Their Roadmaps to Success: Exploring What Works for Successful Adults Who Aged Out of Foster Care

by

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I dedicate and acknowledge this dissertation to my Creator, whose hands have been on me since birth. Every day, He gives me life to carry out His purpose and plans. He was my motivation to encourage me to obtain my Ph.D. God has restored, confirmed, and affirmed my identity to become the distinctive woman I am today. Forever, I will give Him all the glory. I also honor and acknowledge my beloved grandmother, who passed away in 2020. She was one of my biggest cheerleaders.

Psalm 18:35 (CEV)

"You alone are my shield. Your right hand supports me, and by coming to help me, you have made me famous."

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Abstract

Recent research has focused attention on one of the most vulnerable and disadvantaged populations in the United States today: adults raised in foster care who enter adulthood without being adopted (Bruskas, 2008; Lockwood et al., 2015; Okpych, 2014; Stein, 2005). Aged-out adults who are legally emancipated from foster care by the age of 18 have experienced poorer outcomes compared to other young adults who grew up outside of foster care. Largely missing in the research have been the experiences of young adults aged out of foster care (18–21 years old) who identify themselves as successful adults. This researcher conducted phenomenological interviews with four aged-out adults (18–21 years old) in extended care and Postsecondary Educational Services and Support (PESS) who see themselves as successful since aging out of foster care. Results provided insight into factors leading to their success. The three universal themes that led to seeing themselves as successful were: the value of postsecondary education, support from family, and pride in self-reliance. The research findings prove there is a remnant existing in this population who see themselves as successful by relying on their own strengths and resources.

Keywords: foster care, success, vulnerable, disadvantaged

CHAPTER I: INTRODUCTION

Self of the Researcher

I have been in the mental health profession for over 8 years, and I truly have a passion for meeting clients where they are, and this is constructed by cocreating their goals to help them soar over life's challenges. I have worked with various populations; however, my heart gravitates toward foster care children and aged-out young adults.

Throughout this dissertation, I will focus on aged-out adults from foster care between the ages of 18 and 21. Foster care children and aged-out adults are considered to be one of the most vulnerable populations as a result of alleged abuse (emotionally, verbally, physically, sexually, etc.), which more than likely separates them from their families, and many are never reunified with their families or end up adopted.

I grew up in the care of my grandmother because my biological parents chose not to care for me. Therefore, I knew from personal experience how it feels to be unwanted and unloved and to search for love in all the wrong places because you never received it from your biological parents. Furthermore, I carried an emptiness; I knew it had to become filled over time with learning what works for me to implement self-love, which will create the roadmap for me to become successful. And give my future family affectionate love and financial support that I had never received from my biological parents.

My motivation for success started at a young age because I wanted something different from what I had observed in my maternal family (my biological mother's household). It appeared my maternal family was unmotivated, comfortable living paycheck after paycheck, and dependent on welfare. There was something in me (self-

love) that longed for more out of life. I used my nontraditional family experience growing up and turned it into a positive motivation that changed the trajectory of my future. One of my previous professors told me, “You took your anxiety from seeing how your family had lacked the motivation to better themselves and put it into school.” Postsecondary education was a part of my roadmap to seeing myself as successful as a result of socially constructed conversations in school.

For example, teachers and guest speakers would communicate with the students and encourage us to graduate from high school and go to college afterward. Therefore, college was all I knew to become successful. I am today in the process of obtaining a Ph.D. in family therapy. A Ph.D. is the highest level at which you can succeed in school. I am grateful to be here during this journey. College was the most significant motivational factor on my roadmap that helped me discover my purpose as a therapist and helped me realize how much I genuinely love helping others overcome their challenges despite the odds against them. According to John Maxwell (2002), “Success is knowing your purpose in life, growing to reach your maximum potential, and sowing seeds to help others.”

Passion for the Study

My personal experience growing up in a household depending on welfare and the lack of motivation from family members influenced a major part of my topic for my dissertation—most importantly, working hands-on with foster children and young adults. As a result, working with this unique population, I never knew what worked for them to become successful after aging out due to the challenges they experienced, and you hardly ever hear good reports after they age out. I know there is a remnant of young adults who

were able to manage success after aging out despite the stigma of being raised in foster care.

Even though I was not a child or youth in the care of child welfare, I was a participant in welfare—government services. By the grace of God, I had a willing grandmother who intervened and received guardianship over me when my biological parents chose not to care for me. If my grandmother had not raised me, I knew for a fact that I would have ended up in foster care. Therefore, I am passionate about learning about the experiences of young adults after they age out of foster care, how they define success, and what interventions helped them along the way.

Background of the Problem

There are over 500,000 children in foster care today (Bruskas, 2008). Children, adolescents, and emerging young adults aging out of foster care are considered to be one of the most vulnerable populations (Bruskas, 2008; Lockwood et al., 2015; Okpych, 2014; Stein, 2005) due to abuse in the home and traumatic experiences residing in foster care (as a result of separation from their families).

Separation from their families can affect their education and mental health (Bruskas, 2008; Egeland, 2006). Research shows that today's children in foster care have poorer mental and educational outcomes (Jones & LaLiberte, 2013; Root et al., 2018). There are many struggling to transition from foster care to young adulthood when they are more likely to make poorer decisions (Bruskas, 2008; Samuels & Pryce, 2008; Stein, 2005).

Every year, approximately 23,000 children age out of foster care without being reunited with their families or reaching a permanency goal (Lockwood et al., 2015). This

causes mental, physical, and emotional damage to young adults who age out of care, which includes homelessness, teen parenthood, high levels of unemployment, incarceration, a lack of participation in higher education, etc. (Jones & LaLiberte, 2013; Unrau & Kyles, 2018). These young adults age out of care with little or no financial, medical, or social support (Bruskas, 2008). Many have difficulty preserving jobs. Also, when this population ages out of foster care, they more than likely do not have support from their biological families and have little to no support from community providers (Bruskas, 2008). All these concerns are associated with poorer outcomes for children aging out of foster care compared to children reunified with their families.

Purpose of the Study

The world sees aging-out adults from foster care as vulnerable and one of the most disadvantaged populations in terms of success due to the disadvantage of not being reunified with their families or reaching a healthy permanency goal. Research displays interventions that work to assist this population in becoming successful after they age out—if they choose extended care. However, no study like mine focuses entirely on the experiences of young adults aged out of foster care (18–21 years old) who identify themselves as successful adults. The purpose of this study is to explore meanings that will identify, in their worlds, how they see themselves as successful since aging out of foster care. This will be achieved by conducting a qualitative study utilizing Interpretative Phenomenological Analysis (IPA).

Despite the challenges they endured from the removal of their families and how they had to adapt to a new way of living, some young adults have created a roadmap to their success, contributing to how they see themselves as successful today. Qualitative

researchers using IPA are interested in meanings in one's world and experiences (Alase, 2017; Pietkiewics et al., 2012). IPA researchers are concerned with the detailed examination of human lived experiences (Alase, 2017). This is conducted by exploring how individuals make sense of their experiences. Obtaining this focus will help researchers identify the participants' experiences or phenomena that make them unique or distinguished from others (Pietkiewics et al., 2012; Alase, 2017).

Furthermore, by using eidetic reduction, the phenomenologist tries to understand what important factors make a certain phenomenon unique (Alase, 2017). This is noticed when the phenomenologist brackets his or her preconceptions and allows phenomena to speak on behalf of the participants (Alase, 2017; Creswell, 2018). In other words, the researcher is allowing the participants to be the experts in describing their experiences in their worlds.

Using the IPA approach, the researcher will be able to examine the participants' lived experiences of identifying themselves as successful since aging out of foster care. It is assumed that the participants are "self-interpreting beings." They bring meaning to interpreting experiences and events in their lives (Alase, 2017).

Theoretical Framework

In 2015, when I started the Ph.D. program at Nova Southeastern University in family therapy, my medical model worldview underwent a paradigm shift. I no longer focused on the behavior of treating clients immediately but rather explored how the behavior emerged through conversations with others. To successfully take on this approach, I must create a space of nonjudgment and a stance of curiosity, allowing the client to be the expert of his or her life.

Systemic family therapy is not concerned with how the sessions will start and end but more with creating a space for meaningful conversations (Boston, 2000). These conversations will have the therapist not taking the role of the expert; the client is the expert in his or her life (Metcalf, 1988; Sharry, 2007).

This framework of systemic family therapy is necessary for this study during the evaluation of literature and individual live interviews. My job is to remain curious about what works for young, aged-out adults by exploring the roadmaps that identify them as successful, as they are the experts of their lives. This study will benefit family therapists, community providers, and policymakers' awareness of what is working for aged-out adults besides extended care, which will also contribute to future success. Therefore, this will encourage them to utilize more of what is working. This knowledge from the study that is applied in their lives beyond extended care will increase positive outcomes, even when they are no longer involved in child welfare after 21 years old.

Additionally, Solution-Focused Brief Therapy contributes to this study by exploring exceptions. Exceptions are what is working and how to utilize more of what is working. When therapists' clients focus on exceptions, they are no longer focused on the problem but on past successes (Reiter, 2014). Solution-focused therapists make every effort to encourage clients to use what is already working. Most importantly, therapists play a central role in increasing clients' motivation to succeed by helping them identify their strengths and giving them praise (Ricks, 2016).

Solution-Focused

Solution-Focused Brief Therapy (SFBT) was my preference for the study's theoretical framework because it is a goal-oriented model that honors clients' autonomy

to work on what they desire to fulfill. I remember a class I took in the Ph.D. program; the professor instructed the students to think of a "pet peeve" that ignores us the most. I thought that what bothered me the most were individuals who had no goals. For example, if a client comes to therapy with no complaints, it is more likely that the sessions will go nowhere (no structure). Goals bring structure and provide clarity to what a client desires to achieve. Therefore, this will make it easier for clients to be the experts of their lives as therapists follow from behind to hear, through conversations, what they desire to work on.

Therefore, because of my passion and belief that we need clear goals to see results, and because I understand that exploring one's strengths and resources will enhance their motivation to continue using more of what is working, this study will be a great fit. SFBT was developed by Insoo Kim Berg and De Shazer in the early 1970s and 1980s (Iveson, 2002; Lipchik et al., 2011). There was an interest in knowing what works best for clients and doing more of what works best. It is a future-driven approach that focuses on current resources and hopes compared to problems (Iveson, 2002).

Exceptions are known to be the tools for clients' solutions. Clients possess their own strengths and resources to fix their own problems (Lipchik et al., 2011; Sharry, 2007). We are not the "fix it" people as systemic therapists. We do not operate in a medical model's worldview. Clients just need help seeing the amazing strengths and resources they already have, and we co-facilitate by following from behind and highlighting their exceptions.

