

**Resilience Through Trusted Adult Relationships in Foster Youth Aging Out of Care**

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## **Abstract**

This capstone paper explores how professionals in the mental health field can support foster youth as they age out of foster care and enter independence as a young adult. This stage of their lives can be lonely, stressful, uncertain, and intimidating as foster youth navigate a big life transition into adulthood. The research question examined was: how trusted adult relationships can help build resilience in foster youth as they age out of foster care? While the secondary research question asked: how does early childhood trauma impact the trusted adult relationship that is being built? The paper is encompassed through a trauma-informed lens that guides the literature review. The findings from this research show that Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) is an effective tool to reconstruct an alternative narrative and relieve trauma distress. The recommendations remind practitioners of the trauma responses and how important it is to understand these responses when working with this vulnerable population. This research highlights that trusted adults play a crucial role in building the resilience of a foster youth through empowerment and providing hope.

*Keywords:* foster care, resilience, trauma-informed, Trauma-Focused Cognitive Behaviour Therapy

## **Acknowledgments**

I dedicate this capstone project to the children and youth in ChangWon Childrens Home in my hometown of Seoul. Thank you for softening my heart to see a different perspective of life and inspiring me with your resiliency. I hope to raise awareness for other young people in similar adverse situations and I hope to inspire others to help and make changes in the foster care system.

## *Table of Contents*

<b><i>Chapter One: Introduction</i></b> .....	<b>6</b>
Defining the Foster System .....	7
Purpose Statement .....	8
Research Questions .....	9
Contributions to the Field.....	9
Theoretical/Conceptual Framework .....	10
Reflectivity and Positionality Statement .....	12
Outline of Capstone Project Chapters .....	14
Definition of Key Terms .....	14
<b><i>Chapter Two: Literature Review</i></b> .....	<b>17</b>
Reasons For Entering into Foster Care .....	18
The Role of Early Childhood Trauma.....	19
Post Traumatic Stress Disorder (PTSD).....	20
The Effects of Foster Care on Youth Transitioning Out of Care .....	22
Mental Health Effects of Foster Care.....	23
Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) .....	24
Transition Out of Foster Care.....	26
Survival Mode .....	27
Homelessness.....	27
Post-Secondary Education.....	28
Employment.....	29
Criminal Justice Involvement.....	30
Resilience in Transition.....	31
Drawbacks to Resilience .....	32
Resilience Through Trusted Relationships .....	33
<i>Characteristics of Foster Youth</i> .....	35
<i>Positive Effects and Outcomes of Trusted Relationships</i> .....	36
<i>Factors and Qualities That Lead to Effective Relationships</i> .....	37
Gaps in the Research Literature .....	38
Summary .....	39
<b><i>Chapter Three: Discussion and Applied Practices</i></b> .....	<b>41</b>
Discussion .....	41

<i>Foster Youth in an Emotional State of Trauma</i> .....	42
<i>Foster Youth in a Physical State of Trauma</i> .....	43
<i>Resilience Through the Relationship</i> .....	44
Recommendations for Practice.....	46
<i>Trauma Focused – Cognitive Behaviour Therapy (TF-CBT)</i> .....	47
<i>Instilling Hope</i> .....	48
Reflections of Personal Learning .....	49
Final Overview and Closing Thoughts .....	51
<b>References</b> .....	<b>53</b>

## Chapter One: Introduction

In this capstone project, I discuss the social supports that assist youth who are transitioning out of foster care. I examine the quality of relationship the youth have with a trusted adult in order to promote resilience in the life of the foster youth. The trusted adult can be a foster parent, family member, mentor, social worker, counsellor, teacher or any other adult that the foster youth may have a relationship with. Best and Blackeslee (2020) highlight research that shows strong connections to caring, supportive adults allow foster youth to experience a more successful transition out of the foster care system. Three main studies I reviewed have shown that trusted adult support has helped reduce harmful outcomes for foster youth aging out of care who have been through difficult childhood experiences (Frederick et al., 2023; Harkness, 2019; Rayburn et al., 2018). However, due to their traumatic past there may be many barriers that youth use to protect themselves from trusted adult relationships. This paper aims to highlight the experience of the aging out process and analyze the role of the trusted adult in building a trusted connection with a foster youth to better support their mental and physical well-being.

As of 2019 in Canada, out of 7,261,439 children ages 0-18, 59,283 children were reported to be in out-of-home care (Saint-Girons et al., 2020, p. 4). Out of these numbers, Indigenous foster children are over-represented and are 7 times more likely to be placed in foster care than their non-Indigenous peers (Statistics Canada, 2020, p.1). It is important to look at the data with a critical mind, as many of those numbers were overrepresented by Indigenous children. Although I will not be writing about the alarming numbers of foster children within the Indigenous community, it is essential to acknowledge this concerning issue of over-representation that has been in existence for centuries here in Canada and many other parts of the world.

As a result of neglect, physical, mental, and sexual abuse, or a death in the family, many foster children within the foster care system have experienced trauma that often leads to mental health challenges such as post-traumatic stress disorder, depression, anxiety, attachment issues, substance addiction, and attention-deficit/hyperactivity disorder (ADHD) (Engler et al., 2022; Salazar et al., 2013; Vasileva & Petermann, 2018). However, even though the odds may be stacked against these youth, there are hopeful and empowering stories of foster youth overcoming their adversity with resilience. In a study of 20 former foster youth by Armstrong-Meimsoth et al. (2021) a key theme that emerged is the reliance on hope to build resiliency. As these foster youth face a big life transition of aging out of care, hope and resilience are two key areas needed as they navigate the next stage of their lives. Research shows that support from social connection, specifically from a trusted adult, is essential to have a better understanding of how the quality of their social relationships with a trusted adult may support their resiliency as they transition out of the foster care system.

This capstone project will highlight qualitative research of different social factors that build resilience in a foster youth's life. Specifically, I examine research regarding youth aged 17 to 19 who are aging out of foster care and transitioning into young adulthood. I will review research that highlights the main building blocks of resilience and the factors that separate youth from going on to achieve their dreams rather than falling into issues such as homelessness, addiction, and mental health struggles.

### **Defining the Foster System**

In British Columbia, there are multiple ways of caregiving for foster children. Kinship care seeks to match the child or youth with a family member, someone who has an established relationship with the individual or a person with a cultural connection to the child or youth. If

these resources are not available, there are also the typical foster parent, contracted agency caregiver, and part-time respite caregivers that provide a break for the parent or primary caregiver (Government of British Columbia, n.d.a). The goal of foster care is to look after the development and well-being of the individual and ultimately reunify the child with their birth family if safe and appropriate. In British Columbia, foster care is overseen by the provincial government, specifically by the Ministry of Children and Family Development (Government of British Columbia, n.d.b). For other parts of Canada, foster children are also known as permanent wards, which is a child placed under the protection of a legal guardian and becomes the legal responsibility of the government. Ideally, foster parents receive ongoing training, support, and financial assistance as they take on the meaningful responsibility of taking care of a child.

### **Purpose Statement**

The reason for writing this capstone paper is to understand the different methods to better support the mental health of youth who are aging out of the foster care system. Since resilience is a topic that is often brought up when discussing marginalized and oppressed groups (Sapiro & Ward, 2020; Villagrana, 2017), this capstone paper looks to dissect the role of resilience within foster youth and research how this idea can either help or diminish mental health outcomes. At the end of the paper, I would like to accomplish two things, find practical ways to build resilience and explore how a trusted relationship with an adult can influence resilience in a foster youth's life.

The intended audience for this project is anyone who will be working with youth who are in the foster care system or youth who were previously in the system. Whether it be social workers, counsellors, foster partners, or teachers, I hope to bring forth strength-based, trauma-

informed research that shows adults alternative ways to further build confidence and resilience into the lives of this vulnerable population of youth. Through further exploration into these research questions, my goal is to allow professionals in the mental health field to better understand and better support foster youth as they navigate this transitional stage into a young adult.

### **Research Questions**

The primary research question that guides the capstone paper asks, *how does a relationship with a trusted adult influence the development of resilience in foster youth who experienced growing up within the foster system?* While the secondary research question will explore *how childhood trauma impacts the connections that foster youth have with adults in their lives?* Research shows that a healthy relationship with a trusted adult increases the feeling of safety and security, better emotional regulation, increased self-confidence and decreased feelings of sadness and worry (Best & Blakeslee, 2020; Frederick et al., 2023; Purtell et al., 2022). A trauma-informed lens, a trauma-focused cognitive behaviour therapy (TF-CBT) perspective, and a resilience framework approach will be used to guide the research with a more detailed discussion in chapter two.

