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A Qualitative Study to Explore Ambiguous Loss and Belonging in Foster Care

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A QUALITATIVE STUDY TO EXPLORE
AMBIGUOUS LOSS AND BELONGING IN FOSTER CARE

by

Catherine Schoenewald

A Dissertation Submitted in
Partial Fulfillment of the
Requirements for the Degree of

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ABSTRACT

A QUALITATIVE STUDY TO EXPLORE AMBIGUOUS LOSS AND BELONGING IN FOSTER CARE

by

Catherine Schoenewald

The University of Wisconsin-Milwaukee, 2016
Under the Supervision of Professor Patricia Stevens

The imminent threats to a child's physical and mental health from dangerous or dysfunctional family systems result in children being placed in foster care, often for extended periods of time. With increased physical, mental and developmental health needs identified compared to non-fostered peers, it is important to better understand the experiences of foster care. The purpose of this study was to explore ambiguous loss and belonging within the experience of foster care. Using photo elicitation techniques and repeated in depth interviews, this qualitative study explored the foster care experiences of 10 foster care alumni, aged 18 – 23 years old. Data from 22 interviews evolved into six major themes: 1. Belonging, 2. Moving...Again, 3. Ambiguous Loss, 4. I am Different, 5. I am Responsible, and 6. Gaining Perspective. Four major conclusions developed from this study: 1. A consistent and strong sense of belonging while in foster care may be difficult to achieve, 2. Adolescents in foster care feel different and are different from their peers, 3. Adolescent responsibilities come early for adolescents in foster care, potentially foreclosing opportunities for an emerging adulthood, and 4. As time separates them from foster care, young adult alumni tend to develop new perspectives on their foster care experiences. Practice implications from this study include improving screening for belonging, as belonging has been found to be protective against some mental health issues, supporting foster children experiencing ambiguous loss, and including multidisciplinary care including social

workers, health care providers, school personnel and child advocates. Implications for further research include initiating cohort studies to examine issues more common in foster children compared to their non-fostered peers, measurement of the impact of support groups for foster children while in foster care, and quantitative measurement of the association and impact of ambiguous loss on belonging. Even with the difficulties experienced in foster care, the majority of participants perceived foster care to be a positive experience with a positive impact on their lives both while in foster care and as foster care alumni.

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CHAPTER 1

INTRODUCTION AND BACKGROUND

The purpose of this narrative qualitative study using photo elicitation and in-depth interviews is to explore the experience of foster care from the perspective of emerging adults who have aged out of, or been emancipated from, foster care. A particular interest in how ambiguous loss and belonging play roles in these foster care alumni participants' experiences will be carried through in data collection and analysis.

Statement of the Problem

Foster children have increased physical, mental and developmental health problems compared to their non-fostered peers. The nature of foster care, while protecting the child from unsafe environments, has the potential for increasing loss and disrupting the experience of belonging. Many of the losses experienced in foster care are ambiguous losses with little finality, potentially leading to unresolved grief and long term consequences. Belonging has been found to be protective against health problems. Therefore, examination of ambiguous loss and belonging experiences within foster care may provide clues about what foster children need and how to intervene to potentiate their health and well-being as they grow to adulthood.

Background, Context and Significance of the Problem

The imminent threats to a child's physical and mental health from dangerous or dysfunctional family systems, result in nearly half of a million children residing in foster homes each year in the United States (Child Welfare, 2012). The physical and social conditions in which foster children live prior to care are by definition of foster care, inadequate and unsafe. Most foster children have a history of maltreatment; of children who had been placed in care, seventy percent had been victims of maltreatment, including physical, sexual or emotional abuse,

or the neglect of physical or emotional needs (Christian & Schwarz, 2011; Min, Minnes, Kim, & Singer, 2013). Research with children and adults who have a history of maltreatment demonstrates long term physical, mental and developmental health problems along with academic and socio-emotional problems (Cheung, Goodman, Leckie, & Jenkins, 2011; English, et al., 2005b; Harden & Whittaker, 2011; Lawler, 2008; Mendle, Level, Ryzin, Matsuaki, & Ge, 2011; Min, Minnes, Kim, & Singer, 2013; Pears, Fisher, Bruce, Kim & Yoerger, 2010; Pears, Kim, Fisher, & Yoerger, 2013; Ungar, 2013).

The associated trauma of being removed from all that is familiar may contribute to the considerable physical and mental health problems that are commonly seen in foster children. The unexpected changes in home, school and neighborhood circumstances can create ambiguous losses, and affect the sense of belonging in these children. The moves to and within foster care often occur without warning and are by design, away from people and environments that are familiar, impacting these relationships. Appropriate adult functioning in society necessitates the ability to form relationships, with a sense of belonging affecting that ability.

Significant health disparities exist for foster children and alumni; they exhibit increased physical, mental and developmental health problems compared to their non-fostered peers (Braciszewski & Stout, 2012; Courtney & Dworsky, 2006; Craven, & Lee, 2006; Dixon, 2008; Frey, Cushing, Freundlich, & Brenner, 2007; Jones, 2011; Kessler, et al., 2008; Kools, Paul, Jones, Monasterio, & Norbeck, 2013; Lawrence, Carlson, Egeland, 2006; Lewis, Beckwith, Fortin & Goldberg, 2011; McMillen, & Raghaven, 2009; Mersky & Janczewski, 2013; Munson, Lee, Miller, Cole, & Nedelcu, 2013; Oswald, Heil, & Goldbeck, 2010; Stott, 2012; Viner, & Taylor, 2005; Yates, & Grey, 2012; Zoltnick, Tam, & Soman, 2012). Foster care itself, with the many changes in the environment and circumstances that occur as the foster child enters and

remains in care can produce social conditions linked to poor health and educational outcomes (Bonell, et al., 2013; Wilson, Eyles, Elliott, & Keller-Olaman, 2009). Children who are moved into and during foster care are often left without a medical home to provide screening and comprehensive health care, and moves between schools leave these children without consistent education.

Developmental health problems reported to be higher in foster children include language delays, cognitive difficulties, problems with gross motor skills, growth delays and psychosocial development problems (Kools, & Kennedy, 2003; Leslie, et al., 2005; Zimmer, & Panko, 2006). Physical health concerns common to foster children include asthma, anemia, sexually transmitted infections, obesity, failure to thrive, neurological and genetic issues, dental issues, and vision and hearing impairments (Lewis, Beckwith, Fortin & Goldberg, 2011; Lopez & Allen, 2007; Osgood, Foster, & Courtney, 2010; Steele & Buchi, 2008; Sullivan & van Zyl, 2008). Mental health problems seen in foster children include depression, reactive attachment disorders, acute stress responses and post-traumatic stress disorder, health-risking behaviors and emotional isolation, with some reports citing over 90% of foster children with mental health service use (Craven & Lee, 2006; DosReis, et al., 2011; Lawler, 2008; Leslie, et al., 2010; McMillen et al., 2004; Morrison & Mishna, 2006; Persi & Sisson, 2008; Rubin, et al., 2007; Vig, Chinitz, & Shulman, 2005).

Health issues common to foster care adolescents have also been reported in foster care alumni (Ahrens, DuBois, Richardson, Fan and Lozano, 2008; Fowler, Toro & Miles, 2011; Jones, 2011; Kools, et al., 2013; Leathers, 2006; Lopez, & Allen, 2007). Health risking behaviors, more common with foster children than non-fostered peers, can lead to increased health care needs as adults (Chamberlain, Leve, and Smith 2006; Farruggia, & Sorkin, 2009;

Gramkowski, et al., 2009; Thompson, & Auslander, 2011). Increased risky sexual behaviors and illegal substance use and abuse were also identified in foster care alumni (Jones, 2011; Kessler, et al., 2008; Stott, 2012), as well as an increased number of pregnancies at earlier ages, compared to non-fostered emerging adults (Stott, 2012). Foster care alumni were also found to have mental health problems such as depression, dysthymia, PTSD, social phobia, mood disorders, and substance abuse (Anctil, McCubbin, O'Brien, & Pecora, 2007; Dixon, 2008; Jones, 2011; McMillen, & Raghavan, 2009; Munson, Scott, Smalling, Kim, Floersch, 2011). Additionally, access to health care, which is a determinant of health, has been found to be lacking for both foster children and alumni (Munson, Schott, Smalling, Kim, & Floersch, 2011; Osgood, Foster, & Courtney, 2010).

Research Questions

The primary research question is:

How do foster care alumni narrate their experience in foster care?

Sub-questions for this study are:

- a. How is loss experienced by foster care adolescents and alumni?
- b. How do foster care alumni discuss their sense of belonging?

In this study, I used both inductive and deductive approaches to explore the experience of foster care. Inductively, foster care alumni were asked to describe their experience in foster care (as reflected in the primary research question), with the foci of their narratives chosen by the participants in response to a broad inquiry. Open ended questions were posed to allow participants to choose what is important for others to know about their experiences of foster care. Deductively, foster care alumni were asked to reflect on any losses associated with foster care, and their sense of belonging through that period of their lives (as reflected in the sub-questions).

Both ambiguous loss and sense of belonging have been found to have substantial impact on health and well-being in many life situations and with many different populations. An exploration of the relevance of extant theories about ambiguous loss and belonging within foster care serve as touchstones for more specific inquiry with foster care alumni.

Research Approach

I used photo elicitation techniques and a series of in-depth semi-structured interviews to gather rich data about the experience of foster care from approximately 10-15 foster care alumni. Participants were given cameras and asked to take photographs that represent their experiences in foster care. Describing their photos served as impetus for narrating their experiences in the interviews.

In the first interview, the study was explained, informed consent was obtained, photography logistics was discussed, a demographic sheet was completed and narratives about the experience of foster care were elicited using open ended questions. During the second interview, I used a semi-structured interview guide to ask participants about the content and meaning of their photographs. The third interview included an additional discussion of any new photographs, with elicitation of further comments about both the photographs and foster care experience in general. All interviews were recorded and transcribed verbatim. Thematic narrative analysis was then conducted to identify themes and concepts, with memoing and field notations assisting in the analysis.

Assumptions

My reading of the literature and my experience as a pediatric nurse practitioner caring for foster children have led to the following assumptions:

1. Those who have lived an experience have valuable data that can help others understand that experience.
2. Young adults are credible narrators of their experiences while growing up.
3. Both words and images can convey events, meanings and emotions.
4. Taking photographs is a popular activity among young adults in the current world of a strong social media presence.
5. Foster care is an individual experience.
6. Previous experiences impact the understanding of current experiences.

Researcher Perspective

As a pediatric nurse practitioner who has been responsible for the health care screening of foster children, I have seen many physical, mental and developmental health care problems in this population. Many of these children had been in multiple foster homes, with changes between homes, neighborhoods and schools common. The forced moves, sometimes after failed reunification attempts, often left adolescents wondering out loud about where they would be going next, suggesting not only a sense of loss, but also a question of where they belong after the loss of the familiar, including family, foster families and peers. Many stated a desire to go home to their original homes, introducing questions for me as to what was missing in the foster care experience to lead them to prefer unsafe conditions to the foster care system. It was my intent to explore these issues in this dissertation.

Definition of Terminology

Ambiguous Loss

Ambiguous loss is an unclear, traumatic loss that is externally caused, and is confusing to those experiencing the loss (Boss 2004). Ambiguous loss has no finality and no societal rituals to

its occurrence, potentially contributing to unresolved grief. Boss describes two types of ambiguous loss. The first is the loss of the physical presence of a person while that person remains psychologically present; an example is the deployed parent in a military family. The parent is gone but is still psychologically present as he is talked about in family conversations and decisions, such as, “Dad would want you to do your best in school.” The second type describes the loss of a person who is physically present, but is psychologically absent; a person with severe dementia would be an example of this loss, as he is physically present but unable to interact psychologically or cognitively with those around him.

Belonging

For this study, the definition by Hagerty, Lynch-Sauer, Patusky, Bouwsema and Collier (1992) was used for belonging, “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (p. 173).

Foster Care

Although foster care can occur in a variety of settings, foster care for this study is the court-determined placement of a child in a non-relative foster parent’s home after the child’s home is determined to be unsafe or inadequate. Foster care is overseen by the county under state guidelines, and foster parents are provided funds to care for their foster children, and may or may not have more than one foster child in the home at a time. The demographic characteristics of the foster family may vary as families may or may not also have biological children also living in the home, may be single parents, and may or may not be of the same race as the foster child. Foster care can continue until the age of majority, but some states allow continuation of the placement until the age of 21. Foster children remain in care until judicial decisions release them from care,

through reunification with parents, adoption, as emancipated youth, or as they age out of the foster care system.