SFBT will contribute to this study by exploring what is working and continuing to use what is working to maintain future success after they leave extended care. Solution-

focused therapists and IPA researchers explore meanings in one's world to understand how their worlds make sense to them. This can only be done if the researcher or therapist allows the client to be the expert and follows from behind. In taking this stance, I encourage one to do more of what works best and to use more of it. SFBT is vital in my study due to how I think and process and the language I use while collecting data. The SFBT and IPA approaches will help me examine what to use and what to eliminate while collecting data from the interviews. My goal is to explore this population's experiences on how they see themselves as successful since aging out of foster care. In doing this, I will develop a phenomenological interview guide to explore the meaning of their experiences since aging out of foster care.

Once all the data has been collected and transcribed, I will retrieve their experiences of seeing themselves as successful and encourage them to do more of what works to maintain success in the future. SFBT therapists do not believe in taking away something that works but in doing more of what works.

Definitions of Terms

Foster Care

For children who have encountered any form of maltreatment, such as abuse and neglect, or who do not have parents (caregivers) who can support and meet their needs to maintain a healthy and well-functioning development, foster care is available. Foster care is intended to be a short-term and protective factor, hoping that the parents will complete their case plans promptly so their child(ren) can be reunified with them. Most of the time, this does not happen. Foster care was designed to improve challenges that could impede a child's development (Edeland, 2006).

Success

In the world today, success is typically defined in school; society especially encourages young adults who graduate from high school to attend postsecondary school (Pecora, 2012). School can be a positive factor for aged-out adults in foster care. Education can improve these young adults' lives so they can contribute to society as beneficial and successful adults (Jones & LaLiberte, 2013; Okpych & Courtney, 2014; Unrau & Kyles, 2018). Each year, 10 million federal dollars are invested in promoting secondary and postsecondary education attainment for young adults who have aged out of foster care (Okpych & Courtney, 2014). Community workers, foster families, and anyone working with an aging-out youth should encourage them to plan for college or a vocational school (Okpych & Courtney, 2014).

Vulnerable

Young aged-out adults from foster care are considered one of the most vulnerable populations due to traumatic separation from their families (Bruskas, 2008). The removal of a child from their family can affect their development and mental health (Bruskas, 2008). Young aged-out adults from foster care have higher rates of incarceration, unemployment, unplanned pregnancy, dependency on child welfare, and homelessness (Lockwood et al., 2015).

Disadvantaged

Having a positive experience attaining educational success is correlated with resilience among young adults who have been disadvantaged by maltreatment and living in foster care (Okpych, 2014; Stein, 2015). Research shows this population is disadvantaged as a result of aging out of care with little to no support to transition to

adulthood. More than likely, they are affected mentally, economically, physically, and emotionally. Young adults who age out of foster care experience difficulties transitioning into adulthood. Studies display that growing support can help them achieve their educational goals and positive health outcomes and preserve healthy adulthood (Bruskas, 2008).

CHAPTER II: LITERATURE REVIEW

Exploring What Works for Successful Adults Who Aged Out of Foster Care

Foster care is a societal and protective intervention for children and adolescents who have encountered maltreatment by any form of neglect (Bruskas, 2008; Edeland, 2006; Kerman et al., 2022). Neglect is associated with maltreatment, which has been proven to produce long-term negative outcomes among this population (Healey & Fisher, 2011). There are over 500,000 children in foster care in the United States (Bruskas, 2008; Healey & Fisher, 2011). Child welfare research has enhanced their attention to this population; as a result, they more than likely do not return to their biological families or do not become adopted (Healey & Fisher, 2011; Lockwood et al., 2015; Miranda et al., 2008). This population is prone to age out of care, displaying high-risk outcomes such as homelessness, early pregnancy, incarceration, poverty, and unemployment (Lee et al., 2014; Lemus et al., 2017; Randolph & Thompson, 2017).

Research shows that foster care is not always the safest and most protective factor in children's lives (Bruskas, 2008). In interview research reports, foster care youth reported additional harm once they entered foster care, including physical, sexual, and verbal abuse by caregivers (foster parents) and other children in the home (Bruskas, 2008).

These children are considered one of the most vulnerable and at-risk populations due to traumatic experiences in their homes and while in care (Bruskas, 2008; Healey & Fisher, 2011; Miranda et al., 2008). Maltreatment, such as neglect and the removal from their parents, is identified as traumatic, which can affect their development and mental health (Harden, 2004; Reilly, 2003; Samuels & Pryce, 2008). Children in foster care

encounter many educational barriers due to placement breakdowns (constant moves). They miss many days of school due to the frequency of relocating, which affects their school attendance and their ability to learn (Healey & Fisher, 2011; Lockwood et al., 2015).

Child welfare has not been held responsible for foster children's outcomes. Research reports that in the past, child welfare agencies were held responsible for their outcomes (Bruskas, 2008). In 1994, the Social Security Act was amended to evaluate the positive end-result outcomes (Bruskas, 2008). This indicated whether their permanency goal was appropriate and achieved in sufficient time. The state assessments are called Child and Family Services Reviews (CFSRs) (Bruskas, 2008). These assessments evaluate whether each state is meeting the needs of the children it serves.

A permanency goal is achieved when children in foster care are reunified with their biological family, reside with relatives or a legal guardian, or are adopted (Bruskas, 2008; Lockwood et al., 2015; Semanchin et al., 2013).

If one of these expectations is not met for children, they will age out of care or more than likely have instability in placements (Bruskas, 2008; Lockwood et al., 2015). Research has emphasized increased areas of concern for this disadvantaged population (education, housing stability, employment, and mental health) that need improvement for positive outcomes as they transition to adulthood (Okpych & Courtney, 2014; Semanchin et al., 2013).

Emancipation

Emancipation is used for youth who are aging out of foster care and will have no more involvement with child welfare (Yates & Grey, 2012). They have decided to

become solely independent and opt out of receiving extended care services until they reach age 21 (Yates & Grey, 2012). Aging-out youth and youth who are considered legally emancipated from the child welfare system show that the system failed to help them obtain a permanency goal (Greeson, 2013; Lockwood et al., 2015). When youth reach the age of 18, they typically choose to be emancipated or participate in extended care (Lee et al., 2014; Lemus et al., 2017). Extended care was implemented to change the outcomes of youth who age out of care by the age of 18 to have better outcomes than emancipated young adults (Lee et al., 2014; Lemus et al., 2017; Woodgate et al., 2017).

Research shows that young adults who decide to remain longer in care after turning 18 display better outcomes (Lemus et al., 2017; Woodgate et al., 2017; Yates & Grey, 2012). A recent study in a state that allows aging-out youth who turn 18 to participate in extended care until 21 or choose to be emancipated showed in its sample that many chose to emancipate before 21 (Lemus et al., 2017). The study showed that these young adults were disappointed with the poor services given to them. They felt it did not do them any good to transition to adulthood (Lemus et al., 2017).

Research reports that one of the tools to become successful during the transition to adulthood requires the youth to take the initiative in their lives and have control over the direction of what they want (Woodgate et al., 2017). Several studies reported that some of these youth felt they did not have a voice in their future and were persuaded to do the “norm” of what is expected for this population to succeed (Lemus et al., 2017). They felt they lacked self-determination. The studies also mentioned how the youth were looking forward to being in full control of their lives when emancipated (Lemus et al., 2017).

Educational Outcomes

Children with a history of abuse display higher percentages of low academic performance, grade retention, dropout, and participation in special education learning compared to their peers with no history of abuse (Greeson, 2013; Randolph & Thompson, 2017). Success in school has been connected to higher educational achievement, employment, and a well-adjusted transition to adulthood (Healey & Fisher, 2011). Healthy adjustments enhance academic achievements (Bruskas, 2008; Woodgate et al., 2017).

Children's Administration Research (2004) reports that aged-out adults from foster care have lower educational outcomes (Bruskas, 2008). Also, it was reported that 89% of foster children obtained GEDs rather than completing high school diplomas (Bruskas, 2008). The statistics of foster care children were greater by six times compared to those who did not age out of foster care (Bruskas, 2008). Research shows that of aged-out adults from foster care, only 1.8% would seek higher education, such as a bachelor's degree (Bruskas, 2008).

Lower educational outcomes for foster care children can impact their future. For young people leaving care, having achieved a positive experience in school is linked to resilience (Greeson, 2013; Randolph & Thompson, 2017; Semanchin et al., 2012). Even though research reports poorer outcomes for young aged-out adults from foster care, good outcomes have been reported from stable placement, compassionate caregivers (foster parents), and supportive and loving environments for studying. Research also shows that foster children who have had several placements can become successful in education if they remain at the same school (Semanchin et al., 2012). Therefore, young

adults in foster care can change the trajectories of their disadvantages with the help of others (Randolph & Thompson, 2017).

Federal legislation and policymakers are more interested in seeing positive outcomes with this population achieving postsecondary education (Randolph & Thompson, 2017). This is why funding for postsecondary education is provided under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Randolph & Thompson, 2017).

Mental Health Outcomes

Residing in foster care is a traumatic experience for children as a result of their separation from their biological families (Friedman & Christian, 2015; Lockwood et al., 2015; Miranda et al., 2008). These children have to learn how to adjust quickly to new homes, and many do not know how foster care works (Bruskas, 2008). Adjusting without their families can cause psychological stress and internalized emotions (Healey & Fisher, 2011; Woodgate et al., 2017). While mental health issues have been significant among this population, few studies have addressed mental health services to use while working with this population (Sakai et al., 2014).

Research shows that half of the children in foster care may experience at least one or more mental health disorders (Leslie et al., 2000; Stein, 2005). The Northwest Foster Care Alumni study reported that 54.4% of aged-out adults had increased mental health problems (Bruskas, 2008). These problems were depression, anxiety, social issues, and PTSD (Bruskas, 2008). In the event of a traumatic experience that leaves one in fear and confusion, it is not uncommon to have PTSD (Bruskas, 2008). These children are

removed from their families and do not know when or if they will return home (Gunawardena & Stich, 2021).

They may need assistance in dealing with loss and grief regarding the separation from their families, accepting their permanency goal, and establishing healthy relationships with their foster families and other adults in their lives (Bruskas, 2008). Children exposed to child welfare because of maltreatment are at greater risk for mental health services. For this population to succeed in school and transition to adulthood, their experiences in foster care should be positive, meeting their needs and providing support (Healey & Fisher, 2011; Lemus et al., 2017). Foster children who experience consistent placement breakdowns can be affected by their goals to later achieve permanency (Healey & Fisher, 2011; Lockwood et al., 2015), with approximately 40% of children moving within the first six months of placement. Teenagers experienced multiple moves in that timeframe. Constant placement breakdowns also contribute to a mental health diagnosis (Healey & Fisher, 2011; Leslie et al., 2000).