### **Contributions to the Field**

This capstone paper aims to contribute to the mental health field by adding greater understanding of the potential mental health impacts of trauma and separation from biological parents. By gathering qualitative research on the lived experiences of foster youth who have aged out of foster care, we can begin to bring out the voices of the youth who bravely navigated the foster care system. My hope is that this paper contributes to the mental health field through educating mental health professionals on the importance of trusted adults for the well-being of

foster youth. Through greater awareness on the experience foster youth, I hope that there is a stir of empathy that calls mental health professionals to deepen their connections with current foster youth in the system who may feel alone, isolated, and hopeless.

### **Theoretical/Conceptual Framework**

When discussing trauma, it is important to note that trauma is not the event itself, but how our bodies react during and after the event. van der Kolk (2005) defines trauma as “not the story of something that happened back then, but the current imprint of that pain, horror, and fear living inside the individual” (p. 1). The main theoretical framework that will guide this paper is a trauma-informed lens. The three “pillars of trauma-informed care” are (a) developing the child’s sense of safety, (b) promoting trusting adult to child relationships, and (c) promoting self-regulatory strategies and coping skills for the traumatized child (van der Kolk, 2005). Although the trauma-informed theoretical lens of foster youth and resilience encompasses all three aspects of the three pillars, my focus will be on (b) developing trusting carer-foster youth relationships. In the context of this capstone paper, I take a trauma-informed approach to remind and educate readers on the impact it has on foster youth.

Being trauma-informed is defined as understanding, anticipating, and responding to issues and needs that may be present for survivors of trauma (Hallett et al., 2018). This theoretical framework that encompasses the paper assumes that foster youth carry the trauma of separation from the original caregiver. As a result of their trauma, being trauma-informed for this population means having an awareness that youth may not be able to move beyond the unconscious processes of basic survival and developing trusted relationships with adults (Vasileva & Petermann, 2018). When young individuals cannot move past basic survival, a trauma-informed approach questions the idea of ‘normal developmental processes’. This

means that being exposed to trauma from an early age can negatively impact brain development, cognitive development, social-emotional development, physical health, and the ability to develop secure attachments (Bartlett & Steber, 2019; Lotty, 2022; Poole et al., 2017).

It is essential for adults to understand the effects of trauma for this specific demographic of foster youth as it can provide greater context behind the young person's emotional, psychological, and physical responses, and promotes greater understanding that counteracts re-traumatization. Trauma impacts the ability to control emotional responses, mood swings, aggression, anxiety, and depression. Trusted adults have the potential to create a safe environment where they can provide a safe, nonjudgmental space to support self-awareness, which allows the youth to understand their own feelings and helps develop healthy coping skills (Bartlett & Steber, 2019; Poole et al., 2017).

An important conceptual framework that also aligns with my counselling philosophy is a trauma-focused cognitive behaviour therapy (TF-CBT) approach. This conceptual framework focuses on cognitive and behaviour techniques for children, youth and their caregivers who have experienced traumatic events. This model was originally designed to reduce PTSD symptoms through combating unhelpful thoughts and feelings that may be associated with the traumatic events, such as shame, guilt, and cognitive distortions (de Arellano, 2014). A core component to TF-CBT is making sure the approach used is developmentally appropriate for the needs of the youth and main caregivers through developmentally sensitive assessments and helping youth better cope and manage trauma-related distress and emotional responses (de Arellano, 2014). Chapter two will highlight

research on the use of TF-CBT and its effectiveness for building resilience within foster youth as they prepare to age out of care.

### **Reflectivity and Positionality Statement**

I selected the topic of resilience and foster youth because of my personal life experience working with this vulnerable demographic. Although it was very different than the foster care system, volunteering my time as an English tutor and a mentor to youth who were aging out of the orphanage system in South Korea was an eye-opening and life-changing experience for me. During this time, I was fascinated by the question of how some individuals in care became more resilient compared to their peers who were in similar situations as them. Even though they were in the same environment and were going through the same unfortunate life circumstances, some youth seemed to recover and grow despite the challenges facing them. Since there is a special spot in my heart for the kids in Korea who live without their biological parents, I want to look further into the bigger picture of foster youth and what supports these youth able to overcome adverse situations and build resilience.

As I have reflected on my time working with foster youth in South Korea, I have come to realize many of the individuals I was involved with were high achievers and already surrounded with mentoring supports. Despite their circumstances, these high achievers were youth who were smart academically, had government scholarships, and were motivated to develop a relationship with their adult supports. This is important to mention because my experience with high achieving youth is not realistic of other foster youth. Coupled with the massive cultural difference of individualistic versus collectivist worldviews between Western and Korean culture, it is important to note the paradoxical differences when it comes to my personal experience of working alongside youth in care. An example of an opposing

difference between Eastern culture and Western culture is that South Korean culture puts the children together in a group home because of the important emphasis on family and collectivism. However, here in our Western culture, the emphasis is put on individualism with children being sent to single families for foster care and some being sent to group homes. As a mentor to Korean orphans, this experience of my own positionality is an area that needs to be mentioned because of the stark differences between Korean group homes and the Western foster care system. Because of the contrasting experience between Eastern and Western culture, I anticipate the research I find through the Western lens will be different than my personal experience in Korea. Having lived experience from both cultures, there are aspects of each culture that I feel challenged by. It is important to be aware of my biases that dictate the research I choose. As a first-generation Korean immigrant myself, I often find myself balancing collectivist views that were instilled in me from a young age and individualist ideologies that I learned from growing up within the Western environment around me.

Since I was fortunate enough to have been raised by my biological parents within a loving home, I cannot truly understand what it might be like having to navigate any years without my caring parents. As someone who has not had to personally experience the trauma of separation from my parents, I truly cannot speak on behalf of these youth who have gone through this experience. It is easy for me to research and read about other people's experience of their hardship, but the unfortunate reality is that not every single youth can come out of their experience with strength and resiliency. Although it may not be realistic for trusted adults to expect a timeline for every single foster youth to withstand or recover from their adverse experiences, adults can provide support and encourage a sense of hope for a brighter future as these young individuals navigate the next stage of their lives.

## **Outline of Capstone Project Chapters**

In chapter two, I will discuss literature surrounding the influence of relational supports in developing resilience for foster youth and how the role of trauma can impact the quality of relationships that are built with adult supports. Next, I will highlight academic literature on resilience in the context of youth who are in the process of aging out of the foster care system, and will critique the current approaches to building resilience. Chapter two will also identify underlying themes that emerge from current experiences of youth experiencing this difficult transition into adulthood. The chapter will end with a summary of limitations on the existing studies in the field of resilience within foster youth.

Chapter three will outline a strength-based approach that will continue the research in chapter two literature review. Based on its findings this paper will propose areas to target in a foster youth's life in order to build resilience as they transition into a new stage of life. This final chapter will also provide a counselling context by suggesting trauma focused cognitive behaviour therapy (TF-CBT) for working alongside foster youth. Encompassed by a trauma-informed lens, chapter three will conclude with a brief note for further suggestions in the study.

## **Definition of Key Terms**

It is important to note that the term “foster youth,” and “foster youth aging out of care” does not have a clear and consistent definition because it can group together youth with different life experiences into the overall system that is foster care (Okpych, 2021). A sixteen-year-old who was in foster care for 6 months at an early age will have a much different experience than a seventeen-year-old who has been in foster care for most of their lives.

***Foster Care***

Child welfare service that aims to provide a temporary, safe, and nurturing living arrangements for children and youth who are unable to live with their biological families due to various circumstances, including child protection concerns such as abuse or neglect (Government of Canada, 2021).

***Kinship Care***

Supports a child or youth to live with extended family or other adults they know or with those they have a cultural or traditional connection with (British Columbia Government, n.d.a).

***Placement Stability***

Foster care placement where the child or youth is placed under a stable, long-term and consistent duration with their living arrangement.

***Residential care***

Community-based agencies that provide homes for children and youth with complex needs who require specialized care (British Columbia Government, n.d.a).

***Resilience***

The individual's capacity to withstand or recover from difficulties, Ruff et al. (2022) defines it as "a focus on positive adaptation following, or in spite of, adverse experiences" (p. 1).

***Trauma-informed***

An approach that recognizes the widespread impact of trauma on individuals and integrates this understanding into policies, practices, and services (Kisiel, 2021). It takes consideration of the individuals experiences and aims to create an environment that challenges the notion of 'normal childhood development' and looks to foster safety and empowerment (Poole et al., 2017).

***Trusted Adult***

Any adult working alongside foster youth that provides emotional, practical, concrete, or physical support. These adults can provide long-term or short-term care and play an essential role in promoting resilience and hope. While not limited to, trusted adults can be foster parents, social workers, counsellors, teachers, mentors, group home workers and other professionals in the mental health field.