Uniqueness of This Study

This study is unique in several ways. The population of interest is young adult alumni who have left foster care within the last five years; previous studies have examined the experience of younger participants while still in foster care, and of alumni up to the age of 65. This study uses photo elicitation techniques to gather data, empowering participants to determine what they want to share about their foster care experience. Further, this study is investigating the experience of belonging and foster care within the United States, as other reported studies occurred in several European countries.

CHAPTER TWO

REVIEW OF LITERATURE

Having established in Chapter 1 the significance of disproportional health problems affecting individuals in foster care and foster care alumni as compared to their same age peers, this chapter begins with a brief discussion of the current health care policy environment in relation to foster children and foster care alumni, and goes on to describe the impermanence typically experienced in foster care. Following, the theoretical constructs of ambiguous loss and belonging are examined, and relevant studies reviewed and critiqued.

Current Health Care Policy Environment Pertinent to Foster Care

The Affordable Care Act has two components that significantly impact the health care of foster care alumni. First, mandated insurance rules improve the likelihood that foster care alumni will have access to health care, with continued coverage to age twenty-six providing increased opportunity to have health care needs met. Second, the establishment of medical homes, according to the ACA (Hofer, Abraham, & Moscovice, 2011), will benefit both foster care children and alumni, as the patient will be cared for by the same provider, or at least the same provider group, with a health record readily available. Ideally, care will be coordinated, regardless of placement changes, with acute and chronic illness care addressed in a productive manner without a delay waiting for record transfers. Preventative care such as immunizations will be improved and concerns for health, such as extreme changes in weight or other health status, will more likely be recognized quickly with complete record availability. Further, health care providers who are a medical home for foster children may be more knowledgeable about specific problems that frequently affect foster children, and would be able to identify subtle changes in physical and mental health status with repeated visits and interactions.

The presence of medical homes as suggested by the ACA (American Public Health Association, 2010), will benefit foster care alumni by allowing for continuity from adolescent to adult care. Even if the fostered adolescent was seen in a pediatric medical home, those who provide coverage in a medical home will presumably understand the need to transfer the patient to adult care, and will coordinate and facilitate this transfer. Further, because foster care alumni have more medical and mental health issues than their non-foster care peers, the care in the medical homes can be more specialized to those adults with a foster care history.

While medical homes are advantageous for everyone, in the expanded form of “Health Homes” they may especially benefit foster care children and alumni. States are given financial incentives to create “Health Homes” for Medicaid recipients who have or are at risk of having two or more chronic conditions. These “Health Homes” include comprehensive care with a holistic approach to physical, psychosocial, and developmental health needs using technology to include all members of the team. The complicated social histories of foster care children and alumni, as well as the occurrence of medical and mental health issues (Zlotnick, Tam, Soman, 2012), make these “Health Homes” particularly beneficial to the foster care population, while in care and after care.

Impermanence Typically Experienced in Foster Care

The experience of foster care begins with the move of children from unsafe or inadequate homes to the homes of those hired by a county or state agency to care for children at risk. The move from an unsafe place to a safe home is appropriate and beneficial to the child; children who are placed in foster homes have better outcomes and fewer mental health problems than those who are placed in other permanent out of home care such as institutions or group homes (Hyde, & Kammerer, 2009; McLaughlin, Zeanah, Fox and Nelson, 2011). However, foster care

by definition is a move away from the familiar to the unknown, and with it comes unique concerns.

The transition from home to foster care often occurs suddenly, and without foreknowledge. Children may be picked up from home and taken to a foster placement. Children may also be taken from another place, such as a caseworker's office or school, or hospital, and transported to a foster home, without returning home, and without the opportunity to collect personal things or say good bye to family members. In research by Mitchell and Kuczynski (2010), children who transitioned to a foster home likened the transfer to the foster home to a kidnapping, describing it as occurring against their will, with minimal explanation given and little understanding about the reasons behind the move.

Placement in foster care has been found to lead to feelings of grief, stress, ambiguity, apprehension, instability, fear, loss, confusion, sadness and inability to trust (Bruskas, 2008; Dunn, Culhane, & Taussig, 2010; Fox & Berrick, 2007; Mitchell & Kuczynski, 2010; Unrau, Seita & Putney, 2008). Initial distress can continue for foster children past the actual move into foster care as children are often moved between foster homes during their time in placement. Placement of biological siblings may also lead foster children to have feelings of distress, as each foster home houses only a specified number of children and may necessitate placement of siblings in different foster homes (Hegar, & Rosenthal, 2011).

While it is imperative that children are initially moved into foster homes to remain safe, ideally, the child would stay in one home for the duration of the care, but this rarely occurs. Instead, children are moved while in care for a variety of reasons, including behavior problems (Cheung, Goodman, Leckie, & Jenkins, 2011), needs of the foster home, court decisions, and

failed attempts at reunification (Fox, & Berrick, 2007; Hyde & Kammerer, 2009; Pecora, et al., 2005; Unrau, Seita, & Putney, 2008).

With each move, the child again experiences upheaval and unfamiliarity in home and school (Hyde & Kammerer, 2009). The process to understand and adjust to routines and expectations begins again, with ways of integrating initially unclear. Not only is there uncertainty for the child in the living situation but in the school situation as well, with needed assimilation into a new peer group which developmentally is of utmost importance to the adolescent.

Academic achievement is another concern for foster children. Many foster children have lower academic achievement scores than their non-fostered peers (Allen & Vacca, 2010; Courtney, Roderick, Smithgall, Gladden, & Nagaoka, 2004; Gustavsson & MacEachron, 2010; Pears, Fisher, Bruce, Kim & Yoerger, 2010; Zetlin, Weinberg, & Shea, 2006). School enrollment and attendance cannot occur without record transfer, which leaves periods of time when school is not attended. A week without school can be detrimental to any student; when it is repeated several times during the year as the child is moved from school to school with each placement change, academic achievement is at risk (Allen & Vacca, 2010; Knifsend and Graham, 2011; Smithgall, Gladden, Howard, Goerge, & Courtney, 2004; Zetlin, Weinberg & Shea, 2010). Added to this are the differences in curriculum; not every class is at the same place academically, leaving a potential lag time for the foster child to “catch up” in each new school and class attended. The changes in schools, classes and curriculum, combined with the levels of stress that occur before, during and after each placement move, may contribute to lower academic scores that are seen in some foster children.

Relationships with others can positively impact foster children, both while in care and after they age out of foster care (Keller, Cusick, & Courtney, 2010). Researchers have found the foster care experience to be mediated positively while in placement and as adolescents age out of the system by contact with family members, the presence of an adult mentor, and support from child welfare workers and community members (Ahrens, Dubois, Richardson, Fan & Lozano, 2008; Collins, Spencer, & Ward, 2010).

Theoretical Constructs of Interest

Theoretical Basis for Ambiguous Loss

The Theory of Ambiguous Loss (Boss, 2004) describes the consequences of any loss that is not certain and final, unlike death. This theory serves to inform about the experiences of individuals in foster care who are at particular risk for multiple ambiguous losses before, during and after placement.

Boss (2007) discusses seven core assumptions of the theory of ambiguous loss. The first assumption explains that a psychological family may be different from the physical or legal family. This idea suggests that the individual decides who is considered family, with the impact of an ambiguous loss varying accordingly to the determined relationship. The second assumption is that the perception of the loss impacts the individual, with the response to the loss corresponding to the perception. Third, cultural conditions impact the perception of ambiguous loss: If in a particular culture, such as one that is at war, all individuals experience ambiguous loss, the impact may change compared to other cultures, as the community as a whole learns to accept ambiguity as a part of life. The fourth assumption is “truth is unattainable and thus relative” (Boss, 2007). The fifth assumption is that there is a relational aspect to the loss, meaning there could not be a loss if there was not first some kind of relationship. The sixth

assumption is that there is always some ambiguity in life, and people must tolerate it. The seventh assumption is that ambiguous loss is not quantifiable, instead it is experienced (Boss, 2007).

The theory delineates two situations of ambiguous loss that can create confused perceptions about the family in terms of who is or is not part of the family, which I have depicted in Figure 1. Boss (2004) describes the first situation as “the family member is physically absent, but kept psychologically present” (p. 554) as typified by a deployed military family member. The person is not physically present, which is a loss, but because the family continues to include the person in their lives and plans for the future, even though there is no specific time that the person will return, if at all, it is an ambiguous loss. Other situations can cause feelings of ambiguous loss: natural disasters, terrorism, desertion, missing persons, adoption, divorce, work relocation, young adults leaving home and an elderly mate moving to a nursing home (Boss 2004).

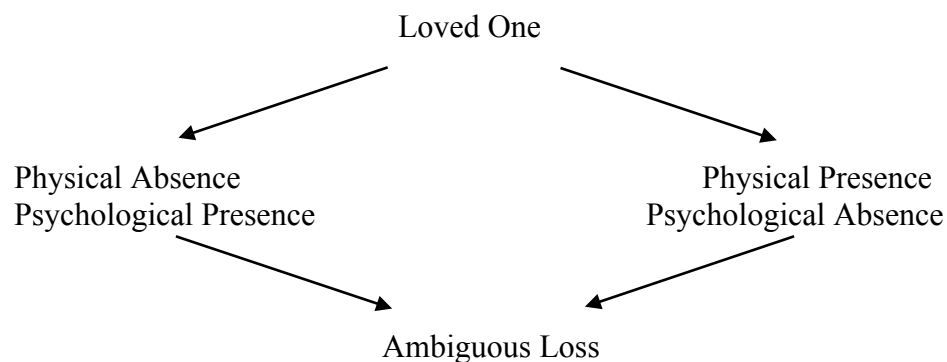


Figure 1. Depiction of the Theory of Ambiguous Loss. Ambiguous loss occurs when either combination of physical and psychological presence exists.

The second situation potentially leading to ambiguous loss occurs when the family member “is perceived as physically present but psychologically absent” (Boss, 2004. p. 554). Boss’ example of this situation is a person with dementia who continues to be physically present but is not emotionally nor cognitively present for family members. Other situations with

physical presence and psychological absence may include chronic mental illness, use of mind altering drugs, depression, traumatic brain injury, coma, unconsciousness, divorce/remarriage, preoccupation with work or computer activities (Boss, 2004). Both adoption, and divorce can be considered under both situations for ambiguous loss, as a child of a divorced family may be feeling the first type of ambiguous loss when placed with one parent and missing the other, while the parent with the child maybe be feeling the second type of loss as the child is physically there, but psychologically present with the other parent.

Ambiguous loss can lead to a lack of resolution because the societal ritual, community support and feelings of finality that occur with an absolute loss like death are missing. A potentially profound impact can follow, as feelings of hopelessness, depression, passivity, guilt, anxiety and immobilization may occur. Further, the blocking of cognitive skills, coping, stress management, interactions within and outside of the family and the grief process itself have also been found to exist with ambiguous loss (Betz, & Thorngren, 2006; Boss, 2004; Boss, 2007; Boss, 2010).

Research about ambiguous loss in foster care. Boss derived her Theory of Ambiguous Loss from clinical practice rather than research, and provided case study exemplars of families of dementia patients and victims of the World Center terrorist attacks (Boss, 2004; Boss, 2010; Boss, Beaulieu, Wieling, Turner & LaCruz, 2003). Others, however, have used the theory to inform research studies about adoptees (Powell & Afifi, 2005), children with parental deployments (Huebner, Mancini, Wilcox, Grass and Grass, 2007), families after dissolution (Allen, 2007), children of prisoners (Bocknek, Sanderson, & Britner, 2009), families with premature births (Golish & Powell, 2003), transgender individuals (Norwood, 2013), children of

prisoners of war (Shalev & Ben-Asher, 2011) and brain-injured patients (Kean, 2010; Landau, & Hissett, 2008).

Children in foster care have been physically removed from their parents, but psychologically, those parents may still be present. Children in foster care may also have been previously exposed to physically present but psychologically absent parents in their home of origin, leading to the foster care placement. These circumstances suggest that children in foster care may experience ambiguous loss. The theory of ambiguous loss has been used to understand the experience of foster care in one study (Lee & Whiting, 2007). Two other studies, while not explicit in their use of Boss' theory, are relevant to ambiguous loss (Samuels, 2009; Unrau, Seita & Putney, 2008). These studies are presented here and in Evidence Table A1. (Appendix A)

Lee and Whiting (2007) suggest a third situation of ambiguous loss, beyond Boss' two situations, specific to the transitions that occur in foster care. In their study, these researchers used qualitative methods to interview foster children aged 7-12 years old (n= 23), and elicit stories using photos from foster children aged 2-10 years old (n = 182). The narratives collected were then coded for the ways of thinking, feeling and acting described by Boss (2004) as common to those experiencing ambiguous loss: frozen/unresolved grief, confusion/distress/ambivalence; uncertainty leading to immobilization; blocked coping processes, experiences of helplessness leading to depression/anxiety/relational conflicts; response with absolutes/denial of change or loss/denial of facts; rigidity of family roles/maintaining the lost person will return and outrage at the lost person being excluded; confusion in boundaries and roles; guilt if hope is lost, and refusal to talk. Lee and Whiting were able to identify all of Boss' concepts in the participants' narratives, supporting the occurrence of ambiguous loss in foster care. Although the researchers presented the foster care transitions to and within foster homes as a third situation

of ambiguous loss, these transitions may be better understood as repeated occurrences of ambiguous loss that is characterized by a physical absence and psychological presence. Because these narratives suggest the presence of ambiguous loss within the foster care experience, there is a need to further understand ambiguous loss for foster care alumni.

