betrayal that was difficult for him to accept; thus, like many sexual abuse victims, he blamed himself. Although the exact nature of the relational beliefs associated with sexual abuse were not clear in the study, the evidence did clearly support the notion that sexual abuse was a relationally damaging experience which left lasting effects, similar to those of a relational wound.

#### *Threats to Physical Sense of Well-being*

Many of the youth in the study underwent physical abuse and severe threats to their physical well-being. Participants in this study held relational wounds from both actual acts of physical abuse and an ongoing threat of harm. Both Matt and Jake’s fathers threatened to throw them out of high building; Jake’s father actually did. Thrown from a seven story hotel window at the age of 21 months, Jake survived only after a year in the hospital and countless surgeries. At the age of eight, he learned of what had happened to him. He describes,

The first time when I found out what my dad did and everything, I felt my heart was broken. It was just because—of course he is my father, and he’s a part of me and everything. But when I found out and everything it was just like my body shattered all over again. Like how can your own family do this to you?...It felt like my heart just broke in half. Like, I felt like I didn’t care for my dad.

Jose underwent horrific physical abuse and neglect at the hands of his aunt, including being routinely beaten with a metal rod, kicked, hit, burned with a skillet, stripped and humiliated, and handcuffed for days at a time. He and his brothers were not allowed to sleep inside the house, but rather were forced to sleep in a shed outdoors and often were not fed. Although it is pointless to try to determine which of these



abusive acts were most painful to him, it is clear that a relational wound existed. He described,

There are a lot of things that I hold inside that still bother the crap out of me, even to this day. Relationship wise...people doing mean things. I still harness that. And it is like a pot. A pot of boiling water or whatever, and if you don't watch it, it is going to boil over.

### *Neglect*

According to the Texas Family Code 261.001, neglect includes (1) failure to provide a child with food, clothing, shelter and/or medical care; and/or (2) leaving a child in a situation where the child is at risk of harm. When Mitch's mother became involved with drugs, she began staying away for days at a time. He recalled, "She never paid attention. She was too wrapped up in whatever she was doing. So that's what made me rebel. I just quit playing sports and started getting into the streets." Given that he and his mother had previously had a close relationship and not realizing his mother was involved in drugs, Mitch recalled believing "she was just tired of me as a kid." He recalled, "Once she stopped spending time, I just started feeling angry towards her, I started hating her."

### *Failure to Protect*

In addition to being hurt by their abusers, an even more painful wound for several of the youth in the study seemed to be associated with the failure of someone they trusted to protect them from the abuse. For example, Kristen was routinely physically abused by her stepmother and was also sexually abused by some of her step-mother's relatives. Although she harbors intense hatred towards her step-mother, she also harbors equally intense hatred towards her father, even though he never abused her in any way. She described,

I think my dad was like the worst parent ever. Because he had a wife, and she used to hit us all the time...I have always hated him [her father]. Ever since something happened when I was nine years old [sexual abuse] and he knew

about it and he didn't say anything. And he knows. He knows. I just want him to tell me that he knows, and he won't admit it!

In addition to the intense anger that she held toward her father, she held relational beliefs in the form of "I don't think anybody cared that I was there." Although she stopped living with her stepmother and father at the age of 13, evidence of the relational wound was still apparent at age 19.

Similarly, Jake stated that he still will not forgive his mother for not prosecuting his father for dropping him out of the hotel window. His anger at his mother caused him to not talk to her and avoid her for several months.

After the death of both of his parents, Jose found himself alone in the world and at the mercy of his highly abusive aunt. Although his experiences with his aunt left their marks upon him, his deepest relational wound seemed to come from the feeling that God himself had not protected him. He described,

After a time I was like always angry at God. Always. I was like 'Why us? Why did you do that to us?'....There was just a lot of bitterness inside me. I was like "God is a spectator. He puts these walls around you and expects you to jump over them and then he raises another wall."

At the age of twenty five, Jose still had not resolved his relationship with God. He stated, "Don't get me wrong, I believe in God, but I still have some bitterness to this day towards him." In each of these cases, the relational wound not only continues to cause pain to the individual but also further alienates them from a potential source of support.

### *Abandonment*

Due to the nature of the population in this study, many of the participants had experienced the abandonment of a parent or parental figure. For some youth, this seemed to be their most salient relational wound. For others, this wound was small in comparison to the others. At the age of 8, Joseph's mother "took off...she just ran off and went on with life because she had changed." At the time, his mother told him "I care about y'all so much." As a child, he took his mother's words at face value.

However, as an emerging adult he realized that “Her actions didn’t explain ‘how much love she had for us.’” He now believed that his mother “was never there. I don’t think she was ever there with the family emotionally.” Over ten years after his abandonment, Joseph still felt the pain and anger associated with a relational wound that occurred when he was eight. At the age of eighteen, he still found himself haunted by the nagging thought that “Nobody cares. I mean my parents didn’t care.” He looked forward to the day when he will tell his mother his “point of view.”

In many instances, the foster care system played a role in increasing parental absence by breaking the little contact that these youth had with their biological families and heightening their distrust of parents or other family members even further. For example, several of the youth in the study became angry at their parental figure because of the parental figure’s failure to maintain consistent contact with them once they were placed in foster care. For example, after Gary’s parents divorced when he was three, he lived with his grandparents and then his aunt and uncle. However, at the age of 8, his aunt and uncle decided to place him in foster care, although they continued to take care of his sister. In describing his reaction to this fact, Gary stated,

That sucked. I was pissed, and I was pretty much being rebellious all the time because nobody wanted me. Always thinking nobody wanted me. I didn’t get close to anyone. And when people would try to get close to me, I didn’t like that.

In terms of the model, his placement in foster care created a relational wound, comprised of the relational belief that “nobody wanted me” and the anger associated with the perceived abandonment. This relational wound clearly persisted over time and greatly impacted his foster care experiences. Gary went through over 16 transitions while he was in foster care, most of them occurring because of his behavior or his own decision to move. Similarly, Matt remembered when his father was arrested in a drug raid. His uncle took his siblings to his house. Matt was taken to the children’s shelter. He described,

I just felt like I was disowned again. You know when you are a little kid you can feel it. And it felt bad. And that there told me that I really didn't have...or that they really weren't my family. It hit me hard.

Mitch had been neglected by his mother who had a drug problem; however, it wasn't until he entered foster care that he realized "I had nobody." Mitch described,

Most people had family members come and pick them up, write them and stuff. I had nobody. I'd write home and I never got a letter. I never got one letter from anybody in my family, no visits, nothing....It was just hard for me to believe that they loved me, that they were my family...that is the problem I still have with my mom to this day. I feel like they abandoned me. They just abandoned me.

Jake echoed these sentiments. He said,

My mom was right here this whole time and everything and she could have at least done something....Am I supposed to say 'Yes, I forgive you for the 18 years that you never even helped support me or anything at all?' Don't get me wrong. I love my mother dearly. It's just there's too much anger there to express and everything.

Even after youth enter foster care they are not exempt from relational wounds stemming from perceived abandonment. For Mitch, it happened over and over again. He explained,

It was hard for me...there would be someplace where I got close to them, and then all of the sudden it would be like I would have to up and go...I would just draw close to them and then I would have to leave. So that's why it is hard for me to draw close to people because there was no telling when they were just going to go.

The beliefs and feelings associated with the recurring pattern of loss in Mitch's life had shaped his personality and patterns of relating to others.

### *Death of a Loved One*

Seven of the participants had experienced the death of a primary parental figure. The event was highly traumatic for all of these youth, especially when they had enjoyed a supportive and loving relationship with the parental figure. Although the youth experienced more intense sadness rather than hurt or anger over the loss, the experience still seemed to form a relational wound in the sense that it had a long-lasting impact on their emotions and relational beliefs. For example, Matt recalled when his grandmother, the only supportive mother figure he had ever known, had died:

I was holding onto the casket for the longest time. I was crying. That was my only family member that I knew of. Ever. I thought I had just lost it all. After that, I was just dead. My life was blank basically. I didn't care about nothing no more. I didn't care anymore.

The loss of Keith's grandmother, his primary caretaker from a young age, was "the hardest obstacle" Keith had ever faced. In addition to leaving a void in his life, his grandmother's death led to a relational wound in his relationship with God. He explained,

I was mad...I was mad for real. I took my religion away from God. I didn't want to believe in Him no more. I started getting a little bit violent...like when people would walk up to talk to me, I would punch them in the face...God did it, you know. I blamed it on God but it was really reality...everything lives and dies, even those trees over there...

Both of Maria's parents died within one year of each other. Shortly thereafter, she was removed from the care of her older sister. When her sister was unable to gain custody of her, Maria began acting out, running away from placements, and became involved with the law. She stated, "I was mad and I didn't care because my mom and dad weren't there for me. My brothers and sisters weren't there for me." Maria says she still "thinks about my mother everyday."

### *Being Used for Personal Gain*

Several of the youth in the study talked about “feeling used” for the personal gain of others. Four of the youth in the study talked about feeling used by their parents or biological relative for financial gain. Marcus resented his father for forcing him to steal food from his friend’s house and stealing his allowance money to buy drugs. Valerie resented her father for using her as a cover to shoplift food and other items from stores, which he would subsequently sell for drug money. Matt and Keith believed that their relatives only wanted to keep them because they were receiving money for their care after the death of a parent. For Keith, this feeling continued throughout his time in foster care. He remembered hearing his mother say that his grandmother was just “using him for his checks.” He stated, “It has always been about those dang checks. For 18 dang years...And then you go to foster care and they are using your checks too.”

### *Broken Trust*

Many of the youth in the study felt violated when their parents lied to them. Every time Marcus lists his father’s offenses against him, lying to him is at the top of the list. Although his mother was also absent for the majority of his childhood, Marcus does not seem to hold the anger towards her that he harbors towards his father. He explained,

I feel a lot of anger towards my dad mostly ‘cause my mom was honest with me. My dad would lie and try to hide it [drugs]. He stole so much stuff from me. He would give me an allowance and take it back the same day.

Marcus’ experiences with his father have left him bitter, angry, and mistrustful. Not only is it difficult for him to trust his father, Marcus has great difficulty trusting other adults and peers as well.

### *Blame*

Relational wounds can also occur when children feel that they have done something wrong for which another person blames them. Many of the youth in this study held various degrees of self-blame and guilt for their circumstances. Guilt was

particularly hurtful to the child when it was endorsed by an adult figure. For example, Robert's father blamed Robert for not being there for him when he underwent quadruple bypass surgery. His father stated, "You were never there for me. Why should I care about you?" Although Robert was not aware that his father was undergoing surgery (primarily because of his father's absence in his life), he stated, "It tore me apart. I literally cried every day for three months." Similarly, Kristen's foster mother (her aunt) and her biological mother blamed her for the rape of her sister during a time when Kristen was supposed to be taking care of her sixteen year old sister. Kristen dreaded going home because her foster mother was mad at her and disappointed in her. Kristen also thought her foster mother "felt like I [Kristen] used her for all the time I [Kristen] lived with her." This sense of guilt was accompanied by severe depression that made Kristen feel suicidal at times and often influenced her behavior and decisions.

#### *Intervening Conditions*

Although the events listed above seemed to be the source of relational wounds for many of the participants in the study, it is important to note that the impact of these events varied dramatically in the range, depth, and duration of emotions involved. In addition, different youth associated different meanings with similar events, causing them to hold different relational beliefs. The extent to which youth were wounded by these conditions was mitigated by two internal child factors (*cognitions and developmental level*) and one environmental factor (*fulfillment of needs by important others*).

#### *Cognitions Associated With the Event*

Different youth attributed very different meanings to similar events. For example, although Michelle's mother at times was abusive and tried to kill her, Michelle understood that her mother was ill (schizophrenia) and therefore did not seem to hold negative relational beliefs in regard to her mother's thoughts towards her. Thus, youth may attribute the experience to many different causes. If they interpret the event in relation to themselves, they will likely experience a relational

wound. For example, Mitch attributed his mother's absence in his life to a change in her feelings towards him (i.e., "I thought she was tired of me as a kid) rather than attributing the event to his mother's addiction to drugs.

#### *Developmental Level*

The extent to which these events caused relational wounds was partly dependent on the child's developmental level. Awareness of the event and the meanings they associated with it often changed as the child developed. The emergence of formal operational thought in adolescence often allowed participants to become more aware of aspects of their experience which they had hitherto ignored and to revise the meanings they had previously attached to the events. For example, as young children, participants might not have been aware that a parent was absent from their life. However, as they grew and developed they gradually gained awareness of this absence and attached meaning to it. Similarly, as a young child Jason believed his mother's messages about how much she loved him. As an adolescent, he began to evaluate her words in the light of her continued absence in his life. As he revised the meanings attached to the events, the relational wound he experienced grew. Therefore, although many relational wounds were inflicted at the time the relationally damaging experience occurred, for some youth the relational wound occurred many years later.

#### *Fulfillment of Needs by Important Others*

As the participants in this study told of their early experiences, they often mentioned people other than their biological parents who fulfilled all or part of the parenting role in their lives. Grandparents, aunts and uncles, siblings and family friends often took over the important job of parenting. Although the presence of the people in the youth's lives often did not change how they interpreted the actions of their biological parents, it did seem that these individuals played an important role in moderating the effects of these wounds by providing a sense of family in which the child felt love, belonging, acceptance, importance, and support. In this sense, these important others often acted as healing agents for the relational wounds that the child



experienced. Unfortunately, these individuals were rarely able to play this role over the entire course of the child's life. Grandparents often died or became unable to care for their grandchildren. One notable exception was Joseph, who was taken in and raised by his grandparents when his parents divorced and his mother moved away. Although his grandfather was largely ineffective in fulfilling the paternal role in Joseph's life, his close, supportive relationship with his grandmother seemed to protect Joseph from experiencing the full effect of not having his mother present in his life.

### Goals

As the youth in the study described their placements and behaviors over the course of a number of years, they also often mentioned clues to their conscious and subconscious motivations behind their behavior. Although all youth described their motivation in unique ways, the motivations for their behavior reflected three basic categories, which will be called **goals**. The three types of goals were relational goals, placement goals, and life goals. The focus of *relational goals* was on the caretaker-child relationship. Relational goals stemmed from relational wounds and directed behavior in subsequent relationships. The focus of placement goals was on the foster care placement and the participants' evaluations of whether or not they desired that a placement continue. Many factors influenced placement goals, including personal evaluation of the foster placement and of potential alternative placements or living options. For example, if a child believed that he or she would be returned to a prior preferable living arrangement, they might adopt the goal of ending placement. Lastly, life goals focused plans for the future and were often general in nature (i.e., "I want to be somebody"). Together, these three types of goals interacted to help determine a child's behavior in a given context. Characteristics of the setting, developmental needs, and the salience of the pain associated with relational wounds all helped determine the strength of a given goal at a given point in time. For example, at the age of seventeen, foster youths may begin to think about the fact that they will soon be on his or their own. Their life goal of "being somebody" may cause

them to begin thinking about going to college and therefore taking school more seriously. If their new foster parents' home is warm and supportive (characteristics of environment), they will likely want to stay there (placement goal). However, because they have been hurt in the past and do not want to be hurt again (relational goal), they may decide to play by the rules but still maintain emotional distance from the family. Thus, by modifying their behavior, they are able to meet all three of their goals. However, some youth may not be able to fulfill all goals simultaneously and therefore will likely act in ways to fulfill whichever goal or goals are most salient at the time.

### *Relational Goals*

Although all of these different types of goals were influential in directing the behavior of foster youth and were worthy of further exploration, this study will focus on relational goals used within the foster care setting due to their importance in understanding the impact of the foster care environment on relational wounds. Four main types of relational goals emerged from the data and seemed to direct youths' behaviors in relation to their adult caretakers in foster care. The first two goals, *expression of past or present hurt* and *protection from further hurt* can be considered primarily past- or present-focused in nature. The third and fourth goals, *gaining love and approval* and *gaining power and control* can be considered primarily future-focused and proactive. An explanation of each goal follows. Examples of how goals influence behavior will be given in the subsequent section.

#### *Expression of Hurt*

Many of the situations which youth experience in foster care triggered memories of past relational wounds, including the painful emotions and beliefs associated with these wounds. Much like when children are physically wounded, their first reaction was to express their pain. For many youth, this meant unleashing anger, usually directed at a foster parent, since this was the person who was "standing in" for the person who actually hurt them. During this phase, the foster parent was often scapegoated while the biological parent was idealized. At other times, the relational wound may have occurred within the context of the present relationship

with the foster parent or staff. In either case, the child's behavior seemed to be primarily a reaction to a relational wound and an attempt to express the associated emotions. The predominant emotions associated with this relational goal were anger, confusion, outrage. Many youth were motivated to retaliate for the injustices that had occurred. They attempted to do this through their behavior. Thus, this goal is reactive in nature, and is primarily focused on expressing the injustices of the past.

#### *Protection from Further Hurt*

Because of their past relational wounds, many of the youth in the study were driven primarily by a desire to protect themselves from further hurt. Foster youth may try to protect themselves from any of the conditions which were found to be associated with relational wounds. In cases where protection from the actual experience was not possible, youth would seek to protect themselves from the pain associated with the event. Thus, the goal of protection is primarily defensive in nature and is focused on avoiding reliving the pain of the past in the present.

#### *Gaining Love, Acceptance, and Belonging*

Despite the fact that most of the youth in the study had been emotionally hurt by others previously, not all youth responded by trying to protect themselves. Many of the youth seemed to actively work to gain the sense of love, acceptance, belonging, and support they had missed in their childhood. This goal was primarily proactive in nature and was focused on securing in the present and future that which was absent in the past.

#### *Gaining Power/Control*

Many of the youth in the study were well acquainted with the feeling of powerlessness due to early abuse experiences in which they were powerless to protect themselves and later experiences in foster care where they felt that the decisions about their lives were generally out of their control. In order to overcome these uncomfortable feelings of powerlessness, some youth were motivated to obtain power and control over circumstances and others. These participants often talked about wanting never to depend upon someone else. This goal was related to relational

wounds in the sense that many of the feelings of powerlessness and mistrust of others which drove this goal first developed within the context of a relational wound.

### Behavioral Strategies

For the purpose of this study, the term “behavioral strategy” or “strategy” will be used to denote the behavior which stemmed from the interaction of the youth’s goals (i.e., life goals, placement goals, and relational goals) and was manifest within the context of the caretaker relationship. Simply put, behavioral strategies were merely the methods for achieving one’s goals.

Youth varied in the extent to which they used strategies flexibly to meet the demands of the contexts in which they found themselves. Some youth employed different strategies at different times and the context of different relationships. At times, they employed several strategies simultaneously in order to manage different aspects of their parental relationships or changed strategies if one strategy proved ineffective in achieving their intended goals. Other youth in the study relied almost exclusively on one of these behavioral strategies in a wide variety of contexts and relationships. Other youth seemed to rely almost exclusively on a particular behavioral strategy during certain phases in their lives, but seemed to show discrete changes in their relational styles following a pivotal moment or experience which changed them. Thus, the manner in which youth utilized behavioral strategies fell along a continuum, from highly flexible to highly rigid. The vast majority of the youth in the study preferred a certain strategy, but flexibly integrated other strategies as necessary. Appendix I provides a more detailed analysis of the strategies and goals used and preferred by each participant.

The participants in this study also differed in their level of awareness of behavioral strategies and goals. Some youth possessed an awareness of the strategies they used for managing relationships and were able to clearly articulate these strategies and the goals which drove them. For other participants, behavioral strategies could be inferred based upon their interviews and file data about their

behaviors and relationships. A description of each of the strategies will be outlined below, along with examples from the data of how goals influence strategy choices.

### *Three Primary Strategies*

#### *Pleasing/Performing*

Many of the youth in the study at times engaged in a pattern of behavior which included following the general structures, rules, and routines of their foster placements, at times going above and beyond those expectations. Although many biological and environmental factors could influence a youth's effectiveness in actually accomplishing these behaviors, youth who adopted these strategies usually had few behavior problems in the setting, performed well in school, and qualified for a low level of care. This pattern of behavior seemed to be used to accomplish several different goals, including the goals of gaining love and approval or power and control (relational goals), maintaining the placement (placement goal), and becoming a success (life goal).

Some youth used performing as a means to gain the love, approval, acceptance and support that they needed. Valerie remembers working very hard to secure the love and approval of her foster parents in her first two foster homes. She recalled,

I tried very hard. I was an A and B student. I was in extracurricular activities. I was in the chess club...the soccer team...the track team. I was trying to make them proud of me. Like you want your parents to be proud of you.

Vicki described, "I really tried to look at them like my parents. Even despite where they came from, their cultural background or ethnicity. It didn't matter. I tried to be a pleaser and tried to get their acceptance."

Other participants utilized this strategy to gain power and control over others and their circumstances, thereby protecting themselves from further hurt and disappointment while simultaneously accomplishing positive life goals. For example, Vicki, the only participant who had graduated from college, stated, "My drive is not so much to be successful...it is a lot out of fear. I don't ever want to be dependent on

someone else. I don't want to have to be embarrassed by asking for rides or a place to stay..." Similarly, Jessica recently graduated from high school and was interested in attending a prestigious university in the East. Throughout high school, she was highly competitive academically and athletically. She explained, "I want to be the strongest. I want to be the best. If I am not, I have to make myself better!" When asked what contributed to her developing such confidence and goals, Jessica replied, "I just felt that I would be safer that way," revealing that her drive for power and control is rooted in protection. She explained,

This is the real world and they don't care. There are people in it that care, but the world itself does not care. So my motto right now is I am not going to sell myself short in the world. In other words, I am going to totally show them all.

#### *Isolating/Remaining Detached*

Almost all the youth in the study reported isolating themselves or remaining detached from foster caretakers and peers during some part of their experiences in foster care. In its briefest form, this strategy may be a normal and adaptive response to change which allowed the child an opportunity to fully assess his or her environment before engaging in other behavioral strategies. However, many of the youth in the study persisted in using this strategy much longer, often over a period of years. Still others reported always using it. This strategy stemmed from a general mistrust of others and an attempt to avoid the emotional connection inherent in a relationship. By maintaining superficial, perfunctory relationships, these participants attempted to avoid the potential hurt, rejection, and conflict they had learned to expect from relationships. Thus, the goal most often associated with isolating/remaining detached was protection from further hurt.

For example, although Jessica later became more outgoing and adopted a performance strategy, when she was young she coped with some abusive foster placements by detaching and isolating. She describes her behavior during this period: "I used to never talk. Cause I didn't want to talk. I was too afraid. Anything I said

could get me in trouble.” Thus, withdrawal and isolation can usually be best understood as a protective measure.

For many youth, the strategy of isolating/remaining detached served to help them protect themselves and also to avoid conflict and problems. Anger was often an underlying emotion for many of the youth in the study, especially the boys. Several of the youth learned to isolate themselves from others in an attempt to avoid interpersonal situations that triggered their anger, so that they would get in fewer fights and less trouble. By doing so, they used the strategy of maintaining distance to achieve their placement goals of remaining in a placement or getting moved to a less restrictive setting because of their good behavior. Juan acknowledged that he used to be a “mad man” but stated, “I don’t want to get mad, cause I been to jail because I get mad. In juvenile...so I just keep to myself.” Juan further described his strategy: “I just stuck by myself. Followed the routines. Tried to deal with my issues. And that was it.” His description of care lent some insight into the motivation beneath this behavior:

They were backstabbers. Even the staff were backstabbers. They built your trust and then turned on you....When I was in care I thought I would never make it. So many psycho people around you. You never know if they are going to kill you.

Thus, the strategy of maintaining distance served as a means for Juan to protect himself from others he did not trust, and avoid interpersonal interactions that might trigger his anger, which he had learned could lead to placement in an even more restrictive setting.

### *Moving Against*

The term “moving against” was first used by Teyber (2000) to describe a pattern of behavior in which individuals seek to be in control of themselves and especially others. In this study, the term was used to denote a pattern of behavior that was rebellious, defiant, and aggressive in nature. This strategy could manifest itself overtly through direct behavioral problems (such as yelling, arguing, fighting, being

disrespectful) or covertly through passive aggressive behaviors such as not following directions, refusal to participate in activities, lying, and running away, which tended to sabotage the relationship or placement. For one young girl, moving against her foster mother took the form of an eating disorder. Once again, almost all of the youth seemed to evidence some form of moving against during their journey through foster care (see Appendix I). However, for a subset of the youth, this strategy persisted longer and was used in a multitude of different settings.

Moving against was primarily used as a behavioral means to release anger and hurt. For example, during her first placement, Michelle remembered throwing tantrums and yelling at her foster mother, “You’re not my mom! I don’t love you! I want to go home!” During this period, she also remembered believing that she “was going to go home.” Although not directly stated in the data, Michelle may have also believed that by rejecting her foster mother she would improve her chances of going home. For Michelle, moving against was a means to express her anger while working to accomplish her placement goal of returning home. Although Vicki normally was very compliant with her foster care staff, one day she yelled at staff and tried to discredit them with information she knew about them. When asked to explain her behavior, Vicki began crying as she explained, “I think my attitude was so—I don’t know—I really detested my position. Anywhere. I think anywhere I would have been. I just detested where I was because I was just in foster care.” Jake, who had severe behavior problems while in care, related his behavior to his anger at his mother.

I remember like whenever I’d get mad at my mom...I used to get mad and start throwing things around because I was still mad and everything. When I was younger I was aggressive. I would like throw chairs at people, break lights, break windows, or something like that.

Thus, the hurt from old wounds and anger at their current situation caused them to move against their foster care staff. Kristen became extremely angry when her aunt and uncle (her kinship foster parents) began to ground her and criticize her when she



began struggling in school. She began acting out by disobeying her foster parents and getting in fights in school. When asked to explain her behavior, Kristen replied,

Because nothing was that great. At home, I was so mad! I was mad because I already felt bad enough (about her poor grades) and they rubbed it in. You want to treat me like a bad kid? Then I will be a bad kid. I did a lot of bad things. Like I tried to burn down the school once.

Some youth learned to use their caseworkers as an instrument through which to move against their foster families by calling their caseworker to ask to be moved or reporting negative foster parent behavior. This strategy seemed to be particularly fueled by anger, and thus was most prevalent in situations in which the youth felt they had been “wronged” or hurt.

In addition to being used as a means of emotional release, moving against was also used as a means to gain power and control. Michelle described her two year bout with anorexia as a “power struggle” between her and her foster mother over food. She said, “You know, that was the one thing in my life I could control.” Jose recalled,

I used to call my foster mom a bitch and my foster dad a fag. And then one day I got real mad at them for something they had done. And I was calling her a bitch and she was crying. And when she cried, I felt more powerful...like my aunts and them had rubbed off on me!

In addition to making youth feel more powerful, moving against was used by a few participants strategically to gain some power over their placement situation. For example, Gary’s new caseworker had told him that he would have to remain in a placement he didn’t like. However, Gary managed to get the foster care staff to kick him out of the placement by cursing her out on the first day of the placement.

Because of his misbehavior and the foster staff’s request to have him moved, Gary was able to accomplish his placement goal of getting moved to a different placement. When asked if he had intentionally sabotaged the placement, he replied, “Yes, I did. Because I didn’t want to be there.” Similarly, Robert recalled that he would “climb

up trees and threaten to jump down if they didn't leave me alone...to get my way. Then one staff, I bit his hand."

In addition to gaining power and control over people and circumstances, some youth used moving against strategies to actively keep other people away in order to protect from emotional attachment and hurt. Marcus described foster care as full of challenges, "New rules that you can try to break. New people's buttons that you can push. I was always good at that. I was always trying to find people's weak points. The buttons to push." When asked why he did this, Marcus replied, "they don't get close to me."

Although some youth seemed to have preferred certain behavioral strategies, other youth used them flexibly to accomplish their goal. These participants often called this "manipulating." Some participants were so adept at using the behaviors of performing, remaining detached, and moving against that they were able to gain power and control over their circumstances. For example, Keith described himself as a manipulator.

I manipulated the program that I lived at so I knew the whole system very well...Anything I wanted pretty much got. 'Cause I had good behavior. I knew how the system went. So they bent their backs for me...I am a manipulator. When I was in care I got my things because I argued.

Keith reported that he often tried to overhear staff meetings and then threatened to reveal information to his caseworker in order to get his way.

As illustrated in the above examples, youth vary in the strategies they use to reach their goals. Table 6.2 explains how strategies are typically related to goals. A more detailed chart of the strategies and goals used by each participant is given in Appendix I.

Table 6.2 Strategies Typically Associated With Each Relational Goal.

<b>Relational Goals: Behavioral Strategies:</b>	<i>Protection</i>	<i>Gaining Love &amp; Acceptance</i>	<i>Expression of hurt</i>	<i>Gaining Power &amp;Control</i>
<i>Pleasing/Performing</i>		X		X
<i>Isolating/Detaching</i>	X		X	
<i>Moving Against</i>	X		X	X

*Consequences of Behavioral Strategies*

In evaluating the consequences or the outcomes of using a behavioral strategy, many factors must be taken into account. First, was the strategy effective in accomplishing the intended goal? Second, what were the emotional consequences of the strategy to the child? How did it leave him or her feeling? Did it tend to reinforce and confirm existing feelings or lead to new emotions? Third, what were effects of the strategy on the child’s beliefs? How did it change or confirm his or her relational beliefs? How did it change or confirm his or her beliefs about self and others? Lastly, behavioral strategies can be evaluated in terms of their long-term consequences. Although the individual consequences for each child will vary considerably due to the fact that youth use strategies in very different ways, an attempt will be made to draw some broad conclusions about the consequences of behavioral strategies using the data. In general, behavioral strategies are often effective at meeting their intended goals, which explains why they continue to be used. In cases in which they are not effective at meeting the intended goal, youth generally change strategies. However, in the long term, continued use of a behavioral strategy tended to undermine the healing of relational wounds and often deepened existing wounds.

*Consequences of Pleasing/Performing*

The effect of this relational strategy was heavily dependent on the receptivity of the environment to the child’s efforts. Working for the approval of others often ended in disappointment for many of the youth, as it seemed that their efforts were never good enough. These participants felt powerless, defective, and inadequate

when they persisted in trying to please and yet were only rarely able to gain the approval of their caregiver. For example, in Valerie's first foster placement, Valerie recalled, "everything I did was wrong," despite extensive efforts on to please her foster mother. Additionally, she reported, "I felt like a big mistake." Similarly, although Jose continued to try to gain the security by pleasing his girlfriends, he felt like he was rewarded only with unfaithfulness and abandonment. This caused him to become even more bitter, heartbroken, and less hopeful about his ability to secure love in the future.

However, in some environments in which the participants were praised and rewarded for their efforts, self-esteem improved and motivation and competence flourished. After running away from her adoptive home numerous times, Valerie was placed in a residential treatment center (RTC). She remembers that she was "motivated to work hard and be somebody and make the staff like me." In return, Valerie received the attention and love she had been searching for all her life. Valerie excelled in this program, and recalls that she was often used as a role model to other youth, which felt good to her and gave her even more motivation to maintain good grades and behavior.

In some cases the strategy of pleasing and performing accomplished its goal of gaining love, power, protection, or maintenance of a placement, but insecurity was still present. For example, "in the back of my mind" Michelle always worried about what would happen if she didn't follow the rules, make good grades, and generally be responsible and successful. Michelle believed, "all she [her foster mother] has to do is snap her fingers" and Michelle could be sent somewhere else. Thus, in an attempt to maintain the only semblance of family she had, she continued to try to please her foster mom, even when she felt that her foster mother didn't give her as much freedom as she would like. Similarly, Jessica worried what would happen if she was not the best. One day, her fears were confirmed. She explained,

When I proved to be fallible everyone was really angry with me. I had never made the mistake of showing it. I don't show my weaknesses easily. So when I finally showed weakness, they butchered me big time on that.

Thus, the behavioral strategy of pleasing and performing did not always lead to happy outcomes.

For many of the participants, this strategy proved to be adaptive in the short run and lead to the overall adjustment within their foster families or at their placement and good academic achievement. However, evidence does exist in the data to suggest that rigid adherence to this strategy can be maladaptive. For example, Jose was so concerned with pleasing his girlfriend that he often made decisions which hurt him in the long run, such as his decision to give his girlfriend his car, his willingness to drop out of school to pay for his girlfriend's outstanding warrants, and his sacrificing his own desire to obtain an education to support his girlfriend. Jose realized that his need for relationships interfered with accomplishing his other goals. He said, "I would rather not be alone...so I kind of push everything else off to the side and pay attention to her [his girlfriend]." In addition, although he was recovering from a drug addiction, Jose allowed drug dealers to come to sell drugs from his house because he craved the attention and camaraderie. Likewise, Kristen's uncle often extorted extra money from her on the grounds that she had not paid her car payment, although she had. She complied and willingly paid more money than she owed out of a sense of guilt and a desire to keep her kinship foster parents happy.

#### *Consequences of Isolating/Remaining Detached*

Most of the youth in the study used isolating themselves and remaining detached as a means to avoid conflict and escape additional hurt from relational attachments. In general, isolating and remaining detached seemed to be a fairly effective strategy for avoiding conflict, especially in cases where other people in the environment were content to let the child utilize this strategy. In many cases, however, foster parents and other foster youth said and did things which activated past relational wounds and triggered explosions of anger. Thus, the strategies of

isolating and moving against were often used simultaneously. Remaining detached was also largely effective in stifling the development of close emotional attachments. Instead of protecting youth from more pain, this strategy often intensified their feelings of isolation and loneliness which stemmed from their relational wounds. As these feelings intensified, youths' beliefs that "no one cares for me" were often confirmed.

In the long term, remaining isolated seemed to lead to poor outcomes. Youth who relied heavily on this strategy usually had few concrete plans for their lives and a limited sense of competency. Relationally, they seemed to lack many of the skills necessary to interact productively with others in their environment.