Interventions That Work With Aged-Out Adults

The Life Course Theory explores how age, life transitions, and social change play a significant role in one's life from birth until death (Greeson, 2013). This theory has become most popular when trying to understand how aging-out youth transition to adulthood (Greeson, 2013). This transition starts between adolescence and adulthood. This transition is also known as emerging adulthood, defined by the special risks and opportunities within their transition to adulthood (Greeson, 2013; Woodgate et al., 2017).

These young adults reach the real life of being adults when they face responsibilities to live on their own, work to meet their basic needs, engage in

postsecondary education, and develop intimate/romantic relationships (Greeson, 2013; Lockwood et al., 2015). The emerging adult phase lasts between the mid-to-late 20s as a result of economic and social policy factors that impact the likelihood that a young adult will transition to self-sufficiency quickly (Greeson, 2013). Research shows emerging adults' timeframes range from 18 to 29 years old to reach self-sufficiency (Greeson, 2013).

Emerging young adults age out of foster care the same day they turn 18 (Bruskas, 2008; Greeson, 2013; Woodgate et al., 2017). They will transition to adulthood with minimal support. In the United States, the Fostering Connections Success and Increasing Adoption Act of 2008 permits aging-out foster youth to have extended care until they reach 21 years of age (Woodgate et al., 2017). The ongoing federal support was intended to help emerging young adults not fall into the statistics of homelessness, incarceration, unemployment, etc. (Woodgate et al., 2017).

This act allows states to provide extended services between the ages of 18 and 21 only if they fall into one or more of these categories: (a) working toward a high school diploma or GED; (b) enrolling in postsecondary or vocational education; (c) actively engaging in a program designed to remove barriers in unemployment; (d) being employed for at least 80 hours per month; or (e) being unable to fulfill any of these requirements due to a medical condition (The North American Council on Adoptable Children, 2022).

According to research, effective interventions that have been recommended to help with the transition to independence include housing, employment, education, mentorship, and mental health (Woodgate et al., 2017). Research shows that aged-out

adults who participate in extended care benefits improve postsecondary achievement and financial stability and delay pregnancy (Lee et al., 2014).

Housing Intervention

Housing is an intervention that includes assistance with obtaining an affordable place to stay, such as group homes and subsidized housing for youth aging out (Woodgate et al., 2017). Housing intervention has proven to promote positive outcomes for aged-out youth from foster care (Miranda et al., 2008; Woodgate et al., 2017). Transitional housing programs assist these aging-out adults with housing while paying minimal or no rent (Miranda et al., 2008). Supportive housing is an additional intervention that helps young adults learn independent living skills to manage their households (Lemus et al., 2017; Miranda et al., 2008).

Emerging young adults have the option to determine whether they will participate in the extended care housing option (Lee et al., 2014). Research reports that youth utilizing housing services are less likely to be homeless compared to those who do not use this intervention (Lemus et al., 2017; Miranda et al., 2008). Furthermore, the youth excel in employment stability and economic security due to the requirements to maintain their benefits in the extended care program.

Various programs have been established to meet the needs of this population as soon as they turn 18 (Woodgate et al., 2017). As studies have reported, many do not know the whereabouts of their biological families or do not communicate with them after they age out of care (Bruskas, 2008; Healey & Fisher, 2011).

Mentoring Intervention

The Fostering Connections to Success and Increasing Adoption (2008) states that within 90 days of the youth aging out, there should be a transition plan in place to make sure the youth knows the available options (Lockwood et al., 2015). One of these options and recommendations is mentoring (Lockwood et al., 2015). Due to the disadvantage of this population lacking adequate support once aging out, mentors are highly encouraged (Greeson, 2013; Zinn, 2017). Some positive outcomes report young adults having a supportive mentor (Greeson, 2013). Research reports that mentors impact youths' educational outcomes, suicide risk, physical aggression, and health (Greeson, 2013; Lockwood et al., 2015; Semanchin et al., 2013).

Federal legislation provides support and recommends that aging-out youth have mentors. Congress has initiated grants for states to implement more mentoring services for this disadvantaged population (Okpych, 2012). Having at least one supportive relationship can promote positive outcomes (Gunawardena & Stich, 2021; Semanchin et al., 2013; Zinn, 2017). Research reports that the disadvantages of aging-out adults in care without at least one supportive adult increase the risk of dropout, unemployment, and homelessness (Semanchin et al., 2013). One study referenced several aged-out adults who became successful by having one supportive adult (Zinn, 2017).

Mentoring connections are consistent and meaningful in youths' and young adults' lives (Semanchin et al., 2013). These mentors can be formed in programs, or youth can discover mentors independently (Greeson, 2013). Research reports that mentors can help youth and young adults' emotional, cognitive, and identity development (Greeson, 2013).

Mentoring that offers genuine guidance, support, and encouragement for transitioning young adults improves outcomes (Semanchin et al., 2013). A recent mentoring research study (meta-analysis) reported the effectiveness of the mentoring invention for this population. The results proved to have positive outcomes, such as mental health and social and academic impacts. Research shows that mentoring interventions are beneficial and preventive for emerging young adults (Greeson, 2013; Gunawardena & Stich, 2021; Lockwood et al., 2015).

Natural Mentoring

Natural mentors have been identified as having close, supportive relationships with nonparent adults that are built outside of traditional mentoring programs (Greeson, 2013; Zinn, 2017). Research finds that natural mentoring is an impactful intervention for emerging and emancipated adults from foster care compared to any other population (Greeson, 2013; Semanchin et al., 2013; Zinn, 2017).

A natural mentor is familiar with the youth because he or she has already developed a relationship with them (Greeson, 2013). Natural mentoring authentically develops a connection with young adults rather than them feeling forced to accept someone in their lives (Greeson, 2013).

This relationship is consistent, regardless of the number of moves when aging out of care (Lockwood et al., 2015; Semanchin et al., 2013). Due to the nature of this population—having unstable placements, trauma from separation from their parents, and being disadvantaged—a natural mentoring relationship provides consistency and the possibility of a lifelong relationship, which helps with adulthood (Greeson, 2013; Semanchin et al., 2013).

One study reported that the mentored participants who had a natural mentor had good health and no suicidal ideation or physical altercations (Zinn, 2017).

Natural mentoring encourages emancipated young adults to stay involved with their mentor regardless of whether they decline extended care (Semanchin et al., 2013; Zinn, 2017). Research shows that this population needs at least one long-term caring adult who is supportive of them (Zinn, 2017). This can increase positive outcomes in mental health, financial stability, self-esteem, and educational achievement (Semanchin et al., 2013; Zinn, 2017).

Education Intervention

Young adults transitioning into adulthood are encouraged to have plans (goals) so they can have clear objectives for how to obtain their plans (Lemus et al., 2017). The Lifespan Theory of Control denotes that people are more effective in controlling their goals when they are in control of what they want. Young adults' goals are normally voiced in education, employment, and family (Randolph & Thompson, 2017). Success in school has been connected to postsecondary achievement (Healey & Fisher, 2011; Lemus et al., 2017).

Youth in foster care and emerging adults are at high risk for school dropout because of their histories of trauma, child welfare involvement, mental health, regular school changes, and a lack of education support (Lockwood et al., 2015; Semanchin et al., 2013). This societal concern has captured the attention of this population, especially in this area. Research recommends effective education interventions that will generate positive outcomes (Gunawardena & Stich, 2021; Woodgate et al., 2017).

Transitioning to adulthood is more difficult for youth who are emancipated from the child welfare system (Lee et al., 2014). Extended care was designed to help increase positive outcomes for young adults, such as education (Lee et al., 2014). Research shows there is a necessity for improved postsecondary education among these youth, which has grabbed the attention of several stakeholders and policymakers (Okpych, 2012).

Studies have shown that young adults who actively participate in interventions once they age out of care have improved their educational outcomes compared to youths who are emancipated. The interventions that were discovered during the studies were offered in programs that provided social, personal, and informative support to help students transition from high school to college. Aging-out youth who participated in the educational and training programs were able to achieve their educational goals, which helped them overcome barriers.

Employment Intervention

Employment is a societal concern due to the higher percentages of unemployment in this population aging out (Bruskas, 2008; Yates & Grey, 2012). However, if aging-out adults participate in extended care, one of the requirements is for them to work 80 hours a month or be active in another requirement that is expected to remain in extended care (The North American Council on Adoptable Children, 2022). Employment is considered a positive intervention for those who participate in extended care. Programs are designed to train these young adults with the skills necessary to work and succeed financially (Yates & Grey, 2012; Lockwood et al., 2015).

Even if one is unable to work full time, different programs offer preparation to help these young adults search for jobs and apply for jobs, assist with attire and résumé

building (Woodgate et al., 2017). These are skills that are highly recommended when one is ready to obtain a job (Woodgate et al., 2017). Research reports that 60% of young adults who engage in training find employment within three months (Woodgate et al., 2017). Youth who have been emancipated from foster care tend to become homeless, which is associated with unemployment (Yates & Grey, 2012). When an emerging young adult is emancipated from care, they are expected to have what is needed to transition to adulthood and survive (Yates & Grey, 2012). However, many in this population lack employment preparation, housing, postsecondary education interests, etc. (Grey & Yates, 2012).

Issues With Aged-Out Adults

Lack of Access to Education

The literature reports that when emerging adults decide to become emancipated, they are no longer involved with child welfare (Yates & Grey, 2012; Lee et al., 2014; Woodgate et al., 2017). They are solely independent and are responsible for continuing to make their transition into adulthood without help from extended care (Lemus et al., 2017; Randolph & Thompson, 2017; Woodgate et al., 2017).

A study was conducted for emerging adults, which revealed that following their emancipation 18 months later, there were higher rates of homelessness, housing stability, living in low-income communities, and dependency on child welfare (Lemus et al., 2017). This study was compared to youth (the same age) who were not aging out of foster care. Previous studies have recommended research on emancipated youths' future goals and adequate support that prepares them to transition to adulthood (Lemus et al., 2017).

Emancipated youth typically find challenges navigating through developmental challenges to adulthood, such as education, employment, mental health, and community participation (Yates & Grey, 2012), as a result of a lack of support, unclear plans or no plans, and a lack of knowledge of how to obtain employment, housing, and educational attainment (Healey & Fisher, 2011; Lemus et al., 2017; Randolph & Thompson, 2017).

Research reports that fewer than 50% of youth aging out of care graduate from high school, while 30% enroll in higher education, but only 5% complete a bachelor's degree (Yates & Grey, 2012). This population is removed from child welfare and is commonly found to have poorer educational outcomes compared to young adults who participate in extended care.

