1-1-2017

The Rest of the Story: Exploring the Overall Functioning and Maturational Experiences of Former Foster Youth in Middle Adulthood

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Abstract

Middle adulthood as a developmental stage is often neglected in developmental research, yet it is vitally important to the cohesiveness of the life span as this is a time when integrating the experiences of the earlier developmental periods such as emerging adulthood, setting the stage for healthy aging. Emerging adulthood is but one unique stage in the life course, and situating this phase within a holistic developmental context is essential. Doing so illuminates the ways in which the past influences current functioning and the ways in which one's present developmental state sets the stage for later development. To date, no such inquiry has been conducted for foster care alumni. As such this study has two aims 1) Understand the current functioning of adults between the ages of 30-59 who aged out of foster care and; 2) gain insight into the journey of each participant from the moment they exited care as a young adult into middle adulthood. This qualitative inquiry employed an interpretive phenomenological approach (IPA) to understand the narratives of 22 participants between the ages of 30-59 who aged out of foster care. All participants were recruited using social media and participated in a loosely structured interview. Findings indicate that during the period of emerging adulthood these participants did indeed experience a great deal of chaos in support of current literature. However, after age 30 these individuals had become largely stable. Participants credited non-traditional supports and high educational attainment with their success in adulthood. Additionally, participants discussed the ways in which the absence of formal support, the stigma of foster care, and the tumultuous relationships with family influenced their journey well into middle adulthood. There are limitations to the study, mainly the high level of education for this sample as well as the over representation of White's and females. Clear implications exist for social work education, practice, and child welfare policy. Namely the contribution to middle adulthood literature, promotion of de-stigmatizing practice, and the shifting of the narrative embedded in policy from one of independence to one of inter-dependence.

Document Type
Dissertation

Degree Name
Ph.D.

Department
Social Work

First Advisor
Michele D. Hanna, Ph.D.

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Third Advisor
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Keywords
Aged out, Foster care, Middle adulthood, Phenomenological, Qualitative

Subject Categories
Social Work

Publication Statement

The Rest of The Story: Exploring The Overall Functioning and Maturational Experiences

of Former Foster Youth in Middle Adulthood

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A Dissertation

Presented to

the Faculty of the Graduate School of Social Work

University of Denver

_____

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

_____

by

Jessica L. Yang

June 2017

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Title: The Rest of The Story: Exploring The Overall Functioning and Maturational
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Advisor: Michele Hanna
Degree Date: June 2017

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Acknowledgements

For as long as I can remember, I have been instinctively drawn to helping others, this drive has become the cornerstone of my life, ultimately driving my decision to become a social worker and an academic. My doctoral education is but one part of this journey, but it would have not been possible without the help, guidance, support, and love of numerous individuals along the way. First, I would like to thank Michele Hanna, Jennifer Bellamy, Leslie Hasche, and Yoli Anyon. You have each challenged me to think about my work in new and exciting ways, pushed me to grow, and supported me throughout the process. Personally and professionally, each of you have shared invaluable wisdom to ensure my growth as a researcher, a teacher, an academic, and as a person, and for that, I am eternally grateful to each of you. I would also like thank my family and friends for their love and support through this process, I truly could not have done this without you. Toubee, you have been an amazing partner and without your unwavering support, I wouldn't have had the confidence or stamina to finish this dissertation. Thank you to Atticus and Killian, you have inspired me to be better, to set a good example, and to work to make this world a better place. David and Andrea, Matt, Carla, and Nicole, thank you for always being there for our family during this process. I love each and every one of you.

Lastly, I would like to thank all of the alumni who shared their stories with me. Reaching out to share such a personal story with a complete stranger was truly an act of courage and I am truly humbled that you entrusted me with your stories, you are why I will continue to pursue this work, you are the source of my passion and commitment thank you.

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Chapter One: Introduction

"Never underestimate a foster youth and their ability to impact the world in ways never

thought possible."

Chapter Purpose

This chapter will provide an overview of the dissertation including a summary of

the literature, policies, and social problems related to youth aging out of foster care. The

theories of emerging adulthood and life course will be introduced as well as the

importance of understanding experiences in a life course perspective, especially for foster

care alumni. Additionally, the present study will be introduced in light of the theory,

policy, and literature. Lastly, the positionality of the researcher will be presented.

Introduction

Estimates indicate that nearly a million children have aged out of foster care with

no form of legal permanence (adoption, guardianship, reunification, etc.) since 1974

when the Child Abuse Prevention and Treatment Act (P.L. 93-247) was signed into

federal law placing the federal government at the helm of child protection efforts.

Research suggests youth who are in the custody of a child welfare agency and fail to

attain legal permanency therefore "aging out" of the system when they turn eighteen are

at the greatest risk for experiencing negative outcomes (Barth, 1990; Courtney et al.,

2007, Pecora et al., 2006). However, the vast majority of these studies focus on youth as

they transition out of care and generally, participants are no older than the age of 25.

Consequently, little is known about how the experience of aging out of foster care affects individuals as they transition through the life course and enter into middle adulthood.

Given the dearth of research in this area, this study examines the current functioning of adults between the ages of 30 and 59 who aged out of foster care. This qualitative, phenomenological inquiry chronicled the journey of participants from the time they aged out of care to present day exploring multiple psychosocial domains, supports, services, and challenges.

Overview of the Problem

There are many ways in which youth can exit the foster care system including reunification with biological parents, guardianship, adoption, or aging out. A youth "ages out" of foster care when they reach the legal age of majority in their state and no longer fall under the jurisdiction of the child welfare system (Child Welfare Information Gateway, 2013). In most cases, youth reach the age of majority on their eighteenth birthday and subsequently exit foster care. However, in some jurisdictions youth may voluntarily elect to remain in the legal custody of the child welfare agency until they are twenty-one years old, but the availability of this option varies greatly (National Conference of State Legislatures, 2014). Cohort based and observational studies indicate that youth who age out of care at eighteen are at greater risk of experiencing negative outcomes in many domains of biopsychosocial functioning including education, employment, homelessness, relationships, physical health, mental health, and criminal justice involvement (Barth, 1990; Courtney et al., 2007, Pecora et al., 2006).

Outcomes for foster care alumni who aged out of care. Literature examining the needs and experiences of foster care alumni, specifically those that have aged out of

foster care, has been essential in the development of programs, policies and services over the last several decades. However, this research often fails to consider critical developmental contexts. This failure is highly problematic as the period of life between 18 and 25, the period of emerging adulthood, is characterized by instability, upheaval, and personal exploration and growth (Arnett, 2007). Life course perspectives of aging demonstrate that in American culture, the launch into adulthood is often chaotic, even without having been in foster care; however, the instability often levels off as individuals mature as they transition into later stages in the life course (Lachman, Teshale, & Agrigoroaei, 2015). Therefore, it is not suprising that young adults who have aged out of care experience instability and poorer outcomes emerging adulthood, especially compared to youth without a history of foster care. In fact, research has clearly documented the instability experienced by foster care alumni during the early years after their emancipation from care across many domains of biopsychosocial functioning.

Health and mental health. Nearly 20% of youth aging out of foster care report that their physical health is subpar (Courtney et al., 2007) with 12% indicating that their health severely negatively affects their daily lives (Courtney et al., 2007; Zlotnick, Tamm, & Soman, 2012). Additionally, between 15% and 30% of all youth who age out of care, do so with a mental health diagnosis (Brandford & English, 2004; Courtney et al., 2007). Youth aging out of care are also more likely than youth who were never in care to meet diagnostic criteria for a substance use disorder (Stott, 2012) with as many as 12% of foster care alumni meeting diagnostic criteria for a substance use disorder (Courtney et al., 2007) upon emancipation from care.

Education. Over time, the number of foster youth exiting high school with a diploma has remained steady near 50% (Barth, 1990; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Pecora et al., 2006; Vacca, 2008). This stands in stark contrast to the nearly 85% of youth from the general population that will obtain a high school diploma on or about their eighteenth birthday. Many foster care alumni will eventually obtain a diploma or a GED (Courtney et al., 2007; Pecora et al., 2006), but the time lost obtaining a GED, as well as the stigma associated with a GED compared to a high school diploma can cost these individuals both in terms of career opportunities and earning potential (Atkinson, 2008). Many foster care alumni indicate that they wish to attend college, however due to difficulties and delays in obtaining a high school education, barriers to such as poor educational guidance and logistics, and lack of support once enrolled, the collegiate graduation rate among foster care alumni is quite low (Courtney, Terao, & Bost, 2004; Jones, 2010; Reilly, 2003).

Employment. Due to reduced educational attainment, foster care alumni are frequently unable to obtain stable long-term employment (Courtney et al., 2007). Furthermore, many foster care alumni report underemployment and difficulty in meeting their financial needs (Dworsky, 2005; Goerge et al., 2002; Pecora et al., 2006; U.S. Department of Health and Human Services, 2008). Some foster care alumni choose to engage in criminalized activities such as theft, selling illicit substances, or engaging survival sex in order to meet their financial needs (Atkinson, 2008).

Criminal activity. Foster care alumni are at an increased risk of experiencing legal trouble after exiting the child welfare system. Up to 33% of alumni are arrested at least once and nearly 41% have spent one night in jail after emancipation (Courtney et

al., 2001; Courtney et al., 2005; Reilly, 2003). Many foster care alumni (38% to 45%) report ongoing legal trouble or involvement with the law (Benedict, Zuravin, & Stallings, 1996; Reilly, 2003). Some of these individuals experience ongoing legal trouble due to their engagement with survival sex or other illegal activities as a way to provide for themselves (Barth, 1990). For some, exposure to law enforcement is because of substance use or petty crime to facilitate substance use. However, others are engaging in destructive activities such as property damage or violence to others (Courtney et al., 2005).

Homelessness. Nearly half of the youth exiting care without legal permanency are likely to experience homelessness at some point after their exit from the foster care system (Dworsky & Courtney, 2009). In fact, many emancipated youth will experience homelessness immediately upon exit from care and will subsequently engage in couch surfing or sleeping in their car to obtain shelter (Barth, 1990). While the homelessness experienced is largely temporary, as many as 46% of foster care alumni will experience homelessness by age 26, indicating a pattern of housing instability lasting well after discharge (Dworsky, Napolitano, & Courtney, 2013). Additionally, approximately 20% of all foster care alumni are likely to experience chronic homelessness, lasting well into adulthood (Fowler, Toro, & Miles, 2009). Once a foster care alumni has experienced homelessness, they are likely to remain homeless longer than youth without a history of foster care (Bender, Yang, Ferguson, & Thompson, 2015).

These outcomes depict a population experiencing chaotic upheaval, significant instability, and great need. However, it is plausible that the chaos associated with aging out of foster care could in part be the expression of the emerging adulthood phase of development for this population. As such, extending the study of the individuals and their

experiences into later stages in the life course is imperative. This would allow for the contextualization of the emerging adulthood experience within the developmental life course.

Emerging Adulthood and Life Course Theory

   Emerging adulthood is a theory that seeks to describe and explain the experiences of young adults between the ages of 18 and 30 as part of a distinct phase that is separate from both adolescence and early adulthood (Arnett, 2000). Adolescence is a period of life in which there is great homogeneity in demographic characteristics. However, by the time youth launch into early adulthood, there is great heterogeneity. In fact, hallmarks of emerging adulthood are exploration and instability as individuals seek to define themselves and launch into adulthood (Arnett, 2000). Many individuals in this phase of life will experience great turnover in jobs and romantic relationships as they are engaged in exploration to decide what careers and romantic interests they will commit to later in life. Emerging adulthood is also a time in which many individuals will engage in high-risk behaviors such as binge drinking and substance use (Arnett, 2007). For most, engaging in high-risk behaviors declines dramatically as individuals exit the emerging adulthood stage, however consequences may continue to impact individuals throughout the life span.

   Studies have shown that foster care alumni do experience emerging adulthood, albeit to a different extent, particularly as related to education and career exploration (Berzin, Singer, & Hokanson, 2014). Young adults who age out of foster care often do not have the education, familial support, or social capital that are afforded to young adults who do not age out of the foster care system, thus placing them into a lower

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socioeconomic status rapidly upon their exit from care. (Courtney et al., 2007) Youth

from lower socioeconomic groups often experience emerging adulthood to a lesser extent

as they enter the workforce earlier out of necessity, and as such are less likely to engage

in career exploration (Arnett, 2000; Arnett, 2004; Berzin et al., 2014; McMahon, 2014).

Additionally, foster care alumni do not have the educational or financial support to

engage in significant career exploration (Avery & Freundlich, 2009; Berzin et al., 2014).

For youth without a history of foster care, the instability that is observed during

the period of emerging adulthood noticeably declines as individuals shift into middle

adulthood. It is because of this some scholars support the situating of emerging adulthood

within a life course perspective, as it seems to be a unique developmental phase situated

within a larger trajectory and the blending of the two theories provides a holistic

perspective on normative development (Bruskas, 2008). Assuming that emerging

adulthood nests within a larger life course perspective, it is plausible that the chaos and

instability observed in foster care alumni could be an artifact of emerging adulthood.

Presently, the overwhelming majority of research about the needs and outcomes

of youth who have aged out of foster care focuses on the period of emerging adulthood.

As previously stated, the findings from these studies illustrate that this time is quite

chaotic for foster care alumni and they are likely to experience great need. Yet, evidence

from one study indicates that by the time foster care alumni are in their mid-thirties there

are no significant differences between them and the general population in terms of life

satisfaction, quality of parent-child relations, rates of depression, health status, and

current employment (Buehler, Orme, Post, & Patterson, 2000). The study by Buehler and

colleagues (2000) compared adults who aged out of foster care to adults from the general

population on a number of domains (including personal well-being, social supports, and self-sufficiency) using data from the 1988 National Survey of Families and Households and the average age of participants in this study was approximately 37 years old. This study is one of the only studies that examines outcomes or experiences of foster care alumni beyond the period of emerging adulthood. These findings provide tentative support to the notion that the negative outcomes experienced by foster care alumni may be temporary expressions of emerging adulthood and that this population will stabilize over time. Adults without a history of foster care are afforded the opportunity to engage in exploration during emerging adulthood and this flexibility and permission to fail are central to their aging experience. It is critical that researchers understand how this experience translates to foster alumni and how to promote similar aging outcomes during and after emancipation.

Present Study

The lack of research about the long-term effects of foster care is staggering, especially in light of promising findings such as those presented by Buehler and colleagues (2000) indicating that by middle adulthood, alumni begin to fare better and may be at reduced risk than they were immediately after emancipating from care. As such, this study had two aims:

1) Understand the current functioning of adults between the ages of 30-59 who aged out of foster care, and

2) Gain insight into the journey of each participant from the moment they exited care as a young adult into middle adulthood.

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Findings from this study provide a novel contribution to the literature by providing new insight into what happens to foster care alumni as they move beyond emerging adulthood. Such findings lend themselves to important practice implications such as changing the way in which discharge planning occurs, normalization of the chaos and upheaval experienced by youth in transition, and provision of more targeted, and beneficial services using life course theory to alumni throughout adulthood. Additionally, these same implications could be used to improve polices at local, state, and federal levels.

Positionality of Researcher

Throughout the history of phenomenological research, there has been debate as to the extent to which the lived experience of the researcher should color their observations of the world. Lively discussions about the extent to which one should bracket out their lived experience or allow the experience to infiltrate their research have occurred for decades without a clear resolution. It is my stance that since in phenomenological research, one seeks to understand the nature of experiences of others, and without an understanding of one's self, how can one understand others. As such, reflexive thought about the researcher and how their own lived experience colors their worldview is essential (Smith, Flowers, & Larkin, 2009). Reflexivity in its essence, involves inwardly examining one's positionality in tandem with explicit disclosure of the positionality as part of the research process, and is a cornerstone of qualitative research (Berger, 2015).

Through purposeful and ongoing introspective thought about my lived experiences and subsequently my worldview, I have identified several essential elements of who I am that are relevant to this research. Perhaps the most substantial event that

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shapes, not only my interest in this research but also my understanding of the stories

shared with me, is that I too am an alumni of the foster care system. After spending

several years in an out of home placement, I ultimately left care on the night of my

eighteenth birthday with a miniscule support system. This support system quickly

evaporated leaving me completely on my own, living a narrative that is not unlike those

presented in the literature today. At various times in my life I myself, or close peers, have

fit the profile that is presented in the existing research; experiencing homelessness,

substance abuse, mental health concerns, poor educational support, minimal support

networks, run ins with the criminal justice system, and poor familial relationships (Barth,

1990; Courtney et al., 2007).

When reading this research, it is more than just data to me; it evokes memories

and stories from my own past as well as those who were closest to me. The data takes on

a realness that is often not possible if one has not lived that experience (Berger, 2015).

This closeness to the data is both a blessing and a curse, and as such, I have been

painfully intentional about the relationship that I have taken with it. Having such a

profound understanding of this insider perspective, I have harnessed this in my research

to fuel passion and insight into my work. This passion and closeness to my own work has

manifested in a drive to pursue this research agenda as well as novel ways of interpreting

data based on anecdotal knowledge.

Conversely, one must also be sure to not become too close to the data as to avoid

writing over the true message of the data with a version of the story that too closely

parallels your own (Drake, 2010). Through the use of methodological tools such as

bracketing (Gearing, 2004), the use of second coders, and member checking (Smith et al.,

2009) I have taken steps to minimize the impact of my perspective on the data and avoid the blurring of roles, identities, and stories shared by my participants with my own (Drake, 2010).

Engaging in a delicate balance between assuming an insider status in tandem with assuming a position of neutral inquiry as a researcher has been an ongoing and essential task throughout this research. The greatest struggle has been with regard to the shared status of being a foster care alumni, but also having to balance the lived experiences that I have as a child welfare worker. Having worked for a number of years in child protective services, in many different capacities, I have been exposed to the system from "the other side" unlike many foster care alumni. For many foster care alumni, the relationship with the system is often immensely adversarial. While they were in care many constantly received messages that they were "victims" or "less able" than others, deeply influencing their sense of self and connection to the child welfare system (Blythe, Jackson, Halcomb, & Wilkes, 2012). Being aware of these possible feelings of my participants as well as having lived them as a youth, I have been selective in discussing or revealing my experience as a child welfare worker to avoid the participant shutting down or withholding information due to a loss of insider status or due to evoked negative feelings. I have worked diligently to maintain a stance of neutral inquiry so that ideas, feelings or constructs are not simply assumed, but explicitly discussed and explored in the participants own words (Berger, 2015).

These experiences, without a doubt deeply shape my day-to-day life, as well as my research. I sincerely feel that through the use of diligent and ongoing reflexive thought, as well as purposeful employment of methodological tools, I can confidently

keep my story from overwriting the voices of my participants and that I can contribute novel findings to this field of research.

Organization of Dissertation

This dissertation is organized as follows: Chapter One provides introductory information essential to understanding the background, context, and purpose of this study. These ideas are expanded upon in Chapter Two which includes in depth discussions of theory, and current literature examining the biopsychosocial functioning of American adults in middle adulthood as well as the theories of emerging adulthood and life course. Chapter Three details the methodology for this dissertation. Chapter Four presents the findings and Chapter Five elaborates upon and discusses the findings including applications of the findings to policy, practice, education, as well as the limitations of this study and directions for future research.

Chapter Summary

This chapter has introduced the study as well as an overview of the concepts, context, and rationale for the need to understand how the experience of aging out influences individuals as they move throughout the life course. Additionally, researcher positionality and the outline for the dissertation study were presented.

Chapter Two: Theory and Literature Review

Chapter Purpose

This chapter will cover theory and literature relevant to understanding the experiences of middle adulthood. The chapter will begin with a discussion the theory of emerging adulthood both for the population as a whole and for foster care alumni. A comprehensive assessment of middle adulthood will be presented covering multiple domains of biopsychosocial functioning focusing on the overall population, but inserting what is known about foster care alumni where possible. Finally, this chapter will end with a summary of the gaps in the literature as well as how this study can begin to address the identified gaps.

Introduction

The vast majority of research examining the needs and experiences of foster care alumni after they exit from care is done so without an explicit theoretical orientation, instead focusing on the period typically associated with emerging adulthood without clarifying a rationale for doing so. Findings from these studies present outcomes that are very chaotic and depict a population of great need and risk. Without considering the developmental context or theoretical framework in which these experiences are occurring essential information is lost about the nature, purpose, and duration of the upheaval as well as the relationship of this time to both an individual's past and present functioning.

Life course theory outlines normative expectations for development as well as transitions between stages from birth until death within a holistic lens considering one's personal history as well as their current circumstances (Elder, 1985). Historically, this theory has not included the developmental phase of emerging adulthood, as this is a relatively new phenomenon within the modernized world. Scholars are now arguing for the inclusion of emerging adulthood as a distinct phase in the life course separating adolescence from adulthood due to the pervasive and fundamental shifts within our society (Bruskas, 2008). Including emerging adulthood within the life course and viewing the experiences of foster care alumni while in emerging adulthood through this long-range developmental lens provides unique context to the outcomes observed for foster care alumni. By shifting this viewpoint to one that contextualizes the observed outcomes in a developmental and theoretical framework, one can begin to understand how the tasks and transitions associated with the shift into adulthood impact this population across the life course.

Emerging Adulthood

There are several distinct developmental phases that occur throughout one's life, each characterized by its own milestones, struggles, and accomplishments. Typically, adulthood is regarded as the developmental phase immediately following adolescence; however, the shift from adolescence to early adulthood can vary greatly. For many individuals, the first phase of the adult portion of their life course journey is that of emerging adulthood. Emerging adulthood is a theory, independent from but intimately related to the life course, which helps to frame the needs and experiences of adolescents

who are undergoing their transition to adulthood. Ultimately, this theory seeks to describe and explain the experiences of young adults between the ages of 18 and 30 as part of a distinct life phase that is separate from both adolescence and early adulthood (Arnett, 2000).

Adolescence is present in nearly all cultures; however, in America is a time of great homogeneity as the day-to-day life of the typical adolescent is remarkably similar in that they are enrolled in school, unmarried, living with their biological parents, and financially dependent. Historically, until societal expectations begin to shift widely after WWII, the end of adolescence was typically marked by one moving out of their parents' home, finding a romantic partner and having children, and obtaining stable and comfortable employment (Arnett, 1998). In modern times, this is no longer the case for the majority of adolescents and they enter into this period of delayed adulthood where they engage in profound exploration of their romantic interests, career opportunities, and worldviews, a period known as emerging adulthood (Arnett, 2000). Due to these high levels of exploration, varying levels of commitment and stability, the day-to-day life of someone in the period of emerging adulthood can be very different for each individual. As such, there is great heterogeneity within this population until the chaos begins to subside as individuals shift into early adulthood (Arnett, 1998).

Using the term "emerging adulthood" to describe the transition period between adolescence and adulthood is relatively new in the theoretical literature; however, this idea has been present in literature related to human growth and development for many years. Erikson (1968) extensively discussed the tasks related to adolescence and

adulthood in his work. Erikson conceptualized his developmental stages in such a way that the period now known as emerging adulthood did not exist, one simply transitioned from adolescence to adulthood as part of their normal development. Erikson noted that in modern industrialized societies many of the youth were experiencing an extension of the adolescent stage where they were experimenting with various roles before settling into adulthood (Arnett, 2000). Additionally, Levinson (1978) in his work on the life stages of men described a stage quite similar to emerging adulthood, the novice stage. This stage which lasted from 18-33 was characterized as a time when men settled into their adult lives as they transitioned out of their adolescent roles (Levinson, 1978).

Emerging adulthood for non-foster alumni. Emerging adulthood in modern research, describes a specific period of development in which there are numerous opportunities for exploration and positive change to prepare for adulthood. There are five characteristics of emerging adulthood, the perception of the transition to adulthood as time of great exploration, great instability, great possibility, an intense focus on the self, and a general feeling of being stuck in between adolescence and adulthood (McMahon, 2014). Of these five characteristics, one of the most prominent is that the period of emerging adulthood is a time of great instability. For instance, many individuals in this phase have jobs that allow them to test out fields or skills that they may be interested in pursuing as a career; however, if there is poor fit, the individual will often leave the job in search of a better fitting opportunity (Arnett, 2000). This exploration of career fields and skills often results in high job turnover for individuals in this phase of life.

