

*Foster Youth Emancipation:  
Implications of Resiliency, Independence & Responsibility*



*Deborah Harris Sims, PhD*

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## **Implications of Resiliency, Independence, and Responsibility**

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Boca Raton

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FOSTER YOUTH EMANCIPATION: IMPLICATIONS OF RESILIENCY,  
INDEPENDENCE AND RESPONSIBILITY

By

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## Abstract

This study incorporated descriptive research methods and correlational research methods to explore possible relationships between independence-responsibility and resiliency. The researcher administered the Resiliency Scales for Adolescents (RSA) to  $N=60$  foster care youth. In addition, the Responsibility and Independence Scales for Adolescents (RISA) was administered to each foster youth's caseworker or agency appointed designee  $N=30-40$  responsible for managing the life of the youth. Results from the study indicated a null relationship between the cumulative constructs of resiliency and independence-responsibility. However, in respect to sub-scales, the study found that for youth in foster care higher levels of emotional reactivity were associated with lower levels of responsibility. Further, in comparison to their non-foster care peers, youth in foster care scored significantly lower in their sense of relatedness, responsibility, and emotional reactivity. Results from this study will add to the existing body of literature concerning foster youth emancipation. In addition, this study provides a rationale to continue research that explores the impact of resiliency in relationship to adolescent development and victims of maltreatment.

## Table of Contents

Acknowledgments	iv
List of Tables	viii
List of Figures	ix
CHAPTER 1: INTRODUCTION	1
Background of the Study	2
Statement of the Problem	4
Purpose of the Study	4
Research Questions	5
Nature of the Study	5
Significance of the Study	5
Definition of Terms	6
Assumptions	7
Limitations	8
CHAPTER 2: LITERATURE REVIEW	9
Introduction	9
Historical Context of Foster Care Legislation	9
Adolescent Development	14
Resiliency and Positive Youth Development	18
Challenges to Emancipation	24
Conclusion	31
CHAPTER 3: METHODOLOGY	36
Research Design	36
Target Population	36
Selection of Participants	37
Variables	39

Measures	39
Procedures	40
Null Hypothesis	41
Alternative Hypothesis	42
Data Collection	42
Data Analysis	43
Expected Findings	44
Conclusion	45
CHAPTER 4: RESULTS	46
Brief Overview	46
Descriptive Analyses	47
CHAPTER 5: RESULTS, CONCLUSIONS, AND RECOMMENDATIONS	57
Summary of the Study	57
Discussion of the Results	58
Implications for Independent Living Programs	62
Implications for Mental Health Practitioners	63
Conclusion	64
Limitations	65
Recommendations	66
Summary	68
REFERENCES	69
APPENDIX A PROJECT ORIENTATION OUTLINE	76
APPENDIX B ASSENT FORM	80
APPENDIX C INFORMED CONSENT	81

## List of Tables

Table 1. Frequency Distribution of Race	47
Table 2. Frequency Distribution of Age	47
Table 3. Frequency Distribution of Gender	48
Table 4. Frequency Distribution of Years in Foster Care	48
Table 5. Descriptive Analysis of the RSA and RISA Sub-Scales	49
Table 6. Correlation Analysis between RSA and RISA Sub-Scales	50
Table 7. R Squared Value of Correlation	51
Table 8a. Linear Regression Analysis of RSA Emotional Reactivity and RISA Responsibility	51
Table 8b. Linear Regression Analysis of RSA Emotional Reactivity and RISA Responsibility	52
Table 9. RSA Sub-Scale One Sample T-test	53
Table 10a. RISA Sub-Scale One Sample T-test Statistics	54
Table 10b. RISA Sub-Scale One Sample T-test	55

## List of Figures

Figure 1. RSA Emotional Reactivity as a Function of RISA Responsibility	50
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## CHAPTER 1: INTRODUCTION

Research has shown the challenging aspects associated with developing through adolescence (Bertolino, 1999). According to Erikson (1963), adolescents (age 12-18) are attempting to complete a self-concept by integrating various aspects of their physical, psychological, and social persona. For many adolescents, these are the normative challenges faced as they proceed into adulthood.