#### *Consequences of Moving Against*

Within the data, the predominant consequence of moving against was a disruption of the placement. This happened through many mechanisms, including the foster parent or foster agency requesting to have the child placed elsewhere, or by the caseworker moving the child in hopes of finding a better fit or moving the child to a more restrictive level of care. To the extent that the participants in the study used moving against in an attempt to get out of a placement they did not like, they were successful in accomplishing their goal. Moving against was less effective however in accomplishing the goals of expressing anger and gaining power and control. For example, although youth were able to temporarily express their anger through moving against, the target on which they unleashed their anger was rarely the primary source of their anger. Therefore, moving against did little to actually punish the true offender, but led to a host of interpersonal problems between the youth and the people in their environments. In addition, moving against brought about no effective resolutions of the situations which were the source of the anger. For example, Gary's anger stemmed from his perception that his grandparents and aunts and uncles had abandoned him to the system. However, this anger was taken out on the multitude of foster parents who tried to play a parental role in Gary's life. His anger, which his biological family may have been unaware of, did little to persuade his family to play a

more active role in his upbringing but effectively repulsed all others who were willing to attempt to play a parental role.

Emotionally, moving against seemed to validate the existing feelings of the youth and brought about few positive changes in emotion. In other words, although youth may have experienced a temporary and rewarding feeling of release when they expressed their anger through behavioral means, this strategy was not effective in reducing their anger. In fact, the negative interactions with others often added fuel to their anger, justifying their anger. Youth who moved against their caretakers in order to gain a feeling of power and control often received immediate gratification by accomplishing a placement goal or causing a foster caretaker to respond in a certain way. In the long run, however, most youth experienced a sense of powerlessness when they were removed from that setting only to be placed in another setting that was even less to their liking. However, the immediate gratification that youth experienced after using this strategy is likely what caused its continued use.

Because of the nature of the negative interactions that stem from moving against, the child's existing relational beliefs are usually confirmed through each new interaction. For example, due to his history of attempted murder by his father and his mother's sporadic presence in his life, Jake held the relational beliefs that "nobody cares for me" and "nobody is going to be there for me." However, his behavior, which met the criteria for Conduct Disorder, effectively repulsed even the most dedicated foster parents. His endless turnover of placements confirmed his relational beliefs over and over again.

In the long run, most of the participants' use of moving against was no longer prevalent in emerging adulthood, perhaps because there were no longer any parental figures for them to move against. Nevertheless, a large number of placements hindered the development of lasting relationships with parental figures and undermined the support available to the youth as they faced adulthood.

### *Behavioral Strategies and Foster Care Settings*

As demonstrated in the previous section, the goals that youth hold regarding their relationships, placement, and life are extremely important in determining the behavioral strategies that they will employ in foster care. It would be highly neglectful, however, to ignore the crucial role that foster care environments play in shaping the nature of these goals, determining which goals will be pursued, and which strategies will be employed. Thus, although previous experiences may prime youth to adopt particular goals and strategies over others, behavior in any given context arises out of an interaction between their perception of the foster care setting and their preexisting biases towards certain goals and strategies. Youth's behavior was rarely consistent across time and placements, supporting the notion that characteristics of the foster care setting play an instrumental role in determining behavior. Although the foster care settings that these youth experienced were extremely diverse, the participants describe these setting in terms of similar salient characteristics, which they responded to in remarkably similar ways. Thus, foster care settings will be grouped into four types based on their salient characteristics, as perceived by the participants in the study. Three of those contexts will be described here, along with the corresponding behavioral strategies that youth used within these settings. The fourth type of foster setting will be described later as a context in which healing of relational wounds can occur.

#### *Control Environments*

Almost all the youth in the study described foster placements that provided structure and control through the use of extensive rules, policies, behavioral management systems, and rewards and consequences. Although residential treatment centers typically retain tighter control over residents than less restrictive settings, many youth also described foster homes in which the foster parents also tried to exert a great deal of control over the children in their care. This type of environment seemed to primarily elicit two strategies: pleasing/performing and moving against.



Some youth respond to strict environments by trying to “follow the rules” and meet the expectations laid out for them. For example, Vicki spent five and a half years of her life in a large residential treatment program that explicitly taught proper behavior and used a behavioral modification system to reward good behavior and punish bad behavior. As a young child of eight, Vicki remembers initially liking the structure and routine that the program provided. However, over the years, Vicki grew to resent the system, even though she continued to try to meet the expectations placed on her. Vicki described,

I didn't have ongoing opposition, defiance, or non-compliance. I wasn't belligerent. I just made so many attempts to try and try to get the benefits that would make me feel normal. I had to be good. I had to comply to what their expectations were in order for me...I knew in my head I really need to be on my best so when it came time to ask for that or make that request, they won't have anything against me. Because I have been complying with what the rules of the home is.

However, Vicki never felt she was able to earn the freedom and privileges she desired. She explained,

[That] just pissed me off even more, but I just kept that stuff to myself. Because there was nothing I could do. I knew because I lived in that group home or because a lot of it was licensing or liability. That word I came to know very well.

Instead of rebelling, Vicki made friends with peers at school who were not in foster care. She cherished the times when she was able to visit a friend's house and “be normal” because she “didn't have any reins” on her.

Although other youth started out initially trying to obey the rules, many began moving against their foster caretakers. This seemed to be especially prevalent in situations in which the child felt that keeping the rules would hinder their own individuality or hinder their social development. In some cases, this “moving against” took the form of rebellious behavior, such as refusing to follow the rules,

being openly disrespectful and hostile to foster parents, and running away from the placement. For example, Valerie was adopted by a highly religious family that imposed very strict rules regarding what she was allowed to wear, where she was allowed to go, and what media she was exposed to (radio and T.V. were banned).

Valerie stated,

I tried to get along with them but I started rebelling because the clothes...it just wasn't me. I was a tom boy. Hitting puberty, too. Boyfriends were not in the question. I couldn't date or anything. So I ran away about eight times.

Similarly, Gary ran away from the residential treatment center where he had lived for a year after they implemented a new behavioral system. Gary described it as follows:

You had to get a certain number of points to go outside, a certain number of points to go out for the weekend. And I was like, man this is stupid! Why couldn't it just be the way it was? [I thought] this is gay. I ain't gonna be here, so I ran away for a little bit.

Youth that seemed to be more adept at utilizing the system often moved against their caretakers by requesting a change in placement from their social worker. For example, Gary changed placements countless times while he was in care, and often at his own initiation. In some instances, a change in the rules or feeling like the rules were too controlling seemed to be what triggered his action of calling his social worker. For example, Gary had gotten along well in one foster home for about 6 months until his foster father forbid him to ride home from school with a girl.

Mitch explained that many youth held the following belief:

We might as well do what we want to do here because if we go ask them if we can do it, they are going to say no anyway. So it just made most kids feel like "Forget it!" Sometimes I felt like that. I felt like "Man, I can't do it if I ask them."

Thus, environments which were high on control only seemed to foster good behavior in cases where the requirements and standards of the setting were obtainable and the

rewards for good behavior were high. Unrealistic standards with few rewards seemed to foster rebellious and moving against behavior.

### *Unfit Environments*

Despite the best efforts of the foster care system, some youth were placed in homes where the foster care policies and guidelines were not met. Several of the youth in the study experienced foster care placements in which the caretaker appeared unjust, in it for the money, uncaring, or verbally or physically abusive. For example, Jessica had faint memories of being sexually abused in some of her early placements. She also remembered being hit and punched by her foster parents and restricted to one cup of food a day. Much like Valerie and Juan who also experienced at a young age abusive and neglectful foster placements that “were just in it for the money”, Jessica tried to “be brave and tough it out.” Despite the fact that these unfit placements failed to provide for the physical and emotional needs of these children, they often lasted for a long time (over 1 year) because the youth rarely talked about the placement problems with their caseworker. Instead, younger children often utilized the strategy of isolating and remaining detached.

After youth had been in foster care for a while and were older, they became much more proactive and adept at getting themselves removed from unfit environments by moving against. Although her foster mother was never abusive to her, Michelle was more familiar with the foster care system and its requirements, and strategically used her caseworker to end a unfit placement. She described the situation and her actions as follows:

Like she would yell a lot, and I can't stand it when people yell at me. And I told my caseworker about it. You know, tattle-telling to your caseworker. But you know it wasn't tattle telling because the fact was she was doing things that she shouldn't have been doing...Like she wasn't fair. She favored her son...Like when we first got there she wouldn't spend money to buy us clothes. And like they gave money so that we could have clothes. We should have clothes. And like my sister for my birthday bought me some really nice

boots and a belt. And she took my boots and a belt because her kid didn't get it.

Similarly, Laquana routinely reported to her caseworker any violations in foster care policy and rules. "I called the social worker because I couldn't stand it no more... Because these people all they do is cuss and gripe at me." At another placement, Laquana called her caseworker to move her because her foster mother had spent the \$350 that was supposed to have gone toward buying her clothing on clothes for her biological daughter. She also described this lady as "a liar" and "rude."

### *Undemanding Environments*

Undemanding environments were perceived by foster youth as "Okay." Typically the foster parent or caretaker did not seem to invest very much emotional energy in the youth, but at the same time the foster caretaker was not abusive, unjust, or mean. Although these environments often had rules and structures, these rules and structures were not perceived as oppressive and in fact were often perceived as lax. In such environments, foster youth seem to adopt a similar "live and let live attitude." The primary strategy that youth adopted in such environments was isolating and remaining detached. Participants often generally obeyed the rules but were emotionally withdrawn from the relationship. For example, Laquana described one of her foster placements as "boring." She described that she got along "okay" with the foster parent and generally obeyed the rules, but didn't really care about the foster mother and did not really talk to her. In another home, Laquana described that the foster mother

lets me do anything I want...I do anything I want. I just got to call or leave my cell phone number. And then she will call and ask me where I am at, and I will tell her and she will be like okay. I don't have a curfew or nothing.

However, when asked if she felt close to these foster parents, Laquana offered, "Not really. But it is alright. It's kind of a place to live until I can find an apartment."

Although Michelle had a more longstanding relationship with her foster mother, she perceived her foster mother as uninvolved and distant and responded similarly.

To be honest, I don't think I was ever truly able to open back up to her. I love her, but it is hard for me to show her that I love her. And a little of it has to do with her side too. She's not that...I mean she is a loner. She likes to do her own thing. She works a lot, she comes home, and she will go bike riding or whatever. And you know she is already getting older. She lets me do my own thing. I am just there...If I have a problem, I can come to her, but I wouldn't say...we are close to an extent, but not like with [my previous foster mom]. No one has ever been as close to me as [her].

Michelle appeared to only be able to feel “secure” in a relationship when the person openly displayed love and affection for her.

#### Chapter Summary

Figure 6.1 provides a detailed illustration of the relationships between the relationally damaging experiences, relational wounds, goals, and behavioral strategies discussed in this chapter. The participants underwent many relationally damaging experiences in their families of origin and during their time in foster care. These experiences left relational wounds, or painful relational beliefs and emotions, which impacted the youth's perceptions of and experiences in foster care. These relational wounds led youth to adopt a variety of relational goals and implement a variety of behavioral strategies, depending on their perceptions of the foster care setting. Although these behavioral strategies were often effective in accomplishing the youth's immediate goal, they usually hindered the long term healing of relational wounds. The natural question then becomes, do the relational wounds of foster youth ever heal? If so, how do they heal and under what conditions? Chapter Seven will answer these questions by focusing on how relational wounds heal over time within the context of a sense of family.

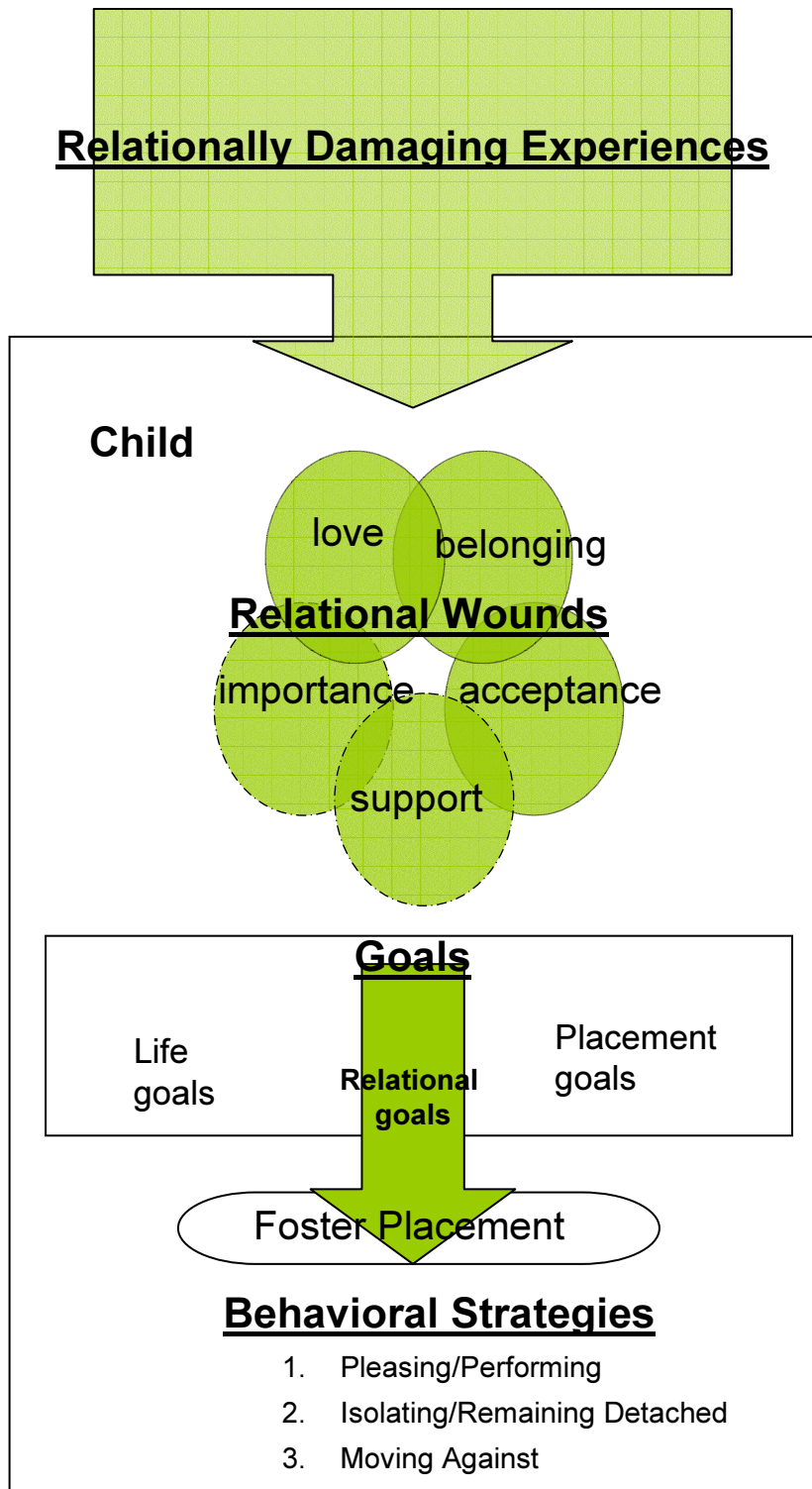


Figure 6.1 Understanding the Child in Placement: The Relationships Between Experiences, Relational Wounds, Goals, and Behavior

## CHAPTER SEVEN: EXPLORING THE MODEL

### Healing Relational Wounds

For the purpose of this study, the healing of relational wounds will be defined as a complex internal process which involves changes in predominant emotions, relational beliefs, and deeply held beliefs about self and others. These changes are often expressed externally by a change in behavior. For the participants in this study, healing primarily occurred within context of a **sense of family**. Foster parents and staff fostered a sense of family by creating a family **climate** and **routines** which facilitated the child's involvement in community. They also created a sense of family by sending **messages** to foster youth about *love, belonging, acceptance, importance, and support*. Because these caretaker messages specifically target the areas in which relational wounds occurred, they have the potential to facilitate **healing**. As relational wounds heal, *changes in emotion, beliefs, and behaviors* become evident. These changes take place gradually over time within the consistent context of a therapeutic sense of family. Many of the youth in the study believed that these changes impacted their entire life course. However, many **factors intervene to either facilitate or hinder** the healing process. For example, the participants varied in their *exposure to therapeutic messages*. Foster caretakers' characteristics caused them to vary in the extent to which they provided therapeutic messages. *Unexpected termination of therapeutic relationships, contact with birth families, and stress and additional trauma* also impacted the healing process. The participants' use of *psychological defenses* also hindered the healing process. Finally, the role of *therapy* in the healing process is discussed. Figure 5.1 illustrates the relationship of these constructs to each other and the previously discussed constructs.

#### *Experiencing a Sense of Family*

In the world of foster youth, the word "family" can be confusing. Who does it refer to? The child's biological parents? The relatives or friends that helped raise the child? The foster parents in whose house the child currently resides? Past foster parents with whom the child had a close relationship? The siblings whom he or she

may or may not still be in contact with? All of the above? The answer varied for each participant, and each participant seemed to find his or her own unique way to answer this question, often incorporating both biological and emotional ties. In this sense, the participants' senses of family varied dramatically.

However, as the youth reflected on their experiences, many of them spoke about people "feeling like family." In fact, eight of the youth in the study experienced non-kinship foster placements which they described as "feeling like family." When rating these placements, these youth routinely gave them the highest marks possible, often rating them above the range offered (i.e., a 10 on a scale of 1-5). Given that one might hope that every foster child would have such a positive experience, the term "ideal" will be used to denote the foster settings which the youth ranked highly and in which they experienced a complete sense of family. The following quotes illustrate the significance of these homes in the lives of these youth and more fully illustrate the "ideal" nature of these foster settings.

Mitch: That's when everything was peaches and cream...That was like the best place I ever went to. That was like the best house. I wish I would have went there when I first went into foster homes. I would have stayed there.

Laquana: They was nice... It was fun...Actually to this day I consider them my parents....I think that was the best place I have lived so far...I'd give it a ten!!

Jose: I loved those people to death. Like they were my own parents. My real, real parents....It felt like family, and I was real happy. Those were the best years of my life.

Valerie: Those were my fun times. They were like the family I never had.

Jake: That actually felt like home there. That was the first home and the only home that actually ever felt like anything to me.

Marcus: She treated me like her own kid....made me feel like I was part of the family.



Michelle: She was like the nicest lady ever. I went there and everything was perfect. It was my family! No one has ever been as close to me...

Matt: That was the best...I fell in love with them the first day I met them...I still call them Mom and Dad....They just came and filled my life with something that was missing. That changed me forever.

Unfortunately, the experience captured by these quotes generally happened only once for most of the youth who experienced it and not at all for others. What was it about these foster homes that enabled them to provide such a rich, positive, meaningful, and therapeutic experience for these youth? Why do the youth pick these particular people and placements to call “family” when they had all already experienced other capable caretakers? As the youth talked about these individuals or families and their experiences in these ideal foster settings, their descriptions were amazingly similar.

Analysis of the data on these homes found five factors which seemed to contribute to these being ideal placements. First, they felt loved or that the foster parent cared for them and had a strong affection for them. Second, they felt they belonged and were “accepted as a natural member or part” of the individual’s family. Third, they felt accepted as a person, or that their individual characteristics were regarded favorably and they were gladly received into the family in spite of weaknesses, individual differences, or emotional and behavioral problems. Fourth, they felt important, or that someone thought they were “of significant worth” or “valuable.” Lastly, they felt supported, or like someone was there “to help emotionally or practically.” Thus, love, belonging, acceptance, importance, and support are five components that contribute to a sense of family. A fuller description of the meaning of these terms for the participants and the actions that foster caretakers took to help facilitate these actions will be described later.

Similarly, as they talked about their more troubled relationships with biological parents, relatives, or foster parents, the participants often focused largely on the absence of one or more of these same characteristics or their uncertainty about

their presence. Thus, love, belonging, acceptance, importance, and support can be more accurately conceptualized as dimensional constructs upon which foster youth evaluate foster placements and even relationships with biological family members. For example, over the course of their entire lives many youth experienced placements in which they felt like the foster parent didn't like them, others in which the foster parent didn't care (indifference), others in which the foster parents or staff were generally seen as caring, and others in which they felt totally loved. Thus, love is a dimensional construct ranging from dislike to love. Similarly, youth experienced some placements in which they were constantly reminded of their "foster child" status and described "feeling like a paycheck." In other placements, youth felt like part of the family. These are opposite ends of the continuum of belonging. Youth also varied in the extent to which they felt they could be themselves in foster placements. In some foster placements, youth felt like aspects of their identity were rejected. In other placements, they felt accepted as long as they met the expectations of the foster parents or staff, and at other times they felt accepted even when their behavior fell short of the expectations. These variations all fall along a continuum of acceptance. Similarly, in some homes, youth felt as if they were treated like a "nobody," while in other homes youth said "They treated me like I was somebody." These statements reflect opposite ends of the continuum of importance. Lastly, homes varied in the degree of support they offered foster youth. In some foster placements, youth experienced abuse and neglect, which represent an absence of support. In other homes, youth felt that parents and staff were available and willing to meet their needs. In sum, youth varied in the extent of love, belonging, acceptance, importance, and support they felt in different placements.

#### *Creating a Sense of Family*

Interestingly, all youth in the study reported feeling different levels of each of these characteristics in different homes and relationships. This would suggest that factors associated with the foster placement, rather than the foster child, were largely responsible for the creation of a sense of family. Thus, an important question is how

do some foster caretakers create a sense of love, belonging, acceptance, importance and support for foster youth? To answer this question, data on the small subset of non-kinship placements (eight total) in which youth experienced an ideal sense of family were analyzed to determine the unique features of these placements and the nature of the interactions which occurred within them. In addition, the descriptions of other homes in which youth partially experienced a sense of family was used to illuminate subtle differences in parent and child interactions.

The outward characteristics of the settings in which youth described feeling an ideal sense of family varied dramatically, including a single parent home, a foster family with a few other foster siblings, foster families with biological children, group homes of 12 youth, and residential treatment centers. However, these placements shared similar *climates* and *routines*, and caregivers actively conveyed *messages* regarding love, belonging, acceptance, importance and support. In addition, caretakers used *interventions* directed at the child's maladaptive behavioral strategies when necessary to sustain the placement and bring about change. The impact of each of these factors is best reflected in the youth's descriptions; therefore participants' words will be used to the greatest extent possible.

### *Climate*

When describing the climate of ideal foster placements, participants routinely used words like "warm," "caring," and "comfortable" to describe these settings. The climate of the home and the personality characteristics of the foster caretakers often seemed to be assessed by some youth during their initial encounters with them. For example, youth quickly assessed aspects of the foster parents' personalities by characteristics of the home, how the foster parents presented themselves, and the initial expectations which were placed on them.

Jake: When I first go in the home I always look at the personality, because their house matches with their personality. If you see them all too dressed up and you see the house is all crappie and everything you know they're just making it up. When I see it's all nice and neat and everything and they're all

dressing crappie and everything. Or if it's something like they're dressing warmly and how they want to because it's their home, and they don't care what you might think because they're in their house. And, of course, if it's like too fancy and they're dressed up like a little bit too much and everything then you know you're not going to make it because they're going to expect you to do more than you're already doing as it is...It's not about first impression really, it's just like how their personality...if they start like, "Well, you need to go do this, you need to go that." That tells me that it's not going to be a good home. If it's a good home they'll be like, "Oh, take a seat down and you can unpack tonight when you get ready for bed or after you take a shower." That tells me like this would be a good home.

Thus, many foster youth formed impressions about the home in the initial interactions which are likely to color their future experiences. In support of this notion, several of the youth described a home-like feeling during their initial interactions with the families that would later provide them an ideal sense of family. Jake, who had been in countless foster homes previously, described the place he would later feel was the best placement ever: "When I first walked in the house, it felt like a home...It actually felt like a home. I just want to say warm and loving I guess..." Similarly, for Matt the home-like characteristics of the placement made him feel like he had finally found home.

Matt : It's one of those things that a little kid that doesn't have nothing dreams of...going to a little house with a fence around it and a dog in the yard. They had this dog Yogi. And then you got all this land in the back...it was like "Man!" (Interviewer: Do you remember when you walked in?) I felt different because I smelled food and it was chicken and dumplings. I had never had chicken and dumplings. And I had never smelled that, so I was just like "Oh my gosh, this is going to be my home! I want to make sure I keep it." That is all I kept thinking through my head.

In addition to creating a comfortable, warm, and inviting environment, many of the youth remembered the foster parents taking certain actions which caught their attention and made them think positively of the foster placement. Matt described, “He [the foster father] came out there and shook my hand and said, ‘Hey, I am going to be your dad.’ And I was like, ‘Cool!!’...” Likewise, Jose’s foster family caught his attention when they went out and bought him clothes and then introduced him to his foster siblings. He remembered thinking, “Whoa!” In each of these cases, the foster parents differentiated themselves from previous foster parents by taking some action to signal to the child nurturance and support. Although these first impressions may have been critical in getting the placement off to a good start, the participants’ descriptions of the routines in the placement played an even more influential role in shaping their views of the foster home.

### *Routines*

Several routines, or common practices, emerged from the data when ideal placements were analyzed. First, these families spent time together. The parent figures engaged in fun activities with the youth. For example, Michelle fondly recalled the little things she and her foster mother would do together: “She was so fun...we would watch movies together...Like every day we would go get ice cream.” Laquana, Jeff, Jake, and Jose talked about going on family vacations, such as Disney World, Yellowstone, skiing, or the mountains.

Jose: It was good. We went on vacation and stuff, which I had never experienced before. And we actually celebrated Christmas, something I had never done before either. Thanksgiving. And they would take us to their parents’ house and their parents would come to be with us. It was real family oriented.

As mentioned by Jose, these families also celebrated holidays in a way which made the individual child feel special. Laquana recalled, “Like for 12 girls, for each girl around Christmas time, they would actually get 12 presents.” Other youth recalled that the family shared in daily chores such as cooking and dishes as well and had a

daily time for studying. Thus, these families seemed to be very family oriented and found ways to facilitate the youth's involvement in family life through outings, vacations, holiday celebrations, and daily routines.

Secondly, involvement with extended family members played an important role in creating a sense of family. These interactions with other extended family members provided a greater sense of belonging and fostered a sense of family.

Michelle: I used to babysit her kids like all the time. Like her nieces and nephews....It was my family.

Marcus: And I actually felt a part of that family. Me and her daughters got along great. We went to the same school. I helped them pick out their outfits for Sadie Hawkins and Prom.

Many of the youth in the study, considered the biological children of their foster parents and their foster siblings to be their brothers and sisters. In addition, extended foster family members (foster grandparents, aunts, uncles, cousins) provided the primary sense of extended family for youth who had little ongoing contact with their own biological families. Lack of support from all the members of the foster family or extended foster family tended to undermine a sense of belonging. For example, although one of Jake's previous foster mothers had considered him her child, the foster father's rejection of him led him to feel unwelcome in the home. Similarly, the fact that Michelle's foster mother's extended family did not support her decision to foster a child led Michelle to feel unwelcome in the home. In other cases, conflict with biological siblings led to the disruption of the placement. Thus, the data suggests that the decision to foster is a decision in which participation of all family members (even extended family) is important.

Additionally, involvement with peers was prevalent in homes in which youth felt a sense of family. One way that foster parents seemed to do this was by quickly encouraging youth to become involved in extracurricular activities. These activities seemed to provide youth with a sense of motivation, accomplishment, positive peer relationships, and the freedom to feel like a "normal" teenager. In addition, they

fostered a means through which to channel the youth's energy in positive directions. For example, two days after he arrived, Matt's new foster parents enrolled him in a volleyball league. He described, "I was on a team and everything. And that was the best. Learning how to play volleyball!" Jose began playing football and running track, which provided a means to bond with his foster brothers and an outlet through which to release some of his aggression. During Mitch's senior year in his last foster placement, he finally got involved in football, a sport that he had given up to join a gang when he was living with his biological mother. He recalled, "That was tight! I liked it. I liked it a lot. I wished I would have just stayed in one place when I went to school. Because I probably would have been a basketball or football star."

Finally, spiritual involvement seemed to be prevalent in foster placements which created a sense of family. Many families attended religious services together, which seemed to be a positive and bonding experience for these youth. Within these ideal homes, religion and church attendance fostered individual values, self-worth, and community, even in the cases of gay and bisexual participants. For example, Jake, a bi-sexual male, fondly recalled the time spent with his foster parents at church: "We went to church like twice a week. I volunteered at the church a lot and everything there." However, it is important to note that in other homes, religious involvement created conflict between the foster caretakers and the youth, and actually fostered alienation rather than a sense of family. What was different about how these parents approached religion that made it an alienating rather than bonding experience? Caretakers who imposed highly rule-based religious practices on youth were perceived by the youth as inhibiting their ability to assert their individuality, and often left them feeling judged. For example, Valerie began to run away from her adoptive parents' house because she felt their religious rules about not wearing make-up, not wearing pants, and having to wear out-of-style dresses were too inhibiting. Similarly, Marcus, a homosexual, struggled with feeling judged and condemned because religious foster parents had told him his lifestyle was "unacceptable" or that "homosexuals are going to hell." In sum, religious activities, when approached with

openness and acceptance, were another way that foster families created a sense of togetherness and family.

For the one participant who gained her “sense of family” within two separate residential treatment centers, the climate of the setting and routines or “programs” which existed in the setting itself functioned to foster involvement with staff, peers, and various programs (educational and religious).

In sum, foster placements that were able to effectively create a “sense of family” for the youth in this study shared several common characteristics, such as fostering family, religious, and peer involvement. Although many of the youth mentioned the presence of all of these routines in ideal foster placements, a few did not. Thus, these practices should not be thought of as a prescriptive list, but rather means for an end. In other words, what all of the ideal foster placements shared in common was the fact that they found ways to get the youth *involved*. This involvement at multiple levels of community created a context which enabled the youth to form connections with many different people in their environment, reduced the youth’s feelings of isolation, and fostered a sense of belonging.

#### *Interventions Targeted at Maladaptive Behaviors*

As discussed previously, when youth persisted in using a behavioral strategy to protect themselves, they often hindered their own ability to form real and meaningful relationships or to experience healing of relational wounds. Intervention from the foster caretakers directed at the youth’s maladaptive behavior often played a pivotal role in facilitating changes in the youth’s behavior, beliefs, and feelings. Without such intervention, maladaptive behavioral styles persisted, placements were often jeopardized, and healing of relational wounds was limited. For example, in his last foster placement, Mitch continued the pattern of behavior which he had used to isolate himself from others in each of his previous placements. However, these foster parents were able to intervene effectively, which led to a new experience for Mitch.

Mitch: I would stay in my room and when I came out, everybody would say “you need to stay out of that room. You need to be out here, watch TV, talk



on the phone, do something.” I would be like “I am just not used to it.” “I don’t care. Go ahead.” And I started interacting and that is when I started drawing close to everybody.

By not allowing Mitch to continue in his pattern of remaining detached, the foster parents facilitated his involvement in the family life which led to Mitch developing a “sense of family” with these foster parents.

When Jose first arrived at his foster placement he began unleashing on his foster parents all the anger that he had towards all of his past caretakers. He often verbally abused the foster parents and seemed to relish making his foster mother cry. One day, his foster father confronted this behavior by saying, “You are out of control and we are going to send you out of here tomorrow. And deep inside we don’t want that to happen.” According to Jose, he responded by going outside and “screaming my ass off like I was crazy.” The response of Jose’s foster parent altered the course of his life. Jose explained,

And they came and held me. And that is really the first time I let someone hug me like that. And they were like, “We love you like a son. We really want you to be with us.” And my first year of high school I was making like 30’s and 40’s. And I just switched that all around. I was going up gradually. I ended up making honor roll. Joined football again. I was in track. I did a lot to things. I still had times every now and again where I didn’t agree with what they said, but after that it was all good.

In reflecting on why this event had such an impact on him, Jose offers several insights which illustrated the characteristics of an effective intervention.

I think it was that they weren’t kicking my ass. They actually set me down to talk to me. But how do you explain that someone you don’t even know wants to care for you? And maybe they really do care for me, and deep down inside I knew they did. And for them to say that they were going to let me go tomorrow, that kind of switched me around too.

First, his foster parents differentiated themselves from previous caretakers by responding in a different manner (sitting him down to talk, hugging him, etc.). Secondly, the foster parents had clearly conveyed that they cared for him and wanted to continue to take care of him. Thirdly, the foster parents gave him a warning about the consequences of continued misbehavior in a way that gave him an opportunity to make a choice.

Unfortunately, some of the youth in the study experienced the disruption of a very good placement because the foster parents failed to intervene effectively at the proper time. For example, Jake loved his foster parents and had lived with them two years, a year and a half longer than he had ever lived anywhere else. During this time, he had exhibited many serious behavior problems, such as threatening to burn down the school, stealing, taking his foster parents' car, breaking windows, and causing over \$6,000 worth of damage to their neighbor's property. Although Jake went to juvenile detention briefly for making the threat on the school, Jake seemed adept at avoiding major consequences for his actions, both from his foster parents and from the law. When his foster parents finally learned that he and another youth in the home had hacked into their computer and gained access to their bank account, they called the social worker to pick him up, giving him only a ten minute notice. After leaving their home, Jake never remained at another placement for more than six months. Ironically, being forced to leave the home he had grown to love caused him to experience regret and remorse for the first time in his life.

Jake: I regret everything I've done, anything from the smallest thing, from shooting a BB gun at a can or anything, I just regret it. If I were to wish for one thing it's to make up all those things when I was at the C-----'s. I would have to say that if I were to change anything about my life.

Jake even apologized to his foster parents, telling them, "I can't believe I did this to you." Although the experience of being forced to leave his foster home did have some positive outcomes, Jack might have been able to remain with the C----- family and would not have developed such extreme conduct problems if they had intervened

more effectively sooner. Thus, in general, it appears that youth respond better when confronted with their behavior early on during the placement, but after a strong connection has been made.

Marcus was another youth who experienced a very therapeutic foster home but ended up leaving. In his case, the disruption of the placement was initiated by the youth requesting to move due to the feeling that he was “getting too close” to his foster parents. Unfortunately, neither the foster parent or the caseworker intervened, the result of which was that Marcus reported having over 31 placements while in care.

When implemented effectively, intervention resulted in greater closeness in the relationship and growth in the child. When youth were allowed by foster caretakers to continue maladaptive behavioral strategies, healing of relational wounds was hindered due to disrupted placements and a lack of a sense of family.

#### *Foster Caretaker Messages*

In addition to creating an inviting climate, having routines which fostered involvement, and intervening effectively to stop maladaptive behaviors, ideal placements fostered a sense of family by sending messages to youth which created a sense of love, belonging, acceptance, importance, and support. Foster caretakers communicated these messages to youth through both their words and actions.