## Chapter Two: Literature Review

As Frederick et al. (2023) highlights, despite experiencing significant adversity, “having one stable and committed relationship with a supportive adult is a key factor in protecting a youth from negative developmental consequences” (p. 3131). It is a critical time for any young person who is transitioning into early adulthood as they make momentous decisions that can shape the future trajectory of their lives. A trauma-informed lens challenges the notion of ‘normal childhood development’ and states that exposure to trauma at an early age impacts brain development and social development (Poole et al., 2017). Although some foster youth may be in a different developmental stage than the average young person, this season of life may contain decisions that play a role in what these young adults do with their housing, career, and interpersonal relationships. In the life of a healthy and privileged young person, there are family members that provide emotional, financial, social and physical support with this transitional period, however, there are many youth who do not have the privilege of a supportive family and are sent to foster care.

To understand the current literature on trusted adult relationships and its influence on resiliency among foster youth aging out of care, I reviewed multiple academic research articles and laid out current discussions and ideas that were presented. Using the City University of Seattle library databases, along with Google Scholar, the majority of my references are academic research journal articles with a few thesis papers from the ProQuest database. The keywords that I focused on was ‘resilience’, ‘foster youth’, ‘trusted adult relationships’, ‘trauma-informed’, ‘aging out of care’ and ‘social supports’. Many of the research articles I found were focused on the changes needed in the foster care system which took a policy approach. I noticed many articles that covered research around the importance of cultivating resilience within the transition

to post-secondary education, which is helpful but not exactly what I was looking for as my paper investigates the relationship with adults as a protective factor. However, much of the literature shows early trauma as a common barrier in developing the relationship between the foster youth and adult. The most useful research was the qualitative research that covered the stories of foster youth who shared different struggles and the different resources in their life that helped them build resilience.

This chapter will have a section that highlights common themes that are presented in the current literature on foster youth who are transitioning out of the foster care system and how resilience can be fostered through the relationship with a trusted adult. I also examine the role of trauma in foster youth and the implications it has on the development of a relationship between the trusted adult and foster youth. To help improve mental health outcomes for foster youth aging out of care, this chapter applies research that looks at both the positive social supports of trusted adults and the barrier of early trauma that pushes against the potential development of the relationship.

### **Reasons For Entering into Foster Care**

This section will focus on how children and youth first end up in the foster care system. By being aware of their previous experiences, it can be easier to understand how foster youth enter into foster care and gives adults a better foundation to help build resilience as they support the youth in the aging out process. As supportive adults it is important to view the reasons for entering into care with a trauma-informed lens. The separation away from their caregivers and having to enter into the foster care system is a traumatic event for (Bartlett & Steber, 2019; Lotty, 2022; Poole et al., 2017). When adults are aware of the lasting impacts that trauma has on

the youth's relational, cognitive, and emotional development, steps can be taken to promote healing, trust, connection, and prevent re-traumatization. (Poole et al., 2017).

From a treatment and practice perspective, working with a child who has deep-seated and serious maltreatment history is much different than children who have experienced a parent dying or children who are suffering from a disability (Drake et al., 2022). In 2021, the leading reason behind the removal of children from their biological families was due to general neglect, at 63% of removals, followed by the parent's substance abuse, at 36% of removals, and 14% of removals were due to caretakers' inability to cope and properly care for the child (Mariscal et al., 2023). A study on community factors in foster care by White-Wolfe et al. (2021) showed that children from neighbourhoods with high rates of residential instability, underdevelopment, exposure to community poverty and childcare difficulty were more likely to enter foster care.

Qualitative research by Miranda et al. (2020) looked at stories of children's lives leading up to their placement in foster care. Many children in care grew up in abusive homes surrounded by emotional, physical, and psychological abuse, parents struggling with drug and alcohol use, extreme poverty, uncertain living conditions, and/or violence within the biological family (Lohr & Jones, 2016). Even before entering foster care, the children in this demographic had to face incredible amounts of adversity in their lives. Unfortunately, many of these children are born into poverty, residential instability, abuse, maltreatment, and neglect, which manifests as traumatic experiences and can affect the youth's potential to build trusting and positive relationships with adults.

### **The Role of Early Childhood Trauma**

A high number of foster care youth have been exposed to emotional and physical abuse, neglect from caregivers, and removal from their homes that began at an early age in their lives.

Due to the lived experience of childhood traumas, they can lose or never properly develop the ability to regulate affect and emotions (McCormack & Issaakidis 2018). Research shows a key path to resilience is through emotional support by promoting emotional regulation and connection, which counteracts stress and social isolation, encourages adaptation, and validates the youth's experience (Best & Blackeslee, 2020; Nuñez et al., 2022). Understanding early traumatic childhood experiences is crucial when looking at the role of resilience between a foster youth aging out of care and a trusted adult in their life. Although a common response to childhood trauma is the hesitancy to trust adults, understanding the foster youth's background can help identify protective factors that help youth build resilience as they transition out of care.

McCormack and Issaakidis (2018) looked at the lived experiences of foster care alumni and found that these young adults hold expectations of disruption with caregivers or other adults in their lives. One participant shared this when talking about their relationship with a foster parent, "I hold people at an emotional distance, there is a barrier there. If you let them in too close you might get hurt, you might get abandoned" (p. 134). Poor boundaries and social isolation are two ways that childhood trauma can show up in a foster youth's life, but one common outcome is distrust in relationships with peers and adults (Sufna et al., 2019). Because foster youth tend to distance themselves from adults in their lives for a sense of safety, this is more reason to understand how a trusted relationship between youth and adults can act as a support factor to build resilience through better regulation in affect and emotions that fosters a brighter future in the young person's life.

### **Post Traumatic Stress Disorder (PTSD)**

A well-known collaborative study by Harvard Medical School, the state of Washington and Oregon, and the non-profit Casey Family programs, found that former foster youth ages 19

to 30 were twice as likely to develop Post Traumatic Stress Disorder (PTSD) than U.S. War Veterans (Pecora et al., 2005). I noticed that this was referenced in many different PTSD studies on the impact of trauma in foster care. Research shows that foster youth struggle with higher rates of PTSD and as a result, it is commonly exhibited through low self-esteem and self-isolation (Downey & Crummy, 2022; Salazar et al., 2013; Sufna et al., 2019). A common way that individuals with PTSD may respond is through alcohol and drug abuse (Downey & Crummy, 2022). This active way of coping can be a signal to numb or escape from difficult emotions that arise due to trauma.

Self-compassion is a key buffer against the effects of PTSD, this concept involves being kind and understanding to oneself and being mindful and counteracting negative self-judgments that can bring distressing emotions (Hansford & Jobson, 2022; Zhao et al., 2020). Rescue workers from the Red Cross Society of China participated in a study that examined the correlation between PTSD and self-compassion, the findings highlighted that treating oneself with kindness and understanding had a negative association with PTSD and was highly influenced through external social support (Zhao et al., 2020). The concept of self-compassion and showing kindness to ourselves can extend to foster youth as a protective factor in managing distressing thoughts and opens up communication with trusted people in their lives. Hansford and Jobson (2022) found supportive social environments tend to foster disclosure of trauma and increased the number of social contacts through trusted relationships, reducing the risk of PTSD. The inability to disclose trauma or having negative responses to disclosure was found to be linked with greater PTSD symptoms both directly and indirectly. Therefore, foster youth aging out of care with PTSD symptoms, may lack social support with a trusted adult because of the

tendency to isolate and bury their experiences. Having this healthy relationship with a trusted adult is incredibly beneficial for negating the negative outcomes of PTSD.

### **The Effects of Foster Care on Youth Transitioning Out of Care**

Foster care can be a positive and life changing experience through loving foster parents that create a safe and stable environment, provide emotional support, and help build educational and life skills. However, it can also come with incredible challenges and difficulties as these young individuals get separated from their biological families to be placed in unfamiliar territory. Parry and Weatherhead's (2014) review of qualitative research into the lived experiences of foster youth aging out of care, found two main themes of navigating resilience and juggling complex relationships. A common theme within the stories of the youth's lived experiences was the 'upward and downward spirals of success'. Some of the youth who were interviewed constructed their narrative as testimonies of survival through immense adversity which built their resilience, however, other youth shared their narratives of getting lost within the foster care system and having setbacks of getting kicked out of homes or having to deal with multiple moves, which depleted their confidence and resilience levels (Parry and Weatherhead, 2014).

The downward spiral of success can typically happen even before the process of aging out because many foster youth carry a history of maltreatment, abuse and neglect that happens before entering and while in foster care (Miranda et al., 2020; Wildeman & Emanuel, 2014). Two themes emerged from the result of neglect and abuse: Trauma and a sense of a stolen childhood (Miranda et al., 2020). In the majority of cases, the adversity that a foster youth has to face is not only in the foster care system but has started at an earlier age in the homes they grew up in.