However, in addition to the fore-mentioned challenges, youth aging out of foster care must ultimately embark upon self-sufficiency despite varying levels of preparedness for independent living (Maluccio, Krieger, & Pine, 1990). The critical family circumstances that initiated the youth's removal from the home and into the foster care system identify the possibility for the disruption of additional developmental milestones (Maluccio et. al., 1990).

The negative outcomes for many emancipating youth include homelessness, unemployment, and mental health concerns (Department of Health and Human Services [DHHS], 1999; Reilly, 2003; Maluccio, Krieger, & Pine, 1990; National Alliance to End Homelessness [NAEH], 1995; Casey, 2005; Massachusetts Society for the Prevention of Cruelty to Children [MSPCC], 2005). However, for a select few there are success stories that include a higher education and a stable living environment (Cicchetti, 2002; Trickett & McBride, 1995; Maluccio et. al., 1990).

Resiliency describes a facet of learned behavior traits that assists individuals in overcoming exposure to detrimental circumstances. By understanding the relationship between independent living skills and resiliency, there is an opportunity to break the cycle of dysfunctional family dynamics and improve the overall quality of life for this population.

The following chapter illuminates the theoretical context of the problem, the description of the

target population in reference to the problem, an explanation of the plan to conduct the study, research questions, the nature of the study, the importance of the study, a definition of terms and variables, assumptions and limitations of the study.

### Background of the Study

Although there has been a recent surge of interest focusing on the challenges and outcomes of youth who have aged out of foster care (DHHS, 1999; Reilly, 2003; Maluccio, Krieger, & Pine, 1990; NAEH, 1995; Casey, 2005; MSPCC, 2005), there is minimal research geared toward identifying the levels of independence and responsibility prior to their emancipation from the foster care system.

Each state provides independent living services to youth preparing to leave the foster care system; however, there is a lack of research to support the effectiveness of independent living programs (General Accounting Office [GAO], 1999). In addition, there is an identified lack of accountability concerning the development and implementation of such programs (GAO, 1999). Although federal funding for independent living programs continue to increase, almost half of adults who aged out of foster care report they were not prepared to live on their own (Casey, 2005).

In particular, the Casey (2005) study focused on the adaptation of former foster youth during their young adulthood by collecting data from foster care alumni. Differing from the above study, this study purports to investigate the identified variable relationships by collecting data from youth currently living within the system of foster care, in an effort to compile information that reflects current trends and alleviate reflection bias.

More devastating is the background and history of youth in foster care who have evolved from circumstances of abuse, neglect, and severe maltreatment. A number of youth aging out of the

foster care system have encountered disruptions in cognitive and psychosocial development that may negate attempts toward a successful emancipation process (Maluccio, Krieger, & Pine, 1990).

Research has identified damaging future consequences for children experiencing maltreatment. These negative consequences include a high risk for psychopathology and cognitive deficits across the lifespan (Cicchetti, 2002; Trickett & McBride, 1995; Maluccio et al., 1990).

Traditionally, the problem focused approach to treatment emphasized individual weakness and individual deficits (Tedeschi & Kilmer, 2005). Today, positive psychology has emerged as a way to present a full balanced view of individual experience. Positive psychology focuses on emotions, attributes and supportive networks (Seligman, Steen, Park & Peterson, 2005). According to Epstein and Sharma (1998), strength focused modalities encompass measures of competence, satisfaction with relationships, and enhances interpersonal development. A major tenet of positive psychology is resiliency.

Brooks and Goldstein (2001) describe aspects of resiliency:

Resiliency embraces the ability of a child to deal more effectively with stress and pressure, to cope with everyday challenges, to bounce back from disappointments, adversity, and trauma, to develop clear and realistic goals. Resiliency explains why some children overcome overwhelming obstacles and others do not. (p. 1)

The tools *protective factors* necessary to facilitate resiliency are rarely cultivated for youth in foster care. According to Mrazek and Mrazek (1987), for maltreated children, resiliency relates to the ability to develop supportive relationships, the ability to cope with intense feelings, and identify with a future existence no longer involving abuse or neglect.

The often-unstable nature of foster care often involves multiple placements, failed attempts at reunification, and a lack of consistent mental health services (MSPCC, 2005). In addition, supportive relationships are often non-existent. The opportunity to establish a supportive relationship also includes a re-experiencing of the pain associated with recognizing the failures of their biological parent, often resulting in the rejection of the relationship (Maluccio et al., 1990).