The messages communicated by the caretaker in each of these five domains are part of a larger reciprocal process. In order to create a sense of family, messages sent by foster caretakers have to be received by foster youth in the manner in which they were intended. Foster children seemed to receive messages on two levels: a cognitive level and an emotional level. After receiving the message, the foster child usually reciprocated the message. To illustrate, a foster parent may send the message to a child “I love you,” but the child may not receive this message and not believe that the foster parent really loves him or her. Alternatively, the child may believe the message cognitively, but not “feel” like it is true. Or, youth may believe they are

loved and “feel” loved, which in turn will lead to reciprocating love towards the foster parent. This process is illustrated in Figure 7.1.

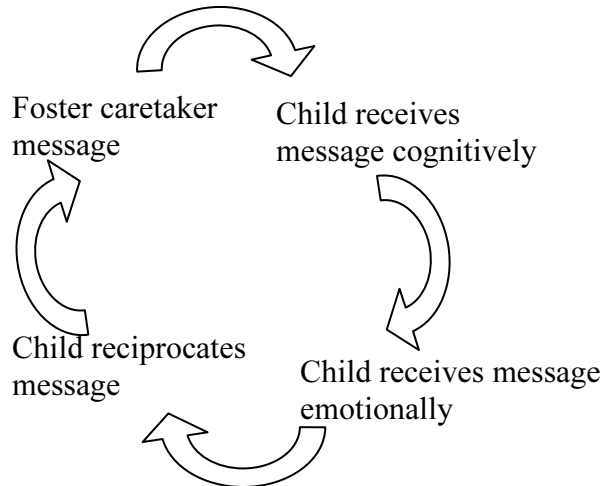


Figure 7.1 Reciprocal Communication Process Between Foster Caretakers and Youth.

Many factors influenced the extent to which youth received the messages sent by foster parents. First, conflicting messages led youth to discount the message entirely or only believe it cognitively. For example, Jessica’s foster mother said she loved her, and Jessica said she believed it to be true. However, she also stated that she “doesn’t feel loved,” and mentioned that her mother was rarely affectionate and often critical of her. Thus, conflicting messages may cause children to doubt the validity of the message and hinder them from fully embracing a given message. In addition, a complex set of child factors may make it difficult for a youth to receive and reciprocate certain messages. For example, Marcus believed that if anyone got close to him, that person would leave him. Although he was able to acknowledge all of the ways his foster mother offered him love, belonging, and support, he never stated that he “loved” her and eventually chose to leave her home. One might guess that the youth’s beliefs surrounding the meaning of accepting the foster parent’s overtures were likely an important intervening condition. However, sufficient data did not exist to explore this issue more fully. Instead, most youth who rejected or partially rejected foster parents’ overtures reported that that they did so because they did not believe the

validity of the foster parent's message, which could be due to either foster parent or child factors. However, the fact that participant experiences differed greatly in different homes supports the relative importance of foster placement factors over child factors. For the purpose of this study, the focus will remain on the youth's perception of foster parent messages, since the data clearly supports the importance of this factor. An explanation with examples will follow of how foster parents communicate love, belonging, acceptance, importance, and support.

*Communicating love.* Love is defined by Webster's Ninth New Collegiate Dictionary (1991) as "strong affection for another arising out of kinship ties." The data supported love as an important construct which contributed to a "sense of family." In describing why she felt a sense of family at the residential treatment center, Valerie stated, "I felt loved, you know," and offered that "in each place that was at least one person who just loved me. You know, like I was his or her child or something." Similarly, when discussing what made his ideal foster placement so good, Matt said, "They loved me and everything. All of us." Other youth, like Jake, used the word "care" to describe similar feelings: "I felt like someone did care..." In contrast, in homes that youth did not like, foster youth often stated that they "felt like they [the foster parent] didn't really care" about them. Thus, whether or not the foster child perceived that the parental figure cared about or loved him or her seemed to be integral to creating a sense of family. However, the data was less clear on how foster parents communicated care and love to foster youth.

In several cases, youth mentioned that their foster caretakers stated that they loved them. Laquana remembered her foster parents waking her up in the morning and telling her, "Good Morning, good morning, I love you." Similarly, Matt recalled the day his foster father said to him, "We love you like a son. We want you to be with us." He also remembered his foster parents hugging him, which seemed to be important in helping him feel loved. Jake also remembered his foster mother hugging him and crying the day he left. Similarly, he mentioned hugging her and crying the next time that he saw her. Jake commented that he had "never cried for

anybody before.” Thus, both verbal and physical displays of affection seem to be important ways of communicating care and love. Interestingly, Jake, Marcus, and Laquana never used the word “love” in describing their own emotions towards their foster parents, although all three listed them among their closest relationships. Several alternative explanations for this phenomenon exist. First, perhaps these youth do not conceptualize their close relationships in an emotional manner. However, Jake’s use of the word “care” to denote feeling and Laquana’s use of the word love regarding her foster parents’ messages to her suggest otherwise. Alternatively, these youth may avoid the use of the term “love” because of the associations it may hold for them. None of them used the term “love” to describe any of their other relationships either. For these youth, the word “love” was likely too emotionally charged. Unfortunately, all three of these youth were removed from these homes. It is impossible to know whether over time they would have developed the capacity to actually acknowledge “love” or not. Regardless, an overall sense of feeling loved and cared for is closely dependent on the foster parents’ ability to convey belonging, acceptance, importance, and support.

*Communicating belonging.* The American Heritage Dictionary (2000) defines belonging as “acceptance as a natural member or part” while the Cambridge Dictionary of American English (2000) defines belong as “to feel you are in the right place.” Within this study, foster parents accepted foster youth as natural members of their family, which in turn gave foster youth a sense of belonging, or a feeling that they were in the right place. Foster parents sent several messages which initiated this process and facilitated a sense of belonging. First and foremost, foster parents facilitated a sense of belonging by treating foster youth like their own children. One way in which they did this was by referring to the foster child as their son or daughter, especially in their interactions with those outside the family:

Marcus: She treated me like her own kid...And people were like “Is that your son?” and she was like, “Yes, my son.” She don’t separate me. She don’t categorize me as a foster child. And I actually felt a part of that family.

Jake: They didn't consider you a foster child. They considered you their child, a part of the family and everything. Like at Christmas they wouldn't be like, "I'll give these to the foster kids." Or when we'd go out places they wouldn't say, "This is my foster son." They were like "Well, this is my son, Jake" and things like that... They didn't consider me a foster child.

Marcus: I had a couple of foster parents that said, "That's my son." Even though I was of a totally different race, I was their son. And it made me feel good. It made me feel like I belonged.

In each of these cases, the language the foster parents used to refer to the foster child played a crucial role in fostering a sense of belonging. In a sense, the foster parent can be seen as granting the foster child the rights, responsibilities, and privileges that a natural born child experiences with their parents by referring to them as their son or daughter. This seemed to open the door for the foster children to see themselves in a new way—as a child who has parents rather than a foster child. Foster youth seemed to reciprocate by granting foster parents the rights, respect, and privileges typically granted to parental figures. Many youth, although not all, reciprocated by calling the foster parents "Mom" and "Dad" when they were ready. Some youth, like Marcus and Jake, felt more comfortable reserving the names Mom and Dad for their biological parents, even though they both acknowledged that their foster parents played more of a parental role in their lives. The extent to which children enabled themselves to be fully "adopted" into another family seemed to be influenced largely by the nature of their contact with their biological families and their beliefs about these families.

Some foster parents initiated this informal adoption process by placing themselves in the role of mother and father and overtly giving the child permission to call them "Mom and Dad." For example, Matt's foster father introduced himself to Matt by saying "Hey, I am going to be your dad," and encouraging Matt not to hesitate calling him "Dad." Matt, who had suffered an immense amount of abuse and loss and had no ongoing connections with biological family, felt "comfortable enough

to call them that” because of his “lack of having a family, parents-wise.” However, other youth, like Gary, who was still emotionally focused on his biological family, were put off by these initial and direct overtures. Throughout his time in foster care, Gary never called anyone Mom or Dad, choosing to hold onto the anger at his biological parents rather than replacing them with more available parents. Again, the child’s past history with his or her biological parents and his or her beliefs about them play an important role in determining how youth will respond to foster parent messages concerning belonging.

In addition to fostering a sense of belonging through the use of language, foster parents also facilitated a sense of belonging by not differentiating between their biological children and foster children. For example, Jake remembered being shocked to learn that his foster parents had spent their own money (rather than state money) to buy him Christmas presents. To him, this action conveyed, “They don’t consider me a foster child. They consider me one of them.”

Youth who received parental messages of belonging and reciprocated them seemed to form an expectation that this informal adoption was permanent and this would now be their “family forever.” When asked who they expected to still be in their lives over 10 years from now, all of the youth who had felt a sense of belonging in a family mentioned these individuals. For example, Matt says that he knows his foster family will be in his life 50 years from now: “I know. They tell me that. They tell me, ‘You are our son’ and my dad hugs me every time he sees me.” Similarly, after spending three years with his foster family, Jose commented, “I always believed they were going to be like family forever.” Thus, when a foster parent informally adopted a child by calling them his or her son or daughter, this process was viewed by the child as having lasting effects.

*Communicating acceptance.* For the purpose of this study, the term acceptance will be used to denote the process by which youth were regarded favorably and gladly received into the family in spite of individual differences, or emotional and behavioral problems. Youth overwhelmingly described feeling



acceptance in ideal placements where they found a “sense of family.” Foster parents produced this sense of acceptance in a multitude of ways.

First, several youth mentioned that their foster parents de-emphasized file materials and background information on the youth. This file often contained a great deal of information about the youth’s behavior in past placements, and youth who had a history of troubled placements felt that foster parents often “judged” them based on the information in their file before getting to know them. Thus, one way that foster parents communicated acceptance was by assuring the youth that they were not going to base their judgments of them on file information. For example, Jake’s foster parents told him, “We have your file right here about the things that you did. We’re putting that all behind us and we are going to start over.” When his foster parents locked the file in a safe at the beginning of placement, Jake said, “It made me feel like I had a whole new life starting over from that point.”

In addition, foster parents seemed to communicate acceptance in how they responded to the youth’s behavior or emotional problems. For example, Mitch’s foster parents communicated acceptance by offering numerous chances.

Mitch: They just went ahead and accepted me with open arms, and it made me feel at ease...They gave me a chance. When I went out and messed up that time, they gave me another chance. That was just like my heaven.

Similarly, Laquana’s foster parents still expressed love towards her even when she failed to meet their expectations. She recalled, “I still sometimes got in trouble for it [not listening to foster parents], but they still loved me for it!” However, other foster parents did a poor job of communicating acceptance by failing to validate the youth’s efforts. Valerie remembered,

I felt like a big mistake. I tried very hard. I was an A and B student. I tried very hard. I was in extracurricular activities. I was in the chess club. The chess tournament. The soccer team. The track team. I was trying to make them proud of me. Like you want your parents to be proud of you. But everything I did was wrong.

Additionally, foster parents may unintentionally make a child feel rejected as they seek help in dealing with the child's emotional or behavioral issues. Valerie also felt rejected and betrayed by her adoptive mother because her mother sent her to a residential treatment center after she told her mother about obsessive thoughts she had been having. Although Valerie's adoptive parents were likely seeking to find her appropriate help, Valerie perceived this as a betrayal. She commented, "I felt betrayed...I felt physically ill. The trust that I thought was there wasn't there. I felt really bad. I never told them anything else."

Foster parents also communicated acceptance by accepting the youths' individual choices, personalities, and differences. In describing the foster placements where Valerie felt loved and secure, Valerie said, "I felt like I could be more myself...I worked hard but I didn't feel as much of a weight on my shoulders as I did over here in my foster homes." Similarly, Mitch described, "I felt like I could be more myself. I was myself. In my very last foster home, I could be Mitch. Even though I made my mistakes a couple of times, they knew Mitch. They knew who Mitch was and they brought me to the realization of who I really was." Thus, although the youth in the study seemed motivated to behave well within foster homes in which youth felt a sense of family, there was also a sense that acceptance did not depend on their performance. Instead, youth felt they could be themselves, which seemed to help them develop a clearer sense of their own identity.

Unfortunately, in other homes, basic aspects of the youths' emerging identities were rejected by foster parents by their words and actions. For example, Marcus identified himself as a homosexual. In several homes, Marcus felt like he was targeted or rejected by his foster parents due to his sexual orientation.

Marcus: She (foster mother) pulled me downstairs and said, "Well, Marcus, I am going to let you know this right now. I don't agree with your lifestyle. This is a Christian family."

Interviewer: Do you remember how it made you feel?

Marcus: It made me really upset. Cause I know my limit. I know I am in foster care. There's no way I am going to do stuff with a kid I don't know nothing about...I am not sexually active. And I told her that and she didn't really click on that. She had the Bible. And that's her law.

Interviewer: How did that affect your relationship?

Marcus: It really kind of messed up my relationship with her because everything I done was kind of looked down upon.

Other youth felt that the rules in many foster placements were so strict that it hindered their ability to be themselves. For example, Mitch explained how he felt in one home:

Mitch: They had me on this deal where I couldn't dress the way I want to dress; I couldn't be myself. And I just couldn't get comfortable with that. And I just didn't like it at all. At all. I mean, it was really supportive, but I just...They were too busy trying to keep us from talking to girls. I'm a boy. I talk to girls! I like girls! They are thinking that we are thinking, because that's back when a lot of girls became pregnant and stuff. I am not going to lie. It was kind of hard on me because I was like, "I don't want to be talking to all boys and all!"

Developmentally, it was normal for Mitch to be interested in girls and want to express his individuality through his dress. Thus, in this case, there was a mismatch between the rules of the home and the youth's developmental needs.

In sum, foster parents can communicate acceptance by validating youth's efforts including their mistakes, by allowing youth to express their individuality, and by adjusting their standards to meet the developmental needs of the youth.

*Communicating importance.* As the foster youth in the study described their best foster placements, it became clear that these foster placements somehow communicated to the youth that they were individually important, valuable, and of worth. Laquana recalled, "They treated me like I was somebody instead of just being some girl...some kid whose parents just left her for us to take care of. They actually

treated me like I was somebody.” Although Laquana was unable to articulate what things her foster parents did that made her “feel like somebody” other foster youth offered some insight from their experiences. First, the data suggested that foster parents sent messages to foster youth that they were important by modifying their disciplinary systems to fit the needs of the individual child. Matt described his foster parents’ disciplinary system: “At this home it was perfect. They had their rules, their discipline. But it adjusted to everybody’s needs and it suited everybody.” Similarly, Jake’s foster parents communicated the message, “Well, if you don’t like it this way maybe we can try it your way next week or tomorrow.” These foster parents validated the individual differences in foster youth and offered flexibility, while still upholding a general standard of rules, expectations, and discipline.

Secondly, foster parents sent the message to foster youth that they were important by spending time with them individually.

Interviewer: What do you think it was about the residential treatment center that made it such a positive experience?

Valerie: I think I got individual attention. I was an adolescent. I had never had any attention in my younger years. So I think it was the attention I got.

Matt recalled the first day he arrived at his new foster home:

Matt: That night, after dinner and stuff, she put all the other boys to sleep and I sat up with them. And she asked me what were my likes and dislikes. What kind of clothes did I like, what my hobbies were. Stuff like that. So they could adjust. And I was like cool. They didn’t ask me that at my other home. And I was like this is going to be awesome. And it literally was! It was the best!

As indicated by Matt, the small gestures of foster parents often spoke volumes and communicated important messages. As indicated by Valerie, these messages are often so important because foster youth have never received them before. Thus, it represents a new way of being treated and signifies a change both in how foster youth think others see them and in how they see themselves.

*Communicating support.* Lastly, as foster youth described their experiences within placements in which they felt an ideal sense of family, they often talked about feeling like “someone was there for me.” The term support will be used to denote this feeling and all the ways caretakers “help emotionally or practically” (Cambridge Dictionary of American English, 2000). In the lives of the foster youth in this study, caretakers supported foster youth by offering guidance and motivation, lending emotional support in times of distress, and providing financially for the child.

Foster caretakers in ideal placements supported foster youth by encouraging and motivating them to do their best and providing guidance. One way that foster parents seemed to encourage and motivate foster youth was through verbal messages.

Valerie: He gave me so much motivation to do my best. He wanted me to finish high school...and he would just inspire me so much because he had so much faith in me. He really like encouraged me and stuff. He was my motivation. That’s what really got me through school and college.

Marcus: I had a foster parent that actually taught me to believe that everything is possible...that there is a higher power than myself.

In addition, another way that foster parents encouraged foster youth was by using them as role models to other youth. Both Valerie and Mitch discussed the impact that being used as a role model had upon them.

Valerie: They would use me as an example, and I liked that. I like to be a role model. It felt good. Someone was looking up to me and it gave me even more motivation to do good.

Mitch: They really opened my eyes to what life was really all about when I got there. (Tell me what you mean by that?) Basically, they got me into the habit of playing a role as a leader, being an example. Helping out doing things, and I started realizing what I can do, what kind of impact I had on these people that were around me, you know.

By holding a foster youth up as an example for others, foster parents validated and highlighted the positive behaviors of the youth, which in turn motivated them to

exemplify those behaviors more. In addition, as Mitch stated, it made the youth more aware of the impact of their actions on others and opened their eyes to their own leadership abilities.

At times when the foster youth's behavior was maladaptive, a more direct and confrontative form of guidance was needed. However, some foster parents were able to do this in a way that felt supportive. For example, Jake fondly recalled his foster parents coming up to school the first time when he got in trouble:

Jake: The first time I ever got in trouble at school they were there and I was like "What is going on?" Because nobody was ever there for me. I mean, they made me feel real happy and everything. It's just one of those things that can't be described.

Similarly, Mitch recalled how his foster parents responded when he started skipping school:

Mitch: I'd go to school everyday...everybody would go to school every day. They'd find out that I didn't...I started skipping sometimes, you know, because I fell back into the habit and I started skipping. They would call and go, "Mitch? School?" And I realized I was like a role model there.

In reflecting on his time in care, Mitch remarked, "They (foster caretakers) help you make your decisions, basically."

Ideal foster parents often demonstrated support through tangible actions that they took which were especially meaningful to the child. For example, a foster care staff worker helped Valerie locate her biological parents. Matt's foster mother went with him to the school on the first day. He recalled the significance of this event: "They took me to school and walked me in like I was a little kid. That was awesome. To have somebody that was going to be called my parents walking me to school!" In contrast, some foster parent actions also communicated a lack of support. For example, one of Laquana's foster parents refused to give her a ride to work, forcing her to have to quit her job. Similarly, when Robert hurt his foot, he reported that his foster father "didn't do anything. He didn't take me to the doctor. He was like,

‘Walk it off, don’t be a pussy’...that hurt me because he was a foster parent and you’re not supposed to be like that.” Failure to demonstrate support worked against creating a sense of family just as demonstrating support fostered it.

In addition to encouraging youth and tangibly demonstrating support, many foster parents initiated conversations and offered emotional support to the youth in their care. Jake, Mitch, and Matt all discussed the important ways in which their foster parents facilitated emotional support. Jake’s foster parents told him,

If you ever have a concern or problem, if you’re ever worried about something, just come talk to us. If you don’t want to talk in front of everybody else, we’ll go take a walk or go driving and get a soda and talk about it or something.

Mitch and Matt’s foster parents were attuned to their emotional needs and took on the role often played by a supportive counselor.

Mitch: And they had the counselors and they [his foster parents] used to ask me, “Mitch, do you still want to talk to your counselors?” And I was like “No, I don’t like them really.” And he was like, “Do you mind talking to us?” And I was like, “Yeah, I will talk to you. I like you.” And it was just like everything fit into place. It’s like even now I go down there and talk to them...

Matt: She [Matt’s foster mother] took care of me...she was good at looking at me and knowing already when I was thinking about something and she would pull me to the side and try to comfort me or whatever.

These foster parents demonstrated an attunement to the emotional needs of the youth in their care. Jake’s foster parents clearly understood the importance of individual attention and a supportive environment. Mitch’s foster parents seemed to realize that he was not communicating with his counselor but that he likely needed to talk. Matt’s foster mother was adept at reading his nonverbal cues and was able to identify when he was becoming emotionally distressed. The characteristics and actions of

these parents enabled the youth to share deep and intimate things with them that they had often refrained from sharing with others.

Matt: I would not talk to my therapist...She wasn't around. I felt more comfortable sharing with my mom. (Did you talk to her about the things of your past and the things that hurt?) Yeah. She was the best to talk to about it. She was the only one that I could talk to about it.

Jake: They listened, they didn't argue with anything I said. They would never, ever say, "I understand," but instead would say, "We know how you feel but not exactly."

Taken together, these quotes also suggest that foster parents who were rated the highest were effective listeners that made foster youth feel heard and validated.

In addition to listening, some foster caretakers seemed to help youth come to a new understanding of an issue or event. Marcus' foster mother helped him come to terms with the loss and abandonment he had experienced and tried to help him find more productive ways to respond to his feelings.

Marcus: She was there for me. She was always there for me. She always talked me up and helped me to understand that it's not my fault, or that everyone goes through bad times, and you just got to learn a better way to deal with it. 'Cause I always talked about hurting myself. And I tried, God knows how many times. She is actually the only person that made me realize that it's not my fault what I have been through.

In addition, this same foster mother helped Marcus reconcile his homosexuality with his religious beliefs and the feeling that others were judging him. Thus, foster parents often played the dual role of parent and therapists in the lives of the foster youth in their care. Unlike traditional therapists, foster parents had ongoing opportunities to build rapport and foster sharing.

Lastly, although it was not mentioned as often as guidance, motivation, and emotional support, some foster parents demonstrated support for the youth in their care by providing for them financially. For example, Jake's foster parents often spent



their own money in providing for Jake and tried to save the state money for his own use.

Jake: And like I used to think that foster parents were just in it for the money. But they were like whenever they'd get it, all of it just went into an account and stayed there. And I was like "What are you going to do with the money?" and they were like, "If you ever need any help, like money for college or something, we'll give you money... This is for you and we are not going to spend it." When Christmas came around they went out shopping for us and used their money. And that like made me think, "They're not in it for the money. They don't consider me a foster child. They consider me one of them."

Thus, much like a true parent, these foster parents thought not only of the daily needs of the child in their care but also tried to save for his future needs, and were willing to provide for the child in a time of need. Similarly, when Matt lost his job, his foster parents offered him financial assistance. When Mitch experienced the death of a foster sibling after emancipating from care, his foster parents offered to let him move back into their house while he was recovering from the loss. On a much smaller scale, Jake's foster parents encouraged him to come for dinner, stay the night, get food from the refrigerator if he was hungry, and use their car if his was low on gas. In both large and small ways these foster parents all communicated support to the foster youth by offering their financial resources.

When foster parents or biological parents failed to provide financially for youth, it signaled to youth that they could not really be counted on as family. For example, Keith had always thought that his staff at his residential treatment center loved him. However, when he approached them for money after graduating from care, he learned he could not count on them as a source of support.

Keith: They love me as a friend. They don't love me like a son. I know that for a fact because, you know, I finally tested it. Like a few months back I moved out of an independent living program. And I needed some money. So

I called over there for money. They were like, “No, we don’t have any money.”...So I went to my aunt. She got me an apartment....

Similarly, as Marcus struggled to redefine his relationships with his biological parents, he spoke about the fact that they never provided for him financially.

Marcus: I can’t run to my parents no more...It’s like I am an adult now. I am going to do it on my own.

(Interviewer: Do you feel like they would try to help you if you asked?)

Marcus: No. Because I know their excuses. “You’re in a different state. How can I help from so far away?” It’s called Western Union!!!

(laughing)...I am kind of like their parent now. That’s how I feel.

Thus, when parental figures provide for youth financially it fosters a sense of support and family.

#### *Healing Consequences of Experiencing a Sense of Family*

As just illustrated, the participants’ recollections of foster parents words and actions fell into five themes, or types of messages: love, belonging, acceptance, importance, and support. Importantly, these are the same areas in which relational wounds tend to fall. Consistent with social cognitive research on schemas, relational wounds seem to prime youth to interpret foster parent actions in terms of these themes. However, it is important to note that the youth did not *always* feel unloved, unwanted, unimportant, unaccepted, or unsupported just because they had felt that way for many years during their childhoods and likely had relational wounds in these areas. In contrast, many youth felt the opposite of how they had felt as children in some placements. Within these ideal placements, foster caretaker’s words and actions conveyed love, belonging, acceptance, importance, and support, which created a sense of family for foster youth. Because foster caretakers’ messages targeted the initial areas in which foster youth were relationally wounded, these messages actually acted as healing agents. In placements which offered them this sense of family, youth experienced changes in beliefs, emotions, and typical ways of

responding. For the purposes of this study, these changes will be called healing and will be discussed more fully below.

### *Healing of Beliefs*

Healing of the beliefs associated with relational wounds can be clearly illustrated by analyzing Jake's reflection on his experiences with his ideal foster parents.

Jake: It changed me completely (healing)... It made me feel like I was somebody (view of self) and somebody did care for me (relational belief). I was not just a certain kind of child (view of self), I was a child just like everybody else was (relational belief). It made me feel like I was somebody (view of self) and somebody did need me (relational belief), somebody did care about me (relational belief), somebody was there for me (relational belief), somebody did understand (relational belief). After I said something like expressed myself and everything, somebody was there to listen (relational belief). And it's just-- ... those were lasting changes (healing).

As indicated by parenthetical labels, Jake's statement indicates several key points. First, some form of change or healing had occurred, which he believed was permanent. Secondly, changes occurred in Jake's relational beliefs in several areas. Jake's statements about "somebody did care for me" indicated healing in the area of feeling unloved and uncared for. Statements regarding "I was a child just like everyone else was" indicated that Jake had found a new-found sense of belonging within a family which enabled him to now be like his peers, instead of always seeing himself as a foster youth. The statements "somebody was there for me" and "somebody was there to listen" indicated healing in the area of support. Lastly, his statement "somebody did understand" indicated that Jake has found understanding and acceptance as a consequence of living with his foster parents. In addition to changing how Jake sees others in relation to himself, the experience of living with his foster parents has changed his even deeper beliefs and feelings about himself. Jake's statements, "it made me feel like I was somebody" and "I was not just a certain kind

of child” suggested that at one point he felt like a certain kind of child (a foster child) and felt largely unimportant, like he was a nobody. Thus, Jake’s experience in his foster home brought about healing in all five areas in which he was relationally wounded.

Other foster youth made similar comments regarding foster homes in which they experienced a sense of family. Laquana stated, “They treated me like I was somebody instead of just being some girl...some kid whose parents just left her for us to take care of. They actually treated me like I was somebody.” Much like Jake, healing seems to have occurred for Laquana in the area of importance. However, although Jake stated “It made me feel like I was somebody,” Laquana stated, “They treated me like I was somebody.” Although the difference in the two statements is subtle, Jake’s statement indicates healing at the level of his view of himself, while Laquana’s statement reflects healing at the level of a relational belief. In other words, Laquana acknowledged that others treated her like she was somebody, but never fully stated that she began to believe or feel like she was somebody. Although these subtle differences could merely reflect differences in the participants’ abilities to express themselves verbally, they could also be due to differences in beliefs. For example, the change that Laquana experienced may not have been as deep as the change that Jake experienced.

### *Healing of Emotions*

Another area in which youth experienced healing was in their emotions. In order to fully understand the healing of emotions, it will be helpful to recall that unhealed relational wounds have a lasting effect on emotions. For example, youth like Maria, Juan, and Marcus predominantly experienced sadness stemming from past losses. Although more acute when they specifically thought about the lost relationship, lower levels of sadness and hopelessness were an almost continual state of existence for them. Many of these youth were diagnosed with depression and had contemplated or attempted suicide at some point. For other youth like Kristen, Vicki, Keith, and Jake, anger was the predominant emotion of their lives. Although this

anger stemmed from a relational wound, these youth exhibited anger on a daily basis in a wide range of situations. Thus, healing of relational wounds will be evident first by a change in the predominant emotions an individual experiences and subsequently by a change in the emotions associated with the particular person or event that originally caused the wound. Healing of emotions was a gradual process which appeared to start with changes in global emotions and move inward to changes in the intensity of the emotions directly associated with the relational wound.

While the youth were living in ideal placements, the predominant emotion of their lives often changed for the better. For example, prior to experiencing the foster home which she states changed her, Laquana had only known what it felt like to feel “horrible,” angry, bored, or indifferent. She never described any positive memories or emotions in her life up until that point. However, when she was living with these foster parents, Laquana began to recall many positive memories of “fun” times. She stated, “Actually I felt happy when I was living there.” During the interview, she became animated and interested when talking about her experiences in this home, while remaining listless and indifferent when discussing other aspects of her life. Likewise, Jose’s time with his foster family was the emotional highpoint of his entire life. He said, “I was real happy. Those were the best years of my life.”

In addition to experiencing changes in the predominant emotion that they experienced, a few youth seemed to undergo changes in how they felt toward their biological parents and the relational wounds of the past. At the time of the interview, for example, Matt was no longer filled with anger towards his father who had physically and sexually abused him as a child. He was working to reestablish contact with some of his biological family, including his father, siblings, and cousins although he said, “I am not going to put my heart into it where I am going to let myself get knocked down again.” Similarly, Valerie had largely resolved her anger at her adoptive mother. Her experience at the residential treatment center gave her a clearer perspective: “Just because I’m not doing exactly what she’s doing doesn’t make me wrong or a bad person.” She acknowledged her adoptive family’s

weaknesses, but also stated, “I didn’t like everything they did, but they did have benefits. They were good parents in a certain sense. Everyone has their downfalls.” Valerie said, “I hope that one day we can all be together. Like let’s go visit.”

Marcus, who used cuss his father out or hang up every time he called, had recently told his father that he loved him. He realized,

I can’t forget but I can forgive...my dad has actually proven to me that he is trying to make an effort on becoming a father, even though it is too late. He is trying to catch up on the times he missed.

However, Marcus also protected himself from further hurt by lowering his expectations. “My expectations are really low for my parents.” Thus, these youth seemed to be undergoing a process of emotional change in which they were slowly becoming free from the feelings that had haunted them for years. The events and people who once wounded them are slowly losing their power to trigger intense emotional reactions. Again, this process of emotional healing occurred within the context of a sense of family which offered the youths love, belonging, acceptance, importance and support. Long-term emotional healing seemed to take longer than changes in other areas, and many of the youth in the study still had far to go. However, youth who had the ongoing support of a sense of family tended to be further along the journey towards resolution of the pain associated with past relational wounds.

#### *Changes in Behavior*

In addition to changes in emotions and beliefs, many youth experienced change in their behavioral strategies while in ideal foster settings. For example, Laquana who had previously engaged the behavioral strategies of isolating and moving against, remembered how she changed. “I actually listened for once in a while. ‘Cause usually I don’t listen. I tell them to shut up, I don’t want to hear you. But I actually listened.” Similarly, Michelle, who had been moving against her previous foster mother, began to have no behavior problems once she moved in with the foster mother where she felt loved. Matt, who had been emotionally distant and

withdrawn from others throughout his childhood began to share with his foster mother which led to a new openness towards others as well. In addition to having an impact on his ability to relate to people, Matt believed that experiencing a sense of family impacted the entire course of his life.

Matt: If I would never have met my mom and talked to her and let all that stuff out [death of grandma, molestation of father, abandonment by mother] I would probably be in jail right now. I would have ended up a nobody. Literally. Because I wouldn't have cared. If I never would have met somebody like them....They just came and filled my life with something that was missing. That changed me forever. And that is why I like them. I was not a foster kid to them.

However, some youth did not immediately stop using their behavioral strategy and change their behavior once they entered a placement. Youth who had typically utilized pleasing or performing as their predominant strategy generally continued to try to please their caregivers and do well. Often for the first time, these efforts were met with praise, acknowledgement, and accomplishment which led to a healthy sense of self-esteem. For example, both Matt and Valerie had previously tried to utilize the behavioral strategy of pleasing, with little positive results. Within the foster placements where they felt a sense of family, this strategy led to acknowledgement by their foster parents and a sense of accomplishment.

Valerie: I had several people that loved me because I was always doing what...I did everything I was told. I was never a problem kid. I was never in restraints. I was always the top student. I was never a problem. They would use me as an example, and I like that. I like to be a role model. It felt good. Someone was looking up to me. And it gave me even more motivation to do good. To show them. That's like a family thing too. Kids are trying to do their best to show their family. They were my family. I love them.

Matt: I felt good about myself. I was bringing home report cards and they weren't beating me over it. They were rewarding me! And it was awesome!

Although the continuation of positive behavior is desirable, it should be noted that youth who try to please may be vulnerable to feeling that others love, accept, and approve of them only because they perform well. In the case of Valerie and Matt, it is difficult to determine if they held these views. Valerie commented that she “felt secure” in the residential treatment centers where she experienced a sense of family. She commented that she felt free,

To be a kid. To goof off more...In the RTC’s I felt like I could be more myself. I was motivated to work hard and be somebody and make the staff like me, but I didn’t work as hard...well, I worked as hard but I didn’t feel as much of a weight on my shoulders as I did over here my foster families because they actually acknowledged me.

These comments suggest that Valerie did not “feel” the weight of trying to live up to others’ expectations in this placement but may have still consciously held the belief that acceptance is tied to performance.

#### *Factors That Affect the Healing Process*

As previously shown, messages about love, belonging, acceptance, importance, and support within the context of a sense of family facilitated the healing of relational wounds. However, many factors seemed to influence the extent of healing that occurred. These factors often changed over time and made outcomes for a given participant difficult to predict. However, a discussion of the factors identified is helpful in order to direct future research and alert practitioners to areas of on-going concern. A list of these factors can be seen in Table 7.1.

Table 7.1 Factors That Affect the Healing Process.

<b>Factors that Affect the Healing Process</b>
1. Amount of exposure to therapeutic messages
2. Unexpected termination of a therapeutic relationship
3. Caretaker characteristics
4. Stress and additional trauma
5. Contact with biological family
6. Psychological defenses
7. Therapy



### *Amount of Exposure to Therapeutic Messages*

For the youth in the study, healing was a gradual process that occurred slowly over the course of years. Although some changes in the youth's behavior might be noted relatively quickly in some settings, changes in deeply held beliefs, emotions, and behavioral patterns occurred only gradually over time. However, healing rarely occurred spontaneously in the course of development, but rather was usually facilitated by exposure to a therapeutic environment. The length of time youth were in ideal placements greatly influenced their exposure to therapeutic messages. Unfortunately, changes in living situations often disrupted the child's exposure to messages which facilitated healing. The time period that youth lived in a family where they experienced a sense of family varied considerably, ranging from 1 to 7 years. However, many of the individuals who provided the participants with a sense of family maintained contact with them even after the participants had been placed elsewhere or had emancipated from care.