A common effect for many young people going through the foster care system is the attempt to cope with difficult emotions through internalizing their negative emotions, isolating from social supports, difficulty being vulnerable and struggling to ask others for help. Tahkola et al, (2021) found life stories of foster youth coping with inward orientation as they internally repress thoughts and feelings due to shame and fear of others finding out about their experiences as a foster child. A sub-theme that comes out from inward orientation of coping is the use of distraction. From these narratives, youth would behaviourally and cognitively distract themselves by escaping to an imaginary world or physically remove themselves from a difficult situation that would bring out intense emotions and feelings (Tahkola et al., 2021). Inward orientation lines up with research that shows the tendencies of self-isolation and low self-esteem that traumatized kids gravitate towards. Building resilience through trusted adult relationships can become a challenge when foster youth have been used to coping with their difficulties by escaping inward.

### **Mental Health Effects of Foster Care**

Many research articles discuss the effects of child maltreatment, neglect and abuse on people's brain development and mental health (Lotty et al., 2022). It is important to note that a traumatic past can stunt the developmental trajectory in foster youth during their adolescence years and will play a crucial role in shaping their mental health outcomes (Bartlett & Steber, 2019; Poole et al., 2017). This section discusses foster youth transitioning out of care as more susceptible to mental health illness and the benefits of healthy, trusting adult relationships. Many foster children enter into foster care having experienced maltreatment and conflicts within their caregiver relationships. This may lead the foster youth to be more susceptible to mental health issues which puts them at a bigger risk of being diagnosed with a mental health disorder

(Dubois-Comtois et al., 2021; Engler et al., 2022; Lohr & Jones, 2016). The most common diagnoses across 25 research articles that Engler et al. (2022) reviewed were oppositional defiant disorder (ODD), attention-deficit/hyperactivity disorder (ADHD), major depressive disorder, posttraumatic stress disorder (PTSD), and reactive attachment disorder. Among the 25 articles reviewed, foster youth have higher rates of suicidal ideation, suicide attempts, and self-harm compared to their peers in the general public (Engler et al., 2022).

Engler et al. (2022) showed the rates and types of mental health disorders in foster youth would depend on placement variables and the type of maltreatment experienced. The three most common types of maltreatment experienced by foster youth are physical abuse, sexual abuse, and neglect (Engler et al., 2022). These three factors are the largest predictors of mental health effects on foster youth, with sexual abuse being associated with increased rates of depression, dissociative identity disorder, increased rates of suicidal ideations, substance abuse disorder, anxiety, and PTSD in abused foster youth (Engler et al., 2022; Gonzalez, 2014; Okpych & Courtney, 2018). A higher number of placements and the type of placement is correlated with an increased risk of negative mental health outcome (Beal et al., 2018; Engler et al., 2022). Foster youth who were placed in group homes would experience suicidal ideation at a rate of 7.25 times higher and major depressive symptoms at 4.6 times the rate of their peers who were living with a relative in kinship foster care (Anderson, 2011). Being aware of the increased rates of mental health challenges that foster youth struggle with is imperative for trusted adults to continue to support and prioritize the wellbeing of this demographic of youth.

### **Trauma-Focused Cognitive Behaviour Therapy (TF-CBT)**

A theoretical therapeutic approach that is used to treat mental health symptoms in traumatized children and adolescences is Trauma-Focused Cognitive Behaviour Therapy (TF-

CBT). This therapy focuses on using gradual exposure and cognitive restructuring methods that identifies inaccurate and unpleasant thoughts and beliefs that are associated with traumatic experiences. It works by developing adaptive ways of understanding the trauma through creating a different trauma narrative that uses exposure and cognitive processing exercises to weaken the discomfort and stress related with the traumatic memories (Ramirez de Arellano et al., 2014). TF-CBT typically lasts 12 – 16 sessions with each treatment phase receiving 3-4 sessions. The treatment phases involve a stabilization phase, trauma narrative and processing phase, and an integration and consolidation phase (Cohen & Mannarino, 2015). It is worth noting that many of the studies I found during the research phase seemed to be done over 5 years ago. Many research articles originated from 2011 – 2016 (Cohen & Mannarino, 2015; Deblinger et al., 2011; Ramirez de Arellano et al., 2014; Yasinski et al., 2016), with only a small amount being done from 2021 onwards (Lange et al., 2021; Peters et al., 2021).

TF-CBT parallels the trauma-informed therapeutic approach used in this capstone paper as a key component is to establish developmentally appropriate assessments and coping strategies to help children and youth manage their trauma distress and reactions (Ramirez de Arellano et al., 2014). The CBT component of this approach helps youth to challenge their cognitive distortions caused by trauma and allows them to see how it impacts their feelings and behaviours (Cohen & Mannarino, 2015). Peters et al. (2021) studied the clinical effectiveness of TF-CBT on transitional-aged foster youth aged 15-25 with interpersonal trauma and found clinical benefits that significantly reduced self-harm, PTSD, anxiety, and major depressive symptoms. Not only is TF-CBT effective in reducing mental health symptoms for foster youth, Lange et al. (2021) found high satisfaction with TF-CBT for caregivers that had their child's treatment with this therapeutic approach. Out of 1,328 participants, 92.4% of caregivers reported

the highest level of satisfaction and found the trauma narration, cognitive coping, and psychoeducation aspect of TF-CBT the most helpful (Lange et al., 2021).

Although not all trusted adults working with foster youth will be trained clinical counsellors, having the basic foundations of TF-CBT could be beneficial for the mental wellbeing of the youth. Chapter three will have a deeper discussion of decreasing PTSD, anxiety, and depression symptoms and treatment using TF-CBT for supportive adults working to build trust and resilience for foster youth as they age out of care.

### **Transition Out of Foster Care**

This section will highlight qualitative research of the experience of aging out of foster care and transitioning into independence and young adulthood. This stage of life can be an exciting, yet overwhelming, frightening, uncertain, and lonely experience for many youth who go through this transition (Best & Blakeslee, 2020; Hedenstrom, 2021; Parry & Weatherhead, 2014). Out of nine former foster youth interviewed for a qualitative study capturing the experiences of successful navigation out of the foster care system, Hedenstrom (2021) found that most of these youth would experience abrupt transitions. Six out of the nine youth felt unprepared for the harsh reality of the sudden transition, feeling like they did not have any supports, being left all on their own, having everything pulled out all at once, and feeling like having the odds stacked against them. However, two out of the nine participants in this study felt a smooth transition out of foster care as they were in a kinship care placement with their biological family members which allowed them to feel supported both emotionally and financially throughout the transition (Hedenstrom, 2021).

### ***Survival Mode***

Parry and Weatherhead (2014) qualitatively examined the narratives told by youth and found a theme of psychological impact of survival in many stories of transition. One of these storytellers shared “In foster care, you don’t really have a sense of home, you have more of a sense of survival” and went on to share “this sense of survival would cause numerous difficulties when we emerged from care, such as maintaining relationships, feeling satisfied with what we have achieved, and securing a support network” (Parry & Weatherhead, 2014, p. 269). This ‘survival mode’ caused many foster youth to feel like they had to grow up too quickly and the psychological impact of this would result in detachment and youth experiencing disconnect from their identity due to the shame they feel as a foster youth (Parry & Weatherhead, 2014).

### ***Homelessness***

The sudden change from having housing under a foster family or a group home, to aging out of the system and being forced to survive with limited support or resources will often cause uncertainty in finding a safe place to call home. This pattern of housing instability increases the risk of substance abuse, unemployment, isolation, an increased risk of mental health problems, and an increased likelihood of not being able to finish their education (Clemens, 2023; Fowler et al., 2017; Klodnick & Samuels, 2020; Rosenberg & Kim, 2018). Being unable to meet basic needs like housing requires youth to put their focus into survival needs rather than education, employment, and growth in interpersonal relationships (Davis & Thibodeau, 2023). A few major predictors of homelessness in foster youth are family violence, family separations, poverty, substance abuse, involvement in the juvenile system, lack of education, and increased number of transfers within schools and foster homes, with housing instability being one of the strongest predictors (Chikwava et al., 2022; Clemens, 2023; Fowler et al., 2017; Klodnick & Samuels,

2020). In interviews done with 654 youth in 11 different American cities, the Administration for Children and Families (2016) found that more than 60% of these young people experienced physical and sexual abuse during their time being homeless, with many youth having to exchange sex or other services to meet their basic survival needs.

### ***Post-Secondary Education***

Pursuing a post-secondary degree is a common path for many privileged teenagers with a stable family and secure housing. With the support of family, friends, and adults in the community, many youth have the privilege to smoothly transition into post-secondary institutions with the emotional support of caring people in their lives. A few protective factors for foster youth that support the enrollment into college are academic skills, mental health history, independent living stability, and social support factors (Bustillos et al., 2023; Geiger & Okpych, 2022; Kothari et al., 2021). Two of the main protective factors found to influence academic resiliency outcomes are school engagement and quality youth-foster caregiver relationships (Kothari et al., 2021).