Additionally, emerging adulthood is a period in which individuals can explore what traits they desire in a future partner, and they may often have many romantic interests or partners during this phase (Arnett, 2000). This exploration may be beneficial to society as it prevents young adults from prematurely committing to jobs, roles, or relationships in which they would be unhappy. However, in addition to the high levels of exploration in this stage, individuals also engage in high-risk behaviors such as binge drinking and substance use (Arnett, 2006). For most, engaging in high-risk behaviors declines dramatically as individuals exit the emerging adulthood stage, however consequences still factor into the high-risk choices made between the ages of 18-25 (Kessler & Walters, 1998).

Perhaps, the most defining characteristic of emerging adulthood is individuals in this life stage associate great ambiguity with what it means to be an "adult." Many individuals between the ages of 18 and 25 often state they feel caught between adolescence and adulthood. They feel they lack the full maturity and responsibility associated with being an adult, but they have outgrown the behaviors and mentality associated with adolescence (Arnett, 2000). When individuals age 18 to 25 are asked what it means to be an adult, many report certain character traits such as being able to make decisions for oneself and accepting personal responsibility, not attaining certain milestones (Arnett, 2000). Perhaps it is because the period of emerging adulthood is a time in which individuals address an inherent need for self-sufficiency and these character traits best capture prerequisites for self-sufficiency (Arnett, 2004). It may also

be the milestones traditionally associated with adulthood, such as leaving home, marrying, buying a home etc. are no longer relevant in American society (Arnett, 2000).

There are numerous reasons the milestones typically associated with adulthood have become antiquated and irrelevant. The first of which is sociocultural, more young adults are pursing post-secondary education than ever, and as such, they are delaying their launch into traditional adulthood (Arnett, 2004). By entering college, 18 to 25 year olds have a protected period in which they can take courses to explore career interests and worldviews. Additionally, the structure of the traditional college experience lends itself to ensuring the basic needs of the students (housing, food, transportation) are met (Arnett, 2004). The current American cultural norm is that the majority of 18 year olds will leave their parents' home to attend college, and indeed many will choose this path. However, the opportunity to pursue college is not one afforded to all socioeconomic groups equally. Therefore, members of less privileged groups often experience the period of emerging adulthood differently, such as attending college part-time, working and attending school simultaneously, or working full-time (Berzin et al., 2014). Furthermore, students that come from lower socioeconomic statuses are more likely to drop out of college than their more affluent peers (Arnett, 2004).

Second, economic changes have made it more advantageous for individuals 18 to 25 to delay their launch from their parents' home. Many states offer tax-free tuition savings programs and financial aid is readily available to support college education (including loans), lessening the financial burden of attending college for many

individuals and their parents. However, the assumption that funding will be available to attend college is highest among White and Asian American students (Arnett, 2004).

Finally, many individuals have not acquired jobs that provide sufficient income to provide for all of their necessities such as housing, food, and transportation. Directly related to the lack of suitable employment is the ongoing pursuit of higher education, as well as transient employment during this phase, both of which are characteristics of the exploratory nature of emerging adulthood.

Emerging adulthood and foster care alumni. Within the last two decades, child maltreatment research has attempted to understand how childhood exposure to abuse and neglect affects outcomes throughout the life course. The consensus is exposure to child maltreatment is a severe disruption of normative development in childhood and as such may interfere with outcomes later in life (McMahon, 2014). Many of these studies have explicitly failed to mention the period of emerging adulthood, but many researchers have evaluated outcomes for adults aged 18 to 25 with a history of child maltreatment and have clearly documented poor outcomes for this population (Courtney et al., 2007; Courtney et al., 2001, McMahon, 2014).

Additionally, Berzin, Singer, and Hokanson (2014) conducted a study evaluating foster care alumni's experiences during emerging adulthood. This study examined the extent to which foster care alumni experienced the five characteristics of emerging adulthood (instability, exploration, optimism, self-focus, and a feeling of being in-between adolescence and adulthood). Overall, many of the foster care alumni expressed sentiments that were consistent with five characteristics, indicating this population does

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indeed experience this period of biopsychosocial development. However, there were some differences between foster care alumni and individuals without a history of foster care. For instance, many alumni reported that while they did feel as if they had opportunities to explore, but these opportunities were limited. Many felt they had limited access to internships, mentorship, or jobs due to sparse social connections that were more readily available to their peers.

Furthermore, alumni described having goals that seem counter to achieving stability in their adult lives. For example, instability, often related to housing, appeared to be a goal for alumni. These individuals wanted to move often because moving frequently meant that they were leaving a less desirable situation for one that was more desirable. Consequently, these individuals did not see frequent moves as a negative as they were slowly improving their housing situation over time. The drive for self-improvement was not limited to housing for participants in this study. If fact, participants reported that they felt a very strong desire to work towards a better life and that was a great motivator in their lives during this stage (Berzin et al., 2014).

Strengths and limitations of emerging adulthood theory. One of the greatest strengths of the theory of emerging adulthood is it acknowledges the period of life between the ages of 18 and 25 as one of great exploration and heterogeneity. This largely unstructured developmental period allows individuals the freedom to explore options related to life, love, and career with more freedom that adolescence allows. As previously discussed, this supported exploratory time may be of great benefit to society as it may prevent premature commitments. Additionally, this period of self-focus and growth

allows many individuals time to adjust to their newfound adult status before making major life decisions such as buying a home or having children.

However, some argue the privileged members of society are the primary beneficiaries of this developmental period and those from lower socioeconomic statuses often do not experience this period of life in the same manner (McMahon, 2014). Individuals from lower socioeconomic status groups often experience a different launch into adulthood due to the need to work to support themselves, complex family relationships, and limited access to higher education (Arnett, 2000; Arnett, 2004; Berzin et al., 2014). This is also true of foster care alumni as the circumstances and expectations those aging out of care face upon reaching the age of majority are also likely to prohibit such exploration (Avery & Freundlich, 2009; Berzin et al., 2014). The primary goal of programs available to foster care alumni is to transition the youth into adulthood when they turn 18 and legally become adults. In some instances, individuals may remain in the care of the child welfare system until the age of 22; however, those programs are often criticized as failing to facilitate the development of stable support networks (Osgood, Foster, & Courtney, 2010). The lack of a support network limits opportunities for exploration and growth, thus limiting the opportunity to experience the period of emerging adulthood in the same manner as individuals without a history of foster care. Arnett (2004, 2007) argues the experiences contained in emerging adulthood are even more essential for at risk individuals, as it affords them the opportunity to critically evaluate their future and make pivotal changes to pursue that vision of their future.

The theory of emerging adulthood captures the sweeping socio-demographic changes that have occurred for individuals 18 to 25 over the last several decades. Historically, upon reaching the age of 18, young adults would leave home, marry, or otherwise settle into the role of "adult" with little exploration or instability. However, young adults of today are significantly more likely to attend college (Arnett, 2004), more likely to engage in numerous romantic relationships, and even return to their parents' home before launching into adulthood in their late 20s or early 30s (Arnett, 2000).

Life Course Theory

Life course theory aims to understand the development and socialization of individuals across their lifespan in the unique context of their personal history (Elder, 1985). This theory grew out of a post-WWII movement in which social scientists were interested in the contextual development of individuals relative to their station in life and lived experiences, subsequently launching professions such as developmental psychology, social psychology, and sociology (Elder, Johnson, & Crosnoe, 2003). The shifting age demographics in the American population following WWII led social scientists to become more interested in an aging population as well as the manner in which early life experiences shape those in later life. As such, life course theory, much like the social work profession, heavily emphasizes the importance of understanding a person in their environment as outlined in Bronfenbrenner's (1979) ecological model (Elder, 1985). By understanding a person's life both as a developmental pathway and as a unique product of history and circumstance, life course theory provides a comprehensive lens through which to view the experiences of an individual throughout their life.

Since its acceptance as a legitimate theoretical framework in the early 1960s, life course theory has undergone several substantial revisions (Elder et al., 2003). Early renditions of life course theory focused on what is now known as the life cycle, wherein activities such as leaving home, marrying, and having children were examined in order to illuminate how individuals progressed through these milestones as they aged. Examining these events alone failed to capture the richness and depth of American life, and ultimately ignored the numerous life choices not captured in this particular version of the life cycle. Early life course work focused on career accomplishments as a way to gain additional insight into milestones and experiences associated with the life course above and beyond superficial events such as leaving home. It soon became apparent that the addition of this dimension also failed to capture the historical events that shaped people's lives, as well as the significance of ones positioning in the overall life trajectory.

Within the last three decades, researchers employing life course theory have shifted their focus to capturing the historical context of individuals' lives using advanced statistical methods and qualitative research (Elder et al., 2003). This theory and its holistic approach to understanding life experiences over time has been used extensively by researchers studying issues related to health and wellness, maternal child health, and aging (Alwin, 2012).

Due to the widespread use of life course theory across a variety of disciplines, some terminology may differ (Alwin, 2012), however, in its essence, life course theory aims to understand an individual's development and socialization across the lifespan (Elder, 1985). The majority of scholars and researchers accept that life course theory has

five main principals that define the theory, however not all principles are explicitly used by all researchers (Elder et al., 2003).

The first principle of life course theory is life span development. This principle stipulates human development occurs throughout life, as one never stops growing physically, mentally, or emotionally. Changes due to growth and maturation are observable throughout life by both the individual and outside observers, and as such are more objective in nature. Changes such as emotional or mental maturity or changes in thought and perspective are generally not observable, but equally impactful. The second principle of life course theory is agency. Meaning that despite the fact that one's past may influence their future, one has not lost their free will and ability to make decisions about their own life. Events throughout life undoubtedly have the potential to shape future events in ways that may be quite substantial, but this relationship is not inevitable. Closely connected to the second principle is the principle of time and place, which asserts that experiences have the potential to shape events throughout life, however there is no way to predict the extent to which an event will impact future events. Fourthly, the principle of timing, acknowledges the time in one's life when an event occurs as well as ones reaction to an event all may alter the extent to which that event affects future events. Finally, the last principle, the principle of linked lives, stipulates that all lives are connected and past events may influence current (or future) social networks. Together, these five principles shape a theory that accounts for the potential impact of historical context on the individual as well as their current social positioning when examining their current life circumstances. Additionally, these principles allow for an examination of the

ways in which the past influences future outcomes by attempting to understand the cumulative impact of experiences, both positive and negative, over time (Elder et al., 2003).

Strengths and limitations of life course theory. One of the greatest strengths of life course theory is it encompasses a biopsychosocial perspective. This perspective is the essence of the social work profession's mission and values, and as such makes life course theory a natural fit in assessing the needs and experiences of such a quintessential social work population. Another great strength of life course theory is it stipulates that no two individuals will share the same life story, even if two individuals experience similar historical events. The manner in which one reacts to an event, as well as the meaning assigned to that event greatly influences the amount of impact an event may have on future events. For example, two individuals may experience child abuse prior to their eighteenth birthday, but the timing of that event, the meaning they ascribe to it, and the overall significance of that event assigned by the child will all greatly shape the impact of that event later in life.

One of the major components of life course theory is that it postulates that events occurring in one's past have the potential to shape ones future and outcomes later in life. This is an immensely powerful idea as this allows for the gravity and nature of ones past to play a role in understanding who they are at the present and who they may become in the future. This practice of seeing someone as a culmination of their experiences allows for practitioners and researchers to see each unique individual and their personal life story, rather than as a cross-sectional snapshot captured at a particular point in time.

Conversely, this same perspective can be too deterministic. When accounting for an individual's past experiences, it is critical to avoid becoming reductionist and viewing past experiences as events that will definitively cause specific outcomes in the future. When examining outcomes for foster care alumni, the literature is quite clear that this population is at an increased risk of experiencing negative outcomes across multiple domains (Brandford & English, 2004; Courtney et al., 2007; Dworsky et al., 2013; Pecora et al., 2006). However, the factors that influence whether or not an individual will experience negative outcomes are varied and not well understood. In fact, many who experience a substantial number of adverse events in childhood go on to experience positive, rewarding, and fulfilling lives. Individual factors such as self-agency and self-efficacy (Gecas, 2003; Shiner, 2000), mezzo level factors such as family relationships and community supports (O'Connor et al., 2011; Scales, Benson, Roehlkepartain, Sesma, & Van Dulmen, 2006), and macro level factors such as state and federal policies and programs (O'Connor et al., 2011), all contribute to the overall success of foster care alumni. As such, it is critical to account for the past experiences and trauma of foster care alumni, but it is quite foolish to assume that this set of events alone may determine the outcomes that this population may experience later in life.

Middle Adulthood

Developmentally, numerous distinct phases of the life span have been identified and researched to different degrees. Compared to other developmental stages, middle adulthood lacks the clarity and definition such as infancy or old age. Historically, middle adulthood has been attributed to the apex of life, commonly thought to be approximately

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50 years of age. However, when exactly the phase begins and ends is far less clearly conceptualized (Lachman et al., 2015). In modern American culture, middle adulthood is proposed to exist roughly between the ages of 40 and 60 with some variation on either end of the range. One study asked respondents when they felt middle adulthood began and participants indicated middle adulthood began at age 44 plus or minus about 6 years (Brim, Ryff, & Kessler, 2004). When viewed in a life course perspective, adopting the belief that middle adulthood occurs between the ages of 40-60 makes developmental sense. Given that tasks most commonly associated with middle adulthood such as, raising children, engaging in an established and thriving relationship, owning a home, and shifting into a caregiving role for one's own parents often occurs between these ages in American culture (Lachman et al., 2015), assuming a range of 40-60 is appropriate. However, when one introduces the phase of emerging adulthood into the life course trajectory, assuming that middle adulthood begins at age 40 leaves a gap of nearly 10 years assuming that emerging adulthood ends near the age of 30. Given the fluidity of the construct of middle adulthood and the theoretical assumptions of both middle adulthood and emerging adulthood when situated together in the life course, this study assumes that middle adulthood occurs from age 30 to 60 dropping the period of early adulthood in favor of emerging adulthood.

Even when standardized, middle adulthood is arguably the most under-researched aspects of the life course. Vast volumes of literature examine childhood and older adulthood, illuminating the importance of our early experiences and those closest to the end of life. Some such as Brim and colleagues have even called middle adulthood the

"last uncharted territory" in both developmental and life course research specifically (2004, p. 1). Within the last two decades, Brim and colleagues (2004) have conducted the largest assessment of middle adulthood to date, examining the phenomenon of middle adulthood in America across a plethora of domains. The Middle Adulthood in the United States or MIDUS study, is the largest and most comprehensive examination of middle adulthood to date. This study using random and purposive sampling methods interviewed 7,189 English-speaking adults between the ages of 25 and 74. This wide age range allowed for the comparison of adults in middle adulthood (ages 40-60) to individuals younger and older than the target sample. The study was conducted through the administration of telephone interviews and a questionnaire and had a response rate of 70% (Brim et al., 2004).

MIDUS was called for by the MacArthur Foundation in order to gain a clearer picture of what middle adulthood looked like in American society. Specifically the MIDUS study intended to:

- Elucidate ways in which to assess successful aging

- Establish an accurate representation of what middle adulthood actually is in American culture

- Identify factors affecting the trajectory of middle adulthood

- Understand the ways in which individuals cope with middle adulthood and prepare for later stages of development.

It is important to note that data collection for MIDUS was cross sectional and primarily occurred in 1995 with individuals currently in middle adulthood at the time of

data collection. Perhaps the greatest limitation of MIDUS is that the findings of this study are likely to be somewhat limited to the generational cohort that was under study. Longitudinal research of aging has noted that trends change, sometimes drastically from generational cohort to cohort as cultural and social events such as pandemics and war as well as advances in medicine, aging, and health can greatly alter the experiences of a developmental phase from one cohort to the next (Troll, 1985). Despite the potential generation effect that may have been captured by the MIDUS, the findings are the most exhaustive and thorough to date; therefore, the MIDUS study provides context to the domains as well as the construct of middle adulthood in developmental research.

Functioning Across Domains in Middle Adulthood

There are a myriad of domains of biopsychosocial functioning that can be examined in order to assess the functionality of the individuals. A hallmark of life course theory is the idea of plasticity across the life span (Lerner, 1984; Magnusson, 1996). Knowing the cumulative life events that someone has experienced in their life is helpful in that it can illuminate possible risk and protective factors they may face later in life, but it is in no way completely deterministic of what will happen in the future (Staudinger & Bluck, 2001). Knowing what risk factors lie ahead based on past experiences can provide important windows for change, highlighting areas of improvement, potential resources to leverage, and what resources are needed to mitigate potential outcomes in the future (Staudinger & Bluck, 2001). Knowing how a group functions overall can provide insight into target points for future interventions as well as provide retrospective information

about past intervention points in order to prevent negative outcomes that may be of present concern (Merrill & Verbrugge, 1999).

The overall functioning of adults, with and without a history of foster care will be explored with the intention of summarizing the literature. Specifically, the biopsychosocial domains of physical health, mental health, substance abuse, criminal justice, employment, finances, and housing capture a holistic picture of the overall stage of middle adulthood in American society.

Physical health. Physical health consists both of the presence of a disease or physical symptoms, as well as one's overall assessment of their health status and emotional attachment to this status (Brim et al., 2004). Historically, physical health was evaluated using a medical model whereby health is ascertained by the presence or absence of disease as the primary indicator of health along with assessing the anticipated physiological changes associated with aging. In modern American society, there are certain changes one could expect to observe as an individual moves through the life span. For example, the presence of wrinkles begins to increase in the mid to late 30s, height and strength typically begins to decline around the age of 55, and the likelihood of being diagnosed with a chronic health condition increases as an individual approaches the age of 65 (Troll, 1985). The overall pattern is that physical health begins to peak in the 30s when the ratio of gains to losses is at its smallest, followed by a plateau until the number of losses begins to outweigh the gains observed beginning around age 65 (Troll, 1985).

In the developmental phase of middle adulthood, the most common chronic health conditions are those related to cardiovascular health, arthritis, and diabetes however each

of these conditions account for 30% or less of the general population (Spiro, 2001).

Causes of mortality for individuals in this age group includes accidents, cancer, and heart

disease (Centers for Disease Control, 2010). Understanding the most common chronic

health conditions as well as the leading causes of death afflicting adults in middle

adulthood provides important information about long-term health status and risks for

mortality, allowing for treatment and interventions designed to improve the health and

lifespan of the American people (Brim et al., 2004).

　　　　Disparity & inequity. Trends in health are highly influenced by gender, social

inequality, and adverse childhood experiences consequently; contextualizing the health of

adults' at all developmental stages is critical (Ryff, Singer, & Palmersheim, 2004; Spiro,

2001). The MIDUS study examined differences between the overall health of men and

women and found that, women are more likely to report a greater presence of disease or

distress, but they are also more likely to engage in proactive activities related to altering

and maintaining their health (Cleary, Zaborski, & Ayanian, 2004). Conversely, men are

more likely to engage in risky behaviors, which may endanger their health including the

delay of necessary treatment for both chronic and acute health conditions (Cleary et al.,

2004). Certain protective factors such as meaningful social relationships and educational

attainment are important for both men and women; however, the impact of relationships

appears to be more important for men during middle adulthood (Ryff et al., 2004).

Factors such as societal expectations about work, family, and role likely alter perceptions

of health and wellness accounting for at least some of the differences observed between

men and women in middle adulthood (Cleary et al., 2004; Doyal, 2001). However, it

should be noted the full nature of these differences is not completely understood and is likely a combination of biological and environmental factors.

Examining the differences in socioeconomic status (SES) is also central to understanding the physical health of adults in middle adulthood. For socioeconomic status, a comprehensive examination of factors has shown that there are noticeable differences in health due to inequality of health and access to healthcare (Marmot & Fuhrer, 2004). Not surprisingly, research shows poverty is a key predictor of poor health, but certain protective factors, namely the presence of positive social relationships and religiosity may be influential in reversing this trend. These inequalities occur across a gradient in the context of the lifespan where differences become more exaggerated with age until these differences begin to shrink again near the end of life (Marmot & Fuhrer, 2004, West, 1988). Additionally, the degree of agency a person feels over their circumstances as well as their psychological health may also be protective factors, highlighting the plasticity of health with regard to SES, particularly in middle adulthood when awareness of agency and the importance of health status are high (Marmot & Fuhrer, 2004). The MIDUS study, like many other studies examining disparities in health based on SES have done so using educational attainment as a proxy for SES. An important critique of this approach is it further perpetuates the stereotypes present in our society that equate education with financial success ignoring systemic barriers and racism that many persons of color struggle with even if they have a high level of educational attainment (Marmot & Fuhrer, 2004). Using education as a proxy for SES does not account for lived experiences prior to the current cross sectional snapshot and as such do

not account for systemic barriers, oppression, racism, and adverse childhood events that make education an unattainable reality for many.

Adverse childhood experiences (ACES) are also known to influence health status at all points in the life span. Research clearly documents how experiencing traumatic events early in life, such as the death of a parent, childhood abuse or neglect, or living in a home where intimate partner violence occurred has impacts on health across the lifespan (Monnat & Chandler, 2015; Shalev, Heim, & Noll, 2016). ACES can potentially impact many components of health ranging from mental health to serious physical ailments and even premature death (Shalev et al., 2016). Studies indicate that when exposed to childhood maltreatment, specifically neglect, neuropsychological functioning suffered well into middle adulthood affecting executive functioning and non-verbal reasoning (Nikulina & Widom, 2013). Children who experience physical abuse and sexual abuse are at an increased likelihood of experiencing poorer overall health outcomes, greater likelihood of mental health and substance use disorders, and higher incidents of emotional and personality disorders (Greenfield, 2010; McMahon, 2014). Studies also show that youth exposed to potentially harmful events prenatally, such as poor maternal nutrition and fetal alcohol exposure are at a substantially increased likelihood of experiencing cognitive, emotional, and behavioral delays throughout life (Stewart, 1983). However, in line with the presuppositions of life course theory, health is a malleable construct and certain protective factors such as higher SES and greater educational attainment have been observed with regard to some conditions (Montez, Bromberger, Harlow, Kravitz, & Matthews, 2016).

Perceptions of health. Using disease-focused understanding of health is

problematic, as the categorical nature of health is not actually representative of the lived

experience of health, nor is it accurate. Instead, a biopsychosocial and multidimensional

view of health is helpful in understanding health in today's modern society. This allows

individuals to live a life they feel is "healthy" even if they fall into a category of having a

particular disease. By allowing the lived experience to shine through in a non-reductionist

disease-focused way, one can gain a holistic understanding of how individuals view their

overall health (Spiro, 2001). This is important, as mental health and ones perception of

health are strong predictors of actual health status. If an individual has a positive view of

their health status, they are less likely to experience symptoms of illness or meet

diagnostic criteria of disease later and they are more likely to engage in protective and

proactive behaviors to maintain their current health status (Spiro, 2001). Maintaining a

positive view of health and ones physical appearance during middle adulthood can be

challenging as this developmental period is one that is typically associated with a

negative change in appearance such as an overall greying of the appearance, the increase

of wrinkles, and noticeable changes in body composition and weight (Merrill &

Verbrugge, 1999; Newton, Russell, & McAdams, 2016). Accepting changes in one's

physical appearance is an emotional process involving identity, ego, self-esteem, and

overall life satisfaction. The extent to which one can accept the changes in their physical

appearance can have a noticeable impact on how well one copes with the aging process

without becoming overwhelmed, saddened, or depressed at the changes they are

observing (Skultety & Whitbourne 2004). One study found that adults in middle

adulthood who do not express goals of losing weight or making substantial alterations to their weight had overall higher levels of life satisfaction (Newton et al., 2016). Regardless of the specific health outcome perceptions of health, aging, and overall wellness are intimately linked to mental health and well-being both as a protective and a risk factor. As such, understanding the overall mental health of American adults in middle adulthood is essential to understanding the functional well-being of this segment of the population.