Although these individuals still provided a therapeutic relationship for the participants, the nature of their contact often changed. The youth no longer lived in the care of the foster caretaker; therefore the foster caretaker was no longer the primary person responsible for shaping the youth's daily life. Although foster parent caretakers were no longer responsible for providing a therapeutic environment, many continued to provide a psychological sense of family for the youth who had been in their care. Contact varied from daily phone calls to monthly visits. Through this contact, foster caretakers continued to send messages related to love, belonging, importance, and support.

However, foster caretaker messages were often no longer the primary messages that the youth received. Instead, youth might live in a variety of different living arrangements and receive messages from a variety of other sources, including biological family, peers, and significant others. Although some of these messages were therapeutic as well, others served to re-open existing relational wounds. For example, after emancipating from care, Mitch returned to live with many members of

his biological family. Their involvement in drugs and lack of interest in him triggered many of his old beliefs that no one cared about him, and his old behavior patterns of isolating and remaining detached resurfaced. At first, he had limited contact with his foster parents due to distance. However, as the situation in his living environment began to worsen, he began to drive 30 minutes to see his old foster parents and visit his girlfriend. Mitch's situation highlights the importance of the daily living environment to the healing process while still supporting the idea that foster parents can continue to play a therapeutic role in the lives of foster youth who no longer reside with them.

Theoretically, youth who experienced therapeutic messages from multiple sources were likely to experience faster and more extensive healing than youth who received conflicting messages or few therapeutic messages. For example, the main family that Keith had left was a distant aunt and uncle, and the mother who abandoned him at an early age. Mistrustful of almost everyone, Keith had decided to focus on achieving future goals rather than worrying about relationships. He reported few friendships with peers but maintained a close connection with his caseworker. Jose had no sense of family and was plagued by an overwhelming feeling of despair as he sacrificed his future to try to win the love and approval of a girlfriend or friends. Although both of these young men had experiences while in foster care which could be deemed "therapeutic," they maintained no on-going ties to these contacts and had formed few other therapeutic relationships. Their daily life confirmed existing relational beliefs that they really had no one to love, accept, and support them and nowhere to belong. Although they coped with these beliefs in different ways, the relational wounds of the past continued to exert strong influences on their daily lives.

#### *Unexpected Termination of Therapeutic Relationship*

Some participants felt abandoned by the same foster parents with whom they had formerly felt a total sense of family. This experience was extremely painful for all the youth who experienced it. On the day his parents called the caseworker to have him removed from their house, Jake remembered thinking, "How in the hell can

they do this to me? What did I do wrong?...What about me? What about me?" He remembered his mother crying, and trying to hug him. Jake remembered taking the picture of himself from the fireplace mantle as he stormed out of the house without ever saying goodbye. And he remembered crying uncontrollably on the long drive to his next placement. He described,

It felt like a loss. It felt like somebody died and I really cared for that person and I had lost them for the rest of my life and everything. Like I would never hear from them again or talk to them again...it was like you wanted to die and that's it.

For a couple of months, Jake isolated himself, refusing to talk to anyone or do his school work. Fortunately for Jake, although it seemed as if his family had abandoned him at the time, they continued to express an interest in his life. "And ever since the day I left there and everything, he [foster father] said, 'We're still your family. If you ever need anything just let us know.' Like now, they're still supportive and everything." Now that Jake has emancipated from foster care, he has reestablished contact with his foster family. He says, "It's just like it was and everything. It's a lot better and everything." Although failure to remain in the placement likely slowed the healing process for Jake, the fact that his parents maintained contact with him validated the messages that were previously sent.

Unfortunately, some foster parents maintained no ongoing contact, which often felt like abandonment and likely caused an additional relational wound. For example, at the time of the interview, Jose and Michelle had no contact with the foster parents they once thought would be their families forever. Jose's "family forever" ended when he graduated from foster care and quickly found his previous foster family had little time for him. He described, "I think I was sort of abandoned. But then again, you get used to that, cause I have been abandoned my entire life." Thus, loss of contact with his foster parents reopened wounds of the past, activating old emotions and relational beliefs. Michelle broke down crying during the interview as she talked about the loss of her ideal foster mother. Unable to make sense of why

the placement ended, Michelle sobbed, “It’s like she doesn’t love me as much as I loved her.” Mitch provided some insight into why the loss of contact with meaningful foster parents can be so devastating for foster youth: “It made me feel that it was all just a dream, you know, like it wasn’t real. It just made me feel as if I wasn’t close to anybody the whole time, period. It made me feel like I was just another person or whatever.” Loss of contact sends a powerful message to foster youth that often casts doubts on the validity of previous messages. Although foster parents may have assured the youth of how special and important they were while the youth was living in their home, loss of contact leaves youth feeling devalued. Thus, loss of therapeutic figures not only delayed the healing process, but seemed to negate progress that had been made and send messages that the relational beliefs associated with relational wounds.

#### *Caretaker Characteristics*

Up until now, the focus has been on largely on how ideal families convey therapeutic messages which facilitate the process of healing relational wounds. However, only eight youth in the study experienced non-kinship ideal foster placements, and two of these homes turned out not to be so therapeutic in the long run due to relationship termination. So what about all the other youth in the study? Do these youth have no “sense of family” at all? The answer to this question is an overwhelming no. All the youth in the study (with the exception of Jose) could list several people whom they considered family. However, the extent to which these other “families” were able to therapeutically provide love, belonging, acceptance, importance, and support varied dramatically. Remember that each of these characteristics is really a dimensional construct. Thus, although 8 youth in the study experienced a non-kinship placement (at least briefly) that could be considered optimal (at the high end of all five constructs), the other youth in the study were forced to settle for a “less than optimal” sense of family. These families are “less than optimal” in that they failed to provide the sense of love, belonging, acceptance, importance, or support necessary to heal the relational wounds of the past and often

actually deepened existing wounds by repeating earlier rejections. In these families, the caretaker's characteristics, including personality, religious beliefs, and psychosocial problems hindered their ability to offer optimal therapeutic environments to the youth in their care. Examples will be used to illustrate the range of ways that families provided a less than optimal sense of family, and the consequences of these situations will be highlighted.

Four of the youth in the study found stable homes which still fell short of the ideal therapeutic experience that other youth talked about. For example, Kristen grew up living with her aunt and uncle, who were highly critical of her. Now that she is living on her own, she heard through her cousin that that her aunt and uncle say bad things about her. In addition, her aunt, along with the rest of Kristen's biological family, blamed her for the rape of her sixteen year old sister who claimed she was raped while Kristen was supposed to be taking care of her. Instead of comforting Kristen, her aunt tells her, "Don't feel sorry for yourself because you are not the victim here." This is the same response that Kristen's biological mother had when she found out the news. Kristen blamed herself and acknowledged thinking about it every day. She has not talked to any members of her biological family in months, believing they are all mad at her. She said,

I was sad because nobody understands like what I'm—I don't know if anybody ever thinks of me. Sometimes I think I am really trying to feel sorry for myself...It's just like, I'm in a daze. I think that I am just like hurting, so I don't talk to them anymore.

As reflected in her words, although Kristen clearly sees her biological parents and her aunt and uncle as her family, their treatment of her makes her doubt that they care for her and makes her feel largely unimportant. Not only do her kinship foster parents fail to offer her emotional support in a time of need, they wound her further with their words. For Kristen, the process of healing had yet to begin. At the time of the interview, her daily existence was plagued by anger as she talked about how she "hated" her mother, father, and stepmother. Her sense of guilt kept her chained to the

behavioral strategy of pleasing and performing, even though her family rarely gave her the approval she longed for. Although Kristen had a loving boyfriend, her relationship with her family and difficulty trusting him frequently caused conflict in their relationship.

Jessica's story was similar. After experiencing both physical and sexual abuse in numerous foster homes, Jessica was glad to finally find a safe foster home that she could call her family. However, her relationship with her foster mother had always been somewhat conflictual and lacked the closeness characteristic of many mother-daughter relationships. Jessica explained how her foster mother's personality affected their relationship:

I still can't get close to my mom. It's just...[she is] very overbearing on me. Being slightly the older, everything is expected of me...I have never felt close to her from the very beginning. She was always aloof at first when she got us. Kind of like she was doing a chore. She told me later that it wasn't, but it still kind of feels like that sometimes. Like it was a chore to her...I don't think she has a lot of faith in me in a lot of things. A lot of times she will say "If you don't think you can do this, then don't," and there is no "You can do this! You can do this!" And that is what really, really gets me upset. Because I feel she doesn't think I can do it...I feel in a lot of ways I am not up to par in her eyes!

Because Jessica felt that her mother's acceptance of her was based on her performance, she had yet to let go of her need to perform to be the best. Although this strategy may help her succeed academically in college, Jessica's need to be better than every one else and to always be in control seemed to alienate others and lead to interpersonal difficulties. For Jessica, the underlying relational wounds remained largely unhealed. Furthermore, Jessica continued to have doubts about her foster mother's long term support of her:

My foster parents have said that they will always have their home open to me, but sometimes I don't know if it rings true. Because it almost felt like my foster mom was legally getting rid of us.

### *Stress and Additional Trauma*

Because of the nature of their upbringing, the participants in this study often experienced more stressors and traumas over the course of their life than other youth their age. In addition to experiencing relationally damaging experiences during their childhoods, three of the participants had experienced the murder of someone close to them during young adulthood or adolescence. In addition, the lives of young adults transitioning from care are inherently stressful as finances, living conditions, and relationships are often unstable. Thus, during periods of stress and trauma, participants seemed to experience not only emotions and beliefs related to the current stressor or trauma, but also painful emotions and beliefs related to the relational wounds of the past. The pain of this experience overwhelmed the participants and exceeded the capacity of their psychological defenses or coping mechanisms, leading to an acute state of distress. In a couple of cases, this acute distress served as a catalyst for the youth to make a change in behavior and seek support for the first time. For example, Mitch allowed himself to open up to a therapist for the first time after murder of his aunt while he was in high school. After he had emancipated from care, Mitch's previous foster brother was killed by the police. Mitch had learned the value of sharing his thoughts and feelings and quickly turned to his previous foster parents for help. "I wanted to be with my foster parents because they were the only ones that could actually come help me. They were the ones that could actually come and talk to me." Mitch's foster parents invited him to move back to the town where they lived. Mitch did, and lived there for a month:

They helped me really well. I can say I was back lapsing quick. Real quick. It was fast. I was just losing it. I was just giving up all hope. They restored it in me. They were like, "Just move down here and it will be the best way to help you get over this so you can go back up there and live your life." I have. When

I think about it [the death] now I still get mad; but it just doesn't affect me like it used to.

In contrast, in the absence of support from others, the pain associated with trauma and old relational wounds can be debilitating. For example, Jose locked himself in his apartment for two weeks straight following a break up with his girlfriend. Jose's girlfriend had formed his primary sense of family, and with her gone, he felt hopeless and alone. Similarly, when Matt learned that his favorite aunt and uncle had been brutally murdered, he was distraught. Unable to reach his foster mother, Matt reached out to his biological family, asking them to come over. They refused. Matt recalled, "I was trying to get through to talk to her [foster mom]. 'Cause I knew if I could just talk to her it would be cool. But I couldn't. And I just couldn't take it. So I took pills and overdosed."

These examples illustrate the importance of ongoing connections which provide a sense of family. Youth fall back on these resources in times of stress, and the outcome is often determined by the ability of the support system to quickly respond to the need. Youth who do not have a sense of family or whose families can not be counted on to provide emotional support in a time of need were at extremely high risk.

### *Contact with Birth Family*

Part of the journey towards healing for these youth often meant reestablishing contact with birth families and renegotiating past relationships. Most of the youth who reestablished contact with their families did so with limited expectations but expectations nonetheless. In some cases, reestablishing contact with their biological parents facilitated healing by helping them resolve their feelings of anger, sadness, or confusion. However, in other cases, the manner in which biological parents responded caused old feelings to resurface. For example, after leaving foster care and



having come to grips with her childhood in her own mind, Valerie tried to reestablish contact with her biological father for the first time since she was six:

He didn't want to see me. And I started crying....That was the last thing I wanted to hear and expected to hear. So I was scared, and I was sad, crying. Begging him, "Please, I have to see you. You know how I have waited so many years. I have to see you." Finally, I went to see him and he started apologizing for how I felt. Like it was all his fault. I tried to explain to him that its not his fault. And everything happens for a reason. And I think that if I did not go through any of that, I would not have the mind on my shoulders, I would not be the person I am...I am a real motivated person... I wouldn't have such goals for myself. So in a way I'm kind of happy it happened. But he couldn't accept it. He kept apologizing and stuff. And I tried to explain to him. I just wanted to see you. To put stuff at rest. To bury stuff. To get it off me.

And although these were not the words she had expected to hear, they were not nearly as painful as the words her father would say to her a few months later, when she denied him the right to give her advice.

We got in an argument and he was trying to tell me how to run my life. And I got mad. Who are you to judge! You were never really there! Look how you are now! You know, I am trying to be somebody! And he said, "Well, you are not my daughter. You don't have my last name." And that hurt so much. And I was like, "Fine, I am not your daughter, Steve." And hung up. I haven't talked to him since. It just really hurt me because I have always thought of him as the only person who was actually there. But he was never actually there.

For Valerie, revisiting the wounds of the past helped to gain a clearer sense of reality while at the same time creating new wounds. Matt had a similar experience:

Matt: Like my real blood family. They are around. And it is not easy trying to talk to them. Trying to visit them. Trying to let them come over.

Anything. Nothing...It's just retarded trying to set up anything because they don't want to. I want to but they don't...I know they exist and they know I exist, so why don't they want to meet with me. And I could be an ass and be like I have a family [i.e., foster family], so forget about y'all too. But I don't. Because I know that they are my blood and I can still try. And if we just make an effort, it will eventually pick up. I am not going to put my heart into it where I am going to let myself get knocked down again. But it is an open invitation whether they want to or not. (Interviewer: Does it still hurt when they don't want to?) Yeah, it does, but you can't do nothing about it. I am not going to force them to come over and visit me.

Although many of the youth in the study retained or were reestablishing contact with their biological families, most of them had found at least a partial sense of family elsewhere and were seeking to reestablish contact simply to help them resolve the feelings of the past. However, a few of the youth who had not found a sense of family while in care and were again turning towards their biological families to provide this for them. Unfortunately, very few of the biological families were any better functioning than when the child was initially removed. Therefore, the hurtful conditions of the past were often replayed and relational wounds were deepened. For example, in Robert's biological family, physical violence and verbal abuse were common occurrences. Yet Robert dropped out of school to return to live with his biological parents, hoping to somehow gain the love and approval of his father. Robert put up with physical threats in the hopes of proving his love to his father and thereby having it reciprocated:

Well, I know I love him no matter what. I know he choked the crap out of me and cut my throat, but I didn't care. It let a lot more attention to his eyes about how much I love him from that. I'm hoping.

One day, Robert's dad actually said the words that he had longed to hear. However, the words were somehow hollow in light of his father's continued absence in his life and his mother's verbal abuse of him. Robert summed it up saying, "My parents tell

me they love me now and stuff, but I don't feel it." Robert decided to move out of his parents' house and go back to high school after he experienced a moment of insight:

I felt that the child in me who was hurt when he was younger was trying to tell me to get away. Don't trust it. And I saw it...I felt like just a shadow came over me and this sadness and depression came onto me and it was pure evil there. There's like abuse and neglect all over.

Robert called the youth at the transition center "My new family." And yet, the conflict inside him was still evident, as he continued to turn towards his biological family for the love, acceptance, belonging, importance and support that he never received from them when he was young.

As these cases illustrate, revisiting the past seemed to be important for many of the youth in the study. As youth reestablished contact with their birth families, idealized views of biological families were often shattered and youth were forced to deal with realities. This often caused additional pain. Thus, it is difficult to determine if revisiting hindered or facilitated the long run healing process. Likely, the effect may depend upon the experience and the interpretations the youth makes about the experience.

### *Psychological Defenses*

Up until now, discussion has focused on factors outside of the child which either facilitate or hinder the healing process. However, the data suggests that the psychological mechanisms of the child also play an important role in either facilitating or hindering the healing process. In order to understand this phenomenon, it will be helpful to borrow from psychoanalytic theory the notion that people suppress uncomfortable and painful emotions and experiences from their conscious awareness through the use of psychological defense mechanisms.

The participants in the study varied greatly in their ability to discuss their early trauma experiences. Some participants, like Laquana, Juan and Gary, avoided discussing painful emotions and were only able to give vague descriptions of their early years, preferring to sum up their experiences with generalities like "It was

horrible” (Laquana) or “It was not so good” (Juan). These participants were each only able to offer a few specific memory of their childhoods prior to age 10. Laquana remembered being hit by a car while on her bike as being the only time her mother acted like she cared. Juan recalled memories of playing in the woods with his siblings and the time he hurt his arm and his brother took care of him. Unlike many of the other participants, none of these participants reported specific memories of abuse or neglect, even though they acknowledged that it was present. Affectively, Laquana was disengaged from her experiences, only showing affect when she spoke of the foster placement where she first felt like “somebody.” Gary was lighthearted and upbeat, despite the fact that he discussed feeling like “Nobody wanted me.” These participants seemed to have repressed the painful memories of the past. All three of them scored in the average range on the Young Adult Self Report and high in Confidence on the Attachment Scale Questionnaire indicating that they consciously maintained positive views of themselves, their relationships, and their functioning. However, in interviews with them I was afforded momentary glimpses into the overwhelming pain which lay beneath their calm and indifferent exteriors. For example, Juan’s affect varied greatly across his two interviews. During the interview where he was asked to discuss his early experiences and his experiences in care, he became very solemn and depressed, and he reported feeling “trapped.” Following the first interview, Juan avoided the interviewer by putting off scheduling the second interview. However, during the subsequent interview, which focused solely on current functioning and relationships, Juan maintained an upbeat attitude and an overly positive view of his relationships, which he supported with examples of casual interactions with youth at the transition center.

Jessica also seemed to employ substantial defense mechanisms to manage the emotions of her past. Jessica recounted her story in a highly intellectualized manner in an excited tone, laughing almost continually throughout the interview. She reported “hardly remembering anything of [her] past” until recently, but recalled some memories in grandiose and distorted manner. Her memories ranged from

learning to read Shakespeare at the age of one and a half, to saving her family from a near death experience at age 4, to protecting her brother from her mother's boyfriend at age 6. In her memories, she sees herself as a fearless "protectress" and says, "Maybe it was a childlike defense for me. Like if I show them that I am not scared, then they can't hurt me." For Jessica, the repressed memories of the past were only able to be brought into conscious awareness in a highly altered, and less painful form.

Unlike these participants, the vast majority of the participants were able to discuss their experiences in a logical, coherent, and reality based manner, offering a range of specific memories to support their generalizations. They exhibited appropriate emotion, although the participants varied in the extent to which this emotion was manageable to them. Some participants, like Kristen, Vicki, and Keith, became clearly agitated and angry as they described their experiences. Other participants, like Jose and Michelle, became tearful as they described the pain of their pasts and the loneliness of their present. Other participants, like Valerie and Matt described their experiences in detail without becoming overwhelmed by them. In addition, participants varied in the amount of insight that they seemed to have into their behavior and the behavior of others. Participants ranged from being highly insightful, like Valerie and Michelle, to having limited insight into how their experiences had affected them, like Vicki.

In short, participants varied greatly in the extent to which they were able to consciously process their past relational wounds, the extent to which the emotions associated with these wounds was accessible and tolerable, and in the extent of insight they had into their current and past situations. Due to these differences, healing is difficult to assess. However, treatment in the field of trauma has consistently purported that remembering and mourning are important aspects of treatment but should be approached only after both emotional and physical safety have been established (Herman, 1997). Herman also highlights the important role that supportive relationships play during the healing process. From this standpoint, the emotional reactions of many of the participants in the study should not be viewed

as evidence of a lack of healing, but rather an important and brave first step along the journey of healing. Several of the participants reported that they had shared with me many things which they had not ever really discussed with anyone. Some reported that they cried over a relational wound for the first time while in the interview. Unfortunately, some of the participants lacked the supportive relationships to help them continue on this journey of healing.

### *Therapy*

Traditionally, counseling is the primary therapeutic intervention for youth in foster care. Therefore, no chapter on the healing of relational wounds would be complete without an analysis of the role that therapy plays in healing relational wounds. All the youth had received individual counseling during the years they spent in foster care. The experiences of the youth in therapy varied considerably. Many youth reported hating therapy, found it boring, and reported forming no meaningful relationships with their therapists. Of the 18 participants, only 7 participants mentioned having had a positive and meaningful therapy experience. Although therapy was not the focus of this study, a brief analysis of the role of therapy in facilitating healing is worthwhile.

Of the seven youth in the study that mentioned individual therapy as a positive experience, the majority believed their therapists cared about them and used the opportunity to “get problems off my chest.” Juan, who was in residential placements for the majority of his time in foster care, said, “I think the people that did therapy were more caring than staff because it was always individual...I like going to the ladies because they understand...I like therapy.” Jake liked his therapist because she guessed he was bi-sexual, which allowed him to feel like he could have an “open conversation, no matter what it was.”

For other youth, therapy was instrumental in helping them begin to let down their defenses and acknowledge the relational wounds of the past. At age 16, Mitch had never really found therapy too helpful. However, when his uncle was murdered,

he became so angry that he beat up another resident at the drug rehabilitation center where he was staying.

That's when I met my counselor that I really got all my problems off my chest. That's the place that I did that...I eventually started to go in there and got rid of the anger. She used to tell me go out there and instead of saying I was an addict, to say, "My name's Mitch and I have an anger problem." And that's what I used to do. I'd say, "My name's Mitch and I have an anger problem."...And then she told me, the day whenever she finally broke it down, she was just like, "You've just got this anger problem and you just need to let it out because you are going to hurt somebody in here real bad."

After being frustrated by the turn-over in therapists, Mitch finally found a therapist whom he felt really cared, and for the first time he began to use words rather than explosive behavior to express his anger.

Interviewer: Tell me about what your relationship was like with that counselor.

Mitch: It was pretty cool. We were really cool. She used to tell me about her husband and kids and stuff like that, about her home life. And I'd tell her about what it's like living as a foster youth. She was curious. She used to talk to me, "What is it like as a foster youth?" ...when she was asking the questions, that let me know that she was curious about what it was like and really wanted to know.

Lastly, therapy can be a helpful context in which to begin to work through the emotional wounds of the past.

Valerie: They helped me understand all the stress and stuff back here. Why it wasn't my fault. They helped me understand why things happened. Well, not really why they happened but possible reasons they happened. To get a better look on things. I didn't really know anything. It made me feel better about myself because I had always blamed myself for a lot of things. And it helped my self-esteem too. It didn't fully like make it awesome or anything, you

know, were I could walk confidently down the road. Over time, I have got over there, sort of. I am still working on it, but it is way better. I feel confident. I have a variety of tastes in clothing. And hairstyles. I like to primp and stuff.

It is important to note that Valerie's deep therapeutic work occurred during the same time she was in a placement which gave her a sense of love, acceptance, belonging, importance, and support. Valerie was the only youth in the study who talked about therapy changing the way she saw the situations of the past or her own self. Instead, the rest of the six youth spoke about enjoying therapy and using it as an emotional release, but did not attribute any deep changes in their lives to their therapy experiences.

Of the remaining 11 youth who either did not like therapy or failed to mention it as significant at all, failure to establish a therapeutic relationship was key. The following quotes indicate the range of feelings that the youth experienced surrounding therapy and suggest reasons why establishing a therapeutic relationship within the bounds of therapy is difficult with this population.

Mitch: I got so many counselors, it was just hard. I would go talk to this counselor. I would talk to this person. And then they took me to another person. I was like, "I can't talk to this person. He doesn't know what I feel."...I would talk to them, but it was hard for me to get comfortable and really let it out.

Interviewer: Did you have a bunch of counselors because you didn't want to open up to your counselors, or because they kept changing?

Mitch: It was actually because I would change placements.

Matt: She wasn't around. My therapist wasn't around as much as my mom was all the time. So that is why I felt more comfortable and more open to speak to my mom about stuff that had happened. And I gave her permission to relay it to the therapist. Cause I wouldn't talk to the therapist. It wasn't working like that. We were meeting once a week for an hour a week. It



wasn't worth it. That didn't feel like enough time for you. That's why I felt more comfortable sharing with my mom.

For both Mitch and Matt, the short length of time spent with a particular therapist made it difficult to establish a relationship with their therapists. As Mitch's comments suggest, the multiple changes in placements that foster youth often undergo means that youth often see multiple therapists for short amounts of time. In addition, an hour a week was not perceived as adequate time to form a therapeutic relationship for many foster youth. Therefore, instead of processing past hurts or emotions, much of therapy time seemed to be spent in rapport-building activities.

Jose: We used to go see him every week. Like for psychotherapy. But I didn't really talk to him that well. I mean I talked about little things here and there, but most of the time I was more enthralled with his Super Nintendo. He would let me play it all the time and talk to me at the same time. What kind of therapy is that? I don't see that as therapy at all!!

Other youth did not like therapy because they felt stigmatized by therapy.

Interviewer: Tell me about what counseling was like for you

Laquana: Boring!! They act like they knew my file and I was like, "Okay, whatever!" But mainly the time I just cussed them out and told them to shut up and leave and walked out the door...I didn't want to sit there and talk to no shrink. They thought I was crazy or something. So I was like "I am not crazy!"

When youth did open up to therapists and share some of their thoughts and feelings, they often felt like the response they received was unhelpful and invalidating.

Kristen: They'd pull me out of school for like two hours and I'd have to visit with the therapist. And she'd ask me how I was doing and ask questions and I'd say you don't care anyway.

Interviewer: So you don't feel like your therapist really cared about you?

Kristen: No. I feel like they were all kind of the same. That they didn't care. They all asked the same questions, and it would just make me so mad. And

every time I'd tell them something bad, they were just like "Mmhmm..." and they wouldn't say anything and I'm like, "Why am I telling you anything?"

And I'd get bad and then I'd do bad things when I got home.

As both Laquana's and Kristen's experiences indicate, therapy can at times not only fail to be therapeutic but can also have a negative impact.

In sum, although therapy was helpful for some of the youth in the study, the data did not support the use of therapy as a primary agent of change. Therapy was primarily used for emotional release and was helpful in managing the stress of placement and identifying relational wounds. When combined with a therapeutic sense of family, therapy can facilitate changes in relational beliefs.

#### Chapter Summary

In sum, the healing of relational wounds was a complex process which occurred gradually over time. For many of the youth in this study, healing had only barely begun. Other youth had experienced many changes in their beliefs, predominant emotions, and behavior during foster care. Although multiple factors influenced the nature and extent of these changes, the primary catalyst to change was experiencing a therapeutic sense of family. Placements in which youth experienced a sense of family typically shared a warm, home-like atmosphere and routines which fostered involvement. In addition, foster caretakers sent therapeutic messages to the youth which helped youth experience a sense of love, belonging, acceptance, importance and support. Because relational wounds were often formed due to the absence of a sense of love, belonging, acceptance, importance, or support, these messages from caretakers actually facilitated the healing of the relational wounds of the past.

However, in understanding the process of healing, one must not underestimate the depth of the original wounds nor the youth's ongoing need for a sense of love, belonging, acceptance, importance, and support. Thus, healing is better seen as a journey, taken one step at a time, which will continue well into adulthood. By the very nature of the journey, foster youth cannot make it alone. It requires

relationships-- strong, loving, accepting, supportive relationships which endure over time-- the very type of relationships which one most often finds within the context of a family. Thus, in general the data support the importance of relationships and a sense of family.

## CHAPTER EIGHT: ILLUSTRATING THE MODEL

In order to help the reader gain an understanding of how the concepts of the model interact over time, the model will be illustrated using the lives of three foster youth. These youth were chosen because they clearly illustrate certain features of the model and the different pathways that different youths take. Matt was chosen because he was informally adopted into a foster family and his life represents the gradual healing of relational wounds within the context of family. Michelle serves as an example of a youth who has experienced some healing, but continues to struggle with other relational wounds. Jose's story illustrates the effects of unhealed relational wounds and the devastating effects of loss of contact with foster parents.

### Matt's Story

Matt never knew his mother; she left him at the local children's shelter when he was two months old (relationally damaging experience: abandonment). He stayed there until he was five, when his grandmother finally obtained custody after trying for several years. Matt loved living with his grandmother, a deeply religious woman who spent time taking Matt to the park and making arts and crafts with him. To this day, his time with his grandmother stands out as one of the best periods of his entire life and the only time that he has ever felt loved, accepted, and happy with a member of his biological family. When Matt's grandmother died a year later from Lupus, Matt wanted to crawl in the casket with her (relationally damaging experience: death). As far as he knew, she was his only family, and he was now alone in the world. However, he was not alone. Matt's father, whom he had never met, resurfaced and obtained custody of him and his brothers. For the next three years, Matt lived with his biological father, a drug dealer. Matt recalled vivid memories of the constant flow of people in and out of their house and even recalled men threatening his father at gunpoint. But it was the abuse that bothered Matt the most. "He beat the crap out of me for those three years. Bad. He even molested me one time" (Relationally

damaging experiences: physical and sexual abuse). Matt remembered feeling powerless.

I couldn't do anything. I was always scared. I would try to run away but he would end up getting me. I remember running outside one time when he was chasing after me. He caught up to me and beat the crap out of me in front of everyone. Back then they didn't care. Back then there was no strict always or anything like that for that. And then you are living in the projects, so nobody really cares! They are just going to sit there and watch!(relational beliefs).

In describing this period of his life, Matt said that he “was just dead. I didn't care about nothing no more (psychological defense)...I felt like I was just a nobody (relational belief). Like I didn't exist to anybody because nobody knew what was going on.” At the age of nine, Matt had experienced more relationally damaging experiences than most kids his age: the abandonment by his mother, the death of his grandmother, physical abuse and sexual abuse by his father. He said “I never felt like a kid.”

Still depressed from the loss of his grandmother (predominant emotion: sadness), he coped by isolating himself in his room and playing a game or making arts and crafts like his grandmother had taught him (Behavioral strategy: isolating). Matt also threw himself into his schoolwork, at first believing that if he could just get good enough grades his father might be pleased (Behavioral strategy: pleasing/performing). Yet each time he received a beating rather than the approval he longed for, he became more and more angry (predominant emotion: anger). But Matt “let it all pile up for a long time” (psychological defense).

At age nine, Matt's dad was arrested in a drug raid and all the children were removed from the home. Although Matt's uncle took his siblings in, Matt was “disowned again” (relational wound) and returned to the children's shelter, where he resided for two more years. At age 11, he was placed in a foster home; however, this placement ended a year later when the parents lost their license. And then, at age 12, Matt found what he had always wanted: parents, brothers, and a family where he

could feel loved and accepted. Although nine other foster youth resided in the home, Matt quickly accepted his foster parents' offer to call them Mom and Dad, and at the time of the interview Matt still considered these foster parents his parents. For the first time in his life since living with his grandmother, Matt said he "felt good about myself. I was bringing home report cards and they weren't beating me over it. They were rewarding me. And it was awesome"(acceptance). Over the course of the next 6 years, Matt experienced what it was like to be part of a family. He remembers his new parents walking him to school, playing football with his brothers, going on family trips, and celebrating the holidays (routines). He loved it, and he loved his foster parents. Because they loved him. However, the anger and sadness that had built up inside of him over the years did not magically disappear. He recalled, "I was like a fragile little bomb waiting to blow up." Although he was predominantly happy, small triggers occasionally lead to explosive fights between him and his foster siblings and peers.

At certain times they would bring something up from my memory bank and it would blow up. And it would be all of what I had been holding. Not just that one piece. It would be everything that had built up. The death of my grandma. The molestation of my father. My mom leaving me. All of that...the abuse.

Although he had never felt comfortable talking to counselors or caseworkers, he began to open up to his foster mother about everything. "It was a lot. It was just...blaming myself, denial, just saying that my dad couldn't do that to me." His foster mother was adept at reading his emotional cues, always inviting him to talk when she could tell the old feelings and beliefs were welling up (emotional support). Over time, Matt's feelings of anger, sadness, and guilt began to dissipate (healing).

Matt can't even put into words what he feels like his foster parents have done for him. He says, "I don't even know. I guess all my praying, and I got them...They just came and filled my life with something that was missing. That changed me forever." He believed,

If I would never have met my mom, and talked to her and let all that stuff out, I would probably be in jail right now. I would be doing something other than what I have been doing. I guarantee I would of. I would have ended up a nobody. Literally. Because I wouldn't have cared. If I never would have met somebody like them.

After graduating from high school, Matt got an apartment in a nearby large city with the help of the transition center, took basic coursework at a local community college, and worked part time for a security company. Matt was doing well for himself and his medication for depression was terminated. However, learning that his foster aunt and uncle had been murdered sent him into a tail-spin (stress and trauma). He frantically tried calling his foster mother, knowing that if he could talk to her it would be okay. When he could not reach his foster family on the phone, he called nearby biological relatives, asking them if they could come over. When they refused, Matt overdosed on his medication. Matt was hospitalized and later lost his job. Feeling like he had “messed up,” Matt declined offers for financial assistance from the transition center staff and his foster parents, who offered for him to move into a house on their property. When his savings ran out, Matt began living with his girlfriend at her relatives' apartment for several months while he was in and out of work. Finally, the couple ended up at the homeless shelter for two months, during which time both Matt and his girlfriend were able to find work. Matt was not the least bit ashamed of living at the homeless shelter but took pride in the fact that he went to work every day. They had moved into an apartment two weeks before the interview for this study. Matt had been accepted into a major state university for the fall.