When comparing the educational gaps between the general population of youth and foster youth in care, educational achievement gaps in both math and reading benchmarks are drastically lower for foster youth by over 40% (Kothari et al., 2021). Tessier et al. (2018) found that internal developmental assets such as commitment to learning, positive values, social competencies, and positive identity were the strongest predictors of educational success and resilience-promoting factors among a sample of Canadian youth in foster care. In the United States, government tuition waivers for foster youth showed increased rates of post-secondary enrollment and completion, however, it was found to be underutilized (Geiger & Okpych, 2022). Building a trusted relationship through academics can be a beneficial starting point to support resiliency that

can eventually overflow into other aspects of the youth's life as the bond between the adult and youth gets stronger.

### ***Employment***

A major barrier that foster youth face as they age out of care is the lack of employment opportunities (Daining & DePanfilis, 2007; Geiger & Okpych, 2022; Rosenberg & Kim, 2018). Some of the factors that are related to the low levels of employment in this population are often poor academic performances in school, lack of basic life skills training, and the absence of stable support systems in their lives (Rosenberg & Kim, 2018). A study by Geiger & Okpych (2022) shows the important role of extended foster care (EFC) on the likelihood of enrollment in post-secondary education and employment. In this research, they found that extending the length of stay in foster care led to increased rates of school enrollment and higher rates of youth being employed (Geiger & Okpych, 2022). Another finding showed foster youth at the age of 17 who were connected to a trusted adult and enrolled in school had better employment outcomes by the age of 21, while foster youth at the age of 17 who had instability in care, substance use issues, and a history of incarceration were all factors of being disconnected from education and employment (Chikwava et al., 2022; Geiger & Okpych, 2022).

Youth who are aging out of foster care are often in a state of survival mode while facing barriers in their housing, education, and employment. This can be a vicious cycle as it is extremely difficult to focus on one aspect of their transition while having to put energy into surviving or just getting. For example, when housing needs are not met, it can be difficult to focus on academics and therefore difficult to attain employment after school is over. When there are trusted adults in a foster youth's life, these different areas can be better supported so that these young adults do not have to walk this journey all by themselves. Understanding that trauma

affects interpersonal, cognitive, emotional, and physical developmental trajectories from an early age is important to keep in mind when working with foster youth. This can mean that the youth's developmental trajectories within their housing, education and employment can look different than a youth who has grown up with consistent and supportive household. Rather than focusing on 'normal development' as compared to other youth, it is essential to be aware of the foster youth's context and address their unique needs with trauma in mind.

### ***Criminal Justice Involvement***

An unfortunate reality for foster youth who are transitioning out of care is the unfortunate reality of being involved with the criminal justice system. (Nuñez et al., 2022). Whether it be from involvement with gangs, violence, theft, or drug dealing, ending up in juvenile detention or prison is more likely to happen for foster youth compared to their peers who have not gone through the foster care system (Daining & DePanfilis, 2007; Nuñez et al., 2022; Prince et al., 2019). Three key areas that mitigate foster youth entering the criminal justice system are government-funded housing support, extending the length of foster care and social support from trusted adults or mentors (Nuñez et al., 2022). However, research that looked at the role of social support and its correlation to incarceration in foster youth is mixed. Although Ahrens et al. (2013) found that being close to a foster caregiver and having long-term mentoring relationships reduced the chances of criminal behaviours and arrest, other studies found little connection between a caring adult relationship protecting against arrest (Prince et al., 2019). Researchers found that the biggest factor for incarceration were with youth who had three or more re-entries into foster care, as they were at a high risk of delinquent activity (Daining & DePanfilis, 2007). Therefore, having to reenter foster care after criminal behaviour can be a dangerous cycle that can be difficult to break.

## **Resilience in Transition**

Ruff et al. (2023) broadly defines resilience as the “operation of normal developmental processes despite extraordinary circumstances, rather than from exceptional capacities” (p. 14), while Nuñez et al. (2022) defines it as the “dynamic process by which individuals achieve successful adaption (or maintain healthy functioning) following exposure to significant adversity” (p. 73). These definitions describe how resilience is developed through navigating, coping and adapting to the challenges, stressors, and adverse situations that is present in an individual's life. However, a trauma-informed lens challenges the concept of ‘normal developmental processes’ and ‘successful adaptation’. A trauma-informed theoretical approach recognizes that there is no normal developmental trajectory after a traumatic experience and that being able to adapt in a successful way is not about ‘fixing’ or ‘removing’ the traumatic state, but rather puts a focus on to healing and growth (Bartlett & Steber, 2019; Poole et al., 2017).

Resilience is an essential concept in recognizing the lived experiences of foster youth. However, there are an exceptional number of foster youth that have an incredible ability to bounce back and adapt from their traumatic and adverse experiences. This level of resilience can play a crucial role in positively impacting the mental and physical wellbeing of a youth’s life despite the challenges they face. Although foster youth aging out of care face many negative outcomes, there are high achieving youth that outperform their non-foster youth peers in many different aspects of their lives (Nuñez et al., 2022). Even though there is an inconsistency in the definition and measurement of the subjective nature of resilience, Nuñez et al. (2022) highlight that a key requirement for resilience to transpire is the presence of factors that increase risk, followed by factors that bolster adaptation.

Resilience theory as an applicable framework that breaks down specific factors of resiliency and highlights that resilience is created by assets such as individual characteristics and resources like contextual resources, relational and organizational support (Zimmerman 2013, as cited in Hokanson et al., 2020). When interviewing recently aged out foster youth, many interviewees found that having hope for the future and having supportive relationships were their main sources of resilience (Hokanson et al., 2020; Sulimani et al., 2019). The most common development of resilience came from relational support, while some mentioned individual aspects of resilience; only one youth mentioned organizational support (Hokanson et al., 2020). This aligned with overall findings that point to supportive relationships with trusted adults for foster youth builds hope and resilience that positively impacts their journey as they age out of the foster care system (Best & Blackeslee, 2020; Frederick et al., 2023; Harkness, 2019; Rayburn et al., 2018).

### **Drawbacks to Resilience**

Western society tends to highly praise people's response to adversity and often times overlook situations and experiences that first put people in a burdensome place. Society puts on expectations of resilience by emphasizing individualistic self-reliance, the fast-paced competitive societal norms, and pushing resilience in social inequality are the norm. Getting past the traumatic state of survival and into a state of resilience can be a daunting journey to start for foster youth. Hamby et al. (2021) writes "resilience can be viewed through a social-ecological framework and defined as one's capacity to individually and collectively navigate social, psychological, physical, and cultural resources that sustain well-being" (p. 235). Although having resources is an important part of resilience, not every foster youth will have the capacity to take full advantage of their resources as they age out of care.

Delker et al., (2020) argues that there are failures with assumptions about recovery and resilience by noting that “cultural values around individualism, stoicism, personal grit and pulling yourself up by your bootstraps can convey that victimization and emotional vulnerability are personal weaknesses, which should be overcome promptly by force of personal will” (p. 243). On one hand, this supports resilience as it places an emphasis on individualism, but on the other hand, it contradicts the idea of overcoming through personal will. There are many positive benefits of being resilient, however, as trusted adults it is important to understand that resilience is not the only answer as it can force a message to the foster youth that may bring on feelings of shame for not being resilient enough.

As a foster youth builds a trusting relationship with an adult, it is crucial to understand that resilience is not a fixed trait, rather a dynamic, contextual process that develops from the interaction between the individual and their environment (Hamby et al., 2021). The youth’s resilience may seem strong and like they have it all together, but trusted adults need to understand the changing nature of resilience (Nuñez et al., 2022). By having an awareness of the dynamic nature of resilience, trusted adults can have a stronger understanding behind the benefits and drawbacks to resilience.

### **Resilience Through Trusted Relationships**

The term ‘trusted adult’ covers a vast number of roles including foster parent, extended family members, community mentors, coaches in sports, social workers, counsellors, teachers, and any other adults who may be directly involved in a foster youth’s life. This section of the literature review will cover the main aspect of the research question and looks at how a trusting relationship with adults can be an area of hope, protection, and healing. Curry and Abrams (2015) mention a distinction between short-term and long-term adult relationships that foster

youth are typically connected with. An example of a short-term informal relationship can be a family friend who gets a youth a job interview through connections, or a school counsellor who helps the youth complete a financial aid application for a university. An example of a tight-knit and longer-term relationship may involve an adult whom the youth can turn to for advice, emotional encouragement, financial support, and other tangible support that assists everyday needs (Okpych et al., 2023). Although short-term adult support can be incredibly beneficial, this paper looks to understand how longer-term, supportive, and trauma-informed relationships can be more meaningful and can have a bigger influence on the development of resilience. However, when compared to shorter-term informal relationships, longer-term enduring relationships are found to cause more strain on the youth because of potential conflict, control, and relational demands (Curry & Abrams, 2015; Okpych et al., 2023). It is important to understand that long-term enduring relationships can be a possible area of stress for foster youth. As trusted adults look to build enduring relationships with foster youth, it can come across as controlling and can overwhelm the youth by pushing resilience when they are not ready.