  Mental health. Much like physical health, mental and emotional well-being exert great influence over individuals at all stages of the life course. As the previous section discussed, not only are mental and physical health important to ones' overall well-being and lived experience, but they are intimately connected to one another. Mental health however, is a nebulous concept comprised of many different emotional and psychological phenomena. Arguably, the clearest conception of mental health has been outlined in the Diagnostic and Statistical Manual of Mental Health Disorders (DSM-5) whereby conditions of mental illness are clearly delineated separating symptoms from troublesome to pathological (American Psychological Association, 2013). This approach to understanding mental health implies mental health is merely the absence of a mental illness and is frequently used in clinical, epidemiological, and medical settings. A holistic approach to mental health includes not only psychopathology, but also more nuanced emotional dimensions such as affect, self-esteem, and personality providing a much richer view of the mental and emotional process of aging through middle adulthood (Mroczek, 2004). Additionally understanding the relationship between mental health and

the overall quality of life is essential to understanding the psychological experiences

associated with aging throughout middle adulthood.

Mental illness. Obtaining accurate rates for the prevalence of mental illness

within the population is a difficult task as mental illness is a complex and highly

stigmatized phenomena, thus making individuals reluctant to disclose their symptoms or

participate in treatment (Corrigan, Druss, & Perlick, 2014). Furthermore, the lives of

individuals who are living with mental illness are colored by intersectional facets

including gender, race/ethnicity, language, SES, and education level all further

complicate willingness to disclose consequently impacting prevalence rates.

Nevertheless, some estimates about the prevalence of mental illness within the adult

population are readily available, primarily through the DSM-5 (American Psychological

Association, 2013). It is important to note; these estimates are based off the adult

population, which encompasses a broader range than those only within the developmental

phase of middle adulthood. As with many other areas of functioning mental illness (and

mental health) both fluctuate throughout the life course, influenced by genetics,

environment and coping mechanisms.

The most common mental illnesses affecting the adult population within the

United States are mood disorders and anxiety disorders (Kessler, Chiu, Demler, &

Walters, 2005). In the United States alone, these conditions cost nearly $300 billion

dollars annually in lost earnings and disability payments while increasing risk of death

and complications from health conditions such as cardiovascular disease, lung disease,

and diabetes (Chapman, Perry, Strine, 2005; Insel, 2008; Kessler et al., 2008; Mark,

Levit, Buck, Coffey, & Vandivort-Warren, 2007). Depression is the most common mood disorder experienced by adults in the United States with nearly 7% of all adults experiencing a major depressive episode within the last year (American Psychiatric Association, 2013) and nearly 16% of adults experiencing a major depressive episode at some point in their lifetime (Reeves et al., 2011).

Anxiety disorders are also common among adults in the United States (Kessler et al., 2005). Generalized anxiety disorder is the most commonly diagnosed anxiety disorder in adults however; prevalence rates vary widely between 3% and 11% of the population reportedly experiencing this disorder (American Psychiatric Association, 2013; Reeves et al., 2011). Generalized anxiety disorder is much more commonly diagnosed in females at a ratio of nearly 2:1 and this disorder often peaks in middle adulthood. Symptoms are often more severe in younger individuals, but as the pressures of family, ailing parents, and societal expectations increase in middle adulthood so does the likelihood of experiencing this condition (American Psychiatric Association, 2013). Finally, post-traumatic stress disorder (PTSD), which was historically considered an anxiety disorder but is now considered to be a trauma-stress related disorder, is common among adults. Current estimates indicate that nearly 9% of the population will experience PTSD at some point in their lifetime.

Substance abuse. In addition to mood and anxiety disorders, substance use disorders are a part of a holistic view of mental health. Substance use often follows a developmental pattern in that it peaks in adolescence and young adulthood when the likelihood of engaging in risky and dangerous behavior is at its highest, and then declines

throughout adulthood. The responsibilities, relationships, and stability of middle adulthood often are powerful enough to deter or eliminate substance use within this developmental period. Additionally, neurological development after adolescence enables rational thinking and the ability to evaluate situations for danger and subsequently avoid behaviors with large consequences.

The DSM-5 estimates that 8.5% of all adults over the age of 18 will meet diagnostic criteria for an alcohol use disorder throughout their lifetime with a noticeable decline occurring in middle adulthood (American Psychiatric Association, 2013). For adults between the ages of 30-49 the 1999 National Household Survey of Drug Abuse estimates that 29% of women and 54% of men reported drinking heavily (Abuse, S., 2000). In comparison, one study has found that among adults age 35, nearly 32% of adults reported problematic alcohol consumption within the last two weeks and that use was noticeably high in individuals in retail, management, or administrative professions (Merline, O'Malley, Schulenberg, Bachman, & Johnston, 2004). Buehler and colleagues (2000) randomly sampled adults from the general population and had a sample that averaged roughly 37 years old and they found that foster care alumni are more likely to report being diagnosed with a substance use disorder than adults without a history of foster care.

These ranges illuminate the complexity in measuring something as stigmatized and complex substance use. Many factors contribute to an individual's decision to use substances in a manner which is harmful including problematic use at an early age, childhood history of abuse and neglect, relationship status, educational attainment

(Bachman, Wadsworth, O'Malley, Johnston, Schulenberg, 2013; Krandel, & Raveis, 1989; Yamaguchi, & Krandel, 1985). Individuals who develop heavy and problematic patterns of substance use at an early age are more likely to maintain these patterns at age 35; however, it is possible that this is because 35 is on the early cusp of middle adulthood and brain development and protective factors are not as firmly entrenched. Marriage appears to be a protective factor in decreasing substance abuse in middle adulthood again demonstrating the importance of positive supportive relationships in promoting high levels of physical and mental health (Merline et al., 2004). Educational attainment has an effect on substance use, as during the college years individuals are more likely to engage in substance use, but by middle adulthood, they are less likely to engage in problematic substance use (Schulenberg et al., 2000). Understanding the patterns of substance use in any demographic is important as greater substance use increases the likelihood of negative mental and physical health outcomes, premature death, and involvement with systems such as criminal justice (Merline et al., 2004).

Affect. Understanding the prevalence rates and diagnostic differences in various mental illnesses is critical given the comorbidity of these disorders with physical health conditions and even premature death (Mroczek, 2004). However, mental health is a much broader concept than simply the lack of mental illness, with psychological constructs such as affect, self-esteem, and well-being impacting day to day life as well.

The overall affect, or emotional state or mood (Russell, 1978) one embodies in their day-to-day life significantly impacts their interactions with the world and in some instances can predispose them to negative health consequences and mental health

disorders later in life (Mroczek, 2004). Within a life course perspective, one would

expect the roles, experiences, and emotions at middle adulthood to be influenced by the

experiences earlier in life, but also by the present stressors and experiences

(Bronfenbrenner, 1979; Mroczek, 2004). Current research indicates that overall, negative

affect reduces with age (Charles, Renolds, & Gatz, 2001). Negative affect is most likely

to be observed in young adults with a decline or plateau observed in middle adulthood.

This can be attributed to the stability of roles in middle adulthood, the neurobiological

changes that occur during middle adulthood, and the environmental factors such as

coping skills or support systems (Panksepp & Miller, 1996). The ability to increase

coping skills to function with environmental demands such as an increase in family and

work pressure as well as anticipated changes associated with aging, middle adulthood is

an ideal time to implement positive change to impact the remainder of the life course.

   Quality of life. Closely related to an individuals' affect is how an individual

perceives their quality of life, as someone with an overall negative affect will likely view

their quality of life as lower than someone with a more positive affect. Research indicates

that one highly effective way of assessing quality of life in participants is simply to ask

them, as most participants are able to honestly and objectively assess their quality of life

(Campbell, Converse, & Rogers, 1976). Not only has this approach been proven valid

and reliable, but it is empowering to participants as they are afforded the opportunity to

define their quality of life as well as what domains are meaningful. Furthermore, it

facilitates the use of a holistic approach to understanding an individual's quality of life

rather than relying on one single outcome measure. The MIDUS study uses the approach

outlined by Campbell and colleagues (1976), but not with strict fidelity. There were some differences in measurement (change of scale, variation in wording) but conceptually the two studies measured the same domains and overall quality of life (Fleeson, 2004). Results from the MIDUS study indicate that for middle-aged adults, the majority of respondents report having the highest quality of life compared to other developmental stages. Sexuality and contributions to others decline markedly as an individual ages, but all other areas of life (marriage, children, work, finances, and health) tend to remain stable throughout middle adulthood (Fleeson, 2004).

Understanding that quality of life therefore has important life course implications. If an individual reports a lower quality of life or dissatisfaction with one area of their life during middle adulthood, then capitalizing on the malleability of life and working to improve upon that area could have substantial impacts for the remainder of the life course as well as a persons' overall emotional health.

Self-esteem. Self-esteem is an important construct to be included in the global assessment of mental health as well (Orth, Trzesniewski, & Robbins, 2010). Self-esteem has been shown to have important linkages not only to domains of functioning and mental health, but also to decreases in criminal behavior, increases in achievement over the lifetime, and greater economic gain throughout the life course (Orth et al., 2010). Self-esteem follows a similar trend to other psychological constructs impacting mental health in that current evidence indicates self-esteem is lowest during adolescence and gradually increases until approximately age 60 where it begins to decline again (Orth et al., 2010). Developmental theorists have explained this phenomenon by noting that

middle adulthood is a developmental period marked by stability (Erikson, 1968; Levinson, 1978). Relatively few major life events occur during the period of middle adulthood in comparison to early and late adulthood, this stability along with increased achievement and positive social relationships all contribute to growths in self-esteem during this period. Additionally, as individuals continue to mature throughout middle adulthood they develop skills to reinforce self-esteem from within rather than having to rely on external indicators of success thus increasing the opportunities for reaffirming the sense of self (Crocker & Wolfe, 2001).

However, self-esteem is not strictly a developmental process; there are external factors than can alter its development, such as the presence of strong supportive relationships, gender, and race. During adolescence, women have lower levels of self-esteem than their male counterparts, but by the time self-esteem has reached its peak near age 60, men and women are virtually equivalent. The more positive supportive relationships are present in an individuals' life the greater their self-esteem is likely to be. These relationships could come from friends, family, or even romantic partners, as the important component of these relationship is the validation, warmth, and reaffirmation (Harter, 1999; Murray, Holmes, & Griffin, 2000). Race does not seem to have much of an impact on self-esteem at adolescence, but by middle adulthood and the early years of older adulthood Blacks experienced a more rapid loss of self-esteem than Whites. Lastly, educational attainment appears to have a powerful influence on self-esteem, as individuals with greater educational attainment are more likely to have higher levels of self-esteem throughout adulthood. This likely comes from the personal satisfaction

associated with educational attainment, improved career opportunity, and increased earning potential all afforded with greater levels of education (Orth et al., 2010).

Criminal justice. Roughly, 900 out of every 100,000 adults are presently under the jurisdiction of the criminal justice system as of 2014 (Bureau of Justice Statistics, 2015). Additionally about one out of every 52 adults in the United States are under the jurisdiction of probation or parole (Kaeble, Maruschank, & Bonczar, 2015). There are vast bodies of literature that explore the causes of criminal behavior in adults, many of which are rooted in adolescence. For example, adverse events in childhood and early adulthood, including child abuse and neglect, delinquency, and poor school performance also contribute to a greater likelihood of involvement with the criminal justice system by approximately age 40 (Wilson & Widom, 2009). Consequently, understanding the current criminal justice status during middle adulthood can provide important insight into the origins of criminal behavior as well as intervention points to reduce criminality in the future.

Finances. Understanding overall financial health is critical due to the impact financial health has on opportunities across the life course as well as the stability of relationships, happiness, and mental health (Sturgeon, Zautra, & Okun, 2014). As financial health declines, the likelihood that one's overall well-being and personal life satisfaction will decline increases (Friedland & Prince, 2005; MacFadyen, MacFadyen, & Prince, 1996). Financial health, much like many of the domains of functioning, has a normative component and varies widely across the life course. The periods of greatest financial distress are likely to be the years of emerging adulthood and the years of older

adulthood (Wrosch, Heckhausen, & Lachman, 2000). Developmentally as individuals

move through the life course, greater financial health is often achieved in middle

adulthood as the chaos of emerging adulthood begins to diminish (Wrosch et al., 2000).

Little is known about how foster care alumni fare in terms of their financial health during

middle adulthood, but one study found they are often less financial stable than their peers

without a history of foster care (Beuhler et al., 2000).

   Education. For the last several decades, the expectations regarding education

have increased, and the minimum benchmark is shifting away from a high school

diploma towards a college degree. Not only does this higher level of educational

attainment provide greater employment opportunities and earning potential, but also

adults with higher levels of post secondary education are more likely to have fewer

divorces, their parents are less likely to die prematurely, and they are less likely to engage

in risky health behaviors such as smoking and lack of exercise (Markus, Ryff, Curhan, &

Palmersheim, 2004). These quality of life factors are important byproducts of high

educational attainment, but it is important to note that one of the most supportive

conditions for high educational attainment is positive relationships that are supportive of

such an endeavor (Markus et al., 2004). In America today, the benefits of educational

attainment appear to be at least implicitly known, as the vast majority of adolescents and

young adults are encouraged to pursue greater and greater levels of education (Markus et

al., 2004). This messaging appears to be effective, as 88% of all adults in the U.S. have

obtained a high school education and nearly 33% have obtained a bachelors level

education (Ryan & Bauman, 2016). Some disparities do exist with regard to race and

higher education, as Asian and White individuals were more likely to have obtained a

bachelors level education when compared to Black and Hispanic individuals (Ryan &

Bauman, 2016).

Housing. Homelessness in adulthood is a complex phenomenon; however, the

link between homelessness and adverse experiences in childhood is clear yet the age at

which homelessness first occurs can vary widely. In fact, many adults do not experience

homelessness until well into middle adulthood, often after the age of 50. This late onset

homelessness is often the result of a severe illness (mental or physical) or job loss, even

after many years in the workforce (Crane et al., 2005; Shinn et al., 2007;). There are

some notable differences between individuals who experience homelessness before the

age of 50 and those who experience homelessness later in life. First, those who

experience homelessness earlier in life are more likely to have a greater number of

adverse childhood experiences and difficulties with mental health and substance abuse.

Other risk factors for homelessness before the age of 50 include prior incarceration, lower

socioeconomic status, and unstable employment (Brown et al., 2016). For all homeless

adults, the lack of meaningful social relationships appears to be a key risk factor for

entering homelessness at any age (Brown et al., 2016), especially for foster care alumni

(Bender et al., 2015). Understanding the point in the life course at which someone first

enters homelessness is valuable information as the earlier one enters homeless the greater

likelihood they will remain homeless in the future. Additionally, providing services to

prevent homelessness including substance abuse services, reducing incarcerations, and

assisting with obtaining and maintaining stable employment can all improve outcomes both immediately and later in the life course (Brown et al., 2016).

Historically, home ownership has often been considered an indicator of residential stability. Foster care alumni are less likely than their peers without a history of foster care to own a home (Beuhler et al., 2000). As developmental changes occur and emerging adulthood becomes a more normative experience, it is not uncommon for young adults to delay obtaining independent housing often residing with their parents or roommates longer than they have historically done (Arnett, 2000). Additionally, home ownership rates have been decreasing for adults of all age demographics since the 2009 economic recession (United States Census Bureau, 2015).

Present Study

Gaps in the literature. Developmental research has often neglected the stage of middle adulthood, consequently understanding the overall functioning of this age group has proven challenging. However, research is clear that physical health, mental health, and financial stability are at their peak during middle adulthood as the chaos of emerging adulthood have subsided and the role changes associated with older adulthood have not yet begun. Important differences do exist along the lines of gender, race, and socioeconomic status; however, the overall trends remain the same. Middle adulthood is a time of increased happiness, stability, and functioning. Within this body of knowledge, there is a staggering paucity of research about alumni of the foster care system during this stage of development. As such, this study will address two research aims:

1) Understand the current functioning of adults between the ages of 30-59 who aged out of foster care and;

2) Gain insight into the journey of each participant from the moment they exited care as a young adult into middle adulthood.

Chapter Summary

This chapter has explored the theories of emerging adulthood and the life course to provide a strong theoretical foundation for understanding the functioning and journey to middle adulthood for foster care alumni. Then overall functioning of adults in middle adulthood including what is known about how foster care alumni are functioning was presented across many domains of psychosocial functioning. Finally, this chapter ended with a summary of gaps in the literature as well as how this dissertation will address these gaps. Chapter 3 will address the specific methodologies used to address the present research aims.

Chapter Three: Methodology

Chapter Purpose

This chapter will address methodology and analysis for this dissertation. A discussion of the rationale for the research design used including history of the methodology will follow. Then methodological aspects of the study such as the sampling and recruitment strategies, interview protocol, and data storage will be presented. Lastly, this chapter will cover the analytic process used in this dissertation including techniques to strengthen the rigor of the study.

Research Design

Qualitative rationale. Foster care alumni older than twenty-five have become largely invisible within the general population. This may be because they blend into the general population due to better functioning later in life or perhaps an active avoidance of identifying themselves as a former foster child/youth due to the stigma associated with the label. This may explain why there is such limited research about what happens to foster care alumni after they transition out of the period of emerging adulthood and move into later stages in the life course.

Given this dearth of research describing the overall functioning and contributing life experiences of adults that aged out of foster care, a qualitative exploratory study designed to detail these aspects of this population is essential. This approach allows participants the opportunity to share their stories about their experience aging out of care

and the journey into middle adulthood, both of which are invaluable in beginning to accumulate knowledge about this population. As such, a qualitative approach designed to illicit in depth narratives from participants is an ideal approach for this study (Padgett, 2011). More specifically, a phenomenological methodology where the focus is on the lived experience of participants is ideal in understanding the journey from foster care into middle adulthood and as such is the primary method of analysis used in this study.

Interpretive phenomenological approach. Phenomenology, the study of lived experience, dates back to the start of the early 20th century when mathematician turned philosopher Husserl began a quest to understand what it means to know (Gearing, 2004). Phenomenology created "a return to philosophical questioning, a way to see the world anew as it really is rather than as it is constructed" (Caelli, 2000, p. 371). This largely epistemological endeavor, grounded in traditions of logic, science, and theory became both a philosophical viewpoint as well as an analytic methodology of understanding lived experience (Gearing, 2004).

Since its inception, phenomenology has undergone numerous revisions, deviations, and adjustments; many of which attempt to resolve the role of the researcher in the phenomenological process. Central to the evolution of phenomenology is the extent to which the researcher should attempt to remain a neutral observer of a phenomenon versus the extent to which they should acknowledge and embrace their own lived experience and attempt to understand the manner in which it colors their perception of the phenomenon under observation (Smith et al., 2009; Gearing, 2004; Tufford & Newman, 2012). Phenomenology, as Husserl originally conceptualized it, was a discipline that

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required the researcher diligently and methodically set aside their assumptions and perceptions through techniques such as bracketing, reduction, or epoche (Gearing, 2004). While these techniques, particularly bracketing, have historically been ill defined, in essence they prescribe a series of steps in which the researcher sets aside their beliefs and values (Beech, 1999), thoughts and hypotheses (Starks & Trinidad, 2007), biases (Creswell & Miller, 2000), emotions (Drew, 2004), preconceptions (Glaser, 1992), and assumptions (Charmaz, 2006).

A number of scholars worked under Husserl and established two primary approaches to phenomenological inquiry (Gearing, 2004). First, the phenomenological approach most closely aligned with the tradition as Husserl envisioned it, relies on the suspension of experiences and beliefs in the analytic process. This approach relies heavily on the use of bracketing as a central tool in phenomenological analysis (Gearing, 2004). However, these scholars believed that researchers should not totally disregard their own lived experience, values, beliefs etc. when engaging in phenomenological research, but instead suspend them as long as possible in order to fully understand the experiences of others (Ashworth, 1999).

The other phenomenological approach, the hermeneutical or interpretive approach which asserts that the experience of the researcher should not be suspended. Embracing ones lived experience as an analytic tool was viewed as a valuable part of the analytic process because "to understand or research lived experience was inherently an interpretive process, and it was neither possible nor desirable for suppositions or the phenomenon's context to be bracketed out" (Gearing, 2004, p. 1431). This belief is

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central to the interpretative phenomenological approach, which calls for the use of memos and self-reflection to increase the researchers awareness of their own biases through which they are filtering the experience of others, but insists these should not be disregarded (Smith et al., 2009).

The interpretative phenomenological approach (IPA) is one in which a researcher, acknowledging their own lived experience and its impact on their worldview, attempts to understand the lived experience of others with regard to a particular phenomenon (Smith et al., 2009). Using this approach a researcher collaborates with participants to elicit detailed narratives describing the participants unique lived experience related to the phenomenon under study. Techniques such as memoing, auditing a paper trail, consensus coding, and member checking are used to assure that the experiences are understood authentically and genuinely by identifying research assumptions and carefully documenting the analytic process.

Historically, IPA has been used extensively to study aspects of the lived experience that are difficult to observe objectively, such as development and change of identity, the creation and manifestation of one's sense of self, and transitions across the life course with changing roles and expectations (Smith et al., 2009). Given the emphasis on understanding lived experience of foster care alumni as they transition through the lifespan, IPA is a good approach for this study.

Sampling. Participants were recruited using purposive and convenient sampling methods. Padgett (2011) defines purposive sampling methodology as the recruitment of individuals specifically based on their ability to provide needed information. In this

study, recruitment centered on locating participants based on their ability to speak about having emancipated from foster care through the lens of someone who is beyond their period of emerging adulthood. Furthermore, purposive sampling is essential in studies in which an interpretative phenomenological approach (Smith et al., 2009) is used.

Recruitment. This dissertation relied solely on the use of online social media platforms to recruit participants. In recent years, the research community has acknowledged traditional methods of recruiting participants such as cold calling and neighborhood canvassing have become antiquated and ineffective (Fenner et al., 2012). In light of the changing manner of social engagement in America, the recruitment of research subjects using online platforms is becoming increasingly common and effective. Literature in a growing number of disciplines reflects the use of online recruitment methods for samples including young adults (Fenner et al., 2012), middle aged and older adults (Paggi & Jopp, 2015), and samples that are being asked about sensitive information (Ramo & Prochaska, 2012). As such, targeting adults aged thirty through fifty using online social media platforms, while a newer recruitment approach, appears to be appropriate for recruiting former foster youth in middle adulthood. Furthermore, given the relative invisibility of this population, using these platforms increases the likelihood of targeting the intended participants because millions of people nationwide use these platforms (Fenner et al., 2012).

For recruitment, a website (www.fostercarealumnistudy.com) was created, detailing information about the study, eligibility criteria, and contact information for the researcher if they wished to participate in the study. The link to the website was then

distributed through a variety of online social media platforms. The initial wave of recruitment began with the primary researcher posting the link to her personal Facebook page as well as imploring friends, family, colleagues, and other professional contacts requesting that they share a similar (IRB approved) post on their own personal Facebook pages as well. The aim of this initial recruitment wave was to cast a wide net in the hopes that initial participants would self-select to participate, and then identify additional participants reached using a snowball sampling approach. This wave of recruitment lasted from April to May of 2016. During this time three participants were identified and completed interviews. When asked about referrals for the snowball procedure these participants were extremely reluctant to provide referrals and consequently this approach was dropped after this wave of recruitment.

A second wave of recruitment efforts lasted from June to July of 2016. During this wave, specific Facebook groups, such as those whose names indicated that they serve former foster youth, foster care alumni, or offer resources related to foster care were contacted via Facebook. Several groups agreed to share a scripted announcement on their pages and posted the announcement with a link to the recruitment website. Some of the groups contacted never responded or felt that their organizational mission was such that sharing this announcement would not be appropriate and declined to participate. Additionally, during this phase the researcher also created posts on forums in Reddit, posted on Twitter, and used personal and professional contacts to post on their personal Facebook pages as well. From this wave of recruitment, six participants were identified and completed interviews.

The third and final wave of recruitment began in August 2016 and ended in September 2016. During this phase, the researcher searched Facebook state by state looking for state specific groups, foster care alumni organizations, foster care service providers, local child welfare agencies, or any agency with a title to indicate that they served foster children or foster care alumni. For all pages and groups that allowed public postings the primary researcher posted directly to their page with the scripted announcement and the link to the recruitment website. For groups or pages that required membership to post the primary researcher requested permission to join and post about the study. Most were accepting, but a few denied the request. The first few weeks of this approach were not particularly successful, only two participants completed interviews during this time. However, in mid-August a participant found a Facebook posting and leveraged her numerous personal and professional connections to share the information (unbeknownst at the time to the researcher) and, as a result, beginning mid-August the remaining 10 participants all came forward and completed their interviews.