Unrau, Seita and Putney (2008) also examined loss and foster placement moves. Some losses described in this qualitative study (n =22, ages 18-65 years old) could be considered ambiguous losses (loss of friends, siblings, caring adults, and school connections) but were not specifically analyzed as such. This study not only elucidates losses felt with the moving between multiple foster homes, but suggests the loss of aspects of belonging, such as connections to others, the environment, and school connections within the experience of foster care. Findings from this study suggested enduring mistrust, low self-esteem and feelings of powerlessness endured beyond the time in foster care, with the impact of the experience of foster care significant for years after care.

Samuels (2009) researched permanence with foster care alumni (n = 29), who had aged out of the foster care system. Three themes were identified in this qualitative study which supported the concept of ambiguous loss in foster care children. The first theme was the “creating of a self-defined permanence: a ‘real family’ and a place called home” (p. 1232). This theme found patterns of impermanence of homes, with placement changes affecting the meaning of home. While neither birth parents nor previous foster parents were physically present in the lives of foster children, their hope to return to their birth parents was often present. This theme is suggestive of the first type of ambiguous loss, as described by Boss (2007), where the family member is physically absent but psychologically present. The second theme identified by Samuels, “rejecting adoption: navigating multi-familial memberships and allegiances” (p. 1233)

was exemplified by the participants as they rejected adoption as part of their plans to return to the birth parents after foster care. Adoption was considered by the participants as a betrayal to their birth families, suggesting psychological presence of the birth parents remained years after foster care placement. The third theme was “building permanence after foster care: searching for authentic family ties in adulthood” (p. 1235). Samuels found most of the alumni were making, or had made, plans to find and reconnect with family members lost while in foster care. Disappointment was noted by some participants, as some family members sometimes did not want to interact with alumni; the actions of the birth parents contradicted the psychological presence the alumni had felt while in care.

Samuels’ research provides strong evidence of ambiguous loss in foster care in its discussion of impermanence while in care, with physical absence but psychological presence of the birth parents in the lives of foster care children and alumni. This research also provides understanding about belonging in foster care, as much of what Samuels describes within fits well into the definition of belonging described by Hagerty, Lynch-Sauer, Patusky, Bouwsema and Collier, (1992), which is further discussed below.

Theoretical Basis for Belonging

Belonging has been described in the literature since the 1950’s when it was considered a human need, beyond the basic needs of food clothing and shelter (Maslow, 1954). A more recent definition of belonging that continues to be used in research is, “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment,” (Hagerty, et al., 1992, p. 173). Belonging has also been conceptualized as having the dimensions of valued involvement and congruence (Hagerty, et al., 1992). Valued involvement, or “the experience of feeling valued, needed, accepted” (p.

173) occurs when interactions and relationships are positive between the person and others in the community. Congruence occurs when there are similar or complementary characteristics of the individual and individuals in the community, or the idea of the community as a whole.

A sense of belonging requires time to develop, with the foundational relationships and involvement within the community happening over time. While similarities can be found with initial interactions, belonging occurs and is reinforced over time with positive interactions contributing to and confirming a sense of belonging. A sense of belonging involves identity, as the congruence with the community's characteristics leads to identification with that community. Belonging has been presented as a significant contributor to relationships with others in the Theory of Human Relatedness (Hagerty, Lynch-Sauer, Patusky, & Bouwsema, 1993). The authors theorized belonging and three other competencies (mutuality, reciprocity and synchrony), as fundamental to the four states of relatedness. The states of relatedness are characterized by levels of involvement and comfort in interactions with other people, objects or groups in the environment. These states are enmeshment (involvement but with discomfort present), connectedness (involvement, with comfort present), disconnectedness (lack of involvement, with discomfort present), and parallelism (lack of involvement, with comfort present). Because of their impact on interactions with others, the competencies affect the state of relatedness; belonging is seen as the personal involvement with the system or environment, a necessity for human relatedness states (Hagerty, et al., 1993).

Research about belonging.

Studies addressing belonging. Belonging has been shown to impact all ages of life, with research examining belonging in many settings with different populations, including younger children, adolescents, adults and older adults, in a variety of circumstances such as chronic

illness, stroke, retirement, homelessness, immigration and poverty. In these studies, a greater sense of belonging was found to positively impact the participants' lives (Bailey & McLaren, 2005; Caxaj & Berman, 2010; Chow, 2007; Erikson, Park, & Tham, 2010; Hagerty, et al 2002; Hendry, Mayer, & Kloep, 2007; Kissane & McLaren, 2006; Mock, et al., 2010; Schofield & Beek, 2008; Stead, McDermott, MacKintosh & Adamson, 2011).

Other studies have examined belonging in school-going adolescents. Several studies found a positive association between belonging and school achievement and outcomes, and decreased health risking behaviors (Faircloth & Hamm, 2005; Govender, et al., 2013; Knifsend & Graham, 2011; Shochet, Smith, Furlong, & Homel, 2011). Higher school achievement was seen with an increased sense of belonging across many ages of students (middle school, high school, college) and in many situations, including school/academic achievement, social/interactive improvement and work place success. Cemalcilar (2010), Kia-Keating & Ellis (2007), Newman, Lohman and Newman (2007), and Shochet, et al., (2011) found increased school achievement in adolescents with higher senses of belonging, while Levitt-Jones & Lathlean (2008) and Nunez, (2009) found higher school achievement in college students with a strong sense of belonging.

Another component of belonging found in the literature is its impact on mental health. Bailey & McLaren (2005) and Kissane & McLaren (2006) found a strong sense of belonging associated with mental health in older adults. Choenarom, Williams, & Hagerty (2005), Hagerty, Williams, Coyne & Early (1996), Sargent, Williams, Hagerty, Lynch-Sauer, & Hoyle (2002), and Turner & McLaren, (2011) found levels of belonging associated with depression in adults, while Knowles, Lucas, Molden, Gardner & Dean (2010) explored self-esteem and belonging in college students. McCallum and McLaren (2011) investigated belonging in the

GLB (Gay, Lesbian, Bisexual) adolescent population. A positive well-being in general was also associated with belonging in adolescents (Correa-Velez, et al., 2010; & Stead, et al 2011), and in adults in psychiatric rehabilitation (McDevitt, et al., 2006). Townsend & McWhirter's (2005) review of literature examined connectedness related to mental health and wellbeing. Improved physical health was also found to be associated with higher levels of belonging in adults (Diamant & Waterhouse, 2010; Erikson, et al., 2010; Mock, et al., 2010). Some situational factors such as poor geographic location and living arrangements, general stress, and lower socioeconomic status were found to be associated with lower levels of belonging (Stewart, Makwarimba, Reutter, Veenstra, Raphael & Love, 2009; Vandemark, 2007).

Studies addressing the impact of the sense of belonging. Risk behaviors, including unsafe sexual activity, tobacco use, substance abuse, and poor decision-making (eg., riding in, or driving cars when alcohol is involved) have also been linked with a decreased sense of belonging in both fostered adolescents and children (Landsverk, Burns, Stambaugh, & Reutz, 2009), and non-fostered adolescents (Newman, Lohman, Newman, 2007; Paxton, Valois, Walkins, Huebner, & Drane, 2007). Other researchers have shown an association between a low sense of belonging and mental health problems such as depression, stress and lowered self-esteem in adults (Choenarom, Williams, & Hagerty, 2005), and in adolescents, (Landsverk, Burns, Stambaugh, & Reutz, 2009; Newman, Lohman, Newman, 2007; Paxton, Valois, Walkins, Huebner, & Drane, 2007). Depression was found to be related to a lower sense of belonging, with precursors of depression found of stress, poor life circumstances and powerlessness in adults, (Choenarom, Williams, & Hagerty, 2005; Stewart, et al., 2009; Vandemark, 2007), and in adolescents (McCallum & McLaren, 2011; Newman, Lohman, & Newman, 2007; Paxton, Valois, Walkins, Huebner, & Drane, 2007). That a lower sense of belonging has been associated with depression,

stress, powerlessness and lowered self-esteem and the occurrence of health risking behaviors is important for the foster care population as foster care is by its nature, stressful and disempowering.

Studies addressing facilitators of belonging. In several studies, researchers examined ways to increase a sense of belonging. Consistent contact with others such as in school and sports activities, and with a mentor enhanced a sense of belonging in different populations: fostered adolescents (Chamberlain, Leve & Smith, 2006), fostered young children (Healey & Fisher, 2011), non-fostered adolescents (Knifsend, & Graham, 2011), young adult foster care alumni, (Jones, 2011) and college students (Levitt-Jones & Lathlean, 2008). Group-based interactions have also been shown to be protective and nurturing of a sense of belonging within support groups, community events, athletic teams, and parental relationships. Having a permanent home in a community has been shown to protect or enhance a sense of belonging in fostered adolescents (Chamberlain, Leve, & Smith, 2006; Schofield & Beek, 2008), foster care alumni (Jones, 2011, 2013, 2014), and adults (Choenarom, Williams, & Hagerty, 2005; Hagerty, Williams, & Oe, 2002; Stewart, et al., 2009). While these studies did not address those in foster care specifically, the findings are important to foster children, who may be at risk for a lowered sense of belonging as they are moved from all that is familiar.

Two studies addressed the foster care experience and sense of belonging specifically and are presented here and in Evidence Table A2 (Appendix A). In a qualitative study of belonging in long term foster care using interviews and visual methods, Biehal (2014) involved both children (n = 13, ages 9-17 years) and their foster carers (foster care providers) in England. Findings revealed four patterns of behavior perceived to be associated with belonging. “As if” represented feelings of belonging leading the child to see the foster parent “as if” they were their

parents. This pattern occurred for children who were in long term placements from an early age, with little memory of the birth parents. “Just like” was the second pattern in which the child was reconciled to having two sets of parents; so the foster parents were “just like” the birth parents. “Qualified belonging,” the third pattern, consisted of feeling angry, hurt and ambivalent toward birth parents yet loyal to them while still feeling they had a “family for life” in their foster family. “Provisional belonging,” the final pattern, occurred when the long term foster home was in crisis, due to interruptions from the legal system or the birth family, which prevented the foster home from becoming the adoptive home.

Hedin (2012) investigated belonging in fifteen Swedish foster youth in three different types of foster homes: kinship homes (relative based, $n = 5$), network homes (adults known to the children, but not relatives, $n = 6$), and traditional foster homes (unknown adults, $n = 4$). The researcher used non-standardized, low structured interviews and real time text messaging six times per day to ask questions about activities and belonging. Network maps that allow participants to indicate where and with whom they fit in, were also created during the interviews. Hedin found a sense of belonging to be present for all of the foster care participants, with those in kinship care demonstrating the strongest sense of belonging. Belonging was found to have grown over time for those in traditional care, with belonging in network homes strongest at the beginning of the study. Time spent in everyday life rituals with the foster family was positively associated with belonging. In homes where time together as a family was lacking, children were more likely to request to leave the foster home.

Hedin’s use of real time text messages added knowledge of the development of belonging. By asking questions (“Where are you? With whom are you? What are you doing? And how does it feel?”), the researcher gathered data about aspects of belonging not directly

related to the foster family. School was found to provide a sense of belonging outside of the foster family. For those participants who moved placements, and therefore moved to new schools, it was more difficult to fit in and belong.

Implications for the Current Study

While the underlying premise of foster care is positive in providing safe living arrangements, evidence presented here suggests that there are aspects of foster care that are potentially negative. Foster care has been associated with deficits in development, physical health, mental health and education that can extend into the adult years.

The foster care experience has several losses that occur, beginning with the initial physical loss of parents as the child is placed in foster care. With subsequent moves, the child potentially has additional losses of foster family members and school friends, as well as the continued loss of parents. Ambiguous loss has been theorized to occur when there is a physical or psychological absence but without the finality of certainty; the losses that occur in foster care are consistent with theorized ambiguous loss.

A sense of belonging has been found to involve feelings of value and congruence in the environment. Belonging has been examined to understand the conditions that both improve and erode it. While some researchers have looked at belonging in long term foster care and kinship care, more understanding is needed about belonging for those who have experienced foster care, with its frequent moves, school changes, and the aging out at young adulthood. Hedin's (2012) study's successful use of texting to gather data supports the use of alternative methods to enhance data collection to explore belonging in this population. Two studies specifically examined the lived experience of belonging in the fostered adolescent; however, neither study

was completed in the United States, leaving questions about the experience of foster care in this country (Hedin, 2012, Biehal, 2014).

