

EXPLORING ATTACHMENT PATTERNS AND RESILIENCE LEVELS OF
INDIVIDUALS WHO EMANCIPATED FROM INSTITUTIONAL BASED
CARE, KINSHIP CARE, AND NON-KINSHIP CARE

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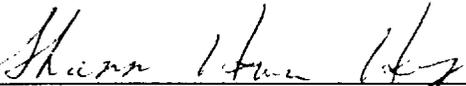
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Marilyn K. Thomas entitled "Exploring Attachment Patterns and Resilience Levels of Individuals Who Emancipated From Institutional Based Care, Kinship Care, and Non-Kinship Care." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements of the degree of Doctor of Philosophy with a major in Family Studies.



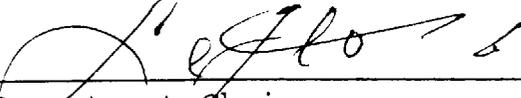
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We have read this dissertation and recommend its acceptance:



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Accepted:



Dean of Graduate School

DEDICATION

To my beautiful and supportive grandparents, Mary and Lee O. Carter and parents Dorothy and Lucky Williams who have instilled in me that education is the key and my possibilities are limitless. I could not have accomplished all that I have without your love, guidance, and support.

To my sisters LaTanya Thomas, Cheri Shamlin, Tiffany Williams, and brother DeQuinten Thomas, I am grateful for your love and support and the lessons I have learned from each of you about family.

To my beautiful daughter Sydni Carter, this is so you know that you can do anything you put your mind to and your possibilities too are limitless. Dream towards the sky and touch the moon!

To Byron Carter, thank you for all your patience throughout my studies and all the help with our beautiful daughter!

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education, my life has been made richer and fuller by working with all the above mentioned individuals.

ABSTRACT

MARILYN K. THOMAS

EXPLORING ATTACHMENT PATTERNS AND RESILIENCE LEVELS OF INDIVIDUALS WHO EMANCIPATED FROM INSTITUTIONAL BASED CARE, KINSHIP CARE, AND NON-KINSHIP CARE

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The purpose of this research study was to review attachment theory and resilience among individuals who have emancipated from the foster care system and determine if these individuals have adapted to a pattern of secure or insecure attachment. It was determined if the secure or insecure attachment pattern showed to be most resilient among the population being studied. A solicited sample was used to solicit 31 individuals who had emancipated from foster care. The participants completed three assessments; a Demographic Questionnaire, the Revised Adult Attachment Scale (RAAS); and the Resilience Scale (RS). The participants were grouped by the type of foster care they emancipated from; non-kinship care, kinship care, or institutional based care. Frequency charts were run on all demographic questions to establish demographics for the

population being studied. Statistical Analyses were run on the RAAS and RS to determine the attachment pattern and resilience levels of the participants. It was further determined from this research that the participants who emancipated from kinship care adapted to secure attachment patterns and had higher levels of resilience than did those who emancipated from non-kinship care or institutional based care. The participants emancipating from non-kinship care and institutional based care adapted to patterns of insecure attachment. Overall as a group, the participants had moderately low to moderate levels of resilience.

TABLE OF CONTENTS

| | Page |
|---|------|
| DEDICATION..... | iii |
| ACKNOWLEDGEMENTS..... | iv |
| ABSTRACT..... | v |
| LIST OF TABLES..... | xi |
| Chapter | |
| I. INTRODUCTION..... | 1 |
| Statement of Problem..... | 1 |
| Rationale..... | 2 |
| Definition of Terms..... | 3 |
| Assumptions..... | 6 |
| Research Questions..... | 6 |
| Hypothesis..... | 6 |
| Theoretical Orientation..... | 8 |
| Attachment Theory..... | 9 |
| Systems Theory..... | 14 |
| Delimitations..... | 15 |
| Limitations..... | 16 |
| Summary..... | 17 |
| II. LITERATURE REVIEW..... | 18 |
| Foster Care..... | 18 |
| Foster Care Placement..... | 19 |
| Lack of Cohesive Family..... | 21 |
| Impact of the Foster Care Independence Act..... | 22 |
| Attachment and Foster Care..... | 24 |
| Diary Studies..... | 26 |
| Childhood Experiences and Their Effect on Adulthood..... | 34 |
| Child Welfare Workers and Caregivers | 36 |

| | |
|--|-----|
| Resilience..... | 38 |
| Resilience as Strength..... | 39 |
| Risk and Resilience..... | 42 |
| Summary..... | 44 |
| III. METHODOLOGY..... | 46 |
| Participants..... | 48 |
| Protection of Human Subjects..... | 50 |
| Research Design and Procedure | 51 |
| Instrumentation..... | 52 |
| Demographic Questionnaire..... | 52 |
| Revised Adult Attachment Scale TM | 52 |
| Resilience Scale TM | 54 |
| Analytical Procedure..... | 55 |
| Summary..... | 55 |
| IV. RESULTS..... | 57 |
| Description of Sample | 58 |
| Quantitative Research Questions..... | 83 |
| Null Hypothesis..... | 84 |
| Statistical Analysis..... | 86 |
| Hypotheses..... | 87 |
| Research Questions..... | 102 |
| Summary..... | 105 |
| Sample Description Summation..... | 105 |
| Hypotheses Summation..... | 106 |
| V. DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS..... | 109 |
| Summary of Findings..... | 109 |
| Discussion of Findings and Related Research..... | 111 |
| Attachment Patterns of those Emancipating from Foster Care..... | 111 |
| Resilience of those Emancipating from Foster Care..... | 117 |
| Conclusions..... | 117 |
| Implications and Recommendations..... | 119 |
| Implications for Individuals who Emancipated | |

| | |
|--|-----|
| From Foster Care..... | 120 |
| Recommendations for Family Science Professionals..... | 121 |
| Recommendations for Foster Parents..... | 122 |
| Recommendations for Child Welfare Workers..... | 123 |
| Limitations..... | 124 |
| Recommendations for Future Research..... | 125 |
| Summary..... | 128 |

| | |
|-----------------|-----|
| REFERENCES..... | 130 |
|-----------------|-----|

APPENDICES

| | |
|---|-----|
| A. Demographic Questionnaire..... | 138 |
| B. <i>Revised Adult Attachment Scale</i> TM | 141 |
| C. <i>Resilience Scale</i> TM | 144 |
| D. Research Participant Solicitation Flyer..... | 147 |
| E. Internal Review Board Letter of Approval..... | 149 |
| F. Consent Forms..... | 151 |
| G. <i>Revised Adult Attachment Scale</i> TM Usage Permission | 154 |

LIST OF TABLES

Table

| | |
|--|----|
| 1. Age of Participants Across Foster Care Type | 60 |
| 2. Level of Education Across Foster Care Type Care..... | 61 |
| 3. Employment Status Across Foster Care Type..... | 62 |
| 4. Income Across Type of Foster Care..... | 64 |
| 5. Medical Insurance Status Across Type of Care..... | 65 |
| 6. Ethnicity Across Type of Foster Care..... | 66 |
| 7. Sibling Status Across Type of Care..... | 67 |
| 8. Age Upon Entry Across Type of Foster Care..... | 69 |
| 9. Age Upon Exit Across Type of Foster Care..... | 70 |
| 10. Incarceration Status Across Type of Foster Care..... | 72 |
| 11. Marital Status Across Type of Foster Care..... | 73 |
| 12. Living Arrangement Upon Exiting Care Across Type of Foster Care..... | 74 |
| 13. Perception of Foster Care..... | 77 |
| 14. Improving Foster Care Experience..... | 79 |
| 15. Foster Care Placement Type..... | 81 |
| 16. Correlation of Level of Education, Employment Status, Income per year, and Medical Insurance..... | 82 |
| 17. Close, Depend and Anxiety Scale Scores of Kinship vs. Non-Kinship Care..... | 88 |

| | | |
|-----|---|-----|
| 18. | Crosstabulation on Closeness and Kinship vs. Non-Kinship Care | 89 |
| 19. | Crosstabulation on Dependency and Kinship vs. Non-Kinship Care..... | 90 |
| 20. | Crosstabulation on Anxiety and Kinship vs. Non-kinship Care..... | 91 |
| 21. | Attachment of Kinship vs. Non-Kinship Care..... | 92 |
| 22. | Close, Depend and Anxiety Scale Scores of Kinship vs. Institutional Based Care | 93 |
| 23. | Crosstabulation on Closeness and Kinship vs. Institutional Based Care..... | 94 |
| 24. | Crosstabulation on Dependency and Kinship vs. Institutional Based Care..... | 95 |
| 25. | Crosstabulation of Anxiety and Kinship vs. Institutional Based Care..... | 95 |
| 26. | Attachment of Kinship vs. Institutional Based Care..... | 97 |
| 27. | Mean Scores of Resilience on Kinship vs. Institutional Based Care..... | 98 |
| 28. | Resilience of Kinship vs. Institutional Based Care..... | 98 |
| 29. | Mean Scores of Resilience on Kinship vs. Non-Kinship Care..... | 99 |
| 30. | Resilience of Kinship vs. Non-Kinship Care..... | 100 |
| 31. | Close, Depend, Anxiety, and Resilience Scale Scores Among the Types of Foster Care | 101 |
| 32. | Correlation Between Attachment and Resilience..... | 102 |

CHAPTER I

INTRODUCTION

This researcher examined the foster care system, more specifically, individuals who emancipated from institutional based care, kinship care, and non-kinship care. The overall goal of this quantitative exploratory research project was to determine which attachment patterns of individuals who have emancipated from foster care were more resilient. This researcher also attempted to determine the impact the foster care system had on individuals who emancipated from the foster care system and if these same attachment patterns show to be resilient in adulthood.

Statement of Problem

Some foster care children can suffer greatly in the foster care system due to placement instability, while others used the foster care system as a protective factor. Many of these children have learned to be self reliant and independent (Dozier, 2005). These children have suffered abuse and neglect at the hands of loved ones and have shown

to be very resourceful (Dozier). According to research, it may be difficult to provide care for these children because they are reluctant to trust new caregivers (Dozier; Pearee & Pazzot-Pearee, 2001). Many of these children may suffer from anxious attachment due to having to be self-reliant (Pearee & Pazzot-Pearee).

Rationale

Much of the research done on foster care and attachment focused on infants rather than older children in foster care (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Ackerman & Dozier, 2005; Dozier, Higley, Albus, & Nutter, 2002; Hughes, 2004). However, the topic of foster care and attachment is not one that has been widely looked at and researched. Researchers have studied foster care as it relates to emancipation, permanency, and independent living, but not much has been done with this population and attachment. From previous studies, research findings indicate that this population of children seem to have disorganized/disoriented attachment patterns; however, there is limited research as to why this population have developed these patterns (Ackerman & Dozier; Dozier; Higley

et. al; Hughes; Schofield & Beek, 2005; Schofield & Beek, 2008).

Gathier, Fortin and Jeliu (2004) stated that foster care children are often at risk for attachment disorder due to being displaced. Others suggested that this population suffer for disorganized/disoriented attachment behavior due to being mistreated and having no secure familial base (Ackerman, & Dozier, 2005; Hughes, 2004; Schofield & Beek, 2005).

Definition of Terms

Age of Majority - Term used prior to the implementation of the Foster Care Independence Act of 1999. This was when a child in the foster care system reached age 18 and was released from the foster care system (Barth, 1986).

Attachment figure - Is the primary caregiver of the child. The attachment figure is typically the child's mother (Bowlby, 1969).

Emancipation - When a child exits the child welfare system, also referred to as aging out (Barth, 1986).

Foster Care - Also referred to in this study as in case, is substitute care, which is the placement of a child who is

to be protected and cared for by the department of protective and regulatory services or an authorized agency in care outside the child's home (Texas Family Code, 2008, 2010).

Insecure Attachment - Can be either one of three attachment patterns; avoidant attachment, ambivalent attachment, or disorganized/disoriented attachment pattern. Individuals with these three attachment patterns do not have the necessary skills to develop meaningful relationships (Bowlby 1978, Frank 2001, & Gauthier, Fortin, & Jeliu, 2004).

Institutional Based Care - Is substitute care for a child in the foster care system who has been placed in a foster group home, institution, residential treatment facility, or a juvenile facility (Texas Department of Protective and Regulatory Services, 1998).

Kinship Care - Is substitute care for a child who is placed in the home of a relative (Texas Family Code, 2008).

Non-Kinship Care - Is substitute care for a child who is placed in the home of a foster parent who is of no relation to the child (Webster, Barth, & Nedell, 2000).

Permanency - Is a plan to either reunite foster children with their biological families or terminate parental rights (Gauthier, Fortin, & Jeliu, 2004).

Placement Instability - Is when a child in the foster care system experiences more than one move in their 1st year of foster care (Webster, Barth, & Nedell, 2000).

Resilience - An "inference about a person's life that requires two fundamental judgments: 1) that a person is doing okay and 2) that there is now or has been significant risk or adversity to overcome" (Masten & Powell, 2003, p. 4).

Resiliency - "The ability to bounce back successfully despite exposure to severe risks" (Bernard, 1993, p. 44).

Reunification Plan - A plan to reunite a foster child with his or her family of origin (Barth, 1986).

Secure Attachment - Is the ability to develop meaningful relationships which is derived from having a secure base (Bowlby, 1969).

Transitional Living - Is a permanency goal for children in care who are 16 years or older to prepare them for

independent living (Texas Department of Protective and Regulatory Services, 1998).

Assumptions

The following assumptions were made for this study: All participants will be honest about their age. All participants will complete all three assessments in completion.

Research Questions

The two research questions that guided this research were:

Research Question 1: Is there a difference in the attachment patterns of individuals who emancipated from the different types of foster care, institutional based care, kinship care, or non-kinship care? (H₀₁, H₀₂, H₀₅)

Research Question 2: Which attachment pattern among individuals who emancipated from foster care showed to be most resilient? (H₀₃, H₀₄, H₀₅)

Hypothesis

The hypotheses for this study were:

Hypothesis 1: There will be no statistically significant difference between the attachment patterns of individuals

who have emancipated from institutional based foster care and individuals who have emancipated from non-kinship foster care as measured by the Revised Adult Attachment Scale (RAAS).

Hypothesis 2: There will be no statistically significant difference in the attachment patterns of individuals who emancipated from kinship foster care and those who emancipated from institutional based foster care as measured by the RAAS.

Hypothesis 3: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from institutional based foster care as measured by the Resilience Scale (RS).

Hypothesis 4: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from non-kinship foster care as measured by the RS.

Hypothesis 5: There will be no statistically significant correlation between attachment patterns and resilience in

individuals who emancipated from all three types of foster care; kinship care, non-kinship foster care, and institutional based foster care as measured by the RAAS and the RS.

Theoretical Orientation

For this research study, attachment theory and family systems theory were reviewed. The work of the leading researchers on attachment, John Bowlby and Mary Salter Ainsworth were reviewed. According to Bretherton (1992), Bowlby is known as the founder of attachment theory and developed attachment theory as a result of his work on the observation of child-mother separation. Bowlby studied maternal deprivation and concluded that infants develop bonds to their mothers starting at age 6 to 12 months. Bowlby further concluded that if this bond is broken for an extended period of time, serious damage could be caused. These premises led to what was known as Attachment Theory. Ainsworth was a student of Bowlby's and she expounded on his research. Ainsworth began her work with attachment theory by studying security theory. Ainsworth expounded on security theory and carried over the concept of a secure

base into Bowlby's attachment theory. She is given credit for naming the first three attachment behaviors (Bretherton). The fourth attachment behavior was named by Mary Main in the 1980s (Main, 1986).