At age 22, Matt had a new openness in relationships, which he attributed to his ongoing relationship with his foster parents, especially his foster mother. Matt's circle of friends was slowly broadening, although he still had difficulty trusting others and was easily hurt in relationships. He maintained close contact with his “mom and dad” and continued to run to his mother when he needed a listening ear. The old

beliefs that nobody cares were gone along with the anger and sadness. He was hopeful for the future. As for his biological family, Matt had begun slowly reaching out to them, trying to maintain some relationship with them, although he had learned to hold more realistic expectations of them (contact with biological family). Matt occasionally saw his father, and was working to reestablish a relationship with him. He said,

I can't forget about what happened. But I can forgive him. He did what he did, but he has done his time and he has done whatever he has to do to make up for all the mistakes. He is trying...I am going to give him an effort too. Matt has a deep faith in God and attributes his survival of the abuse and his eventual placement in a loving home to God's loving protection. In addition to his earthly friends and family, Matt relies on God for direction, guidance, and protection.

#### Michelle's Story

Michelle lived with her biological parents until she was seven. Her mother was schizophrenic, and although she was on medication, Michelle always knew her mother was different. She and her younger sister were perpetually late for school because her mother couldn't get out of bed in the morning, and at times her mother would talk to unseen people or threaten to kill them (relationally damaging experience). Michelle was "daddy's little girl;" he protected her from her mother's beatings and always brought small gifts home for her. Only later would she realize that her father was a sexual offender who was sexually abusing her older step-siblings. She "knows in her heart" that she would have been next (relationally damaging experience). But during one of her mother's hospitalizations, Michelle's aunt decided she could no longer care for the children and involved the state.

It wasn't long before allegations of sexual abuse began to surface. Michelle and her sister were removed and placed in a foster home with a woman who they would both later regard as their mother. However, the children's adjustment to the placement was anything but easy. Looking back, Michelle now says that she knows her new foster mother loved her; but she was never very affectionate in expressing it,



and Michelle often didn't feel loved. She and her sister would often throw tantrums, yelling, "You're not my mom! I don't love you!" (behavioral strategy: moving against). Instead, Michelle held on to the hope that she would return to her biological mother (placement goal). By the time Michelle was in fourth grade, she had developed an eating disorder, was severely underweight, and battled with her new mother over food (behavioral strategy: moving against). Finally, when Michelle was 12, her foster mother decided she could no longer care for both girls, and Michelle moved to another foster home where she resided for two years. However, from Michelle's point of view, this foster mother proved to be even more controlling than her previous foster mother.

In eighth grade, Michelle was moved to yet another foster home, and fell in love with her new foster mother. She recalled,

She was like the nicest lady ever. She was so fun...we would watch movies together. I used to babysit her kids like all the time, like her nieces and nephews...we would read each other books...we were like really close [sense of family].

She described this home as "perfect" and her behavior problems quickly disappeared. However, after a year, another foster child entered the home and problems quickly erupted which eventually lead to the disruption of the placement. Michelle explained, "After a whole year of so of everything quiet and perfect with no problems, a girl who had been there two months and caused nothing but problems, she [the foster mother] chose her [the foster sibling] over me, you know? And shortly after I left, she [the foster sibling] moved out...I think I really wasn't what she wanted." Although Michelle would later characterize this as the best year of her life, the sting of the eventual perceived rejection still hurts her today (termination of therapeutic relationship).

Heartbroken at the loss of the figure that Michelle had believed would be her "mother" forever, Michelle was placed in two more placements before returning to live with her original foster mother, where she had resided for two years at the time of

the interview. Although she now considers this woman her mother, she still has nagging feelings of insecurity. She described her mother as having a “cold personality” and “not a very loving person” who prefers to spend time alone than with her foster daughter (caretaker characteristics). Although Michelle cognitively believed that her foster mother loved her, she still felt the void of not having a close relationship with her mother. She stated, “It is hard not having parents. You say, oh you have your foster parents...I am always going to be that foster kid. That is just a fact. I am always going to be that foster kid that doesn’t have...If I need anything, a mother’s support...I may not always have that” (relational beliefs). Michelle still feels as if there is a void in her life...the void of real parents. She stated, “I will always have that void in my life. No foster care system, no anything can fill that.”

At age 19, Michelle had no contact with her biological father, but said she doesn’t “hold any animosity towards him.” She said, “I have let it go. It is gone. It is over. And I don’t think about it” (healing). Though the relational wound caused by her father had largely healed, Michelle still felt she lives with the results of her father’s decisions. She saw herself as “damaged” by her experiences in foster care, and the loneliness and feelings of isolation remained (unhealed relational wounds).

Although Michelle was very friendly and outgoing, she reported learning not to emotionally depend on others because “there is nobody there for you to depend on”(relational belief). She stated, “But that [being emotionally independent] is not necessarily the best. It kind of blocks you off from the rest, not letting you totally open up to people.” Her emotional independence likely fueled her feelings of loneliness and isolation. Her closest relationships were always with her boyfriends, with whom she spent the majority of her time. Although Michelle realized that these relationships, much like all the other relationships in her life, would likely not be permanent until she married, she seemed willing to live with this potential hurt in order to avoid the feeling of loneliness that she has learned to dread.

In reflecting on Michelle’s life, one must wonder how Michelle would have felt if she had stayed with the foster mother with whom she felt so close. Would she

still feel an overwhelming sense of “loneliness that only foster kids know”? Or would the sense of love and belonging she received in this home have been enough to change her relational belief that she will always be a “foster kid?” Perhaps. But Michelle simply stated,

I can't look at it that way. I can not dwell in the would have...for some reason or another, I was not meant to be there...I was meant to go through this experience. For some reason or another it was the best for me. Its survival. And part of being a Christian and believing that God puts people in your life for a purpose or whatever.

At the age of 19, Michelle had recently graduated from high school and was in the process of planning her future. This ambitious young lady had lots of plans, ranging from doing massage therapy to becoming an investigator in the FBI. Michelle was planning on starting at a junior college in the fall; however, she worried that she would have no one to help her with her schoolwork. Although her foster mother had offered to let her continue to live at home, Michelle desired to live on her own and was considering living with friends or one of her biological cousins. She worked part time at the local movie theatre and also had become highly involved in advocacy work for foster youth.

#### Jose's Story

Jose remembered his mother dropping him off at daycare asking him what he wanted for dinner that night. “McDonald's,” he remembered replying. Jose and his brothers waited at daycare until ten o'clock that night. His mother never came. The lady from the daycare finally took them home. It was there that he received news that his mother had been killed in a collision with an 18 wheeler on the way to McDonalds (relationally damaging experience). At the time of the interview, Jose still considered his mother's death his fault. At age seven, her death signified the beginning of what would be some of the worst years of his life.

His aunt Maria took Jose and his two brothers to live with her on her ranch for the next three years. The boys were not allowed to stay inside the house, but were

forced to share an old bed that was set up in the carport and to always shower outside. After a few months, his aunt became verbally and physically abusive (relationally damaging experience). Jose and his brothers lived in fear of their aunt, and competed with one another to see who could please her to avoid punishment. Although Maria's treatment of the boys was sure to have caught the notice of the people on neighboring farms, no one reported the situation. Jose believed it was because they too were afraid of Maria. She was known for being into "black magic"; Jose just believed his aunt was "the devil herself." Jose remembered his aunt chanting spells and people coming and going from the house. And he remembered turning to God, "Always hoping that God was going to help me out." He remembered clinging to a Rosary and passing it to his brothers to help protect them if one of them was about to get beat. And he remembered how "powerless" he felt the day his aunt ripped the Rosary out of his hand, as if "whatever was protecting me, all of my powers were gone." And Jose remembers gradually becoming angry at God for not protecting him (relationally damaging experience). Jose's torture from his aunt ended one day when she disappeared, supposedly having left the state. She had left instructions with his cousin to take the boys to Aunt Marcella's house. However, the cousin sexually abused the boys instead (relationally damaging experience). Isolated and alone on the ranch, the boys were unsure how they would escape and were relieved when their Aunt Marcella finally came to get them. However, she proved to be much like her sister, and treated the boys more like slaves than family, not allowing them to sleep in the house or to eat with the family. The boys were only allowed to eat after his aunt and her family had finished eating. Jose was responsible for cooking all the food for him and his brothers, and cleaning everyone's dishes. He remembers being beaten if he burned the food or refused to wash dishes (relationally damaging experience).

When a cut on his brother's head started bleeding at school, the boys were questioned by Child Protective Services. Fearful of what their aunt would do if they told, the boys denied any abuse. However, over the next several months, Jose's brothers were removed from the home, leaving him alone with his aunt and cousins.

One day Jose “had about enough.” He and his cousin got in a fight and Jose “beat the hell out of him.” When his aunt entered the room swinging a baseball bat at him, Jose had “reached his boiling point.” He grabbed the bat from her and began beating both her and his cousin with the bat, unleashing the anger that had been brewing for years. When his uncle entered the room, he felt sure his uncle was going to attack him as well. Instead, his uncle merely handed him \$200 and told him to leave and never come back.

And so the chapter of Jose’s life marked by loss and abuse ended. However, he carried the wounds of those years inside of him as he entered the next chapter of his life: foster care. In his first placement, Jose remembered being angry (predominant emotion) and “going out of control mostly every day” (behavioral strategy: moving against). It wasn’t long before he was sent to a residential treatment center, where he would reside with the same house parents from age 13 to age 18. Although he would later learn to love these house parents and consider them to be his parents, at first he was mean and disrespectful to them (behavioral strategy: moving against). Jose remembered feeling “powerful” if he could make his foster mother cry (relational goal: power, expression of hurt). One day, his house parents confronted him with being “out of control” and told him that they were going to send him away (intervention by foster parents). Somewhere, deep inside, Jose knew he didn’t want that to happen (placement goal). He recalled going outside and letting out a long, loud scream, expressing his hurt and anger in the only way he knew. And he remembered his foster father putting his arms around him and saying the words that changed everything, “We love you like a son. We want you to be with us.” (intervention by foster parents, foster parent messages).

Jose stayed in that foster placement, and his behavior changed dramatically. He went from failing in school to being on the honor roll. He became involved in extracurricular activities (changes in behavior). He remembered his foster parents coming to every one of his games. And he recalled that the family did everything together, including cooking, washing the dishes, cleaning house, washing the car, and

going on family vacations (routines). Jose describes these as “the best years” of his life. For the first time, his life was characterized by happiness (change in predominant emotion). He “loved those people to death—like they were [his] own parents, [his] real, real parents.” He believed that they would be his “family forever—no matter what” (sense of family).

Although Jose was happy living with his foster parents, he rarely talked about the wounds of the past (psychological defenses), preferring simply to enjoy the happiness of his present. He visited a psychologist every week, but spent the majority of his therapy time playing Super Nintendo, at times sharing about a difficulty he was having at school. But he says, “All those emotions—the guilt, the hurt, the anger, all of it, have stayed locked in.” Unlike other youth, Jose did not talk to about these things...even to his foster parents. And Jose’s foster parents didn’t intervene, perhaps because he had few behavioral problems. Although Jose experienced dramatic changes in his behavior and overall attitude during the years of living with his foster parents, many of the relational beliefs and painful emotions associated with the relational wounds of the past remained deeply buried (psychological defenses) and experienced little healing.

When he left the residential treatment center at age 18 to live in a transitional living placement, he found that his former foster parents “didn’t really have time” for him. Although he tried to maintain contact by calling them, each time he called they seemed busy with the other foster youth in their care. Jose finally lost touch with them when they moved to another city five years ago. In the interview he stated that didn’t believe that they are allowed to maintain contact with former residents. Jose described feeling “abandoned. But then again you get used to that cause I have been abandoned my entire life” (termination of relationship; relational wound).

Jose remembered being scared when he got out of foster care, slowly coming to the conclusion that he had “no back up.” He longed for the sense of comfort and belonging he once knew in his foster home: “Being a foster kid, you have lived with people all of your life. So when you get out on your own, it kind of kills you to be by

yourself.” Jose relied on his romantic relationships to provide him a sense of family and support and has co-habitated with almost all of his girlfriends. He stated, “I would rather not be alone, so I kind of push everything else off to the side and pay attention to her...I focus on who I am with more than anybody” (goal: gaining love and support). At times, he often sacrificed his own well-being to help his girlfriend (behavioral strategy, pleasing). However, one by one, each of his girlfriends left him, many of them having been unfaithful to him (relational wound). At the age of 21, Jose began to turn to alcohol to help him cope with the pain of life. At the age of 22, Jose was admitted to a drug and alcohol treatment program. He reported drinking around 12 beers daily and using 1 ½ bags of cocaine daily at the time. After leaving treatment, Jose relapsed and attempted to kill himself over the loss of a friend.

During the six months prior to the interview, Jose had been on his own. He said, “I always have to have someone in the house. Like all the time. No matter what, I have to have somebody there” (relational belief; goal: gain love and support). Since his girlfriend left, he took in other people who needed a place to live and allowed them to live with him for months at a time rent free. Since his only real friends now lived in another town, Jose said he doesn’t have anyone to “kick it with.” Jose’s superficial friendships revolved around partying, alcohol, and drugs. Although he said that he no longer used drugs, he allowed a drug dealer to sell from his house because “a lot of girls come to my apartment just for that.” He envied the money, car, and “friends” that this drug dealer seemed to have. For Jose, however, the drugs and alcohol were just a way to “escape from reality.” When he was alone, he left the radio and TV on all night, saying that the noise helped him “cope with stuff.” He occasionally thought of his former foster parents, but felt he had let them down (relational belief).

Jose had attempted college three times but dropped out each time because of relationship difficulties. He completed Job Corps training to be an administrative assistant, but couldn’t seem to find a job in this field. Instead, he held odd jobs, primarily in the telemarketing field, but always working. At the age of 25, Jose spoke

candidly of all that he has yet to accomplish. He had an overdrawn bank account, outstanding hospital bills, no credit, and no car. He had recently purchased a cell phone to try to establish credit; however, he feared he would not have the money to pay his monthly bill. Jose worked hard every day, and still had thoughts of one day going back to school. He vehemently swore “when I hit thirty, I am not going to be a nobody”(belief about self). His conflict with God continued, as he kept asking God, “When is my break??” He concluded, “You have to create your own breaks.” With tears in his eyes, Jose summed it up by saying “It’s been a long road.”

#### Summary

These three youths’ stories illustrate certain key points from the model. First, relationally damaging experiences occur throughout the lives of foster youth. At times, youths’ experiences in foster care can be just as relationally damaging or even more relationally damaging as their experiences prior to entering foster care. Secondly, healing is a gradual process which occurs over time in the context of a sense of family. Although changes in overall behavior and affect may be noticeable quickly, changes in deeply held beliefs and emotions related to specific past traumas undergo healing only as the child revisits these wounds within the light of his or her new experiences. Thus, healing is also dependent on the youth’s willingness to process past relational wounds. Thirdly, additional stress and trauma activates the beliefs and emotions associated with the relational wounds of the past. On-going systems of support are needed during these times to reinforce new ways of thinking and behaving. In the absence of these available systems of support, youth will tend to act on old relational beliefs and emotions in extreme ways.



## CHAPTER NINE: DISCUSSION OF RESEARCH QUESTIONS

Up until this point, discussion has focused on presenting a model of how relational wounds both develop and heal over time within the context of foster care. In addition to providing a model of how change occurs, the data collected can be used to answer the original research questions. Each question, along with the answers which emerged from the data will be described below.

### How Do Young Adults in Transition Describe Their Relational Worlds?

To answer this question, it will first be helpful to differentiate between the external and internal aspects of a “relational world.” The external relational world can best be thought of as the child’s social network. In other words, who are the important people in a foster youth’s relational worlds and what is the nature of these relationships? In contrast, the internal relational world is comprised of the youth’s thoughts and feelings about his or her relationships. Given that the participants’ goals, beliefs and feelings attached to significant relationships were described in Chapter 5, the discussion here will be limited to a discussion of the participants’ external relational worlds.

Participants in the study were asked to complete a relational diagram (see Appendix C) of the important people in their relational world. Participants were asked to categorize their relationships in terms of whether they considered the individual to be part of their “friends,” “family,” or “other,” a category which was used for individuals who did not necessarily fit in the other two categories. Additionally, youth were asked to indicate the amount of emotional closeness they felt to the individual. This data was based on the participants’ current conceptualization of their relationships. Data from these relational diagrams will be used to illustrate the types of people who were part of foster youths’ external relational worlds.

First, all of the youth in the study still considered some members of their biological family as “Family.” However, 10 of the participants did not include their

biological parents in this category. Of those who included their biological parents, only four of them placed a biological parent within their closest circle of relationships. Most, however, retained some tie to their biological families often through siblings (83%), cousins (33%), grandparents(28%) and aunts and uncles (28%). Surprisingly, thirteen of the youth (72%) considered a member of their biological family to be in their closest circle of relationships. However, interview data suggested that the participants' feelings towards these relationships were often mixed. As one youth said, "It's confusing to me, because I don't like them but they are my family. I feel right now that it's the only thing I have." These relationships may be particularly important to foster youth because they are not dependent upon a foster care placement and exist apart from any government agency, and therefore may have more perceived permanence than other relationships.

When considering whom to list as family, eleven of the participants (61%) chose to include significant individuals who were not biologically or legally related to them. Many of the youth who had had significant attachments to previous foster parents or staff chose to incorporate these individuals into their diagrams as "family." For example, 8 of the 18 participants in the study (44%) indicated that they considered members of a previous foster family or staff from a previous placement to be "family." Seven of these 8 participants (88%) considered these to be among their closest family ties. Four of the youth in the study (22%) considered their previous caseworker or social worker to be family members. Again, all but one of these (75%) considered their caseworker to be among their closest family. Although youths' definitions of "family" may vary somewhat, two conclusions can be drawn from this data. First, when foster care youth speak of their "families" they may refer to a broad range of individuals, ranging from parents, relatives, siblings, foster parents, and caseworkers. For over half of the sample, individuals associated with the foster care system played important roles as some of the youth's *closest* family members.

Twelve of the 18 participants (67%) mentioned staff members at the transition service center as important individuals in their relational worlds. These individuals

filled a variety of roles, including being friends (28%), family (11%), and important others (39%). Many of the youth talked about coming to these individuals for monetary support and help with a variety of life tasks, including finding a job, finding a place to live, enrolling in school, or furnishing their apartment. Many of the youth seemed to also turn to the transition center staff when they felt down and needed a listening ear, needed advice, or just wanted a place to “hang out.” By performing many of the roles traditionally performed by family, the transition center staff may enable the foster youth to gain some independence from their families of origin and previous foster families by making them less dependent on them both emotionally and financially. This independence can create a healthy distance between foster youth and their families of origin, which often are still embroiled in unhealthy patterns of living. One young lady expressed it as follows:

Kristen: I don't know what I'd do without these caseworkers. I wouldn't even be here. I probably would have gone back home and been miserable. If it wasn't for [transition center staff member], I don't know. She helps me a lot, helps me with my letters for the scholarships. Like when I was real sick, I didn't work, so I didn't get paid. So I told [transition center staff member], “Hey, can you help me? I need to pay a light bill.” So she helped me. She gave me a check for the light bill. She sent it for me because I couldn't come pick it up because I was sick. She does stuff like that. Gives furniture when we don't have nothing, me and my sister. She gave us pots and pans and furniture and clothes for my sister. When my sister got pregnant, we came to her. Like what do we do?

Kristen's sentiments expressed the sentiments of many of the participants. During the five months that I collected data at the transition center, I noticed that many young adults used the transition center as a “home base” of sorts, stopping by on a daily, weekly, or monthly basis to “check in” with their caseworker, get advice, pick up financial aid, register for classes, use the computer, phone or fax, catch up with friends, and get something to eat. Many of the young adults I interviewed turned to

their caseworkers in times of crisis. For example, both Mitch and Juan mentioned seeking out their caseworker when they were feeling suicidal. Keith and Gary both talked about contacting their caseworker or other center staff when their car broke down and they were stranded. Staff at the center seemed to personally know the majority of youth who walked through the door, which created a warm, inviting atmosphere.

Five of the youth in the study (28%) mentioned peers they had met through the transition center or a youth-led advocacy group for foster youth. The participants varied in both whether they considered these youth as “friends” or “important others” and also how close they perceived these individuals to be. However, for youth who were actively involved in these groups, these peers played an important role in helping youth feel understood:

Michelle: Nobody really understands what it is like except foster kids. That is why it is so amazing when we have those support group meetings. And I know a lot of foster kids feel that way. You go to school and you know you are different. And people look at you different if they know you are a foster kid. But you go to those group meetings and every kid there is a foster kid.

There is a connection that we have that is unspoken, and I feel it.

In addition to providing a sense of camaraderie, participation in the group provided increased leadership skills and a sense of accomplishment for several of the participants who had taken leadership roles.

Only one participant (5%) had close relationships which evolved from involvement in any other community or social support group. For this individual, members of his church comprised important close relationships in both the friend and important other categories and seemed to provide both a group of friends who shared similar interests (music and religious beliefs) as well as providing role models and a source of advice and support. Although this young man was the only participant in the study who was actively involved in a religious community, he was not the only participant for whom religious beliefs seemed to play an important role. The majority

of the participants brought up God, faith, or attending religious services during the interview process, even though it was never directly questioned for by the interviewer. Despite clear religious beliefs and past attendance at religious services, many of the participants no longer attended religious services, or if they did, did not seem to be actively involved in a religious community.

Similar to their conceptualization of family, participants included a variety of peers, staff, and adults in their conceptualizations of their friends. For example, three of the participants considered staff members of the transition center to be friends. All of the participants considered at least one peer a friend, and 16 of the participants indicated that a peer was among their closest relationships. Data from the Young Adult Self Report indicated that 47% (n=8) of the participants had four or more close friends, 41% (n=7) indicated they had two or three close friends, 6% (n=1) had one friend and 6% (n=1) indicated that they had no close friends.

Seven of the participants (39%) included a boyfriend or girlfriend as an important member of their relational worlds. These romantic relationships all involved commitment and none of the youth talked about dating multiple people at the same time. Four of these young adults lived with their boyfriend or girlfriend, and 2 other participants had previously lived with a significant other. Many of these young adults seemed to search for the close stability of family in these relationships. These romantic attachments filled a variety of needs for foster youth. First, committed romantic relationships seemed to fill the need for emotional closeness and companionship that keep foster youth from feeling as lonely.

Michelle: I feel closer to my boyfriends than I do to my own sister. It's kind of bad because you look for those relationships [close relationships] in other areas. And then those relationships [dating relationships] don't work out. But it is like what else do you have, you know?... If you don't want to continue with those relationships [i.e., dating relationships], then you are going to end up being lonely.

Jose: Being a foster kid, you have lived with people all your life. So when you get out on your own, it kind of kills you to be by yourself... When my girlfriend left... this is kind of sad, but when she left... remember how I told you she was all I had? Well, I told her that too. And she left, and from that point on when I did sleep in my room I would blast the TV real loud until I fell asleep.... Yeah, relationship issues really suck. When you can't be by yourself.

In addition to providing emotional companionship, the romantic relationships of these youth seemed to provide them practical support, financial stability, and guidance.

Maria: I loved him. We went through it [miscarriage, unemployment, homelessness] and he was there for me when I needed him (sometimes) and I was there for him. We were there for each other.... I think he has helped me a lot. I never wanted to get a job until he showed me how. He has been there for me. Every time I get sick and end up in the hospital, he is there for me. And he doesn't have to be."

Kristen: We help each other out. We're here to help each other out. I am not trying to use him. We both go to school. Sometimes we don't see each other. Like he works all day and I go to school all day and I'll work at night. So it's like we help each other out.

In sum, romantic relationships played many important functions in the lives of foster youth, including emotional support, companionship, practical support, and guidance.

#### What Features of the Foster Care System Shaped the Relational Worlds of Foster Youth?

Analysis of the interview data suggested that two features of the foster care system primarily impacted the participants' relationships. First, the *instability* of foster care impacted foster youths' relational worlds in a variety of ways. Secondly, the *structure and rules* inherent in being part of the system played a large role in shaping foster youth's peer relationships. A discussion of each of these features of foster care and how it shapes the relational worlds of foster youth will follow.

### *Instability*

The foster care system is rife with multiple levels of instability. First, youth are often moved between placements for many different reasons. Table (9.1) contains a list of reasons for changes in placement which emerged from the data.

Table 9.1 Factors that Precipitate Changes in Placement

<b>Reasons for Changes in Placements</b>	
<b>1. Child Initiates</b>	<ul style="list-style-type: none"><li>• Complaints about setting characteristics or location</li><li>• Complaints about treatment</li><li>• Interpersonal conflict</li></ul>
<b>2. Foster Placement Initiates</b>	<ul style="list-style-type: none"><li>• Child behavior problems</li><li>• Decision to stop fostering</li><li>• Interpersonal conflict with biological siblings, foster siblings, or parents</li></ul>
<b>3. System Initiates</b>	<ul style="list-style-type: none"><li>• Change in child's level of care or treatment needs</li><li>• Licensure requirements of placement (i.e., length of time, level of care)</li><li>• Changes in suitability of placement due to suspicion of abuse, neglect, loss of license</li><li>• Court decisions regarding family and custody</li></ul>

With each change in placement, youth were forced to begin anew the process of adjusting to new foster parents, new “siblings,” a new school, and new friends. Relationally, foster youth often lose a large portion of their social network with each change in placement and are forced to start over in forming relationships with new people. Jake expressed the feelings of many of the youth in the study when he said,

I think one of the hardest parts is like to keep on moving. Actually, that is the hardest part of foster care, is moving from place to place because you have to start all over again. Like adapting to their habits is not helpful at all. Getting to know new people and all that...that's the hardest part.

Similarly, Michelle commented, “It was very hard to make friends like that.” In addition to changes in placement, many residential and group home placements were

internally unstable, undergoing a high degree of turnover of staff and foster youth. Mitch had lived in many residential placements and had seen his friends come and go:

It's a bad thing because the people you know, nine times out of ten you are not going to see this person ever again...It's like you get close to this person and all of a sudden they go and you just don't know where they are.

Some youth, like Michelle, learned to establish relationships with the knowledge that they would likely not endure. Michelle summed up her way of coping with the instability by saying,

There is not one specific person in your life. There have been like lots of different people. At those certain times those people have helped you out, been there for you, but those aren't permanent relationships. They are all changing, and that is all you can look for at the time.

Although foster youth may have ample relationships within their relational worlds at any given point in time to provide necessary social support, the social support networks of many foster youth seemed to be constantly in flux.

The instability of foster care not only affects the external landscape of youths' relationships, but it also plays a large role in shaping youths' relational beliefs. Over time, some youth who experience a large number of changes in placements may begin to avoid close attachments due to the belief that they will soon be ending. For example, Marcus struggled with suicide because he felt so alone in the world. But he also admitted to sabotaging his relationships and pushing people away when they get too close. When asked what he feared would happen if people got too close, Marcus replied, "They will probably leave." Thus, in some cases the multiple transitions of foster care contributed to the formation of maladaptive relational beliefs such as "If I get too close to someone they will leave me." These maladaptive relational beliefs hinder the foster youths' ability to form satisfying relationships and to make use of the social support available at any given point in time.

For other foster youth, the loss of contact with people who were once an important part of their life may cause them to begin to doubt the quality of their



relationships and their own value as individuals. For example, Mitch said, “It [loss of contact due to instability] just made feel as if I wasn’t close to anybody the whole time, period. It made me feel like I was just another person or whatever.” Mitch’s statement illustrates a belief that seemed to be common among many of the participants in the study: *If I was really important to someone and they really cared for me, they would not leave me or at least would continue to keep in touch.* For youth who hold this belief, loss of contact implies that one did not really care after all. Over time, the recurring loss of contact can undo healing which has occurred by undermining messages that were previously believed to be true. For example, Keith had always believed that the staff at the residential center where he grew up loved him until he exited care and found that they did not maintain regular contact with him or provide for him financially. In contrast, some participants held relational beliefs that favored the continuation of relationships over time. Jeff had been in four different placements since entering care and had undergone a large turnover of peers in his last placement. His views on friendship are noteworthy:

I will always keep the same friends. If I don’t talk to them for a long time, I will call them I guess. Even if they slowly start to move away from me. I think we will always be friends even if we don’t see each other for a while. And if for some reason I do lose closeness, they will probably know that I might be busy and I will probably know that they might be busy. Or they will give me a warning in advance that they are going to move...I will probably keep them in the inner circle even though I know we won’t keep in contact that much.

Unlike Mitch, Jeff attributes loss of contact to situational variables rather than the person’s feelings about him, which allows Jeff to maintain psychological connections with people over time even when contact is lost. This data suggests that the meanings attached to the multiple transitions and loss of relationships in the lives of foster care youth may be an important predictor of the effect of instability. Although policies

and practices should be implemented to minimize loss of relationships, the beliefs about these losses would also be an important point of clinical intervention.

In addition to contributing to maladaptive relational beliefs, the impermanence of relationships in foster care contributed to many foster youth adopting coping styles that favored self-reliance over depending on others. Michelle spoke for many of the participants when she said,

Being in the foster care system, I have learned to depend on myself. You have to. There is no one there for you to depend on. Because you are moving around, your friends change. The only person you truly learn to depend on is you.

Michelle's statement illustrates the belief that one should depend upon oneself rather than other people. Although this belief was stated in a number of different ways, it was present in a surprising number of the interviews, especially in the interviews of participants who had undergone instability:

Keith: So I know how this works in life... It's usually me, myself, and I. But you know you are on your own.

Gary: I was really there to catch myself, and if I needed something, I would find a way to do it.

Vicki: I was really motivated not to be dependent on anybody.

Valerie: I am so independent now. I don't feel like I need anybody. I made it this far. It's a good feeling...the independence.

However, some of the participants who avoided depending on others paid a price for it. Although many of these participants had a wide social network, they often felt isolated from others emotionally and were extremely uncomfortable when they were placed in situations in which they needed to rely on others. As she reflected on her strategy of depending on herself, Michelle stated,

But that is not necessarily the best. It kind of blocks you from the rest, not letting you totally open up to people. And that is not necessarily the best thing for you, being emotionally independent. Because when you can't be, it's like

your whole world falls apart. You just break down. Cause nobody can always be strong all the time. It's just not possible.

As evident from Michelle's comment, the drawbacks of adopting beliefs favoring self dependence are feelings of emotional distance from others and a discomfort with closeness that can at times be maladaptive. The discomfort that a substantial portion of the participants had with closeness was reflected most clearly on the Attachment Style Inventory (see Appendix H). The majority of participants (76%) scored moderate to high on the subscale of Discomfort with Closeness. Eighty-three percent of the participants indicated that they agreed with the statement, "I prefer to depend on myself rather than other people," and seventy-six percent generally disagreed with the statement "I feel comfortable depending on people." Rigid adherence to beliefs which favor self-reliance over healthy interdependence on others could likely hinder one's ability to ask for and receive help.

Interestingly, although the instability in foster care seemed to have predominantly negative effects upon relational beliefs, a few youth suggested that it had improved their social skills.

Mitch: Foster care taught me how to deal with people. You are not just around people exactly like you. You are around people from different areas of your city, different cities, different areas of Texas. You are dealing with different kinds of personalities. Another thing...that foster care helped me with is dealing with everything in a family-type attitude. You learn how to take both sides of the perspective and not just your side. You learn how to look at it from the opposite side.

Jake: There were a lot of things that I learned towards independence...The people skills is one of the biggest things, because when you leave there and everything and you have to go to a new home, meet new people in school, everybody in a neighborhood and all that. So that's one of the biggest things that I could do. I could go to any neighborhood and start talking to somebody and be friends with them. Build up a relationship from there...

Indeed, many of the participants were noted by the interviewer as having good social skills, being personable, and establishing rapport easily. This is an interesting finding in light of research which suggests that school-age foster children are more often rejected and disliked than other children (McIntyre et al., 1988). Does foster care successfully teach social skills and relational skills to a population who is inherently at risk of poor relational skills? If so, how? Or do the relational difficulties noted in childhood continue into adulthood for the majority of foster youth? If so, do these relational difficulties stem from poor social skills or maladaptive relational beliefs? Further research measuring both social skills and relational beliefs is necessary to answer these questions.

#### *Structure*

Vicki: I think it has had a major effect on my life.... Like I mentioned, the instability of living in that group home, the rigidness, the structure of what they think was a natural home environment. Nobody lives like that, nobody does....So I think about that very often as to how much of an impact that had on me.

As Vicki suggests, foster care placements are often more structured and rigid than average homes due to both the behavioral problems prominent in the foster care population and the rules imposed by the foster care system. Without passing judgment on the validity of the factors that contributed to these rules and structures, the data clearly indicated that these rules and structures do impact the relationships of foster care youth. For several of the youth in the study, these structures hindered their ability to engage in normal, developmentally appropriate peer interactions. For example, Mitch, who resided in several residential treatment centers and group homes, recalled,

That was another reason I felt trapped, because I couldn't address people as a normal kid. I couldn't be like, 'I can come over to your house or I'll call you on the phone.' I couldn't do that. It was hard.

These barriers created by foster care policies often made it difficult for youth to make and maintain relationships with peers who were not in foster care. Valerie recalled, “I didn’t go out to anything. I wasn’t allowed to go out anywhere. I just saw them at school.” In addition to limiting contact with peers, the routines associated with foster care often called attention to foster youth. Vicki remembered dreading being picked up from school in a fifteen passenger van and having to explain why she lived with girls of many different ethnicities and ages. Although many of the participants reported that their peers had been understanding of their situation, some participants had felt ostracized and isolated from peers. One participant recalled, “A lot of kids used to tease me because I was a foster kid...it hurt my feelings. I’d almost break down in tears, seriously, but I wouldn’t. I’d sit there...I actually used to think there was something wrong with being a foster kid.” As this quote indicates, several of the participants internalized their experiences to reflect on negatively on themselves. Several participants mentioned feeling “different” from their peers and like “nobody understood.”

### *Summary*

In sum, two main features of foster care seemed to impact the relational worlds of foster youth. First, the instability of the foster care system meant that the social networks of many foster youth were always in a state of flux. Many youth adopted maladaptive relational beliefs about the meaning of these losses in relationship which impacted their willingness to form new relationships and to use available social support. Secondly, the structure and rules present in many foster care settings created unnatural living environments which limited foster youth’s ability to interact with peers outside of foster care. In addition, many of the structures associated with placements caused youth to be singled out by their peers.