More understanding is needed about the foster care experience to successfully address health deficits, improve health outcomes, and enrich the experience of foster care. The occurrence of significant health issues common in foster children and alumni compared to non-fostered peers requires increased knowledge of the experience to ultimately improve the care of foster children and the outcomes of foster care. Ambiguous losses have been associated with mental health problems; the current study seeks to explore both ambiguous loss and belonging within the experience of foster care. A low sense of belonging has been associated with depression and health risking behaviors while a strong sense of belonging has been found to be protective against depression. Because foster children and alumni have increased occurrence of both depression and health risking behaviors, more knowledge is needed about the experience of belonging, including what activities or people support belonging while in care as losses occur, to inform future screening, develop interventions, improve care, and impact policy.

Summary

The foster care experience can be impacted even before the child is placed in foster care. With prior maltreatment common for most foster children, long standing effects of maltreatment can continue during foster care and beyond. With the move to foster care to keep a child safe, and with the subsequent moves that frequently occur while in care, it is possible that events occur that can result in children experiencing ambiguous losses and a decrease in belonging both while in care and after. Further, little is known about the positive impact that belonging may have on the children's experience of foster care and ambiguous losses that occur in foster care. The current study to explore the experience of foster care through the perceptions and

perspectives of foster care alumni will increase knowledge of the experience. Through better understanding of ambiguous loss and belonging, and their impact on the experience of foster care, multidisciplinary teams involved with foster care will be better informed as they implement care, with the ultimate goal to improve the physical, mental and developmental health of foster care participants and alumni.

CHAPTER THREE

METHODOLOGY

Introduction and Overview

This chapter is organized to elucidate the methodology of this qualitative study. Photo elicitation techniques and semi-structured interviews were used to gather data. The analysis of both inductive and deductive data were completed to explore the foster care experience from the perspective of foster care alumni. The chapter contains a brief synopsis of study method, a section providing my design choice and the background for those choices, and an explanation of study procedures. A discussion of ethical issues and scientific adequacy concludes the chapter.

Synopsis of the Study

In this study, I used both inductive and deductive methods to explore the experience of foster care, with a particular focus on ambiguous loss and belonging. Through the use of open-ended questions and photo-elicited data, narratives collected from foster care alumni over up to three interviews spaced two weeks apart were analyzed using within case and across case thematic analysis to increase knowledge of the foster care experience.

Design

Interviews are commonly used in qualitative research to elicit narratives about an experience (Reissman, 2008; Ryan, Coughlan, & Cronin, 2009). Interviews were used because a complex experience such as foster care is not easily described in a few words. For this study, I combined open-ended interviews to explore initial narratives of foster care alumni. I then used photo-elicited interviews in a series of up to two data collection episodes to continue the exploration of the experience of foster care. These narratives elicited from the participants were used to understand foster care as a subjective, social experience. Capturing verbal narratives of

social and community health concerns through the medium of photography has occurred since the 1950's (Harper, 2002), with narratives of individual issues and concerns more recently elicited through photography (Allen, 2012; Sampson & Gifford, 2010; Catalani & Minkler, 2010; Smith, Gidlow, & Steel, 2012; Strack, Magill, & McDonagh, 2004; Wiersma, 2011). The use of photography and subsequent interviews to prompt narratives fits within the tradition of qualitative research as it allows participants to visually frame the narrative of their experience. In photo elicitation qualitative research, cameras are provided to participants with follow up interviews completed for the data collection (Allen, 2012; Keller, Fleury, Perez, Ainsworth, & Vaughan, 2008; Lachal, et al., 2012; Smith, Gidlow and Steel; 2012).

In the current study, narratives collected through general open-ended questions and through photo elicitation were thematically analyzed. Thematic analysis strives to explore what participants are communicating by identifying patterns of experience found in the narratives (Braun & Clarke, 2006), leading to an understanding of the experience. Researcher analysis of the photographs themselves is not generally reported in photo elicitation studies (Catalani, & Minkler, 2010; Frith & Harcourt, 2007; Picken, Brunsden, Hill, 2011; Wiersma, 2011), as the photographs are considered a means to achieve rich narrative data, rather than data themselves. Analysis of photographs is left to and reported by the participants (Drew, Duncan, & Sawyer, 2010; Smith, Gidlow, & Steel, 2012).

Sample

Purposive sampling in northeastern Ohio was used to involve participants who have specific knowledge of foster care (Creswell, 2007). Inclusion criteria specified young adults, ages 18-23, who 1) had been in non-relative foster care for at least a year as adolescents aged 12-18, 2) were able to speak, understand, and communicate in English, and 3) were able to use a

digital camera. I estimated that a sample of 10 to 15 participants would be sufficient to answer my research questions. Fourteen people contacted me to participate; one did not fit the inclusion criteria, one changed her mind during the initial phone call, and two did not attend the first appointment, nor respond to further contact attempts. Morse (2000, 2015) suggests several considerations when considering sample size including the quality of data, study design and use of shadowed data. Given the repeated nature of data collection, the narratives elicited by photos taken by participants in the periods between interviews, the use of shadowed data, and the depth and richness of data, this sample size and interview number were considered adequate.

Saturation of data were found within the 22 interviews of the 10 participants.

Recruitment

Different strategies were used concurrently to recruit participants beginning immediately after IRB approval. Several attempts were made to contact the foster care alumni groups in 3 northeastern Ohio counties, however, only one leader responded. Instead of allowing me to attend a meeting to present the study to potential participants, she preferred to announce the study herself to the alumni during a group meeting. She reported that no interest in participating was expressed from this group. Second, I sent several emails to the the Foster Care Alumni of America Ohio Chapter to request an announcement on that group's social media page, but I did not receive any response from that group. Third, I spoke with directors of several programs within the counties' health departments. Each of these directors agreed to post flyers announcing the study and my contact information in their areas. These included WIC offices, general clinics, guardian ad litem child advocacy program, and foster care departments. Additionally, I spoke with caseworkers assigned to the independent living program within the three counties, all of whom agreed to publicize the study to their clients and former clients with whom they had

continued contact. Fourth, I spoke with area social workers, nurses and other program directors identified through networking, who had contact with potential participants through established supportive programs. I also posted flyers within community service venues such as food pantries and homeless shelters to attract potential participants. Six participants were found through county foster care independent living programs, one was found through the county guardian ad litem program, two participants were identified through a private foundation that supports foster care children, and one participant heard about the study through word of mouth.

Through convenience and snowball sampling, a total of 14 young adults initiated contact expressing their interest in the study. Of the four who contacted me but ultimately did not participate, two were found through snowball sampling. One of these four volunteers, a friend of a participant did not fit the criteria, having lived in foster care only as a young school-aged child. Another, the girlfriend of a participant, had contacted me about participating in the study, but decided by the end of the initial phone call that she did not have time to participate because she was pregnant. Two other volunteers did not come to their scheduled interview times, and did not respond to follow up phone calls. Of these two potential participants, the first learned of the study by a flyer at the food pantry, and the other had been told about the study by a case worker.

Retention

Retention can be problematic in qualitative studies about personal issues that involve multiple data collection episodes (Allen, 2012; Smith, Gidlow & Steel, 2012; Wiersma, 2011). For this study, retention was approached several ways. First, I gave participants my phone number to call or text and discuss any questions or concerns during the study. Second, I attempted to obtain two phone numbers or email addresses from the participants although only one person had a second contact number available. Two other participants used their case

worker's cell phone number as a second number. Several participants changed phone numbers during the study. Texting was the preferred mode of communication for all of my participants as most had limited talk minutes available.

To increase retention, I texted the participants the day before their next scheduled meeting. Several times the appointments had to be rescheduled after this text was received by the participant. With each of these reminder texts, I asked about progress in the photo taking, solicited questions and concern, and reminded the participant of the appointment time and place of the next interview. Further, a \$30 WalMart gift card honorarium was scheduled to be given to the participant at the last interview, after the study data were collected. I described this retention plan to the participants at the initial interview, and verified the preference of texting or phone calls.

Data Collection

Interviews. A series of 3 semi-structured interviews was planned to be conducted with each participant at 2 week intervals. However, after recruitment of participants had slowed, discussions with several social workers indicated a potential barrier in recruitment for multiple interviews. Citing their experience of difficulty in future planning with foster care alumni, the social workers expressed concern that a commitment to three interviews could be overwhelming for this group. After discussion with my committee, the data collection plan was revised to include two interviews, with an optional third interview. After this change was made two of the eight remaining participants opted for a third interview. One participant wanted to do a third interview, stating "This is fun" but requested the gift card at the end of the second interview, stating "I need some groceries and thought I could use it." The other participant stated she wanted to complete the third interview as she saw value in the project.

Interview length varied between 30 and 90 minutes and with few exceptions, took place in study room in libraries. One participant preferred to have the interviews in her home stating, “I don’t leave my house much.” Another meeting took place in a private area outside, as there were no study rooms available in the library at that time. Demographic data were collected from each participant using the Demographic Sheet as a guide (Appendix B). Included in the demographic data were ethnicity, gender, age, current school enrollment, and current employment status. Additionally, I asked the participants contextual information about foster care, such as age at first entering the system, total time in foster care, number of attempts at reunifications, number of foster homes, number of schools attended, number and ages of siblings, number of siblings placed in foster care, number of siblings placed with the participant, and basic circumstances leading to placement.

Following the demographics discussion, an introduction to the photo elicitation segment of the study was provided with guidance about the photo-taking to occur before the second interview. As part of the directions for the photo-elicitation part of the study, the definition of belonging by Hagerty, Lynch-Sauer, Patusky, Bouwsema, and Collier, (1992), “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system of environment” (p. 173) was given both verbally and in written form. We also discussed the “Suggestions for Taking Photos” (Appendix D) to engage the participants in the research topics of ambiguous loss and belonging. The participants were asked to take photos that conveyed or reminded them of what it was like to be in foster care and what it had been like since aging out of care. For taking photos to convey the time period while they were in foster care, participants were asked to think about:

1. What things told you that you were a part of something while you were in foster care?

2. What things made you feel comfortable or like you fit in when you were in foster care?
3. What was most important to you when you were in foster care?
4. What did you miss when you were in foster care?
5. What activities were you not able to do while in foster care?
6. What things were most difficult about foster care?

For taking photos to convey what life is like for them now that they are no longer in foster care, participants were asked to think about:

1. What things tell you that you are a part of something now?
2. What things make you feel comfortable or like you fit in these days?
3. What is most important to you now?
4. What things that you missed in foster care do you have now?
5. What do you hope for in the future?

It was hoped that the giving of the camera and the instructions to take photos related to these questions empowered the young adult alumni participants to engage fully in taking photos related to this research.

Following these discussions, the participants were asked to narrate their foster care experience in an open-ended fashion. Three broad open-ended interview questions were posed with ample time allowed for participants to convey their points of view about their experiences (See Interview Guide for Interview #1, Appendix C):

1. Tell me what being in foster care was like for you.
2. Looking back on your time in foster care, what are the things you remember most?
3. How would you say your time in foster care has affected your life now?

The second interview was a photo elicitation interview wherein the participant and I viewed the photos with the participant narrating about them. Questions from the Interview Guide for the Second Interview (Appendix E) were used to prompt conversation as needed. The kinds of prompts used to elicit narratives from the photos included:

1. How did you decide to take this picture?
2. What did you feel when you took this picture?
3. How does this photograph make you feel now?
4. What does this photograph make you think of?
5. Can you tell me about what is in the photograph?
6. How does this photograph relate to being in foster care?
7. How is this photograph important to understand what foster care was like?
8. How do all of these photographs go together?
9. Please pick out your favorite photos and tell me why you think they are best.

The final interview was either combined with the second interview, when participants opted to participate in only two, or conducted independently as a third interview. In both cases, I used the Interview Guide for the Third Session (Appendix F) to continue discussion about loss and belonging in foster care. Some of prompts used to elicit further narratives included:

1. Is there anything more you would like to say about your photographs?
2. Which photographs best remind you of being a part of something?
3. Can you tell me what about it reminds you about being in foster care?
4. Are there any photographs that remind you of something that you lost while in foster care?

5. Are there any photographs that show how you dealt with something you lost while in foster care?
6. Which photograph best shows how you feel about your foster care experience?
7. What do these photos tell us about foster care?
8. Is there anything else that you want me to know about your experience of being a part of something while in foster care?