Attachment Theory

Bowlby (1978) found the following:

Attachment theory is a way of conceptualizing the propensity of human beings to make strong affectional bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise.

(p. 5)

Ainsworth (1969) referred to attachment as an affectional bond that is formed by a person to some other particular person. She defined attachment as being discriminating in that there is a preference for a particular person. She further stated that attachments can happen at any age and the attachment relationship tends to endure time.

Main and Solomon (1986), Bowlby (1991), and May and Solomon (1989) identified four styles of attachment; secure, avoidant, resistant or ambivalent and disorganized/disoriented. Until 1986 there were only three attachment styles or patterns and Main and Solomon (1986) discovered the fourth style of attachment as disorganized or disoriented. The securely attached child seems to show distress in the absence of their attachment figure, however upon reuniting, they both seem happy to see one another. The securely attached child seems to have fun interacting with their attachment figure, and the communication between the child and the attachment figure seems warm and sensitive.

Ainsworth and Bell (1970) found that children who distribute avoidant attachment show limited distress in absence of their attachment figures. They continue to explore their surroundings upon separation, but upon return or their attachment figure the children turns away from them and moves toward a toy or object in the room. Ainsworth and Bell further found that the attachment figures pay more attention to objects in the room than to

the child. The attachment figure encourages independence and pays little attention when a child shows distress. The behaviors of the avoidantly attached child may portray that the child is not affected by the separation; however, the avoidant child show signs of anxiety and tends to be aroused much longer than the securely attached child. The avoidant attached child's behavior suggests that the child is attempting to deactivate feelings of insecurity by focusing on other objects. This pattern of insecure attachment begins in infancy, but does spill over into adulthood. Because the insecurely attached child is hesitant to trust new caregivers or attachment figures, this avoidant attachment pattern spills over to insecure attachment in adults. With establishing new attachment figures in adulthood, the insecurely attached individual can fare well (Perry, Sigal, Boucher, and Pare, 2006).

Byng-Hall (1995) suggested that the resistant or ambivalent child tends to cling to their attachment figure due to that attachment figure being unavailable. The relationship seems to be enmeshed in a similar manner to that of the fused relationship in family systems theory.

The child does not seem to be soothed by the presence of their attachment figure.

The final style of attachment is the disorganized/disoriented style. Main and Solomon (1986) discovered the fourth attachment pattern while reviewing Ainsworth's strange situation work. They discovered the disorganized/disoriented attachment pattern by reviewing tapes from Ainsworth's work in a group of over 270 participants that had been difficult to categorize. Main and Solomon discovered that there were infants who had been forced into one of the three categories secure, ambivalent, or avoidant and they did not truly fit. These infants were unclassifiable according to the criteria of strange situation, but all shared common characteristics which seemed to be disorganized and disoriented behavior.

Byng-Hall (1995) suggested that many children who are abused or neglected are classified as disorganized/disoriented attachment style. When their attachment figure is near, these children may freeze and appear to be in a trance. They may stand when their attachment figure enters the room, or they may do the

opposite and fall to the floor. Based on observations of the strange situation test created by Ainsworth (1969) these children may react in this manner to avoid abuse at home.

Bowlby (1991) continued his work on attachment and identified some basic features of attachment theory. Attachment behavior is seen to be any form of behavior that causes a person to prefer closeness to a preferred individual. The individual who is attached tends to look for the attachment figure, and as long as they maintain close in proximity, the attached individual is okay. The attached individual checks for the attachment figure, by keeping them in their peripheral vision or listening for their voice. The attached individual may also tend to follow or cling to the attachment figure.

Bowlby (1991) further asserted that "during the course of healthy development attachment behaviour leads to the development of affectional bonds or attachments, initially between child and parent and later between adult and adult" (p. 305). The different types of attachment behavior that are formed tend to be present throughout the life cycle,

healthy and unhealthy behavior transfers into adulthood. The goal of attachment behavior is to maintain close boundaries or communication with the attachment figure. The attachment behavior is only displayed when certain situations arise.

Attachment theory is very significant to the foster care population. Many factors, such as placement instability, abuse and neglect, inhibit this population from maintaining proximal distance to a secure base. Since attachment theory is based on having a secure base or attachment figure and maintaining proximity to that secure base, due to placement instability, the secure base may be lacking. Because this population does not trust new caregivers easy, it may be difficult for individuals to adjust to a new attachment figure (Hughes 2004).

Systems Theory

This research study was also guided by Systems Theory. Systems theory is based on holism which means the sum of the parts effect the whole. This assumption stated that a system must be understood as a whole and cannot be comprehended by examining its individual parts in isolation

from each other. Holism holds the belief that if one part or subsystem of a system changes, it changes the whole system. In turn, in a family, in situations of chaos or change, example; a child being removed from the home, changing foster care placements, or even being returned to the home, change the sub-system, but the change in the sub-system affects the entire system. This was based on the individual parts of the foster care system affecting the overall products that it turns out. The sum parts of the foster care system affect the whole product. The placements, the independent living programs, education offered to the participants, and the transitional living programs, all affect the overall foster care child that is emancipating from the system (Whitchurch & Constantine, 1993).

Delimitations

The study was limited to participants in a large North Texas Metropolitan area. This study was further limited due to the scope of locating participants. This study consisted of a solicited sample, and relied heavily on snow-ball sampling. This researcher attended many programs

at a local North Texas agency that assisted individuals who had emancipated from the foster care system with independent living; thus, many participants for this study were solicited. The solicited sample was a convenience sample and does not ensure that the sample will be representative of the population. A solicited sample also makes randomization difficult (Creswell, 2003). Participants were asked if they knew anyone who fit the criteria for the study and to refer them to the principle investigator for participation purposes. The sampling technique is different from convenience sampling in that convenience sampling relies on a group already in place and snow-ball sampling relies on word of mouth, whereas the solicited sample seeks out participants that meet the research criteria (Creswell, 2003).

Limitations

The solicited sampling and snow-ball sampling procedure decreased the generalizability of the study. The sample was a convenience sample, thus it was not representative of the entire population. The sample also

lacked randomization which also decreased the probability of a representative sample (Creswell, 2003).

Summary

The purpose of this quantitative research study was to determine if there was a correlation between attachment pattern and resilience of individuals who emancipated from the foster care system. Although many individuals who emancipate from the foster care system may be anxiously attached, attachment styles of these individuals may vary. This study sought to determine if individuals with varying attachment patterns fare differently upon emancipating from the foster care system. This research study further observed individuals who have emancipated from the foster care system, and their patterns of attachment and determined if one attachment pattern showed to be more resilient than other attachment patterns among the population being studied.

CHAPTER II

LITERATURE REVIEW

Foster Care

This literature review addressed foster care, foster care placement, lack of a cohesive family, Foster Care Independence Act, attachment and foster care, diary studies, the child welfare system and its workers, and resilience. The researcher will define the concept of foster care for the for the first section, while the section on foster care placement sheds light on the foster care system and the placement of those receiving assistance from the child welfare system. The section over lack of a cohesive family reflects on what happens to individuals once they have been released from the foster care system. The section over the Foster Care Independence Act addresses legislative changes made to the foster care system and how those changes will affect those exiting the system. The section over diary studies delves into research conducted on attachment theory and foster care. The section over the child welfare system and its workers sheds light on the

child welfare system and some implications for child welfare workers. The final section of this literature review is on resilience. This section will define resilience and break the concept into categories of strength and risks.

The first section discusses foster care. According to the Texas Family Code (2008, 2010), foster care is defined as substitute care, which is the placement of a child who is to be protected and cared for by the department of protective and regulatory services or an authorized agency in care outside the child's home. This change in substitute care changes the entire family system of the child.

Foster Care Placement

This section examines foster care placement and addresses the number of individuals being served by the child welfare system. According to the National Adoption Information Clearinghouse (NAIC) (2003), in 2001 there were approximately 542,000 children in foster care. Of these youth, 48% were in non-relative foster family homes, 24% were in kinship care foster homes, 18% were in institutionalized group homes, 4% were in homes of families

wanting to adopt children, and the remaining 6% were in other placement types. According to NAIC, these numbers differed from the previous report conducted in 1998. The largest change was in kinship care placement which dropped 5% over the 3 year period. This was supported by later research conducted by the Child Welfare Information Gateway (2009). There were 510,000 children in foster care and the numbers were very similar to those from 2001. Twenty four percent of these foster care children were in kinship care (Child welfare information gateway). "A 1998 Wisconsin study of 157 former foster youths 12 to 18 months after leaving care found: 37% had finished high school, 39% had a job, 32% were on public assistance, and 18% had been incarcerated at some point since emancipating" (Eilertson, 2002, p. 27). Although there was a drop in individuals cared for in kinship care, because those individuals do not experience placement instability, they adapt to secure attachment patterns. Other individuals experiencing foster care may adapt to insecure attachment patterns because of their placement instability (Lewis, Dozier, Ackerman, and Sepulveda-Kozakowski, 2007). Number of placements is part

of the foster care system, and although, according to Hartnett, Falconnier, Leathers, and Testa (1991) repeated moves are due to the needs of the foster child being unmet, this part of the system has affected the entire experience of the children in care.

Lack of Cohesive Family

This section examines what happens to individuals once they emancipate from the foster care system. According to Lane and Black (2002), prior to 1999, once a child turned 18 years of age, they aged out, or emancipated from foster care, regardless of educational status or levels of resilience. This population of children was forced to live on their own or return to the bad situations; they were removed from prior to their foster care placement. An example has been documented in the Antwone Fisher story (Lane & Black, 2002). Antwone Fisher joined the navy because he had gone a few days being homeless. He had no familial ties, and the only family he knew was a foster mother who was very abusive towards him (Lane & Black, 2002). Barth (1986) referred to this as the age of majority, and stated that many of these youths who are not

adopted are discharged from care when they reach the age of majority which was 18 at the time. Because of the abuse suffered by Fisher at the hands of his caregiver, he did not respond to her as a secure base or attachment figure. Fisher likely adapted to patterns of insecure attachment due to the maltreatment suffered (Frank, 2001).

Impact of the Foster Care Independence Act

This section discusses the changes in the foster care system initiated by the Foster Care Independence Act of 1999. Due to the Foster Care Independence Act of 1999 (1999), new opportunities exist to assist young adults with housing and independent living until age 21. This act was developed to ensure that youths become self-sufficient and independent so they are not destined to lives of poverty. The Foster Care Independence Act of 1999 amended the Social Security Act to provide states with more funding to set up programs that would assist youth aging out of foster care to transition to self-sufficiency. "The act doubles funding for the Title IV-E Independence Living Program from \$70 million to \$140 million, and requires states to use a portion of these funds for older youths who have left

foster care but who have not reached the age of 21" (Guinn, 2000, p. 1).

Frank (2001) conducted a study of attachment on 557 children in foster care. This study compared children who were at high risk to children who were at low risk for insecure attachment on social, behavioral, and cognitive factors. Children who were at high risk for insecure attachment were rated as less socially competent. The population of children who were high risk for insecure attachment also demonstrated more externalizing, internalizing, and more behavior problems than do the children who were at low risk for insecure attachment. Many of the children who were at high risk for insecure attachment had disorganized/disoriented attachment styles. Foster children are also at high risk for insecure attachment; thus, this population of children tends to have disorganized/disoriented attachment styles (Frank, 2001). There was a macro need to support this population of kids; thus, the foster care independence act was created.

Attachment and Foster Care

This section addresses research regarding foster care and attachment theory and behavior. Leading researchers in this field were reviewed. Two major contributors to the field are Richard Barth and Mary Dozier. Barth began his work on foster care over a decade ago, and has continued to add to the body of knowledge on the child welfare system. He has conducted numerous research studies regarding the well being of children, and is currently serving as the Principal Investigator on two studies; "National Study of Child and Adolescent Well-Being," and "Evaluation of Structured Analysis and Family Evaluation." Barth is also serving as the co-investigator on a study "Child and Adolescent Intervention Research Network." Mary Dozier has a research interest in foster care and attachment, and has conducted many studies in the area. Dozier has been studying the adjustment of young children in foster care since 1993. Dozier is currently serving as the Principal Investigator on one research project, "Infant Caregiver Project."

There are two main tenets on effective practices coming from Barth and Dozier. Barth came from the premise of reviewing reactive attachment disorder and reviewing the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R), and Dozier, Higley, Albus, and Nutter (2002) came from the premise of creating a model of intervention for foster parents addressing three critical needs of infants and young children in foster care. Dozier et al. identified the three critical needs of foster care children needing intervention to be (a) foster children give signals that cause the nurturing caregiver to provide non-nurturing care; (b) all caregivers are not comfortable giving nurturance; and (c) due to previous placements of foster care children and disrupted relationships with previous caregivers, foster care children are at risk for behavioral maladjustment.

Lewis, Dozier, Ackerman, and Sepulveda-Kozakowski (2007) agreed with Dozier et al. and conducted a study of placement instability on two groups of adopted children; 33 who had experienced placement instability, and 42 who had experienced one stable placement, and one group of 27

children who had never experienced foster care. They found that children who had experienced placement instability were prone to behavior problems and that those with more behavioral and emotional problems were at higher risk for experiencing moves in foster care placement. They further found that there was an association between placement instability and incarceration among adolescents in care.

Diary Studies

This section reviewed diary studies and their contribution to attachment and foster care. Diary studies have contributed much to the field of attachment and foster care. Diary studies were created as a way to examine a developing attachment relationship in a new dyad. Because the Strange Situation cannot be administered reliably for short periods of time, Stovall and Dozier created the Parent Attachment Dairy in 1996. Stovall and Dozier (2000) conducted a study in which they utilized a diary methodology to gain insight on the attachment behaviors of 10 foster care infants. This study involved analyzing new relationships of 10 foster infant-caregiver dyads. The caregivers kept a diary for two months regarding the

infants' behavior when distressed and their response to the infants' distress. The infants attachment was also assessed using the Strange Situation. The caregivers' state of mind was assessed using the Adult Attachment Interview. Of the infants assessed, two were unclassifiable, the five who were placed after 12 months of age showed patterns of insecure attachment, and the three placed prior to 12 months of age showed secure attachment patterns (Stovall & Dozier). Although attachment can change from infancy to adulthood, the patterns of attachment adapted to by infants does stem over into adulthood (Perry, Sigal, Boucher, and Pare, 2006).

Dozier, Higley, Albus, and Nutter (2002) conducted a major review on the study conducted by Stovall and Dozier (2000), they reviewed the Mother's Attachment Diary in which foster care mothers indicated the behavior of children when they were reunited with them and the behavior of those children when they were hurt or afraid. These diaries were reviewed for at least a two month period. The diaries showed that infants who were placed in foster care after 12 months of age were more likely to develop insecure

attachment than infants placed prior to 12 months of age. Dozier et al. (2002) further stated that there were limitations with providing a secure base for foster care children; however, foster caregivers should be taught to maintain positive relationships with their foster care children. Dozier et al. further reported that in many instances, foster caregivers allowed the behavior of the child to shape their foster care relationship. Although the relationship with this foster care parent was new, the child used their old relationships with their primary caregivers to determine the course of their new relationships with new caregivers (Dozier et al. 2002). This body of research was critically evaluated by the research community and came under scrutiny; the first to scrutinize this work was Haight, Kagle, and Black (2003).