### What Role Do Relationships Play in Transitioning into Adulthood?

As the participants left the security of foster care and began to navigate the waters of “independent living” they were faced with a complex array of problems, ranging from finding transportation to planning and pursuing future education to

renting and furnishing an apartment with no rental or credit history and limited funds. Although the nature of the challenges changed somewhat over time, the older participants (with the exception of the participant who had earned a college degree) still seemed to face challenges related to daily existence. As the young adults navigated these rocky waters, they sought support from variety of interpersonal resources. Past and present relationships acted as resources from which young adults in transition drew the tangible aid, information, guidance, companionship, and emotional support necessary to function successfully. In short, the participants' experiences can be much more accurately described as "interdependent living" (Maluccio, Krieger, & Pine, 1990) rather than "independent living". Brief illustrations of the ways in which participants utilized relationships during their transition into adulthood will follow.

First, the participants used relationships to help them secure the tangible aid necessary to support daily living. Given that living expenses were typically among their largest expenses, the participants relied on relational ties to help them pay their rent. All but one of the participants (94%) had lived with someone else (i.e., roommate, family, significant other) in a financially dependent or interdependent relationship since exiting care. For example, Jessica, Laquana, Jeff, and Michelle had all recently graduated from high school and were continuing to live in their previous foster placement until they were able to secure their own place, while Robert had returned home to his biological parents' home before moving into a subsidized apartment. Eight of the participants (44%) had lived with a girlfriend or boyfriend at some point following emancipation. Although the majority of these living relationships are financially interdependent, participants also relied on their social support networks in times of need when they were unable to pay them back. For example, Maria and her boyfriend lived with her siblings rent-free for many months while they were unemployed. She added that her siblings have continued to help her even after she and her boyfriend got their own apartment: "They help me. Like yesterday we didn't have any food at all and my brother took me for groceries." In

addition to relying on these relationships to help them pay rent and bills, several of the youth utilized their relational ties to secure a lease on an apartment or to purchase a car. For example, Kristen's foster parents purchased a car for her but required her to make the monthly car payments. Relationships with staff at the transition center were also utilized to secure financial aid for school and living expenses.

The participants also relied upon their relationships to provide them with information and guidance. For example, the majority of the young adults in the study used their caseworker to find out information about colleges, available resources, and foster care policies which affected them. A substantial number of the participants also mentioned turning to these staff members when they needed guidance on life or relationship issues. For example, Jose recalled the advice he got from transition center staff when he was unemployed and at a loss for what to do: "Just start doing something. Whatever direction you are going, you are going somewhere. Right now you are at a standstill." Several of the participants also mentioned that their significant others provided them with guidance. For example, Maria recalled that she "never wanted to get a job until he [her boyfriend] showed me how." Similarly, Kristen recalled, "He [her boyfriend] was the one that got me into all the school stuff, because I didn't really pay attention at school. Now it's like I know what I want in the future." By providing information and guidance, relationships act as catalysts for personal growth and development.

The participants in the study also relied on their relationships to provide them with companionship. For example, Juan described his relationship with his friends at the transition center as "just hanging out. We go places. We go to meetings. We play with the Play Station....I don't know their names really good, but we hang out and play Play Station. We all get together and watch movies. We talk." For Juan, these relationships fill his need for companionship and allow him to feel very satisfied with his friendships. However, other participants seemed to cling to harmful relationships because they feared being alone. For example, Mitch was dating a young woman who he suspected was unfaithful to him, but was hesitant to leave her because "I

don't have nobody else to talk to really....it wouldn't make no sense to go out there and try to go and find somebody else because then the next person I find might be worse." Similarly, Jose reported hanging out with drug dealers because he didn't like being alone and felt he didn't have any other relationships to which to turn.

Lastly, the participants in the study relied heavily upon their relationships for emotional support in times of stress. For example, both Matt and Mitch turned to their past foster parents for emotional support when they experienced deaths in their family. Maria turned to her boyfriend and siblings for support when she experienced a miscarriage. Jose moved in with his best friend following a break up with his girlfriend. Kristen, Juan, and Marcus all turned to their caseworkers at the transition center to help them when they felt hopeless and were contemplating suicide. In sum, relationships fulfilled critical functions both in daily living and during periods of stress.

Participants varied in the amount and quality of relational resources available to them, in their ability to utilize these resources effectively, and in the ability to maintain and establish new relational resources on their own. Some of the participants in the study named large social networks and utilized a variety of members of these networks to fill a variety of needs. For example, Valerie received companionship from hanging out with a group of friends from her community college; she received emotional support from her best friend and important former staff member; and she received tangible aid, information, and guidance from transitional center staff. Other youth had large support networks, but often failed to utilize these networks fully. For example, Matt relied almost exclusively on his foster mother for emotional support. When she was unavailable during a time of crisis, he turned to his biological family, who had never provided him any emotional support in the past, instead of turning to his best friend or transition center staff. When his biological family failed to help him, he attempted suicide. Following his suicide attempt, Matt lost his job and was forced to drop out of school but turned down offers from his foster family and the transition center to give him financial support.



Consequently, Matt ended up living in a homeless shelter for a few months. If Matt would have utilized his social network more fully initially, he could have avoided a suicide attempt, job loss, educational interruption and homelessness. In addition to failing to use their existing social support networks effectively, some of the participants in the study had substantially smaller support networks. These participants (i.e., Maria, Kristen, Jose) often focused the majority of their relational energy into one relationship (usually a dating relationship) and utilized this relationship for companionship, emotional support, financial support, and guidance. Although these individuals were able to function relatively adaptively with the support of this relationship, loss of this relationship could prove to be devastating. For example, when Jose's girlfriend left him, he became depressed and began to drink excessively.

In most cases, this interdependence on others promoted healthy adaptation and a general trend towards greater attainment in areas of education, work, daily living, and personal well-being. However, a small minority of the participants in the study relied on relationships which undermined their self-worth and personal growth. After emancipation, several of the participants either returned or contemplated returning to their biological parents for support. In cases in which biological relatives were still not functioning well, interdependence on these relatives could have a negative effect on personal growth. For example, Robert dropped out of high school to move back in with his biological parents and siblings. He quickly became embroiled in a web of family arguments, physical aggression, and verbal abuse. Similarly, after moving back in with his aunt and cousins, Mitch quickly found himself immersed in a world of drugs, crime, and unemployment. If the participants had continued to turn to these relationships for support, their own positive developmental path would likely be compromised. Interestingly, all of the youth in this study seemed to have some awareness of the potential negative impact of becoming interdependent on poorly functioning individuals and tended to avoid close associations with them. For

example, although the vast majority of Marcus' biological family lived in another state, he had decided not to move there. He stated,

There isn't anything there for me. 'Cause I know if I end up getting around that environment again I probably won't be going back to school. And probably won't be working. And I would probably end up like my parents. 'Cause its my choice, but none of my relatives give me good options.

Fueled by the desire to "not be like them," the vast majority of the participants in this study avoided long-term interdependence on individuals involved in drugs, alcoholism, crime, and abuse. However, participants were only able to successfully do this because of the availability of positive alternative relationships that provided them with tangible aid, information, guidance, companionship and emotional support. For the vast majority of the participants in this study, the relationships that they formed at the transition center were highly important. Without these relationships and the financial support offered by the state, foster youth would have likely relied more heavily on biological ties.

In sum, relationships play a key role in supporting young adults as they transition out of foster care. Although foster care policy often uses the term "independent living" to describe the goal of a successful transition, the participants' experiences more closely resembled "interdependent living." Relationships offered the participants the tangible aid, information, guidance, companionship, and emotional support necessary to transition successfully. In the absence of healthy relationships to fulfill these functions, young adults may turn to poorly functioning biological family members or unhealthy peers and romantic relationships to fulfill these needs.

## CHAPTER TEN: DISCUSSION

This chapter includes a discussion of some of the key findings, along with their implications for theory, research, and practice. The limitations of this dissertation research will be discussed first so that these results can be understood within the parameters and limitations of the study.

### Limitations

First, the findings of the study are limited by the very specific population of foster youth who participated. This study focused exclusively on the lives of foster youth who had been in foster care at least four years and emancipated from foster care at the age of 18. Given that the vast majority of foster youth achieve permanence by being reunified with parents or being adopted, the participants in this study represented the small and often overlooked population of foster youth for whom reunification or adoption is not a viable option. Therefore, the participants should not be considered representative of all youth in foster care. In addition, the participants in this study were recruited through a transition service center and were, of course, volunteers. Several young adults who indicated interest in the study were not included because they could not be contacted (no phone or address) or because they repeatedly failed to show up for an interview. It is unclear how the participants differed from other young adults with similar backgrounds (i.e., emancipated from care, in care over 4 years) who were not included. Given that the participants were able to be contacted and followed through on their intention to participate, one might speculate that they were higher functioning than many of their peers who had similar background characteristics. At a bare minimum, study participants had access to services not available to youth who were not connected to the transition service center. However, their close association with the service center might also signal a higher need for such services. Unfortunately, almost all research on young adults exiting foster care faces similar concerns with generalizability due to the highly mobile nature of this population and a lack of standard data collection procedures.

For example, the Texas Foster Care Transitions Project (Center for Public Policy Priorities, 2001) set out to locate all foster youth who had emancipated from foster care in 1990 and 1999 in Travis and Bexar counties using information provided by the Texas Department of Protective and Regulatory Services, the Texas Department of Criminal Justice, Casey Family Programs, Texas Department of Health, Texas Work Force Commission, and a host of other public databases. Of the 513 youth who were identified as having emancipated in those years, only 22 were able to be located for an interview. Until better tracking and data collection systems are devised, more generalizable research with this population will be difficult to conduct. However, qualitative research offers important findings even under such conditions because of its ability to capture the unique and diverse factors which may contribute to differences in experience.

Secondly, the study was limited by the time constraints of data collection. Data on each participant was generally collected over a period of a month or two. Although participants were able to report how their thoughts and feelings regarding relationships had changed over the course of foster care, actual changes in these perceptions were not observed due to the time-limited nature of the study. In addition, retrospective reports are subject to revision over time and may vary somewhat from the factual records obtained during childhood or from actual observation (see Brewin, Andrews, & Gotlib, 1993 and Hardt & Rutter, 2004 for a review). However, Brewin and colleagues (1993) conclude

Provided that the individuals are questioned about the occurrence of specific events or facts that they were sufficiently old and well placed to know about, the central features of their accounts are likely to be reasonably accurate.

Because the influences on memory serve mainly to inhibit recall or disclosure, it seems fair to conclude that reports confirming events should be given more weight than negative reports. (p. 94)

They suggest that the use of semi-structured interview techniques with probes for specific memories can further reduce any bias. These techniques, coupled with the

use of file review when available, provided credibility for the participants' overall report of events and memories. In addition, the fact that the participants were no longer in the foster care system may have improved their comfort in providing sensitive information that might otherwise have been withheld had they still been in care. However, longitudinal research would be beneficial. The theory presented in this dissertation suggests important variables which can be tracked over time, such as relationally damaging experiences, relational beliefs, predominant emotions, goals, behavioral strategies, and a sense of family. The instability of the foster care system and issues of confidentiality make longitudinal data collection extremely difficult, and such research could likely only be completed with considerable funding and cooperation by the state and a wide variety of private foster care agencies.

Thirdly, this study was intended to capture the experiences of young adults who grew up in foster care *from their perspective*. Thus, the data is inherently one-sided and should be interpreted as the experience of foster youth, rather than taken as observational account of the lives of foster youth. For example, this study does not attempt to measure the degree to which foster parents hold beliefs which would be consistent with loving and supporting foster youth or the degree to which they engage in behaviors which would be judged by an observer to communicate these messages. Instead, this study focuses solely on foster youth perceptions, which I will subsequently argue offers a highly important and powerful perspective which is often ignored in research. However, one must keep in mind that theory devised is based on the perspectives of foster youth. Other factors, such as the beliefs and perceptions of foster care staff, likely play an equally important role in the interactions which occur in foster care but were not the focus of this study. Although some research exists which has begun to identify these factors (Doelling & Johnson, 1990; Ray & Horner, 1990; Walsh & Walsh, 1990), more research is needed in this area.

## Noteworthy Findings

### *Implications for Existing Theory on Relational Representations*

Relational wounds can be thought of as a type of relational representation because they share many of the characteristics of relational representations proposed in the literature on relational schemas, interpersonal schemas, internal working models, and object representations (Baldwin, 1992, 1999; Blatt, Auerbach, & Aryan, 1998; Bretherton & Munholland, 1999; Crittenden, 1990; Safron, 1990a; Sandler, 1990; Sandler & Rosenblatt, 1962). For example, relational wounds are conceptualized in this study to contain beliefs about self and others and their associated emotions and are associated with goals and particular patterns of responding (Blatt, et al., 1998; Collins & Read, 1994). However, the term relational wound is used to denote a particular subset of such relational representations that seemed to be especially common among the participants in the study. Relational wounds are comprised of painful beliefs about the self in relation to others and the accompanying emotions. These beliefs seem to function much like schemas that sensitize foster youth to information relevant to relational wounds and cause them to interpret foster parent actions in light of their relational wounds. Consistent with other theories of relational representations (Baldwin, 1992, 1999), the behavior strategies that emanate from relational wounds function to maintain existing wounds (or schemas), and therefore hinder the healing process, or the formation of more adaptive beliefs, emotions, and behaviors.

Despite its similarity to many of the existing constructs in literature, the results of this study highlights features which are not always given central importance in existing theory. For example, the current study illustrates the integral connection between emotion and beliefs and highlights the role that intense emotion plays in determining goals and behavior. This theory also highlights the importance of relational beliefs about the self in relation to others, rather than views of self and others as positive or negative, as proposed by some attachment theorists (e.g.,

Bartholomew & Harowitz, 1991). Instead, the data suggested that relational beliefs may be more salient and powerful predictors of behavior than views of self and others. The data suggests that relational beliefs center around five primary themes: love, belonging, importance, acceptance, and support. Lastly, the current model highlights that relational representations are formed by relationally damaging experiences which occur both in early childhood and also throughout the course of the child's life. The model also supports the idea that relational representations do change, which is consistent with the notion that working models are open to revision (Bolwby, 1982; Crittenden, 1990). This suggests the importance of ongoing experiences and various people in forming, shaping, and revising representations. Given that information on the early attachment of the youth to their caregivers or information on the child's earliest experiences was unavailable, it is impossible to determine the relative importance of early attachment experiences versus subsequent relationally damaging experiences. Longitudinal research using a sample of infants believed to be at high risk for subsequent placement in foster care and tracking changes in attachment and representations over time is needed to help answer these questions.

Lastly, the results of this study suggest that the representations of foster youth may differ in important ways from the relational representations of individuals who have experienced a more continuous path of development. Data from the Attachment Style Questionnaire (ASQ) suggests that the relational representations of the participants are not easily explained by the existing theory and measures of attachment, which were developed with a general sample of college students, few of whom had likely experienced the diverse range of relational experiences characterized by the foster youth in this study. The majority of the participants in this study often simultaneously held many seemingly contradictory beliefs about relationships, indicating confusion in their beliefs, similar to the disorganized behavior observed in maltreated infants. Thus, the participants in this study often rated theoretically similar items differently and scored high on multiple factors of the

ASQ. Similarly, in the interviews, many of the youth discussed “knowing” one thing while “feeling” another. One might expect such confusion based upon their histories of relationally damaging experiences as well as positive foster care experiences, and in fact such confusion may be indicative of gradual healing. This confusion, however, raises important questions as to the validity of self-report measures of relational representations for this population. Foster youth may have difficulty understanding and rating their often conflicting thoughts and feelings. Their ratings on self-report measures are likely to reflect this confusion, often yielding a mixed attachment style, or scores which are biased by defensive exclusion. Instead of narrowly focusing classifying foster youth into attachment categories, a broader approach to research on the relational representations is warranted. The results of this study suggest that constructing measurement methods which assess a broad range of both consciously held beliefs and youth’s felt sense in relationships may be an important avenue for explaining adjustment in foster care and afterward.

*Importance of a Psychological Sense of Family and Foster Parent Messages*

The current study also provides several important findings which serve to inform the discussion about the national goals of increasing placement stability and increasing permanency for children in foster care (Children’s Bureau, 1999). Previously, most of the research in the area of placement disruption and stability had been cross-sectional studies of youth who were currently in care, very few of which had actually experienced a high number of changes in placements. For example, of twelve placement studies reviewed by Teather, Davidson, and Pecora (1994), only 13-34% had experienced 3 or more placements. In contrast, 83% of the participants in this study had experienced three or more placements. In addition, although the vast majority of youth exiting the foster care system exit to a “permanent” home (84.7% national median in 2000; (Children’s Bureau, 1999), very few of the participants in this study had achieved such “permanence,” as outlined by The Adoption and Safe Families Act of 1997 by the time they exited the system. Thus, the youth in this study provided rich qualitative data about the subset of youth who remain in foster care and



experience multiple changes in placement. Several conclusions can be drawn from their experiences.

First, placement stability, as defined by the number of placements, is not always indicative of better relational outcomes. Several youth maintained a placement for many years without forming lifelong attachments to staff or caregivers. In contrast, some youth who experienced a high number of moves but finally found a family to which they planned to maintain life-long connections had achieved a psychological “sense of family” although they were still wards of the state. The results of this study suggest that a “sense of family” may be a more important outcome for the foster care system to measure and strive to achieve than the current goal of placement stability.

Placement stability, if not accompanied by a psychological sense of family, has few therapeutic benefits and does little to provide ongoing support to youth as they emancipate from foster care and begin their lives as young adults. The lack of congruence between placement stability and a sense of family may also explain studies which suggest that a higher number of re-placements may not be associated with harmful psychological effects (Fanshel & Shinn, 1978; Proch & Tabor, 1985). For youth who had few emotional and relational ties in a placement, changes in placement had seemingly little effect. Conversely, youth who had made significant emotional and relational connections were often relationally wounded by changes in placement. In addition, high numbers of continued changes in placement did seem to have harmful effects on relational beliefs and relationships. This finding is consistent with previous research which suggests that increasing time in care and increasing number of placements is associated with a decrease in close peer relationships (Marcus, 1991). Situations which seemed to be particularly hurtful to the child occurred when the child had been informally adopted into the family, placement was disrupted by the foster parent’s initiative, and contact with the child was not continued. Situations such as these highlight the critical need for continued commitment on the part of foster parents and legal permanence in cases where a child

has found a sense of family. Future research is needed to identify child and foster parent barriers to achieving such commitment and legal permanence for older adolescents. Although legislation requires that adolescents who are waiting to achieve legal permanence receive independent living training, the current study suggests that interdependent living is a more realistic goal. All foster youth desperately need adult parental figures whom they can rely on for continued support during emerging adulthood and beyond.

The current study identifies many foster placement characteristics and foster parent actions which promote a psychological sense of family from the perspective of foster youth. Although previous research has identified many child factors related to higher rates of re-placement (including emotional and behavioral problems, poor attachment, and histories of chronic abuse and neglect (Teather et al., 1994)), these characteristics are often normative for the vast majority of children in long-term foster care (Gerhenson, 1991) and are of limited practical usefulness. Therefore, research has begun to identify foster parent characteristics that are associated with successful and disrupted placements (see Teather et al., 1994, for a review of research). Pardeck (1985) suggests that qualitative studies could be beneficial in identifying variables which contribute to disruption and how they interact. The current qualitative dissertation identifies foster placement and foster parent factors which are associated with disruption and impermanence and presents a model of the interactional process between foster children and foster parents that ultimately results in the formation of a sense of family, placement disruption, or placement continuation with minimal therapeutic benefits. Foster placement characteristics which were associated with the formation of a sense of family included an emotionally warm and welcoming foster care climate and routines which fostered involvement in family, peer, and community life. Additionally, the current study found that foster parents create a sense of family by communicating to the foster child through their words and actions five important relational messages: we love you, you are part of our family (belonging), we accept you, you are important to us, and we will support you. In the

absence of these therapeutic messages, placements tended to be disrupted or continued with harmful effects and/or limited emotional investment.

These five themes (love, belonging, acceptance, importance, and support) also help to explain previous research on factors associated with successful placements. For example, acceptance of poor academic performance, acceptance of difficult social behavior, acceptance of lack of religious observance, and tolerance for behavior which contradicts parent values (Teather, et al, 1994) may all be associated with successful child placement because foster parents are communicating acceptance. Similarly, the presence of two natural children and more than one foster child in the home may be associated with successful child placement (Kraus, 1971) because the presence of other children helps foster a sense of belonging. The findings of the current study can be used to generate other key variables theoretically related to these five themes that can then be tested using quantitative analysis to determine their relationship to placement outcomes.

The current study also provides support for assessing the perceptions of foster youth. The vast majority of the existing research has relied upon caseworker ratings, foster parent self-report, and background information to identify factors related to placement disruption and placement success. In doing so, researchers may fail to take into account the important role that foster youth perceptions play in determining the child's goals, behavior, and ultimately the success or failure of the placement. Interesting areas of future research include the degree of overlap between youth perceptions, caseworker perceptions, and foster parent perceptions and the extent to which each of these predicts the formation of a psychological sense of family and placement disruption.

In addition to providing guidance for future research, the concept of a sense of family and the five types of foster parent messages which contribute to this sense of family offer significant practical applications. First, these concepts can be easily incorporated into foster parent training because they are in the language of lay people, are easy to understand, and intuitively make sense. The term "relational wound" can

be used to explain to foster parents the effects of foster youths' previous experiences on their development. In addition, the model can be useful in helping foster parents gain an understanding of youths' behavioral strategies, the goals which underlie them, and the environmental factors which trigger different goals and behaviors. By defining the goal of foster parenting as creating a therapeutic sense of family, foster parents may begin to see their roles in the lives of foster youth in a new light and may begin to be able to more accurately assess whether they are ready to take on the commitment of fostering a child. In addition, foster parents can be helped to see how they communicate messages about love, belonging, acceptance, importance, and support through their everyday words and actions. However, the model also highlights the multiple reasons why youth may not experience a psychological sense of family even though foster parents feel they are providing all the right messages. Secondly, after devising measures that can quickly and easily assess the extent to which foster youth experience the different aspects of a sense of family, foster placements can be evaluated, problems identified, and intervention implemented. For example, if a child perceives little acceptance from the foster family, social workers and psychologists can intervene through consultation or family therapy to increase the child's sense of acceptance within the placement.

#### *Importance of Foster Parents as Therapeutic Agents*

The results of this study highlight the important therapeutic role that foster parents play in the lives of foster youth. The idea that foster parents can and should play a predominant role in providing therapeutic services to youth is not a new one. The last twenty years has witnessed a proliferation of therapeutic family-based foster care programs under the interchangeable names of treatment foster care, specialized foster care, or therapeutic foster care (James & Meezan, 2002). Reddy and Pfeiffer (1997) state,

Treatment foster care views treatment parents as the primary change agents. Treatment parents are provided training and support services to design and implement interventions for the children in their home. Treatment parents are

also responsible for helping children access community resources to facilitate their development and transition from the program. As needed mental health and medical professionals are accessed as consultants rather than provided directly by the program. (p. 582)

Thus far, results of treatment foster care have been positive, suggesting that therapeutic foster care is more effective and less expensive than more restrictive residential treatment or inpatient hospital settings (Hudson, Nutter, & Galaway, 1994; Reddy & Pfeiffer, 1997). After conducting a review of over 40 outcome studies related to treatment foster care, Reddy and Pfeiffer (1997) conclude that it has a medium to large positive effect on placement permanency, discharge status, behavioral problems, social skills, and psychological adjustment. However, James and Meezan (2002) emphasize that existing research measures only a narrow range of potential outcome variables and largely ignores variables which may intervene to moderate the effects of Treatment Foster Care. The results of the current study suggest other important outcomes upon which therapeutic foster parents can have an effect, such as relational beliefs, patterns of relating, and predominant emotions. In addition, the current study suggests several intervening variables which could be incorporated into treatment foster care research, such as the ability of the foster parents to consistently respond therapeutically, the nature of the child's interactions with birth parents or previous caregivers, the presence of ongoing stress or trauma, therapy, and the youth's level of psychological defensiveness.

Although family-based treatment foster care programs vary widely in the types of services they provide, all share a common emphasis on the foster parents and the family milieu as the primary agents of change (Hudson, et al., 1992; Reddy & Pfeiffer, 1997). Psychologists and other mental health professionals act primarily as consultants, providing a high level of training and support for foster parents (Reddy & Pfeiffer, 1997). In addition, mental health professionals are commonly used to provide additional family or individual therapy as needed, especially to help resolve issues which arise within the context of the foster parent-child relationship

(Chamberlain, 2003; Rivette, 2000). The current study supports this emphasis on foster parents as the primary agents of change and the use of mental health professionals to support foster parents.

In addition, many of the youth in the study had experienced a wide variety of types of placements, including family foster care, group homes, residential treatment centers, and family-based treatment foster care. Although changes in setting could occur in response to changes in developmental needs, the evidence suggests that changes often occurred due to an inability of a particular setting to address a child's needs. This would suggest that social workers often lack a clear understanding of what types of placements will be able to effectively address the child's needs. Further research is needed to determine which settings (regular foster care, treatment foster care, group homes, residential treatment) are most effective for different subsets of foster youth. Initial qualitative research could study the characteristics of foster youth who are deemed to make therapeutic gains within various settings as contrasted with the characteristics of the youth who make few therapeutic gains.

Lastly, previous research suggests that only approximately 4% of children in out-of-home care reside in homes which are considered family-based treatment foster care (Petit et al., 1999). Such services are typically deemed appropriate for youth who show "significant behavioral, emotional, and mental health problems" (Chamberlain, 1999). Given the high number of the participants in the study who were placed in more restrictive residential treatment programs, all but a few of the participants likely met this qualification at some point during their childhoods. In addition, the findings of this study suggest that all of the participants were relationally wounded to varying extents and needed a therapeutic sense of family. Unfortunately, many foster parents were unable to offer this to the children in their care. Instead, the youths' experiences in foster care typically added relational wounds. By placing youth who are likely to remain in the system for a significant period of time in treatment foster families initially, the need for subsequent placements may be reduced and the potential of adoption may be increased.

### *Importance of an Enduring Family*

Although family-based treatment foster care would seem to meet many of the needs of the participants in this study, it ignores one highly significant need: the need for on-going, enduring family relationships. As it is currently conceptualized in both the literature and practice, treatment foster care is viewed as a time limited intervention the goal of which is to reduce behavior problems so that youth can return to their families or to a less restrictive setting (i.e., adoption, regular foster family) (Hudson, et al., 1992; Chamberlain, 2003). Treatment foster parents are commonly viewed as professionals (Hawkins, 1990). These programs are likely highly effective at serving the needs of children who will one day return to their families or who have an identified adoptive resource. However, I argue that the participants in this study needed, and still need, more than time limited treatment. They needed a family within which they could grow and develop. They needed parents willing to make a life-long commitment to them personally rather than professionals simply invested in achieving treatment goals. These parents would need to be uniquely equipped, supported and able to function as part of team, but they would need to be parents first and professionals second.

The current system of care for foster youth largely ignores the needs of the subset of foster youth who will grow up in long-term foster care. Foster parents are often recruited under the auspices of providing short-term care for foster youth who need a temporary place to live, and may not be ready to offer life-long support to a troubled youth. Foster parents also enter the fostering process with unrealistic expectations and are given inadequate training and support for dealing with the emotional and behavioral needs of foster youth (Cuddeback & Orme, 2002). The existing level of care system often forces changes in placement once children's behavior improves, often cutting short deeper, more long-term healing. Even foster parents who wish to maintain contact with youth who have been re-placed elsewhere have difficulty doing so due to confidentiality concerns. The results of this dissertation suggest that the current system often does an inadequate job of fostering

life-long connections with foster parents while failing to provide more “permanent” caregivers (e.g., adoptive parents). However, results also suggest that life-long connections can be formed within foster care.

Although many of the young adults in this study maintained some ties with biological family members, very few of these biological families played an active and positive role in helping them transition into adulthood. In short, the role of a supportive family was rarely filled by biological family members. Many of the roles typically played by a supportive family were instead played by past foster parents, caseworkers, or transition center staff, whom the foster youth informally adopted into their closest circle of family and friends. Although in some respects these results could suggest that the current foster care system has met the needs of these youth by providing for them important supportive relationships, in other respects these results are alarming. Nearly half of the participants considered a former foster parent or staff member to be part of their family. Did these staff members, house parents, and foster parents understand the importance of their role in the youths’ lives? Were they ready to assume the ongoing responsibility that comes from being part of one’s family? In other words, what were the perceptions and the expectations of foster parents and staff? Obviously, this study did not include interviews with foster parents and staff members to determine their levels of commitment to these youth. In many cases, the foster families seemed to share similar levels of commitment to these youth, continuing to open their homes to them and keep in touch with them long after payment for their services had ceased. However, in some cases, the foster parents did not live up to this grave responsibility of being considered family and unknowingly caused deep relational wounds.

Newly developed programs, such as the transition center where the study was conducted, were designed to meet the needs of young adults in transition. This study suggests that such programs are highly important in the lives of youth who grew up in long term foster care. However, transition center staff is paid to invest in the lives of the young adults who walk through the door. Employees change and funding for



such programs is often tenuous. Thus, the relational worlds of foster youth are again largely shaped by individuals who are “doing their jobs” and doing them well. But, from the perspective of the young adults whose lives they touch, they are not “doing a job.” They are friends, family, and important others upon which these young adults have learned to depend. Thus, although they provide a much needed source of social support, they again foster a dependence on the provision of the state.

The previous discussion has highlighted some of the complex issues facing the foster care system. However, these results suggest several implications for research and practice. First, the critical shortage of foster and adoptive parents must be addressed. Although 2, 248 youth were adopted from foster care in Texas in 2002, 3,821 children waited to be adopted (TDPRS, n.d.). Approximately 50% of adoptions are by foster parents, suggesting that becoming a foster parent is a primary pathway to becoming adoptive parent. However, critical shortages also exist in the number of available foster parents. In 2001, nearly 600,000 children nationally were placed in fewer than 150,000 licensed foster care settings (HH6, January 2003). Increased efforts to make communities more aware of the needs of foster youth are essential. As individuals become aware of needs, those willing to serve as life-long resources to foster youth may come forth. Awareness can be promoted through presentations at places of worship, service organizations, neighborhood meetings, and ad campaigns. In addition, regularly occurring opportunities need to be developed for foster youth to form informal relationships with adults in the community through participation in sports, clubs, religious organizations, or mentor programs. Over time, some of these relationships may develop into potential family resources for foster youth.

Secondly, research is needed which identifies the belief systems and expectations of foster parents and social workers who willingly commit to becoming part of the life-long family of foster youth. This information can in turn be used to guide the recruitment and selection of foster parents and social workers who would be particularly suited for working with youth who are unlikely to be easily reunified with relatives or adopted. This research could also be used to develop training programs to

ensure that foster parent expectations for youth and what is expected of them as foster parents are realistic.

Lastly, although recent legislation has substantially increased the number of youth who are adopted out of the foster care system, many youth still grow up in foster care. This number may in fact increase in light of the insufficient supply of adoptive homes and the decreased time necessary for parental rights to be terminated brought about by the Adoption and Safe Families Act. Systems and policies are needed to help youth maintain significant relationships over time, even if replacement is necessary. In situations where the youth have experienced a sense of family, foster parents should be encouraged to make lifelong commitments to these youth through adoption or legal guardianship. In cases where adoption or legal guardianship may be too threatening to the youth or foster parent, alternatives are needed which will provide psychological, if not legal, permanence. For example, foster parents could be encouraged to participate in an informal adoption process in which they commit to being *a part* of the child's life-long family system and making the child part of their family system. Such agreements would acknowledge the strong ties many teenagers feel toward their biological kin while still providing an on-going level of commitment from foster parents. Such an arrangement would seem to reflect the actual compositions of the "family" of many foster youth.

In sum, there is much that can be done to address the plight of youth in long term foster care even though there are no easy answers. Prevention, treatment, adoption, family foster care, recruiting efforts, and independent living programs are all part of the solution to the multi-faceted problems encountered by youth who grow up in foster care. However, all such programs will likely offer only short term solutions to long term problems if they fail to address the need for life-long, therapeutic relationships in the lives of youth who exit foster care.

## APPENDIX A: CONSENT FORMS

## CONSENT FORM

### The Relationships of Young Adults Transitioning from Out-of-Home Care

You are invited to participate in a study of the relationships of adolescents in foster care. My name is Julie Griffin and I am a graduate student at The University of Texas at Austin, Department of Educational Psychology. This study is being conducted as part of my dissertation research project. You are being asked to participate because you are currently between 18 and 27 years old and have lived in some form of out-of-home care during your adolescence. I am interested in how this experience has impacted you and your relationships. If you decide to participate, you will be one of approximately twenty participants in the study. Your participation can help policy makers and program directors to help foster youth. In addition, at the conclusion of the second interview you will also receive a \$30 gift certificate to Wal Mart or Target as a token of appreciation for participation.

If you decide to participate, I would like to interview you about your foster care experiences and the significant relationships in your life. I am also interested in finding out what your life is like now that you have left foster care. You will be asked to fill out some questionnaires about your relationships and some problems you may be experiencing. I will also be asking you to recall some memories from your childhood and to tell me a few stories in response to some pictures. All together, participation in the study will require meeting together two times. Each meeting will last approximately an hour and a half to two hours. All meetings will take place at a community transitions service center. At the conclusion of our meetings together, I will also ask for your permission to view some of the written records that the community transition service center and the Texas Department of Protective and Regulatory Services may retain about you. You can decide whether or not to release this additional information at the conclusion of the study.

During the course of this study, you will be asked to share some personal information about your relationships, including your relationship with your birth mother and father. You may choose not to answer any question that you do not feel comfortable discussing or which may be painful for you to discuss. In addition, if you let me know you are intending to harm yourself or someone else during the course of the interview, I am ethically required to disclose that information to the proper authorities. If you happen to become distressed after leaving our meeting together, you can talk to your caseworker or counselor, or call the crisis hotline at 1-800-448-4663.

Any information that is obtained in connection with this study and that can be identified with you will remain confidential. Your responses will not be linked to

your name in any written or verbal report of the research project. Sessions will be audiotaped so that the information can be transcribed and analyzed. These tapes, as well as all other transcripts, questionnaires, records, etc. will be coded so that they will not contain any identifying information about you and will be stored in a secure location. At the conclusion of the study, the tapes will be destroyed, and the transcripts and other data will be kept for future analyses.

Your decision to participate or to decide not to participate will not affect your present or future relationship with any community transition services center or The University of Texas at Austin. Your decision will not affect your right to receive any of the services available through community transition service centers.