Lack of Access to Housing

Due to the reported statistics of aged-out adults who are emancipated from the child welfare system, more than likely they will become homeless, having limited resources to meet their basic needs (Lee et al., 2014; Lemus et al., 2017; Miranda et al., 2008; Stein, 2005; Tyrell & Yates, 2018; Woodgate et al., 2017). Some states use the Department of Housing and Urban Development's Family Unification Program (FUP) to give these emerging adults 18-month vouchers to help with their transition to adulthood (Lockwood et al., 2015). However, fewer than half of public agencies are utilizing FUP to provide this population with vouchers. Since 2012, research reports that only 14% of these emerging adults have received vouchers for housing (Lockwood et al., 2015).

Research shows child welfare agencies are less likely to refer these young adults because of training on FUP, lack of funding, and organizational burden due to the eighteen-month time sensitivity (Lockwood et al., 2015). Furthermore, it is reported that

some of these agencies have challenges identifying those who meet the requirements for this program (Lockwood et al., 2015). FUP has not been measured for its effectiveness in maintaining housing stability after 18 months; however, it does serve as a short-term intervention (Lockwood et al., 2015).

Some studies show that when these emancipated adults leave foster care, they decide to live with someone; however, it is not permanent. Several studies showed that foster alums make several moves after aging out of care (Lockwood et al., 2015). Research shows that if these emerging adults engage in extended care, they will have stable housing until they reach 21 years of age, compared to 18 months after leaving care (Lee et al., 2014; Yates & Grey, 2012).

Lack of Access to Mental Health

Research reports that more than 26,000 youth transition to adulthood yearly (Sakai et al., 2014). These young adults have significant mental health issues that have either not been addressed or still need to be addressed (Sakai et al., 2014). This population is at a higher disadvantage for poorer mental health outcomes than other adults who transition to adulthood (Miranda et al., 2008; Randolph & Thomson, 2017).

After they age out of care or become emancipated, they typically have challenges accessing mental health services (Randolph & Thomson, 2017). Research reports that mental health participants' levels decrease during the transition to adulthood (Sakai et al., 2014). Some studies have reported that when these young adults age out, their insurance status changes, as do various sociodemographic factors such as age, race, gender, geographic location, etc. (Sakai et al., 2014). Research reports that when this population

ages out of foster care, they recommend transition planning, uninterrupted insurance coverage, and ongoing support (Sakai et al., 2014).

The Affordable Care Act provides access for all aging youth in foster care. Once they turn 18 years old, they are eligible for Medicaid until they are 26 (Lockwood et al., 2014; Sakai et al., 2014). During a qualitative study to discover the perspectives of youth on components that impact mental health after aging out, some youth reported barriers that interfered with consistent mental health services. For example, due to frequent moves and changes in insurance status, they had to change therapists (Sakai et al., 2014). It was also reported that Medicaid providers in their network were difficult to find.

Lack of Access to Employment

Research reports that some emancipated young adults more than likely fall into the category of homelessness, which is associated with being unemployed (Lemus et al., 2017; Woodgate et al., 2017; Yates & Grey, 2012). Homelessness is a significant concern among this population. As a result, they are independent, responsible for themselves, and have limited resources (Lemus et al., 2017). Also, youth in foster care do not all graduate from high school (Lemus et al., 2017).

The Fostering Connections to Success and Increasing Adoptions Acts (2008) provided emerging young adults with a transition plan within 90 days before turning eighteen. That transition plan had to include housing, health insurance, education, mentoring, support services, and employment training (The North American Council on Adoptable Children, 2022; Woodgate et al., 2017). More research has been recommended regarding the clarity of those plans due to the high numbers of dropouts from school,

homelessness, incarceration, etc., among emancipated emerging adults (Lemus et al., 2017).

Young Adults From Foster Care: Negative Experiences

Lack of Freedom

Research shows that over the past 20 years, there has been much emphasis on having programs accessible for aged-out adults to help them transition into adulthood (Scannapieco et al., 2007). A study was conducted to explore the experiences of aged-out adults' "circle of support" after leaving foster care (Scannapieco et al., 2007). The sample size consisted of participants in the Texas Department of Family Protective Services Program (Scannapieco et al., 2007). There were six groups conducted, with a total of 72 participants (Scannapieco et al., 2007).

The researchers conducted focus groups to collect data through participants' communication (Scannapieco et al., 2007). Three of the four groups expressed a lack of respect for the individual in foster care (Scannapieco et al., 2007). In other words, the youth voiced that they did not feel they were involved in making their decisions about their future (Scannapieco et al., 2007). The participants verbalized that their case plans were made prior to their case workers meeting them, and the plans were not individualized (Scannapieco et al., 2007).

Lack of Preparedness

Also, during the interviews, the participants verbalized the challenges in communication (Scannapieco et al., 2007). Some challenges voiced by the participants were that their circle of support, who worked with them, did not communicate in the best interest of the foster youth (Scannapieco et al., 2007). Therefore, foster youth, both in

care and aged out, and foster parents agreed on the need for collaboration with the youth (Scannapieco et al., 2007). Youths desired more control over their future decision-making (Scannapieco et al., 2007).

Also, during the findings, the participants verbalized that there needed to be more skill-building endeavors (Scannapieco et al., 2007). They reported that foster parents needed developmental work to help the youth apply the knowledge to transition to adulthood (Scannapieco et al., 2007). The participants reported they felt they had unmet needs for money, safe housing, bus passes, etc. (Scannapieco et al., 2007). Also, some reported that they did not feel they had a good understanding of their health and mental health needs (Scannapieco et al., 2007). The participants also stated that upon leaving foster care, it is vital to have consistent support, which was, unfortunately, an unmet need for them (Scannapieco et al., 2007). Furthermore, the participants reported they needed support, self-esteem, groups, and/or engagement in therapy after leaving care (Scannapieco et al., 2007). These experiences voiced by the participants in the focus groups showed that youth after aging out of care need positive youth development, collaboration, and permanent connections (Scannapieco et al., 2007).

Research shows that when emancipated adults leave the foster care system, 46% are more likely to have not completed high school, 25% will be homeless, 42% will become parents, and less than 20% will support themselves (Goodkind et al., 2011). Several studies have stated that these poorer outcomes for young adults who age out of foster care are also considered a worldwide phenomenon (Häggman-Laitila et al., 2018).

Research shows that a previous systematic review qualitatively analyzed the experiences voiced by young people aging out of foster care (Häggman-Laitila et al.,

2018). One review consisted of nine studies from 1996–2012 that focused on the transition from a psychosocial perspective (Häggman-Laitila et al., 2018). It is more effective to find up-to-date studies regarding the experiences of this population since they aged out— to inform the improvement of service, policymakers, staff training, and researchers (Häggman-Laitila et al., 2018).

The goal of this review was to explore the current experiences of young adults aging out of the child welfare system. The findings indicate that this population has a negative transition to adulthood (Häggman-Laitila et al., 2018). As a result, they did not have adequate support or anyone who offered concrete advice for their decision-making. In five of the studies, participants reported that after leaving the foster care system, they felt "unprepared and unfocused" (Häggman-Laitila et al., 2018). Three studies stated that young adults reported a lack of opportunity to participate in decisions concerning their future (Häggman-Laitila et al., 2018). The studies show that when these young adults leave care, they have little to no future planning (Häggman-Laitila et al., 2018). Most of the participants reported they did not receive informative preparation to help them successfully transition to adulthood (Häggman-Laitila et al., 2018).

Lack of Motivation in Obtaining Adult Goals

A systematic review was conducted of studies drawn from six databases and included quantitative studies from 2010 to 2017 (Häggman-Laitila et al., 2019). Of the 37 eligible studies identified, 13 were selected for final review. The reason for this study was to explore the experiences of young adults' transition to adulthood from foster care. The data were analyzed using a narrative method (Häggman-Laitila et al., 2019). The findings from this review stated that the young adults aging out of foster care were hopeful about

their future (Häggman-Laitila et al., 2019). However, they had difficulties obtaining employment and education and did not have reliable support (Häggman-Laitila et al., 2019).

Furthermore, another study reported findings exploring young adults' experiences after aging out of foster care through ethnographic research (Cunningham et al.; Diversi, 2013). The young adults reported during the research that they had experienced anxiety since aging out of foster care (Cunningham et al.; Diversi, 2013). For example, they shared difficulties in obtaining housing, financial stability, a lack of support, and being forced to be self-dependable with inadequate resources (Cunningham et al.; Diversi, 2013).

The studies reported in their finding that care homes were one of the same in danger from several storytellers (Parry et al., 2014), and as a result, they experienced continual stressors in care (Parry et al., 2014). Furthermore, other participants reported that, much like the abusive homes from which many came, some of the environments required constant vigilance (Parry et al., 2014). Some participants had survival and self-reliance perspectives. They had difficulty asking for help when they needed it. This sense of survival contributed to difficulties for the youth as they transitioned to adulthood, such as maintaining relationships, feeling satisfied with their achievements, and securing a reliable support system (Parry et al., 2014).

Young Adults from Foster Care: Positive Experiences

Resiliency as a Factor for Success

It was discovered in a critical review of qualitative research that was conducted to explore the experiences of young adults who transition from care to inform care services.

The articles that were selected provided a qualitative analysis of personal stories. Some of the storytellers indicated that rather than the youth projecting a negative narrative of foster children, they constructed their stories as testimonies of "survival against the odds" (Parry et al., 2014). Some reported getting lost in the system and not developing key resilience (Parry et al., 2014). Such as being reported as getting kicked out or the numerous placement breakdowns and losses that were cited in nine studies (Parry et al., 2014). This led to diminished resilience. When resilience was diminished, so was the storyteller's ability to navigate their way successfully through the system (Parry et al., 2014). Successful navigation entailed having reliable resources. Work and study were used as navigation tools to find resources outside the foster youth's identity (Parry et al., 2014).

The storytellers reported that despite the youth's unhealthy relationships with their families, they had an idea of what family meant to them (Parry et al., 2014). Among the participants' experiences, it was common that a family felt comfortable and welcomed you no matter what you did; they knew you (Parry et al., 2014). There was consistency between family, home, and belonging (Parry et al., 2014). When this consistency was not discovered, relationships were more difficult to maintain. The studies reported that even as the participants were able to reconnect to their families after aging out of care, the initial rejection still affected their emotional adjustment to their new identity (Parry et al., 2014). After transitioning, some of the participants managed to maintain contact and seek support from their previous foster mothers, service providers, and biological parents (Parry et al., 2014). Seeking roots with parents and extended care was a key factor in success after aging out (Parry et al., 2014).