Haight et al. (2003) did not feel that foster parents should take the lead in nurturing the parent-child relationship; however, their sentiments were not grounded in their empirical research studies, but in the review of child welfare literature and the parent - child attachment relationship. Haight et al. concluded that the child

welfare system should implement child welfare policies in support of parental visitation when children are in foster care if the plan is for reunification. They stressed that the family should be allowed visitations with the child while they are in foster care. They further stressed that children in foster care may have a disorganized/disoriented attachment style due to the foster care placement itself, and not just the parents' inability to properly care for the child. Since the placement in foster care is stressful for the parent and the child, Haight et al. (2003) suggested that child welfare policy and practice should support both the parents and children before, during and after visits. In Barth's 1986 review of studies on adolescents who have reached the age of majority, he stated that the parent-child relationship is almost nonexistent for children who grew up in foster care and even when there is a relationship maintained, the parents or children are often times not willing to go through the readjustment required by a reunification plan.

Barth, Crea, John, Thoburn, and Quinton (2005) were the next group to scrutinize Dozier, Higley, Albus, and

Nutter, 2002 review. Barth et al. questioned the approach of Dozier and colleagues to teach foster parents to take the lead in maintaining and nurturing positive relationships with their foster children who are rejecting them and withdrawing from them. Barth et al. found Dozier's approach to be counterproductive and damaging, concluding that this approach could send the message that "such interventions can be that parents do not need to accommodate to children and that the expected process of change in the adjustment of family members to each other is unidirectional" (p. 260). Barth et al. did not conduct any empirical research to determine if Dozier et al. methods would actually hinder or help foster parents; instead, Barth et al. went to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-R) for an explanation to address reactive attachment disorder. "According to the DSM-IV-R, reactive attachment disorder is diagnosed only when there is a known history of pathogenic care expressed as: (a) persistent disregard for basic emotional needs for comfort, stimulation, and affection; (b) persistent disregard for basic physical needs; (c) and/or repeated

changes of primary caregivers." (American Psychiatric Association (2000) as cited in Barth et al., p. 259.) Barth et al. and Dozier et al. both agree that there were some disparities in the care of foster care children; however, neither was clear on what needed to be done to correct the problem. Both Barth et al. and Dozier et al. used prior research for their rationale; however, neither article was empirical.

Stovall-McClough and Dozier (2004) conducted another study expounding on their research from 2000. This study consisted of 38 foster infant-caregiver dyads. The Parent Attachment Diary was used to record the behavior of the infants within the first 2 months of their foster care placement. The Adult Attachment Interview was used to determine the state of mind of the foster parents, and the Strange Situation was used to determine attachment pattern. They found that infants with autonomous foster parents who had been placed in foster care earlier, had higher levels of secure attachment and less avoidant behavior as opposed to their counterparts who had nonautonomous foster parents (Stovall-McClough & Dozier, 2004).

At the same time Barth et al. (2005) were scrutinizing and reviewing Dozier et al. (2002) work, Ackerman and Dozier (2005) were conducting a longitudinal study on 39 foster parents and their foster children to determine if the investment foster care mothers placed in their foster child affects the child's emerging sense of self. They found that foster children whose foster mothers were more accepting of them early on in the parent child relationship developed more positive self images than did the children who had foster mothers who were less accepting of them. They asserted that foster care is supposed to be a temporary placement, and because children in foster care are there because they were mistreated or neglected in some way, they have negative concepts of self and others. Because of the mistreatment experienced by this population, they may tend to attempt to control their situations and others around them, (Ackerman & Dozier).

Ackerman and Dozier's (2005) work was supported by the earlier work of Webster, Barth, and Nedell (2000). They conducted a longitudinal study of 5,557 children over an eight year period to determine placement stability for

children in out of home care. They concluded that children who had more than one placement move during their first year in the child welfare system experienced placement instability more than those who were moved one or fewer times. Children who were in kinship care experienced fewer placement moves than children in nonkinship care. Webster et al. (2000) further concluded that a move, regardless of how delicate it was handled, disrupted the lives of those children and the care they were receiving, and could lead to alienation and rejection. Ackerman and Dozier work placed the responsibility on the foster parents to ease the feelings of these children, whereas Webster et al. examined the process thus determining the need for change in the system.

Another earlier review further supported the diary studies. Hughes (2004) reported that children who are mistreated as infants are usually reported to have disorganized attachment patterns, but as they grow older, they are likely to develop inflexible self reliance that becomes an obsessive need to control all aspects of their lives. Hughes further stressed four basic practice outcomes

(a) These children are not likely to view caregivers as a source of security; (b) They do not totally trust their caregivers and do not tend to relax around them or follow their direction with ease; (c) They most likely view caregivers as a threat and in order to maintain safety, the children feel they must control their caregivers; and (d) These children tend to act out and attempt to control their caregivers by intimidating them, manipulating them, being overly compliant, or by role reversal.

Childhood Experiences and Their Effect on Adulthood

This section examines the plight of the foster care Child's journey into adulthood and the effects their childhood may have on their adult lives. Hughes (2004) found that infants who are mistreated tend to have disorganized-disoriented attachment patterns, but as they grow older, they tend to develop an unyielding self reliance that leads to their impulse to control everything around them.

Dozier, Higley, Albus, and Nutter (2002) reported on a study of individuals in non-kinship care and the role their caregivers played on their attachment. They concluded that

if the foster caregivers took a more nurturing role in the lives of the foster children they served, they would develop better attachment patterns. They further stated that it was up to the caregivers to create the nurturing bond.

Perry, Sigal, Boucher, and Pare (2006) conducted a study of seven institutionalized children who were raised in institutions in Quebec and their adaptation in late adulthood. The group in this study was known as Duplessis's children. Perry et al. found that the majority of participants in this study reported extreme physical, mental and sexual abuse and little emotional support. As a result of the abuse they suffered at the hands of nuns and monitors who were their caregivers, the level of adult psychiatric problems experienced by this group was extremely higher than that of a matched cohort who had not been institutionalized. They further found that those individuals who had more than four childhood strengths fared better in adulthood than their counterparts with fewer strengths. Perry et al. concluded that those with fewer childhood strengths suffered more traumatic experiences as children. Although, these individuals were

severely traumatized as children and had few childhood strengths, those who developed meaningful and supportive relationships as adults, had positive adult experiences. Perry et al. found "childhood attachments had little direct effect on adult functioning" (Perry, Sigal, Boucher, and Pare, 1996, p. 298).

Child Welfare Workers and Caregivers

This section examines child welfare workers and caregivers and addresses two major studies. The first study was conducted by Gauthier, Fortin, and Jeliu (2004) whose qualitative research observed children and gave report and recommendations to the courts regarding these children's cases. They found that due to the severe behavior problems and developmental delays of foster care children, these children are often repeatedly displaced which increases the risk of attachment disorders. Gauthier, Fortin and Jeliu asked the question should a child who has become attached to his or her foster parents be returned to his or her family or origin, or should this child be left in the foster care system with their foster care parents? This question was answered by their statement that they believe

it is in the best interest of the child to preserve their attachment ties and repeated breaks in those ties could lead to severe trauma (Gauthier, Fortin, & Jeliu).

The next study was a 3-year longitudinal study conducted by Schofield and Beek (2005). This study consisted of 52 children who were under the age of 12 in 1997-1998 with plans for long-term foster care. They followed up on their population three years later in 2001. Using a mixed methods approach in two phases, phase one consisted of questionnaires and interviews with social workers providing information on the children's histories, developmental stages, number of placements, contacts with family of origin, and support services. It was determined that these children did not have a plan for reunification. According to phase one of the study, most of the children were from backgrounds with high risk of problem behavior and 90% of them had been victims of mal-treatment, while 76% had mothers that suffered from a list of different risk factors, including, mental health problems and drug and alcohol problems. Phase two of the study utilized the Family and Friends Interview, and story stems which focused

on the children's ability to reflect on the thoughts and behaviors of others as well as their own thoughts and behaviors.

Schofield and Beek (2005) further interviewed foster caregivers at Phase 1 of the study. They concluded that foster caregivers face many challenges to providing a secure base for children in foster care. They reported on children in middle childhood and early adolescence and found that the many placements of these children increase the likelihood of complexity this population faces with development. Schofield and Beek reported that these children tend to be very wary and distrustful when entering foster care. Although they are distrustful, they need their foster care givers to provide many of the attributes they lacked during infancy that create a secure base for them (Schofield and Beek, 2005 & 2008).

Resilience

This section on resilience examines work from some of the leading experts in this area, Sybil Wolin, Froma Walsh, and a few others who conducted research on resilience as it relates to foster care. Sybil Wolin is a developmental

psychologist who began her work on resilience in the late 1980s along with her husband Steven who she has co-authored many works with regarding resilience. Since their research has begun, they have presented more than 200 workshops across the country and abroad (Wolin & Wolin, 1999). Wolin is currently working on the resilience project, which consults schools, clinics, and prevention agencies. Froma Walsh is a "leading expert on a family resilience practice approach in fostering recovery from crisis, trauma and loss; navigating disruptive life transitions; and mastering ongoing challenges with chronic, multi-stress conditions and widespread disasters" (Chicago Center for Family Health, 2007, p. 1).

Resilience as Strength

This section defines resilience as a strength and seeks further to categorize the concept. Wolin (2003) referred to resilience as a sub-category to strength and defines it as "strengths honed in the struggle with hardship" (p. 19). Wolin identified 7 resiliencies: insight, independence, relationships, initiative, creativity, humor, and morality. Wolin along with her

husband Steven identified resiliencies from conducting 25 interviews on adults who were raised in troubled environments. The 7 resiliencies have been defined by behavior and function.

(1) Insight is said to be gained by asking tough questions of self and giving honest answers which gives clarity to situations.

(2) Independence is gained by separating self from trouble emotionally and physically which gives the individual physical and emotional safety.

(3) Relationships are important when individuals connect with people of substance. When individuals build strong relationships, they are provided with positive support systems and they develop systems of support when times of crisis strike.

(4) Initiative is defined as facing problems head on and meeting challenges by seeking solutions.

Initiative helps individuals solve problems and gives them a sense of pride that they themselves are able to handle their situation.

(5) Creativity comes into play when the individual is allowed to use their imagination which helps them be expressive in positive manners.

(6) Humor is said to introduce a softer side to the situation. Humor introduces laughter in times of trouble and strife; it is healthy to be able to laugh at oneself.

(7) The final resilience is morality which can be defined as being unselfish. Using morality encompasses thinking of others as well as and gives a person a sense of self worth and doing good.

Wolin introduced these as a strength based approach for another way of treating children faced with problems. While this approach was fairly new in 2003, Wolin believed that if individuals strengths are used in treatment, that person can become stronger and overcome life's obstacles.

Walsh (2003) defined resilience as the ability to endure and bounce back from the challenges and stressors of life. Walsh also identified resilience as strength, but does not break resilience into separate categories; instead, Walsh takes a systemic view of family resilience

and recognizes that serious crisis for an individual family member affects the entire family system. Walsh looked at vulnerability which was also recognized by Wolin (2003) as a counter to strength. Walsh identified key processes in family resilience to be having a family belief system, making meaning of adversity, having a positive outlook, and spirituality.

Risk and Resilience

This section reviews resilience as a response to risk. Dearden (2004) defined resilience as "positive adaptation to significant risk" (p. 187). Dearden identified risks associated with youth who have experienced local authority care. Some risk factors identified were low educational attainment, moves from homes and schools, lack of access to needed resources, and lack of adult support. From these risks, some protective factors were identified. Youth who had parents that stressed a good education and that viewed education as a way to a better life tended to perform better academically. Youth who also had peers that made good grades also tended to perform better academically.

Dearden found that if moves were planned the child was better prepared for the change.

Kitano and Lewis (2005) defined resilience as a "phenomenon of surviving and thriving in the face of adversity typically predictive of negative outcomes: poverty, family psychopathology, trauma" (p. 201). Resilience has to do with an individual's ability to deal with and cope with situations.

Kitano and Lewis (2005) identified four types of factors that influence resilience: compensatory, risk, protective and vulnerability. Compensatory factors can be variables such as educational aspirations and level of family functioning; risk factors can be variables such as poverty, and incarceration; protective factors can be self-esteem, and internal locus of control; and vulnerability factors can be inability to cope with stress. Compensatory and risk factors reveal consistent effects across levels of risk. Risk factors usually have harmful effects. Protective and vulnerability factors usually vary depending on risk factors.

Wolin (2003), Walsh (2003), Dearden (2004), and Kitano and Lewis (2005) all viewed resilience as a strength. These Researchers also related to the opposite of resilience or strength and note that there is a weakness for every strength. Each of these authors found vulnerability to be a weakness to resilience. Wolin (2003) has broken the category of resilience into 7 categories, offering a deeper lens to resilience. Many individuals in foster care tend to be resilient despite their attachment pattern or being removed from their primary familial unit. Although their family system has changed by being placed in foster care, the overall experience of being moved from their family of origin, placed in foster care, placement instability, and lack of a secure base or attachment figure affects the whole experience of the foster child.

Summary

This section discussed foster care, foster care placement, lack of a cohesive family, the Foster Care Independence Act, attachment and foster care, diary studies, the child welfare system and its workers, risk factors of resilience, and resilience as a strength.

Attachment theory and systems theory contribute to the foster care system. Foster care placement, placement instability, and lack of cohesive family contribute to the attachment patterns adapted to by foster children. The Foster Care Independence Act, child welfare system and its workers, risk factors of resilience all affect the holism of the foster care system. The sum of the parts, do affect the whole system, experience and child of the foster care system.

CHAPTER III

METHODOLOGY

This quantitative research study was designed to determine the attachment patterns of foster children, and to further determine the resiliency of the different attachment patterns among the population being studied. This research project utilized Systems theory and Attachment theory as a basis for theoretical foundation. This researcher sought to answer two research questions. Is there a difference in the attachment patterns of foster children who emancipated from the different types of foster care, institutional based care, kinship care, or non-kinship care, and Which attachment pattern among individuals who emancipated from foster care showed to be most resilient? This researcher further revealed findings for the following five hypotheses:

H₀1: There will be no statistically significant difference between the attachment patterns of individuals emancipating from kinship foster care and

those who emancipated from non-kinship foster care as measured by the Revised Adult Attachment Scale.

H₀2: There will be no statistically significant difference in the attachment patterns of individuals emancipating from kinship foster care and those who emancipated from institutional based foster care as measured by the Revised Adult Attachment Scale.

H₀3: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from institutional based foster care as measured by the Resilience Scale.

H₀4: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from non-kinship foster care as measured by the Resilience Scale (RS).

H₀5: There will be no statistically significant correlation between attachment patterns and resilience in individuals who emancipated from non-kinship foster

care and those emancipating from institutional based foster care as measured by the RAAS and the RS.

Participants

The participants in this research study were individuals who have emancipated from the foster care system and have reached the age of majority within the past 10 years. They ranged in age from 18-28 so they would have been served by the foster care system after the implementation of the Foster Care Independence Act of 1999. Although the foster care system is not perfect, changes and strides have been made to aid this population because of their needs. Participants were given scratch off tickets for their participation and entered into a drawing for a \$50 Wal-Mart gift card. The agencies that allowed this researcher into their facility were most helpful and the researcher agreed to share results upon completion of the study. This study gained responses from 31 previous foster children. The demographics were established on each respondent from a demographic questionnaire created by the principal investigator (see Appendix A).