Additional data. Self-reflections I produced in the form of a research journal served as additional data to inform the analysis. Journal entries included process notes as well as thoughts and feelings about data collection episodes. Insights that occurred during and after the interview sessions, questions about the narrative data, thoughts about the study's methods or analysis, connections that evolved between data, and other reflections about the process or content of the study were included in the journal. Further, unusual discussions with participants during phone calls to them were documented in the research journal. Logistics were included in the research journal, such when the participant missed an interview appointment and the contact that was made in the attempt to reconnect and reschedule the appointment.

Procedures

Interested parties who learned of the study through any of the recruitment strategies initiated a phone call to me. During that phone call the study was explained, eligibility was determined, and a time and place for the first interview was established.

After informed consent was obtained using the Informed Consent Form (Appendix G), the first interview with participants consisted of three parts: first, demographic data collection; second, introduction to the photo elicitation segment of the study with guidance about photo-taking; and third, open-ended inductive exploration of their foster care experience. Demographic

data were collected using the Demographic Data Form. (Appendix B) I then gave specific information about using the camera, and the specific study instructions (See Taking Photos Guide, Appendix D) such as how to obtain consent for including others in the photographs, using the Consent to be Photographed (Appendix H). I also discussed how to ensure safety while taking photos with examples given, such as not standing in traffic or on the roof of a building using the Guide for Taking Photos (Appendix I). Additionally, we discussed ways to photographically represent a potentially dangerous situation, such as taking a picture of gang graffiti on a building instead of the gang members themselves. The participants then chose a pseudonym to be used for data collection and analysis, wrote their chosen pseudonym on paper, and took a photo of that paper with the camera. These actions not only ascertained their ability to use the camera, but help to identify the picture file when uploaded. The second interview was scheduled for approximately two weeks later, to allow time for the photographs to be taken. For the last step of this interview, I asked the open ended questions from the Interview Guide Interview #1 (Appendix C) to collect inductive data.

Inductive data collection. In response to these open ended questions, the participants generally provided a summary of their foster care experience. Many of the participants initially responded that foster care was marked by feelings of loneliness, rejection and stress. They continued with stories evaluating foster care and/or their feelings and experiences while in foster care. Most participants discussed foster care as ultimately positive, with the experience stimulating them to grow into stronger and more adaptable people. The participants appreciated foster parents having provided teaching and encouragement that had not been available in their biological homes. Most of the participants spoke of at least one foster home that had a positive

impact in their lives. The multiple moves experienced during foster care and the negative impact of these moves were also prominent in this data.

Photo elicitation technique. At the end of the first interview, participants were given a camera and asked to take photos that reminded them of being in foster care. Participants responded to the request to use the camera in different ways. Two of the participants did not return with any photos; one commented that he did not know what to take photos of, and the other did not come to any further scheduled interviews. The number of photos taken by other participants ranged from one to eight. One of the participants took only one photo and did not use the camera supplied to her, instead using her cell phone to take the photo. Many of the participants' stories were prompted by additional photos. One participant brought a photo album to her second interview; most of her stories evolved from these photos. Several participants took a few photos on the camera, but narrated other photos on their phone. Two participants brought photos of personal artwork, while others brought photos they found on the internet. Photos were the impetus of our discussions in the following interviews. For many of the participants, one photo elicited several stories about their foster care experience.

During the second interview, I received the camera back from the participant and transferred the photos into a password-protected computer file. The photographs were coded with the participant's pseudonym within the computer file, for ease of identifications. Narratives about the photos were prompted by the Interview Guide for Second Session. (Appendix F) When the participant opted for a third interview, the camera was returned to the participant for further photo taking during the interval between the second and third interview. At the end of the second interview, if agreed, we scheduled a third interview generally two weeks later.

During the third interview, I again received the camera back from the participant, uploaded any new photographs to the participant's file and, using the Interview Guide for the Third Interview (Appendix F) elicited narratives about any new or previous photographs chosen by the participant to discuss. At the end of this interview, the participant was given a \$30 gift card as a token of appreciation with paperwork required by the IRB completed. (See Receipt of Honorarium Form, Appendix J) The cameras were retained by me.

Audio recording occurred during the telling of the narratives, with the digital recording file kept in a password protected file, using the participant's pseudonym. These files were digitally sent to a transcriptionist in a privately shared password protected file with only the pseudonym used in the file. Accurate transcription of all files was verified by myself through comparison of the audio file to the written transcription. Field notes added to the data, including comments regarding the descriptive and reflective content of the interviews.

Data Analysis

Thematic narrative analysis (Riessman, 2008) was completed for all verbalized and transcribed data collected from the interviews, with the content of what was said in the narratives as the specific focus. The data elicited both inductively (in the first open-ended interview) and deductively (in the second and third interviews that focus on loss and belonging) led to inductive stories, deductive stories relating to ambiguous loss, and deductive stories relating to belonging. The three subsets of data for each participant (within case data) were analyzed, with a focus on how these data compare for each individual. Overall, the inductive data were generally parallel to the deductive data. For example, topics that were introduced in the inductive data collection were often illustrated and expounded upon additional depth and context by photo elicited stories during the second and third interviews. For example, Nikita discussed being responsible for

herself while in care, “I believe I raised myself and I did this all alone...I took care of myself.”

During her second interview, she further discussed this idea about being responsible which narrating a photo, to include the responsibility she felt for her brothers:

I had to get a job eventually one day because we didn’t have enough money.
So I eventually got a job to help, you know, just like take care of myself and try to take care of my brothers...yeah, I had to buy some food for them, maybe once or twice.

Each of the six themes that evolved from the deductive data analysis were introduced within the inductive data.

Once the data from each participant had been analyzed for themes, and compared within case, the across case analysis was completed. In this step of the analysis, the inductive stories were compared across participants, the deductive stories about ambiguous loss were compared across participants, and finally the deductive stories about belonging were compared in order to identify similar themes across cases. (Figure 2)

Figure 2. Case Analysis

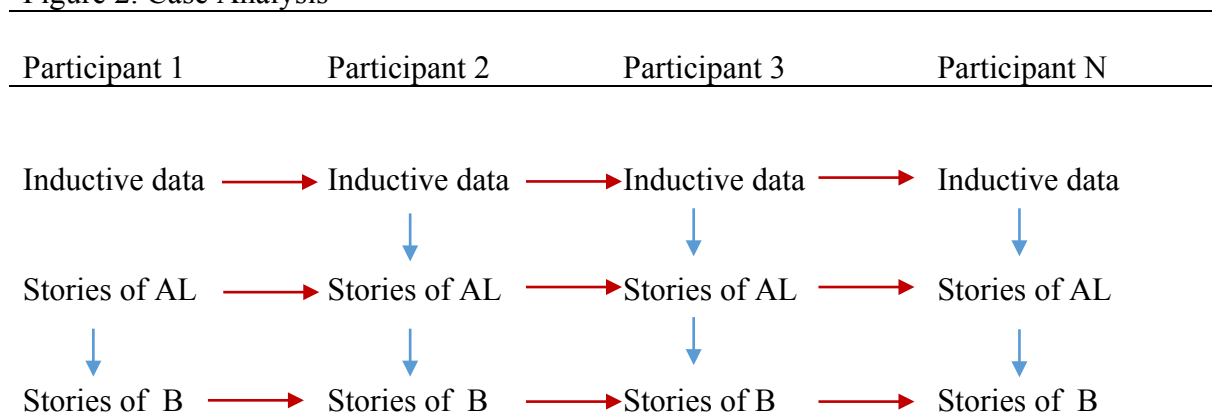


Figure 2. Iterative within-case and across-case narrative thematic analysis plan.
AL= Ambiguous Loss B = Belonging. Blue arrow: Within-Case analysis; Red Arrow: Across-Case Analysis.

The analysis of the across case data provided understanding of the experience of foster care through the inductive stories, the stories about loss and the stories about belonging. While every

foster care experience is unique, patterns of experience in the entire sample were searched for and identified.

Because the photographs are a tool in the elicitation of the participants' narratives, not the data themselves, I included only brief descriptions of those photographs that were discussed in the narratives, with some examples of the photos themselves included. Participants' narratives linked to the photographs through use of participant pseudonyms.

Phases of Thematic Analysis. Braun and Clark (2006) list six phases to be used in an effective thematic analysis. For phase one, the transcription of the narratives was by a hired transcriptionist with accuracy verified by me through comparison of the audio recording to written transcript. Reflective notes from my research journal related to the interactions with each participant were kept to enrich the data set. The data set was read multiple times until a familiarity with the data developed. The data were kept in the data subsets as described above; each data subset was read and addressed separately in the within-case analysis.

In phase two, actual coding of each data subset began. Each data subset was reread, with initial codes documented in the margins of the transcription. Interesting ideas were noted through memoing. Comments about the codes were included, along with short descriptions of how the code fit the data. When different codes were found to be similar or related, with support of their descriptions, then the codes themselves were reconsidered. Coding across the data subsets occurred several times, as additional codes evolved in later reading of the data. For example, in the deductive subset addressing belonging, the code "feeling responsible" was applied to comments "I paid for my cheerleading uniform. I paid for my shoes. I paid for the trip we took for the cheerleading competition," and "I would buy [my brother] shoes because his shoes were so cheap, so he wasn't picked on in school." The codes later evolved into codes for "feeling

responsible for myself,” and “feeling responsible for others” respectively, and ultimately combined under the theme of “I am Responsible.”

Once the codes were identified within the data subset, phase three of the analysis began. In this phase, a broader picture of the patterns within the data were created by identifying themes that encompassed the codes. These themes, or the patterns represented by the theme, were verified by a further reading of the data to confirm that the groupings, themes and codes were appropriate.

To arrive at tentative themes, a list of codes was examined to identify groups of patterns of the codes, and a tentative theme was designated for each group of codes. Visual methods such as concept mapping and tables were used to join the codes into groups. Any codes that did not fit into the groupings/themes were placed in a miscellaneous group; as the groups and themes were evaluated and reconsidered during further readings, some of these miscellaneous group codes were found to belong in other groups. When applicable, they were moved into the new groupings. Subthemes were identified within the themes when appropriate. At this phase, the earlier code of “feeling responsible for myself” was combined with other codes of “feeling responsible for siblings,” and “parenting siblings” under the theme of “I am Responsible.” Codes of “Acknowledging poor behavior” and “Identifying Reasons for Moving” were combined under the subtheme of “My Behavior” encompassed by the theme “Gaining Perspective.”

Phase four involved the reevaluations and refinement of themes. The themes were examined specifically with the data that supported them, to confirm the theme’s existence and support from the data. Some themes were combined into other themes, while other themes needed to split into separate themes. Initially, Moving...Again was a sub theme under the theme of “Belonging.” However, Moving...Again became an additional theme after reevaluation of the

unique data. After this re-evaluation and any needed restructuring of the themes, a thematic map (Figure 3) was generated to provide clarity for the themes and their subthemes.

In phase five, the analysis of the themes was completed, with the interpretation and evidence noted. The essence of each theme, or what the theme is really about, were determined. In this phase of the analysis, the ideas and stories behind each theme was determined, as well as how the themes were related. Any subthemes were also evaluated, and themes were examined for consistency and appropriate inclusion in the theme.

Although the goal was not to generalize findings to others in foster care, identifying common themes across participant narratives provided understanding of the foster care experience. Each data subset (Inductive Stories, Ambiguous Loss Stories, and Belonging Stories) was examined individually for common themes. A representation of the data analysis matrix is presented in figure 2.

The final phase is the production of the report of the analysis. This report was written with the goals of coherence, logic, and evidence, in order to best present the narratives. Evidence, both written and photographic, that best exemplify the themes is presented within the report, with multiple examples provided to validate the theme across the data set.

Ensuring Scientific Adequacy

Rigor in qualitative research addresses the way the data is explored and analyzed. Shenton (2004) cite Guba's (1981) four criteria of trustworthiness (confirmability, credibility, dependability, transferability). In order for qualitative research to be considered valuable and descriptive of the phenomena, trustworthiness must be supported through the positive evaluation of these four components.

Confirmability

Confirmability, assures that the perceptions of the participants match with the portrayal of them, and are not biased by the researcher (Shenton, 2004). This was addressed by the discussion of any bias brought by me, as principal investigator. As an educated, Caucasian nurse, with children who have not been in foster care and with a background in developmental psychology, my experiences could influence the interpretation of the data. Further, my lack of experience as a foster child, or foster care provider also may have led to inaccurate conclusions in the data interpretation. My experience as a nurse practitioner caring for foster children may also have led to a preconception in data collection and interpretation. All of these biases were addressed through identification and re-evaluation in my research journal entries, and discussion with my major professor as needed. Further, non-verbal cues related to these biases, which may potentially interfere with the unbiased collection of the data, were identified and avoided as much as possible.