A few studies showed that aging out adults' experiences could be successful. One study trained interviewers with MSW degrees to conduct small group interviews (Goodkind et al., 2011). One of the research questions was, "What successes and challenges are associated with transitioning from foster care?" (Goodkind et al., 2011). The sample size consisted of 45 young adults from ages 18–23 (Goodkind et al., 2011). Almost half of the participants left the child welfare system when they turned 18 (Goodkind et al., 2011). When asked about their greatest success since transitioning from care, most of the youths' responses focused on surviving as adults and continuing their education (Goodkind et al., 2011). Some mentioned that their experiences becoming parents and having a healthy child were a great success for them (Goodkind et al., 2011). One parent indicated that having a child was a motivating factor for her to stay in school. Furthermore, there were others who stated they were successful because of adult accomplishments such as obtaining a job, paying their own bills, and still having money in their pockets (Goodkind et al., 2011).

In addition, another qualitative phenomenological study was conducted for four public child welfare agencies that examined 19 youths during their first year after aging out of foster care (Rome & Raskin, 2019). Here again, positive as well as negative factors were identified. Support from others and postgraduate education were identified as positive factors leading to better outcomes. Rutman & Hubberstey (2016) also found that consistent support from family and friends was helpful in improving outcomes.

Gap in Literature

In general, young adults aging out of foster care often have negative outcomes, as identified above. Young adults aging out of foster care themselves identified a lack of

freedom, lack of preparedness, and lack of motivation as contributing factors to difficulties. Positive factors identified include postgraduate education and relational support. This study will focus entirely on the experiences of youth aged out of foster care (18–21 years old) who identify themselves as successful adults. This will be a new and unique perspective focusing on strengths. The hope is that this perspective from successful adults will enrich our understanding of what works with this population. This focus on what has worked will fit well with my theoretical framework of a solution-focused perspective.

CHAPTER III: METHODS

Self of the Researcher

Qualitative research was my preference for this study as the "observer," in understanding aged-out adults' experiences of seeing themselves as successful despite the challenges in foster care—which will be obtained through entering their worlds. The observer creates a space for meaningful conversations between participants (Boston, 2000). This approach allows the observer to take the position of not being the expert (Boston, 2000). The participants are experts in their worlds (Gergen, 2015). We are invited into their worlds through conversations (Gergen, 2015). Qualitative research is a meaningful process that the observer travels through to achieve an understanding of someone's world.

The observer transforms the participant's world into a series of representations such as field notes, interviews, conversations, photographs, recordings, and memos to the self (Crestwell et al., 2018). During the conversations, researchers discover phenomena that give meaning to the worlds of the participants. Phenomena define similar meanings for several participants based on their lived experiences (Crestwell et al., 2018).

Interpretative Phenomenological Analysis (IPA)

In my role as an observer during this qualitative study, I applied IPA when I interviewed the participants and collected the data. The purpose of using IPA was to explore the experiences of the shared phenomenon of how they see themselves as successful since aging out of foster care. IPA can be utilized by multiple participants who experience similar events to share their experiences (Alase, 2017; Pietkiewicz et al., 2014). Phenomenologists aim to analyze similarities among all participants experiencing

phenomena (Crestwell, 2018). The purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of "what" they experienced and "how" they experienced it (Alase, 2017). Not only is IPA a description, but it is also an interpretive process in which the researcher makes an interpretation of lived experiences (Alase, 2017).

IPA also draws from Hermeneutics (from the Greek word 'to interpret' or 'to make clear') when someone needs to explore the mindset of a person and language, which is invited through one's experiences of the world (Alase, 2017; Pietkiewicz et al., 2014). In other words, IPA attempts to understand what being in someone else's world is like.

Participant Recruitment

The researcher was able to recruit four willing female participants between the ages of 18 and 21 who saw themselves as successful since aging out of foster care. Table 1 below outlines the demographics of the participants who participated in this study.

Table 1

Participant Demographics

Participant Identifier	Age	Gender	Race/Ethnicity	Aged out young adult (18-21)	Willingness to participate	See yourself successful
P1	19	Female	Black/ African American	Yes	Yes	Yes
P2	19	Female	Black/ African American	Yes	Yes	Yes
P3	19	Female	Black/ African American	Yes	Yes	Yes

P4	21	Female	Black/ African American	Yes	Yes	Yes

I recruited participants using the snowball method. I made a flyer available to all who may be interested through foster care contacts. Qualitative researchers can use snowball sampling when they have identified one or two participants for the study and receive additional participants from the initial participants.

I sent the flyers to two potential participants who I knew met the requirements for my study. I provided the first two participants with the reason for my study and how it would be beneficial for their participation to help the researcher explore their experiences of how they see themselves as successful since leaving foster care. They agreed to participate and each one provided a referral to the researcher who met the criteria for the study. Before the interviews started, I explained the limits of confidentiality during this study to ensure their rights are protected. The four participants agreed and met the requirements for the study and were issued a consent form to sign and date.

Inclusion Criteria

To contribute to this study, the following requirements for participants were:

(1) A young adult between the ages of 18 and 21 from foster care.

(2) The prospective participants see themselves as successful.

(3) Willingness to participate in the study to help the researcher explore their experiences of being successful since aging out of foster care.

Exclusion Criteria

If a prospective participant had met all my requirements for the study but failed to see themselves as successful during the interview, this would have excluded them from

the study. The goal of the study is to explore the participants' successful experiences. This study has no criteria for the definition of success; success is self-defined by the participants.

Data Collection

I utilized IPA during the interviews to explore similar experiences among four aged-out adults in how they see themselves as successful despite the challenges in foster care. I initially had six willing participants to conduct my study; however, after scheduling individually a day and time with them, two out of the six participants were not able to be present for the study. I tried contacting them multiple times, but I received no response. They were aware of the incentive if they had participated. I wanted to make sure all participants were willing and didn't feel pressured to participate.

IPA researchers strive to bracket themselves from their beliefs about phenomena among the studied population during data collection (Alase, 2017; Pietkiewicz et al., 2014). This is conducted by removing judgmental and biased assumptions during the process of collecting data (Alase, 2017; Creswell, 2018). The IPA researcher's goal is to explore the authentic lived experiences of the participants so that when others reflect on them, they will say, "I understand better [now] what it is like for someone to experience that" (Alase, 2017; Pietkiewicz et al., 2014).

Researchers go through data such as transcripts from interviews and take note of unique statements, sentences, or quotes that will provide an understanding of how the participants experienced the phenomenon (Cooperrider et al., 2003).

During the IPA data collection process, as recommended for study, I started the interviews asking these two foundational questions:

1. Tell me about your experience after aging out of foster care.
2. What has made you successful since you aged out of foster care?

(1) For my study, I conducted an in-depth interview with four aged-out adults who see themselves as successful since they aged out of foster care.

(2) The interview study took approximately 45–60 minutes per participant.

(3) The interviews were conducted online using Zoom. Crestwell stated that collecting data through the Internet has advantages, such as reducing travel expenses (Alase, 2017). This gave my participants the flexibility to be interviewed in the comfort of their home.

I utilized Zoom to video record the interviews. For the additional privacy of the participants, I used a security password they had entered to join. During the interviews, I was alone at home (in my office) to protect the participants' confidentiality. The interviews were transcribed while I was home alone.

In the informed consent, the participants were advised of their rights, benefits, and risks, and other possible concerns or questions are addressed in the consent form (see Appendix A). The informed consent also discussed that the Zoom video will be disregarded immediately after being saved on my flash drive from the date it was recorded. The incentive for participants was included in informed consent.

Data Analysis

After completing the interviews, I used bracketing to not impose my beliefs from the lived experiences of the participants (Creswell, 2018). It was helpful for me to not describe my personal experience with the phenomenon under study. Secondly, I reviewed the transcriptions several times (Alase, 2017; Creswell, 2018; Pietkiewicz et al., 2014).

This helped me carefully examine similarities in experiences and understand the interviews as a whole before breaking them into smaller parts (Alase, 2017; Creswell, 2018; Pietkiewicz et al., 2014). Thirdly, I had listed significant statements; this was the foundation for exploring the participants' phenomenon (Alase, 2017; Creswell, 2018). Those statements came from the direct interviews with the participants who experienced themselves as successful after aging out of foster care. Fourthly, I grouped the significant statements into larger units called "meaning units" or themes (Alase, 2017; Creswell, 2018). Fifthly, I then wrote a description of "what" the participants' experienced with the phenomenon is (a textural description).

The next step conducted was "how" the experience happened after the participants aged out of foster care (structural description). In other words, I focused on the setting and context in which the phenomenon was experienced. Lastly, I had written a composite description of the phenomenon (Alase, 2017; Creswell, 2018). This included a paragraph of both the textual and structural descriptions to inform the reader "what" the participants experienced with the phenomenon and "how" they experienced it (Alase, 2017; Creswell, 2018).

Summary

I have discussed the methodology outline I utilized for my study. I had an interest in exploring the experiences of aged-out adults (18 to 21 years old) who see themselves. Whatever works for them now and makes them see themselves as successful, they can use more of it to achieve future success.

CHAPTER IV: RESULTS

Phenomenological Data Analysis

After transcribing the participants' interviews, I read each transcript several times. This helped me identify what was similar among the participants. This was important to me because I wanted to understand common experiences with the phenomenon. Therefore, I could only do this by bracketing myself to see beyond what I felt were successful experiences for them in their worlds—by removing what I thought I had already known.

I came across clusters of meanings that identified common words and sentences that were repeated by the participants. This helped me break down significant statements into fewer words to achieve the essence of what the participants experienced and how they experienced it.

Emerging Themes

According to the findings in prior research on young adults who aged out of foster care, this population is identified as successful if they are working or in postsecondary school, have support, and have a place to reside (Lemus et al., 2017; Parry et al., 2014; Woodgate et al., 2017; Yates & Grey, 2012). After discovering what was experienced and how it was experienced in the shared phenomenon, three universal themes were revealed. The uniqueness of the themes that were discovered came from the voices of the population themselves. They expressed how they see themselves as successful today after aging out of foster care.

The themes are the keys to understanding what works for this population to be successful since they aged out of foster care. As a result of this discovery after the

individual interviews, I was able to write a composite description of the phenomenon: what the participants experienced (textual) and how the participants experienced it (structural).

The Value of Postsecondary Education

During the interviews, all four participants expressed how they took charge of attending school to get the career they desired. They had experienced that postsecondary school was of great value in their lives. For example, three of the participants shared that postsecondary school was the right path to ensure they could effectively take care of their children. P2 demonstrated determination to stay in postsecondary school because it was free, and she knew the plans she had for her future.

> P2: Yeah… School has always been the plan for me. It's free; why not go to school? I made the decision to stay in school and finish... I motivate myself because I know what I want out of life. Despite the support those people didn't give, I still did what I needed to. I have a baby on the way, and I'm still in school. I'm focused… I'm well, and I know what I want.