The participants in the study answered two inventories, the Revised Adult Attachment Scale (RAAS) (see Appendix B) and the Resilience Scale (RS) (see Appendix C). The two inventories determined the attachment patterns and levels of resilience for the subgroups in the population.

The participants were obtained by contacting agencies that provide transitional living services for emancipated foster youths in the North Texas area, explaining the research study and seeking permission to solicit participants from their locations. This researcher contacted eight additional agencies that denied permission to solicit from their locations. Agencies would not give their permission to even post flyers stating that the individuals these individuals are minors, although the research study required participants to be 18 years of age. Flyers were placed around local colleges and universities (see Appendix D). Permission was also obtained from a large school district in the North Texas area to solicit permission for this research study, although no participants were obtained from this effort.

Protection of Human Subjects

Because this study involved human subjects, care was taken to obtain their informed consent, protect their confidentiality, and provide for their comfort in this research study. An application to conduct research was submitted and approved by the Internal Review Board (IRB) at Texas Woman's University (see Appendix E for letter of approval.) The research was conducted in accordance with the policies and procedures of IRB. Participants were informed of their rights, given the opportunity to ask questions, and asked to sign the letter of consent before beginning the study. The consent form (see Appendix F) specified how the data collected would be used and disseminated. The consent form also advised the participants that if they wanted the results of the study, they could complete a name and address section and be mailed a copy of the results. Participants were informed verbally and in writing that they could withdraw from the study at any time without penalty. The study was presented to the Human Subjects Review Committee at Texas Woman's University. All recommendations made by this committee to

further protect the participants were implemented and approved by the IRB Board before proceeding with this study.

Research Design and Procedure

For this research project, individuals who had emancipated from the foster care system completed a demographic questionnaire, the Revised Adult Attachment Scale, and the Resilience Scale. The participants answered demographic questions relating to their income status, their living arrangements, and their socioeconomic status. One of the participants was participating in an Independent Living or Transitional Living program to assist with being self-sufficient as reported by the demographic questionnaire.

This researcher determined if the attachment patterns and resilience levels were a reflection of placement in the foster care system, or if the problems faced by this population stemmed from other sources.

Instrumentation

Demographic Questionnaire

The demographic questionnaire is a 17 item self report assessment created by the principal investigator. This assessment was utilized to gain insight into the experiences of the participants while in foster care. The demographic questionnaire asked questions such as: Upon exiting the foster care system, where did you live? What did you like about your foster care experience? What didn't you like about your foster care experience, and what could have made your foster care experience better?

Revised Adult Attachment Scale TM

The participants answered the Revised Adult Attachment Scale (RAAS) developed by Collins (1996). This scale consisted of a series of 18 questions on a Likert type scale designed to elicit memories of childhood experiences and evaluations of the ways these experiences affected the current functioning of the individual. Participants were asked to provide descriptions of their relationships with their caregivers. The participants scored the RAAS according to how characteristic it was of them. There is a

five item Likert-type scale used with values ranging from not at all characteristic of the participant to very characteristic of the participant. From participating in this study and answering the RAAS it was determined the participants comfort with closeness and intimacy, their comfort with depending on others, and the degree to which they worry about being rejected or unloved. The three subscales in the RAAS are the close subscale, depend subscale, and the anxiety subscale, an additional subscale was created by Collins, the avoid subscale, which could also be used if just attempting to determine the participants level of attachment anxiety which is a model of self, and attachment avoidance which is a model of others. This researcher obtained permission from the originators of the inventory to utilize it in this study and a copy of the RAAS has been placed in the appendices. The RAAS asked such questions as: I find it relatively easy to get close to people; I find it difficult to allow myself to depend on others; and I often worry that romantic partners don't really love me.

Resilience Scale TM

The participants also took the Resilience Scale (RS) which was developed by Wagnild and Young (1993) to determine their levels of resilience. The RS is a 25 item Likert scale type inventory with the answers ranging from 1 to 7 for each question. The RS is a scale created and derived from interviews with resilient people and has been in use for the past 15 years (Wagnild, 2009). From this scale, the participants' levels of resilience have been determined. The RS score ranges from 25 to 175, the higher the score, the more resilient the individual. Scores that are greater than 145 reflect moderately high to high resilience, scores from 126 to 145 indicate moderately low to moderate levels of resilience, and scores of 125 or lower reflect low resilience. The resilience scale asked such questions as: When I make plans, I follow through with them; I usually manage one way or another; and I am able to depend on myself more than anyone else (Wagnild, 2009). A copy of the RS has been placed in the appendices (see Appendix B).

Analytical Procedure

Statistical Analyses were run on the information obtained. Statistical analyses run in this study were independent sample t-test, and the Pearson's Product Moment to determine a simple correlation. Crosstabulations were also run on the data to determine frequency. From this information, sub-groups were developed from the hypotheses. The sub groups were the close, depend, and anxiety scales based on the RAAS. Other variables reviewed in the study were self-sufficiency or resilience; kinship foster care, non-kinship foster care, and institutional foster care. Specific questions were developed to address each of the above variables. The participants' answers were grouped and categorized into one of the above categories. The data were analyzed by use of SPSS software, and differences and correlations were determined.

Summary

The participants in this study were recruited from local agencies in North Texas and they all completed a demographic questionnaire, Revised Adult Attachment Scale (RAAS), and the Resilience Scale (RS). The RAAS was used to

determine the attachment pattern of the population being studied. The RS was used to determine the levels of resilience of the participants. The participants were broken down into sub-groups to determine if there was a significant difference or correlation among the groups. The data were obtained and statistical analysis was run on the data.

CHAPTER IV

RESULTS

The present study examined attachment theory and its implications for resiliency in youths who have exited the foster care system utilizing three assessments, The Revised Adult Attachment Scale, The Resilience Scale, and a Demographic Questionnaire. Participants responded to the three assessments. Data were gathered and analyzed through statistical procedures.

All information obtained was coded and entered for analysis. Attachment and resiliency quantitatively measured using the Revised Adult Attachment Scale (RAAS) and the Resilience Scale (RS). The information from the demographic questionnaire was coded and entered to gain insight on the participants stay in the foster care system, and their current demographic information such as employment status and socioeconomic status.

By focusing on attachment patterns and resiliency, and individuals ranging in age from 18-28, this study differs

from other studies on foster care youths. Previous studies focused on infants and young children in foster care and less on youths who had reached the age of majority. The Demographic Questionnaire asked questions regarding the youths' stay in care and their experiences while in care.

Description of Sample

The sample for this study was individuals ranging in age from 18-28 years old. Although the study sought individuals ranging in age up to 28 years, no one older than 26 years of age participated in this study. Most of the participants were solicited from a local agency that provides services to the population being studied. This researcher attended several events hosted by the agency and was given the opportunity to explain the research and solicit participants for this research study.

The study sample (N=31) consisted of individuals ranging in age from 18-28 years old who have emancipated from the foster care system. Forty-six participants responded to the study; however, not all participants completed the study in completion. All participants resided in the North Texas area. Out of 46 participants, two

participants were not of age, one participant was 16 and the other was 17, although the claimed to be emancipated minors, their data were omitted. Nine participants did not complete all items on the RS, another 5 participants did not completely answer all questions on the demographic questionnaire and omitted the question which was used as the grouping variable, from which type of care did you emancipate; thus they were also omitted. The study included a total of 31 participants who answered all instruments.

The participants answered a demographic questionnaire and frequency charts were created on each of the 17 items. Frequency charts show the frequency or the number of times the data value occurs. Question 1 on the demographic questionnaire asked participants to give an alias. This was required to maintain anonymity of the participants. If any of the remarks made by the participants are referred to in this study, alias is used rather than the surname. Question 2 asked the age of the participants. This question was used to determine the participants' legal age in order to help to determine if they were able to participate in this research study. The participants ranged in age from 18-26.

A crosstabulation chart was created to determine the percentage of participants of each age across foster care type. Table 1 shows a crosstabulation chart displaying the ages of the participants.

Table 1
Age of Participants Across Foster Care Type

| Participants Age | Type of Foster Care | | | Total |
|------------------|---------------------|--------------|------------------|-------|
| | Institutional based | Kinship care | Non-Kinship Care | |
| 18 | 3 | 2 | 4 | 9 |
| 19 | 5 | 0 | 7 | 12 |
| 20 | 0 | 0 | 2 | 2 |
| 21 | 1 | 0 | 1 | 2 |
| 22 | 0 | 1 | 0 | 1 |
| 23 | 0 | 0 | 2 | 2 |
| 25 | 0 | 0 | 1 | 1 |
| 26 | 1 | 0 | 1 | 2 |
| Total | 10 | 3 | 18 | 31 |

Question 3 on the demographic questionnaire asked the highest level of education of the participants. Most of the participants reported that they graduated high school (38.7%), and (25.8%) had attended college, while only (3.2%) had completed college and obtained 3 masters

degrees. Twelve point nine percent of the participants had obtained GED's while 3.2% had only a 9th grade education. Of the participants, 6.5% had completed 10th and 11th grades. A crosstabulation chart was created on SPSS to determine the number of participants who completed each grade level across the different types of foster care. One participant failed to answer this question. Table 2 shows the number of participants completing each grade level.

Table 2
Level of Education Across Foster Care Type

| Highest Grade Completed | Type of Foster Care | | | Total |
|-------------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| <9th grade | 1 | 0 | 0 | 1 |
| 9th grade | 0 | 0 | 1 | 1 |
| 10th grade | 1 | 0 | 1 | 2 |
| 11th grade | 1 | 0 | 1 | 2 |
| 12th grade | 5 | 1 | 6 | 12 |
| GED | 0 | 1 | 3 | 4 |
| Masters Degree | 0 | 0 | 1 | 1 |
| Total | 10 | 3 | 18 | 31 |

Question 4 asked the employment status of the participants. Several participants reported that they were

employed (38.6%) while the majority of the participants were unemployed (54.5%). The results of this question as relevant to this study were similar to the results of Eilertson's study conducted in 2002. Eilertson showed that only 39% of participants of a research study conducted of 157 previous foster care youths were employed. This research is consistent with the study conducted by Eilertson. Table 3 show a crosstabulation chart of the employment status of the participants of this research study.

Table 3
Employment Status Across Types of Foster Care

| Employment Status | Type of Foster Care home | | | Total |
|-------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| Missing | | | 1 | 1 |
| employed | 5 | 1 | 7 | 13 |
| unemployed | 5 | 2 | 10 | 17 |
| Total | 10 | 3 | 18 | 31 |

Question 5 on the demographic questionnaire asked how much the participants make per year. Thirteen of the participants reported being employed while 17 reported being unemployed. Although only thirteen participants

reported being unemployed, 18 participants reported income. Almost half of the participants, 42.9% reported no income. Although some of the participants were employed, their reported income was not substantial, 22.6% reported earning \$0 - \$6,000 dollars per year; 6.5% reported earning \$6,001 - \$12,000 per year; 16.1% reported earning \$12,001 - \$18,000 per year; 3.2% reported earning \$18,001 - \$24,000; 3.2% reported earning \$24,001- \$30,000; 3.2% reported earning \$30,001 - \$36,000 and the remaining 3.2% of the participants reported earning \$42,000 or more per year. Table 4 shows a crosstabulation chart on the income of the participants across the types of foster care.

Table 4

Income Across Type of Foster Care

| Income | Type of Foster Care | | | Total |
|-----------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| 0 | 3 | 2 | 7 | 12 |
| 0-6,000 | 2 | 1 | 4 | 7 |
| 6,001 - 12,000 | 1 | 0 | 1 | 2 |
| 12,001 - 18,000 | 1 | 0 | 4 | 5 |
| 18,001 - 24,000 | 1 | 0 | 0 | 1 |
| 24,001 - 30,000 | 1 | 0 | 0 | 1 |
| 30,001 - 36,000 | 0 | 0 | 1 | 1 |
| over 42,000 | 0 | 0 | 1 | 1 |
| Total | 9 | 3 | 18 | 30 |

Question 6 asked the participants if they have medical insurance. Table 5 shows a crosstabulation chart of how many participants have medical insurance across the types of foster care. The majority of the participants did have medical insurance 83.9% while only 16.1% were without medical insurance.

Table 5

Medical Insurance Status Across Type of Care

| Medical Insurance | Type of Foster Care | | | Total |
|-------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| no | 2 | 1 | 2 | 5 |
| yes | 8 | 2 | 16 | 26 |
| Total | 10 | 3 | 18 | 31 |

Question 7 on the demographic questionnaire asked the ethnicity of the participants. The ethnicity of the participants found that the majority of the participants were African American 41.9%, 25.8% were Caucasian, 12.9% were other, 6.5% were multi-racial, 3.2% were Hispanic. Table 6 shows the data for ethnicity for the participants across the types of foster care.

Table 6

Ethnicity Across Type of Foster Care

| Ethnicity | Type of Foster Care | | | Total |
|------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based care | Kinship Care | Non-Kinship Care | |
| Missing | 3 | 0 | 0 | 3 |
| African American | 2 | 3 | 8 | 13 |
| Caucasian | 1 | 0 | 7 | 8 |
| Hispanic | 1 | 0 | 0 | 1 |
| Multi-Racial | 1 | 0 | 1 | 2 |
| Other | 2 | 0 | 2 | 4 |
| Total | 10 | 3 | 18 | 31 |

Question 8 on the demographic questionnaire was a two part question and asked the participants if they have siblings and if so how many. This question was asked to determine if the participants had siblings who may or may not have been placed in the foster care system. The last four participants reported having 11 - 25 siblings, they did not report if these were biological siblings or step-siblings. Table 7 shows the number of participants with and without siblings and the number of siblings the participants have across the types of care.

Table 7

Sibling Status Across the Type of Care

| Siblings | Type of Foster Care | | | Total |
|----------|--------------------------|--------------|-------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Relative Care | |
| no | 1 | 0 | 2 | 3 |
| yes | 9 | 3 | 15 | 27 |
| 1 | 2 | 0 | 1 | 3 |
| 2 | 1 | 1 | 5 | 7 |
| 3 | 0 | 0 | 2 | 2 |
| 4 | 1 | 0 | 2 | 3 |
| 5 | 2 | 0 | 2 | 4 |
| 6 | 0 | 1 | 0 | 1 |
| 7 | 1 | 0 | 0 | 1 |
| 8 | 0 | 0 | 2 | 2 |
| 10 | 1 | 0 | 0 | 1 |
| 11 | 1 | 0 | 0 | 1 |
| 15 | 0 | 0 | 1 | 1 |
| 18 | 0 | 0 | 1 | 1 |
| 25 | 0 | 0 | 1 | 1 |
| Total | 9 | 3 | 18 | 30 |

Question 9 asked the participants their age upon entry of the foster care system. Question 9 and 10 were asked to determine the length of stay of the participants in the foster care system. The participants ranged in age from birth to 17 years upon entering foster care. Table 8 shows a crosstabulation chart of the participants' age upon entry to the foster care system.