Other ways that address confirmability are audit trails and member checks. The audit trail describes the progression from codes to themes; an example is included in Appendix K. Two Member checks occurred to confirm findings and determine accuracy of the representation of the findings. When the member checks occurred, the diagram of the themes and sub themes was presented to two participants individually. The first participant enthusiastically agreed with the findings, commenting, "These are exactly right. And if you need me to come tell your professor that these are true, I will be happy to do that." The second participant also agreed with the findings, and said, "Its amazing that you could understand all that out of stories about pictures that were taken." Other member checks were attempted but much of the contact information for the participants was no longer valid. One of the participants who had recently had twins said she did not have time to talk with me again, while two other participants did not

respond to a request to call me. However, the passionate support of the themes by the two participants provided strong confirmability of the findings.

Credibility

Credibility is the congruency of the study findings with reality (Shenton, 2004). To support credibility, I verified that the transcripts accurately represent the data collected by comparing the written transcripts to the original recordings. Peer debriefing was completed by asking a PhD-prepared qualitative nurse researcher to examine the data, discuss any concerns with interpretation, and provide any alternative interpretations. Further, the inclusion and discussion of negative instances, when they occurred, improved the credibility by admitting that the study of human behavior often provides contrary cases.

Dependability

Dependability addresses the ability to repeat the study, without expectation of repeating the results, given the experiential nature of qualitative approaches (Shenton, 2004). To accomplish dependability, I monitored both the processes and procedures that were used to collect and analyze the data. Data were collected by photo elicitation and open ended interview questions with dependability addressed through the documentation of the process as well as provision of examples within the data and analysis. Specifically, examples provided evidence of the process from beginning to end, including participant instructions, photographs taken, interview questions, narrative response, coding assigned, memoing within the analysis, to theme evolution, and finally, the encompassing theme. (See Appendix K) Additionally, examples of memos and free writing that were involved in the analysis process were provided, with the results of the memo explained, increasing clarity of data analysis. Known as an “audit trail” (Bloomberg & Volpe, 2008, p. 78),) the documentation of the process adds to dependability

through transparency of analysis. A second approach to dependability was to ask a PhD-prepared qualitative researcher to code parts of two interviews. The consistency between the resulting codes was strong, suggesting additional dependability.

Transferability

Transferability, the fourth aspect of trustworthiness, suggests the application of the findings to other situations (Shenton, 2004). Transferability was addressed by the inclusion of rich descriptions that provided a holistic picture of the experience as suggested by Bloomberg and Volpe, (2008). This was done through varied and detailed examples of the context and background of the data that showed the wide range of the experiences presented by the participants. Examples of photographs that elicited particularly rich narrative data were included in the report, along with the narrative that described them, producing a holistic understanding. While not comparable to generalizability, transferability suggests that the phenomenon is present beyond the study population. By seeing a fit between this study's context and other contexts, the reader sees transferability.

Informed Consent and Ethical Considerations

As with any inquiry into human phenomenon, there are some ethical considerations. Fundamentally, a true informed consent must be obtained from the participants, including a full description of the study, study expectations, and the risks and benefits of the study. Informed consent was obtained through a verbal discussion with a written informed consent form completed using the Informed Consent form (Appendix B). I discussed these issues verbally with each participant, and answered any questions after the participant read the form. I assured participants that they could refuse to participate, and should they begin the study, they were able to leave the study at any time, with no penalty. They were informed that data collected up until

the time a participant might choose to withdraw from the study would be used, unless the participant expressly requested otherwise. One participant changed jobs during the study, made and missed three appointments for the second interview, and had contact information that became invalid during the study time. Another participant found that working nights, having a girlfriend who became pregnant during the study, and other stated responsibilities added to his reluctance to take photos for the study. Although this participant scheduled two appointments to meet with me a second time to talk about his foster care experience without photos, his girlfriend called and cancelled the appointments stating his work times changed.

Another ethical concern when using photography in research is the inclusion of others in the photographs. Those who are photographed have a right to privacy that is negated by this inclusion. Because some participants wanted to include people in their photos, this ethical concern was addressed by the participants obtaining consent, using the Consent to Photograph Form. (Appendix H) This form was to be filled out by the participant and the person being photographed. Any identifiable photographs used in data dissemination was blurred to maintain confidentiality.

The potential that participants will put themselves in danger in the taking of the photographs is another ethical concern. Using the Guide for Taking Photos (Appendix I), I discussed how danger can be avoided during the first meeting, concerns of taking photographs of people, places or things that might present a danger to the participant was discussed at the first interview.

Because this exploratory study is addressing loss and belonging, the potential existed that the actions of the study might elicit uncomfortable feelings. This only occurred twice during the interviews, and both times, the discomfort seemed to be short lived, and with support from me,

the participant stated they felt fine and chose to continue with the discussion. Because I am a pediatric nursing practitioner who has experience with patients in distress, I determined that the participant was in very minimal distress and was able to continue, as stated by the participants. Further, because the stories were participant guided, all participants were empowered to discuss what they wanted to discuss. Additionally, I offered to each participant a resource list that included available counseling services that were free or on a sliding scale, as well as local emergency department and emergency mental health hotline phone numbers. One participant stated no one had ever given her those numbers and that she appreciated having them, even outside of the study.

All data including digital recordings, transcriptions and participant photographs, were stored in password-protected files. The use of pseudonyms, storage of demographic data separate from transcriptions, and locked storage of back up files in other physical locations further assured confidentiality. Hard copies of all forms were scanned into password protected files, with the original forms destroyed. A separate file with the demographic information that included only the pseudonym, was kept in a different password protected file. Copies of each file have been maintained in a password protected thumb drive with this drive stored physically away from the study computer in a locked drawer.

Summary

The use of inductive and deductive methods to explore the experience of foster care yielded rich narrative data through the use of open-ended questions, photo elicitation techniques and semi-structured interviews. Two to three interviews scheduled two weeks apart yielded a strong data set, with thematic narrative analysis of that data leading to increased knowledge of the foster care experience.

CHAPTER FOUR

RESULTS

This chapter discusses the findings of this study about the experience of foster care, with an emphasis on ambiguous loss and belonging. Data were collected inductively during the first interview, and deductively during the second and third interviews, using a photo elicitation technique and semi structured interviews. In the first interview, participants were asked a general question about their foster care experience. They also were given cameras to take photos of people, places or things that reminded them about their foster care experiences. While they were given prompts for possible photo subjects, they were empowered to take photos of whatever they chose. In subsequent interviews they were asked to discuss the photos using a semi structured interview format.

Description of the Study Participants

Participants included foster care alumni between the ages of 18 and 23 who lived in foster care during adolescence for at least a year. Women in the study ($n = 8$) ranged in age from 19-23 years old and men's ($n = 2$) age from 18-22 years old. The participants self-identified as White/Caucasian ($n = 5$, 50%), Black/African American ($n = 4$, 40%) and African American/Mexican, ($n = 1$, 10%). The age at first placement in foster care ranged from 3 months to 16 years. Reported causes of placement were: abuse/neglect ($n = 8$, 80%), parental drug use ($n = 4$, 40%), parental death ($n = 1$, 10%) and parental incarceration ($n = 1$, 10%). Four participants reported two causes of placement. All of the participants had siblings who were also placed in foster care; 8 of the participants (80%) were placed with siblings initially, but only one of these stayed with their sibling the entire time in foster care. Two participants were not placed with siblings at any time during foster care.

Educational levels included did not finish high school, (n =2, 20%) finishing high school (n = 2, 20%), finishing high school with some post secondary course work (n = 4, 40%), currently in a residential college (n = 1, 10%), and completed bachelor's degree, (n = 1, 10%).

One (10%) participant reported being married, another (10%) reported living with a domestic partner, and all other participants were single (80%). Three of the participants (30%) had one child each, all of whom were under three years old; two of these participants were pregnant for a second time, one with a single child and one with twins. One participant's girlfriend was pregnant with his first child. A fifth participant commented that her eighteen-year-old brother, "is like my son, but he's not" as he lives with her and she supports him financially and emotionally.

Reports of income and employment varied and included a full time social work position (n = 1, 10%), full time factory work (n = 1, 10%), part time factory work (n = 1, 10%), part-time nursing assistant work (n = 1, 10%), multiple part time retail positions (n = 2, 20%), and no employment (n = 4, 40%). Of those who reported no employment, one is a residential college student on a scholarship, one stated her husband worked at a moving company but he became unemployed between the second and third interview; the third, reported plans to attend college in the fall, and the fourth reported receiving public assistance as her way to get groceries and housing.

Living arrangements included: self-supported apartment (n = 3, 30%), subsidized housing, (n= 3, 30%), with mother (n=1, 10%), with grandmother (n =1, 10%), college dorm (n=1, 10%) and no permanent housing, but staying (with husband and 2-year-old child) with pregnant sister and niece in subsidized two-bedroom apartment (n = 1, 10%).

Table 1
Individual Characteristics as a Percentage of the Sample

Characteristic	N = 10
Gender	
Female	80%
Male	20%
Marital Status	
Married	10%
Domestic Partner (girlfriend)	10%
Single	80%
Children	
One child	10%
Pregnant with first child	10%
Pregnant with second child	10%
Pregnant with second and third child (twins)	10%
No children	60%
Income	
Full time social work	10%
Full time factory work	10%
Part time factory work	10%
Retail work	20%
Part time Nursing assistant	10%
No employment	40%
Education	
Some high school, did not graduate	20%
Graduated High school	20%
Some post secondary education	40%
Attending college currently	10%
Graduated college	10%
Ethnic Background	
African- American/Black	40%
African- American and Mexican	10%
Caucasian/White	50%

Within Case Data Analysis

Each participant presented unique stories of their lives before, during, and after foster care. A narrative summary of each participant, is presented in chronological order of entrance into the study.

Dakota, 19, entered foster care at age 16, along with her 9-year-old brother. The placement occurred when her mother and stepfather were arrested for drug trafficking. Her pre-foster care life was chaotic, because both her mother and stepfather suffered from mental illness and failed multiple attempts at drug abuse rehabilitation. Dakota stayed in the same foster home until she “aged out” of care. After this time, she remained part of the foster family living in the family’s garage apartment and participating in family events until she finished high school. At the time of the study, she worked a part-time retail job, and lived with her maternal grandmother. She continued to have contact with her foster family, as her younger brother remains in that foster home. Her future plan is to continue working in retail positions and to start college courses, with an ultimate goal of owning her own business.

Jane, 23, had a very complex life before foster care. Soon after her birth in Florida, she was informally and illegally “adopted” by a woman whom Jane never named. Jane’s stories about this home were filled with abuse, fear, and hyper-vigilance of this woman’s abusive episodes. Several times Jane, her twin brother, and her older brother were temporarily placed by this woman into an orphanage, usually at the beginning of summer. They would be returned to the “adoptive” mother’s home once school started. When Jane was nine, this woman told Jane and her brothers that she was dying. At this point, Jane and her brothers were whisked off to Ohio, and began a series of informal foster placements orchestrated by another woman, Susan, who had no legal rights or responsibility to manage foster children. Jane recalled her longest

foster home lasting 10 months, and the shortest only days. At age 11, Jane was placed in a couple's home who from the beginning planned to adopt both Jane and her twin brother. This couple started legal proceedings to sort out her convoluted past. After three years as foster children in this home, the couple legally adopted Jane and her twin brother. Her older brother had been adopted earlier by a different family. Jane refers to this couple as her parents and, together with her twin brother, as her family. She commented it was only when she entered this home that she truly understood what a family was to be; she never really understood that other children were not passed to multiple homes as she and her brother had lived. Jane remarked that many years of counseling allowed her to finally accept being part of this adoptive family. Jane attended college for two years, and currently lives in an apartment near her two part-time retail jobs. Jane commented that she still has some residual issues in dealing with others that stem from her earlier chaotic life, but feels like she is truly a part of her adoptive family.

At the time of his entrance into the study, **Sam**, 18, had recently aged out of foster care. Sam entered foster care at 17, after his mother was found to be neglectful and having "parental issues," which were not specifically described by Sam. Sam also did not describe his life before foster care, but had many stories about the inadequacies of his one foster home. Although convoluted and contradictory at times, Sam's stories focused on foster care as not having met his needs, leaving him without the life skills to care for himself as an adult. Sam lives on his own in subsidized housing, and has regular contact with his biological mother. He did not graduate from high school, and at the time of the interview was to start a different, higher paying part time factory job within the next week.

Taz, 22, entered foster care at age two after his mother passed away and his father was incarcerated. Taz recalled being in more than 40 foster homes. He remembered being placed

with his brother for only one two-year period after his foster parent requested his brother be placed with Taz. His brother left that foster home after hitting a caseworker. While many placements were short, Taz remembered staying in one home for almost 2 years; it was these foster parents who wanted to adopt Taz. However, Taz remembered refusing adoption because of feeling unwanted and scared and later regretting that decision. Taz' foster care experience improved significantly when he was given a guardian ad litem, a court appointed child advocate, who listened to him and presented his point of view in his care planning meetings. Taz did not finish high school and currently works full time on second shift at a factory. He lives in subsidized housing, and is expecting his first child with his girlfriend.