Throughout the three waves of recruitment, 58 individuals contacted the researcher with the intention of participating in the study. Of these 58, 22 completed the study and 36 did not due to being waitlisted, ineligibility, or failure to follow through. About half of the 36 individuals who did not participate were ineligible due to age requirements. These individuals were asked if they would like to remain in contact with the researcher for future projects. Information about individuals who were willing to participate in future research was logged into a separate file not affiliated with the current project. Nearly a quarter of the 36 participants were eligible to participate in the study,

but simply stopped responding to the researcher at some point and never completed an interview. The remaining quarter of participants were wait listed due to age cohort caps. The only cohort that had a waitlist was the one for individuals in their thirties. Once the cohort was full, participants were asked if they would like to stay on the wait list or be contacted for future research opportunities. In the event that a prior participant stopped responding or indicated they no longer wished to participate in the study replacements were drawn from the wait list in the order they were placed on the list. This occurred three times.

Recruitment limitations. There were limitations to using online social media as the sole recruitment strategy, namely the exclusion of individuals who do not use social medial platforms. Individuals with a distrust of social media or online data sharing, individuals who do not have access to internet at home, and individuals who do not value or use social media may all be excluded (Fenner et al., 2012; Paggi & Jopp, 2015; Ramo & Prochaska, 2012). While this may limit the sampling of participants to some extent, the ability to cast a wide net in order to recruit participants using a social media platform outweighed the risk of selection bias of internet users. Subsequent studies may employ non-internet based sampling strategies if findings from this study indicate that there was a notable portion of the population missed.

Data storage and management. All data files were stored on the primary researcher's computer in a location specifically earmarked for files related to the study. The folder was not kept on the home screen. Instead, it was kept in a location that was not easily accessible to anyone other than the primary researcher. The computer was always

locked when not in use and defaulted to a locked screen after five minutes of inactivity. These security measures ensured that the confidentiality of the data was secure and that risk was minimized for participants. Furthermore, after the initial interview, each participant received a participant identification number and all subsequent transcriptions and analysis referred to participants only by their number, further ensuring participant confidentiality throughout the research process.

Incentives. Each participant in the study received a small incentive for participating in the study. Participants were offered a choice between a $20 gift card to Wal-Mart or Target. All participants received their gift card after they returned the consent form and participated in the interview. None of the participants elected to discontinue the interview for any reason.

Data Collection

Interview protocol. After a thorough and systematic review of literature outlining the needs and experiences of foster care alumni during the period of emerging adulthood, eight domains were selected for inclusion in this study. These domains are ones most commonly studied among foster care alumni, the ones most reported as influential in functioning at various points in development for foster care alumni, and those most likely to be present across the lifespan. For this study, the domains selected were physical health, mental health, substance abuse, criminal justice, employment, finances, education, and housing.

Quantitative measure. When attempting to assess the overall functioning of middle aged adults who aged out of foster care, it is essential that multiple domains must

be assessed to capture the potential breadth of biopsychosocial functioning. As such, the Quality of Life Inventory (QOLI) (Frisch et al., 1992) was used (http://www.pearsonclinical.com/psychology/products/100000635/quality-of-life-inventory-qoli.html). This measure captures sixteen domains of functioning including health, standard of living, work, romantic relationships, and social supports among many others (Frisch et al., 1992). Assessing these numerous domains allows for an objective evaluation of overall functioning and quality of life, while at the same time allowing for capture of the richness of life experiences. Using a strengths based approach; the QOLI assesses multiple domains without emphasizing the pathological. Avoiding a focus on pathology and dysfunction allows a neutral picture of the functioning of the sample to emerge as opposed to using a measure intended to capture mental illness or decreased functioning.

In order to generate the composite measure of quality of life, the QOLI poses the same two questions to participants for each of the sixteen domains. First the QOLI asks participants to report "How important is [this domain] to your overall happiness" to which respondents can reply "not important," "important," or "extremely important." Then each responded is asked to report "How satisfied are you with [this domain], to which respondents can respond with "very dissatisfied," "somewhat dissatisfied," "a little dissatisfied," "a little satisfied," "somewhat satisfied," or "very satisfied." These same two questions are presented for each of the sixteen domains captured in the survey. Subsequently, the responses from those two questions are then given a weighted score, which is totaled and averaged among all of the domains that were addressed by

participants. While there are sixteen domains in the measure, it is possible that participants can answer in such a way that the domain zero's out and is not used in the final calculation subsequently lowering the number of domains impacting that participants overall quality of life. These raw scores are then standardized and grouped into domains of overall quality of life ranging from "very low" to "high" (Frisch et al., 1992).

In this study, QOLI data were used in two ways. First and foremost, the overall quality of life as well as the scores from each of the domains of function were used in the first research aim of understanding the functioning of foster care alumni during middle adulthood. Due to the paucity of information about the overall status of alumni during middle adulthood, such information provides insight into functioning and can be compared to national population norms and averages. Secondly, data were used to corroborate the narrative component that was shared by participants by objectively capturing a myriad of psychosocial domains that were discussed as participants outlined their journey from emancipation to middle adulthood, subsequently increasing the rigor of the study.

Psychometric properties. Adults over the age of seventeen who possess a sixth grade reading level are appropriate candidates to use the QOLI. Administration of the QOLI can be done using a paper and pencil or verbally, depending on the needs and comfort of the participant. In this study, the QOLI was administered verbally to all participants to ensure consistency, as some interviews were done in person and some were conducted over the phone. The QOLI has been extensively psychometrically

validated Test-retest coefficients ranged from .80-.91, and internal consistency coefficients ranged from .77-.89 within diverse populations including veterans, inpatient psychiatric patients, students from a university counseling center, and non-clinical samples including criminal offenders, halfway house residents, undergraduate students, and recovering alcoholics (Frisch et al., 1992). Additionally, the QOLI possesses both treatment and predictive reliability (Frisch et al., 2002). Given the sound psychometrics, wide applicability, and domain based assessment of quality of life, and overall functioning, the QOLI appropriately serves to capture the overall functioning of the foster care alumni.

Scoring. The primary outcome of the QOLI is the overall quality of life classification. To obtain a classification, researchers sum the participant's scores across all scored domains and the summed score places the participant into one of four categories, high, average, low, and very low. Each category has extensive descriptions of behavioral and functioning attributes associated as well as expected population percentages. T-tests, Analysis of Variance (ANOVA), or simple interpretations of percentages are all appropriate analytic strategies for the QOLI. Furthermore, the outcomes of the QOLI can be used to objectively assess functioning as to triangulate the in depth narratives provided by participants that covered the same domains and levels of functioning. In this study, the participants overall quality of life classification was compared to their narrative in order to lend support to the participant's report. Percentages related to quality of life for various domains were paired with information

from the narrative to support the subject and likely retrospective report provided by participants.

   Demographic data. In addition to data from the QOLI, demographic information about each participant was gathered as part of the interview process. A demographic form was developed (See Appendix A) and administered as part of each participant interview. This form collected information to supplement the QOLI measure as well as provide insight into the foster care experiences that may be poignant to their journey (such as the length of time in care, age at entry, and type of placement at emancipation). Data were used to address not only questions about alumni functioning in middle adulthood, but also provide important insight into the ways in which certain demographic features may change not only functioning, but the journey as well. Demographic information gathered included information about the participant's age, race, gender, marital status, socioeconomic status, and information related to their foster care characteristics.

   Foster care characteristics. Participants were asked at what age they first entered into foster care. Research indicates that understanding the age at which one first enters care illuminates an important aspect of the foster care journey, as younger individuals are more likely to obtain permanency faster (Kerman, Wildfire, & Barth, 2002). Participants were also asked how many placements they had while they were in foster care, as the number of moves increases for youth in care, so does the likelihood of experiencing negative outcomes in adulthood. Negative outcomes include but are not limited to greater involvement with criminal justice, homelessness, problematic relationships, and unstable employment (Reilly, 2003). The greatest risk for negative outcomes begins when the

number of placements increases beyond ten, but this is not an absolute figure, as the length of time in care, the age at entry, and type of placement all interface with the number of placements to impact stability and subsequently outcomes in adulthood. The number of placements while in foster care provides very narrow insight into stability in foster care, consequently to add depth to the understanding of stability while in care, participants were also asked if they ever left care and then returned for any reason. Individuals who experience frequent transitions in and out of care are less likely to be successful in the years immediately following their discharge from foster care, as such understanding the stability of the foster care experience is important in contextualizing the experiences of this sample (Courtney & Barth, 1996). Furthermore, policy changes such as the enactment of the Family Preservation and Support Services Act of 1993, which was part of the Omnibus Budget Reconciliation Act (P.L. 103-66) which promoted reunification efforts. Changes to the policy context of child welfare have real impact on the lives of children in care and as such understanding how often youth are in and out of foster care in light of their age cohort provides important information about the policy climate and decision making that likely influenced their time in foster care.

Factors such as the number of placements while in care and the likelihood of exit and reentry into foster care are highly influenced by the length of time a child is in care, and as such, participants were asked to provide an estimate of this time as well as information about how old they were when they left care. Understanding how long a youth remained in care provides insight into the likelihood of experiencing negative outcomes as the longer a youth remains in care without permanency the greater the

likelihood they will experience negative outcomes, particularly during the years

immediately following care (Kerman et al., 2002). Current child welfare policy allows

youth to voluntarily remain in foster care beyond the age of eighteen if they sign

themselves into the care of the system as an adult largely due to funding and service

provisions outlined in the Fostering Connections to Success and Increasing Adoptions

Act of 2008 (P.L. 110-351) "Fostering Connections".

Lastly, participants were asked what type of placement they were in when they

emancipated from care. Such context is important as youth who are in residential settings

such as a group home or other facility are likely to be viewed as having more serious

needs than youth in lower levels of care (Kerman et al., 2002). Additionally, the

likelihood of a caregiver providing ongoing support to the youth after they have officially

exited care is much higher in family foster care and kinship care settings than in

residential or group care situations (Cashmore & Paxman, 2006).

Procedure. Interviews were loosely structured as to allow the researcher the

opportunity to guide the interview while allowing participants freedom to share their

unique perspective. Qualitative research methods frequently employ the use of loosely

structured interviews, and it is the preferred methodology for phenomenological studies

(Smith, et al., 2009). The opening question for every interview was "Tell me about your

life since you aged out of foster care." For the vast majority of participants, this alone

was a sufficient prompt and minimal follow up probing was needed. However, a few

participants struggled with collecting their thoughts and organizing their narrative. In

those instances, an interview guide was used to prompt the participant and provide structure to their narrative. Please see Appendix B for the full interview guide.

Each interview lasted between one to three hours averaging two hours, and all interviews were recorded and transcribed verbatim. The primary researcher conducted face-to-face interviews with participants who were located within fifty miles of the University of Denver. Participants outside of the fifty-mile radius were given the choice of participating in a recorded visual interview (Skype, Face Time etc.) or a recorded phone interview. All participants elected to have a telephone interview without visual recording. Both in person and telephone interviews followed the same process. The interview began with a collection of demographic data followed by the administration of the QOLI. Once these were completed participants were then invited to share their narrative with as little prompting as possible. Interviews were recorded using a digital tape recorder to minimize note taking so that the researcher could be present during the interview. All audio files were uploaded to the researcher's computer for transcription and analysis. Both the primary researcher and a research team of two MSW students completed analysis. The students were vital to the analytic process as they increased the objectivity of the primary researcher, by consensus coding, establishing an audit process, and consultation of findings.

Sample

When using an IPA approach, a small sample size is not only appropriate but also desired (Smith et al., 2009). As such, when recruitment began the target sample size was between 15-30 individuals. This range in and of itself is on the large end of a sample size

for an IPA study. However, by aiming to have smaller subgroups of between five and ten participants in each decade of age, the thirties, forties, and fifties, the sample size begins to approximate the typical sizes of IPA studies of between 8-12 participants (Smith et al., 2009).

   Eligibility criteria. There were only two eligibility criteria for inclusion in the study. First, all participants must have aged out of foster care in the United States. The criterion of "aging out" was defined as anyone who exited foster care between the ages of 18-21 without legal permanency. Meaning that on the day the exited care they had not been adopted, returned to their biological parents, or placed into a legal guardianship arrangement. Several of the individuals in the sample left care prior to their 18th birthday by running away, these individuals were included in the study because they lacked legal permanency at the time they exited the foster care system. Data about the number of youth who run away from foster care and then age out of the system or are simply lost to bureaucracy is difficult to determine, but federal reporting systems estimate that it is less than 1500 youth per year (US Department of Health and Human Services, 2015). Federal reporting systems; however, classify these youth differently from youth who have aged out of care due to fact that they are not afforded the same access to independent living services, transition planning, and emancipation support as those who are not on the run. For this study; however, given that these youth did not have an adult that was legally responsible for their care when they turned 18, they were included in this study as they were still abruptly thrown into adulthood without the support and safety net of a legally appointed adult or family member. Additionally, given that the focus of the study was

specifically related to life after leaving care without legal permanency and not the transition plan including independent living services, transition planning, or emancipation support, it was decided that their stories were equally valuable and should be included.

The second criteria for inclusion in the study was that participants had to presently be between the ages of 30-59 (up to the day of their 60th birthday) meaning that they would have aged out of foster care between the years of 1984 and 2004. These eligibility criteria effectively created a pool of participants over 30 who aged out of foster care since the implementation of the Child Abuse Prevention and Treatment Act (CAPTA) (P.L. 93-247) in all states. Using this date range was essential to creating a pool of participants who are no longer in the stage of emerging adulthood and for whom child welfare intervention was broadly overseen by the federal government.

Sample characteristics. The final sample contained 22 participants. The sample was overwhelmingly White and female. The age of participants ranged from 30-54 years old with 45.45% of the sample comprised of individuals in their thirties. The average age for the sample overall was 43.61 years old with noticeably more individuals representing the 30-year-old cohort and slightly more in the 50-year-old group. The smallest cohort represented was that of the 40-year-old individuals. For individuals in their 30s, the ages in this cohort spanned from 30 to 39 years of age with the average age of this cohort being 34.2 years old with a total of number of ten participants in this cohort. There were five participants in the 40-year-old cohort ranging in age from 40 to 46 years of age with an average age of 44.2 years. Finally, there were seven participants in the 50-year-old

cohort ranging in age from 51 to 55 years with an average age of 52.43 years (see Table

1).

Table 1
Sample Cohort Distribution

Cohort	Count	Percentage
30s	10	45.45
40s	5	22.73
50s	7	31.81
Total	22	100%

As part of each interview all participants were asked "how do you identify in

terms of your gender" allowing for an open ended response from participants rather than

asking them to select a predetermined gender category. The sample identified

overwhelmingly as female. Three participants identified as gender queer or trans, and two

participants identified themselves as male (see Table 2).

Table 2
Sample Gender

Gender	Count	Percentage
Male	2	9.09
Female	17	77.27
Trans	2	9.09
Queer	1	4.55
Total	22	100%

Finally, all participants were asked how they identified racially following the

same open-ended prompt that was employed when asking about their gender identity.

The majority of the sample identified as "White" with over 75% of participants

identifying this way. Three participants did identify as mixed or multi-racial. These

participants identified often as multi-racial reporting the identification with three or more

racial or ethnic groups. There were no African American, Asian, or Hawaiian/Pacific

Islander participants in the study. This is counter to the disproportional numbers of

African American children involved in the child welfare system (U.S. Department of

Health and Human Services, 2015) (see Table 3).

Table 3
Sample Racial Identification

Race Reported	Count	Percentage
Hispanic/Latino	1	4.55
Caucasian	17	77.27
Mixed Race	3	13.64
Other	1	4.55
Total	22	100%

Analysis

Interpretive Phenomenological Analysis. As with any qualitative approach, the

process of data analysis using an IPA approach is iterative and requires immense

familiarity with the data (Smith et al., 2009). The product of this iterative and immersive

data analysis process is the creation of a narrative that describes the lived experiences of

participants with regard to the phenomenon under study, in this case the journey from

emancipating out of foster care into middle adulthood. In order to facilitate the creation

of this product, IPA follows a loose analytic framework whereby the researcher conducts

multiple passes through the data to develop codes and overarching themes both within

each transcript and across all transcripts in the sample. IPA as conceptualized by Smith

and colleagues (2009) outlines a five-step process for structuring the data analysis

process including: (1) initial encounter with the text; (2) multilevel commentary; (3)

coding and identification of emergent themes; (4) searching for connections among

themes; and (5) analysis of themes across cases to generate a narrative experience of the

phenomenon. For this study, all data analysis was done using drafts of the transcript that were housed in Microsoft Word or on hardcopy to facilitate the needs of the research team in sharing secure data and the iterative flexible nature of the IPA process.

Step one: the initial encounter. For this study, the analytic process began after the initial interview was conducted. Following each interview I memoed any thoughts, feelings, or impressions I had about the participants narrative in order to preserve them in a secure space beyond the confines of my own mental world (Smith et al., 2009). However, the formal analytic process began when I listened to each audio file and transcribed the audio verbatim into Microsoft Word. The process of listening to the interviews in a mental space where I was not having to formulate interview questions allowed me to assume a new outlook on the data whereby I could see patterns, feelings, and narrative components that may have been missed during the initial interview. Once transcription was complete, I would memo again recording impressions of the narrative as well as preliminary thoughts about codes and themes. There were two reasons for this analytic process. First, it enabled me to have a space where I could process the sheer volume of data that comes along with reading, processing, and analyzing textual data. Secondly, it helps in the recording keeping or auditing process and subsequently improves the rigor of the study as these memos enable outside observers to track my data analysis thought process beginning to end with each case in the sample.

Step two: multilevel commentary. For this step in the process, I read each transcript one at a time and recorded my thoughts and impressions line-by-line. In this pass of the data, I was observing how participants talked about their journey from

emancipation to adulthood with a particular eye for feelings, descriptions of the journey, attitudes and feelings, helpful services or people, as well as struggles encountered on the journey. The commentary that was recorded during this pass of the data addressed not only the story that participants were sharing about their experience, but how they told their story and how they made meaning of this experience. By analyzing the data across these various levels of focus, I was able to engage with the data in such a way that the common lived experience began to emerge as codes and preliminary themes about this rich and complex experience began to solidify. In doing this, I was able to record my line-by-line observations of the participant experience through a collection of comments that over time coalesced into emerging themes about the lived experience that participants were describing (Smith et al., 2009). Additionally, for the same reasons outlined in step two, memos were completed on each transcript after the second pass of the transcript was complete. As the primary researcher, I conducted the first two passes on each transcript in the sample before employing the assistance of research team members for subsequent data passes.

   Step three: coding and emergent themes. Once I had completed the line-by-line commentary, a member of the research team completed a pass of the data to assign preliminary codes. During this pass, line-by-line commentary was read and coded using short one or two word codes or phrases to describe the commentary. The first six transcripts were coded using a consensus coding process (Saldaña, 2013) whereby all three members of the research team read the transcript and assigned codes to the commentary. Then the team reconvened to discuss differences in how the data was

interpreted and what codes should be assigned. After all disagreements were resolved, the

preliminary code definitions were recorded in a rudimentary codebook. This process

continued until consensus was achieved with regard to code application. Consensus

occurred after completion of the fifth transcript. Objective measures of consensus, such

as the use of a Kappa score were not employed as the phenomenological approach is not

concerned with finding an objective reality within the data, but instead an agreed upon

narrative outlining the experiences of the participants in the sample with regard to the

lived experience (Smith et al., 2009). As such, a Kappa score regarding objectivity is not

as useful as shared understanding of researchers interacting with the data at a personal

level. However, given that I am a member of the group under study, having a research

team of individuals with diverse histories and backgrounds proved invaluable in ensuring

the rigor and quality of the findings produced as discussed further in the rigor section.

After consensus was established, this coding pass of the data continued until individual

team members coded all of the transcripts in the sample. Additionally, team members

also completed a memo after each coding pass to record questions, thoughts, or

impressions to be discussed with the larger team.

> ***Step four: connections among codes and themes***. The fourth step in the analytic

process consists of identifying consistent codes and the clustering of codes within each

transcript. At this step in the analytic process comparisons of codes and emerging themes

between cases has not yet started to occur. In this step, I reviewed each transcript after the

first three passes had been completed and began to identify emergent themes present

within the codes. Given the two research questions, themes focused either on domains of

functioning or on the journey itself. Codes that clustered into the domain-focused question addressed specific aspects of daily life such as financial health, physical health, or employment and were often more matter-of-fact statements about the overall position of this domain. For example, a participant may have simply stated that they filed for bankruptcy and provided little detail about this experience and as such, this was coded as a part of the financial health domain. The remainder of the codes focused the journey from emancipation to middle adulthood. Codes addressing this research question captured themes that emerged as participants would walk through their lived experience starting with their eighteenth birthday and ending with the present. These codes were much more nuanced and rich and provided an immense amount of insight into not only the journey itself, but how the journey impacted the individual who experienced it. The goal of this process was to organize data into coherent themes that can be further solidified into a common narrative shared by participants about the phenomenon under study (Smith et al., 2009). By capturing data about domains of function as well as the journey, a cohesive picture about the lived experience both past and present began to emerge from the data.

   Step five: cross case analysis. The last step in the analytic process involved comparing the themes and codes from each interview to the other cases in the sample to identify common elements that exist in the common narrative detailing the lived experience. To facilitate this comparison, summary sheets were created for each interview in the sample where the codes were outlined into domains and the journey narrative using an identical structure. The content of these domains and narratives could

then be compared across cases by examining the codes, poignant quotes, and summarized findings from each case to one another to develop a higher order version of the lived experience of aging out of foster care.

Rigor

Several steps were taken to ensure the rigor of the this study. The first step taken to increase the rigor was the extensive use of memos and bracketing throughout the project. In an IPA approach, the use of memos is designed not to eliminate the lived experiences and perceptions of the researcher, but instead of help the researcher reflexively identify their thoughts, biases, and worldview as it relates to the data under study (Gearing, 2004). This information is not disregarded as the IPA tradition espouses the belief that lived experience, even that of the researcher cannot be disregarded, but it is acknowledged and honored as a part of the analytic process (Smith et al., 2009). As such the use of memos was encouraged for all team members throughout the analytic process. The memos produced as part of this process served two distinct purposes within the context of this study. First, these memos allowed for reflexive evaluation for all team members enabling them to explicate their lived experiences and worldviews. Secondly, the memos created enabled the creation of a paper trail that could be audited in order to follow the thought process behind the distillation of the vast amounts of data into one final participant narrative (Gearing, 2004).

Audit Trail. In the IPA tradition, the use of an audit trail has persisted since the mid-1980s when it was first formalized as a means to ensure the credibility of qualitative research (Cutcliff & McKenna, 2004). The idea underpinning this approach is that if an

outside observer was provided access to the total set of data (including sources of triangulation, raw data, memos, and field notes) they would be able to replicate the thought process used and subsequently the findings generated from the study (Cutcliff & McKenna, 2004). In this study, this was especially important, as I was intimately aware that my positionality as a member of the group under study could influence the results of the study if methods to ensure rigor were not in place. As such, the use of memos and a research team that could audit the memos and findings were vital in ensuring that I was able to remain objective (within reason) and feel confident that the findings of this study.

Member checking. As an important step in establishing the creditability and trustworthiness of the findings, member checking was used in this study. To facilitate this process, a proportion of participants was selected from within each age cohort to provide feedback on the preliminary findings. For the 30-year-old cohort four individuals were selected, for the 40-year-old cohort 3 individuals were selected, and for the 50-year-old cohort two individuals were selected to create a pool of member checking participants. In order to identify participants for the member checking process all participant identification numbers were entered into list randomizer, and the first 40% of identification numbers for each age cohort were selected for participation in this process.

Identified participants were then contacted by the researcher and asked if they were still willing to participate in the process. If they indicated they were still willing they were provided with a short summary of the preliminary findings as well as a list of questions designed to guide their feedback responses. Participants were given two weeks to provide feedback and in the event that they had not returned their packet within that

timeframe two follow up emails were sent, each one week apart to gently remind the participant that their feedback was due. If an extension was requested it was granted, however if a participant did not respond after two emails then they were simply considered to be non-responsive for this process. At the end of the member checking process, four individuals, three in their 30s and one in their 50s provided their feedback on the preliminary findings reflecting a response rate of 44%. Each of these individuals received an additional $20 gift card for their participation in this process.