Table 8

Age Upon Entry Across Type of Foster Care

| Age Upon Entry | From which type of foster care home did you exit? | | | Total |
|----------------|---|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| 0 | 1 | 0 | 0 | 1 |
| 2 | 0 | 0 | 1 | 1 |
| 3 | 1 | 0 | 0 | 1 |
| 4 | 0 | 0 | 1 | 1 |
| 6 | 0 | 0 | 1 | 1 |
| 7 | 0 | 0 | 1 | 1 |
| 8 | 2 | 0 | 1 | 3 |
| 10 | 2 | 0 | 1 | 3 |
| 11 | 0 | 0 | 1 | 1 |
| 12 | 0 | 2 | 0 | 2 |
| 13 | 0 | 0 | 1 | 1 |
| 14 | 0 | 1 | 3 | 4 |
| 15 | 1 | 0 | 2 | 3 |
| 16 | 2 | 0 | 2 | 4 |
| 17 | 0 | 0 | 2 | 2 |
| 24 | 0 | 0 | 1 | 1 |
| Total | 9 | 3 | 18 | 30 |

Question 10 asked the participants their age upon exit from the foster care system. This question was asked to assist with determining the participants' length of stay in the system. The participants ranged in age from 13 to 19 upon exiting the foster care system; however, the majority of the participants, 73.3 % exited the system at 18 years of age. One participant reported being unsure of their age at the time of entry into foster care and to still be in foster care thus, not having exited yet. Table 9 shows a crosstabulation chart of the participants' age upon exiting the foster care system across the different types of foster care.

Table 9
Age Upon Exit Across Type of Foster Care

| Age Upon Exit | Type of Foster Care | | | Total |
|---------------|--------------------------|--------------|-------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Relative Care | |
| 13 | 0 | 0 | 1 | 1 |
| 15 | 0 | 0 | 1 | 1 |
| 18 | 7 | 2 | 13 | 22 |
| 19 | 3 | 1 | 2 | 6 |
| Total | 10 | 3 | 17 | 30 |

Question 11 asked if the participants have ever been incarcerated and if so, how many times. When asked if they had been incarcerated, (n = 18, 58.1%) of the participants had not while the remaining (n = 13, 41.9%) had been incarcerated at least once. Approximately 3% of the participants had been incarcerated 5 times, 6.5% of the participants had been incarcerated 4 times, 6.5% of the participants had been incarcerated 3 times, 12.9% had been incarcerated 2 times, and 9.7% had been incarcerated once. Table 10 shows a crosstabulation chart of the rate of incarceration of the participants.

Table 10

Incarceration Status Across Type of Foster Care

| Incarceration Status | Type of Foster Care Home | | | Total |
|----------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| no | 5 | 2 | 11 | 18 |
| yes | 5 | 1 | 7 | 13 |
| 0 | 5 | 2 | 11 | 18 |
| 1 | 1 | 0 | 2 | 3 |
| 2 | 2 | 1 | 1 | 4 |
| 3 | 1 | 0 | 1 | 2 |
| 4 | 1 | 0 | 1 | 2 |
| 5 | 0 | 0 | 1 | 1 |
| Total | 10 | 3 | 17 | 30 |

Question 12 asked the marital status of the participants. The majority of the participants reported being single (n = 29, 93.5%), a small (n = 1, 3.2%) reported being married. Table 11 shows the marital status of the participants.

Table 11

Marital Status Across the Type of Foster Care

| Marital Status | Type of Foster Care Home | | | Total |
|----------------|--------------------------|--------------|------------------|-------|
| | Institutional Based care | Kinship Care | Non-Kinship Care | |
| | 0 | 0 | 1 | 1 |
| single | 10 | 3 | 16 | 29 |
| married | 0 | 0 | 1 | 1 |
| Total | 10 | 3 | 18 | 31 |

Question 13 on the demographic questionnaire asked the participants where they lived upon exiting the foster care system. Upon exiting the foster care system, the participants lived many different places, (n = 2, 6.5%) of the participants were homeless, (n = 2, 6.5%) lived with friends, (n = 2, 6.5%) remained with their foster family, (n = 4, 12.9%) reported they lived with a family member, (n = 6, 19.4%) resided in a group home or transitional living facility, (n = 6, 19.4%) resided with in an apartment or school dormitory, and (n = 9, 29%) listed the city or state they resided in. Table 12 shows a crosstabulation chart of the living arrangements of the participants once they emancipated from the system.

Table 12

Living Arrangements Upon Exiting Care Across Types of Foster Care

| Living Arrangement | Type of Foster Care | | | Total |
|----------------------|--------------------------|--------------|------------------|-------|
| | Institutional Based Care | Kinship Care | Non-Kinship Care | |
| family | 1 | 1 | 2 | 4 |
| group home | 4 | 0 | 2 | 6 |
| apartment/self/dorms | 2 | 1 | 3 | 6 |
| city or state | 2 | 1 | 6 | 9 |
| homeless shelter | 1 | 0 | 1 | 2 |
| friends | 0 | 0 | 2 | 2 |
| foster family | 0 | 0 | 2 | 2 |
| Total | 10 | 3 | 18 | 31 |

Question 14 on the demographic questionnaire asked the participants what they liked about their foster care experience. Many of the participants reported they liked nothing about their foster care experience, while others reported liking their foster parents and being part of a family. Many reported that they liked the people they met and enjoyed meeting new friends, and seeing different things. Others reported they enjoyed the benefits they received and having college paid for.

The category other was added to this frequency chart because many participants listed things that were not common or shared among the population being studied. If an answer was given more than once, or could be grouped into a category, it was included as an answer choice. Because some of the answers were very different, they were categorized as other which is explained later. The frequency chart reflected answers with a frequency of one due to the participants that were eliminated from the study. White Chocolate, who was 18 years of age with a high school diploma, stated "I had a place to stay, I got out of a broken household." Shannon who was 26 years of age and has three masters' degrees stated that she liked CASA, which is Court Appointed Special Advocates. Gee Gee who is a 21 year old freshman in college stated that foster care helped her shape up to the young lady she is today. CJ who is 19 years old and has some college stated that he was blessed to be in foster care, and Sean who is 18 with a high school diploma said he liked "how they take care of your financial needs." The responses to this question varied but it seems that not all the participants had bad experiences. A few

even wrote that they were blessed to be in foster care and that it changed their lives.

Question 15 asked the participants what they did not like about their foster care experience. Many of the participants reported that their foster care experience would have been better with fewer restrictions, while (16.1%) reported being raped or abused while in foster care. They reported not liking all the rules they had, and not being able to participate in activities like other kids. Many of the participants just stated there was nothing they liked about their foster care experience and they would change everything. Table 13 is a frequency chart that reports what the participants' perception about foster care.

Table 13

| <i>Perception of Foster Care</i> | | | | | |
|---|-----------|---------|---------------------------------|-----------|---------|
| Liked | Frequency | Percent | Disliked | Frequency | Percent |
| | | | Rules | 3 | 9.7 |
| | | | Unable to Participate in things | 2 | 6.5 |
| Nothing | 5 | 16.1 | Being Raped or Abused | 5 | 16.1 |
| Seeing Different Things/ Freedom | 2 | 6.5 | Everything | 8 | 25.8 |
| Being Part of a Family/Parents/ Having a Home | 6 | 19.4 | People | 2 | 6.5 |
| Other | 6 | 19.4 | Drama | 1 | 3.2 |
| People I Met | 3 | 9.7 | Nothing | 4 | 12.9 |
| Being Treated Well/Great Living Normal | 4 | 12.9 | Missed Family | 1 | 3.2 |
| Learning Skills | 1 | 3.2 | Moved A lot | 2 | 6.5 |
| Getting College Paid for | 3 | 9.7 | Workers/Parents | 2 | 6.5 |
| Missing | 1 | 3.2 | Missing | 1 | 3.2 |
| Total | 31 | 100.0 | Total | 31 | 100.0 |

Question 16 asked what could have made their foster care experience better. They stated their experiences would have been better if more checks would have been conducted

of their foster families or institutions, or if they had more family contact. The participants also reported that there were too many rules that had to be followed and they wished they had more freedom. The participants also reported lots of staff turnover and many placements. A few of the participants reported that they had been abused while in care. Table 14 is a frequency chart of things that the participants felt would make their foster care experience better.

Table 14

Improving Foster Care Experience

| Improve Foster Care | Frequency | Percentage |
|------------------------------------|-----------|------------|
| Freedom | 3 | 9.7 |
| Other | 9 | 29.0 |
| Nothing | 3 | 9.7 |
| Staff Turnover | 2 | 6.5 |
| Less Abuse | 1 | 3.2 |
| Family/ Seeing Family More | 2 | 6.5 |
| More Checks by CPS Staff | 2 | 6.5 |
| Having Money/ More Wants | 4 | 12.9 |
| The System/ Placements | 1 | 3.2 |
| Having Mentors/ Positive People | 2 | 6.5 |
| Missing | 2 | 6.5 |
| Total | 31 | 100 |

The category other was also added to this frequency chart because many participants listed things that were not common or shared among the population for this question as well. If an answer was given more than once, or could be

grouped into a category, it was included as an answer choice. The frequency chart reflected answers with a frequency of one due to the participants that were eliminated from the study. Italy, who was 19 years old and had completed the 10th grade, replied that it would have been better if he had a safe place to put his stuff. Sasha, who was 19 years old with a high school diploma, answered that it would have been better if she had allowed people to help her. Starr, who was 20 years of age and had completed 1 year of college, said her experience would have been better if they had listened to youth more. Dread Bear who was 19 years old and a high school dropout stated that it would have helped if he had understood CPS staff more. Superwoman, who was 25 years old with some college, stated that it would have been better if they had made the environment more like a home environment, and Clover, who was 20 and had completed a GED, stated that it would have been better if her were on less medication. The results of this question varied.

Question 17 on the demographic questionnaire asked from what type of care the participants exited; ie:

institutional based care; kinship care; or home bases care. The majority of the participants exited out of home base care while the least amount of participants exited from kinship care. The results of this question supported the findings of NAIC (2003), a drop in kinship care. Table 15 is a frequency chart that shows the number of participants exiting from each type of care.

Table 15

Foster Care Placement Type

| Type of Care Exited | Frequency | Percent |
|------------------------|-----------|---------|
| Non-Kinship Care | 18 | 58.1 |
| Institution Based Care | 10 | 32.3 |
| Kinship Care | 3 | 9.7 |
| Total | 31 | 100.0 |

Due to the participants' answers to questions 3, 4, 5, and 6 on the demographic questionnaire, this researcher sought to determine if there was a correlation between the participants level of education, their employment status, their income and if they had medical insurance. It was determined that there was no correlation between the participants' level of education and whether or not they had medical insurance. There was a correlation between the

participants' level of education and earnings per year as well as their employment status and income. The coefficient correlation for the participants' level of education to their earnings per year is as follows: $r(28) = 1.46$, $p < .05$; the correlation of the participants employment status to their income is as follows: $r(26) = .70$, $p < .01$. Table 16 shows the correlation between the participants' level of education, employment status, income, and medical insurance.

Table 16

Correlation of Level of Education, Employment Status, Income Per Year, and Medical Insurance

| S. E. S. | 1 | 2 | 3 | 4 | M | SD |
|---|------|---------|---------|-------|------|------|
| 1. What is your highest level of education? | | -0.35 | .44* | -0.06 | 3.39 | 1.58 |
| 2. What is your employment status? | -.35 | | -0.70** | -0.01 | 1.59 | 0.50 |
| 3. How much do you make per year? | .44* | -0.70** | | 0.17 | 1.63 | 2.04 |
| 4. Do you have medical insurance? | 0.74 | 0.94 | 0.36 | | 0.83 | 0.37 |

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

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

The purpose of the demographic questionnaire was to determine if the statistics of this population were similar to previous studies conducted. This research showed that the majority of the participants emancipated from non-

kinship care and upon emancipating, a few were homeless while others reported participating in a transitional living facility. Although a large percentage of this population did not report being homeless, 2 participants were homeless. The participants reported their stay in care could have been better if they had been checked on more by CPS or if they had more freedom. This research study differed from others in asking the participants what they liked and disliked about care, and what could have made their foster care experience better.

Quantitative Research Questions

The research questions derived from the behavioral system of attachment theory and resilience and the effects each have on individuals emancipating from the foster care system. Did attachment pattern have an effect on resilience of the population being studied, and did the levels of resilience have a bearing on attachment patterns of individuals emancipating from the foster care system. Did individuals who emancipated from one type of foster care fare better or show to be more resilient than individuals

who emancipated from other types of care? The following questions guided this research:

Research Question 1: Is there a difference in the attachment patterns of foster children who emancipated from the different types of foster care, institutional based care, kinship care, or non-kinship care? (H_01 , H_02 , H_05)

Research Question 2: Which attachment pattern among individuals who emancipated from foster care showed to be most resilient? (H_03 , H_04 , H_05 ,)

Null Hypothesis

The research questions were restated in the form of null hypothesis to facilitate answering those using statistical analyses. The null hypotheses were organized according to the type of data and corresponding tests that would be run on the data in an attempt to answer the broader research questions. Each null hypothesis applied to adults' age 18 to 28 years old that emancipated from foster care. All participants were from the North Texas area.

H_01 : There is no statistically significant difference between the attachment patterns of individuals emancipating from kinship foster care and individuals

emancipating from non-kinship foster care as measured by the Revised Adult Attachment Scale.

H₀2: There will be no statistically significant difference in the attachment patterns of individuals emancipating from kinship foster care and those emancipating from institutional based foster care as measured by the Revised Adult Attachment Scale.

H₀3: There will be no statistically significant difference in levels of resiliency of individuals emancipating from kinship foster care and those emancipating from institutional based foster care as measured by the Resilience Scale.

H₀4: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from non-kinship foster care as measured by the Resilience Scale (RS).

H₀5: There will be no statistically significant correlation between attachment patterns and resilience in individuals who emancipated from the three types of foster care; kinship care, non-kinship foster care, and

those emancipating from institutional based foster care as measured by the RAAS and the RS.

Statistical Analysis

Crosstab analyses with Pearson's product moment, frequency charts, chi-square (χ^2) tests, and independent-sample t-test were run, using statistical package for the social sciences (SPSS) software, on the information obtained to uncover potential relationships between resilience and attachment. Crosstab analyses were used to examine the relationships between categorical variables measured on nominal or ordinal scales. Frequency charts were designed to determine the percentage of participants who answered the questions in a certain manner or who fall under a certain category. Pearson's product moment tests were used to determine whether or not a significant relationship exists between the variables. The Pearson's Product Moment determines a simple correlation. Chi-square(χ^2) and independent samples t-test determined a difference because they tests for independent samples. Levene's Test for equality of variance was run to test for

homogeneity of variance and to determine if the assumption that variances are equal across groups or samples.

From the information gained in this study, sub-groups have been developed from the five hypotheses. The sub groups are the close, depend, and anxiety scales based on the revised adult attachment scale (RAAS); self-sufficiency or resilience; kinship care, non-kinship care, and institutional care. There were specific questions developed to address each of the above variables. The participants' answers were grouped and categorized into one of the above categories.

The participants first answered the demographic questionnaire which revealed information relative to their background, socioeconomic status, type of care they emancipated from, and living arrangements upon emancipation from the foster care system. This information was coded and statistical tests were run to determine the frequency of their life events. Findings of the statistical analyses are organized by hypothesis.