### Statement of the Problem

Each year approximately 20,000 youth leave the foster care system and attempt to live independently (GAO, 1999). National research has found that youth who age out are highly likely to become unemployed, homeless, experience mental illness, become incarcerated, experience early parenthood, and become victims of violent crime including physical assault and rape. While some youth who age out make it against the odds, far too many do not fare well in life (MSPCC, 2005).

A number of studies have identified challenges reported by adults who emancipated from the foster care system (e.g. DHHS, 1999; Reilly, 2003; Maluccio, Krieger, & Pine, 1990; NAEH, 1995; Casey, 2005; MSPCC, 2005). However, there are a limited number of studies that identify foster youth perceptions of preparedness prior to aging out of the system (Casey, 2005; Chapin Hall, 2005).

In addition, extended to the limits of the researchers literature review, published research comparing objective data concerning the youth's level of independence and responsibility with the objective data compiled from an assessment designed to measure resiliency does not exist.

### Purpose of the Study

The purpose of this study was to investigate the association between independence-

responsibility as determined by the RISA (Salvia, Neisworth, and Schmidt, 1990) and personal strengths and vulnerabilities, as measured by the Resiliency Scales for Adolescents [RSA] (Prince-Embury, 2005).

### Research Questions

1. How does resiliency as assessed by the RSA relate to characteristics of independence-responsibility as assessed by the RISA?
2. How do foster youth relate to non-foster youth in terms of resiliency as assessed by the RSA?
3. How do foster youth relate to non-foster youth in terms of independence and responsibility as assessed by the RISA?

### Nature of the Study

This correlational study examined the relationship between independence-responsibility and the constructs of resiliency applied to youth currently in the custody of the foster care system. In correlation studies, information denotes two characteristics for a unit or group of people. "Correlation studies examine the extent to which differences in one characteristic or variable are related to differences in one or more other characteristics or variables" (Leedy & Ormrod, 2001, p. 191). Each preceding descriptor is applicable to this study. Participants located in Virginia and Maryland completed inventories that have either been mailed out with instructions or hand carried to their prospective locations. Once returned to the researcher, quantitative data was analyzed.

### Significance of the Study

This study is significant because it will add to the existing knowledge concerning challenges facing youth aging out of foster care. Previous research in this area utilized data

provided by youth who have previously emancipated from the foster care system and are now adults (e.g. DHHS, 1999; Reilly, 2003; Maluccio, Krieger, & Pine, 1990; NAEH, 1995; Casey, 2005; MSPCC, 2005). This study aimed to utilize the objective assessment of foster youth prior to their emancipation to identify a unique set of statistical data.

Secondly, the importance of this study lies in the implications for social services providers currently working to improve outcomes for this population.

Maltreated youth exhibit significantly higher levels of internalizing behaviors that lead to disruption and aggressiveness. In addition, in comparison to non-maltreated youth, they display an overall lack of competence (Cicchetti & Rogosch, 1997). This study suggests an association between independence, resiliency factors and successful transitioning for youth aging out of foster care.

#### Definition of Terms

For the purpose of this study, the following terms are defined as follows:

##### *Aging-Out.*

The process by which the foster youth becomes of legal age and is no longer considered a responsibility of the state sponsored child welfare system

##### *Emancipation.*

The process by which the foster youth (as described above) is released from dependency status of the state funded child welfare system due to court proceeding. Depending on the state, this action occurs between ages 18-21.

##### *Foster Youth.*

A child between the ages of 15-21 currently a dependent of the state child welfare system and is currently living in a state funded residence (foster home, group home, independent living

program, residential treatment facility).

*Independence.*

The ability to exhibit self-sufficiency throughout the lifespan.

*Independent Living Program.*

Independent living services typically offer assistance with money management, health and safety, locating and maintaining housing, food and nutrition, community resources, career planning, and social skills development (NCSL, 2002). The program receives support through federal funds distributed to state governments.

*Resiliency.*

The ability to thrive, become mature, and increase competence in the face of adverse circumstances or obstacles. Resilient individuals must draw upon all resources: biological, psychological, and environmental (CAFS, 2003).