Triangulation. Triangulation involves the use of multiple data sources in order to hone in on the phenomenon under study by employing the insight of different ways to understand a lived experience (Padgett, Mathew, & Conte, 2004). In this study, data from the participant narratives was triangulated with the results from the QOLI survey, demographic information sheets, and memos in order to arrive a complex and rich narrative describing the lived experience of aging out of foster care and transitioning into adulthood. QOLI information was analyzed to determine the overall importance and satisfaction that participants reported for each of the domains housed on the survey. These domains were then compared to the domains of functioning that emerged from the qualitative findings to determine consistency and additional insight into each of the domains. Additionally, the QOLI survey produces an overall measure of the quality of life which was used to triangulate reports from participants about their mental health and overall well-being providing insight into the overall quality of life as well as the quality and satisfaction of specific domains of functioning important to foster care alumni. Demographic information was evaluated to ascertain any patterns of difference that

occurred among participants across different demographic domains (age, educational status, relationship status etc.). This information was then incorporated into the overall narrative findings as well as the functional domains to generate a rich and complex understanding of the phenomenon, insight that could not have been gained from the analysis of one source of data alone.

Chapter Summary

This chapter described the methodological and analytic approach used in this study. I began by describing the rationale for a qualitative and IPA approach to data analysis as an appropriate means to understand the questions under study. Then the specific steps in the analytic process were described including the methods taken to ensure the rigor of the findings. The following chapter will present the findings from the QOLI, foster care characteristics, and domain specific findings.

Chapter Four: Findings

Chapter Purpose

This chapter will address the analysis of the narratives shared by participants as well as the psychosocial functioning of the participants in middle adulthood. This chapter has two main sections. First, the narrative journey between the ages of 18 and 25 will be presented. The second half of the chapter will focus on the journeys from approximately age 30 to present, focusing on the developmental stage of middle adulthood including the overall journey as well as domains of psychosocial functioning.

Introduction

Within the last few decades, a large number of research studies have examined the needs and experiences of individuals as they age out of foster care and transition into emerging adulthood. This growing body of research has illuminated important struggles that these individuals face across numerous domains of functioning and provide important implications for policy, program, and service implementation.

Despite the importance of understanding the needs of foster care alumni during this developmental period, emerging adulthood is only one stage of development in the life course. Situating the needs and experiences of foster care alumni in a life course perspective has the potential to illuminate the ways in which past experiences shape the current needs of middle-aged adults who aged out of foster care. As such exploring the journey from emancipation to middle adulthood through a phenomenological lens allows

for the fluid examination of past, present, and future for the lives of these alumni of the foster care system. Lastly, to gauge the overall functioning of the participants in this sample, (something that has not yet been done with regard to foster care alumni in middle adulthood) multiple domains of psychosocial functioning will be presented combining narrative data, demographic data, and results from the QOLI survey.

The Early Years: Emerging Adulthood and the Contrast between Chaos and Calm

During the narrative portion of the interview, participants were asked to share their journey starting from the time they left care, walking through their life, ending with the present. When recounting the early years immediately after they left foster care all the participants told one of two narratives; one of immense chaos and instability, or one of relative calm, as they moved into adulthood.

Chaotic transition to emerging adulthood. Fourteen participants described narratives that exhibited a high degree of chaos and instability. Of these fourteen participants, half stated that they left foster care on poor terms; such as being asked to leave due to their sexual identity or substance use or outright being kicked out with no transitional support. Once pushed out of foster care, all of the participants in this group described struggling across many domains of psychosocial functioning including housing, substance use, relationships, and unplanned pregnancy.

Housing. Nine of the fourteen participants experienced homelessness or intense residential instability often described as "couch surfing" or "staying with friends." One participant described her situation by saying *"I started my adult life homeless. I stayed whatever place I could including around, you know people that I shouldn't have been*

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around just to have a roof over my head." However, the struggle with housing did not

end once they obtained housing. Participants talked about how they would live in unsafe

situations, as it was all they could afford at the time. One participant described their first

apartment by saying,

> "I actually lived in a house that had been converted into a duplex, but not legally.
> So the state actually came and shut it down, they condemned it as a duplex. But I
> didn't have anywhere to go so the couple that I rented it from had a house on the
> same property and they ran an extension cord to me. So I didn't have any hot
> water, I didn't have electricity except for that one extension cord that I piggy
> backed a hundred thousand other extension cords off of."

Due to these unsafe situations, an inability to pay rent, or a persistent search for

more affordable housing, many participants talked about moving often during the early

years following foster care.

Substance use. Eleven of these fourteen participants reported that they "partied"

shortly after leaving foster care. Only one of the eleven participants who talked about

"partying" in their narrative reported having a substance abuse problem, the remaining

participants all saw their substance use as a temporary behavior. One participant said that

her substance abuse started almost immediately after leaving care, stating, *"As soon as I*

got out and didn't have to do anything … and I partied a lot basically." Participants gave

a variety of explanations for their substance use during this time. Five participants

attributed their behavior to friendships and peer influences, three participants attributed

their substance abuse to struggling with a lack of boundaries, and finally, three

participants viewed their substance as a way to cope with difficult or stressful situations.

Relationships. Relationships with biological family and with romantic partners

were also a central theme for this group. Of the participants who experienced a great deal

of chaos, many talked about these relationships, especially with their biological families, in terms of what they could provide to the participant. Six participants, all but one of which were in their 30s, described having to reconnect with their parents very soon after aging out of care out of necessity. These individuals often had nowhere or no one else to turn to and in an attempt to obtain money, housing, or some other tangible resource; they felt as if they were *forced* to reconnect with family. One participant described this situation by saying, *"I didn't really have any other options or at least that's how I felt. When I moved back here with them, I mean I couldn't stay with friends in or anything like that."*

Five participants described the positive impact of a romantic relationship, stating that they stabilized relatively quickly due to entering a serious romantic relationship. These relationships not only provided a source of emotional validation, but also often improved their housing situations, their ability to attend college, as well as providing an overall greater financial security. One participant discussed her pragmatic decision to get married as a way to stabilize her housing situation by sharing,

> "By that time I was a senior in high school and I also had a boyfriend. And he had a situation where he didn't want to keep living at home. And by the time I had graduated high school I was basically just couch surfing and I didn't know what I was going to do. So he was 19 and I was 18 so the brightest idea was to get married, that was the brightest idea. And so we did."

However, the benefits of these relationships were often short lived, and once the relationship was over, participants were thrust back into almost a second period of chaos as they had to reestablish their lives without the support of a partner. This loss was often particularly devastating resulting in a second bought with homelessness, mental

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instability, an increase in substance use, and occasionally a loss of employment. One

participant described the devastation she endured, stating,

> "So I failed. I walked away, I shut down and I did what I've done my whole life I walk away (cries). And I lost my career, my family, so it's kind of been, and I'm at a point now at 35 almost 36 where I'm still coming down from that pain. Gotta rebuild my life and figure out where I'm going from here, but that's just something that brought up all the childhood issues."

Unplanned pregnancy. The last major psychosocial domain that participants in

the group that experienced greater chaos discussed during the early portion of their

narratives was that of physical health, specifically unplanned pregnancy. Six of the

participants, three of whom were in their 30s, one of whom was in their 40s, and two of

whom were in their 50s reported experiencing an unplanned pregnancy during the years

immediately following their emancipation from care. The outcomes of these experiences

varied widely from fetal demise, voluntary termination, to the raising of a healthy and

productive child, but all participants reported some shame or personal disappointment at

having experienced an unplanned pregnancy.

Survival skills. Despite the struggles that individuals shared related to numerous

areas of functioning, many also described experiences of great resilience as they

employed a wide variety of skills all in an effort to survive. Eleven of the fourteen

participants in this group described their use of some sort of survival skill. Many of the

skills described are illegal or detrimental; one participant described how she participated

in these activities intentionally out of desperation and necessity. She stated,

> "And at the time I was writing hot checks because I had to do it to survive, I had no other option. I was turning, I was prostituting, and I was writing hot checks in order to survive because I had no other option."

Not all of the survival skills described by participants were so extreme; instead, the majority of participants described associating with negative peer groups or working multiple jobs in order to make ends meet. When recounting these experiences, participants did not view them as negative or even problematic. Instead, participants described these behaviors in a way that was very matter of fact and just another phase in their journey. In fact, the intentionality behind these behaviors is often what prompted the insight into their survival nature, as it was clear that participants were engaging in these extreme behaviors out of necessity. However, some even appeared to take pride in their ability to survive during these early chaotic times. One participant went so far as to describe her survival skills as, *"That's what my superpower is, I know how to make it work."*

Lack of support. When explaining why they felt that had entered in to such a chaotic period marked by the need for survival skills and fierce independence, nine of the fourteen participants in this group described feeling unsupported during this time in their life. Three participants specifically felt as if they were a burden to the system and that they were not supported during their transition out of care. As one participant said,

> "So basically this was 1995 before they had Chaffee or ILA [Independent Living Program] or anything and it was like a week before I graduated high school. I was told that I could no longer stay in foster care because I was graduating high school and I was no longer considered their responsibility."

Other participants in this group were not as explicit in holding the child welfare system accountable, but still felt as though they were unsupported during this time in their lives. The four who felt this way stated that they felt as if they were completely on their own with no support from friends or family, and this lack of support dramatically

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increased the difficulty of those early years. One participant described the struggle with

her newfound independence; she said, *"So for me to just, just go and just be on my own*

and be free it was hard. It was hard I didn't really know how to handle that."

   Exit from chaos. In their narrative, nine of out the fourteen participants in this

group reported that around 30 years old, they stabilized and began to leave the chaos of

their early adulthood behind them. This group ranged in age from 33 to 55 at the time of

the interview, with an average age of 40.89, and, therefore, included representation from

all three cohorts. By the time they had transitioned into their 30s these participants

reported that they owned homes, had obtained degrees, gotten married and started

families; seeming to have shed the negativity of their foster care experience and settled

into a new chapter in their lives. When asked what they thought helped push them out of

chaos around this time, participants reported a wide range of reasons for the increase in

stability. Some participants talked about entering into serious romantic relationships as

described above, but others talked about simply growing out of a "phase." Some even

acknowledged that they were making this shift later in comparison to their peers without

a history of foster care expressing the sentiment that they were "behind." One participant

described their take on this experience by saying

> "I feel like what should be socially acceptable, I'm 10 years behind. And so for
> budgeting for kids, sometimes at 25 don't get living on their own so they move
> back with their parents. I think that is kind of what happened to me. I am kind of
> 10 years behind that curve…and that bothers me because then that means okay, I
> go and get a degree, I go to work, but people see a 40 year old instead of a 30 year
> old."

Stable and Supported Transition to Emerging Adulthood. In contrast to the

chaotic experience described by the majority of the participants and what is described in

the literature, eight participants reported a much less chaotic launch into adulthood. In

fact, these participants reported a smooth transition out of care with far greater supports

than their peers.

Support systems and relationships. Each journey was different, but what seemed

to make the experiences of this group fundamentally different was that these participants

reported having more supports than the group that experienced great chaos. These stories

highlighted supportive foster families or early long-term relationships that allowed them

to "skip" the phase. These relationships provided support in learning the day-to-day

things that the chaotic group struggled with during their transition to adulthood. One

participant described how pivotal her family was in creating the stability she enjoyed

after aging out of care. She said,

> "She and I were extremely close my whole life. And so I had a connection to her.
> And so resiliency factor number one right. So I, right after my 18th birthday I went
> and I stayed with my grandma*."*

Education. Five of the eight participants talked about how they went to college

right after leaving foster care. Additionally, during their time in college their foster

families often provided them with support such as allowing them to live at home while

they went to school, allowing them to come home when dorms were closed. One

participant shared how she relied heavily on her family during times when her dorm was

unavailable. She said, *"fast forward…before I graduated from college I was living with*

my aunt and uncle who like I had said had taken me in during vacations and holidays and

I stayed with them." These family members often provided life skills above and beyond simple housing as they often provided day-to-day guidance about paying bills, selecting jobs, and other developmentally normal experiences. These sorts of interactions occurred for participants of all ages, but really seemed to thwart experiences like homelessness or unemployment.

Emerging Adulthood and Beyond: Relationships & The Path to Stability

Research on the needs and experiences of foster care alumni during the period of emerging adulthood has clearly documented a time of great upheaval and transition, a narrative echoed by many participants in this study. However, there is a stunning scarcity of research about what happens to these individuals after they transition out of emerging adulthood and enter period of middle adulthood. As such, the remaining portion of this chapter will cover both the narrative journey described by participants from the time they exited emerging adulthood to present, and their current functioning to provide a snapshot of one sample of alumni in middle adulthood.

When sharing their narratives beyond the period of emerging adulthood, every participant in the study described how over time they were able to stabilize and leave behind the chaos of their early adulthood, eventually cultivating a life that was virtually indistinguishable from their peers without a history of foster care. There were several key factors that participants described as vital to their success in this process. However, relationships and support systems were of central importance, and were discussed by every participant in the study. Interestingly, participants were asked to speak to formal mentoring or child welfare provided services and none of the participants found these to

be helpful, however relationships and non-formal mentors were of vital importance. Overwhelmingly the supports and relationships described were positive. However, some participant even described how unhealthy relationships were vital to their successful journey as they were able to learn and grow from the experience. The support systems and relationships that were described by participants took many forms including friends, foster families, non-traditional supports, family of origin, siblings and grandparents, and family of choice.

Friends & social relationships. Nineteen of the participants in the study discussed the importance of friendships and social relationships in their journey to middle adulthood, but none mentioned a formal mentor relationship that was meaningful. Often, these relationships were formed very soon after emancipating from care and often originated in educational settings or employment settings. These relationships often served as the participants' primary support system proving emotional support and tangible needs such as housing, financial assistance, or transportation. One participant described the extent of one of his friendships by explaining, *"So I called her and I said like so… I don't have a place to stay. And she was like, oh like, no my mom totally is fine with you coming here."* The grace and kindness of these relationships often enabled participants to survive some of their most dire struggles throughout their journey. One participant shared, *"He was really abusive and it turned out he was a meth head and so I ended leaving there- I was rescued by friends."*

Three participants did not talk about the importance of friends, one from each age cohort. Individuals from the 30-year-old and the 40-year-old cohorts reflected feeling

isolated and never really being part of strong and supportive social circles, even prior to coming into foster care, expressing a lifelong perception of being an outsider. The individual from the 50-year-old cohort entered into a marriage within two years of emancipating from care and she expressed that her husband and his family became her primary source of support and consequently she felt as if she did not need friends for a strong social network.

Foster families. Eight participants identified their foster parents as a source of support not only during the years immediately following emancipation, but also throughout their adulthood. These individuals represented all three cohorts but five of the eight individuals were in their 50s. As discussed in the context of emerging adulthood, these participants reported that foster families played an important part in their ability to avoid the chaos that is stereotypically associated with foster care alumni. Participants who identified foster parents as a source of support lasting into adulthood shared how their foster parents essentially assumed the role of "parent" in their lives and this continued throughout adulthood. One participant described this by saying,

> "My last foster parents I think they always considered me to be their daughter as much as a foster kid can be… I knew that if I needed to talk to them if I needed something that I could call them. They would be there and that's still the case. In fact when my youngest son was married several years ago my foster mother came out and came to the wedding and she was the grandmother of the groom and it was pretty cool."

Non-traditional supports. Twelve participants in the study described the importance of nontraditional individuals providing support to them throughout their narratives. Individuals described the importance of employers, the parents of their friends, or work colleagues as critical to their journey, deviating from the stereotypical

reliance on family and formal mentors. These individuals spanned all three cohorts, six

individuals were in their 30s, two were in their 40s, and four in their 50s with an average

age of 41.58. The supportive individuals that participants discussed varied widely, but

were often high school teachers or counselors, college professors, social workers or other

helping professionals, and employers. Relationships with these non-traditional

individuals were often time limited, for example having a meaningful relationship with a

college professor while in college. However, the impact of these relationships often

persisted for many years even after the relationship had ended. One example of this was a

story shared by one participant about how her boss was instrumental in getting her into

college. She shared,

> "The owners of [the fast food restaurant] had actually asked me if I was interested
> in applying for college and offered to take me and help me apply, and take me to
> take the ACT's. And so I went ahead and I did that and I was accepted into
> college!"

Family of origin. Another source of support for many participants was their

biological families, although these relationships were often much more complex than

relationships with friends or non-family members due to the maltreatment endured in

childhood. Only two participants discussed having any relationship with their parents

while they were in foster care; however, the first mention of parents often occurred

during the portion of the narrative immediately following their exit from care. As

previously discussed, six participants talked about how they reconnected with their

biological parents shortly after leaving care out of necessity (ex. needing a birth

certificate, money, information) or because they had nowhere else to go and were facing

dire circumstances. A common experience described by participants is illustrated by one

participant's story,

> "So they let me stay the day that I graduated, we had a graduation party and then I
> packed everything up that I owned and I didn't have a place to go. …So my mom
> was actually, my biological mother was living in a fifth wheel which is like a
> small trailer in like a mobile home park, just like a trailer park. And so I went and
> I stayed with her and I think that lasted for about a week. And then I was like no
> I'm good. Like I am good."

These connections were almost exclusively made with either their biological

mother or biological father and often did not develop into healthy supportive

relationships at any point during the journey. As participants moved out of the period of

emerging adulthood, the relationship with the parents remained although often strained

and fifteen participants described a complex relationship with their biological parent in

some form during their journey. These participants spanned all age cohorts, but were over

represented among the younger participants as there were eight individuals in their 30s,

three in their 40s, and four in their 50s all expressing some complex relationship with

their parents. It is important to note that this overrepresentation among younger

participants does seem to be a function of age though as older participants were more

likely to report that their parents had passed away. Subsequently, individuals whose

parents had passed away were less likely to report negative or strained relationships with

their parents. In fact, only four participants reported having a positive relationship with

their biological parent and all of these individuals but one was in their 50s, three of these

individuals' parents have passed away. While there were many features of the complex

relationships that participants described with their parents, issues related to abuse, guilt,

and learning from their parents' mistakes were hallmarks of these relationships.

Resentment and obligation. Of the thirteen individuals reporting a complex relationship with their biological parents, five participants ranging in age from 30-51 with an average age of 38.00 expressed lingering anger or resentment towards their parent for the maltreatment they endured as a child. Additionally, four participants, all of whom were in their 30s expressed an obligated relationship with their parents where they felt as if they had to maintain some sort of bond to their parents simply because that of the biological relationship. One participant talked about the obligated relationship with her family by saying, *"I don't know just for whatever reason I just wanted to know my family and I wanted them to know me and I had this weird kind of loyalty to my family even though I wasn't really cared for by them very well (laughs). I still had this sort of loyalty to them."*

   Reverse role model. Seven participants who reported a complex relationship with their biological parents identified their parents, most often their mother, as a "reverse role model." One participant described this idea by saying, *"I refer to my mom as my reverse role model, like she taught me everything I didn't want to do with my life."* These individuals shared stories about witnessing intimate partner violence between their parents and consequently learning what not to do in a relationship. They also saw that their parents lacked education and opportunities so they internalized that education was important in being successful. These seven participants spoke with clarity about how they saw their parents engaging in one set of behaviors and they in turn specifically did the opposite of what their parents did, especially regarding parenting their own children. One participant said,

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"I had my daughter. Okay my mom was 21 or 22 when she had me, okay great. My mom has been married 3 times and I'm on my 2nd marriage, like I don't want to be like my mom. And so it's like okay here's an opportunity to really differentiate myself from my mom and my circumstances growing up."

Ongoing abuse. Four participants also discussed enduring ongoing abuse from their biological parents as adults. These participants ranged in age from 36-52 with an average age of 43.00. For these four participants, they reconnected with their parents out of necessity shortly after aging out of care (housing, documentation, financial assistance, etc.) and the abuse that they endured in childhood seemed to pick up where it left off at the time of removal. Two of these individuals were eventually able to set firm boundaries with their parents and put a stop to this behavior, but two endured these unhealthy relationships until their parents passed away. One participant described the abuse he endured as an adult with great clarity. He said,

"And I made the mistake of going back to live with my biological father very very briefly. That was really, that was really stupid and dangerous and he ended up…. Yeah he ended up, we ended up having, he hadn't changed at all, and I just didn't have anywhere else to go, and he ended up trying to kill me. His girlfriend had to pull him off, he strangled me so bad that my eyes like got those blood vessel things. That was actually really scary and I ended up leaving to go live on the streets."

*Siblings & grandparents***.** In addition to the relationships with their biological parents, participants also talked a great deal about their relationships with their siblings and extended family. In fact, seventeen of the twenty-two participants in this study described their relationship with their siblings at some point during their journey. However, only three participants, with an average age of 50.00, described having positive relationships with their siblings. These participants described their siblings as key parts of their support system to which they are strongly bonded. One participant described the

relationship with his sister by saying, *"me and my little sister are really tight. She survived her [illness], thank god! And you know, so we talk on the phone at least once a week for hours."* For the majority of participants, the relationship they described with their siblings was strained and unhealthy in nature. These participants described having parentified relationships with their siblings where they were primary caregivers for their siblings due to their parents' inability to do so, superficial relationships mostly facilitated through social media, or acrimonious relationships due to siblings being "favored" by parents prior to removal. One interesting facet of the sibling relationship that emerged was that many of the participants in the study felt as though they were doing better than their siblings and they took great pride in this observation. Seven participants described this "good vs. bad" narrative with their sibling. One participant described this sentiment very succinctly by saying, *"No my brothers the felon, I'm the good girl."* When asked why participants feel as though they turned out differently than their siblings, most participants had no idea. Some attributed the difference to things like time spent in care, age at entry, or inherent characteristics like the lack of an addictive personality or greater perseverance. One participant; however, spoke with great clarity about the cause of this difference and attributed the difference to positive support systems stating, *"So I had to have one strong unconditionally loving person in my life and that to me was what was able to get me through."*

Additionally, some participants talked at great length about the importance of their relationships with their extended family, specifically their grandparents. Eight participants described the importance of their relationships with extended family

members; six described relationships with their grandparents and two described relationships with aunts and uncles. These eight participants represented all age cohorts with two individuals in their 30s, four individuals in their 40s, and two individuals in their 50s. All the participants who described relationships with extended family reported that these relationships were positive and supportive. The impact of these relationships is exemplified by one participant's description of their relationship with their grandmother saying, *"She's been my sounding board, she's been my ass-kicker when I've needed it. I just hope somewhere along the line she's proud of me. She's the only one I really care about and she's been a good support for me."*

Family of choice. In addition to biological family members, family of choice (spouses, partners, in-laws, and children) also played an important role in the journey of many participants. Family of choice was clearly influential in participants' lives however, the role and significance of family of choice varied greatly, ranging from being part of the participants' support system to unhealthy relationships and partner selection.

Ten participants elaborated upon the importance of their partners and in-laws in providing support to them during their journey. Participants who reported experiencing this ranged in age from 30 to 55 with an average age of 43.60. The support provided by these individuals often surfaced very early in the narrative during the phase of emerging adulthood and persisted throughout adulthood. As discussed, about half of these participants shared that during the period of emerging adulthood these relationships provided important tangible resources (such as housing, additional income, etc.) and emotional support. However, as participants continued through the life course the

significance of these relationships shifted from being largely tangible to mostly emotional in nature, illustrating the changing needs of the participants as they moved through the life course. One participant described how influential the emotional and tangible support that her husband's family provided was on her life. She shared,

> "Yeah so through watching him and him always having successful jobs, watching him with his family and the way that you know realizing how family should be and the love and the support that should be there. Plus they loved me and supported me for years. So it just kind of eventually molded me into who I should have been at 18, had I been growing up with this, I turned 18 I would have already known all this, you know?"