Daughter of God, 19, entered foster care at age 6 after abuse in the home was identified. Placed in at least 7 foster homes over 13 years, Daughter of God experienced three failed reunification attempts. Her younger siblings were also in foster care. They were placed together in the same home only once. At the time of the interviews, Daughter of God was living with her biological mother after aging out of foster care, and was not working. She had graduated from high school and planned to go to college in the fall.

Fallon, 20, entered foster care at age 8 when her parents were found to be abusing drugs and neglecting and abusing the children. Fallon reported that living at home had been very difficult because of parental and brother's alcohol and drug use and because of physical abuse from her father. She remembered a time when her main source of food was the free school breakfasts and lunches. Fallon's older sister, Jessica was also placed in foster care. At times Fallon and Jessica were placed together, but were separated once after Fallon reported her biological parents for drug use, abuse and neglect during a reunification attempt. Fallon spent 10 years in seven different foster homes with two failed reunification attempts. At the time of the

interviews, Fallon had a two-year-old son and was pregnant with a daughter. She and her husband were homeless after an application for subsidized housing had been denied due to a past eviction on record. The three of them were staying with her sister, Jessica, and Jessica's daughter. Fallon completed high school, and has taken some college courses at the nearby university. Fallon has not worked since her son was born. Her husband was between jobs at the time of the third interview, and had plans to begin a new job within the month.

Jessica, 21, entered the study after her younger sister, Fallon, began the study. Unlike Fallon, Jessica did not report abuse as a cause of placement, but rather neglect and parental drug use. Her stories about her home prior to placement included witnessing parental and brother's drug use, impoverished conditions, and a frequent lack of adequate food. Jessica remembered being responsible for making meals at age 7, as well as caring for Fallon and her brother's 2-year-old son. In foster care for 7 years, Jessica reported 6 foster homes, three reunification attempts, and aging out of the "best" and longest-placed home. At the time of the interviews, Jessica had a two-year-old daughter, and was 7 months pregnant with twin boys. She lived in a small subsidized apartment with her daughter, and was allowing her sister Fallon and her family (husband and son) to stay with them. Jessica did not graduate from high school, and has not worked since before she had her daughter. Jessica said she did not like going places, and preferred to stay at home. She agreed to participate in the study only if the interviews took place at her home.

Dawn, 22, was placed in foster care at age 13 for parental drug use and neglect. Dawn told few stories of her life before foster care, but commented that her parents did not provide structure for her or her younger brother. Dawn recalled seven different foster homes. She was placed in a foster home with her younger brother once for only a month; otherwise they were

placed in separate foster homes. She remained in care for five years, with one failed reunification attempt. Most of Dawn's stories related to being in Anna's foster home. Anna's home was her first placement, at age 13. She remained in Anna's home for close to two years until Anna was diagnosed with, and later died from, cancer. Dawn compared all other foster homes to Anna's, and acknowledged that many homes were disrupted by her anger related to Anna's death. Dawn graduated from high school, completed a nursing assistant training program and was working part-time as a state tested nursing assistant (STNA). Dawn has a two-year-old son and recently moved to a different apartment to be in a better school district for him.

Goldie, 22, entered foster care with her sister as a three-month old baby when her mother was found to be abusive and neglectful. Joined by her younger brother soon after he was born, she and her younger siblings spent the next 13 years with a maternal aunt in the same neighborhood as her mother's home, until the aunt was also found to be abusive and neglectful. She then entered non-relative foster care, was placed without her siblings, and moved between foster homes over ten times until she aged out of the system. Goldie followed a college trajectory by finishing high school, entering a residential university, and finishing a bachelor's degree in social work within four years. At the time of the interviews, she was working at a private foundation that assists foster children, and living in her own apartment. She had recently moved in her 18-year-old brother when his adoptive family asked him to leave. She has plans to obtain her master's degree, and is looking for a higher paying job to better support herself and her brother.

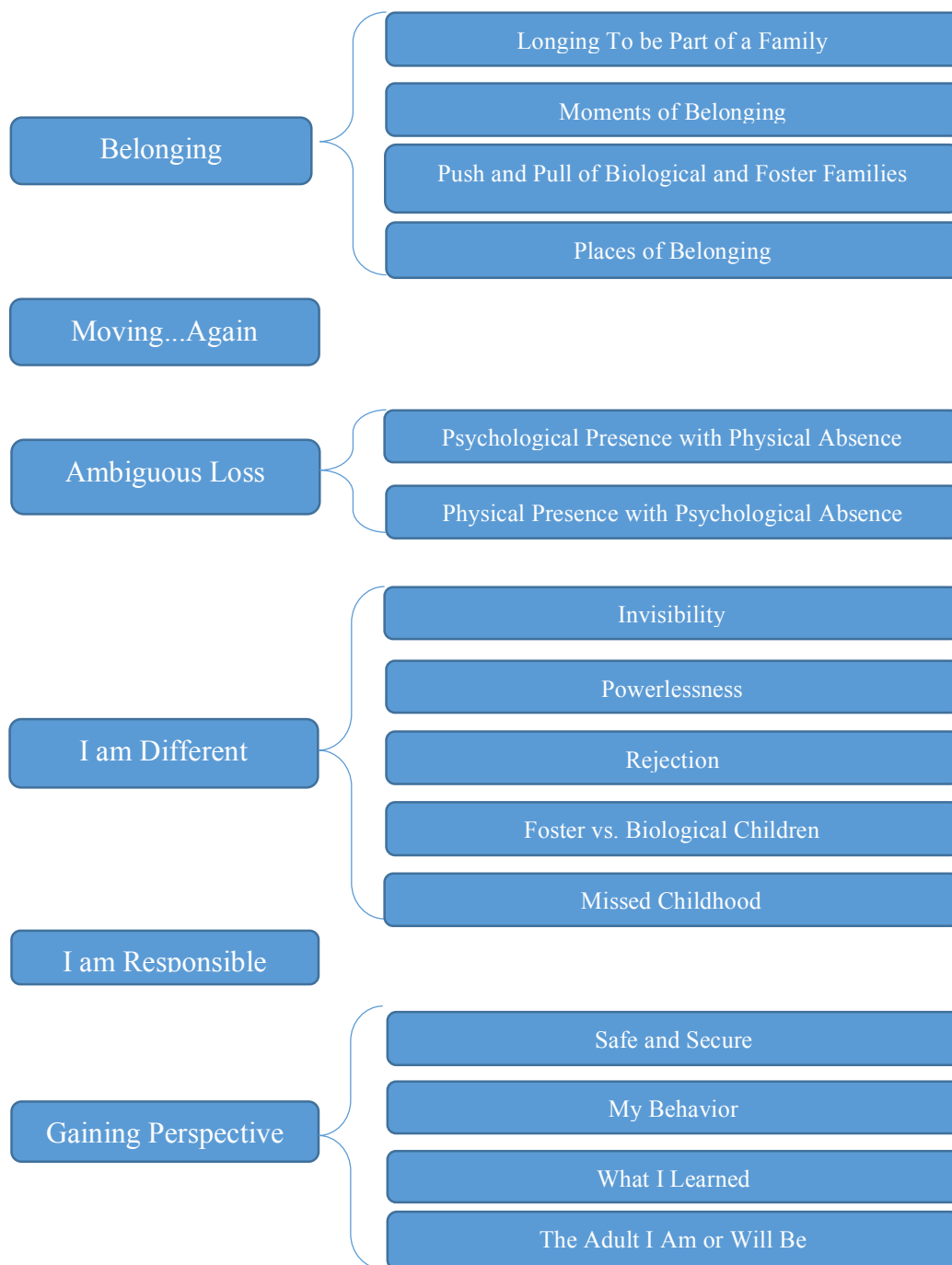
Nikita, 19, entered the foster care system at age 7 when she and her younger brothers were removed for neglect. Other than saying she could see how her parents were not able to take care of themselves, let alone their children, Nikita did not specifically discuss the living

conditions in her biological parents' home. Nikita moved over eight times during the 12 years she was in foster care, with most of the moves including her younger brothers. During her final years in foster homes, however, her brothers were placed separately. Nikita also has a 35-year-old sister who was not placed with them in foster care, but who now cares for both of her brothers. Nikita, unlike many foster children, was able to stay within the same school district and high school for many of her moves. She took advanced placement classes, graduated on time, and was accepted to a prestigious state university. At the time of the interviews, she was in her first year of college, living in a small house with other first year students in central Ohio.

Across Case Analysis: Themes

From the analysis done across all 10 cases, six themes emerged. These themes and their subthemes are presented in figure 1.

Figure 3. Themes and Subthemes



Belonging

As participants were prompted to consider belonging in the taking of their photos, it is not unexpected that all participants had stories that specifically described belonging or lack thereof. These stories were clustered into sub-themes which encompassed discussions about the desire to belong (Longing to be part of a family), times when belonging was felt (Moments of Belonging), conflicting feelings of trying to belong to biological and foster families (Push and Pull of biological and foster families), and where the participants felt belonging (Places of Belonging).

Longing to be part of a family. Most participants told stories that evidenced the desire to belong. Jane, brought in only one photo she had composed, a birdcage with a flower vase inside. In discussing this photo she told of her desire to belong in a family, something she did not understand how to do:



The cage is like foster care, and the homes that I was in. And a flower in a birdcage doesn't make any sense. Same with a lot of the homes I was in; didn't make any sense. They weren't fits... how the needs weren't really seen, how people didn't connect well or make sense... A lot of the ways is just like them trying to assert their family values on me as an outsider. I didn't understand their family values. So when I didn't fulfill their expectations of what it meant to be a part of that family, I was punished. And it didn't make sense to me because I didn't know what I had done wrong. The cage aspect of that is not feeling like I was free to be part of that family, because I didn't understand that family.

Jane also remembered a journal entry written as a fourth grader, in which she described wanting to belong, "It was just that analogy of being an article of clothing and how children aren't clothing; you don't just return them when you don't like them. You have to keep them and help them be a person you like." Jane also later talked about her reaction when she thought

her adoptive mom was leaving her at a home where they were attending a party. She described her method to make sure she was still belonged by not allowing her mother to leave, and in her mind, leave her out of her family:

Like, mom, we were at a family party. And mom went to go somewhere, And she was leaving the family party and I thought she was going to leave us there. So I took her purse and ran around the house for 40 minutes so she couldn't leave. She was like, "Sweetheart, I'm coming back." I was like, "Yeah, yeah." And just kept running. And running and running and running and running.

Goldie also described a longing to belong in several photos that she found on the internet. She explained bringing in these photos instead of those of her own family because, "I have no photos of my family."



Okay, so I have this photo because to me, it symbolizes me, my little sister and my brother because it's two girls and one boy and I just feel like this photo shows that they are happy and although they're not given a whole lot of affection, just them sitting close to one another. And they're all sharing that smile., I feel like when me and my siblings were together that's what—that's what happened... This photo symbolizes a lot because we were—when we were together we were happy and I just feel like when we were —had got separated, that's when everyone's lives changed.

In discussing another internet photo that included extended family members, her longing to be part of a family was clear, as was her ultimate acceptance of never having a sense of belonging to a family:



Yeah, this – this symbolized to me, a family, with your grandparents, and your mother and your siblings, and – I had my siblings for only a short amount of time, but I didn’t have this family atmosphere, like how I wanted it and I yearned for this family experience, up until I was what? Twenty-two. Like after I left, after I really stopped talking to my last foster family. I was just like, “I’m over trying to find a family,” because I’m not ever going to find a family...Like, you’re grown, so just face it that you’re not going to ever have that.

Goldie also commented, “And this is going back to the family, like why couldn’t I have this?” as she discussed times when she was with her biological half-brother’s grandmother. Although she was not her grandmother, Goldie remembers this woman treating her as if she was, braiding her hair, napping together. She concluded this discussion by saying, “My mom, like she

could have been a really great mom...and I just feel like, ‘Why couldn’t I have that mother and father role?’” In response to a clarifying question about whether she was looking for a family to belong to, Goldie stated, “Yes, all my life.”

Nikita longed to be adopted into the foster home where she lived the longest:

We stayed at one foster home particularly for a really long time, from about 6th grade to 11th grade. Yeah, so and they never adopted us, so that was another part that I really hated about foster care is like we never really got accepted or had closure...I’m just saying I feel sad that I didn’t get adopted at all. Like it doesn’t make what foster care it was, but I don’t know.

When asked about whether there had been other adoption opportunities, Nikita expressed her longing to belong as well as hinting at sorrow that it never happened, “Yeah, once or twice, but none of them were really serious I guess you should say, but its okay. It doesn’t matter to me now.”