From this excerpt, it appears that postsecondary school was indeed a motivational factor in seeing herself as successful. She expressed that postsecondary school was always on her roadmap to success once she aged out of care. P2 also expressed that she is focused on this goal and that nothing will stop her from receiving her degree.

> P 2: I've been in school for over a year now, and I'm not letting nobody stop me from seeing my plans come together... I've worked too hard for this.

P2 displayed confidence that school was a motivational factor for her. She knew the outcome she wanted for herself. As a result, she didn't wait on anyone to motivate herself. Therefore, she motivated herself to get up every day she had school. P2 discussed that by working hard to stay in school, nothing could impede her from seeing what she worked hard for. It seemed like she was convinced of what she wanted and was confident that she would see her desired outcome.

The other three participants shared that going to school was indeed a motivational factor in their seeing themselves as successful today. P1 had expressed that she was content with her decision to attend postsecondary school because of her desire to become a physical assistant. P3 reported she is working on finishing her GED for high school and then going to postsecondary school for nursing. P4 shared how postsecondary school was her only way to financial stability. It was very intriguing that all four participants knew why they had chosen postsecondary school. Therefore, going to school was of value to them and motivated them to see future economic stability. This was indeed a perceived motivational factor for the reason they have stayed consistent in school thus far.

It was also gathered during the interviews that three of the participants were enrolled in Postsecondary Services and Support (PESS) in the state of Florida. Therefore, for them to maintain their tuition to be paid until they are twenty-three, they must be enrolled in at least nine credit hours (attending a Florida Bright Futures eligible educational institution). It is their responsibility to maintain good academic standing and be full-time students. As a result, the participants used this standard as motivation to maintain good academic standing to ensure the consistency of their tuition being paid.

The participants are in good academic standing today because postsecondary school is valuable in their lives and contributes to seeing themselves as successful today.

Support From Family

The second universal theme was "support from family." It was universally shared among the participants that having someone in their family support them was a motivational factor contributing to seeing themselves as successful. They all expressed family support helps them stay focused and transition well as an adult. Participant 1 reported having ongoing support from her previous foster mother, who is now considered her godmother, which is helping her transition more effectively as a young adult. Participant 4 also reported that, as a result of being in foster care, she was able to build a relationship with her previous child's foster mother since she aged out. As a result, she has been a great support for her to get things done, and she now considers her child's godmother. Also, participants 2, 3, and 4 shared how their children supported them, seeing themselves as successful just by being their mothers.

> P1: It took time for me to build a relationship with my foster mother, but she was patient with me, and now we have a bond. She is the one who helps me with adult stuff that I don't know.

P1 expressed that she has developed a relationship with her foster mother, who supports her in accomplishing her adult goals. The participant acknowledged how support from family is a motivational factor for getting things done and contributes to seeing herself as successful.

> P1: My foster mother is always there to help me; I call her my godmother now. She is a great support. She was the one who told me to get a brand-new car because it had safety features in it, and she told me it would help build my credit too.

This excerpt displays more results on how family support impacts a young adult's capability to get things done that will impact positive outcomes in their future. Family support was indeed acknowledged by P1 as a motivational factor in seeing herself as successful today.

> P 3: Just seeing my kids have a smile on their faces, me being able to be there for them, giving them what I didn't have growing up... You know, just being a mom makes me successful. I love my kids.

P3 articulated meaning from family support that related to being a mother. Her motivation for success was having children—being a mother makes her successful today. This was clearly identified in the excerpt, which came directly from her experience.

> P 3: My kids motivate me to keep going... I do my part every day so I can give my kids the life I never had. I have two happy boys. I was able to buy one of my sons a game he really wanted for his birthday, and it made me feel good that I was able to.

P3 acknowledged that having the resources to purchase what her children need and desire makes her feel successful. Not only does being a mother make her successful, but having the resources to provide for her children also contributes to her seeing herself as successful.

Overall, family support was acknowledged as a motivational factor to keep them focused on accomplishing the goals they planned for their future successes. Being a mother helped three of the participants make profound decisions for the success of their children. They didn't want their children to experience the challenges they went through in foster care. They desired to give their family the life they never had as children.

Pride in Self-Reliance

The third universal theme was "pride in self-reliance." The participants had a positive reaction to their perceived lack of support. P1 expressed how she didn't have the support she expected, and she learned how to make things happen for herself. P2 discussed her previous foster care placement did not provide her adequate parenting skills. Rather than complain and feel depressed about this perceived lack of support, she used this as a motivational factor to stay focused in school to graduate. And she learned how to parent her children the best way she knew how to. P3 reported she expects support because she values wisdom given from older adults; however, when this was not given, because she has children—she learns how to do things herself. P4 expressed when support was not given she used that to exercise her resources to rely on to make sure she managed her living well for the sake of her children.

Therefore, they took charge and took the initiative to learn how to make things happen for themselves. Rather than using the lack of support as a hindrance to seeing themselves as successful, they used it as a motivational factor to encourage them to help themselves in the best way they knew how. They were satisfied with their accomplishments thus far by relying on their strengths and resources. As a result, the

participants made their own positive decisions to be where they are today despite the circumstances they had to face while they were raised in foster care.

> P1: Those people at that place never helped me. I was trying so hard to leave foster care before I turned eighteen, and it did not happen. I had to make the best out of that situation while I was feeling alone with no support from them until I got moved to a foster home.

This excerpt from P1 identifies her as experiencing a perceived lack of support from previous foster care professionals. She used this not-so-good experience as a motivational factor to rely on her own strengths and resources. She made the best out of a negative experience by being hopeful she would eventually be placed in a foster home to get the adequate support she expected to transition smoothly as an adult.

> P2: I am successful because when I was a teen mom at Children's Harbor, those people didn't help us with anything when it came down to our kids and teaching us how to be parents. I still managed to wake up every morning and hop online for school; I still managed to graduate; and I still managed to be in school.

P2 displayed in this excerpt that she managed her strengths and resources well when the support she expected was not present. Rather than complain in that moment, she discussed how she was still able to motivate herself to get up every morning for school, graduated, and made the decision to be in school today without the professional support of others she expected to receive.

> P4: I had to learn to help myself... I didn't feel anything they were doing was actually helping us. If so, my daughter would have never been taken away from

> me. They knew that hurt me, and they were not trying to help me prepare to get her back.

P4 expressed that the perceived support that was given was not helpful for her or her daughter while in foster care. This experience challenged her to learn how to rely on her own strengths and resources to help herself in the best way she could.

Despite the participants feeling they didn't have support when they expected it, they were able to use their own strengths and resources to learn how to make things happen for themselves. The lack of support became a source of pride. Furthermore, they spoke with confidence, acknowledging what they had done on their own. Also, they acknowledged that they could manage their own strengths and resources to overcome whatever difficulties may arise when transitioning into adulthood.

The researcher explored the specific strengths and resources they used to support themselves when support was not present. The participants provided an example (exception) of a time when support was not present, and they had a matter to take care of and relied on themselves. I discovered that their pride in self-reliance was identified as an inner strength of determination they relied on to make things happen for themselves.

> P1: I think ahead, such as by planning things out. A way must be made. When I needed to get my hair done while I was in foster care and they didn't want to take me, I searched until I found a way. I was able to Uber there to get my hair done. No one told me how to do that. I did that myself without their help. So, I don't give up; I think ahead and always find a way.

The other three participants shared that they took pride in creating their own way of doing things when support was not present. They all acknowledged they were consistent in making things happen for themselves, and they agreed it was an inner strength of determination. Participant 4 shared that being a mother kept her determined never to give up when challenges were present. As a result, all four participants were focused on solutions and not the obstacles before them. They believed they could overcome any circumstance by not giving up on what they needed. Rather than focusing on the circumstances, they used their determination to focus on solutions to their problems.

Universally Shared Themes Table

Below is the chart that displays the themes that were collected during the data analysis.

Table 2

Universally Shared Themes

Type	Themes
Universally Shared	• The value of postsecondary education • Support from family • Pride in self-reliance

Summary

I have successfully completed my study and retrieved the experiences of four aged-out female adults who see themselves as successful today. It was very intriguing that, despite their differences, I discovered three universal themes from their experiences.

The three universal themes that led them to see themselves as successful were: the value of postsecondary education, support from family, and pride in self-reliance.

CHAPTER V: DISCUSSION

In this chapter, I will discuss the unpredicted and predicted connections between the literature review (chapter 2) and the implications of the study for the community and family therapists who provide or will provide services to this unique population. Also, I will discuss the limitations of the study and its implications for future research regarding young adults who have aged out of foster care.

Predicted: The Value of Postsecondary Education

Throughout the literature review, there was consistent research that indicates if young adults make the decision to participate in extended care, they will more than likely produce higher outcomes compared to emancipated young adults. Research shows that young adults who decide to remain longer in care after they turn 18 display better outcomes (Lemus et al., 2017; Woodgate et al., 2017; Yates & Grey, 2012). Additionally, it was predicted that the participants in extended care would adjust well as adults. In my study, one of the reasons why the participants were motivated to remain in extended care and Postsecondary Educational Services and Support (PESS) was because of the financial support they received from having their postsecondary education paid for in full. During the study, one of the participants said, “It’s free; why not go to school?” The participants acknowledged their gratitude for their tuition being paid for and described other benefits of going to school that will impact their future.

It was also discovered that they were driven to maintain their tuition being paid for by being in good academic standing. If they failed to meet this requirement, they could no longer be eligible for PESS. This program helped them see themselves as

successful by being in college, and they did not have to worry about student loans or trying to pay for college tuition themselves.

The literature argues that the importance of postsecondary or vocational education is the key to unlocking a steady and stable income once they graduate and obtain employment (Healey & Fisher, 2011; Lemus et al., 2017). It is possible that this socially constructed worldview impacted the worldview of the participants in my study because school was of great value to them. They all expressed their career aspirations while going to school and how this motivated them to stick with school until the end. Federal legislation and policymakers are more interested in seeing positive outcomes with this population achieving postsecondary education (Randolph & Thompson, 2017). This is why funding for postsecondary education is provided under the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Randolph & Thompson, 2017). The research and my study had a connection: for young adults in school; this was a motivational factor for success.

Predicted: Support From Family

The literature predicted that if young adults have support from their families, this will help them transition more effectively as adults. After transitioning, some of the participants managed to maintain contact and seek support from their previous foster mothers, service providers, and biological parents (Parry et al., 2014). Seeking roots with parents and extended care was a key factor to success after aging out (Parry et al., 2014).