*Responsibility.*

Ultimate accountability for one's own thoughts, feelings, and behaviors.

Assumptions

1. The study did not account for the comprehensive abilities of the participants in relationship to responding to the questionnaire(s).
2. Participating foster youth have possibly encountered disruptions in cognitive and psychosocial development.
3. Caseworker, guardian, or designee was sufficiently knowledgeable about the foster youth in question to assess them using the RISA.
4. Participants answered questions honestly.

### Limitations

The scope of this study did not include an analysis of the varying circumstances related to the entrance of the youth into the foster care system. The results of the study utilized participants in the Virginia and Maryland thus possibly limiting generalizability to the entire foster youth population. The scope of this study did not include an analysis of varying circumstances based on gender, race, or geographical location. Social desirability and the implementation of an incentive may have influenced participant responses, and could not be controlled in this study.

## CHAPTER 2: LITERATURE REVIEW

### Introduction

This section will focus on practical as well as theoretical aspects of the foster care system. The section initiates with a discussion of the historical context of foster care and pertinent legislation. In addition, the empirical research focusing on adolescent development and emancipation challenges are examined. Finally, the chapter concludes with an identification and contrast of theoretical applications related to resiliency and positive youth development.

### Historical Context of Foster Care Legislation

The issue of foster care and the services that it provides has been widely documented in both scholarly articles and government reports alike. As most reports and studies point to the fact that foster care adolescents emerge from the service with little preparation for the real world and end up with substandard qualities of life, the matter of the quality of the care they receive and how this figures into their eventual emergence from the program comes into question.

According to findings from *The Casey Northwest Foster Care Alumni Study (2005)*, at least 800,000 children were served by the foster care system in both family and non-family settings with the most often cited reason of maltreatment. Additionally, throughout the United States, an estimated 50,000 children per week came to the attention of child welfare agencies (Casey, 2005, p. 7). According to Casey, the federal standards that guide foster care programs are aimed at three specific outcomes: child safety, child and family well-being, and child permanence.

There have been numerous reformations to the foster care system since the early 1960's beginning with a bill initiated by the Kennedy administration that expanded welfare programs to include families that had exhausted unemployment benefits (Sanders, 2003, p. 214). However,

states were not required to adopt this program and as a result, there was little effect with its passage. The previous attempt at child welfare reform was surpassed in 1980 with the passage of the Adoption Assistance and Child Welfare Act [AACWA] which set out to ensure that states made efforts to keep children in their home prior to placing the child in foster care (Sanders, 2003). Additionally, the AACWA provided funds to potential adoptive parents as a way to encourage the permanency of the relocated child. The 1980 legislation was aimed at preventing children from entering into foster care and reflected a government awareness of the “needs of children in foster care” (Sanders, 2003, p. 216). Sanders’ argues that the AACWA did not achieve what lawmakers ultimately hoped because specific plans or goals were not in place to fortify the legislations stipulations. Additionally, at this time, few lawmakers were aware of the long-term after effects that foster care had on children and the potential for the development of psychological disorders when these children became adults. According to Sanders research, in response to the realizations that current foster care standards were not preparing children aging out of foster care with the skills necessary for living autonomously, the Independent Living Program of 1986 was established. This program provided funding to states to be used in preparing young adults in foster care for independent living. However, federal funding was not adequate for the number of eligible young adults thus only a small percentage of young adults actually received services through this program (Courtney, Dworsky, Ruth, Keller, Havlicek, and Bost, 2005, p. 3). A review of the program stated that the outcome of young adults discharged from foster care services was “adequate at best” (Cook, 1991, p. 5).

Further revisions to the state of child welfare were considered in 1997 and lawmakers viewed the absence of specificity in the language of the 1980 AACWA Act as one item that needed to be addressed. The main item of contention was the ‘reasonable efforts’ that were required on part

of the state to prevent a child from entering into foster care; no definition of “reasonable efforts” was ever provided (Sanders, 2003). Therefore, while the 1997 Act realized this discrepancy, it only succeeded in stating when “reasonable efforts” should cease in favor of adoption and also when reasonable efforts should not be pursued, but the 1997 Act never affirmatively asserts or clarifies what “reasonable efforts” are (Sanders, 2003, p. 223).