Okpych et al. (2023) studied California foster youth ages 17 to 21 and found 48% of all youth had at least one long-lasting supportive relationship where they could lean on the adult for emotional, tangible support, or life advice. Out of the long-lasting relationships that these youth participants talked about, 30% were biological family members, 9% were with peers (friends or romantic partners), and 2% of long-lasting relationships were with institutional figures (foster parent, group home staff, social worker, and other professionals). In this small California sample size, slightly less than half of these foster youth have a trusted adult that they can rely on. Okpych et al. (2023) shows that the prevalence of trusted adult relationships needs to be higher to better support more youth on their journey as they transition out of care.

### *Characteristics of Foster Youth*

The timing of when the youth enter the foster care system, type of placement and length of placement are all crucial parts of relationship building. Okpych et al. (2023) find that youth who first entered the foster care system in their early teenage years, have been placed in kinship care or spent more time in extended foster care are more likely to have long-lasting relationships with a biological family member or family-like individual. A youth entering into care with extended family for a longer period of time and further along in their developmental trajectory gives the individual more time to bond with the trusted adult in their life. Khosbayar et al. (2022) studied the links between resilience and personality traits and found that being higher in the personality trait of openness to new experiences, the type of people who enjoy variety, adventure, and new ideas, have an increased likelihood of having long-lasting relationships. Okpych et al. (2023) mentions that foster youth with incarceration histories are more likely to have long-lasting relationships compared to youth who have never been incarcerated.

A longitudinal study interviewed 727 foster youth who were about to age of care, Okpych et al. (2023) and found that Black and Indigenous foster youth were 38% and 28.5% less likely to have long-lasting relationships with an adult than their White peers, while Hispanic and Asian foster youth were more likely to have these enduring relationships with trusted adults. Partially due to family rejection or disapproval, foster youth who identify as LGBTQ+ are overrepresented in the foster care system (Fish et al., 2019), however, there were no significant differences in long-term enduring relationships when compared to their non-LGBTQ+ peers (Best & Blakeslee, 2020; Okpych et al., 2023). It is important for adults who work with foster youth to have an awareness of these characteristics of youth because it can act as early

intervention, tailor support, and help build resilience for the youth with or without long-lasting relationships.

### *Positive Effects and Outcomes of Trusted Relationships*

Hughes et al. (2018) highlighted that foster youth who did not have a long-term enduring relationship with a trusted adult reported 55.2% more mental health diagnosis compared to participants that have a long-term trusted adult relationship. A lower prevalence of depression and anxiety was specifically linked with foster youth who had at least two nonparent adults who took an interest in the long-term well-being of the youth (Hughes et al., 2018). Studies also show that foster youth with traumatic backgrounds who have trusted adults who genuinely care for them report more resilience, are less likely to get involved with substance use, have better physical health outcomes, and are more likely to attend school more regularly (Ashton et al., 2021; Frederick et al., 2023; Hughes et al., 2018).

Hope is a crucial part of developing resilience when an individual has been through a traumatic past. By instilling a sense of hope, foster youth can feel optimistic, empowered to achieve their goals, and navigate future obstacles, and motivates youth to connect with social supports (Sulimani-Aidan et al., 2019). Cross (2020) studied the impact of hope on adolescent boys in the foster care system. Within the qualitative data, Cross finds that meaningful adult connections impact hope, foster care makes goal achievement easier by increasing hope, and goal failure brings feelings of vulnerability but increases resilience. Sulimani-Aidan et al. (2019) shows the relationship between a trusted adult mentor and the role of hope for a youth aging out of care and found a significant positive association between hope and the mentoring relationship, bringing out “positive goal-oriented energy (agency) and ways to achieve goals (pathways)” (p. 140). Agency and pathways are notably important for youth aging out of care because of the

taxing developmental tasks and adversities the transition into adulthood brings. Okpych et al. (2023) found foster youth with long-term trusted adult relationships have 32% lower financial difficulties, 51% lower food deficits, and 41% lower housing instabilities when compared to youth without long-term trusted adults. Further research shows positive outcomes in completion of a post-secondary degree and on average can make \$3100 more than their counterparts who do not have a long-term stable adult relationship (Okpych et al., 2023).

A surprising finding by Hughes et al. (2018) notes that the higher number of adult supports in the youth's life did help the youth feel like they were more cared for, however, it did not significantly increase practical advancement outcomes. One reason could be that adult relationships can cause strain, pressure, and can add more demands on the youth who may not have the capability for resilience at the current stage of their life. The overall conclusion from the literature summarizes that having an enduring and long-lasting relationship with a trusted adult improves emotional health, encourages stronger social connections with peers, and increases positivity, yet for some foster youth it can feel demanding and overwhelming.

### ***Factors and Qualities That Lead to Effective Relationships***

The key foundational quality that leads to an effective relationship with foster youth is trust (Best & Blakeslee, 2020; Frederick et al., 2023). Out of the 22 aging-out foster youth that Best and Blakeslee (2020) interviewed, over half of the participants mentioned trust as a key component in the long-term adult relationship. Within this qualitative study, they found that trust is needed for the stability of relationships, trusted adults have demonstrated that they plan on being there for a long period of time, trust is built through reliability, and trusting adults are regularly contacting and checking in with the youth (Best & Blakeslee, 2020). For youth who were previously in group homes, longevity was essential for an effective long-term relationship

because of the high turnover rates for the group home staff (Nagpaul & Chen, 2019). Another key theme that emerged from the literature is the importance of connectedness within the relationship (Nagpaul & Chen, 2019; Vandervort et al., 2012). Connectedness is present when there are feelings of trust, mutual respect, empathy, compassion, emotional support, and a sense of security, all encompassed through a genuine and authentic connection between two people. Since the emotional bond that children develop with their biological parents is ruptured at an early age, connectedness with a trusted adult becomes a crucial factor for foster youth who are navigating the next stage of their lives (Vandervort et al., 2012). Within the aftermath of a traumatic experience, a common coping mechanism for youth is to be connected to strong, long-term, nurturing adults, because “the availability of a healthy and responsive caretaker to provide some support and nurturance for the child following the trauma is perhaps the most important element in the child's resilience” (Vandervort et al., 2012. p. 11). Vandervort et al. (2012) writes that traumatized youth can foster resilience by increasing their social communication skills and learning to effectively regulate their affect.

Effective relationships between a foster youth aging out of care and a long-term adult in the youth's life are built upon the two pillars of trust and connectedness. Without these two factors, the youth may keep their distance and continue to put walls up to protect themselves.

### **Gaps in the Research Literature**

There are extensive studies and literature on trauma, resilience, social supports, and mental health impacts of foster care. A major area of limitations within the research was the lack of studies that explored the process of transitioning out of care. Since these youth are out of the care of government institutions and leaving the foster care system, it is difficult to track the youth. The stigma and shame of being a foster child also does not help with recruiting

interviewees for studies. When collecting research for chapter two, I noticed that the majority of the research of foster youth aging out of care is in the United States, with limited research of Canadian foster youth. Not only was there a big gap in the literature for Canadian foster youth, I could not find many studies on Indigenous foster youth, children of colour, and LGBTQ+ foster youth who are overrepresented but underrepresented in the research.

Among all these research articles I gathered, there is a lack of longitudinal studies on foster youth aging out of care. The longest measured research was done by Best and Blakeslee (2020) at three years of building on top of their previous work. The majority of these studies in the literature review had small sample sizes, the largest sample size used in the research is Okpych et al. (2023) with 727 foster youth, while the smallest sample size is Frederick et al. (2023) with 22 interviewees. There is a need for additional long-term studies of foster youth who have been aged out of care for multiple years and well into their adulthood. Through a better understanding of the long-term effects, researchers can show the importance of getting the most helpful social support to the foster youth who are aging out of care. Along with the lack of long-term studies, there needs to be more research on the effects of long-term social supports outside of trusted adult relationships. Although there is extensive research on social supports such as adult mentors and siblings, I found limited research on the influence of community and culture for the wellbeing of foster youth.