If you have any questions about the study, please ask me. If you have any questions later, you may call me, Julie Griffin, collect at (512) 471-4407 or call my supervisors, Edmund Emmer, Ph.D. or Guy Manaster, Ph.D. at (512) 471-4155. If you have any questions or concerns about your treatment as a research participant in this study, call Professor Clarke Burnham, Chair of the University of Texas at Austin Institutional Review Board for the Protection of Human Research Participants at (512) 232-4383.

You are making a decision or whether or not to participate in this study. Your signature below indicates that you have read the information provided above and have decided to participate in the study. If you later decide that you do not want to participate, simply tell me. You may discontinue your participation at any time. You may keep a copy of this consent form.

---

Printed Name of Participant

---

Signature of Participant

---

Date

---

Signature of Investigator

---

Date

## Release of Records

Because you are a foster youth who receives services from the San Antonio Transitions Service Center, the transition center may maintain a file about you. This file may contain information about your history in foster care, as well as your most recent psychological reports, and information about your transition from foster care. In addition, the Texas Department of Protective and Regulatory Services may maintain a file of information about you. This file may contain historical information about foster placements, reason for removal from your parents, psychological reports, as well as other information. Much of this historical information would be helpful in understanding your experiences in foster care and your relationships. However, as a legal adult, you can decide whether or not to grant the researcher access to this information. This decision is entirely up to you and will not affect your participation in the study, your relationship with the researcher, or anyone at the Community Transitions Service Center.

By signing below, you are giving the Community Transitions Service Center and the Texas Department of Protective and Regulatory Services the right to release information from your file to the primary researcher, Julie Griffin, for the purpose of taking notes for research. In addition, all information recorded from your file will be kept strictly confidential and will be used solely for the purposes of this study. All information recorded from your file will be stored in a secure file cabinet in such a way that protects your identity and the identity of anyone else about whom your file may contain information. This information will not be used against you or anyone else in any way and will not affect your relationship with the researcher, the University of Texas, or your ability to receive services from the Community Transitions Service Center or any other agency.

I, \_\_\_\_\_, hereby authorize the Community Transitions Service Center and the Texas Department of Protective and Regulatory Services to release records pertaining to me to the primary researcher, Julie Griffin.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

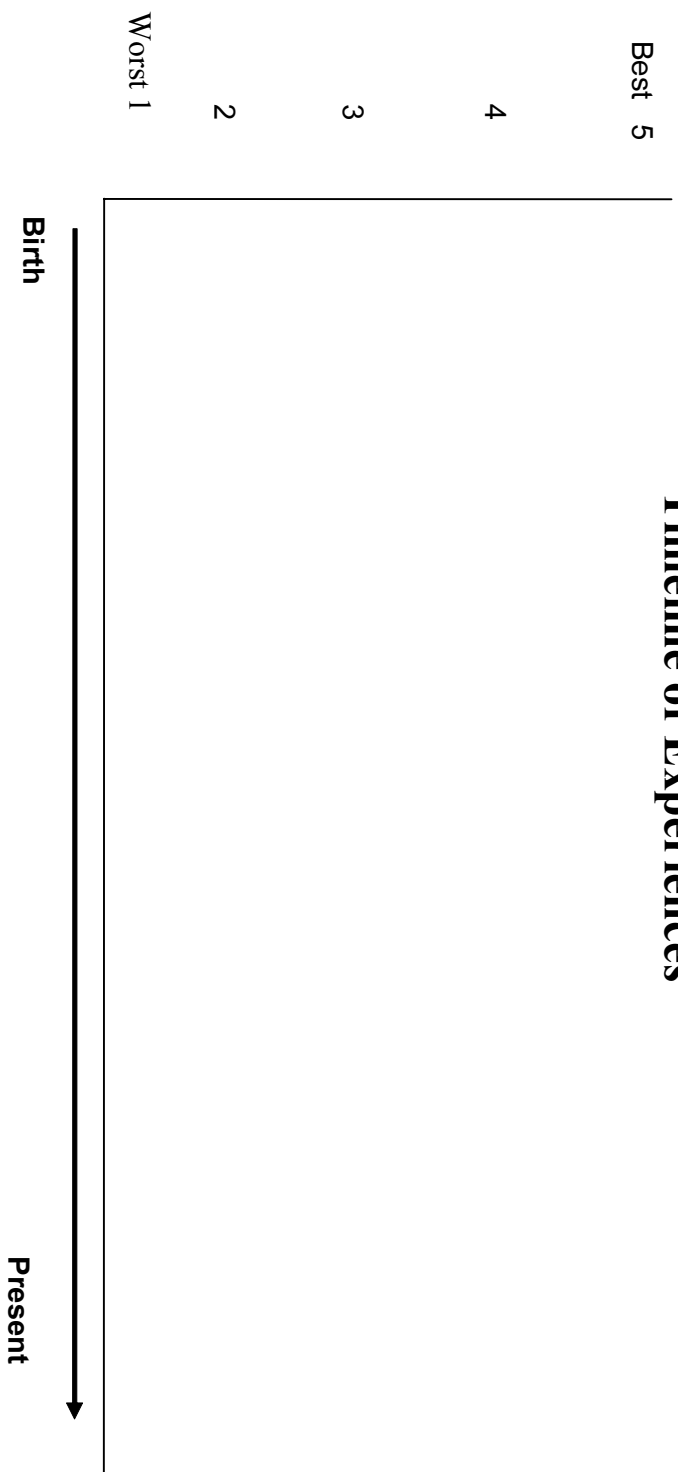
\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date

**Please sign two copies of this form.  
Keep one copy for yourself and return the other copy to the researcher.**

**APPENDIX B: TIMELINE OF EXPERIENCES**

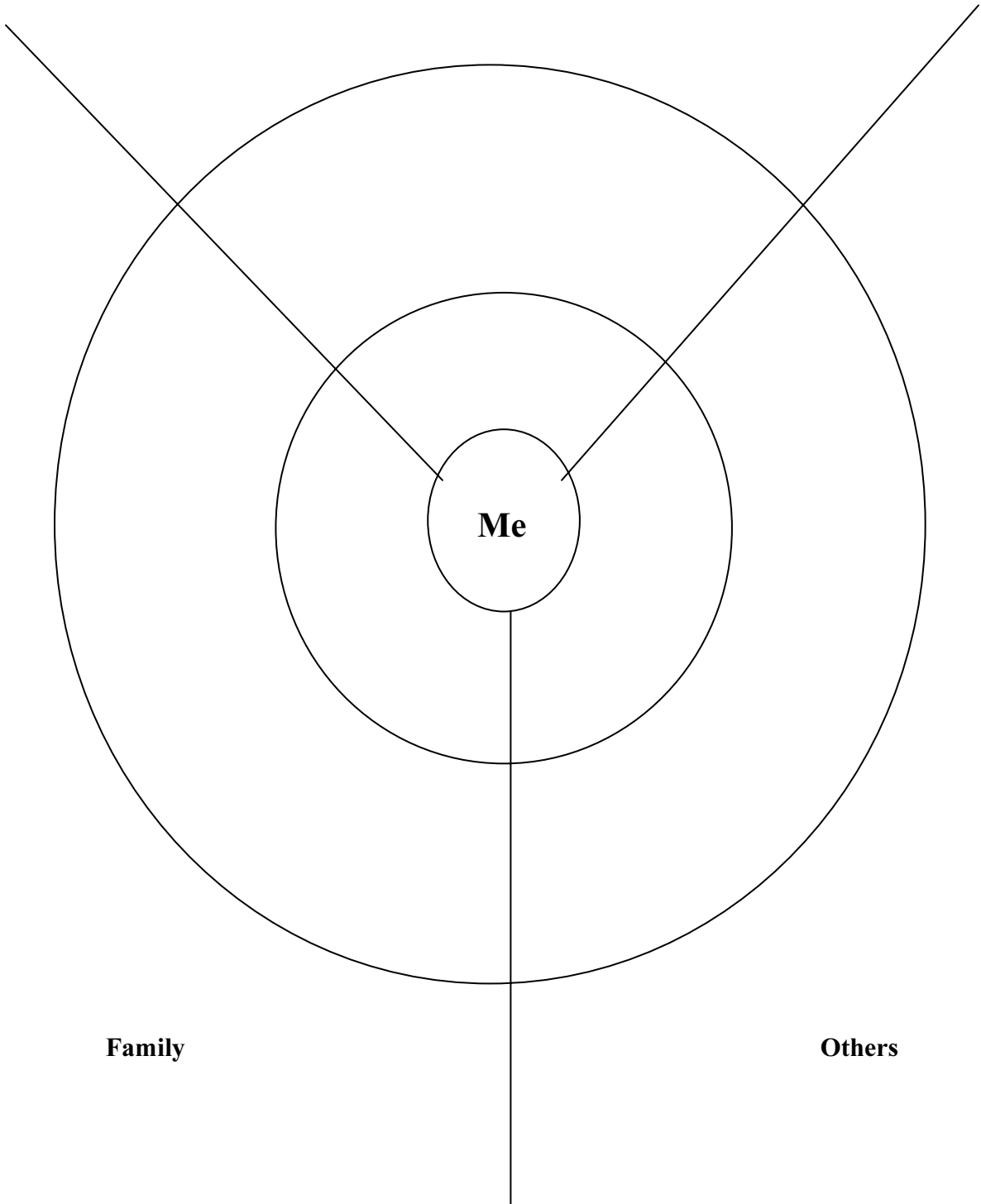
## Timeline of Experiences





## APPENDIX C: DIAGRAM OF RELATIONAL WORLD

**Friends**



APPENDIX D: INTERVIEW GUIDE

## **INTERVIEW-PART I**

### **Sample Questions**

**(Before beginning this interview, the participant will be asked to sketch a timeline of their experiences. Using the timeline as a starting point, participants will be asked to describe their relationships in foster care.)**

**Tell me about you're your experiences in foster care. (Use follow-up prompts as needed to elicit information about each foster care placements, significant relationship, etc. )**

- For each placement:
  - What was that placement like? Tell me about it? What did you like/dislike?
  - What were you thinking/feeling at the time?
  - How did you act while you were there?
  - Tell me about your relationships with the foster parent/staff
  - Why did the placement end?
- How do you think foster care has affected you? (esp. your relationships)
  
- How do you think you have changed since being in foster care?

**Now let's talk for a little bit about your experiences before coming into foster care.**

- For each place the participant lived:
  - Tell me about what you remember about that period of your life
  - What were you thinking/feeling at the time?
  - How did you act as child? How did you handle that? (elicit behavior)
  - Tell me about relationship with \_\_\_\_\_ (each caretaker)
  - What happened to change things?
- What specific memories do you have of this period of your life (elicit 2-3 specific memories)
- Clarify reasons for being placed in care

## INTERVIEW –PART II

### Sample Questions

**First, I would like for us to start by talking about your life since you left foster care, what you have been doing, and what challenges you have faced.**

- Elicit history using timeline
  - For each period, ask participant to describe. What was that like?
  - Elicit role of important relationships and ask participant to describe each relationship.
- What are your goals for the future?

**Next, I would like to spend some time talking about relationships.**

**First, I'd like for you to think about who are the major people in your life, or in your relational world. (show diagram)** If you think about this sheet of paper as representing your relational world, this would be you here in the center. I would like you to write the names of the significant people in your life and show me how they are related to you. You can put people that you feel really close to in this circle, close to you. Other people may be important to you, but not you are not that close. You might want to put them in this circle. Finally, you can put people out here that are in your world, but are pretty distant. You can also classify people by whether you consider them as part of your family, a friend, or other. (answer all questions and allow participant to complete chart.)

**Tell me about your relationship with \_\_\_\_\_.**

Follow-up prompts:

- How often do you talk to/ spend time with \_\_\_\_\_?
- How would you describe \_\_\_\_\_?
- How do you usually feel about yourself when you are with \_\_\_\_\_?
- If you could have three wishes come true in regard to \_\_\_\_\_ what would they be?
- Do you think you will still have a relationship with \_\_\_\_\_ ten years from now?
- How do you think your relationship with \_\_\_\_\_ has affected you?

**Do you notice any patterns in how you relate to people, or things that you always seem to do in relationships?**

**If you could change your relationships in any way, what changes would you make?**

**Overall, how satisfied are you with your relationships with your friends? Your family? Others?**

**How do you think being in foster care has affected your relationships?**

**What role have relationships played in your transition from care?**

**What relationships do you think have affected you the most? In what way? Why?**

**Do you ever feel as if you have a recurring pattern of interaction in relationships or something that just keeps on happening over and over? Do you notice any similarities among your typical relationships?**

## APPENDIX E: CASE SUMMARY

## Case Summary

ID# \_\_\_\_\_

Today's Date: \_\_\_\_\_

### *Employment*

Are you currently employed? Yes No Typical Hours worked per week? \_\_\_\_\_

Describe your job \_\_\_\_\_

Length of employment at current job? \_\_\_\_\_

Have you been unemployed for over 2 months since leaving foster care? \_\_\_\_\_ If so, how long? \_\_\_\_\_

### *Education:*

Are you currently in school? Yes No

If so, where? \_\_\_\_\_

What are your educational goals? \_\_\_\_\_

## Housing

Please indicate all of the places that you have lived since leaving foster care:

- \_\_\_ shelter
- \_\_\_ friend's house or apartment (not paying rent)
- \_\_\_ transitional group home
- \_\_\_ apartment with roommate(s)
- \_\_\_ apartment alone
- \_\_\_ apartment/house with biological parent (s)
- \_\_\_ apartment/house with siblings
- \_\_\_ homeless (How long? \_\_\_\_\_)
- \_\_\_ Other

Place a \* next to current living situation. How long have you lived there? \_\_\_\_\_

### *Ethnicity*

Which of the following best describes your ethnicity:

\_\_\_ African American \_\_\_ Hispanic \_\_\_ White \_\_\_ Mixed  
Other: (Please specify \_\_\_\_\_)

## Removal from Biological Parents

Month/year first removed from birth parents \_\_\_\_\_

Reasons for Removal:

- \_\_\_ Neglect (physical, medical, or other forms)
- \_\_\_ Abandonment
- \_\_\_ Physical Abuse



Sexual Abuse  
 Psychological maltreatment as major form of victimization  
 domestic violence within the home  
 Substance abuse within the home  
 Other: \_\_\_\_\_

Please list approximate dates of any periods of time in which the youth was reunified with a parent after initial placement in care. Include dates of reentry into system.

Have parental rights been terminated?  
Biological Mother:  Not terminated  Terminated  Deceased  
Biological Father:  Not terminated  Terminated  Deceased

### Placement History

Through today, please indicate the total number of different placements of more than 2 weeks that you have experienced since first entering out of home care (exclude respite care and replacements with same family. Include placement in group homes or residential treatment).

By each type of site, please indicate the number of placements in that type of site. In the space to the right, please indicate **approximate total length of stay** in each type of setting.

Family foster care (include current home) \_\_\_\_\_  
 Group homes \_\_\_\_\_  
 Residential treatment \_\_\_\_\_  
 Corrections facility \_\_\_\_\_  
 Psychiatric Hospital \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

### Overall Well-being

Did you ever experience abuse of any form while in foster care?  yes  no  
If so, please describe briefly \_\_\_\_\_

Have you ever attempted to commit suicide?  yes  no  
If yes, please include date(s) and nature of attempt(s): \_\_\_\_\_

Has this you had any legal difficulties since exiting foster care (including truancy, curfew violations, alcohol related offenses, misdemeanors, etc.)  Yes  No

If yes, please specify approximate date and nature of offense \_\_\_\_\_

Please mark any of the following services that you have received:

- individual counseling
- Family counseling
- group counseling
- special education services
- special tutoring
- other therapeutic services \_\_\_\_\_

Place a \* next to any services you currently receive.

Please indicate date of last psychological assessment: \_\_\_\_\_

At that time, please mark all of the following which were areas of diagnosed as areas of concern:

- Visually impaired
- Physically disabled
- Emotional Disorder (i.e. depression, anxiety disorder, etc. Please specify) \_\_\_\_\_
- Learning Disability (please specify) \_\_\_\_\_
- Mental Retardation (IQ below 70)
- ADD/ADHD
- Other Developmental Disability (please specify) \_\_\_\_\_

Comments:

## APPENDIX F: CATEGORIES AND SUBCATEGORIES

## Relationships

### Types

Biological parents  
Foster parents and staff  
Important others  
Siblings (foster, biological)  
Social Worker (caseworkers, transition center staff, etc)  
Romantic interests (homosexual and heterosexual)  
Peer/Friend (associates-----best friend)

### Properties

#### **Beliefs**

- Beliefs about relationship (relational beliefs)
- Beliefs about self
- Beliefs about other

#### **Feelings evoked by relationship**

- Directed inward-----Directed outward
- Hurt, anger, guilt, powerlessness, fear, loneliness

#### **Behavior or Relational strategy or pattern of relating**

- Pleasing/performing
- Moving against
- Isolating/Detaching
- Manipulating

#### **Relational goal**

- Retaliation—express anger
- Gain power
- Gain love/approval
- Avoid hurt/Protection

#### **Role in relationship**

- Parent as child----child as parent
- protector

#### **Characteristics of other**

- drug/alcohol problems
- controlling-----Control-----uninvolved/indifferent
- Expression of affect Low-----high
- Expression Disdain-----indifference----- Love

#### **Relational experiences**

- Affective valence: negative-----indifference-----positive
- Consequences: Damaging-----neutral-----Therapeutic
- Meaning valence:

## **Expectations**

### **Qualities of relationship**

- Degree of trust
- Degree of communication
- Feeling of closeness
- Satisfaction with relationship Satisfied-----desire changes

## **Early Experiences**

### **Important relationships**

- Biological parents
- Relatives
- Important others
- Siblings

### **Relational Experiences**

#### Types

- Abuse- threats to safety (continuum of safety)
- Loss of loved one (present or absent)
- Neglect (continuum of responsiveness)
- Abandonment (continuum of involvement)
- Parental Messages (positive to negative)
- Being/feeling used

Affective valence: negative-----indifference-----positive

Consequences: Damaging-----neutral-----Therapeutic

Meaning valence:

### **Environmental Experiences**

- Living conditions
- Context of violence (witness to domestic violence/crime)
- Stability of caretaker (stable-----unstable)
- Stability of living environment (stable-----unstable)

## **Foster Care Experiences**

### **Relationships Associated with Care**

- Foster parents
- Staff
- Caseworkers
- Foster siblings
- Extended family of foster parent

(see relationships for related properties and dimensions)

### **Placement characteristics**

- Type of placement (shelter, group home, foster family, residential treatment center, hospital)
- Characteristics of setting
  - Rules-- Degree of structure
  - Routines—(activities, programs)
  - Atmosphere Degree of warmth
  - Location
  - Feeling trapped vs. feeling free to be myself

### **Experience in placement**

- Feels like family -----or like foster kid (continuum of belonging)
- Feel loved -----or like nobody cares (continuum of care)
- Feel like somebody----- or like nobody (continuum of importance)
- Feel accepted/trusted-----or judged (continuum of acceptance)
- Feel supported-----or unsupported (continuum of support)

### **Changes in Placement**

- Number of changes
- Length of time in placements
- Reasons for change in placement
- Feelings/beliefs regarding change in placement

### **Contact with previous placement**

- Amount of contact: Ongoing-----sporadic-----limited-----cut off
- Expectation for continued contact
- Beliefs about contact or loss of contact
- Feelings about contact or loss of contact:

### **Perceived Effects of foster care**

- Effects on future
- Effects on self
- Effects on relationships

## **Emancipation Experiences**

### **Education**

- Degrees (no HS, GED, HS, college)
- Amount of college
- Level of educational success (failure-----passing-----good grades)
- Educational goals
- Educational challenges
- Beliefs about educational achievement

### **Work**

- Current employment?
  - Type of employment

- Duration of employment
- Employment history
  - Number of jobs held
  - Duration of employment
  - Types of Jobs
  - Unemployment
    - Number
    - Duration
  - Ever fired?
- Difficulties at work

### **Daily Living**

- Transportation
- Living arrangement
- financial support (sources, amount, sufficiency)
- establishing credit

### **Current relationships**

- number
- type
- functions (companionship, information, guidance, financial support, emotional support)
- adequacy
- level of satisfaction

### **Future**

- Goals
- Orientation (future, past, present, integrated)

APPENDIX G: ASQ DATA



Appendix G. Mean Participant Scores on the Five Factors of the Attachment Style Questionnaire

<b>Name</b>	<b>Confidence</b>	<b>Discomfort With Closeness</b>	<b>Relationships As Secondary</b>	<b>Need for Approval</b>	<b>Preoccupation With Relationships</b>
Joseph	4.88	4.4	3.57	2.71	4.75
Valerie	3.25	5.5	1.86	4.57	5.25
Juan	4.63	2.4	2.71	2.29	2.13
Keith	4.13	4.2	3.14	2.86	3.8
Marcus	4	5.0	2.71	3.86	3.5
Jessica	3.13	5.9	2.29	3.29	4.13
Laquana	5.25	3.0	3.14	2.14	3.25
Michelle	5.38	3.1	1.0	3.14	3.13
Matt	5.13	3.6	2.0	1.86	2.5
Gary	5.25	3.6	2.43	2.86	3.38
Kristen	5	4.4	1.43	2.57	2.25
Maria	2.63	2.8	4.14	1.57	2.63
Vicki	5.25	3.5	2.0	3.0	3
Jose	4.13	5.5	2.86	5.57	5
Robert	No data	No data	No data	No data	No data
Mitch	3	5.2	1.43	4.57	4.25
Jeff	5.63	2.4	2.0	2.86	2.13
Jake	4.75	3.1	2.14	2.14	2.25
<b>Overall Mean</b>	4.43	3.98	2.40	3.05	3.35

The ASQ is a 40 item self report measure on which participants were asked to rate each item on a scale of 1 to 6, as follows: 1= Totally disagree, 2= Strongly disagree, 3= Somewhat disagree, 4= Somewhat Agree, 5= Strongly Agree, 6= Totally Agree. The scores above represent the participant's mean score for items which loaded on each factor, as determined by Feeney, Noller, and Hanrahan, (1994).

APPENDIX H: PARTICIPANTS' RELATIONALLY DAMAGING  
EXPERIENCES

Appendix H. Lifetime Prevalence of Relationally Damaging Experiences

<b>Participants</b>	<b>Hurtful Parental messages</b>	<b>Sexual abuse</b>	<b>Threats to physical well-being</b>	<b>Neglect</b>	<b>Failure to protect</b>	<b>Abandonment</b>	<b>Death of Caregiver</b>	<b>Being used</b>	<b>Blame</b>
Jake			X	X	X	X			
Robert	X		X	X					X
Jeff			X	X					
Jessica	X	X	X	X	X	X	X		
Laquana	X		X	X		X			
Michelle			X		X	X			
Gary		X	X	X		X			
Joseph						X			
Valerie	X	X		X				X	X
Juan			X	X		X	X		
Keith				X		X	X	X	
Kristen	X	X	X	X	X	X			X
Mitch	X			X		X			
Marcus						X	X	X	
Maria			X	X		X	X		
Matt	X	X	X	X		X	X		
Vicki	X		X						
Jose	X	X	X	X		X	X	X	X
<b>Summary</b>	9	6	13	14	4	14	6	4	4

APPENDIX I: PARTICIPANTS' STRATEGIES AND GOALS

Appendix I: Relational Goals and Behavioral Strategies Used By Participants.

<b>Name</b>	<b>Pleasing/Performing</b>	<b>Isolating/ remaining detached</b>	<b>Moving Against</b>
<b>Joseph</b>	Gain love and approval*		
<b>Valerie</b>	Gain love and approval *	Protection from hurt	Expression of hurt
<b>Juan</b>		Protection from hurt*	Expression of Hurt
<b>Keith</b>	Gain power/control*	Protection from hurt*	Power/control, expression of anger*
<b>Marcus</b>	Protection from further hurt	Protection from hurt*	Protection from further hurt, gain power/control*
<b>Jessica</b>	Power/control; gain love and approval*		
<b>Laquana</b>		Protection from hurt*	expression of hurt, gain power/control*
<b>Michelle</b>	Gain love and approval*	Protection from hurt	Gain control, expression of hurt
<b>Matt</b>	Gain love & approval*	Protection from hurt	
<b>Gary</b>	Gain power/control	Protection from further hurt*	Expression of hurt, Gain power/control*
<b>Kristen</b>	Gain love/ approval*		Expression of hurt
<b>Maria</b>			Expression of hurt*
<b>Vicki</b>	Gain approval, power, and control*		Power/control
<b>Jose</b>	Gain love and approval, protection from hurt*		Expression of hurt, gain power/control
<b>Robert</b>	Gain love and approval		Expression of hurt*
<b>Mike</b>		Protection from further hurt*	Expression of hurt
<b>Jeff</b>	Gain love and approval*		Gain power/control
<b>Jake</b>		Protection from hurt	Expression of hurt; gain power/control*

\* Denotes the primary behavioral strategy and relational goals used by a particular participant.

## REFERENCES

- Abelson, R.P. (1981). Psychological status of the script concept. *American Psychologist*, 36, 715-729.
- Abner, J.L., & Allen, J.P. (1987). Effects of maltreatment on young children's socioemotional development: An attachment theory perspective. *Developmental Psychology*, 23, 406-414.
- Achenbach, T.M. & Edlebrock, C. (1983). *Manual for the Child Behavior Checklist and Revised Child Behavior Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T.M. (1991). *Manual for the Child Behavior Checklist/ 4-18 and 1991 Profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Annie E. Casey Foundation (Fall 2001). *ADVOCASEY*, 3(2). Baltimore, MD: Author.
- Ainsworth, M.D.S., Blehar, M.C., Waters, E., & Wall, S. (Eds.) (1978). *Patterns of attachment: A psychological study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
- Allen, J.P., Moore, C., Kupermine, G. & Bell, K. (1998). Attachment and Adolescent Psychosocial Functioning. *Child Development*, 69, 1406-1419.
- Allen & Land (1999) . Attachment in adolescence. In Cassidy, J. & P. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications* (pp. 319-335). New York: Guilford Press.
- Anderson, P. (1993). Cognitive schemata in personal relationships. In S. Duck (Ed.), *Individuals in Relationships: Understanding Relationship Processes Series, Vol. 1*, (pp. 1-29). Newbury Park, CA: Sage Publications.

- Arend, R., Gove, F., & Sroufe (1979). Continuity of individual adaptations from infancy to kindergarten: A predictive study of ego-resiliency and curiosity in preschoolers. *Child Development, 50*, 950-959.
- Armsden, G.C., McCauley, E., Greenberg, M.T., Burke, P.M., & Mitchell, J.R. (1990). Parent and peer attachment in early adolescent depression. *Journal of Abnormal Child Psychology, 18*, 683-697.
- Baldwin, M.W. (1992). Relational schemas and the processing of social information. *Psychological Bulletin, 112*, 461-484.
- Baldwin, M.W. (1995). Relational schemas and cognition in close relationships. *Journal of Social and Personal Relationships, 12*, 547-552.
- Baldwin, M.W. (1999). Relational schemas: Research into social-cognitive aspects of interpersonal experience. In D. Cervone & Y. Shoda (Eds.), *The Coherence of Personality: Social-Cognitive Bases of Consistency, Variability, and Organization* (pp. 127-154). New York: Guildford Press.
- Baldwin, M.W., Fehr, B., Keedian, E. Seidel, M., & Thomson, D.W. (1993). An exploration of the relational schemata underlying attachment styles: Self-report and lexical decision approaches. *Personality and Social Psychology Bulletin, 19*, 746-754.
- Bandura, A. (1999). Social cognitive theory of personality. In D. Cervone & Y. Shoda (Eds.), *The Coherence of Personality: Social-Cognitive Bases of Consistency, Variability, and Organization* (pp. 185-241). New York: The Guildford Press.
- Barends, A. Westen, D., Leigh, J., Silbert, D. & Byers, S. (1990). Assessing the affect-tone of relationship paradigms from TAT and interview data.

- Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2 (3), 329-332.
- Barrera, M. & Garrison-Jones, C. (1992). Family and peer social support as specific correlates of adolescent depressive symptoms. *Journal of Abnormal Child Psychology*, 20, 1-16.
- Barth, R.P. (1990). On their own: The experiences of youth after foster care. *Child and Adolescent Social Work Journal*, 7(5), 419-446.
- Barth, R.P., Snowden, L., Ten Broeck, E., Clancy, T., Jorden, C., & Barusch, A. (1986). Contributors to reunification or permanent out-of-home care for physically abused children. *Journal of Social Services Research*, 9(2-3), 31-45.
- Bartholomew, K. & Horowitz, L. (1991). A four category model of attachment. *Journal of personality and Social Psychology*, 61, 226-241.
- Beck, J. (1995). *Cognitive therapy: basics and beyond*. New York: Guildford Press.
- Benoit, D., & Parker, K. (1994). Stability and transmission of attachment across three generations. *Child Development*, 65, 1444-1456.
- Berlin, L.J & Cassidy, J. (1999). Relations among relationships: Contributions from attachment theory and research. In J. Cassidy, P. R. Shaver, (Eds.), *Handbook of attachment: Theory, research, and clinical applications* (pp. 688-712). New York: The Guilford Press..
- Blain, M.D., Thompson, J.M., & Wiffen, V.E. (1993). Attachment and perceived social support in late adolescence: The interaction between working models of self and others. *Journal of Adolescent Research*, 8, 226-241.



- Blatt, S. J., Brenneis, C.B., Schimek, J.G., & Glick, M. (1976). The normal development and psychopathological impairment of the concept of the object on the Rorschach. *Journal of Abnormal Psychology, 85*, 364-373.
- Blatt, S. J., Auerbach, J.S., and Aryan, M. (1998). Representational structures and the therapeutic process. In J. Masling & R.F. Borstein (Eds.), *Empirical studies of psychoanalytic theories: Vol. 8. Empirical studies of the therapeutic hour*. Washington, D. C.: American Psychological Association.
- Blatt, S. J., Auerbach, J.S., Levy, K.N. (1997). Mental representations in personality development, psychopathology, and the therapeutic process. *Review of General Psychology, 1*, 351-374.
- Blatt, S. J., Chevron, E.S., Quinlan, D.M., Schaffer, C. E., & Wein, S. J. (1988). *The assessment of qualitative and structural dimensions of object representations (Rev. Ed.)*. Unpublished research manual, Yale University, New Haven, CT.
- Blatt, S.J. & Lerner (1983a.). Investigations in the psychoanalytic theory of object relations and object representations. In J. Masling (Ed.), *Empirical studies of psychoanalytic theories* (Vol. 1, pp. 189-249). Hillsdale, NJ: Erlbaum.
- Blatt, S. J. & Lerner (1983b.). The psychological assessment of object representations. *Journal of personality assessment, 47(1)*, 7-28.
- Blatt, S.J. & Ritzler, B.A. (1974). Thought disorder and boundary disturbances in psychosis. *Journal of Consulting and Clinical Psychology, 42*, 370-381.
- Blatt, S.L., Wein, S.J., Chevron, E. & Quinlan, D. (1979). Parental representations and depression in normal young adults. *Journal of Abnormal Psychopathology, 78*, 388-397.
- Bowlby, J. (1982). *Attachment and loss: Vol. I: Attachment (Second edition)*. New York: Basic Books.

- Bowlby, J. (1988). The role of attachment in personality development. In *A secure base: Parent-child attachment and healthy human development* (pp. 119-136). New York: Basic.
- Boyer, D., & Fine, D. (1992). Sexual abuse as a factor in adolescent pregnancy and child maltreatment. *Family Planning Perspectives, 24*(4), 5-11.
- Bretherton, I. (1985). Attachment theory: Retrospect and Prospect. *Monographs of the Society for Research in Child Development, 50*, 3-35.
- Bretherton, I. (1990). Communication patterns, internal working models, and the intergenerational transmission of attachment relationships. *Infant Mental Health Journal, 11*, 237-252.
- Bretherton & Munholland (1999). Internal Working Models in Attachment Relationships: A Construct Revisited. In J. Cassidy & P.R. Shaver, *Handbook of Attachment: Theory, research, and clinical applications*, (pp.89-111). New York: Guilford Press.
- Brewin, C.R., Andrews, B., and Gotlib, I.H., (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin, 113* (1), 82-98.
- Buhrmester, D. (1990). Intimacy of friendship, interpersonal competence, and adjustment during preadolescence and adolescence. *Child Development, 61*, 1101-1111.
- Cantor, N., Mischel, W., Schwartz, J.C. (1982). A prototype analysis of psychological situations. *Cognitive Psychology, 14*, 45-77.
- Cantos, A.L., Gries, L.T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child Welfare, 126*, 309-329.

- Carlson, V., Cicchetti, D., Barnett, D., Braunwald, K. (1989a). Finding order in disorganization. In D. Cicchetti & V. Carlson (Eds.), *Child maltreatment. Theory and research on the causes and consequences of child abuse and neglect* (pp. 494-528).
- Carlson, V., Cicchetti, D., Barnett, D., & Braunwald, K. (1989b). Disorganized/disoriented attachment relationships in maltreated infants. *Developmental Psychopathology*, 25, 525-531.
- Carson, R.C. (1979). Personality and exchange in developing relationships. In R. L. Burgess & T.L. Houston (Eds.), *Social exchange in developing relationships*. New York: Academic Press.
- Center for Public Policy Priorities (March 2001.) *All grown up, nowhere to go: Texas teens in foster care transition* (Texas Foster Care Transitions Project). Austin, TX: Author.
- Cervone, D. & Shoda, Y. (1999). Social cognitive theories and the coherence of personality. In D. Cervone & Y. Shoda (Eds.), *The Coherence of Personality: Social Cognitive Bases of Consistency, Variability, & Organization* (pp.3-33). New York: Guildford Press.
- Chamberlain, P. (1999). What works in treatment foster care. In M. Kluger, G. Alexander, & P. Curtis (Eds.), *What works in child welfare*. Washington, DC: CWLA.
- Chamberlain, P. (2003). Multidimensional treatment foster care program: Components and principles of practice. In Chamberlain, P., *Treating juvenile offenders: Advancements made through the Oregon multidimensional treatment foster care model*. Washington, DC: APA

- Children's Bureau. (March 2003). *The AFCARS Report: Interim FY 2001 Estimates as of March , 2003*. Retrieved April 29, 2004, from <http://www.acf.hhs.gov/programs/cb/publications/afcars/report8.htm>
- Children's Bureau, (1999). *The Guidelines for Public Policy and State Legislation Governing Permanence for Children*. Retrieved March 31, 2004 from <http://www.afc.hhs.gov/programs/cb/publications/adopt02/02adpt1.htm>
- Cicchetti, D., & Barnett, D. (1991). Toward the development of a schientific nosology of child maltreatment. In W. Grove & D. Cicchetti (Eds.), *Thinking clearly about psychology: Essays in honor of Paul E. Meehl: Vol. 2. Personality and Psychopathology* (pp. 346-377). Minneapolis: University of Minnesota Press.
- Cicchetti, D., & Toth, S.L. (1995). A developmental psychology perspective on child abuse and neglect. *Journal of the American Academy of Child and Adolescent Psychiatry, 34*, 541-565.
- Collins, N.L. (1996). Working models of attachment: Implications for explanation, emotion, and behavior. *Journal of Personality & Social Psychology, 71*, 810-832.
- Collins, N.L. & Read, S.J. (1994). Cognitive representations of attachment: The structure and function of working models. In K. Bartholomew & D. Perlman (Eds.), *Advances in Personal Relationships* (Vol. 5, pp. 53-90). London: Jessica Kingsley.
- Cook, R. (1994). Are we helping foster youth prepare for their future? *Children and Youth Services Review, 16* (3/4) 213-229.