However, the Adoption and Safe Families Act of 1997 indicated that legislators were becoming aware of the reality that damaging or traumatic childhood experiences could result in the creation of adults with psychological disorders or adults that were unprepared to enter into the workforce. This Act was more concerned with noting that “family preservation was not always ideal” (Sanders, 2003, p. 225), preventing foster care children from returning to unhealthy familial situations, and promoting the adoption of children who otherwise would be in foster care on a permanent basis.

Congress noted that foster care youth continued to have difficulty living on their own after foster care. As a result, Congress passed the Foster Care Independence Act of 1999. Thus, the Independent Living Program established over a decade earlier was replaced with the John H. Chafee Foster Care Independence Program. This program provided states with more funding and Congress could appropriate money to states for post-secondary educational vouchers and training vouchers for those young adults who were likely to have a difficult time with the transition from foster care to independent living (Courtney et al., 2005, p. 4).

The Independence Act made bold strides in attempting to ensure that all youth aging out of the foster care system were provided with the services necessary for a successful transition. This legislation also required that states provide the U.S. Department of Health and Human Services with a variety of reports on the outcomes of discharged youth and required the U.S. Department

of Health and Human Services to conduct reports on “potentially significant state efforts”

(Courtney et al, 2005, p. 4).

The main functions of the Chafee Independence Program were threefold: to provide support for youth that was likely to remain in foster care until the age of 18, to provide support for youth transitioning from foster care, and to provide support for youth that were formerly in foster care. Many additional benefits were also devised through the implementation of this program. The minimum age limit (16 years) to receive service was eliminated, states had the option of spending up to 30% of their funding for room and board for former foster care youth up to the age of the 21, and states could elect to expand Medicaid coverage to include former foster care participants who were between the ages of 18 and 21 (Courtney et al., 2005).

The John H. Chafee Foster Care Independence Program also broke ground for other programs designed to incorporate the input and voice of foster care youth in the planning of their future. ‘First Voice’ was designed shortly after the adoption of the Independence Program and incorporated four components of self-worth that were critical in attaining successful independent living: independence, belonging, mastery, and generosity (Reid & Ross, 2005, p. 164). This program focuses on integrating foster care youth into independent living by developing leadership, social skills, and ensuring that the foster care youth has solid relationships with others in their lives. Additionally, the First Voice program helped foster care youth to identify hazards that could threaten their independent lives, such as destructive relationships, learned irresponsibility, pessimistic attitudes, and lack of purpose (Reid & Ross, 2005, p. 165). The philosophy of the First Voice program maintains that foster youth emerging from foster care must feel that they: (a) belong in their community; (b) have control over their own lives; (c) are

responsible for their own emergence into independent living; and (d) altruism adds to the youth's sense of self-worth and purpose (Reid & Ross, 2005).

Longitudinal studies examining the effect of the Federal Independence Program on youth aging out foster care are currently underway to determine if the program is effective in its approach. Preliminary studies have found that many states have expanded their eligibility for independent living services to both older and younger foster care recipients and many states have provided Medicaid coverage to these youth (GAO, 2004). Most states reported using the additional funds for the following services: improving the quality of independent living services, changing the focus of their programs, or developing new services for emerging foster care youth (GAO, 2004, p. 17).

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Casey, 2005) attempted to examine if the differences instituted by the Independence Programs could be considered successful. This study showed that of those former foster care youth interviewed, most reported receiving social support most of the time and about half of the interviewees received support from the program for educational reasons (Courtney et al., 2005, p. 17). About one third of the study's participants had neither a GED nor a high school diploma (p. 21). When employment was examined, it was found that about 75% of study participants, on average, had earned less than \$5,000 in the previous year and almost 90% of study participants had earned less than \$10,000 the year before. Therefore, many participants (55%) reported suffering from economic hardships, such that they could not afford rent, food, utility bills, or were evicted (p. 27). In addition, foster care youth were more likely than the youth in the comparison group to report having illnesses or going to the emergency room and 33% of those interviewed had an anxiety disorder, substance use disorder, or other mood disorder (p. 41). Overall, this study

found that foster care youth making the transition into independent living were not fairing as successfully as those same-aged individuals who had no foster care experience. However, the study pointed out that those youth remaining in the system after the age of eighteen fared better and received more advantages than those already out of the system. The question remains as to what developmental factors throughout childhood and adolescence were aggravated or eliminated for those youth in foster care such that they are not able to transition into independent life as productively as their non-foster care peers.