### **Summary**

This literature review includes crucial findings that show barriers that are placed by foster youth because of traumatic experiences that they live through. Due to their traumatic past, building a relationship with a supportive adult may come with distrust and hesitancy. However, the findings in this chapter show the positive mental health benefits that come with

connectedness as long-term supportive relationships help to build hope, positive outlook, and resilience. In line with the findings from Chapter Two, the final chapter will outline ideas for approaches that may support foster youth become more resilient as they age out of care and look to start a new stage in their lives.

### **Chapter Three: Discussion and Applied Practices**

In this final chapter, I will offer a practical approach and add further discussion to the research that was analyzed during the literature review section of this capstone project. Chapter three will be divided into a discussion, applied practices, reflection on my personal learning and final overview of my closing thoughts. The discussion is based around answering my two research questions highlighting the findings from the literature review chapter. Within the applied practices, I focus on three main articles that show research around the role of hope, emotional support, and the importance of trust. These three areas are encompassed within a trauma-informed lens and suggest a Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) theoretical approach to support the resilience of foster youth. In the personal learning section, I explain my thoughts behind the information I have absorbed about foster youth and discuss ways to move forward so adults working with this population can be a positive impact for vulnerable youth in their transition stage. Finally, this chapter concludes with a final summary of my capstone project and ends with final thoughts of key conclusions from this capstone paper.

#### **Discussion**

The previous chapters of this capstone paper explored current research in the mental health field around supportive adult relationships and how they influence resilience in foster youth who are about to age out of care. During the literature review it became apparent that building a long lasting, trusting relationship does not come easy for youth who have gone through traumatic experiences. Before answering the primary research question, *how a trusted adult relationship influences the development of resilience in foster youth*. It is crucial to first understand the secondary research question regarding the impact that trauma has on the development of a trusted adult relationship. To avoid causing further harm by further

traumatizing the youth, adults need to comprehend the implications of trauma and how it can impact the development of a relationship.

### ***Foster Youth in an Emotional State of Trauma***

This capstone paper is encompassed by a trauma-informed lens that acknowledges trauma is at the root of a foster youth's life. Through this lens, trusted adults understand the emotional and physical impact of trauma and emphasize security, trust, agency, and empowerment when working with this vulnerable population. My focus on Chapter Two was centered around the research of Harkness (2019) and Lotty et al. (2022). They both researched how a trauma-informed view can prepare foster youth for a supportive adult relationship and help their healing process. Harkness (2019) argues that emotional safety and co-construction of narrative are crucial therapeutic methods of working with foster youth that have traumatic experiences. While Lotty et al. (2022) reports that caregivers who used a trauma-informed approach would create more opportunities to connect and improve communication with youth by responding in a calmer and reflective way to certain challenging behaviours.

With these findings in mind, establishing emotional safety should be the first step that is taken by a trusted adult looking to support the foster youth in the aging out process. Research in Chapter Two shows isolation, shame, mental health issues and instability among foster youth (Engler et al., 2022; Hedenstrom, 2021; Parry & Weatherhead, 2014; Tahkola et al., 2021). It becomes difficult to trust adults and let people into their lives when young people are in a state of isolation, shame, and instability. This is why it is incredibly important to first build emotional safety around the relationship and show the youth a nonjudgemental and empathetic stance.

The second theme that emerged from Harkness (2019) is co-construction of the youth's life story. This entails the caregiver and foster youth working together to "develop a coherent life

story that is used to resolve strong emotions about past events” (p. 70). As discussed in Chapter Two, Tahkola et al. (2021) shares that inward orientation brings out feelings of shame that lead to low self-esteem and self-isolation. Foster youth construct a false self-image in order to protect their past and to hide the reality of their mental wellbeing (Downey & Crummy, 2022). Because bringing up the past can be a difficult topic to talk through, a helpful tool that trusted adults can use is co-constructing the narrative of a foster youth’s life. This is an essential step that can help build trust and emotional safety as the adult and youth work together in rewriting the story to find meaning from their experience. Co-constructing when there is a history of trauma can be an overwhelming task. The trauma-informed perspective notes that the youth need to feel a sense of safety and security within the relationship before traumatic experiences are processed. As the trusted adult helps to rebuild the story of the foster youth, it has the potential to establish stronger emotional connection and can build a tighter bond within the relationship. Lotty et al. (2022) highlights research that shows traumas like abuse and neglect, will negatively impact emotional regulation skills within the child. Due to the strong link between trauma and emotional dysregulation, trusted adults need the capability and skills to build a sense of safety and security for those youth that are embarking on a transitional stage of aging out of care.

### ***Foster Youth in a Physical State of Trauma***

Not only is it important to understand emotional responses to trauma, having an awareness of the physical response to trauma is equally important. Salazar et al. (2013) reports that young people who came out of the foster care system are at an increased risk of developing PTSD symptoms when compared to the general public. This section is inspired by Dr. van der Kolk’s (2005) work on PTSD and how our bodies physically respond to traumatic events. Even long after the event is over, trauma is defined as the human being’s nervous system can hold the

trauma response in the body and may react to traumatic triggers even though the surrounding environment is safe. Unfortunately, these natural physical reactions to certain unpleasant events can overwhelm the foster youth's central nervous system and alter their brain and body to think they are in a constant sense of danger (van der Kolk, 2005). Research highlighted from Chapter Two shows that a prevalent way to cope with these uncomfortable feelings is through substances like drugs and alcohol (Downey & Crummy, 2022). For foster youth with traumatic histories, I can understand why they would use substances as coping method to physically numb and escape from their terrifying feelings. However, when a youth is learning to cope through substances during their transitional stage, it becomes difficult to build resilience towards stability in housing, employment, and education. This is when the importance of a trusted adult comes into the picture to guide and support the foster youth in their transition. Although it may be unrealistic for a trusted adult to 'fix' or 'eliminate' the physical responses to trauma, supportive adults can provide healthier ways to cope and constructive strategies to work through uncomfortable physical responses and difficult emotional pain.

### ***Resilience Through the Relationship***

As noted in Chapter Two, the definition of resilience can be inconsistent with the trauma-informed framework that is used throughout this capstone paper. The trauma-informed lens recognizes that 'normal developmental trajectory' after a traumatic event is nonexistent and that being successfully resilient is not about 'fixing' or 'removing' the feelings but puts a greater emphasis on healing and growth (Bartlett & Steber, 2019; Poole et al., 2017). When caregivers and trusted adults working with foster youth can understand that resilience is not about having the end goal of fixing or removing the trauma, adults can meet them where they are at and accept the youth for the person they are. As the relationship develops, this loving and caring attitude can

naturally guide the youth towards resilience in a gentle and trauma-informed way, without any expectation or pressure put on the individual.

Qualitative research by Parry and Weatherhead (2014), share stories of foster youth alumni who made it out of foster care with a positive and healthy life. Unfortunately, the other side of the story is a more common reality where foster youth transition out of care battling substance use, unemployment, poverty, and poor mental and physical health. Research shown in Chapter Two by Hedenstrom (2021), Miranda et al., (2020) and Tahkola et al, (2021) highlight the negative mental and physical health effects that start even before entering into foster care. Trauma from an early age impacts the development of resilience and sets the individual up for increased risk of mental health disorders. Because of this reason, the timing of a trusted adult entering into a youth's life is crucial. Ideally, trusted adults need to be a part of the youth's life as they enter into foster care because the earlier adults can connect with the youth, the more likely they can support the development of resilience that is needed. Building resilience through the relationship looks like providing personalized responsiveness and protection from developmental disruption. Through a trusted relationship, the adult helps build key skills such as regulating emotions and behaviours, and teaches coping mechanisms. Another aspect of the relationship involves advocating and seeking out community supports and other trusted resources that strengthen the resilience of the aging out youth. Some examples of this could look like encouraging them to seek out peer support groups, mentorship programs, high school supports and other non-profit or government-based agencies. In British Columbia, the Ministry of Children and Family Development (MCFD) has developed a new program called Strengthening Abilities and Journeys of Empowerment (SAJE) and provided a website called [agedout.com](http://agedout.com). This program is made specifically for foster youth aging out of care in BC and provides

unconditional monthly income, dental/optical coverage, Employment Insurance exemption, life-skills training, cultural connections, housing supports and mental health and counselling benefits. Although just one trusted adult can have a positive influence in a foster youth (Best & Blackeslee, 2020; Nuñez et al., 2022), the proverb “it takes a village to raise a child” comes to mind, as it can be more effective to build resilience when the youth have access to multiple outlets of support.