Family support was discovered in my study as a result of the fact that one of the participants considered her previous foster mother to be now her godmother, and another participant considered her daughter's previous foster mother to be her daughter's

godmother. They give them the support that helps them accomplish adult responsibilities, and just having someone to lean on makes a difference in their lives.

It was predicted that some young adults saw themselves as successful because of their children. It was also reported that having a child was a positive motivation for parents to remain in school (Goodkind et al., 2011). During my study, it was shared among three of the participants being a mother supported them. They were all able to verbalize that being a mother was a great motivational factor to get up every day and be successful not only for themselves but also for their children. It was reported that no one wakes them up and tells them what they do; they all make conscious decisions daily to stay motivated for the best interests of their children.

Unpredicted: Pride in Self-Reliance

Even though the participants did not experience as much support as they would have liked while in foster care, they still considered themselves successful. They had an unexpectedly positive reaction to the perceived lack of support. This became the theme of "pride in self-reliance" which was not predicted by the literature. The literature reported negative experiences of not having consistent support, which was not identified as a motivational factor for success (Scannapieco et al., 2007). All the participants in this study, however, used their lack of support to take pride in their own strengths and resources.

It was discovered in my study that determination was the inner strength they relied on when support was not present. Therefore, they chose to focus on the present problem but rather on solutions to create a way to achieve what they needed. They were determined that giving up was never an option for themselves because they wanted to see

their desired results. This is why they took pride in their accomplishments since aging out of care to make things happen for themselves. The lack of support motivated them to keep pursuing their goals.

One of the participants reported that she used the lack of support as a motivational factor to get up every day for school and maintain her lifestyle for herself and her children. Therefore, she had to learn how to become a responsible parent and young adult without support while in foster care. This increased the determination she has today, even though she lacked a mentor, which society encourages this population to have to promote positive outcomes (Gunawardena & Stich, 2021; Semanchin et al., 2013; Zinn, 2017). The literature reports the value of young adults having a mentor after aging out. This is why federal legislation provides support and recommends that aging-out youth have mentors. Congress has initiated grants for states to implement more mentoring services for this disadvantaged population (Okpych, 2012). While this would certainly be helpful and desirable, it is also interesting to note that participants in this study identified making it all on their own without formal mentoring support as a source of pride.

Self of The Researcher

As I previously discussed, my biggest personal motivational factor for success was going straight to college after I graduated from high school. I felt I was successful because I did something no one on the maternal side of the family had ever done before. This decision was highly impacted by socially constructed conversations in school; teachers and different college speakers would discuss why college should be an option for one to be successful. Therefore, I felt college was the only way I could escape the environment I was in, seeing my family living paycheck after paycheck and on welfare

services. College was my only hope to change the trajectory of my future if I wanted to be successful. Furthermore, I say this toward the end of my study because, even though I did not have support during or after high school, I used that as a personal motivational factor (strength) that kept me determined to finish college because of the desired outcome I wanted to see. I took pride in seeing the desired outcome I had envisioned for my life.

I took pride in my ability to make it on my own, as did the participants in this study. Because of my similar experience with the participants, I used member check-in to follow up with them to confirm the themes I had discovered. I wanted to ensure I managed any biases from this similar experience. Also, I worked directly with my chair and reviewed the themes. This helped me ensure the themes were strictly from their experiences rather than what I thought they should be because of my shared experience with the participants.

I also wanted to obtain more of an understanding of what the participants' specific strengths and resources were—which brought insight into the unpredicted theme of pride in self-reliance. I reviewed the transcripts several more times, and I contacted the participants to grasp their understanding of the strengths and resources they use when support is not present. I am so grateful that I went back and did this; the results were necessary to support this new finding and build on it for success beyond extended care, or PESS.

It was discovered that the participants' inner strength is determination. Determination helps them rely on themselves to make things happen without wavering or giving up. Therefore, once they achieved their desired goal, they took pride in their inner strength by creating a way for things to get done without the support of others. In other

words, they didn't focus on the problem; they focused on solutions to achieve what they needed when support was not present. And as a result, they were proud of themselves for relying on their strength of determination. I believe this new finding is important because many in this population may have this hidden strength of determination that they can rely on themselves to make things happen when support is not present.

Implications of The Study

Non-Profit Community Providers

Life Coaches

I would like to recommend life coaches who are working directly with young adults in extended care or PESS to explore and build on pride in self-reliance. When adults choose extended care or meet the criteria for PESS, they are assigned a life coach to help them reach their adult goals. Since life coaches are one of the closest providers working alongside this population before they leave extended care or PESS, conversations should be conducted to explore and build on pride and self-reliance. This new finding can be used as an additional tool to increase positive outcomes when they are no longer in extended care or PESS.

The conversations are recommended to take place at least a year or two before they leave extended care or PESS. To effectively identify young adults' pride in self-reliance is to explore when support was not present while in extended care or PESS. At that moment, the life coaches are taking a visit to the world of a young adult by following from behind in their past. This will identify the exceptions (strengths) that they used to make things happen for themselves. SFBT believes clients possess their own strengths and resources to fix their own problems. They may need assistance to identify them.

Once the exceptions have been acknowledged by the young adults, the life coach should encourage them to rely on their own strengths and resources if support is not present or when they leave extended care or PESS.

Most young adults in extended care, or PESS may decline working with a therapist because it is optional. As a result, life coaches have more of a possibility to implement if this new finding can be built on for pride in self-reliance. Furthermore, for life coaches to build on pride in self-reliance, it is recommended to have a solution-focused therapist or a solution-focused coach. I would advise them to be experienced in using exceptions and to provide training to the life coaches in using exceptions. I am not advising or encouraging life coaches to conduct any form of therapy but rather to take on a solution-focused approach by using exceptions to build on pride in self-reliance before young adults leave extended care or PESS.

The literature reported that it is more effective to find up-to-date studies regarding the experiences of this population since they aged out— to inform the improvement of service, policymakers, staff training, and researchers (Häggman-Laitila et al., 2018). Moreover, it is not easy to find research on the status of their success after they leave extended care or PESS. After extended care or PESS, this population is pretty much on its own. Shining a light on their strengths by building on pride in self-reliance can be their tool to use to help them maintain a lifetime of seeing themselves as successful. Life coaches can help improve positive outcomes for this population and inform policymakers and researchers if this really works as an additional tool for this population's future success.

Non-Profit and Private

Solution-Focused Coaches

I would also recommend that private and non-private programs use solution-focused coaches to be involved in working with this population. They have the knowledge and experience in using exceptions. Therefore, I encourage more grant writing for non-profits to focus on including solution-focused coaches to contribute to the support of aged-out adults in extended care and PESS. Instead of just training life coaches to use exceptions, programs can hire solution-focused coaches to work with young adults. They can be assigned to work with them for 1-2 years before they leave extended care or PESS— to explore and build on pride in self-reliance as an additional tool for future success.

The goal is to prepare young adults for their future when they are no longer involved in extended care or PESS. That is why life coaches are assigned to young adults before they age out of foster care. Therefore, with the additional support of a solution-focused coach, they can focus solely on exploring if pride in self-reliance can be built on as an additional tool to use to support themselves if support is not present.

Family Therapists

As SFBT therapists, it is our job to encourage clients to do more of what works. We are not trying to diminish or take away what is working; what works is of value to one's life. After completing this study, I recommend that family therapists working with this unique population bracket themselves from what they may think they know about them and remain in a state of curiosity. If you do this, you will learn what makes them successful today. Also, I recommend that family therapists explore if pride in self-

reliance is a motivational factor to build on and encourage this population to use it to maintain future success. If they are not able to see this as a strength, then explore exceptions with them to identify a time when support was not present, and they had no other choice but to rely on themselves to get things done. Sometimes, they just need us to help them explore and identify what is hidden to use as strengths and resources for success.

Study Limitations

The study's limitations are that none of my participants declined extended care or PESS (payment for college tuition and housing). The participants all wanted to have their tuition paid for and help with their housing. I would be curious to know the experiences of emancipated young adults who see themselves as successful despite the poorer outcomes among those who decline this additional support. I also had only female participants; my study was not for a specific gender; however, I would have liked to hear the experiences of male young adults too. When I worked with this unique population, I always had a majority of female clients; I never really had the opportunity to learn about the experiences of male foster youth and aging adults.

Implications for Future Research

Prior research indicated that this population must have a mentor or someone who consistently supports them to have positive outcomes when they leave foster care. My study discovered a new finding that encourages providers working with this population to explore if pride in self-reliance can be an additional motivational factor to build upon to help them see themselves as successful when they leave extended care or PESS, despite the scarcity of mentoring and family support.

Despite efforts to increase support, once foster care youth age out of foster care and complete extended care or PESS, they will only have their strengths and resources to rely on to make things happen when they are faced with adversity. The value of the participants having pride in self-reliance when support was not consistent was that they took the initiative to make things happen for themselves. Therefore, they had to learn how to become adults, and some also had to learn how to be mothers. They had a positive perceived reaction to not having support. They did not allow this obstacle to discourage or hinder their success. It motivated them to see their ending. And they were proud of their accomplishments as a result of using determination as an inner strength, which led them to the outcome where they are today.

Therefore, as a result of this new finding, I want to encourage future quantitative or qualitative research to build on pride in self-reliance by conducting specific conversations with emancipated and extended care (or PESS) adults to determine if pride in self-reliance without having support is a motivational factor that can be used to see future success beyond where they are today. This could be an opportunity to identify the hidden strengths in acknowledging pride in self-reliance.

Once pride and self-reliance are built, more young adults in this population will come to know the hidden strengths and resources they possess to preserve future success. If this type of conversation is not conducted, imagine how many adults in this population would have no idea they are equipped to be successful without depending on support. For adults who have identified their pride in self-reliance, it is always good to encourage them to keep taking the initiative to make things happen. Learning from the SFBT theoretical framework, those who work with youth aging out of foster care are

cheerleaders: they are present, non-judgmental, and always look for ways to encourage one to keep using what works.

I am very hopeful that the outcomes of future studies will show statistically that this population is prepared by relying on their own strengths and resources to make things happen if support is not consistent. As a result, they will be capable of maintaining future success.

Conclusion

In addition to the value of postsecondary education and family support, my study discovered an unpredicted theme of pride in self-reliance, which contributed to young adults aging out of foster care and seeing themselves as successful. My hopes are that family therapists, community life coaches, and solution-focused coaches working with this population have specific conversations centered on pride in self-reliance. These conversations will explore exceptions when support is not present. Once pride in self-reliance is identified, the goal is to encourage them to use more of it for future success after leaving extended care or PESS.

I am grateful that I have successfully completed my study and had four willing participants who saw themselves as successful. I have learned the value of entering the world of a shared phenomenon among this unique population to understand them in a new way that shows they are successful beyond what the world says success looks like for them.