### Adolescent Development

The stages of development experienced by children, adolescents, and young adults are thought to be the building blocks that form the adult identity (Erikson, 1963). Identity is often viewed as a tangible characteristic and is frequently noted in psychological terms as something that is achieved. Adolescents are on the brink of fully achieving their concrete sense of self and thus, can be considered to be at a point where they have matured beyond “the frailties of childhood, but have not yet begun any of the declines of adult aging” (Dahl, 2004, p. 3). Therefore, the definition of adolescence is one that Dahl loosely described as “that awkward period between sexual maturation and the attainment of adult roles and responsibilities” (p. 9). In terms of those adolescents who are in foster care, it appears imperative that they begin to develop a sense of independence early on in an effort to validate that they are fully prepared when entering into independent living. Traditionally, most adolescents are provided with social modeling cues from parents, teachers, and other adult relatives. Additionally, these figures in their lives tend to be fixed and constant, and present a solid indication of how the adolescent should behave when they reach adulthood (Maluccio, Krieger, & Pine, 1990). This constant existence provides a social context for the adolescent but more importantly, provides the support that the adolescent requires

in their maturation. Dahl (2004, p. 20) refers to this as social scaffolding, wherein the adolescent receives monitoring, interest, support, and protection from adults that allows them to pursue mastering self-control. With time, this 'scaffolding' should progressively withdraw so that the adolescent is able to make independent decisions without feeling afraid or uncomfortable with the situation. Unfortunately, foster care adolescents rarely receive this crucial structure as they have been provided with few social models and are given minimal support as they attempt to make their own decision. Thus, the adolescent may frequently find himself placed in a situation in which a decision is required, but unable to make a decision because he lacks the confidence or knowledge to do so.

The formation of one's independence cannot be something viewed as solely developing during one's adolescence. As Kroger (2000) noted, identity revision and exploration can occur throughout the early and later years of adulthood. It is understandable then, to consider the fact that if an aspect of identity is not achieved during adolescence that it must be revised in young adulthood and potentially, the later stage of adulthood. Kroger (2002) reviewed research, which stresses the idea that negative emotions can help to further develop identity throughout adulthood, because negative emotions are viewed as a "force for change" (p. 3). It is further ascertained, that if change is to be attained then emotions must be relative to the individual experiencing them. Should an individual experience a situation that is not considered a significant aspect of his life, then that experience will not elicit a response or the realization that the individual must change his identity.

It could be considered that those young adults in foster care have been presented with an excess of negative emotions while manifesting their adaptive technique to be one of avoidance instead. The young adult in foster care may have become desensitized to unfortunate situations

and the stress contained therein and in response, chooses not to act. Without these feelings of uncertainty and conflict (that are constant throughout adolescence), the young adult does not learn the appropriate coping methods and as a result, continues to make no strides toward achieving independence. The suggestion that the young adult has become complacent with their status in foster care can also be posited. If foster care provided the individual with a safe haven after years of duress, they may be unwilling to move on and thus, choose not to accept the additional responsibilities of adult life.

The question of identity achievement remains one that is problematic for this population. Erikson's (1963) work on ego identity has largely been utilized to develop more in-depth theories regarding personality development because he believed that identity was something that an individual possessed and that the turning point in an individual's life was achieving a coherent identity. In order to achieve an identity, one must experience a crisis and a commitment to an identity (Hoegh & Bourgeois, 2002, p. 575). An individual must successfully manage crises to achieve identity and likewise, when identity is achieved, this predicts that future crises will be managed successfully.

Among the many preludes to identity achievement are an individual's relationship to their parents and the parents' subsequent parenting style. Hoegh and Bourgeois (2002) noted that when a child trusted their parents, that child's recollection of the parents, as an adult was more likely to be favorable in nature (p. 590). The ability to trust and develop secure attachments is a strong component related to the ability to achieve an identity.

Again, we are directed back to how these theories influence the development of foster care children, adolescents, and young adults. The individual in foster care has had few opportunities to develop trust in personal relationships and many times, will not develop secure attachments to