### **Recommendations for Practice**

I noticed a lack of research around practical steps to best support and help foster youth in the aging out process. Most of the research was centered around what the problem is and focused on mental health implications and the common adversities youth face. This research did help me to support and strengthen my case, but it did not help me in finding answers to the problem. By digging deeper, I was able to find important research articles that showed examples of supportive and trusted adult relationships making a positive impact on a foster youth’s life. The unfortunate reality is that these recommendations may not work to build resilience for all youth. However, if trusted adults can take these recommendations and have a positive impact for just one single foster youth, adults have the potential to influence a brighter outcome that is filled with hope and resilience.

This section offers a trauma-informed and Trauma-Focused Cognitive Behaviour Therapy (TF-CBT) framework for mental health practitioners who work with foster youth in a therapeutic setting. From an ethical standpoint, it is worth noting that counsellors can be a foster youth’s enduring trusted adult, however, it is important to be cautious about dual roles as the youth may get closely attached and blur the lines of the therapeutic relationship. It is the counsellor’s ethical obligation to encourage the foster youth towards other social supports and

caring adults in their life so the counsellor is not their only supportive, trusted adult. It is also worth mentioning that all youth from different walks of life can benefit from this form of trauma centered counselling, many youth have gone through adverse experiences that are not in foster care. My hope is that mental health practitioners who read this paper can gain better insight in supporting youth that have faced tremendous adversities.

### ***Trauma Focused – Cognitive Behaviour Therapy (TF-CBT)***

Studies by Lange et al. (2021) and Ramirez de Arellano et al. (2014) show the effectiveness of TF-CBT for youth who have gone through interpersonal trauma. When engaging with this vulnerable population of foster youth, it is essential for counsellors to be competent in working with trauma. TF-CBT is designed to be a 12 to 16 session treatment method that addresses the symptoms and behaviours associated with traumas such as child maltreatment, physical and sexual abuse, domestic violence, and neglect. This therapeutic approach involves psychoeducation, gradual exposure, co-constructing alternative narratives, cognitive restructuring, and skills that teach relaxation, emotional regulation, and cognitive coping skills (Ramirez de Arellano et al., 2014).

A common component used in TF-CBT is the creation of an alternative narrative through gradual exposure and cognitive-processing (Ramirez de Arellano et al., 2014). Helping youth to rewrite their story can be a useful part of TF-CBT as it can help reduce stress and resolve negative thoughts that are related to traumatic memories. I think co-constructing an alternative narrative can be a helpful tool for young people as they can learn to express themselves and process their experiences out loud. Even if the youth does not want to talk about it, writing it on paper or typing it out can help rewrite their narrative so they can see different perspectives and make meaning out of their new story. The methods that are used in TF-CBT, such as

psychoeducation, relaxation, affect identification, cognitive coping, and trauma narration and processing, are all ways that a trusted adult can build resilience into the life of a foster youth.

There are a few limitations that I came across during my research in TF-CBT for foster youth. The majority of research articles were from 2009-2014, further research is needed to measure its effectiveness. TF-CBT may not properly focus on the complexity of traumatic experiences as many youth have gone through multiple traumas throughout different developmental periods of their life. The structure and the limited amount of time can be a big limitation as it may not be enough to work through all their complex traumatic experiences. By not addressing the complexity of the foster youth's experience, it can have the potential to retraumatize as it triggers memories and brings up overwhelming emotional responses. With the structural limitation in mind, I recommend taking the time addressing the complexity of the trauma and going beyond the 12 to 16 session length as needed. It is essential to start by building a sense of trust and security within the relationship. It is through the connection between two people where healing of trauma can start.

### ***Instilling Hope***

I believe that a big part of a counsellor's role is to provide hope to the clients we work with. The main research article related to hope was provided by (Sulimani-Aidan et al., 2019). They highlight that hope is a learned feeling supported through an empathic relationship with a trusted adult. Hope has a significant positive contribution to setting goals and planning ways to achieve those goals. Because of childhood trauma and early adverse experiences, foster youth may have a difficult time seeing a hopeful future for themselves as they come to a crossroad of transition in their lives. Counsellors and other adults working alongside foster youth can have the ability to help build resilience through the installation of hope. Snyder (2000) defines hope as a

positive motivational force that encourages positive goal setting and planning ways to attain that goal. The first step that trusted adults can take is to collaboratively find the goal that the youth want to set for themselves. After a clear goal is established, the trusted adult can motivate problem-solving and self-control. The second step is to encourage practical pathway thinking and work with the youth to figure out physical and mental strategies that lead to attaining their goal.

Hopeful thinking is needed even more during this time of transition from foster care to independence. As the trusted adult is there to encourage hope, it gives the youth a place to fail, it provides emotional support, and most importantly it lets the youth know that someone believes in them. Independent living can present many challenges and make the youth uncertain about their future. These are more reasons why hope is needed to generate goal orientated willpower and motivation towards using resources to work towards desired goals. The trusted adult plays a significant role in developing hope in youth, this in turn increases resilience and provides positive mental wellbeing outcomes for foster youth.

### **Reflections of Personal Learning**

My intent for choosing this capstone topic began with my desire to better understand the experience of foster youth as they transition from adolescence to independence of being a young adult. The original question that drew my curiosity was why some foster youth with similar traumatic and adverse experiences end up in two completely different paths of life. Although the path for a foster you may not be completely black or white, I questioned why some went on to live a mentally and physically healthy life with a stable job, a place to live and a loving community, while others went down the path filled with substance abuse, unemployment, deteriorating mental and physical health, shame, and isolation. I wanted to see what the main

protective factors are that safeguards foster youth from going down the path of poverty and negativity.

I wanted to use this learning to better equip myself for working with vulnerable children and youth. I want to start my counselling career by specifically helping children and youth. In my personal life I have also considered being a foster parent or potentially adopt a child into my family one day. This topic was heavily influenced by my experience volunteering as a mentor and English teacher for South Korean children and youth who were not able to be with their biological family and lived at a welfare home. Although I cannot begin to understand what their experience is like, a piece of my heart was truly able to empathize and feel for their heartbreak.

Working through Chapter Two, I learned about the traumatic experiences that bring the child to foster care in the first place, common mental health outcomes from being placed in foster care, the reality of aging out of care without concrete supports, how resilience is strongly correlated to the connection with a trusted adult and how hope is a crucial aspect when working with this vulnerable population. What emerged as the biggest piece of learning is the need for a trauma-informed approach that encompasses the future work that mental health professionals do with foster youth. Without being aware of the impact that trauma has, trusted adults and caregivers have the potential to do much more damage than good.

There was some disconnect and tension that came up in Chapter Three as the counsellor's role can be blurred and influenced towards a primary caretaker role. Consideration of ethical rules that are set against dual relationships is important to be aware of. During the early stages of the therapeutic alliance, it is crucial to establish clear boundaries, define the expectation of counselling and distinctly clarify the limits of confidentiality. If there becomes a dual relationship, there may be instances where the youth discloses sensitive information in session

but does not want it shared in their personal life. This means that informed consent and the limits of confidentiality must be on-going and reminded consistently throughout the therapeutic relationship. The counsellor can still have the role as a long-term trusted adult, however, as the therapeutic relationship ends the counsellor should collaborate with the youth to identify other trusted adult relationships and social supports that they may have in place. Foster youth can take what they learn in therapy and seek to work on their skills while under the support of other trusted adults.

### **Final Overview and Closing Thoughts**

Youth who age out of foster care typically experience negative emotional effects from multiple placements, instability with housing and employment, lack of life skills, difficult maintaining healthy interpersonal relationships and are more susceptible to mental and physical health disorders. Centering the experience of the foster youth was a pivotal aspect of the capstone paper. Through highlighting the adverse experiences of this vulnerable population, my hope was to stir empathy and understanding for future mental health practitioners and caregivers that work with aging out foster youth. Although a trusted adult is not strictly exclusive to mental health practitioners, counsellors can look to build a strong therapeutic relationship and use trauma-informed therapeutic approaches like TF-CBT to encourage resilience for foster youth.

My recommendation is to first understand the effects of trauma and how it can show up differently in young people. Even though their adverse experiences may look similar from the outside, trauma is complex and there is no ‘normal’ way to fix or resolve the outcomes from traumatic experiences. It is important to challenge the notion of a ‘normal developmental process’ as exposure to trauma in childhood negatively impacts brain, cognitive, social, emotional, and physical development (Bartlett & Steber, 2019; Lotty, 2022). When working

with this vulnerable population that has experienced extreme adversity and trauma, it becomes essential to meet them where they are at. This means that trusted adults should start by building a sense of safety, security and trust through emotional validation, genuine empathy, and consistency.

Building resilience through a trusted adult relationship will take patience, persistence, and perseverance. One of the ways that former foster youth go on to live a healthy, meaningful, and flourishing life is through the unwavering love, attention and support of another person that truly believes in them. As caregiving adults who work with vulnerable foster youth, we can have the opportunity to change lives by drawing out strength, hope and resilience in next generation of youth.

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