Abusive & unhealthy relationships. Another aspect of family of choice that emerged was the presence of abusive or unhealthy relationships. Eight participants ranging in age from 34-51 with an average age of 42.50 shared stories about an early relationship that was abusive, detailing stories of physical, emotional, and sexual abuse. In many of these instances, participants described abuse that occurred in the context of a marriage but some described boyfriends or girlfriends perpetuating abuse as well. As participants got older, many of these relationships ended and participants went on to healthier relationships with other romantic partners but the influence of these negative relationships remained, largely with regard to how participants selected partners in the future. One participant shared how she was initially blinded to the emotional abuse in her marriage because it wasn't something she was used to, but over time she learned the relationship was unhealthy. She shared,

> "We were friends for a while and then got engaged and married him when he was 22 it was apparently a very dysfunctional relationship but I didn't recognize it. Because it wasn't dysfunctional like I knew, he didn't drink he didn't do drugs, he a stable job, his parents had been married since before Jesus was born, they went to church, she was a teacher, he was a blue collar worker and a veteran. They

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seemed like a normal family but he was bipolar and a narcissist and very emotionally abusive."

Partner selection. Six participants described how either their biological family or past romantic relationships strongly influenced their selection of a future partner. These participants were younger ranging in age from 33-54 with an average age of 40.17. Of the six participants, half reported prior abuse influencing partner selection and the remaining three attributed their selection criteria to their biological families. One participant was talking about how important it was for her to pick a partner that was not violent towards her, saying, *"My earliest memory is, we were watching my mother slither down the wall after my father backhanded her there, right? And so that is imprinted and you know, like there's no, I didn't want any part of that."*

Parenting. Blending family of origin and family of choice, participants also reported their experiences as children greatly shaped their parenting practices as adults. Seventeen participants reported that their parenting was in some way impacted by their family of origin. The main way that this influence existed were through the "reverse role model" of parenting and a desire to give their child a better life. The idea of the reverse role model for parenting and wanting to give their child a better life emerged in thirteen of the seventeen narratives where parenting was mentioned. This concept emerged from all cohorts with narratives being reported by six individuals in their 30s, three individuals in their 40s, and four individuals in their 50s with an average age of 42.46 years. One participant described her use of the reverse role model saying,

> "So I'm hoping that made me a better mother than those that I had. I never, I don't, you know… No matter how tough life got, my son was never an option to

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like oh, walk away. That was forefront in my mind, never do that. Like I said I knew what not to do."

Additionally, participants talked about wanting to give their children a better life in comparison to how they grew up. For many this manifested as a desire to give their kids things they never had such as specific toys, vacations, or experiences. As one participant described,

"She wanted kids and I wanted kids a lot. But I was really afraid that I was not going to be able to provide for them and not give them everything that I never had. Because I wanted to make sure I could give them all the things. Such as one of those little motorized cars that toddlers have… I always wanted one of those, but I was never allowed to have them. I wanted to be able to go on family trips, I wasn't going to have a kid until I knew I could do that for my kid."

On the journey from emancipation to middle adulthood, participants made it clear the presence of positive and supportive relationships were central to their ability to stabilize as they shifted into their 30s. In addition to these supportive relationships, the relationships that participants had with their biological families and their families of choice also played important roles in how they selected their partners, parented their children, and conducted the day to day lives of their families. Family itself was a central component to the overall narrative for many participants, as family seems to be something that is very important to the day-to-day lives of the individuals in this sample.

Internal and Psychological Experiences

So far, findings have focused on external relationships participants had with people in their immediate environments and the manner in which these relationships have impacted their maturation to middle adulthood. However, participants also spoke in great detail about more personal aspects of this journey such as identity, coping skills, and

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resourcefulness. These findings speaks to aspects of the journey that transcend specific people or places and have a much deeper impact on the life of the participant.

Identity and stigma. When describing the study to participants, seven participants stated that they were excited to share their story because they felt like they were different from what is expected of foster alumni. They enthusiastically shared that they felt as though they were successful in life *because* they were different from the statistics available about foster care alumni, and they took great pride in this accomplishment. This sentiment was captured in all three age cohorts with three individuals in their 30s, two in their 40s, and two in their 50s all referencing their ability to overcome the "statistics" at some point during their narrative. One participant mentioned foster care statistics and how they often dominate what we know about foster care alumni, she then said, *"The reason I wanted to participate is that I know other foster youth and their story is so different than mine and we needed to have the other side of this."* Among the participants who referenced statistics in their interview, all were able to recall specific information about foster care alumni. For example, one participant, in discussing expectations of foster care alumni said, *"Like less than 2% have a bachelor's degree, you know whatever it is, 70% end up homeless by the time they are 25."* In fact, knowing this information seemed to provide an important reference point for which these individuals could compare themselves to in order to calibrate how well they feel as if they are doing in life.

In addition to comparing themselves to foster care statistics, some participants seemed to derive meaning from understanding themselves as "normal." Four participants

who were between the ages of 40 and 54 with an average of 47.50 elaborated upon how important it was to be seen as "normal." These participants had clear narratives in their mind about what is "normal" for a foster alum and what is "normal" for someone without a history of foster care. People spent many years chasing the idea of "normal," striving to live their lives like they thought people without a history of foster care did. These participants talked about how this drive was very deep, but that in the end it caused them a great deal of pain. The two participants in their 50s talked about eventually realizing that this "normal" they had spent so many years trying to attain did not exist and once they let go of that idea, they were much happier but the participants in their 40s seemed to maintain a strong desire to be "normal." One participant described how through therapy, she was able to let go of the idea, a revelation that had a profound impact on her life. She shared,

> "And that's when I realized that there is no such thing as normal. Because she asked me, she said what do you want out of all this. I said I just want to be normal and she's like well what is that. I said I don't know, why don't you tell me what that is. She's like, you know I can't. So I just, there is really no such thing as normal."

This drive to be "normal" and different from the "statistics" was very deep and strongly overlaps with the feeling that being a foster child is a highly stigmatized identity. Seven participants, three in their 30s, three in their 40s, and one in their 50s, all reported that having been in foster care as a child was shameful to them. One participant described his view of the stigma associated with having been in foster care by saying, *"You know, you learn as a foster kid and you learn as a homeless person that you don't matter. You have no rights and nobody gives a shit about what happens to you."* The impact of this

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stigma was something that appeared to be deeply internalized by participants and something that they painstakingly hid from others until they felt safe enough to disclose this aspect of their identity. One participant described this by saying, *"You know, when I finally opened up about, for so long I never told anybody that I was in the foster care system because I was so ashamed of it."*

The impact of this stigma was far reaching and felt throughout the lives of these participants, even when they seemed to have shed the chaos of their early adulthood and stabilized as they transitioned into later stages of the life course. One unexpected finding of this study was the unspoken sense of inadequacy seemingly carried by some of the participants. Five participants stated they carried a heavy sense of inadequacy, fear of losing all they had gained, and the nagging sense that they were never good enough. One participant described this feeling by saying,

> "So here I am the brave little toaster who is cowering in the corner like a scared little puppy at times. And I even sometimes think that façade shows up at work because I put on the brave little toaster, I'm not going to take shit from anyone but at times I still feel like I'm a fraud."

Coping skills. Another critical internal process that participants described as central to their journey was their use of coping skills. Every participant in the study described at least one coping mechanism that they used along their journey ranging from positive coping skills such as religion and arts to negative ones such as avoidance and the use of substances.

Positive coping skills. Maintaining a positive outlook on their situation, religiosity/spirituality, and expressive outlets were the most commonly used coping skills mentioned in the narratives. There were eleven participants who reported using one of

these skills with representation across all three age cohorts. Six individuals in their 30s, one individual in their 40s, and three individuals in their 50s all shared stories of how they would positively reframe their experiences in order to cope with negative or stressful events in their lives. For example, one participant never considered herself homeless, instead she considered her residential instability as a *"useful adventure"* that helped her learn who she was as an independent adult rather than someone struggling with homelessness. These eleven participants all described intentionally find the good in a situation whenever possible, and that this skill developed directly due to their experiences in foster care. For instance, one participant recounted being told she would *"end up in jail or dead"* repeatedly as a foster child. Instead of allowing this narrative to become part of her internal dialogue, she used this as a fuel to get through stressful situations and, reportedly, pushed her to excel in college in order to *"prove them wrong."* Despite originating during their time in foster care, this coping skill was one that persisted positively throughout their journey becoming an integral part of their emotional toolbox and the primary coping skill in navigating life, even in middle adulthood.

Religion and spirituality were also commonly used by participants with eleven participants also reporting use of this coping skill. The participants who reported use of religion and spirituality were slightly older than those using a positive outlook with their average age being 43.18 years, again with representation from all three age cohorts. The participants who talked about the role of religion and spirituality in their lives described how it affects them in a multitude of ways including making and maintaining social

relationships, making sense of their world, understanding why things happen to them, and as a source of comfort and guidance. As one participant shared,

> "I meant, I…God, like him and I, if there is a God, I've got a lot of stuff to say to him about what I've been through, the unfairness I see in this world. Because, but, him and I, I got a bone to pick with him, I do. And so that's kind of, and there's times, I wanted to die my whole life. You know there is hasn't been a moment of my life I haven't just wanted to die. But something's kept me carrying on and so it's just a complicated relationship for me a love-hate."

Many participants identified the roots of their religiosity/spirituality in childhood, but for others this did not materialize until they were already into adulthood. Many felt that this aspect of their lives was the single most important factor in their success as one participant described, *"Okay, well I have to say that my spirituality is everything. So you know my belief that my story is not random and that I have a purpose and that in general, life is good."*

Lastly, participants talked about using expressive and creative outlets throughout their journey as a way to cope with stressful situations, process emotions and events, or express themselves. Eight participants from all age cohorts with an average age of 46.13, elaborated upon their use of creative outlets. Three of the eight participants have written books or memoirs about their experiences as a way to process their life experiences. Others use arts as a way to cope with negative feels or stress or they use performance as a way to temporarily escape from their stress. One participant described her cathartic experience working with other alumni to write a book about their experiences related to aging out of care. She said,

> "And so we wrote that book on google docs, on google drive as it were. With everybody having access and seeing the different stages and places and contributing to stuff in their own voices and that was its own pretty amazing

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process too. So they, other alumni have been a source of support over the years as well."

Negative coping skills. Positive outlook, religion, and creative expression, are the primary positive coping skills participants used; however, there were some less positive coping skills described by participants as well. Eight participants between the ages of 30-55 with an average age of 38.88 described avoiding or running from situations to avoid stress. One participant shared the following about her decision to move away from her hometown. She said, *"And I don't know what you know about [the city] but [the city] has its own history of just difficult times, difficult spaces, and for me there was all of that too."* These participants all reported that running and avoidance were most likely to happen between the ages of 18-30. Furthermore, they identified that this behavior was at the root of some of the chaos experienced during that time. Additionally, three participants explicitly reported using substances as a means to cope with stress, however many others alluded to such behavior. One participant described how she engaged in both avoidant behavior and substance abuse during her period of emerging adulthood. She shared, *"[I was] drinking 6-7 days a week. And pretty much just running, I think most of us do that. Trying to drown out some pain, and that's how I spent my 20's."*

Resourcefulness. Finally, every participant, even those who didn't experience a great deal of chaos in their early adult years talked about an innate resourcefulness that helped them throughout their adult lives. How they used this skill varied, but every participant discussed their ability to use, understand, and navigate systems in order to meet their needs. For some participants, resourcefulness emerged as a means to obtain higher education, managing to navigate the complex higher education system in such a

way that they were able to pursue their goals without outside help. One participant

described how she was able to finance her graduate education. She said,

> "And then to do my grad school I worked RA, so a research assistant position in exchange for a tuition discount and so yeah teaching and the RA was also paid on that level. Didn't take out student loans, I did help pay my rent with Pell grant money."

The resourcefulness participants described wasn't limited to higher education; for

others it was about leveraging connections to obtain jobs, housing, or other necessary

supports. One participant shared how her family connections helped her obtain

employment. She stated,

> "But you know it was an entry level position, it was actually my maternal grandfather used to work for the company so he had given me a recommendation so you know I got a pretty decent job."

Psychosocial Functioning in Middle Adulthood

In order to obtain a picture of psychosocial functioning in middle adulthood, data

related to their overall functioning, as well as functioning across various psychosocial

domains was gathered from all participants. Specifically, these data were gleaned from

three sources of information: the QOLI, a basic demographics worksheet, and statements

from the participant narrative.

Foster care characteristics. In addition to basic demographic information about

the sample presented in Chapter 3, information related to the length of time, type of

placements, and age at entry into foster care were obtained from each participant. This

information was used to determine how this sample compares to the population of

individuals emancipating from care both historically and at present whenever such data

was available. Moreover, this information also provides insight into important social and

political trends related to foster care over time.

Table 4

Foster Care Characteristics

Cohort	30	40	50	Total
Age at Entry				
0-2 years	1	0	2	3
3-5 years	2	0	1	3
6-8 years	1	1	2	4
9-11 years	3	1	0	4
12-15 years	3	3	2	8
Average	8.95	11.40	6.71	9.02
Length of Time in Care				
3-5 years	4	2	2	8
6-8 years	2	2	0	4
9-11 years	0	1	2	3
12-14 years	2	0	1	3
15-18 years	2	0	2	4
Average	8.50	5.80	11.14	8.48
Number of Placements				
1-3	4	1	3	8
4-6	0	1	3	4
7-9	1	1	0	2
10-15	3	0	0	3
16-20	0	1	1	2
30+	2	1	0	3
Foster Care Reentry				
No	5	4	3	12
Yes	3	1	4	8
Other	2	0	0	2
Age at Emancipation				
Less than 18	3	1	1	5
18	6	3	6	15
19+	1	1	0	2
Average	17.8	18	17.86	17.89
Placement at Emancipation				
Family foster care	5	3	5	13
Group home	1	1	2	4
Kinship care placement	1	0	0	1
Other	3	1	0	4

As Table 4 illustrates, the age at which participants entered foster care in this sample distinctly favored older children as over half of the sample (twelve participants) entered into foster care after the age of nine. However, the participants in the 50-year-old cohort were somewhat younger than the participants from other cohorts. Once in foster care, participants in this sample remained in care until their eighteenth birthday with a small number of participants running away from care prior to their eighteenth birthday. The number of years in care follows the expected pattern when compared to the age at entry with a few exceptions for participants running away before their eighteenth birthday. Just under half of the sample either exited care only to return at a later date meaning that their family participated in some sort of reunification effort or their case was closed only to re-enter the foster care system again later. A small group of participants selected "other" meaning that they ran away and were later returned to care.

The vast majority of those who exited care only to return went to stay with kinship placements or back to their biological parents; however, two individuals did report disrupted adoptive placements. Both of these individuals were in their 50s. The majority of participants (thirteen) were in a family foster home when they emancipated from care.

Physical health. In order to capture a picture of the overall physical health for these participants, information about the importance of their health, participants' satisfaction with their current health status, and information related to how they perceive their health were gathered from each participant. This information was analyzed in light of SES and length of time in care, as these have both been shown to impact one's overall

health status as well as their perceptions of health (Marmot & Fuhrer, 2004; Monnat &

Chandler, 2015; Shalev et al., 2016).

Ten participants stated that they had no major health concerns or chronic

conditions that affected their daily lives. The ages of participants who reported having no

health concerns was representative of all age cohorts as four participants were in their

30s, two were in their 40s, and four were in their 50s with an average age of 44.00. This

group was widely varied in terms of their SES as no participants reported the lowest

income bracket of $0-25,000, three reported having income between $26,000-40,000, one

reported income between $41,000-60,000, four reported income ranging between 61,000-

80,000, none reported income between $81,000-100,000, and two reported an annual

income greater than $100,000 per year.

Independent of health status nine participants indicated that they were unhappy

with their weight or would like to make changes to their physical appearance. Five of

these individuals reported having no major health concerns or chronic conditions, while

four did report ongoing health issues. The ages of individuals who reported some sort of

dissatisfaction with weight or physical appearance slightly favored the younger

participants as four individuals were in their 30s, three individuals were in their 40s, and

two were in their 50s with an average age of 42.78 years old. These responses clustered

around individuals with a higher SES as one participant reported income between $0-

25,000, one reported income between $26,000-40,000, three reported income between

$41,000-60,000, and four reported income between $61,000-80,000.

Twelve participants described conditions that impacted their daily living, ranging from serious health problems affecting their hearts, kidneys, or central nervous systems to routine management of conditions such as diabetes or asthma and allergies. Of the twelve with a chronic health condition, five participants had health conditions that they directly attribute to childhood abuse, medical neglect while in foster care, or lingering effects of homelessness. Individuals reporting chronic health conditions were younger than individuals without such conditions with six individuals in their 30s, two individuals in their 40s, and three individuals in their 50s with an average age of 40.83. Overall, these participants were from a lower SES than participants who did not report chronic health conditions as four participants reported income between $0-25,000, three between $26,000-40,000, four between $41,000-60,000, and only one reporting income between $61,000-80,000.

Foster care characteristics. When examining the individuals with a chronic health condition, it is important to consider the foster care characteristics that may influence the presence of a negative health outcome. The first point of consideration is the age at which they entered care. Sixty percent of both the 30-year-old cohort and 40-year-old cohort reported a chronic health condition whereas only 43% of the 50-year-old cohort reported having a chronic condition.

When examining the youth who left foster care and returned at a later date either due to reunification or running away, the pattern changes, as of the eight individuals who left care only to return, six reported having no chronic health conditions pointing to the likelihood of ACES having a greater impact than instability in foster care. Of these six,

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three did express a desire to lose weight indicating a lack of general satisfaction with health and the aging process. Two of these individuals did indicate a chronic health issue, one left foster care to stay with their biological family and one entered into an adoptive placement that later disrupted. Regarding the number of placements, one individual who reported 10 placements had no chronic health conditions and one individual who reported 15 placements had no chronic health conditions. Outside of these two participants, the general trend observed was, as the number of placements went up, all individuals reported a chronic health condition.

QOLI physical health. The sample as a whole indicated that physical health was reasonably important to their overall happiness with an average score of 1.6 out of 2 nearing extreme importance. This was consistent across age cohorts. When asked about their satisfaction with physical health, there was a noticeable difference between age cohorts with participants in their 40s indicating the greatest overall satisfaction with their physical health.

Table 5

QOLI Physical Health

Cohort	Important	Satisfied	Weighted Metric
30	1.6	0.90	0.90
40	1.80	1.40	2.40
50	1.43	.14	.43
Full Sample	1.61	.81	1.24

Mental health. Eleven participants provided an overarching statement about their current mental health and of these eleven, nine felt that they were in a healthy, good, or stable place. Two reported having ongoing struggles but that they were managing at the time of the interview. Frequently, participants spoke about their mental health in terms of

their diagnoses and treatment with eighteen participants reporting a mental health diagnosis given to them at some point on their journey. Sixteen of the eighteen participants who reported a mental health diagnosis reported having multiple diagnoses. The four most common diagnoses reported were depression, PTSD, anxiety, and a substance use disorder. Seven participants also described having a diagnosis that was unique to them including such diagnoses as bipolar disorder, obsessive compulsive disorder, or a personality disorder. Finally, five participants stated they have no formal diagnosis, but had participated in some form of mental health treatment to grow as a person or improve coping skills.

Diagnoses. Of the eighteen individuals who reported having a mental health diagnosis, the most commonly reported diagnosis was depression, with eleven participants reporting this condition. In this sample, individuals reporting depression were slightly younger as five of the eleven were in their 30s, two were in their 40s, and four were in their 50s with an average age of 42.36 years old. The second most commonly reported condition in the sample was PTSD with ten out of eighteen participants reporting this condition. Presence of this condition was nearly equally distributed among age cohorts as three individuals in their 30s reported this condition, three in their 40s, and four in their 50s with an average age of 44.20. Anxiety disorders without a specific traumatic origin were also commonly reported among this sample with seven individuals reporting a diagnosis of an anxiety disorder. This diagnosis was nearly evenly distributed among the sample with three individuals in their 30s, two in their 40s, and two in their 50s all reporting the diagnosis with an average age of 41.43. Finally, the last commonly

discussed diagnosis reported was that of a substance use disorder, while technically a

mental health condition this will be discussed as a separate domain later in this chapter.

Triggers. In addition to the mental health diagnoses discussed by participants,

nine talked about specific events that precipitated a mental health episode. The

circumstances varied but all events centered on change. One participant described the

impact of these crises saying,

> "Every time we have a change, whatever the change is good or bad, we survive
> the transition. And the transition doesn't look the same for everybody and it
> brings up all of our old shit again. And how do we hand our old shit this time
> because now I'm familiar with my old shit."

Of the individuals that reported change was triggering to their mental well-being,

four were in their 30s, two were in their 40s, and three were in their 50s with an average

age of 42.78.

Treatment. Participants also spoke about their interactions with mental health

treatment services. Participants reported three primary approaches to mental health

treatment, use of formal services as they are helpful, avoidance of mental health services

as they are unhelpful, and use of self-care practices as the primary form of treatment.

Nearly all participants talked about their experiences with mental health services with

twenty-one out of twenty-two participants sharing their thoughts on therapy or mental

health treatment. Eight participants with an average age of 43.38 described therapy as a

helpful process that enabled them to grow or overcome issues from their past. These

participants spoke positively about their relationships with their therapists and expressed

positive sentiments with how they are progressing in addressing their perceived issues.

One participant discussed his experience with therapy by saying,

"And I was dealing with all kinds of other issues as well and so I went back, it was probably around [year] I think is when I would have gone back. And I went to this like public health crisis center. But the people were amazing. They were all interns but they were just so wonderful. And although they were a little bit freaked out and not quite familiar with things, they really like tried to do the best they can. And they had supervisors who were really competent. So I was really pleased with the care I received."

Conversely, ten participants with an average age of 42.50 felt that therapy for formal mental health treatment was unhelpful or ineffective for them. One participant described their experience with mental health therapy by saying

"Therapy used to help for a time, but I think what my experience was with therapists was they want to know my life story and they get all fascinated in the story and stuff. And then I've just exposed myself again and I feel vulnerable and it doesn't seem like we ever get around to dealing with any kind of solutions for how this stuff has affected me. Because therapists seem to get all caught up in the story."

This sentiment was typical as participants who felt that therapy was ineffective often felt that the approach rather than being in treatment itself was what was ineffective for them. One participant shared how having a therapist who was able to set boundaries with her as opposed to being her friend was crucial in her ability to begin processing her own issues. She shared,

"No I'm your therapist and we are going to do this you know, and that felt really safe. And I used to get really pissed like how come I can't make this work like I've always made it work? But I think she was really pivotal for me being able to do some of the harder stuff."

QOLI mental wellness. Another measure of global mental well-being is the overall quality of life reported by the participant. As Table 6 illustrates the overall quality of life for the full sample and most of the age cohorts within the average range. There is a small dip from average to low for individuals in the 40-year-old cohort but this is likely

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due to the small number of individuals in the cohort and the lower ratings of two

individuals.

Table 6
Quality of Life by Cohort

	Total Weighted Score	Domains	Raw Score	T-Score	Percentile	Overall QOL
30 cohort	35.70	14.4	2.48	49.50	46	Average
40 cohort	36.60	15.00	2.37	48.50	39	Low
50 cohort	42.14	14.86	2.79	52.00	55	Average
Full Sample	38.15	14.75	2.55	49.97	46	Average

Self-esteem. Narratively, the most common thing that participants reported

affected their day-to-day lives in terms of mental health was low self-esteem or self-

worth. Six out of the nine participants who discussed mental health problems beyond

diagnosis discussed this phenomenon. One participant described how her childhood

affected her sense of self-worth as an adult saying, *"It took me a long time to realize that*

she's the broken one, not me. And as much as she tried to break me, she didn't succeed."

Additionally, self-esteem is also measured by the QOLI as illustrated in Table 7.

Table 7
QOLI Self-Esteem

Cohort	Important	Satisfied	Weighted Metric
30	1.90	.80	1.40
40	1.60	.60	2.00
50	1.71	2.00	3.29
Full Sample	1.74	1.13	2.23

The overall sample reported that self-esteem is between important and extremely

important but that participants are only a little satisfied with their overall self-esteem.

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Again, the 40-year-old cohort seemed to deviate from this trend as they reported that self-esteem is more important to them but that overall they are less satisfied.