Hypotheses

H₀₁: There is no statistically significant difference

between the attachment patterns of individuals who emancipated from kinship foster care and individuals who emancipated from non-kinship foster care as measured by the Revised Adult Attachment Scale. The question that asked participants from which type of foster care home did they emancipate was used as a grouping variable.

Crosstabs and Independent Samples t-tests were calculated to show the difference in attachment patterns between those emancipating from kinship care and those emancipating from non-kinship care. Table 17 shows the group statistics for hypothesis 1.

Table 17

| <i>Close, Depend and Anxiety Scale Score of Kinship vs. Non-Kinship Care</i> | | | | |
|--|------------------|----|------|------|
| Scale | Type of Care | n | M | SD |
| Close Scale | Kinship Care | 3 | 4.00 | 0.57 |
| | Non-Kinship Care | 18 | 3.15 | 0.96 |
| Depend Scale | Kinship Care | 3 | 3.22 | 0.15 |
| | Non-Kinship Care | 18 | 2.63 | 0.79 |
| Anxiety Scale | Kinship Care | 3 | 2.27 | 0.85 |
| | Non-Kinship Care | 18 | 2.68 | 1.14 |

There were only three participants who emancipated from kinship care that completed the RAAS in its entirety. There were 18 participants who emancipated from non-kinship care who completed the inventory. The mean score and standard deviation on the close scale for individuals

emancipating from kinship care were: ($M = 4.00$, $SD = 0.57$). Among the participants who emancipated from non-kinship care, the mean score and standard deviation on the close scale were: ($M = 3.15$, $SD = 0.96$). The mean was based on the data set studied and calculated by dividing the sum of the observations by the number of observations. The standard error mean is based on the sample size and the standard deviation. The larger the sample size is, the less the chance for error. Table 18 reported the individual scores on the close subscale of the participants who emancipated from kinship care and non-kinship care from conducting crosstabulations for the data.

Table 18

Crosstabulation on Closeness and Kinship vs. Non-Kinship Care

| Close Scale Scores | Kinship Care | Non-Kinship Care | Total |
|--------------------|--------------|------------------|-------|
| 1.83 | | 2 | 2 |
| 2.00 | | 1 | 1 |
| 2.17 | | 1 | 1 |
| 2.33 | | 1 | 1 |
| 2.50 | | 2 | 2 |
| 3.00 | | 1 | 1 |
| 3.17 | | 2 | 2 |
| 3.33 | | 1 | 1 |
| 3.67 | 2 | 1 | 3 |
| 3.83 | | 3 | 3 |
| 4.17 | | 1 | 1 |
| 4.67 | 1 | 1 | 2 |
| 5.00 | | 1 | 1 |
| Mean Score | 4.00 | 3.15 | |
| Total | 3 | 18 | 21 |

Table 19 reported the individual scores on the depend subscale of the participants who emancipated from kinship care and non-kinship care.

Table 19

Corroboration on Dependency and Kinship vs. Non-Kinship Care

| Depend Scale Scores | Kinship Care | Non-Kinship Care | Total |
|---------------------|--------------|------------------|-------|
| 1.33 | | 1 | 1 |
| 1.83 | | 3 | 3 |
| 2.00 | | 1 | 1 |
| 2.17 | | 1 | 1 |
| 2.33 | 2 | 3 | 5 |
| 2.67 | | 2 | 2 |
| 3.00 | | 1 | 1 |
| 3.17 | | 3 | 3 |
| 3.33 | | 1 | 1 |
| 4.17 | | 2 | 2 |
| 5.00 | 1 | | 1 |
| Mean Score | 3.22 | 2.63 | |
| Total | 3 | 18 | 21 |

Table 20 reported individual scores on the anxiety subscale of the RAAS for the participants who emancipated from kinship and non-kinship care.

Table 20

Crosstabulation on Anxiety and Kinship vs. Non Kinship Care

| Anxiety Scale Scores | Kinship Care | Non-Kinship Care | Total |
|----------------------|--------------|------------------|-------|
| 1.33 | 1 | 2 | 3 |
| 1.50 | | 1 | 1 |
| 1.67 | | 1 | 1 |
| 1.83 | | 2 | 2 |
| 2.00 | | 1 | 1 |
| 2.33 | | 2 | 2 |
| 2.50 | 1 | 2 | 3 |
| 3.00 | 1 | 2 | 3 |
| 3.33 | | 1 | 1 |
| 3.83 | | 1 | 1 |
| 4.50 | | 2 | 2 |
| 5.00 | | 1 | 1 |
| Mean Score | 2.27 | 2.68 | |
| Total | 3 | 18 | 21 |

The participants who emancipated from kinship care scored high overall on both the close and depend scales and low overall on the anxiety scale which indicates secure attachment. The participants emancipating from non-kinship care scored high overall on the close scale, and half of the participants scored high while the other half scored low on the depend and anxiety scales. Looking at the data closer would required examining the mean score for the depend and anxiety scales. Reviewing the mean scores indicates high scores on all three scales for those who emancipated from non-kinship care. Since even the anxiety scale score is high, insecure attachment was indicated for

the participants who emancipated from non-kinship care. Table 21 shows the results of the t-test run for those emancipating from kinship and non-kinship care.

Table 21

Attachment on Kinship vs. Non-Kinship Care

| | F | df | t | p |
|---------------|------|----|-------|------|
| Close Scale | 1.24 | 19 | 1.45 | 0.16 |
| Depend Scale | 3.77 | 19 | 1.03 | 0.31 |
| Anxiety Scale | 0.63 | 19 | -0.58 | 0.56 |

p < .05

According to the T-test because we are assuming that p is significant at the .05 level, there was no significance shown for the close, depend or the anxiety scales. Levene's test for equality of variance also showed no significance when assuming that p was significant at the .05 level.

H₀2: There will be no statistically significant difference in the attachment patterns of foster care children in kinship care and those in institutional based care as measured by the Revised Adult Attachment Scale. The question from the demographic questionnaire asking from which type of care did you emancipate from was used as a grouping variable and statistical tests were run. Table 22

shows the group statistics for hypothesis 2.

Table 22

Close, Depend and Anxiety Scale Scores of Kinship vs. Institutional Based Care

| Scale | Type of Care | n | M | SD |
|---------------|--------------------------|----|------|------|
| Close Scale | Kinship Care | 3 | 4.00 | 0.57 |
| | Institutional Based Care | 10 | 3.66 | 0.57 |
| Depend Scale | Kinship Care | 3 | 3.22 | 1.53 |
| | Institutional Based Care | 10 | 3.18 | 0.71 |
| Anxiety Scale | Kinship Care | 3 | 2.27 | 0.85 |
| | Institutional Based Care | 10 | 2.90 | 1.22 |

There were only three participants who emancipated from kinship as compared to the ten who emancipated from institutional based care who completed the RAAS in its entirety. The mean score for the close scale among the participants who emancipated from kinship care was ($M = 4.00$, $SD = 0.57$). Among the participants who emancipated from institutional based care, the mean score on the close scale was ($M = 3.66$, $SD = 0.57$). The mean was based on the data set studied and calculated by dividing the sum of the observations by the number of observations. The standard error mean is based on the sample size and the standard deviation. The larger the sample size is, the less the

chance for error. Table 23 reports the individual scores of the participants who emancipated from kinship care and institutional based care from conducting crosstabulations for the data.

Table 23
Crosstabulation on Closeness and Kinship vs. Institutional Based Care

| Close Scale Scores | Kinship Care | Institutional Based Care | Total |
|--------------------|--------------|--------------------------|-------|
| 2.83 | | 1 | 1 |
| 3.00 | | 1 | 1 |
| 3.33 | | 2 | 2 |
| 3.50 | | 1 | 1 |
| 3.67 | 2 | | 2 |
| 3.83 | | 2 | 2 |
| 4.00 | | 1 | 1 |
| 4.33 | | 1 | 1 |
| 4.67 | 1 | 1 | 2 |
| Mean Score | 4.00 | 3.66 | |
| Total | 3 | 10 | 13 |

Table 24 shows the individual scores for the depend subscale and the individuals who emancipated from kinship care and those who emancipated from institutional based care.

Table 24

Crosstabulation on Dependency and Kinship vs. Institutional Based Care

| Depend Scale Scores | Kinship Care | Institutional Based Care | Total |
|---------------------|--------------|--------------------------|-------|
| 2.33 | 2 | 2 | 4 |
| 2.67 | | 1 | 1 |
| 2.83 | | 1 | 1 |
| 3.17 | | 2 | 2 |
| 3.33 | | 1 | 1 |
| 3.50 | | 1 | 1 |
| 3.83 | | 1 | 1 |
| 4.67 | | 1 | 1 |
| 5.00 | 1 | | 1 |
| Mean Score | 3.22 | 3.18 | |
| Total | 3 | 10 | 13 |

Table 25 shows individual scores for the anxiety subscale and the participants who emancipated from kinship and institutional based care.

Table 25

Crosstabulation on Anxiety and Kinship vs. institutional based care

| Anxiety Scale Scores | Kinship Care | Institutional Based Care | Table |
|----------------------|--------------|--------------------------|-------|
| 1.00 | | 1 | 1 |
| 1.17 | | 1 | 1 |
| 1.33 | 1 | | 1 |
| 2.00 | | 1 | 1 |
| 2.50 | 1 | | 1 |
| 2.67 | | 1 | 1 |
| 3.00 | 1 | | 1 |
| 3.17 | | 1 | 1 |
| 3.33 | | 3 | 3 |
| 4.17 | | 1 | 1 |
| 4.83 | | 1 | 1 |
| Mean Score | 2.27 | 2.90 | 1 |
| Total | 3 | 10 | 13 |

Overall, the participants who emancipated from institutional based care showed insecure attachment. They scored high on both the close and depend scales, but they also scored high on the anxiety scale. Collins (1996) has defined a high score on all three subscales to be anything over the midpoint. For a participant to have secure attachment, they must score high on the close and depend scales, but low on the anxiety scale. The participants who emancipated from kinship care also scored high overall on both the close and depend scales. The participants who emancipated from kinship care did score slightly higher on the depend scale than did the participants who emancipated from institutional based care. Those participants who emancipated from institutional based care scored higher on the anxiety subscale than did those from kinship care and their overall score was above the mid point for scale, thus they do not have secure attachment. Table 26 showed the results of the T-test run for attachment and institutional and kinship care.

Table 26

Attachment of Kinship vs. Institutional Based Care

| | F | df | t | p |
|---------------|------|----|-------|------|
| Close Scale | 0.01 | 11 | -0.87 | 0.39 |
| Depend Scale | 4.67 | 11 | -0.06 | 0.95 |
| Anxiety Scale | 0.57 | 11 | 0.81 | 0.43 |

$p < .05$

According to the t-test because we are assuming that p is significant at the .05 level all results there was no significance shown for the close, depend or anxiety scales. The assumed significance level of p on all scales is .05. Levene's test for equality of variance also showed no significance when assuming that p was significant at the .05 level.

H₀₃: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from institutional based foster care as measured by the Resilience Scale. Table 27 shows the group statistics for hypothesis 3.

Table 27

| <i>Mean Scores of Resilience on Kinship vs. Institutional Based Care</i> | | n | M | SD |
|--|--------------------------|----|--------|-------|
| Resilience Scale | Kinship Care | 3 | 156.33 | 13.86 |
| | Institutional Based Care | 10 | 130.20 | 43.86 |

The mean score for those emancipating from kinship care was ($M = 156.33$, $SD = 13.86$) and the mean score for those emancipating from institutional based care was ($M = 130.20$, $SD = 43.86$). Those emancipating from kinship care scored higher than those who emancipated from institutional based care, and were more resilient. Those emancipating from kinship care reflected moderately high resilience as opposed to those emancipating from institutional based care who reflected moderately low to moderate levels of resilience. Table 28 shows the independent sample T-test run for hypothesis 3.

Table 28

| <i>Resilience of Kinship vs. Institutional Based Care</i> | | | | |
|---|------|----|-------|------|
| | F | df | t | P |
| Resilience Scale | 6.16 | 11 | -0.99 | 0.34 |

$p < .05$

According to the results of the T-test, there was a significant relationship among the variables presented.

Assuming that p is significant at the .05 level, there is a significant relationship.

H₀4: There will be no statistically significant difference in levels of resiliency of individuals who emancipated from kinship foster care and those who emancipated from non-kinship foster care as measured by the Resilience Scale (RS). Table 29 shows group statistics for hypothesis 4.

Table 29

Mean Scores of Resilience on Kinship vs. Non-Kinship Care

| | | n | M | SD |
|------------------|------------------|----|--------|-------|
| Resilience Scale | Kinship Care | 3 | 156.33 | 13.86 |
| | Non-Kinship Care | 17 | 147.94 | 18.57 |

There were three participants who completed the resilience scale in its entirety who emancipated from kinship care, and 17 participants who completed the resilience scale in its entirety who emancipated from non-kinship care. The mean score for those who emancipated from kinship care was ($M = 156.33$, $SD = 13.86$); and the mean score for those who emancipated from non-kinship care was ($M = 147.94$, $SD = 18.57$). Both groups had moderately high to high levels of resilience based on the criteria listed

by Wagnild (2009). The participants who emancipated from kinship care scored approximately nine points higher on the resilience scale than did those participants who emancipated from non-kinship care; however, both groups reflect moderately high to high resilience. Table 30 shows an independent sample T-test for hypothesis 4.

Table 30

Resilience of Kinship vs. Non-Kinship Care

| | F | t | df | P |
|------------------|------|------|----|------|
| Resilience Scale | 0.30 | 0.74 | 18 | 0.46 |

p < .05

According to the results of the T-test, there is a significant relationship among the variables presented. When equal variance is assumed, $p < .46$. Assuming that p is significant at the .05 level, there is a significant relationship.

Hypothesis 5

H₀₅: There will be no statistically significant Correlation between attachment patterns and resilience in individuals emancipating from the three different types of foster care; kinship care, non-kinship foster care, and institutional based foster care as measured by the Revised Adult Attachment Scale and the Resilience Scale. The

significant correlations of the close and depend scales show a coefficient correlation of $r(29) = .44, p < .01$.

Table 31 shows the group statistics for hypothesis 5.

Table 31

| <i>Close, Depend, Anxiety and Resilience Scale Scores Among the Types of Foster Care</i> | | | |
|--|----|--------|-------|
| Scales | N | M | SD |
| Close Scale | 31 | 3.40 | 0.86 |
| Depend Scale | 31 | 2.87 | 0.86 |
| Anxiety Scale | 31 | 2.71 | 1.12 |
| Resilience Scale | 30 | 142.86 | 29.71 |

The mean score for all participants in the study on the close scale ($M = 3.40, SD = 0.86$); the mean score on the depend scale for all participants ($M = 2.87, SD = 0.86$); the mean score for all participants on the anxiety scale ($M = 2.71, SD = 1.12$); the mean score on the resiliency scale for all participants in the study ($M = 142.86, SD = 29.71$). Hypothesis 5 reflects the attachment styles and resilience of all participants in the study. One participant was not scored on the resilience scale due to marking more than one answer on several questions. Table 32 reflects the correlation of the participant's attachment styles and resilience.