References

Armstrong, A. J., Holmes, C. M., & Henning, D. (2020). A changing world, again: How Appreciative Inquiry can guide our growth. *Social Sciences & Humanities Open, 2*(1), 100038.

Alase, A. (2017). The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach. International Journal of Education & Literacy Studies, 5, 9-19. https://doi.org/10.7575/aiac.ijels.v.5n.2p.9

Bruskas, D. (2022). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing*, *21*(2), 70–77.

Boston, P. (2018). Systemic family therapy and the influence of post-modernism. *Advances in Psychiatric Treatment*, *6*(6), 450–457.

Carr, A., Hartnett, D., Brosnan, E., & Sharry, J. (2017). Parents plus systemic, solution-focused parent training programs: Description, review of the evidence base, and meta-analysis. *Family Process, 56*(3), 652–668.

Creswell, J. W. (2018). *Qualitative inquiry research design: Choosing among five approaches.* SAGE.

Cooperrider, D. L., Whitney, D. K., & Stavros, J. M. (2021). *Appreciative Inquiry Handbook: The first in a series of AI workbooks for leaders of change.* Lakeshore Publishers.

Cunningham, M. J., & Diversi, M. (2013). Aging Out: Youths' perspectives on foster care and the transition to independence. Qualitative Social Work, 12(5), 587–602. https://doi.org/10.1177/1473325012445833

Goodkind, S., Schelbe, L. A., & Shook, J. J. (2011). Why youth leave care:

Understandings of adulthood and transition successes and challenges among youth aging out of child welfare. Children and youth services review, 33(6), 1039-1048.

Gergen, K. (2015). An invitation to social construction. SAGE Publications Ltd, https://doi.org/10.4135/9781473921276

Greeson, J. K. P. (2015). Foster youth and the transition to adulthood: The theoretical and conceptual basis for natural mentoring. *Emerging Adulthood, 1*(1), 40–51. https://doi.org/10.1177/2167696812467780

Gunawardena, N., & Stich, C. (2021). Interventions for young people aging out of the child welfare system: A systematic literature review. *Children and Youth Services Review*, 127, 106076.

Häggman-Laitila, A., Salokekkilä, P., & Karki, S. (2018). Transition to adult life of young people leaving foster care: A qualitative systematic review. Children and Youth Services Review.

Häggman-Laitila, A., Salokekkilä, P. & Karki, S. (2019). A Systematic Review of Perceptions and Experiences in the Transition Period. Child Youth Care Forum 48, 633–661. https://doi.org/10.1007/s10566-019-09499-4

Harden, B. J. (2020). Safety and stability for foster children: A developmental perspective. *The Future of Children, 14*(1), 31–47. https://doi.org/10.2307/1602753.

Healey, C. V., & Fisher, P. A. (2017). Young children in foster care and the development of favorable outcomes. *Children and Youth Services Review, 33*(10), 1822–1830.

Iveson, C. (2018). Solution-focused brief therapy. *Advances in Psychiatric Treatment*,

8(2), 149–156. doi:10.1192/apt.8.2.149

Jones, A. S., & LaLiberte, T. (2015). Measuring youth connections: A component of relational permanence for foster youth. *Children and Youth Services Review, 35*(3), 509–517.

The North American Council on Adoptable Children. (2019). Key US Child Welfare Laws. Retrieved March 27, 2022, from https://nacac.org/advocate/key-us-child-welfare-laws/.

Kerman, B., Wildfire, J., & Barth, R. P. (2015). Outcomes for young adults who experienced foster care. *Children and Youth Services Review, 24*(5), 319–344.

Lawrence, C. R., Carlson, E. A., & Egeland, B. (2017). The impact of foster care on development. *Development and Psychopathology*, *18*(1), 57–76.

Lee, J. S., Courtney, M. E., & Tajima, E. (2016). Extended foster care support during the transition to adulthood: Effect on the risk of arrest. *Children and Youth Services Review, 42*, 34–42.

Lemus, D., Farruggia, S. P., Germo, G., & Chang, E. S. (2017). The plans, goals, and concerns of pre-emancipated youth in foster care. *Children and Youth Services Review, 78*, 48–55.

Leslie, L. K., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J. M., Slymen, D. J., & Garland, A. F. (2009). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse & Neglect*, *24*(4), 465–476.

Lipchik, E., Derks, J., Lacourt, M., & Nunnally, E. (2012). The evolution of solution-focused brief therapy. *Solution-Focused Brief Therapy: A Handbook of Evidence-Based Practice*, 3–19.

Lockwood, K. K., Friedman, S., & Christian, C. W. (2015). Permanency and the foster care system. *Current Problems in Pediatric and Adolescent Health Care, 45*(10), 306–315.

Okpych, N. (2015). Policy framework supporting youth aging-out of foster care through college: Review and recommendations. *Children and Youth Services Review, 34*(7), 1390–1396.

Parry, S., & Weatherhead, S. (2014), A critical review of qualitative research into the experiences of young adults leaving foster care services. Journal of Children's Services, 9(4), 263-279. https://doi.org/10.1108/JCS-04-2014-0022

Pietkiewicz, I.J., & Smith, J.A. (2014). A practical guide to using Interpretative Phenomenological Analysis in qualitative research psychology.

Randolph, K. A., & Thompson, H. (2017). A systematic review of interventions to improve post-secondary educational outcomes among foster care alumni. *Children and Youth Services Review, 79*, 602–611.

Reiter, M. D. (2014). *Case Conceptualization in Family Therapy*. Pearson.

Rome, S. H., & Raskin, M. (2019). Transitioning out of foster care: The First 12 Months. Youth & Society, 51(4), 529–547. https://doi.org/10.1177/0044118X17694968

Rutman, D. & Hubberstey, C. (2016). Is anybody there? Informal supports accessed and sought by youth from foster care. *Children and Youth Services Review*, 63, 21-27.

Samuels, G. M., & Pryce, J. M. (2015). "What doesn't kill you makes you stronger":

Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*(10), 1198–1210.

Sakai, C., Mackie, T. I., Shetgiri, R., Franzen, S., Partap, A., Flores, G., & Leslie, L. K. (2014). Mental health beliefs and barriers to accessing mental health services in youth aging out of foster care. *Academic Pediatrics, 14*(6), 565–573.

Scannapieco, M., Connell-Carrick, K., & Painter, K. (2007). In Their Own Words: Challenges Facing Youth Aging Out of Foster Care: C & A. Child & Adolescent Social Work Journal, 24(5), 423-435. https://doi.org/10.1007/s10560-007-0093-x

Shirk, M. (2006). On their own: What happens to kids when they age out of the foster care system. Basic Books.

Stein, M. (2017). Young people aging out of care: The poverty of theory. *Children and Youth Services Review, 28*(4), 422–434.

Stermensky, G., 2nd, & Brown, K. S. (2014). The perfect marriage: solution-focused therapy and motivational interviewing in medical family therapy. *Journal of Family Medicine and Primary Care*, 3(4), 383–387.

Thompson, A. E., Greeson, J. K., & Brunsink, A. M. (2016). Natural mentoring among older youth in and aging out of foster care: A systematic review. *Children and Youth Services Review, 61*, 40–50.

Tyrell, F. A., & Yates, T. M. (2018). Emancipated foster youth's experiences and perceptions of the transition to adulthood. *Journal of Youth Studies, 21*(8), 1011–1028.

Woodgate, R. L., Morakinyo, O., & Martin, K. M. (2017). Interventions for youth aging out of care: A scoping review. *Children and Youth Services Review, 82*, 280–300.

Yates, T. M., & Grey, I. K. (2012). Adapting to aging out: Profiles of risk and resilience among emancipated foster youth. *Development and Psychopathology, 24*(2), 475–492.

Zeanah, C. H., Shauffer, M. C., & Dozier, M. (2015). Foster care for young children: Why it must be developmentally informed. *Journal of the American Academy of Child and Adolescent Psychiatry, 50*(12), 1199.

Zinn, A. (2017). Predictors of natural mentoring relationships among former foster youth. *Children and Youth Services Review, 79*, 564–575.

Appendices

Appendix A

Informed Consent

Their Roadmaps to Success: Exploring What Works for Successful Adults Who Aged Out of Foster Care

Funding Source: None.

IRB protocol #:

Principal investigator
Shatoyia Falls
PO BOX 330816
Atlantic Beach, Florida 32233

Regarding questions and or concerns about your rights as a participant, please contact:
Human Research Oversight Board (Institutional Review Board or IRB)
Nova Southeastern University
(954) 262-5369 Toll Free: (866)-499-0790
IRB@nsu.nova.edu

What is the goal of the study?
You are invited to participate in a research study. This study will explore the experiences of the aged-out adults who see themselves as successful despite the challenges in foster care using Interpretative Phenomenological Analysis (IPA).

Why did you select me as a participant?
You were selected as a prospective participant for this study due to the eligibility requirements, and you met one or more of the requirements.

What are your expectations for participants in this study?
You will answer two open-ended questions about what experiences in your life have made you successful.

Will there be any type of recording during this interview?
This research study will be audio and video recorded utilizing Zoom. My laptop will be used during the interview, which is password encrypted. Once the interview is completed, it will be saved securely on a flash drive and then deleted from Zoom's cloud recording storage. The flash drive will be locked in my office drawer with a key. No one will be around me during the interview at home or when I transcribe it. The interview recording will be kept for 36 months after the end of the study and then completely deleted from the flash drive.

What are the risks for participants in the study?
There are minimal risks to participants in this study. The researcher will provide a safe and comfortable interview process to protect clients' identities and rights.

Are there any benefits for participants in this research study?
Your participation in this study will help the researcher explore what experiences have made you successful since aging out of foster care.

Are there any incentives during the study?
Of course. On the day of the completed interview, the researcher will issue each participant an e-gift card to Amazon.

How will you keep my information private?
This is my top priority: to maintain the privacy of the participants' information. The recorded video and audio will be saved on a flash drive, and then it will be deleted immediately from Zoom's cloud recording storage. The flash drive will be placed in my office drawer with the key.

What if I do not want to participate or want to leave the study?
This is a voluntary participant study; you have the right to withdraw at any time before the scheduled interview or refuse to participate. If you choose to withdraw before the scheduled interview, your demographic information will be kept in the researcher's records until after the study has been completed, then shredded.

Voluntary consent by participant:

If you agree to participate in this study, please print and sign your name below:

_____	_____
Print Name	Print Name
_____	_____
Interviewee Signature	Researcher

Appendix B

Interview Guide

Date:
Start time of the interview:
End time of the interview:

Phenomenological Interview Questions

1. Tell me about your experience after aging out of foster care.

2. What has made you successful since you aged out of foster care?