Relationships. Lastly, the presence of warm supportive relationships has been demonstrated to be a key positive influence to overall mental well-being (Harter, 1999; Murray et al., 2000; Ryff et al., 2004). The QOLI captures several key relationships that may be influential to overall mental health either positively or negatively such as friends, romantic relationships, and relationships with biological family. As Table 8 illustrates both overall and by cohort, relationships with biological family are of least importance and least satisfying. For each of the groups, question one asked how important a relationship was and question two asked how satisfied they were with these relationships. One should also note that many people zeroed out this domain as they felt that their relationships with their biological family were not important at all to their happiness. Relationships with friends scored much higher in terms of both overall importance and satisfaction with consistent scores across age cohorts. Lastly, love or a romantic relationship was more important and satisfying than relationships with biological family but there was considerable variation across cohorts.

Table 8
QOLI Relationships

	Relatives			Friends			Love		
Cohort	1	2	Weight	1	2	Weight	1	2	Weight
30	0.80	-0.40	-0.10	1.60	1.70	3.00	1.90	1.10	1.50
40	1.00	1.60	2.80	1.60	1.40	3.20	1.40	0.40	1.00
50	1.14	0.43	0.43	1.43	1.14	1.57	1.57	2.29	4.29
Sample	0.98	0.54	1.043	1.54	1.41	2.59	1.62	1.26	2.26

Demographic data about the relationship status for participants was also obtained and is displayed in Table 9. As illustrated, the majority of participants reported that they are in married relationships or domestic partnerships. For some, this is a second marriage but all in the married group reported healthy marriages at the present. Three participants indicated that they had divorced and were not remarried or involved in a relationship and six reported that they were single. Of those that were single nearly all of them identified that having a romantic relationship was important to them and it was something they desired in the future.

Table 9
Relationship Status

	30	40	50	Total
Married/Domestic Partnership	6	2	5	13
Committed relationship/partnership	0	0	0	0
Divorced	1	1	1	3
Single	3	2	1	6

Foster care characteristics. Given that the overwhelming majority of the sample reported a mental health diagnosis, no additional insight could be gleaned from examining the length of time in care, age at entry, or stability while in care in relation to their diagnosis. However, the five individuals who reported no mental health condition were examined on these factors and two had greater than twenty placements and both left care early by running away prior to their eighteenth birthday. Regarding self-esteem six participants reported struggling with self-esteem and of those six, two had 30 or more placements while in care but there was also no discernable pattern found related to self-esteem or relationships.

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Substance abuse. Substance abuse disorders were reported with the lowest frequency as only five participants reported having a substance use disorder at any point in their life. Of the five who reported any lifetime prevalence of a substance use issue, one was in their 30s, one was in their 40s and three were in their 50s and only two participants indicated that they are presently using substances. One participant reported that they self-medicate with marijuana and the other is a recovering alcoholic who struggles with sobriety.

Many other individuals reported the use of illicit substances during their narrative without stating they met criteria for a substance use disorder. The majority of substance use reported by the participants occurred in the first five years after emancipating from foster care. The eleven participants who engaged in substance use as part of their early adulthood experience described their behavior as "partying" both in and out of college settings. Participants also described using substances or participating in the "party" culture as a way to survive allowing them access to situations that provided food or housing or social supports. As one participant described,

> "And I went to this party, still in [the Midwest] and it was subzero outside, freezing and I knew that if I slept in that car that night, with it being twenty below zero, this isn't going to bode well for me. And I'm like well, I can go to this party, I know people there at the very least I can crash on the floor somewhere or on somebody's couch or something."

Of these eleven, four reported that they started using substances prior to leaving care and two participants described using substances with their biological mothers. Additionally, there seems to be a strong family history of substance abuse with this

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sample as 10 participants described having an immediate family member (mother, father, or sibling) who had or currently struggles with a substance use disorder.

Foster care characteristics. Overall, there were no clear patterns that emerged with regard to any of the specific foster care characteristics and substance abuse. Interestingly, of the five participants who self-identified as having a substance use disorder, three of them (all in their 50s) reported leaving care and returning at a later date.

Criminal justice. The majority, twelve of the twenty-two participants, indicated no involvement of any kind with the criminal justice system. Ten participants reported involvement with the criminal justice system in some capacity, ranging from a bench warrant due to financial issues to assaulting a police officer. Two of these ten participants reported any formal charges related to substance abuse; one reporting a driving while intoxicated charge and the other reporting an underage possession of alcohol charge. Remarkably all ten of these participants stated that their charges were subsequently dismissed and many talked about how they felt "lucky" to have had their charges dismissed. One participant described this experience by saying,

> "So there was that and I was pulled over and explained that I was at risk of being arrested for possession but that, I got really kind of got really lucky. I don't know if it was god or an angel or something that kept me from every being really arrested or in trouble with that. No, no DUI's again by the grace of God."

Foster care characteristics. For this sample, of the ten who reported criminal justice involvement, three had more than ten placements while in care, and another two left care to return at a later date. Half had no remarkable experiences while in care.

Employment. The majority of participants, sixteen out of twenty-two, were employed at the time of the interview. Of the six who reported they were unemployed,

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two identified as stay at home parents, one was simply unemployed, and three were recipients of SSI for a disability. These six individuals equally represented the life course as there were two individuals present from each cohort with those indicating they received SSI/Disability being slightly older as two were in their 40s and one was in their 50s. For many participants, their career followed a trajectory where they started by working in a job that is typically associated with young adulthood such as food service, customer service, or retail for a handful of years before transitioning into their careers. In fact, this was the case for thirteen of the participants in this study.

Of the sixteen who reported that they were employed, 12 currently work in some sort of helping profession (teaching, healthcare, mental health, or social work) and one wishes to make a career change from a corporate position into one focused on educational counseling. Furthermore, of the six participants who were not working, four expressed a desire to work in a helping profession or stated that prior to going on SSI they worked in some sort of helping profession. Five participants reported that they have never been without stable employment while the remaining participants had experienced at least one episode of unemployment either due to job loss or personal choice.

QOLI employment. The QOLI also captures participant's feelings about the importance and satisfaction of employment with regard to the overall quality of life. As illustrated in Table 10, employment is of little importance to the overall quality of life for the full sample, but especially for those in their 40s.

Table 10

QOLI Employment

Cohort	Important	Satisfied	Weighted Metric
30	1.80	1.40	2.40
40	1.40	.02	-.02
50	1.43	1.71	2.14
Full Sample	1.54	1.10	1.45

Foster care characteristics. All of the foster care characteristics were examined with regard to unemployment, types of employment, and other factors related to employment and no trends became apparent. This is the only domain for which stability while in foster care or the type of placement at exit had no apparent impact on the domain.

Financial health. Out of all the domains discussed with participants, people had the least to say about their financial health. Most of the responses were very matter of fact and there was not a great deal of elaboration on this domain when compared to others in the study. Eighteen participants provided an overall characterization of their financial status and fourteen felt as if they are in 'good' financial health at this point in their life. The feelings of overall financial health span the sample with six participants in their 30s, three in their 40s, and five in their 50s all reporting a positive financial health. These sixteen individuals also spanned the range of SES as depicted in Table 11, although the general trend is that earning increased with age with the exception of the 100+ category.

Table 11
Earnings by Age

Earning Category	Participant Ages
0-25,000	45
26,000-40,000	30
	36
	39
	44
41,000-60,000	35
	39
	54
61,000-80,000	46
	51
	51
	55
81,000-100,000	None
100,000+	33
	53

Foster care characteristics. When foster care characteristics were examined with regard to financial status, four out of the five individuals in the $61,000-80,000 income bracket and three out of the six individuals in the $26,000-40,000 income bracket left foster care and returned at a later date. Additionally three out of the six individuals in the $26,000-40,000 income bracket had greater than ten placements while in foster care.

QOLI finances. The QOLI measures participants view on the importance of money as well as their satisfaction with their current earnings, and findings for this sample are reported in Table 12. This was the domain with the lowest scores in terms of both overall importance and satisfaction. Several participants discussed how because they struggled so much during their early adult years that even though they were stable now; they always feared losing that stability in the future. One participant described this by saying,

"Oh I think I'm doing very well. I mean I'm not wealthy by any stretch and I think that having to struggle you know and come up from nothing you know impacts you… I'm not really attached to money at all. It's just a tool to get things done. So I'm really satisfied with where I'm at financially."

Table 12
QOLI Money

Cohort	Important	Satisfied	Weighted Metric
30	1.10	.70	.30
40	1.20	-.20	-.40
50	.57	.57	.57
Full Sample	.96	.36	.16

Education. As a domain education was one that was discussed by all participants both in terms of level of educational attainment and in terms of how important learning is to one's overall quality of life. The sample was highly educated as there were 17 individuals, over 75% of the sample that had a bachelor's degree or higher. This level of academic achievement is highly over represented in terms of both the national population as well as the population of foster care alumni. Table 13 illustrates the level of academic achievement by age and in total.

Table 13
 Educational Attainment by Age

	30	40	50	Total
GED	1	0	0	1
2 Year degree	0	2	1	3
4 year degree	2	1	2	5
Some graduate school	1	0	0	1
Graduate degree	4	1	3	8
Ph.D.	1	1	1	3
Other	1	0	0	1

Education was reported by participants to be an essential part of their journey and several themes emerged related to this domain. The first, theme that emerged was the

idea that education is a way to a better life. Fourteen participants talked about a having a deep drive to continue their education as they knew it was the only way to be better than the poverty and strife that they grew up in. One participant described her view on education. She said,

> "I didn't want to be a single mom you know working multiple jobs just to try and make ends meet. And you know my daughter needed a role model and I wanted to break the cycle. So I'm a first generation college student, college graduate and you know, I mean coming from foster care to college."

This narrative, education as a way to a better life, seems to be one that is shared deeply by this sample as thirteen participants reported being highly committed to school despite experiencing serious setbacks such as pregnancy, homelessness, and even failing out of school. These individuals were over represented in the younger cohorts as this sentiment was reported by seven individuals in their 30s, one individual in their 40s, and five individuals in their 50s. When asked where this narrative came from, six participants talked about how their biological family instilled the value in them that education was important and a form of social mobility. One participant described,

> "My parents were the type that if I got less than, for all of their faults, if I got less than a "C" in class, I got grounded and I had to read that textbook from front to back. Until I raised my grade and I didn't get ungrounded until then, they were very strict with my education. Education seemed to be a saving grace because what I noticed was, was that seemed to make me different than them."

Ten participants started their journey towards education by attending college straight out of high school, but the remaining twelve participants either delayed their entrance to college or chose not to pursue higher education. Additionally, nine participants, over representing the older cohorts with an average age of 47.00, described how both formal and informal learning has become a central part of their life, expressing

a deep desire to be a lifelong learner and that learning took precedence over formal

education. One participant explained how informal learning was important to her journey.

She said,

> "So I've done some kind of side learning, not formal learning but I've done some reading about different things and you know one of the books he had was something on trauma. And I read that long before my daughter ever came to live with us. I mean before she was even born. You know I read some of those books, and that's kind of when my healing started."

QOLI learning. As echoed by the narrative sentiments shared by participants,

learning was something that participants regarded as important to their overall quality of

life and it was a domain with which participants were greatly satisfied. This was

consistent across cohorts and for the full sample (see Table 14).

Table 14
QOLI Learning

Cohort	Important	Satisfied	Weighted Metric
30	1.70	2.20	4.40
40	2.00	2.80	5.60
50	1.86	2.43	4.43
Full Sample	1.85	2.48	4.81

Foster care characteristics. Of the individuals who left foster care and returned at

a later date, seven of the eight participants all had a bachelor's degree or higher with five

of the eight having a graduate degree (either a masters or a doctorate). Additionally, all

but one of these participants also verbalized the opinion that education was a way to a

better life. The only participant who did not verbalize the sentiment that education was a

tool to a better life was the one participant with a two-year degree. Of the eight

individuals who experienced a high number of placements while in care, seven had a

bachelors or higher with six having a graduate degree (either a masters or a doctorate).

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Two participants in this cohort did not verbalize the idea that education was a way to a better life and both, interestingly, had MSW (master of social work) degrees.

Member Checking

The final step taken to ensure the authenticity of the findings was to share the results with a randomly selected group of participants so that they could provide feedback. Nine participants were selected for member checking, roughly 40% of each cohort. Four individuals from the 30-year-old cohort were invited to participate, two individuals from the 40-year-old cohort were invited to participant, and three individuals from the 50-year-old cohort were invited to participate. Of the invited nine participants, four participants (44.44%) responded to the request for member checking. Three of the participants were in their 30s and one was in their 40s, no one from the 50 year old cohort responded and the average age of respondents was 38.25. All four participants stated that the findings reflected their experience of aging out of foster care and transitioning into middle adulthood. Participants were asked if they felt like anything was missing or was not reflected in the report and they all stated that they felt as if the report was thorough and comprehensive and that nothing was missing. Participants stated that they wanted to know more about the lives of their peers, but were happy with the report and grateful to have participated. One participant expressed their gratitude for the work by saying *"I'm thankful to have participated in this study. I don't think I've ever told my story from beginning to end."*

Chapter Summary

      This chapter has presented the results from the narrative, demographic, and survey data shared by participants with regard to their journey from foster care as well as their current functioning in middle adulthood. The journey from emancipation to middle adulthood is marked by important factors such as relationships and how they can influence the lives of participants both positively and negatively. Additionally, stigma and internal resources such as coping skills proved to be vital to achieving stability on the journey from emancipation to middle adulthood. Eight domains of psychosocial functioning were explored as it relates to current functioning integrating multiple sources of data to triangulate the findings from the narrative, the demographic data, and the QOLI data. The next chapter will present a discussion of these findings exploring the meaning and implications of the findings for practice, education, and policy.

Chapter Five: Discussion and Implications

Chapter Purpose

This chapter will provide a discussion of the findings presented in Chapter 4. The discussion will begin with an exploration of the journey from emerging adulthood to middle adulthood highlighting the most salient findings including the importance of non-traditional relationships and internal psychological processes. This will be followed by an exploration of the domains of psychosocial functioning for the sample in middle adulthood. Lastly, implications for practice, policy, and education will be presented and limitations of this study as well as directions for future research will be explored.

Introduction

Four main themes emerged from this study, the chaos of the emerging adulthood period, factors promoting stability during and after emerging adulthood, internal and psychological processes, and psychosocial functioning in middle adulthood. There are important lessons that will be presented from each of these areas, highlighting novel insights as well as findings that support what is presently known in the literature.

The Early Years: Emerging Adulthood & The Contrast between Chaos and Calm

During each interview, participants were asked to "tell me your story" beginning with the day they left care and ending with the present. Each participant mentally walked backwards in time to recall their lives as they were in late adolescence. For fourteen of these participants, the first few years after emancipating from foster care were extremely

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tumultuous. Their narratives contained stories of homelessness, substance use, and unplanned pregnancy, a great deal of which participants attributed to a lack of support during their launch into adulthood. However, these narratives also contained elements of hope, stories of how participants had leveraged survival skills and positive relationships in order to weather the storm of this immensely difficult period. The chaotic narrative is one that could be expected based upon what is presently known about the needs and experiences of foster youth during their transition out of care. Research clearly indicates that many youth will struggle with housing (Dworsky & Courtney, 2009), substance use (Stott, 2012), and a myriad of other issues as they transition out of foster care, especially those without support. In fact, research has clearly documented this struggle for youth emancipating from care for nearly three decades (Courtney et al., 2007; Pecora et al., 2006), so this finding in and of itself is not surprising. The chaotic launch into adulthood was an experience that was shared by 64% of the sample; however, the remaining 36% experienced something quite different.

In comparison to the fourteen participants with the chaotic and tumultuous narratives, eight participants recounted experiences that were nearly free of the instability shared by their peers, a remarkably different experience than one would expect based on literature. These participants shared stories that sound very much like the "normal" experience that today's young adults expect to have when they reach the age of eighteen. These participants recounted stories of graduating high school, going off to college, and learning who they are in the world. Many of these participants struggled to provide details about this period in their lives because to them, it was routine and even boring

compared to the more exciting things that happened as they shifted into middle adulthood (having kids, buying homes, getting married, etc.). Superficially, it seems as if the experience of transitioning straight out of foster care into post-secondary education is a distinguishing characteristic in these narratives. It seems as though it is not the experience of higher education itself, but the characteristics that make one more successful in college that are the distinguishing features of these narratives.

Research indicates that personal factors such as greater autonomy, a strong sense of agency, strong support systems, and the existence of spaces where it was safe to "fail" all greatly increase the chances of a successful experience with post-secondary education (Hass, Allen, & Amoah, 2014). These factors were captured in the narratives of the participants who experienced a calmer transition into adulthood as they described experiences in their youth that allowed them to experience freedom and personal responsibility, experiences like having jobs prior to leaving care. More importantly, these participants described having support systems, often their family or foster parents, who not only provided unconditional emotional support but also allowed them an opportunity. These safe spaces for failure often manifested in allowing the participant to remain at home while they attended college, letting them move home when a choice went poorly, and allowing the participant to make their own choices.

Additionally these participants described how they engaged in behavior that is often viewed as highly detrimental, such as substance use, but importantly they were allowed to make their own choices regarding this behavior. Young adults without a history of foster care are not pathologized as harshly when they engage in risky behaviors

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such as substance abuse and binge drinking, especially when done so in the context of the college experience. In fact, engaging in risk taking behavior is something inherent to the period of emerging adulthood, is rarely seen as a "disorder" but rather an artifact of the developmental period, and is most often over looked. Young adults in college often engage in binge drinking and substance experimentation and abuse, but for individuals without a history of foster care, this is often just seen as a normal developmental experience and is not considered to be an indicator of struggle of failure (Arnett, 2000). That is not to say that individuals in the period of emerging adulthood do not have serious issues with alcohol and other substances as issues with addiction can surface at any point during the life cycle. However, research on the experiences of foster care alumni are quick to pathologize this behavior and often fail to consider such experimentation in the context of the developmental period, a luxury afforded to their peers without a history of foster care.

Having a safe space in which one can fail and practicing restraint in pathologizing experimentation with drugs and alcohol are approaches typically provided to young adults in the period of emerging adulthood without a history of foster care (Arnett, 2000). This stands in stark contrast to how current policies suggest we should support foster youth and alumni. Current policies such as the Foster Care Independence Act (FCIA) (P.L. 106-109) and Fostering Connections (P.L. 110-351) suggest that professionals (including foster parents) should promote mentor based relationships with the intention of encouraging the foster youth to become as independent and self-sufficient as possible by the time they emancipate from care. This seemingly beneficial policy denies the inherent

interdependence that seems to promote success. This study supports the growing body of literature that suggests that perhaps, independence is an inappropriate goal for alumni, and should instead be promoting strong networks that foster interdependence and support social-emotional skill building. Perhaps, the transition out of foster care should not be seen as the closing of a chapter whereby services are stopped as the individual is now an "adult" and can fend for themselves. Youth not involved in the foster care system have the benefit of an extended period of supported development throughout the emerging adulthood period where they continue to receive support, encouragement, and assistance even in the face of apparent mistakes (Arnett, 2000). As such, it is unjust to expect foster alumni, some of our most vulnerable young adults to succeed in adulthood with even less support than is afforded to their non-foster peers.

Emerging Adulthood & Beyond: Relationships and the Path to Stability

The period of emerging adulthood is but one developmental phase in the life course, and it is essential that it not be evaluated out of context. In fact, experiences in emerging adulthood often prime the experiences in middle adulthood. One of the key findings from this study is that factors that enabled success, namely relationships, were present during emerging adulthood and shaped not only that period, but middle adulthood as well. However, perhaps even more importantly, it was the non-traditional relationships, foster parents, employers, and friends that took precedence over family and formalized relationships like mentors.

Relationships were complex for participants in this study as both positive and supportive relationships as well as unhealthy and detrimental ones impacted the

trajectories of participants. Many participants described having both positive and negative relationships present in their lives and how the influence of these relationships varied greatly. Participants shared that relationships with biological parents were often strained and deeply stained by the memories of maltreatment endured in childhood. This is not unusual as research has documented that foster care alumni often have strained and unhealthy relationships with their biological parents, the findings of this study support this body of literature (Courtney et al., 2001; Nesmith & Christophersen, 2014; Mitchell, Kuczynski, Tubbs, & Ross, 2010; Singer et al., 2013; Wade, 2008). Additionally, this study provides support for research that indicates relationships with siblings and grandparents are often more positive and supportive than those with biological parents (Singer, Berzin, & Hokanson, 2013).

However, the most interesting finding of the study is that relationships with friends, employers, and other non-traditional support persons were often more important in the lives of the alumni than either parents or formal mentors. In fact, none of the participants in this study described a formal mentor who was helpful in their journey, however all participants talked about friends and other informal supports were central supports for them. The fact that all participants identified some sort of social support is promising, as social supports have been shown to decrease the likelihood of emotional and mental distress (Mitchell et al., 2010). Furthermore, it echoes support for the emerging idea that friendships and informal sources of support can play a pivotal role in the lives of alumni as they transition out of care (Collins, Spencer, & Ward, 2010; Nesmith & Christophersen, 2014). Finally, this finding supports the idea that programs

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that promote the growth and maintenance of relationships rather than skill building, an approach often overlooked in traditional services provided to alumni, are more successful at increasing positive outcomes for foster care alumni (Greeson, Usher, & Grinstein-Weiss, 2010; Nesmith & Christophersen, 2014).

Internal and Psychological Experiences

In addition to the external and systemic factors, like relationships, support systems, and services that promote success in the lives of foster care alumni, understanding the internal and psychological factors that are associated with this success are equally important. This study found that there were two central internal and psychological factors participants identified as meaningful in their journeys, the stigma of the foster care experience and the cultivation and maintenance of coping skills throughout their journey.

Identity and stigma. A growing body of research focused on understanding the lived experience of children in foster care has documented that children and youth in foster care often report that they feel stigmatized by their status as a "foster child" (Blythe et al., 2012; Kools, 1997; Samuels & Pryce, 2008). The stigma that children and youth report while in care comes from multiple sources, the child welfare system, peers, and negative self-talk.

Within the child welfare system, adolescents often report that they find the "system" as too restrictive and not "family like" (Kools, 1997). The adolescents often report that the rules of the system are not very friendly, nor do they allow for the development of independence. These restrictions often contribute to the feelings of

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differentness or stigma that the children feel. These system restrictions are also echoed by the social workers, foster parents or group home staff that work with the children as they often flippantly refer to the children as "less able," or "victims" due to their past experiences with trauma, abuse and neglect. While these statements may be accurate reflections of the history of the children, the remarks often contribute to the children devaluing themselves because they feel as if they are no longer adequate or that they are somehow damaged (Blythe et al., 2012).

Additionally, children and adolescents in foster care frequently report that other children or community members are devaluing and stigmatizing to them as well (Kools, 1997). The children in foster care report being called "crazy" by peers or that people are afraid of how they might act because they are a "foster child" (Kools, 1997). The sum of these devaluing and stigmatizing experiences frequently serves to lower the self-esteem, self-efficacy and overall self-worth of children in foster care (Kools, 1997). While the identity of "foster child" has previously thought to be one that was time limited providing shame, discomfort, and a lack of pride in this status during the time in which a child is in care (Samuels & Pryce, 2008), participants of this study indicated that the stigma of this identity last well into adulthood. This is not surprising given the fact that stigmatizing experiences have been shown to have a major impact on psychological well-being in both the short term and the long term (Link & Phelen, 2001). However, this illuminates the importance of addressing the stigma associated with the foster experience both while children and youth are in care as well as after they have exited the system.

Coping mechanisms. A great deal of research has been conducted attempting to understand what makes foster youth and foster alumni resilient to the adverse experiences of their childhood as well as their time in foster care (Fong, 2016). These studies are often focused on resiliency, specifically an individual's ability to overcome a specific risk factor such as low educational attainment (Fong, 2016; Hass et al., 2014), or relationship challenges (Richardson & Yates, 2014). There is a distinct lack of research into what specific coping skills enable youth and alumni to be successful in overcoming the stressors, stigma, and strife associated with the foster care experience. As such, the findings from this study about the most commonly used coping skills, both positive and negative fills an important void in the literature. By providing information about what coping skills are being used and how to incorporate opportunities and access for healthy mechanisms for more youth and alumni as well as avoidance of unhealthy mechanisms is critical.