Table 32

Correlation between Attachment Patterns with Resilience Levels

| Type of Care/ Scale | 1 | 2 | 3 | 4 | 5 | M | SD |
|--|-------|-------|-------|-------|-------|--------|-------|
| 1. Type of Foster Care home Emancipated From | 1.00 | -0.29 | -0.30 | -0.07 | 0.26 | 2.26 | 0.93 |
| 2. Close Scale | -0.29 | 1.00 | .59** | -0.02 | -0.07 | 3.40 | 0.86 |
| 3. Depend Scale | -0.30 | .59** | 1.00 | -0.19 | 0.00 | 2.87 | 0.86 |
| 4. Anxiety Scale | -0.07 | -0.02 | -0.19 | 1.00 | -0.03 | 2.71 | 1.12 |
| 5. Resilience Scale | 0.26 | -0.07 | 0.00 | -0.03 | 1.00 | 142.86 | 29.71 |

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

The results of the correlational study shows there are a significant correlation between the close and depend subscales at the .01 level. Overall, the participants as a whole, scored moderately low to moderate on their levels of resilience. There was also a significant correlation between resilience and the close and anxiety scales. The mean scores on all three subscales, close, depend, and anxiety were above the mid-point which indicated insecure attachment overall as a group.

Research Questions

This part of the study involved delving deeper into the research questions and examining them against the hypothesis studied. The demographic questionnaire was

designed using some open ended questions to elicit responses from the participants that required insight into the participants foster care experience. The demographic questionnaires were also used to gain insight from the participants' point of view.

Research questions guiding the quantitative research were:

Research Question 1: Is there a difference in the attachment patterns of individuals who emancipated from the different types of foster care, institutional based care, kinship care, or non-kinship care?

Research Question 2: Which attachment pattern among individuals who emancipated from foster care showed to be most resilient?

When reviewing research question 1, is there a difference in the attachment patterns of individuals who emancipated from the different types of foster care; institutional based care, kinship care, or non-kinship care there was not a difference in the attachment patterns of individuals emancipating from institutional based care and those emancipating from non-kinship care. For the mean score on the close, depend and anxiety scale was above the

median point for all scales which indicates insecure attachment for both groups. There was a difference in the attachment patterns of those emancipating from kinship care. The participants who emancipated from kinship care had secure attachment patterns because they scored high on the close and depend scales and low on the anxiety scale. Participants who emancipated from non-kinship care and institutional based care scored high on all three scales and for secure attachment to be indicated there must be a low score on the anxiety scale, below the mid-point for the scale.

Research question 2 asked which attachment pattern among individuals who emancipated from foster care showed to be most resilient. The answer to this question is the secure attachment pattern. Those emancipating from kinship care showed to be securely attached and also reflected moderately high levels of resilience. The RAAS revealed if the participants were securely or insecurely attached, it did not reveal an attachment dimension according to Bowlby (1978), however, those who emancipated from kinship care showed the highest level of resilience followed by those in

non-kinship care. Those who emancipated from institutional based care showed the lowest levels of resilience. Those emancipating from both non-kinship care and institutional based care had insecure attachment patterns.

Although those emancipating from kinship care scored higher on the Resilience Scale, due to the limited sub-sample size, the results can not be generalized as compared to the results of the remainder of the sample. Due to the sub-sample size of those emancipating from non-kinship and institutional based care, the results of that facet of the study were more generalizable.

Summary

Chapter IV presented the findings from the statistical analyses and qualitative analysis from the demographic questionnaire. This chapter began with a statistical description of the sample from the population being studied. Results from the demographic questionnaire were followed by the results from the hypotheses.

Sample Description Summation

Of the 31 participants in the study, approximately half of the participants in this study were African

American 41.9%, and 25.8% were Caucasian. Many of the participants were high school graduates, 38.7% and 25.8% had attended college. Of the participants that completed the demographic questionnaire, 54.8% were unemployed.

Of the participants in the study, 58.1% emancipated from non-kinship care, 32.3% emancipated from institutional based care, and 9.7% emancipated from kinship care. Findings for this study were skewed due to the insufficient number of participants in the study, specifically for the sub population from kinship care. The participants reported that their stay in foster care could have been better if they had more freedom and more money to do the things they wanted to do. One participant reported that her stay would have been better had she not been raped by her foster brother at the age of 12. Some reported they liked nothing about their foster care experience and they would change everything.

Hypothesis Summation

Quantitative data were analyzed using Pearson Product Moment correlations, independent sample t-tests, and crosstabulations within the Statistical Packages for Social

Studies (SPSS) computer software program. Hypothesis 1 examined the attachment patterns of individuals emancipating from kinship and non-kinship care. The null hypothesis was rejected, it was found that those emancipating from kinship care had a secure attachment pattern as opposed to those who emancipated from non-kinship care who had an insecure attachment pattern.

Hypothesis 2 examined the attachment patterns of individuals emancipating from kinship care and those emancipating from institutional based care. This hypothesis was also rejected. It was discovered that individuals who emancipated from institutional based care were insecurely attached as opposed to those who emancipated from kinship care. Those emancipating from kinship care score high on the close and depend scales, and low on the anxiety scales, thus, they had a pattern of secure attachment.

Hypothesis 3 examined the levels of resilience in those who emancipated from kinship care versus those who emancipated from institutional based care. This hypothesis was also rejected, those who emancipated from kinship care

scored significantly higher on the resilience scale than did those who emancipated from institutional based care.

Hypothesis 4 examined the resilience of individuals emancipating from kinship foster care and non-kinship foster care. The hypotheses was accepted because the participants who emancipated from kinship care and those who emancipated from non-kinship care both scored moderately high to high in resilience. The participants who emancipated from kinship care did score approximately nine points higher in resilience than the participants who emancipated from non-kinship care; however, because the scores were both above 145, both groups were on the higher end of resilience.

Hypothesis 5 examined attachment patterns in relation to resilience of those participants who emancipated from all three forms of foster care; kinship care, non-kinship care, and institutional based care. This hypothesis was accepted because there was a correlation between resilience and the close and anxiety scales. Overall as a group, the participants had insecure attachment patterns and moderately low to moderate levels of resilience.

CHAPTER V

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Completion of the study required reflection on the theoretical foundations and literature review that reinforces the research questions in order to find meaning to the results of the study. This section of the research paper encompasses a brief research study summary, discussion of the findings, conclusion of the research conducted, implications for further research and limitations to the study.

Summary of Findings

The purpose of the current study was to review attachment theory and resilience among individuals who have emancipated from the foster care system and to determine if this population of individuals have adapted to a certain patterns of secure attachment (N=31) This sample was unique because it examined individuals who had emancipated from the foster care system while most studies review individuals still receiving care. The research questions were founded in family systems (Whitchurch & Constatine,

1993) and attachment (Bowlby, 1978 & Ainsworth, 1969) theories. The premise leading to the questions was that the sum of the parts effect the whole (Whitchurch & Constatine, 1993) and that healthy and unhealthy behavior transfer into adulthood (Bowlby, 1991). The thought behind this premise is that even if some of the experiences of the participants in this study were good, all parts of their experience will be affected by their other experiences. Each individual part of their experience in foster care will inevitably effect those good experiences.

In this study, the participants answered a demographic questionnaire and completed two inventories. The demographic questionnaire asked participants questions relative to their stay in foster care and current income and marital status. The inventories measured the attachment and resilience of the participants.

Quantitative data were analyzed using independent sample t-tests, Pearson Product Moment correlations, and crosstabulations within the Statistical Packages for Social Studies (SPSS) computer software program. Results from the sample (N=31) on the demographic questionnaire and from the

Resilience Scale (RS) and Revised Adult Attachment Scale (RAAS) are summarized in the discussions of findings as they relate to previous research.

Discussion of Findings and Related Literature

Attachment Patterns of those Emancipating from Foster Care

This section addresses secure and insecure attachment. Research has shown that individuals emancipating from foster care have adapted to patterns of insecure attachment (Bowlby, 1978). This study showed those who emancipated from institutional based care and non-kinship care were insecurely attached (table 17) while those who emancipated from kinship care had secure attachment patterns; however, these results are not generalizable to the entire population due to the sub-sample size. There were only 31 participants who completed the study, and only three emancipated from kinship care, thus the results may not be generalizable. The numbers of children in kinship care have declined and continue to diminish. According to NAIC (2003), in 2001 only 24% of the children in foster care resided in kinship care which was 5% drop in the statistic from 1998. In 2006, the numbers in kinship care remained

the same, 24% of the 510,000 children in foster care were in kinship care, while 46% were in non-kinship care (Child Welfare Information Gateway, 2009). This study, although not large in population size, shows the decline in kinship care, only 9.7% of the population for this study emancipated from kinship care (see table 15). This study found that those who emancipated from kinship care showed secure attachment patterns overall as opposed to those who emancipated from institutional based care or non-kinship care. Research indicates individuals would need to score high on the close and depend scales and low on the anxiety scales (Collins, 1996) for attachment pattern to be considered secure. Scoring high is considered as scoring above the midpoint of the scale. Those emancipating from kinship care are the only group who scored high on the close and depend scales and low, below the midpoint, on the anxiety scale. The participants who emancipated from institutional based care and non-kinship care scored high on all three scales, thus indicating insecure attachment.

Research indicates that children who had more than one placement during their first year in foster care

experienced placement instability and children in kinship care experienced fewer placement moves than did those in non-kinship care (Webster, Barth, & Needell, 2000, and Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). The instability of the placements and the numerous moves overall could not only lead to placement instability, but also insecure attachment. Whitchurch and Constantine (1993), write about holism and state that the sum of the parts effect the whole and Webster, Barth, & Needell (2000), support this when they concluded that a move, regardless of how delicate it was handled, disrupted the lives of those children and the care they were receiving, and could lead to alienation and rejection, which can also be re-defined as insecure attachment. Those who emancipated from non-kinship care and institutional based care in this study were insecurely attached. This insecure attachment could be explained by placement instability. Research indicates that those in kinship care did not experience the moves experienced by their counterparts thus lending to their secure attachment (Webster, Barth, and Nedell, 2000).

Gauthier, Fortin, and Jeliu (2004) stated that due the disruptive behaviors of the population being studied, they are often time repeatedly displaced which may also lead to insecure attachment or attachment disorders. Hughes (2004) concluded that children who are mistreated as infants usually reported having insecure attachment patterns, and as they grow older, they develop a self-reliance, which can be viewed as somewhat of a resilience, and tend to try to control their caregivers by manipulating them. The results of this study are consistent with Hughes findings. As a group, these individuals had high levels of resilience. Those who emancipated from kinship care had higher resilience than individuals who emancipated from non-kinship care and institutional based care. Participants emancipating from institutional based care had the lowest level of resilience, but they did not report low levels. Their resilience levels were moderately low to moderate. Overall, the participants in this study were a resilient group with over all insecure attachment patterns. These are those children referred to by Webster, Barth, and Needell, (2000), who have had multiple placements and have developed

that placement instability and insecure attachment. They do not trust because when they try to start, they are again moved. They do not totally trust their caregivers and do not tend to relax around them or follow their direction with ease. They most likely view caregivers as a threat and in order to maintain safety; the children feel they must control their caregivers.

Foster children who emancipated from kinship care do not often times experience that placement instability and are securely attached because they have not experienced all the moves and all the extra instability experienced by those in other types of foster care. Those emancipating from kinship care are also placed with a family member who they likely had a tie with prior to their placement.

Dearden (2004) identified risk factors for individuals who experienced care. These risks included low educational attainment, moves from homes and schools, lack of access to needed resources, and lack of adult support. Many of the participants in this study reported having a lack of money and things they wanted. They also reported being abused

while in the system and although they were part of a family, they did not like their foster parents.

Although a risk for this population is low educational attainment, over 50% of the participants in this study completed high school; however, only one participant in this study had a college degree. Another interesting factor to this educational attainment is their employment status. The majority of the participants were unemployed. Kitano and Lewis (2005) identified factors influencing resilience and one of those factors is vulnerability. The population of children who have emancipated from care is a vulnerable population. This population is at risk according to Dearden (2004) for not having access to needed resources. The results of this study support the findings of Dearden, 54.8% of the participants were unemployed, 16.1% had no medical insurance, and 41.9% of the participants had been incarcerated. Only 3.2% of the participants were married which indicates that there was only one participant who had an in home support system.

Resilience of those Emancipating from Foster Care

According to Wagnild and Young (2009), on the Resilience Scale (RS), the higher the score the more resilient the individual. The group that scored highest on resilience was the group of participants in kinship care. These are the individuals who were cared for by family members. These individuals tended to be more resilient than their counterparts who emancipated from non-kinship care or institutional based care. Dearden (2004) identified one of the risk factors to resilience to be moves from homes and schools, because the kinship care population resides with a family member, they experience fewer moves than do their counterparts who emancipated other non-kinship care and institutional based care. Their moving pattern shows to be more stable.

Conclusions

The research questions addressed in this study were; is there a difference in the attachment patterns of foster children who emancipated from the different types of foster care, institutional based care, kinship care, or non-kinship care? And which attachment pattern among

individuals who emancipated from foster care showed to be most resilient? To accomplish this, this study used a quantitative approach.

Results from the study indicate that individuals who emancipated from institutional based care and non-kinship care adapted to patterns of insecure attachment and lower levels of resilience than did individuals who emancipated from kinship care. Those who emancipated from kinship care adjusted to a secure attachment pattern and higher levels of resilience. Dearden (2004) and Kitano and Lewis (2005) identified factors that influence resilience some of which were moves from home and school, lack of access to needed resources, and vulnerability. Webster, Barth, and Needell (2000) reported that children in kinship care had fewer placement moves than did their counterparts in non-kinship care. Webster et al. also reported that placement instability occurred when the participant had three or more moves after their first year in care.

Research findings indicate that most of the participants of this research study have insecure attachment patterns. This pattern of attachment may be due

to their sufferings prior to placement or may be a result of the placement instability. This study showed that the populations being studied are a resilient population despite their attachment patterns.

Research findings from this study can be used to develop intervention strategies within foster care programs that assist in strengthening attachment patterns and resiliency upon emancipating or graduating from the foster care system.

Implications and Recommendations

The research in this study can be used with the population of foster care youths who have emancipated from the foster care system. This group of participants can be seen as resilient overall, because resilience is defined as the ability to overcome obstacles. Although they have overcome obstacles, they have suffered, and their relationships suffer (Dozier, Higley, Albus, & Nutter 2002). The majority of this study population had insecure attachment patterns but, they had moderately high levels of resilience. Those who emancipated from kinship care had resilience levels of 156.33 while those emancipating from

non-kinship care had resilience levels of 147.9412 and those who emancipated from institutional based care had resilience levels of 130.20. The non-kinship sub population was the largest sub-sample in this study.

Implications for Individuals who Emancipated from Foster Care

According to the study results, this researcher found that individuals who emancipated from kinship care had adapted to patterns of secure attachment while their peers in non-kinship care and institutional based care adapted to patterns of insecure attachment. The participants who emancipated from kinship care also had the highest levels of resilience among the participants. Of the different types of foster care presented in this study, kinship care shows to be the best type of foster care. Non-kinship care seems to rank a bit higher than institutional based care which is reflected in the scores of the resilience scale. Institutional based care seems to be the worst type of foster care which is indicated by the results of the Revised Adult Attachment Scale and Resilience Scale.