- Cook, R., Fleishman, E., & Grimes, V. (1991). *A national evaluation of Title IV-E foster care independent living programs for youth, Phase 2 (Final Report)*. Rockville, MD: Westat, Inc.
- Cooper, M.L., Shaver, P.R., & Collins, N.L. (1998). Attachment styles, emotion regulation, and adjustment in adolescence. *Journal of Personality & Social Psychology, 74*, 1380-1397.
- Courtney, M., Pilavin, I., Grogan-Kaylor, A., & Nesmith, A. (1998). *Foster youth transitions to adulthood: Outcomes 12 to 18 months after leaving out-of-home care*. Madison, WI: University of Wisconsin-Madison, School of Social Work and Institute for Research on Poverty.
- Crick, N.R. & Dodge, K.A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychological Bulletin, 115*, 74-101.
- Crittenden, P.M. (1990). Internal representational models of attachment relationships. *Infant Mental Health Journal, 11*, 259-277.
- Crittenden, P.M. (1992). Quality of attachment in the preschool years. *Development and psychopathology, 4*, 209-241.
- Crittenden, P.M. (1994). Peering into the black box: An exploratory treatise on the development of self in young children. In D. Cicchetti & S. Toth (Eds.), *Disorders and dysfunctions of the self. Rochester Symposium on Developmental Psychopathology, Vol. 5* (pp. 79-148). Rochester, NY: University of Rochester Press.
- Crittenden, P.M. & Ainsworth, M.D.S. (1989). Child maltreatment and attachment theory. In D. Cicchetti & V. Carlson (Eds.), *Handbook of Child*

- Maltreatment: Clinical and theoretical perspectives* (pp. 432-463). New York: Cambridge University Press.
- Curtis P.A. (1999). Introduction: The chronic nature of the foster care crisis. In P.A. Curtis, G. Dale, & J.C. Kendall, *The Foster Care Crisis: Translating Research into Policy and Practice* (pp. 1-14). University of Nebraska Press in association with the Child Welfare League of America.
- Cuddeback, G.S. & Orme, J.G. (2002). Training and services for kinship and nonkinship foster families. *Child Welfare, 81*, 880-907.
- Dodge, K.A. (1986). A social information processing model of social competence in children. In M. Perlmutter (Ed.), *Minnesota Symposia on Child Psychopathology: Vol. 18. Cognitive Perspectives of Children's Social and Behavioral Development*. Hillsdale, NJ: Erlbaum.
- Dodge, K.A. (1991). Emotion and social information processing. In J. Garber & K.A. Dodge (Eds.), *The development of emotion regulation and dysregulation*. Cambridge: Cambridge University Press.
- Dodge, K. A. (1993). Social-cognitive mechanisms in the development of conduct disorder and depression. *Annual Review of Psychology, 44*, 559-584.
- Dodge, K. & Coie, J.D. (1987). Social-Information processing factors in reactive and proactive aggression in children's peer groups. *Journal of Personality and Social Psychology, 53* (6), 1146-1158.
- Dodge, K.A. & Newman, J.P. Biased decision-making processes in aggressive boys. *Journal of Abnormal Psychology, 90* (4), 375-379.
- Dodge, K. A. & Price, J.M. (1994). On the relation between social information processing and socially competent behavior in early school-aged children. *Child Development, 64*, 1385-1397.

- Dodge, K.A., Price, J.M., Bachorowski, J., Newman, J.P. (1990). Hostile attributional biases in severely aggressive adolescents. *Journal of Abnormal Psychology, 99* (4), 385-392.
- Dodge, K.A. & Tomlin, A.M.(1987). Utilization of self-schemas as a mechanism of interpretational bias in aggressive children. *Social Cognition, 5*(3), 280-300.
- Doelling, J.L., & Johnson, J.H. (1989). Foster placement evaluation scale. Preliminary findings. *Social Casework, 70*(2), 96-100.
- Dore, M.M. (1999). Emotionally and behaviorally disturbed children in the child welfare system: Points of prevention. *Children and Youth Services Review, 21*, 7-29.
- Downs, S.W., Costin, L.B., & McFadden, E.J. (1996). *Child welfare and family services*. New York: Longman Publishers.
- Dozier, M., Stovall, C., Albus, K.E. (1999) Attachment and psychopathology in adulthood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Egeland, B., Carlson, E., & Stroufe, L.A. (1993). Resilience as process. *Development and Psychopathology, 5*, 517-528.
- Egeland, B. & Farber, E.A. (1984). Infant-mother attachment: Factors related to its development and changes over time. *Child Development, 55*, 753-777.
- Erikson, M., Stroufe, L.A., & Egeland, B. (1985). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample. In I. Bretheron & E. Waters (Eds.), *Monographs of the Society for Research in Child Development, 50* (1-2), 147-166.
- Fairburn, W.R.D. (1952). *An Object Relations Theory of Personality*. New York: Basic Books.

- Fanshel, D., Finch, S.J., & Grundy, J.F. (1989). Modes of exit from foster family care and adjustment at time of departure of children with unstable life histories. *Child Welfare, 118*, 391-402.
- Fanshel, D. & Shinn, E.B. (1978). *Children in Foster Care: A Longitudinal Investigation*. New York: Columbia University Press.
- Feeney, J. & Noller, P. (1996). *Adult Attachment*. Thousand Oaks, CA: Sage Publications.
- Feeney, J.A., Noller, P., & Manrahan, M. (1994). Assessing adult attachment. In M.B. Sperling & W.H. Berman, *Attachment in Adults: Clinical and Developmental Perspectives*. New York: Guilford Press.
- Festinger, T. (1983). *No one ever asked us: A postscript to foster care*. New York: Columbia University.
- Fox, N.A., Kimmerly, N.L., & Schafer, W.D. (1991). Attachment to mother/attachment to father: A meta-analysis. *Child Development, 62*, 210-225.
- Finzi, R., Cohen, O., Sapir, Y. & Weizman, A. (2000). Attachment styles in maltreated children: A comparative study. *Child Psychiatry & Human Development, 31*(2), 113-128.
- Furman, W., & Buhrmester, D. (1992). Age and sex differences in perceptions of networks of personal relationships. *Child Development, 63*, 103-115.
- George, C., Kaplan, N., & Main, M. (1996). *Adult Attachment Interview*. Unpublished protocol, Department of Psychology, University of California, Berkeley.



- Gershenson, C.P. (1991). Preparing for the future backwards: Characteristics of the ecology for children and youth in long-term out-of-home care. In *Preparing for the Future* (pp. 13-31). Seattle, WA: The Casey Family Program.
- Greenberg, M. (1999) Attachment and Psychopathology in Childhood. In J. Cassidy & P. R. Shaver (Eds.), *Handbook of Attachment: Theory, Research, and Clinical Applications*. New York: Guilford Press.
- Greenberg, J.R. & Mitchell, S.A. (1983). *Object Relations in Psychoanalytic Theory*. Cambridge, MA: Harvard University Press.
- Guba, E. (1981). Criteria for judging the trustworthiness of naturalistic inquiry. *ETCJ, 19*, 75-91.
- Guerra, N.G. & Slaby, R.G. (1989). Evaluative factors in social problem solving by aggressive boys. *Journal of Abnormal Child Psychology, 17*, 277-289.
- Gurak, D.T., Smith, D.A., & Goldson, M.F. (1982). *The minority foster child: A comparative study of Hispanic, black, and white children*. New York: Fordham University, Hispanic Research Center.
- Hammen, C.L., Burge, D., Daley, S.E., Davila, J., Paley, B. & Rudolph, K. (1995). Interpersonal attachment cognitions and prediction of symptomatic responses to interpersonal stress. *Journal of Abnormal Psychology, 104*, 436-443.
- Hardt, J. & Rutter, M. (2004). Validity of adult retrospective reports of adverse childhood experiences: Review of the evidence. *Journal of Child Psychology and Psychiatry, 45*, 260-270.
- Hazen, C. & Shaver, P.R. (1987). Romantic love conceptualized as an attachment process. *Journal of Personality and Social Psychology, 52*, 511-524.
- Hazen, C. & Shaver, P.R. (1990). Love and work: An attachment-theoretical perspective. *Journal of Personality and Social Psychology, 59*, 270-280.

- Herman, J. (1997). *Trauma and Recovery*. New York: Basic Books.
- Higgins, E.T. (1996). Knowledge activation: Accessibility, applicability, and salience. In E.T. Higgins & A.W. Kruglanski (Eds.), *Social Psychology: Handbook of basic principles* (pp. 133-168). New York: Guilford Press.
- HH6 Improve the adoption process for children in foster care, (January 2003). In *Limited government, unlimited opportunity: Recommendations of the Texas Comptroller*. Retrieved March 30, 2004 from <http://www.window.state.tx.us/etexas2002>
- Hudson, J., Nutter, R. & Galaway, (March 1992). A survey of North American specialist foster family care. *Social Service Review*, 51-63.
- Institute for Children and Poverty. (1993). *Homelessness: The Foster Care Connection*. New York: Institute for Children and Poverty. (National Clearinghouse on Child Abuse and Neglect Information No. CD- 22843.)
- James, S. & Meezan, W. (2002). Refining the evaluation of treatment foster care: *Families in Society: The Journal of Contemporary Human Services*, 83(3). 233-243.
- Jones, M.A. & Moses, B. (1984). West Virginia's former foster children: Their experiences in care and their lives as young adults. New York: Child Welfare League of America.
- Kernberg, O. (1976). *Object Relations Theory and Clinical Psychoanalysis*. New York: Jason Aronson.
- Koback, R.R. & Sceery, A. (1988). Attachment in late adolescence: Working models, affect regulation, and representations of self and others. *Child Development*, 59, 135-146.

- Kohut, H. (1971). *The Analysis of the Self*. New York: International Universities Press.
- Kohut, H. (1977). *The Restoration of the Self*. New York: International Universities Press.
- Lamb, M.E. (1977). Mother-infant and father-infant interaction in the first year of life. *Child Development*, 167-181.
- Leone, C., & Ensley, R. (1985). Self-generated attitude change: Another look at the effects of thought and cognitive schemata. *Representative Research in Social Psychology*, 15, 2-9.
- Lincoln, Y.S. & Guba, E.G. (1985). *Naturalistic Inquiry*. Sage Publications.
- Lombardi, W.J., Higgins, E.T., & Bargh, J.A. (1987). The role of consciousness in priming effects on categorization: Assimilation versus contrast as a function of awareness of the priming task. *Personality and Social Psychology Bulletin*, 13, 411-429.
- Lynch, M.L. & Cicchetti, D. (1998). Trauma, mental representation, and the organization of memory for mother-referent material. *Development and Psychopathology*, 10, 739-759.
- Lyons-Ruth, K., & Jacobvitz, D. (1999) Attachment disorganization: Unresolved loss, relational violence, and lapses in behavioral and attentional strategies. In J.Cassidy & P.R. Shaver, *Handbook of attachment: Theory, research, and clinical applications*. (pp. 520-554). New York: The Guilford Press.
- Main, M. (1996). Introduction to the special section on attachment and psychopathology: Overview of the field of attachment. *Journal of Consulting and Clinical Psychology*, 64, 237-243.

- Main, M. & Hess, E. (1990). Parent's unresolved traumatic experiences are related to infant disorganized attachment status: Is frightened and /or frightening parental behavior the linking mechanism? In M.T. Greenberg, D. Cicchetti, & E.M. Cummings (Eds.), *Attachment in the preschool years: Theory, research, and intervention* (pp. 161-182). Chicago: University of Chicago Press.
- Main, M., Kaplan, N., & Cassidy, J. (1985). Security in infancy, childhood, and adulthood: A move to the level of representation. In I. Bretherton & E. Waters (Eds.), *Growing points of attachment theory and research*, 50 (1-2, Serial no. 209), 66-104.
- Main, M. & Solomon, J. (1986). Discovery of an insecure disorganized/disoriented attachment pattern: Procedures, findings, and implications for classification of behavior. In M. Yogman, & T. B. Brazelton (Eds.), *Affective Development in infancy* (pp. 95-124). Norwood, NJ: Ablex.
- Main, M. & Solomon, J. (1990). Procedures for identifying infants as disorganized/disoriented during the Ainsworth Strange Situation. In M.T. Greenberg, D. Cicchetti, & E.M. Cummings, (Eds.), *Attachment in the preschool years* (pp. 121-160). Chicago: University of Chicago Press.
- Main, M. & Weston, D. (1981). The quality of the toddler's relationship to mother and to father: Related to conflict behavior and the readiness to establish new relationships. *Child Development*, 52, 932-940.
- Maluccio, A.N., Abramczyk, L.W., & Tomlison, B. (1996). Family reunification of children in out-of-home care: Research perspectives. *Children & Youth Services Review*, 18, 287-305.

- Maluccio, A.N., Krieger, R., & Pine, B.A. (1990). *Preparing adolescents for life after foster care: The central role of foster parents*. Washington, DC: Child Welfare League of America.
- Markus, H. (1977). Self-schemata and processing information about the self. *Journal of Personality and Social Psychology, 35* (2), 63-78.
- Markus, H. (1983). Self-knowledge: An expanded view. *Journal of Personality, 51*, 543-565.
- Markus, H. & Kunda, Z. (1986). Stability and malleability of the self-concept. *Journal of Personality and Social Psychology, 51*, 858-866.
- Markus, H. & Nurius, P. (1986). Possible Selves. *American Psychologist, 41*, 954-969.
- Marcus, R.F. (1991). The attachments of children in foster care. *Genetic, Social, and General Psychology Monographs, 117*, 365-394.
- Matas, L., Arend, R. A. & Sroufe, L.A. (1978). Continuity and adaptation in the second year: The relationship between quality of attachment and later competence. *Child Development, 49*, 547-556.
- Mayman, M. (1968). Early memories and character structure. *Journal of Projective Techniques and Personality Assessment, 32*, 303-316.
- McAuley, C. (1996). *Children in Long-term Foster Care: Emotional and social development*. Brookfield, VT: Avebury.
- McCrone, E.R., Egeland, B., Kalkoske, M. & Carlson, E.A. (1994). Relations between early maltreatment and mental representations of relationships assessed with projective storytelling in middle childhood. *Development & Psychopathology, 6*, 99-120.

- McDonald, T.P., Allen, R.I., Westerfelt, A., & Piliavin, I. (1996). *Assessing the long-term effects of foster care: A research synthesis*. Washington, DC: Child Welfare League of America.
- McIntyre, A. & Keesler, T.Y. (1986). Psychological disorders among foster children. *Journal of Clinical Child Psychology, 15*, 297-303.
- McIntyre, A., Lounsbury, K.R., Bernston, D. & Steel, H. (1988). Psychosocial characteristics of foster children. *Journal of Applied Developmental Psychology, 9*, 125-137.
- McMurtry, S.L., & Lie, G.W. (1992). Differential rates of exit of minority children in foster care. *Social Work Research and Abstracts, 28*, 28-42.
- Meissner, S.L. (1979). Internalization and Objects Relations. *Journal of the American Psychoanalytic Association, 27*, 345-360.
- Milan, S.E. & Pinderhughes, E.E. (2000). Factors influencing maltreated children's early adjustment in foster care. *Development and Psychopathology, 12*, 63-81.
- Moffat, M.E.K., Peddie, M., Stulginskas J. ET AL (1985). Health care delivery to foster children: A study. *Health and Social Work, 10*, 129-137.
- Morrison, T., Goodlin-Jones, B.L., & Urquiza, A.J. (1997). Attachment and eht representation of intimate relationships in adulthood. *The Journal of Psychology, 131*, 57-71.
- Morton, N. & Browne, K.D. (1998). Theory and observation of attachment and its relation to child maltreatment: A review. *Child Abuse & Neglect, 22*, 1093-1104.

- National Center on Child Abuse and Neglect. (1997). *Child maltreatment 1995: Reports from the states to the National Child Abuse and Neglect Data System*. Washington DC: U.S. Department of Health and Human Services.
- National Coalition for the Homeless. (1998). Breaking the Foster Care-Homelessness Connection. *Safety Network*, 17(3).
- Newman, L.S. & Uleman, J.S. (1990). Assimilation and contrast effects in spontaneous trait inference. *Personality and Social Psychology Bulletin*, 16, 224-240.
- Olsen, L.J. (1982). Predicting the permanency status of children in foster care. *Social Work Research and Abstracts*, 18, 9-20.
- Pardeck, J.T. (1985). A profile of the child likely to experience unstable foster care. *Adolescence*, 20(79), 689-696.
- Petit, M & Curtis, P. (1997). *Child Abuse and Neglect: A Look at the States—The 1997 CWLA Stat Book*. Washington, DC: Child Welfare League of America.
- Petit, M & Curtis, P.A, Woodruff, K., Arnold, L., Feagans, L., & Ang, J. (1999). *Child Abuse and Neglect: A Look at the States—The 1999 CWLA Stat Book*. Washington, DC: Child Welfare League of America.
- Pilowsky, D. (1995). Psychopathology among children placed in family foster care. *Psychiatric Services*, 46 (9), 906-910.
- Powers, R.L., & Griffith, J. (1987). *Understanding Life-Style: The Psycho-Clarity Process*. Chicago, IL: Americas Institute of Adlerian Studies, LTD.
- Price, J.M., & Brew, V. (1998). Peer relationships of foster children: Developmental and Mental Health Service Implications. *Journal of Applied Developmental Psychology*, 19(2): 199-218.

- Price, J.M., & Landsverk, J. (1998). Social information-processing patterns as predictors of social adaptation and behavior problems among maltreated children in foster care. *Child Abuse & Neglect*, 22 (9), 845-858.
- Price, J.M. & Brew, V. (1998). Peer relationships of foster children: Developmental and mental health service implications. *Journal of Applied Developmental Psychology*, 19 (2), 199-217.
- Proch, K. & Tabor, M. (1985). Placement disruption: A review of research. *Children and Youth Services Review*, 7, 309-320.
- Pryor-Brown, L., & Cowen, E. L. (1989). Stressful life events, support, and children's school adjustment. *Journal of Clinical Child Psychology*, 18, 214-220.
- Quamma, J. P., & Greenberg, M. T. (1994). Children's experience of life stress: The role of family social support and social problem solving skills as protective factors. *Journal of Clinical Child Psychology*, 23(3), 295-305.
- Quinton, D., Rushton, A., Dance, C. & Mayes, D. (1998). *Joining New Families: A Study of Adoption and Fostering in Middle Childhood*. New York: John Wiley & Sons.
- Quinton, D., Rutter, M., & Liddle, C. (1986). Institutional rearing, parenting difficulties, and marital support. In S. Chess & A. Thomas (Eds.), *Annual progress in child psychiatry and child development*, 1985 (p. 173-206). New York: Brunner/Mazel.
- Ray, J.A & Horner, W.C. (1990). Correlates of effective therapeutic foster parenting. *Residential Treatment for Children and Youth*, 7(4), 57-69.
- Reddy, L.A., & Pfeiffer, S.I. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. *Journal of American Academy of Child and Adolescent Psychiatry*, 36, 581-588.



- Reinecke, M.A., Datillio, F.M., & Freeman, A. (1996). General Issues. In M.A. Reinecke, F.M. Datillio, & A. Freeman (Eds.), *Cognitive therapy with children and adolescents*. New York: Guilford.
- Reinherz, H. Z., Giaconia, R. M., Pakiz, B., Silverman, A. B., Frost, A., & Lefkowitz, E. S. (1993). Psychosocial risks for major depression in late adolescence: A longitudinal community study. *Journal of the American Academy of Child and Adolescent Psychiatry, 32*(6), 1155-1163.
- Rogers, T.B. (1977). Self-reference in memory: Recognition of personality items. *Journal of Research in Personality, 11*, 295-305.
- Rosenfeld, A. A., Pilowsky, D.J., Fine P., Thorpe, M., Fein, E., Simms, M.D., Halfon, N., Irwin, M., Alfaro, J., Saletsky, R. & Nickman, S. (1997). Foster care: an update. *Journal of American Academy of Child Adolescent Psychiatry, 36* (4), 448-457.
- Rosenstein, D.S. & Horowitz, H.A. (1996). Adolescent attachment and psychopathology. *Journal of Consulting and Clinical Psychology, 64*, 244-253.
- Rothbard, J. C., & Shaver, P.R. (1994). Continuity of Attachment across the Life Span. In M. B. Sperling & W.H. Berman (Eds.), *Attachment in Adults, Clinical and Developmental Perspectives* (pp. 31-71). New York: Guilford Press.
- Risely-Curtiss, C., Combs-Orme, T., Chernoff, R., & Heisler, A. (1996). Health care utilization by children entering foster care. *Research in Social Work Practice, 6*, 442-462.

- Rivette, C. (2000). Home-based treatment foster care: Using foster parents as the agent of change. In N.A. Newton and K. Sprengle (Eds), *Psychosocial interventions in the home: Housecalls*. New York: Springer Publishing.
- Rudolph, K.D., Hammen, C., & Burge, D. (1995). Cognitive representations of self, family, and peers in school-age children: Links with social competence and sociometric status. *Child Development*, 66, 1385-1402.
- Rudolph, K.D., Hammen, C., & Burge, D. (1997). A cognitive-interpersonal approach to depressive symptoms in preadolescent children. *Journal of Abnormal Child Psychology*, 15, 33-45.
- Rutter, M. (1979). Protective factors for children's responses to stress and disadvantage. In M. W. Kent and J. E. Rolf (Eds.), *Primary Prevention of Psychopathology: Social competence in children, Vol. 3* (pp. 49-74). London: University Press.
- Safran, J.D. (1990a). Towards a refinement of cognitive therapy in light of interpersonal theory: I. Theory. *Clinical Psychology Review*, 10, 87-105.
- Safran, J.D. (1990b). Towards a refinement of cognitive therapy in light of interpersonal theory: II. Practice. *Clinical Psychology Review*, 10, 107-121
- Safran, J.D., Vallis, M.T., Segal, Z.V. & Shaw, B.F. (1986). Assessment of core cognitive processes in cognitive therapy. *Cognitive Therapy and Research*, 10, 509-526.
- Sandler, J. (1990). On internal object relations. *Journal of the American Psychoanalytic Association*, 38, 859-880.
- Sandler, J. (1994). Fantasy, defense, and the representational world. *Infant Mental Health Journal*, 15, 26-35

- Sandler, J. & Rosenblatt, B. (1962). The Concept of the representational world. *Psychoanalytic Study of the Child, 17*, 128-145.
- Seifer, R., Sameroff, A.J., Baldwin, C. P., & Baldwin, A. (1992). Child and family factors that ameliorate risk between 4 and 14 years of age. *Journal of American Academy of Child Adolescent Psychiatry, 31* (5), 893-903.
- Shapiro, D.L. & Levendosky, A.A. (1999). Adolescent survivors of childhood sexual abuse: The mediating role of attachment style and coping in psychological and interpersonal functioning. *Child Abuse & Neglect, 23*, 1175-1191.
- Shirk, S.R. (1998). Interpersonal schemata in child psychotherapy: A cognitive-interpersonal perspective. *Journal of Clinical Child Psychology, 27*, 4-16.
- Shirk, S.R., Boegers, J., Eason, A. & Van Horn, M. (1998). Dysphoric interpersonal schemata and preadolescents' sensitization to negative events. *Journal of Clinical Child Psychology, 27*, 54-68.
- Shirk, S.R., Van Horn, M. & Leber, D. (1997). Dysphoria and Children's Processing of Supportive Interactions. *Journal of Abnormal Child Psychology, 25*, 239-249.
- Sillars, A.L. (1982). Attribution and communication: Are people naïve scientists or just naïve? In M.E. Roloff & C.R. Berger (Eds.), *Social Cognition and communication (pp. 73-106)*. Beverly Hills, CA: Sage.
- Singer, J.L. & Salovey, P. (1991). Organized knowledge structures and personality: Person schemas, self schemas, prototypes, and scripts. In M. J. Horowitz (Ed.), *Person Schemas and Maladaptive Interpersonal Patterns (pp. 33-80)*. Chicago: The University of Chicago Press.

- Speltz, M., Greenberg, M.T., & Deklyen, M. (1999). Attachment in boys with early onset conduct disorder problems. *Development and Psychopathology, 11*, 269-285.
- Sroufe, L.A. (1983). Infant-caregiver attachment and patterns of adaptation in pre-school: The roots of maladaptation and competence. In M. Perlmutter (Ed.), *Minnesota Symposium on Child Psychology* (Vol. 16, pp. 41-81). Hillsdale, NJ: Erlbaum.
- Sroufe, L.A., Carlson, E.A., Levy, A.K., & Egeland, B. (1999). Implications of attachment theory for developmental psychopathology. *Development and Psychopathology, 11*, 1-13.
- Stein, E. Rae-Grant, N., Ackland, S., & Avison (1994). Psychiatric disorders of children “in care”: methodology and demographic correlates. *Canadian Journal of Psychiatry, 39*, 341-347.
- Stevens, J. (1996). *Applied multivariate statistics for the social sciences, 3<sup>rd</sup> Ed.* Mahwah, NJ: Lawrence Erlbaum Associates.
- Stovall, G. & Craig, R.J. (1990). Mental representations of physically and sexually abused latency-aged females. *Child Abuse & Neglect, 14*, 233-242.
- Strauss, A. & Corbin, J. (1998). *Basics of Qualitative Research (2<sup>nd</sup> Edition)*. Thousand Oaks: Sage Publications.
- Tatara, T., Zangrillo, P., & Mercer, M. (December, 1995). *Housing and Foster Care: Results of a National Survey*. Washington, DC: American Public Human Services Assoc. (NISC no. CD-21936).
- Teather, E.C., Davidson, S.D., and Pecora, P.J. (1994). *Placement disruption in family foster care*. Seattle, WA: The Casey Family Program.

- Texas Department of Protective and Regulatory Services (TDPRS), (n.d.). 2002 Annual Child Protective Services Report. Retrieved March 30, 2004 from [http://www.tdprs.state.tx.us/About/Data\\_Books\\_and\\_Annual\\_Reports/2002\\_AR/2002CPS.pdf](http://www.tdprs.state.tx.us/About/Data_Books_and_Annual_Reports/2002_AR/2002CPS.pdf)
- Teyber, E. (2000). *Interpersonal Process in Psychotherapy: A relational approach*. Belmont, CA: Wadworth.
- Thompson, A.H. & Fuhr, D. (1992). Emotional disturbance in fifty children in the care of a child welfare system. *Journal of Social Service Research, 15*, 95-112.
- Thompson, R.A., Lamb, M., & Estes, D. (1983). Harmonizing discordant notes: A reply to Waters. *Child Development, 54*, 521-524.
- Thompson, R.A., Lamb, M., & Estes, D. (1982). Stability of infant-mother attachment and its relationship to changing life circumstances in an unselected middle class sample. *Child Development, 53*, 144-148.
- Toth, S.L. & Cicchetti, D. (1996a). Patterns of relatedness, depressive symptomatology, and perceived competence in maltreated children. *Journal of Consulting and Clinical Psychology, 64*, 32-41.
- Toth, S.L. & Cicchetti, D. (1996b). The impact of relatedness with mother on school functioning in maltreated children. *Journal of School Psychology, 34*, 247-266.
- Toth, S.L., Cicchetti, D., Macfie, J., & Emde, R. (1997). Representations of self and others in the narratives of neglected, physically abused, and sexually abused preschoolers. *Development and Psychopathology, 9*, 781-796.

- Toth, S.L., Cicchetti, D., Macfie, J., Maughan, A. & Vanmeenen, K. (2000). Narrative representations of caregivers and self in maltreated pre-schoolers. *Attachment & Human Development*, 2 (3), 271-305.
- Triseliotis, J. (1989). Foster care outcomes: A review of key research findings. *Adoption and Fostering*, 13(3), 5-17.
- Triseliotis, J. & Russel, J. (1984). *Hard to place: The outcome of adoption and residential care*. London: Heinemann Educational Books.
- Urquiza, A.J., Wirz, S.J., Peterson, M.S. & Singer, V.A. (1994). Screening and evaluating abused and neglected children entering protective custody. *Child Welfare*, 73(2), 155-171.
- U.S. Department of Health and Human Services (n.d.). Child Welfare Outcomes 2000: Annual Report Executive Summary. Retrieved March 31, 2004, from <http://www.acf.hhs.gov>
- Usher, C.L., Randolph, K.A., Gogan, H.C. (March, 1999). Placement patterns in foster care. *Social Service Review*, 22-35.
- U. S. House of Representatives, Committee on Ways and Means (1996). *1996 Green Book*. Washington DC: Author.
- Van IJzendoorn, M.H.& Bakermans-Kranenburg, M. J. (1997). Intergenerational transmission of attachment: A move to the contextual level. In L. Atkinson & Zucker, K. J. *Attachment and psychopathology*. (pp. 135-170). New York: The Guilford Press.
- Van Ijzendoorn, M.H., & De Wolff, M.S. (1997). In search of the absent father- Meta-analysis of infant-father attachment: A rejoinder to our discussants. *Child Development*, 68, 604-609.

- Vaughn, Egeland, Stroufe, & Waters, (1979). Individual differences in infant-mother attachment at 12 and 18 months: Stability and change in families under stress. *Child Development, 50*, 971-975.
- Verschueren, K. & Marcoen, A. (1997). Representation of self and socio-emotional competence in kindergartners: Differential and combined effects of attachment to mother and father. *Child Development, 68*, 604-609.
- Waldinger, R.J., Toth, S.L. & Gerber, A. (2001). Maltreatment and internal representations of relationships: Core relationship themes in the narratives of abused and neglected preschoolers. *Social Development, 10*, 41-58.
- Walsh, J.A. & Walsh, R.A. (1990). *Quality care for tough kids: Studies of subsidized foster placements in The Casey Family Program*. Washington, DC: Child Welfare League of America.
- Webster-Stratton, C. & Spitzer, A. (1996). Parenting a Young Child with Conduct Problems: New Insights Using Qualitative Methods. *Advances in Clinical Child Psychology, 18*, 1-35.
- Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children and Youth Services Review, 21* (4), 273-294.
- Werner, E.E. (1989). High-risk children in young adulthood: A longitudinal study from birth to 32 years. *American Journal of Orthopsychiatry, 59* (1), 72-81.
- Westen, D. (1991). Social cognition and object relations. *Psychological Bulletin, 109*, 429-455.
- Westen, D., Klepser, J., Ruffins, S.A., Silverman, M., Lifton, N., & Boekamp, J. (1991). The object relations in childhood and adolescence: The development of working representations. *Journal of Consulting and Clinical Psychology, 59*, 400-409.

- Westen, D., Lohr, N.E., Silk, K., Gold, L., & Kerber, K. (1990). Object relations and social cognition in borderlines, major depressives, and normals: A thematic apperception test analysis. *Psychological Assessment: A Journal of Consulting and Clinical Psychology*, 2, 35-364.
- Westen, D., Ludolph, P. Lerner, H., Ruffins, S. & Wiss, F. C. (1990). Object relations in borderline adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 338-348.
- Winnicott, D.W. (1965). *The Maturation Process and the Facilitating Environment*. New York: International Universities Press.
- Young, J. & Lindemann, M.D. (1992). An Integrative Schema-Focused Model for Personality Disorders. *Journal of Cognitive Psychotherapy: An International Quarterly*, Vol. 6 (1), 11-23.
- Zuravin, S. & DePanfilis, D. (1999). Predictors of child protective service intake decisions: Case closure, referral to continuing services, or foster care placement. In P.A. Curtis, G. Dale, & J.C. Kendall, *The Foster Care Crisis: Translating Research into Policy and Practice* (pp. 1-14). University of Nebraska Press in association with the Child Welfare League of America.



## VITA

Julie Denise Griffin, the daughter of Patricia and James Griffin, was born in Englewood Cliffs, New Jersey on June 10, 1971. After graduating from A&M Consolidated High School, College Station, TX in 1989, she entered Texas A&M University. In May 1993, she graduated Magna Cum Laude from Texas A&M with a Bachelor of Science in Psychology. The following year, she completed Texas Teaching Certification in English and Psychology, including student teaching in Richardson, TX. From 1994 to 1997, Julie taught 8<sup>th</sup> grade Language Arts at Reed Middle School in Duncanville, TX. In the summers, she completed some graduate coursework through the University of North Texas and Texas A&M Study Abroad Program. In the fall of 1997, Julie entered the Graduate School of The University of Texas at Austin to pursue her doctorate in the Department of Educational Psychology's School Psychology Program. While in graduate school, she held many jobs, including Teaching Assistant, Graduate Assistant, Research Assistant, Testing Technician, and Counseling Intern. She also co-authored several articles and presentations. She received her Master of Arts degree in December 2000. In the fall of 2002, Julie moved to Dobbs Ferry, New York to complete her pre-doctoral internship at the Children's Village, a large residential treatment facility. After successfully completing her internship, Julie returned to Austin, TX, where she now resides.

Permanent Address: 1005 East 44<sup>th</sup> Street, Austin, TX, 78751.

This dissertation was typed by the author.