Demographics and Psychosocial Functioning in Middle Adulthood

As presented in Chapter 4, the functioning of the participants in this sample took one of two paths during emerging adulthood, one of chaos or one of stability. However, for all participants in the study, by approximately 30 years old they had largely stabilized as they transitioned into middle adulthood. To date, there are no studies that examine the functioning of foster care alumni beyond the age of 30, so this preliminary examination into their overall functioning compared to the rest of the population provides fresh insight into the needs and experiences of foster care alumni across the life course.

Physical health. Overall, this sample discussed normal developmental experiences related to physical health. The most interesting finding in the domain of physical health was that when asked about their health status, many participants glibly made remarks about wanting to lose weight or be thinner. While seemingly superficial, this provides important insight into one's overall perception of health as individuals who are less satisfied with their weight and physical appearance often have a poorer quality of health as they move through the life course (Merrill & Verbrugge, 1999; Newton et al., 2016). Given that these responses clustered in younger participants, the dissatisfaction with physical appearances could be capturing overall dissatisfaction with the aging process which could compound with dissatisfaction that several participants shared about their overall health and access to care stemming from childhood. As participants age, they seemingly become more comfortable with their appearance and health status capturing plasticity in how participants assess their health status illuminating potential midlife reversibility. Findings from this study about the physical health of alumni during middle adulthood provides important comparative insight that can be used to shape discussions and interventions with alumni at all ages as they move through the life span. This also points to the need to encourage younger alumni to seek out healthcare earlier in their journeys to improve their satisfaction overall.

Mental well-being. The findings from this study indicate that there is a strong presence of self-reported mental illness and comorbidity among diagnoses. The most commonly reported diagnosis was depression with eleven participants (of the eighteen who disclosed mental health concerns) reporting this condition, not suprising given that

depression is the most commonly diagnosed mental health condition among adults in the United States (American Psychiatric Association, 2013). In this sample, individuals reporting depression were clustered on either end of the age range with five of the eleven were in their 30s, two were in their 40s, and four were in their 50s with an average age of 42.36 years old. This U-shape reflects societal patterns as rates of depression in the United States are typically lowest in middle adulthood with spikes in early and late adulthood (American Psychiatric Association, 2013; Zhao & Hamilton, 2004). However, one interesting finding is the numbers of participants who reported depression in their 30s as the spike in depression that is observed in early adulthood typically occurs during the period of emerging adulthood. This is because depression is typically associated with role changes and periods of stress. However, given that participants often were in "survival mode" until they approached their 30th birthday, is not suprising that foster care alumni who stabilized later than their peers would experience depression at a later stage in the life course.

The anxiety and trauma based disorders also had a pattern that could be expected based on trends observed in the general population with a slight favoring of older individuals as these conditions can manifest at any point during the life course but with older adults slightly less resilient to trauma (American Psychiatric Association, 2013). Furthermore, there was a high prevalence rate of these disorders but given that anxiety disorders are more likely to be seen in females and the predominantly female sample, is reasonable to expect that all age cohorts would experience this condition. Given that the mental health diagnoses observed in this sample mirror those observed in the general

population, there is hope that perhaps the rates of mental illness observed during emerging adulthood for foster care alumni approximate "normal" over time. In fact, while nearly all participants described struggles with mental health during the earliest portions of their journeys, only three participants experienced persistent mental illness so severe that they received SSI. In light of the high rates of mental illness and struggle observed in the lives of alumni during the period of emerging adulthood, this leveling off has the potential to normalize the struggles and provide hope for a calmer and healthier future.

     Quality of life. However, mental health diagnoses are but one aspect of mental well-being as quality of life, self-esteem, and relationships, also factor into ones overall emotional and mental health. For quality of life, the average rating for the overall sample is promising as quality of life tends to remain relatively stable over time and is an important indicator for positive aging and health in later aspects of the life course (Fleeson, 2004). This also indicates that overall, the participants in this study are experiencing a quality of life that is on par with the "average" experience of the adult population, pointing yet again to their ability to shed the weight of their foster care experience and blend into the "non-foster" population by their early to mid-30s and throughout the life course. Self-esteem definitely improved as participants aged as the 50-year-old cohort reported the highest satisfaction and importance of self-esteem with the lowest reported satisfaction coming from individuals in the 40-year-old cohort. This could be due to self-esteem is linked to stability in role and life satisfaction (Erikson, 1968; Levinson, 1978) and that if foster care alumni are just settling into a period of stability in their late 30s and early 40s one could reasonably expect that this would be the

most tumultuous period in the life course in terms of self-esteem. However, it is important to remember that self-esteem is not a uniquely developmental process. Many factors such as supportive relationships, external validation, and personal achievements all influence the development or stagnation of self-esteem (Harter, 1999; Murray et al., 2000); however, more research is needed to understand this experience.

Relationships. Participants indicated that relationships with friends and romantic partners were far more important than relationships with biological family. This was consistent for all cohorts, but the 50-year-old cohort identified that romantic relationships were most important to them of any sort of relationship. This may likely be due to the changing family structure as one ages and biological family members begin passing away and one's family of choice becomes of central importance to daily life. More importantly, findings demonstrate (Table 8) that friendships and romantic interests are important relationships for the participants and that given the known importance of these relationships on mental health, fostering continued development of these relationships is important. Findings from this study illuminate that relationships are important across the lifespan, but that for youth just exiting care friendships and non-traditional supportive relationships take priority and that this shifts (normally) over time to favor romantic partners and spouses.

Substance abuse. Substance abuse is one domain of psychosocial functioning that is often explored in the literature for foster care alumni, and with good reason. Development of this behavior is often rooted in trauma at some point during the lifespan and as such, engaging in substance use is also more likely to be seen among foster care

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alumni due to the high incidences of trauma and ACES (Spatz et al., 2006; Stott, 2012; Widom, White, Czaja, & Marmorstein, 2007). Interestingly, of all possible mental health conditions, substance abuse disorders were reported with the lowest frequency amongst participants. Maladaptive substance use behavior while present in all adult populations may peak in the early to mid 30s (Abuse, S., 2000; Merline et al., 2004) making the likelihood of self-identifying the behavior as problematic less likely. As such, it is not suprising to see the majority of those who identify as having a substance use disorder in the older cohorts. Between the likelihood of self-report bias as well as the overall younger age of the sample it is not suprising that the rates of substance abuse are lower than what would be expected, but it does hint at the normal developmental pattern of use peaking in the 30s and diminishing with age. Again, this provides important contextualization to the chaos and high substance use reported by alumni during the early years following their exit from care. This seems to indicate that they are not doomed to an adulthood plagued by substance abuse, but that they should focus on developing positive coping skills to replace the maladaptive coping skills.

Criminal justice. Interestingly, there was an overwhelming lack of involvement with the criminal justice system reported by participants in this sample. This stands in contrast to research, which indicates that foster care alumni are much more likely than their peers to be involved with the criminal justice system (Benedict et al., 1996; Doyle, 2008; Reilly, 2003). Perhaps what this study has captured is the protective factors associated with higher education given the substantial educational attainment of the participants in this sample. However, given the racial composition as well the overall

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over representation of females in the sample combined with discussions of "luck" this may also be a manifestation of privilege. Further research into this area is needed to understand what this phenomenon with a more diverse sample.

Employment. This study provided unique insight into not only the intended careers that alumni wanted as they entered college, but also the stability of their career choice over time. The overwhelming majority of participants reported working in, or a desire to work in helping professions and that this desire has been part of their career ambitions for many years. This supports the work of Creed and colleagues (2011) who documented a desire of foster care alumni to enter into the helping professions during emerging adulthood. Presently, there is scant research examining the follow through of these desires, but developmental research indicates that one's career path does tend to remain stable over time (Low, Yoon, Roberts, & Rounds, 2005). However, findings from this study are unique in that it documents that not only do these individuals have a higher desire to work in helping professions, but that they are successful in doing so well into middle adulthood. These findings can be immensely beneficial prior to and following emancipation when helping youth to identify what careers they wish to embark upon and why. Knowing that many alumni wish to enter helping professions and that desire and intent typically match and are stable over time, helping professionals can engage in conversations with young adults to identify what careers are most appealing to them, why, and how to attain such careers.

Financial health. There was a wide range of financial earrings reported in the sample as depicted in Table 11, illustrating that generally speaking, earnings increased

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with age except for the $100+ category. This trend is developmentally what one would expect as financial stability often increases in age until older adulthood (after age 65 or so) with the greatest stability and satisfaction reported by adults in middle adulthood (Wrosch et al., 2000). Therefore, seeing such a wide range of SES reported in a group that reports positive financial health makes sense when one considers that these individuals live in a wide range of communities with dramatically varied costs of living. Furthermore, it indicates that even though they may struggle during the early years following their exit from care, they are not doomed to a life of struggle or poverty as financially many of the respondents in this study were doing well.

Education. This sample is quite highly educated and this is likely a major limitation of this study, as discussed later in this chapter. However, the important takeaway from these narratives is that education was seen as a way out, a way to a better life and it was something that the overwhelming majority of participants reported and capitalized on. This provides a new window into how it is that alumni develop their drive to attain higher education and provides an important intervention point for teachers, social workers, and foster parents to begin this narrative early in the lives of foster children to carry them through into adulthood.

Implications

Overall, the findings from this study provide a unique extension to what is known about the needs and experiences of foster care alumni. This study confirms the chaos that is experienced by some alumni during the period of emerging adulthood, but also provides insight into why it is that other youth do not experience this same level of

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upheaval. Furthermore, this study provides novel insight into the functioning of these alumni beyond the period of emerging adulthood examining their psychosocial functioning across numerous domains well into middle adulthood. The potential reach of these findings is vast, but here implications will be focused on three main areas social work policy, education, and practice.

Policy. The main policies impacting the lives of foster care alumni are those that prescribe interventions and services prior to emancipation from care, namely FCIA (P.L. 106-109) and Fostering Connections (P.L. 110-351). Together these pieces of legislation require that youth who are preparing to exit from care receive transition plans and access to independent living services, and that social workers work to promote and maintain relationships for the youth as they exit care. The underlying philosophy behind both of these policies is that social workers and social welfare agencies should encourage foster youth to develop as much independence as they can in order to be successful once they emancipate from care.

However, as the narratives captured in this study demonstrate that success is not bound to independence, but rather, interdependence and the presence of strong support systems and a safe space in which to make mistakes. There is some research that indicates the promotion of independence is counterintuitive and even harmful to vulnerable populations such as foster alumni (Collins, 2004; Propp, Ortega, & NewHeart, 2003; Szilagyi, 1998), but there is a stark need for more research in this area as well as subsequent policy changes. In fact, such messaging is even contrary to how adults without a history of foster care are raised given that many adults in modern society are

not independent from one another. Many rely on assistance from family, neighbors, and friends to cope with the ever-changing demands of life. Therefore, promoting the message to former foster youth that independence is a highly desirable characteristic may be setting them up for failure in the future, as they will lack the necessary connections and supports to cope with normal stressors throughout their lives (Avery & Freundlich, 2009; Mendes & Moslehuddin, 2006; Propp et al., 2003).

Many of the youth emancipating from foster care, including many in this study, feel unsupported, express that they are unable to access support services, and feel as if they are in tumultuous relationships with their families (Berzin et al., 2014). As such, interdependence may be a better goal for these youth, particularly youth of color and promoting permanent supportive relationships may help to increase opportunities for interdependence among these youth. Additionally, societally reframing the transition to adulthood as one that is more gradual rather than abrupt may help increase opportunities for connections and support. The slower transition to adulthood is one that is presently occurring for youth without a history of foster care has been well documented in the emerging adulthood literature (Arnett, 2007), and many have suggested that the benefits of this extended development would be beneficial for youth emancipating from foster care as well (Stott, 2012).

Education. Findings from this study also have important implications for the education of future social workers. Primarily, this study highlights the importance of integrating developmental stages in a life course perspective, as stages taken out of context often present a very different set of experiences than those in a long-term

perspective. This holistic and longitudinal perspective can be incorporated in to courses such as Human Behavior and the Social Environment to benefit foster care alumni and many other vulnerable populations served by social workers. It is easy to dissect the life course into discrete units of time in order to focus on the specific struggles, roles, and transitions associated with participate stages. However this study demonstrates how examining the needs and experiences of foster care alumni only during the period of emerging adulthood presents a much more grim picture than if the period of emerging adulthood is presented in the larger context of the life course. Ensuring that future social workers are encouraged to think developmentally and holistically about the needs and experiences of any population can prevent the developmental silos from creating narratives that are unnecessarily narrow.

Practice. There are many specific practice implications from this study that lend directly to social work practice. The first of which is that social workers who serve youth preparing to transition out of care or those who have recently exited need to ensure that these individuals are not receiving highly stigmatized and negative messages about their foster care experience and their future. With regard to stigma, several participants talked about how "professionals" often told them that they were incompetent or unable to achieve their goals and that they should settle for less. However, as the findings of this study demonstrate, achieving their goals is possible and that while it may take longer in comparisons to peers without a history of foster care, there is potential for foster care alumni to succeed. Also, encouraging professionals (social workers, foster parents, guardian ad litem, etc.) to share stories of hope with youth as they prepare to transition.

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Too many alumni are peppered with the statistics about foster alumni and how they are less likely to be successful and all of the negative outcomes they are likely to experience. Youth who are transitioning out of care and those who have already exited do need to be prepared for the potential struggles they may face after emancipation. However, this should be done in light of the findings of this study, that by the time they are nearing the end of emerging adulthood, their lives will have stabilized and the potential for positive outcomes improves dramatically. Contextualizing the period of emerging adulthood within the broader life course enables alumni to begin to realize the long-term implications of their actions and provides hope that things may not be difficult forever, even if they are now.

Many participants in this study described the ineffective and frustrating nature of mental health services due to the intense focus and stigma of being a foster care alumni. Participants spoke about how services were ineffective because once they disclosed their history as an alumni this one aspect of their identity often became the central focus of mental health treatment ignoring current needs and exacerbating the stigma associated with this identity. The importance of telling one's story is central to many therapeutic approaches, including trauma focused services; however, it is critical that the client be allowed the opportunity to define that story. As this study had demonstrateged, when the clinical becomes too focused on one aspect of the narrative power is taken from the client and their narrative is no longer their own, consequently services are often unhelpful. Clients should be supported in understanding how their status as a former foster youth affects their current issues, but this should be done carefully and at the request of the

client as other issues may be more pressing and have little relation to their history as a foster youth.

Additionally, when social workers, foster parents, and other helping professionals are engaging with youth who have already and those who are preparing to emancipate from care they should be more flexible about accommodating non-traditional supports in relationship building activities. Fostering Connections (P.L. 110-351) dictates that social workers are required to help youth develop and maintain relationships and support networks as they prepare to emancipate from care. However, these efforts are often focused on biological family and traditional supports such as mentors. By broadening the social circle and allowing foster youth and alumni more say about who is included in these services we can increase the likelihood of keeping the youth in contact with natural and beneficial supports. Consequently, this increases the likelihood of success over time. Finally, one should not underestimate the importance of ongoing relationships between alumni and foster parents, long after formal foster care services have ended. While there can be limits on the foster families due to financial strain or location, for many alumni simply having an emotional safe space was immensely beneficial, and these relationships should be encouraged whenever possible.

Limitations

As with any research study, this study has several limitations worthy of discussion. The first limitation to be discussed is the high education status of the sample. In this study over 75% of participants reported having a bachelor's degree or higher with eleven participants reporting a graduate or doctoral degree. This is highly unusual for

foster care alumni according to current literature which indicates only between 30% and 54% of alumni will obtain any college education by age 30 (Barth, 1990; Festinger, 1983; Rest & Watson, 1984). Furthermore, this is unusual for the general population, as approximately 33% will obtain a bachelor's degree with substantially less obtaining a graduate or doctoral degree (Ryan & Bauman, 2016). Some research exists that indicates that this is a feature of response bias as individuals who have greater levels of education are more likely to respond to research requests, particularly in online formats (Cook, Heath, & Thompson, 2000). The level of education in this sample is likely to have influenced the findings of the study, especially given the degree of over-education represented. However, without more information about the educational attainment of older foster care alumni or the impacts of education on the lived experience of aging out of care throughout the life course, the impacts of this cannot be estimated. Consequently, this does highlight an important area of future research to elucidate the extent to which education influenced these findings as well as response rates to online recruitment efforts.

With regard to the sample, another limitation of the study is the overrepresentation of White females, forsaking diversity with regard to race/ethnicity and gender and identity expression, and individuals in their 40s. Much like with education, one could anticipate that the age, race, and gender of the respondents would influence the findings. However, given the preliminary nature of this work there is no empirical base to compare the findings of this study to, and as such the impact of diversity on the sample can only be speculated. This highlights another important direction for future research, diversifying the sample.

Lastly, the small sample size while ideal for qualitative, especially phenomenological research, is quite prohibitive when it comes to quantitatively analyzing the data. In this study, a vast amount of data were gathered about the psychosocial functioning in middle adulthood, their overall quality of life, and basic demographic data for each participant. However, due to small size of this sample, there was insufficient power to statistically analyze these differences (Cohen, 1992). While statistical analysis was not an aim of this particular study, such information is missing from the literature and being able to provide this information is something that should be undertaken in the future to provide objective information about this population compared to those without a history of foster care.

The retrospective nature of this study is also a limitation. As such, an important direction for future research is that data be collected longitudinally in real time as participants move through the life course to account for retrospective data concerns.

Directions for Future Research

This study is the start of a research agenda that is desperately needed in order to understand the long-term impact of aging out of foster care in a life course perspective affecting foster care alumni all across the country. There are a myriad of potential directions for future research that have spawned off this study, a few of which will be covered here. The first follow up to this study is a replication with a different sample. As discussed in the limitations, the sample for this study was highly educated and that likely affected the findings in numerous ways, many of which are yet unknown. The sample also lacked diversity of race and gender/ethnicity. Consequently, a replication of this

study with a more diverse sample will allow one to examine the stability of the findings over various samples providing new insight into the nature of this phenomenon. As previously discussed, the role of phenomenology is not to create a set of findings that presents a universal or objective truth, in fact, phenomenology rejects the notion that such an endeavor is even possible (Smith et al., 2009). However, insight into how different groups experience the phenomenon of aging out of foster care across the life course is invaluable as services and programs can then be tailored to fit the unique needs of various groups impacted by the experience. Therefore, at least one, if not more replications with diverse samples is a critical next step in this research trajectory.

A critical caveat to future replications of this study is also that recruitment should take place off-line at some point during the replication process. Current research indicates that online recruitment is effective (Fenner et al., 2012; Paggi & Jopp, 2015; Ramo & Prochaska, 2012); however, there are important aspects of response bias linked to age, the nature of the topic, the education of the respondent and numerous other factors that influence response rates of online based research (Cook et al., 2000). As such diversifying the sample is not sufficient, the recruitment methods themselves must be diversified as well in order to truly understand the experience of aging out of care on the life course.

An additional line of future research is one that tracks individuals as they move through the life course rather than asking participants to examine the experiences retrospectively. Linking in with foster care alumni as they exit from care is not a new strategy in understanding the needs and experiences of this population. Researchers have

been joining with teenagers just prior to their emancipation from foster care and attempting to follow them, particularly through the period of emerging adulthood for many years (Courtney et al., 2007). This body of research has noted that there are issues with retaining individuals throughout the duration of their studies (Courtney et al., 2007) during emerging adulthood; longer life course trajectories have not even been attempted. Given that this study has documented that participants feel that the foster care identity is one that is stigmatized and shameful, perhaps alternative approaches to recruitment and retention can be employed that are sensitive to the shameful and highly stigmatized foster care alumni identity. One potential method of reducing the potential for stigma while engaging in longitudinal research is to collaborate with scholars to add questions about foster care history to future renditions of the MIDUS study or another longitudinal study such as the Healthy Retirement Survey. Furthermore, capitalizing on the ability to tell one's story in its totality is something that was highly valued by participants; perhaps capitalizing on this prospect for participants can create buy-in and improve recruitment and retention enabling the possibility of longitudinal research with foster care alumni. Nevertheless, obtaining information in real time rather than retrospectively can only strengthen the rigor and depth of our understanding of this experience and as such is an important direction for future research.

Chapter Summary

This chapter has provided a discussion of the findings of this study as well as the implications, limitations, and directions for future research. Promoting interdependence by encouraging relationships, including those with non-traditional individuals (teachers,

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employers, friends and their parents), illustrates important paradigm shift with regard to policy and services for foster care alumni. This shift reflects a transition towards the experiences and opportunities afforded to youth who are transitioning into adulthood without a history of foster care and stands in stark contrast to the manner in which services are currently provided. Additionally, contextualizing the experiences of alumni in a life course perspective provides a new outlook on the chaos experienced during emerging adulthood as the instability and struggle are often time limited. Understanding the developmental nature of these experiences enables those serving the alumni to avoid being deterministic instead highlighting the plasticity of the life course. This study is but one piece of a blossoming body of work that will continue to investigate the needs and experiences of alumni as they move across the lifespan addressing limitations in recruitment, diversity, and the nature of the data. However, by beginning to shift the discussion of the needs of foster care alumni to one that focuses on interdependence in a life course perspective we can begin to assume a fresh outlook and as such identify new and exciting ways in which to serve this vulnerable population.

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Appendix A

<u>Basic Demographics</u>

Full Name: _____

Current Age: _____

How do you identify with regard to gender: _____

Highest Level of Education: (Circle One)
GED
High School Diploma
Some College
2-year degree, major: _____
4-year degree, major: _____
Some graduate school
Graduate degree, field of study:_____
PhD
Other:_____

Current Income: (Circle One)
0-25,000
26,000-40,000
41,000-60,000
61,000-80,000
81,000-100,000
100,000+
Current Relationship Status: (Check or Circle all that apply)
Married/Domestic Partnership
Committed relationship/partnership
Divorced
Single
Widowed
Other:_____
Race/Ethnicity (Check or Circle all that apply)
Hispanic/Latino
Caucasian
African American
American Indian
Asian
Hawaiian/Pacific Islander
Mixed Race, please described:_____
Other: _____

What age did you enter foster care: _____
How long were you in foster care: _____
How old were you when you left foster care: _____
How many placements did you have while in foster care: _____

When you aged out of foster care, what type of placement were you in? (Circle one)
Family foster care
Group home
Kinship care placement
Other:_____

Did you ever leave foster care and then go back into foster care? _____
If yes, where were you living during the time you were out of foster care? (Circle one)
Adoptive placement
Biological parents
Kinship placement
Other: _____

Appendix B

1. Tell me about what was going on in your life when you first aged out of foster care. OR, "Tell me the story of when you left foster care".

   a. If additional prompting is needed, refer back to the demographic form and ask specific questions to jog their memory.

   b. For those who aged out of foster care at 21 ask them why they stayed in care after the age of 18 if they did not address this in response to one of the previous questions.

2. If needed developmental prompts will be provided to guide participants in recalling their story up to their current age. For example, "people in their twenties are often in school, exploring career interests, engaging in romantic relationships and so forth. How does this sound in relation to your experiences?" Additionally, the researcher will ask clarifying questions based on the responses of the participant to guide the conversation and explore specific domains, possibly including but not limited to: education, housing, involvement with the criminal justice system, career and employment, relationships, support network, health and emotional well-being, etc.

The following questions were asked of all participants once they have finished their life narrative ending with the present:

3. How would you say you're doing in your life overall? Probe for:

a. Financial health- "How do you feel you are doing now in terms of meeting your financial needs?" "Do you feel like you have enough money to get by, why or why not?" "What stressors or concerns do you have in terms of your financial needs?" etc.

b. Support network- "Tell me about people you have in your life that are supportive to you?" "Who can you call on during a crisis?" "What sort of relationship do you have with the child welfare system now?"

c. Health & Emotional well-being- "How would you describe your overall health?" "What would you say is the current state of your emotional well-being?" etc.

d. If applicable- "So I noticed on the demographic form that you noted that you have current involvement with the criminal justice system. Tell me a little more about that."

e. Education- I see that you indicated that you currently have (current educational status), do you feel like you have the level of education you want, why or why not?"

4. What or who, good or bad, has been the most influential in bringing you to where you are today? (probe across domains mentioned in previous response)

5. Is there anything else you would like to share with me?