Recommendations for Family Science Professionals

Family science professionals strive to improve the quality of life for individuals and families. There are many professionals working to do just that; however, this population may have slipped slightly thru the cracks. As teachers, child care workers, social workers etc., it is important to pay close attention to the development of children in this population while they are being served. It is also important to provide secure placement and ensure that this vulnerable population is not being preyed upon. It is important to educate the workers and people who serve this population on how to properly serve this population. It is important to review the family system the children are being placed in, as well and the foster care system as a whole. Foster care is appropriate to include in primary family sciences curricula to let individuals know what to expect when serving this population. It is also important to educate family sciences professionals on attachment theory and systems theory as it relates specifically to this population.

Recommendations for Foster Parents

According to Webster, Barth, and Nedell (2000), and Lewis, Dozier, Ackerman, and Sepulveda-Kazakowski (2007), often times, foster parents become withdrawn with their foster children. Due to the placement instability of the youths being served, foster parents need to be educated and equipped with necessary tools for coping and dealing with a troubled child. This population is generally not trusting of adults and often times withdraw and do not help make their placement transitions easy or smooth. The responsibility to make that transition work lies on the foster parent, who is the adult in the relationship. It is their responsibility not to be manipulated by that foster child and to make the necessary steps to help that child and not just house that child. The foster parent needs to be educated about the entire foster care system and the plan for that child, whether it be permanency or reunification because they can help with the entire process. The education of foster parents needs to extend far beyond parenting classes, but extended to working with troubled youths and learning about attachment patterns of

this population. They need to be informed of how to work with the population they will be serving.

Recommendations for Child Welfare Workers

Child welfare workers can be viewed as a population that is overworked and under paid. The child welfare department can better serve this population by providing placement stability. By continuously moving individuals in care, the system is not only causing placement instability, but adding to the possibility of this population adapting insecure attachment patterns. The old saying "if it ain't broke don't fix it," certainly applies, why continue to move these individuals if they are not suffering in their placements. Once a child gets used to being in a home, that child is moved, many times because they do not want the child or the foster parent to become attached. The problem is that the child is being placed with a stable family and when that child is moved, that instability and more chaos are being added to the child's life. According to the National Conference of State Legislatures (2006), there is not a set policy for what should occur when case workers visit foster homes, many states have written policies as to

the frequency and quality of the visits. Many states require foster care children to be visited monthly and that the case workers have face to face contact with the foster child addressing safety needs.

Limitations

The population in this sample was very limited. This was a difficult population to locate, primarily because public agencies were not very willing to give permission to solicit for participants at their locations. The sub-sample of kinship care (n=3) was also very low. Of the 46 participants who completed the study, only three were from kinship care. Although the results favored the participants from this group, it may have been skewed due to the limited number of participants in this group. The small sub-population sample could have contributed to the standard error mean. The larger the sample the less the chance for error.

This research study was further limited by restricting the age of the participants to 18-28 years of age. The results could have varied or differed if the age limit were

changed. The responses of participants ranging in age from 12-16 may have yielded different results.

Another limitation to this study was not conducting face to face interviews with this population. It would have been interesting to speak with the group about their financial needs and their criminal background. Although the participants in this study were anonymous, this researcher did see a news clip with one of the participants in it robbing a store.

Recommendations for Future Research

Future studies should conduct interviews in an atmosphere where the participants could feel free to express themselves and share more about their foster care experiences. The interviews should be conducted along with the Resilience Scale and the Revised Adult Attachment Scale. Conducting qualitative interviews would give some of the real world experiences of the participants and help to gain more insight about the struggles faced before emancipating from the system. It would help to get the participants talking, for example, when asked what they did not like about their foster care experience, one

participant reported being raped at the age of 12 by her foster brother, while others reported they did not like the abuse, if this were an interview, this researcher could have asked probing questions to elicit more about those incidents.

Future studies should also have a control group. The only population studied was that of foster care graduates. It would have been interesting to see if groups of individuals who had not been placed in care suffered from insecure attachment and lower levels of resilience. Because this study had not control group, there was no group to compare the foster children to.

Future studies should also seek funding so the population would not have to be limited to such a central location. Obtaining a grant and travelling to different areas to interview this population would open up the study and make the results more generalizable.

Another recommendation for further research would be to open the study to individuals who had been adopted. There are many children who are adopted out of foster care, some are even adopted more than once due to suffering abuse

and being taken from their adoptive families. Future studies should also have a control group to determine if the results are specific to the group being studied.

Another recommendation for further research is to determine if policy is being followed with this population. A review of the participants' case files should be reviewed; thus, determining if the mandated number of visits had been conducted and what was found during these visits. It could also be determined from this review the number and nature of moves of the population and the duration of stay for the participants. Conducting this type of study could assist with policy implementation and policy change to such policies as visitation frequency as stated according to the National Conference of State Legislatures (2006).

A final recommendation for further research would be for this research to focus on different age groups. Due to the age of the participants in this study, the results may be different than if this study focused on individuals still receiving services from the foster care system. This researcher would conduct the same study with a different

age group, maybe ranging in age from 11 to 16 to determine if the results are comparable.

Summary

The purpose of the current research was to explore the relationship that attachment pattern had on resilience among individuals who emancipated or graduated from foster care ($N=31$) using the Resilience Scale (RS) and the Revised Adult Attachment Scale (RAAS). A quantitative approach revealed the attachment pattern of participants and which group among the participants showed to be more resilient. The study also revealed demographic data for the population being studied ($N = 46$). Discussion included results of both scales and the demographic questionnaire.

The group that showed to be the most resilient group among foster care graduates were those who emancipated from kinship care. That group was also the only group to show secure attachment. The implications for research target family science professionals, foster parents, and child welfare workers in an attempt to shed some light on issues individuals in the foster care system face, and why this

group suffers from insecure attachment and lower levels of resilience.

There were implications in this study for the family science professional, foster parents, and case workers. Reviewing these implications will assist in aiding the foster care population. Although there have been many strides made in the foster care system due to the foster care independence act of 1999, there is always room for improvement.

There were many limitations to this study given the sample size. The sample was limited, thus the results are not generalizable to the entire population. This population was also limited due to restricting the age of the participants. If the age group of the participants was not limited to 18-28 years of age, the study may have yielded different results. There was also no control group for this study and face-to-face interviews were not conducted. Conducting face-to-face interviews could have added a qualitative piece to the study that would have lent to some rich thick descriptions into the participants life and stay in foster care.

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APPENDIX A

Demographic Questionnaire

Demographic Questionnaire

1. Please Select an Alias:
2. What is your age?
3. What is your highest level of education?
4. What is your employment status?
5. How much do you make per year?
6. Do you have medical insurance?
7. What is your ethnicity?
8. Do you have any siblings? If so how many?
9. How old were you when you entered the foster care system?
10. How old were you when you exited the foster care system?
11. Have you ever been incarcerated? If so, how many times?
12. What is your marital status?
13. Upon exiting the foster care system, where did you live?
14. What did you like about your foster care experience?
15. What didn't you like about your foster care experience?
16. What could have made your foster care experience better?

17. From which type of foster care home did you exit? (IE:
Institutional based care; Kinship care; non-kinship care)

APPENDIX B

The Revised Adult Attachment Scale™

Revised Adult Attachment Scale (Collins, 1996)

Please read each of the following statements and rate the extent to which it describes your feelings about romantic relationships. Please think about all your relationships (past and present) and respond in terms of how you generally feel in these relationships. If you have never been involved in a romantic relationship, answer in terms of how you think you would feel.

Please use the scale below by placing a number between 1 and 5 in the space provided to the right of each statement.

1-----2-----3-----4-----5
Not at all **Very**
characteristic **characteristic**
of me **of me**

- | | | |
|-----|--|-------|
| 1) | I find it relatively easy to get close to people. | _____ |
| 2) | I find it difficult to allow myself to depend on others. | _____ |
| 3) | I often worry that romantic partners don't really love me. | _____ |
| 4) | I find that others are reluctant to get as close as I would like. | _____ |
| 5) | I am comfortable depending on others. | _____ |
| 6) | I <u>don't</u> worry about people getting too close to me. | _____ |
| 7) | I find that people are never there when you need them. | _____ |
| 8) | I am somewhat <u>un</u> comfortable being close to others. | _____ |
| 9) | I often worry that romantic partners won't want to stay with me. | _____ |
| 10) | When I show my feelings for others, I'm afraid they will not feel the same about me. | _____ |
| 11) | I often wonder whether romantic partners really care about me. | _____ |
| 12) | I am comfortable developing close relationships with others. | _____ |
| 13) | I am <u>un</u> comfortable when anyone gets too emotionally close to me. | _____ |

- 14) I know that people will be there when I need them. _____
- 15) I want to get close to people, but I worry about being hurt. _____
- 16) I find it difficult to trust others completely. _____
- 17) Romantic partners often want me to be emotionally closer than I feel comfortable being. _____
- 18) I am not sure that I can always depend on people to be there when I need them. _____

APPENDIX C

*Resilience Scale*TM

The Resilience Scale™

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right. Circle the number which best indicates your feelings about that statement. For example, if you strongly disagree with a statement, circle "1". If you are neutral, circle "4", and if you strongly agree, circle "7", etc.

| | Strongly Disagree | | | Strongly Agree | | | |
|---|----------------------|---|---|-------------------|---|---|---|
| 1. When I make plans, I follow through with them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. I usually manage one way or another. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. I am able to depend on myself more than anyone else. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. Keeping interested in things is important to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I can be on my own if I have to. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. I feel proud that I have accomplished things in life. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I usually take things in stride. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I am friends with myself. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I feel that I can handle many things at a time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. I am determined. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. I seldom wonder what the point of it all is. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I take things one day at a time. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. I can get through difficult times because I've experienced difficulty before. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. I have self-discipline. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 15. I keep interested in things. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 16. I can usually find something to laugh about. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 17. My belief in myself gets me through hard times. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 18. In an emergency, I'm someone people can generally rely on. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 19. I can usually look at a situation in a number of ways. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 20. Sometimes I make myself do things whether I want to or not. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 21. My life has meaning. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 22. I do not dwell on things that I can't do anything about. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

| | | | | | | | |
|--|---|---|---|---|---|---|---|
| 23. When I 'm in a difficult situation, I can usually find my way out of it. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 24. I have enough energy to do what I have to do. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 25. It's o kay if there are people who don't like me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 26. I am resilient. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

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APPENDIX D

Research Participant Solicitation Flyer

Did You Age Out Of the Foster Care System or Are you currently 18 years of age or Older and Still in Foster Care?

If so, your help is needed for a research project. A couple hours of your time is needed to answer some questions!! Participation in this research project is voluntary!!

Participants will be entered into a drawing to win a \$50 Wal-Mart Gift Card!!

Please contact Marilyn Thomas
@ 214-995-9364
for further details!

APPENDIX E

Internal Review Board Letter of Approval



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3378 Fax 940-898-3416
e-mail: IRB@twu.edu

October 15, 2008

Ms. Marilyn Thomas 12/2
4804 Haverwood Ln., Apt. #1303
Dallas, TX 75287

Dear Ms. Thomas:

Re: *Attachment Theory and Its Implications for Individuals Aging Out of Foster Care: A Quantitative Approach*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and appears to meet our requirements for the protection of individuals' rights.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. A copy of the approved consent form with the IRB approval stamp and a copy of the annual/final report are enclosed. Please use the consent form with the most recent approval date stamp when obtaining consent from your participants. The signed consent forms and final report must be filed with the Institutional Review Board at the completion of the study.

This approval is valid one year from October 15, 2008. According to regulations from the Department of Health and Human Services, another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

enc.

cc. Dr. Larry LeFlore, Department of Family Sciences
Dr. Joyce Armstrong, Department of Family Sciences
Graduate School

APPENDIX F
Consent Forms

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title: Attachment Theory and its Implications for Individuals Aging Out of Foster Care: A Quantitative Approach.

Investigator: Marilyn Thomas, 214-995-9364
Advisor: Joyce Armstrong, Ph.D..... 940-898-2690

Explanation and Purpose of Research

You are being asked to participate in a research study for Ms. Marilyn Thomas's dissertation at Texas Woman's University. The purpose of this research is to determine which attachment style (or the way an individual is personally tied to another individual) is most resilient (or the way an individual responds to severe risk) among individuals aging out of foster care.

Research Procedures

For this study, the initial step will be for the participants to sign and complete the Consent form. The investigator will mail the consent form and will mail/email out the assessments to participants. Each participant must complete the consent form for their information to be used and to be entered into the \$50 drawing. The maximum total time commitment in the study is estimated to be approximately 1.5 hours.

Potential Risks

Potential risks related to your participation in the study include loss of confidentiality; fatigue, physical or emotional discomfort; and loss of time. Confidentiality will be protected to the extent that is allowed by law. Only the investigator will have access to the assessments and demographic questionnaires. The assessments and demographic questionnaires will be stored in a locked filing cabinet in the investigators office. The information will be shredded within 5 years of completion of the study. It is anticipated that the results of the study will be published in the investigator's dissertation as well as in other research publications. However, no names or other identifying information will be included in any publication.

Another possible risk to you as a result of your participation in this study is fatigue and physical and or emotional discomfort. To avoid fatigue, you may take a break (or breaks) as needed. If you experience emotional discomfort regarding the questions, you may stop answering any of the questions at any time. The investigator will provide you with a referral list of names and phone numbers that you may use if you feel as though you need to discuss this physical or emotional discomfort with a professional.

The researchers will try to prevent any problem that could happen because of this research. You should let the researcher know at once if there is a problem and she will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research.

Participant Initial
Page 1 of 2

The participants may suffer a loss of time due to this research. They are asked to give up approximately 1.5 hours of their time for this research project.

Participation and Benefits

Your involvement in this research study is completely voluntary, and you may discontinue your participation in the study at any time without penalty. The only direct benefit of this study to you is that at the completion of the study a summary of the results will be mailed to you upon request, and the participants will be entered into a drawing to win a \$50 Wal-Mart gift card.

Questions Regarding the Study

You will be given a copy of this signed and dated consent form to keep. If you have any questions about the research study you should ask the researchers; their phone numbers are at the top of this form. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via email at IRB@twu.edu.

Signature of Participant

Date

*If you would like to receive a summary of the results of this study, please complete the information below and return it to the researcher. A summary of the results will be mailed to you at the completion of the study. Complete confidentiality will be maintained with regards to your mailing address and email address and will not be shared with any other individuals.

Name

Street, Apt. / P. O. Box #

City, State, Zip

Email address

APPENDIX G

*The Revised Adult Attachment Scale*TM Usage Permission

**Department of Psychology
Barbara**

University of California Santa

August, 2008

Dear Colleagues:

Thank you for your interest in the Adult Attachment Scale. In this document you will find a copy of the original and revised Adult Attachment Scales, along with information on scoring. You'll also find some general information about self-report measures of adult attachment style, and a list of references from our lab.

Please feel free to use the Adult Attachment Scale in your research and, if needed, to translate the scale into a different language. If you do translate the scale, I would greatly appreciate it if you could send me a copy of your translation so that I can (with your permission) make the translation available to future researchers.

Before choosing the Adult Attachment Scale for your research, please be sure to investigate other self-report measures of adult attachment. There have been many developments in the field since my original scale was published, and you may find that newer scales - such as Brennan, Clark, & Shaver's (1988) Experiences in Close Relationships scale (ECR) - are better suited to your needs. I have included some references that will help you locate information on these newer measures.

Thank you for your interest in our work, and good luck with your research.

Sincerely,

Nancy Collins

Professor, UCSB
ncollins@psych.ucsb.edu