Moments of belonging. As much as participants longed to be part of a family and found this difficult to obtain in foster care, there were what one participant called, “moments of it.” Jane’s comments suggested that participating in family rituals was supportive of these moments of belonging. When asked if there was ever a foster home, prior to her adoptive home, that she did feel a part of, she responded:

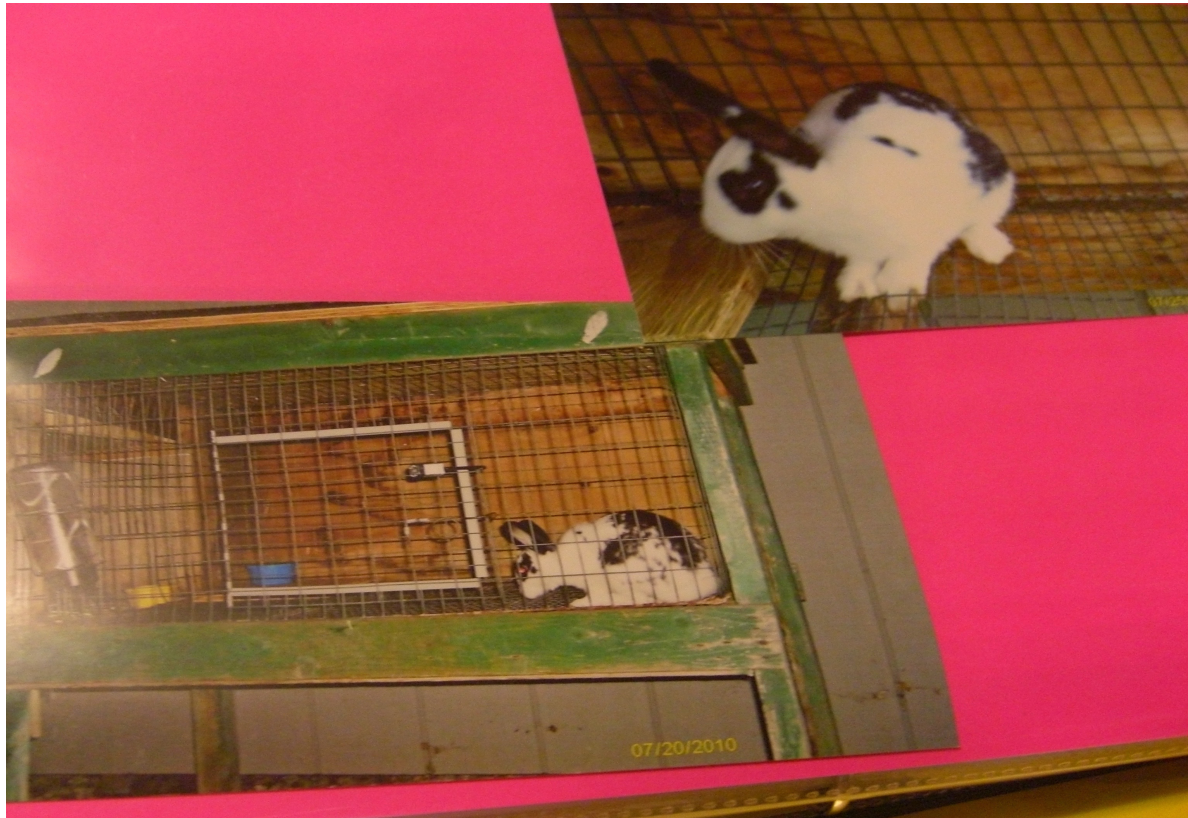
That is a hard question. I think there were moments of it in every single one. When we would do chores, or have family dinner or go to church. Things like that. But it was still like always a reminder that I wasn’t actually theirs, especially if they had other children.

Several of the participants also mentioned rituals that made them feel that they belonged to a family. Most of these rituals involved being with other family members, either working together, or simply enjoying time together. Doing chores, celebrating birthdays and having family dinners together were commonly described ways of feeling as though they belonged.

Dakota told several stories of working together with her foster family to renovate the foster home. Initially she called these chores, “hard labor,” but when talking about a photo of her foster home’s kitchen that she had in her phone, she owned the experience, describing it as a team project, “We redid it. It was really fun. It was a lot of hard work. We bought new cabinets, and we all got together and were sanding them down, staining them and everything. We actually made the countertop; we made that.” Later, Dakota described being part of that family, in part because of working together:

It wasn’t like, no matter what, we had to help. Just so we could all get it done and over with. But we got rewarded and everything. If we did a really good job and didn’t argue a lot – because we were all kids and we all got angry at each other. If we were good and didn’t argue and nit pick and everything, then we got to go to Roller Hut or we got to order out or something. Or go out to eat to a nice restaurant and everything. Which was really funny because there was 12 of us. Going to a restaurant, yeah. It was kind of funny because you get stared at a lot. And they have to push four tables together. Yeah, we always went together. We always did everything together. Which was nice because a lot of families don’t do that.

Several participants told stories about activities that made them feel like they were part of the family. When asked about what made her feel part of her foster home, Dawn commented, “Uhm, I mean like we’d all go to the movies, or like play games like Scrabble or board games, which was fun. So, like it was a good time to connect.” Later in the interview, Dawn returned to the topic of doing things together as a way of belonging to a family, “But like how a normal family should be...we should have like traditions where you sit down and you eat dinner together, or play games and stuff because that’s the stuff the kids in the family are going to remember when they get older.” In describing one of her photos, she further commented on this idea, as she described her positive sense of belonging to her foster home.



Dawn commented, “Yeah, the cage for the rabbits that me and the foster dad built ourselves, they were trying to make me feel like I was a part of something because we did an activity together.”

Fallon described feeling belonging based on chores that one foster family members did, “Yeah [the foster mother assigned chores] but she didn’t run us like slaves or anything like that. Everything was equal for all of us.” She also described family activities that contributed to her feeling of belonging in this foster home. This foster mother included actions and verbal affirmation of the inclusion of her foster children into her family, increasing feelings of belonging for at least Fallon:

She still worked, and she was a single foster parent. She was just a mom...She handled five foster girls. School, basketball, soccer, prom; all that. And still went to work. She still made time to spend with us, to do things as a family. She never said, “These are my foster kids.” You know? “This is my family.” She really made us feel like we were a part of something. I finally felt like I was a part of something for once, you know? She was just very...I don’t know. She loved us. She didn’t say that, it wasn’t just the words, she showed it.

Participants were thwarted in their efforts to seize a moment of belonging if they were unable to break into what Jane called the foster family's values. In our discussion of the sole photo of the birdcage she brought in, Jane explained not understanding the family values as a cause of not belonging to her foster families:

And that's how it was with a lot of families I was in; I didn't know what their expectations were or what they wanted. Eventually everything felt like if I made a mistake, we [she and her twin] would be no longer accepted in that home and moved on to the next one.

The opportunity to become acquainted with a potential foster parent facilitated belonging. Goldie, spoke positively about going to her longest (three years) foster home several days before placement to meet the family:

When a county wants the placement to last for a long time, they try to get you familiar with the family and [introduce you]. Yeah, and I think that's what they were doing with me, uhm we met and everything. When I got there, Micky [foster parent], she was like really nice and we were talking about school and everything and she was like, "I want you to be here, if you want to be here," and I think maybe like a week later I moved and I was there for a long time.

She later commented that this home was the one where she felt belonging most often.

Fallon also experienced belonging in a foster home where she had a prior introduction to the foster mother. During sibling visits, Fallon had met Marnie, the foster mother with whom her older sister Jessica, had been living. Later, after Jessica had aged out of foster care, Fallon was removed from a previous foster home and placed in a group home. When Marnie learned about this move, she acted to move Fallon into her home:

When she heard about what was going on, and what happened, and what they did when they just kind of threw me in there, she was really upset. As soon as she found out I was there, she came the next day. She was like, "I'm going to get you out of here." She was like, "I'll be here tomorrow, so pack your stuff." And she did. I was in there [Marnie's] for a while... That was my last foster home. The best one I ever been to.

Being allowed to have continued contact with their biological families paradoxically provided moments of belonging in foster families. Dawn, who lived with Anna for 2 years, discussed strong feelings of belonging to this foster home while still part of the biological family:

When I was at Anna's house, I would have been content staying with her. Because I feel like she didn't try to keep my family from me. She was more open to letting me talk to them. She would let them call the house phone and talk to me. I felt like I didn't have to lie to her about anything so there was just more of a connection there, with Anna. I felt like I could have stayed there and still been a part of my biological family.

Dakota, who was older than most foster children when placed, mentioned that her foster parents not only accepted contact with her younger biological half-brother, but made an exception to take him as a foster child:

Yeah, my foster – the foster family I was in, they normally don't take boys. But in my incident [sic] they didn't want us to be split. So they took both of us. Which I was really grateful for. I don't know what I would have done if I would have got split with him while we were in foster care. It kills me now that he's back in there [without me].

Push and pull of biological and foster families. There was a push and pull between biological and foster families evident in participants' conversations. Stories about feeling a part of and connecting to the biological family were common, and often included acknowledgement that the situations encountered in their biological homes were negative. Participants described conflicted feelings of wanting to belong in their biological families even as they lived in and started to belong in their foster homes. Jessica's feelings of belonging to her biological home were complicated by the comparison of the harsh reality of insufficient care in that home, and the appropriate care she received in foster care. When she and her sister were sent back to her biological parents' home on a legal technicality, conflicted feelings of belonging to both homes were evident:

So, my mom got, you know, she won it in court... When my mom told me that, I was kind of heartbroken [about leaving the foster home]. I think it was because I wanted to be with my mom, where I should be, but at the same time, I knew the hell I was going home to was worth nothing, which was nothing. No food, no nothing. I'm just like, "Oh, I get to eat in foster care though." I wish I could have just went home with my mom for a weekend and come back [to the foster home].

Fallon, Jessica's sister, also mentioned this reunification attempt but had a different perspective, with fewer conflicted feelings. Several times during her stories, Fallon mentioned the family dynamics and how being part of the biological family was a different experience for Jessica and herself. After four years in the foster home with her sister, Fallon's sense of belonging was with the foster family, and not her biological family:

We had settled at our foster home. She was going to adopt me and my sister both...but he [caseworker] messed up big time and we went back with my mom, like we should have never went back and we should have never left that home and it ruined everything that was going to happen... When I got there [back to her biological family, after the court date] I did nothing but misbehave because I did not want to be there. There was never any food. My mom sat in her room all day and smoked crack. My brother would sit there and offer me marijuana. My dad was an abusive alcoholic and it was just the same stuff that we had gotten taken away from 4 years before. It never changed. I slept on the couch. My sister was so spoiled she had her own bedroom with this big huge bed and that entire 5 ½ months I slept on the couch... Yeah, the only time we would eat was like when we had school lunches and that was it.

She clearly identified belonging in this foster home, "We were a team." Unfortunately, when they were once again taken out of their parents' home and returned to foster care, they were placed in a new foster home, as their previous foster home was no longer available.

Unlike most of the other participants, Dakota generally had fewer conflicting feelings about belonging to her foster family. Early in the interviews, she acknowledged the positive aspects of foster care when asked how foster care affected her life, "I think it's one of the best things that could have honestly happened... It got me out of the situation that I was in with my family." Dakota's strong sense of belonging to her one foster family was evident in her stories.

In a story about an internet photo of a train wreck, she described her life before foster care as a train wreck but her life after as positive, because she felt like she belonged in the foster family:



They [foster parents] were willing to talk with me; just sit down and then talk it all out. They were always trying to give me advice to help me. I kind of felt like I was in a family. I kind of felt loved. Disciplined at times, which is normal. It was a nice family experience to actually be in a nice, loving, caring family.

Dakota's discussion of family life in foster care demonstrated family activities, projects, teaching/learning life skills and time spent together. She told several stories of how the foster family worked as team to get projects done. She also described feelings of belonging in her decision to stay with the foster family, in a separate apartment, once she aged out of foster care:

Closer to getting out of care is when it started to finally actually hit me. While I was in the whole time, I was like, "I just want to get out. I don't want to be in here." As I was about to turn 18, it was slowly occurring, because, well, I was about to get out; it was over. Going home...yeah, going home, whether they [those in the department of human services] like it or not, I get to go home. But I actually stayed in foster care until after I turned 18, and I rented out the upstairs apartment from my foster parents and stayed until I graduated...Yeah, so I did that. My foster parents were really, really surprised. Because they told me that I wasn't goin' to do it – no matter how many times I told them I would stay after I turned 18 – that I was just going to leave like the rest of the kids had. They were very surprised that after I turned 18 I was still there and I stayed all the way up until I graduated.

Unlike Dakota, most participants lived in multiple foster homes while in care. Dawn lived in several foster homes after leaving Anna's home. She lived with Anna for a relatively long time (2 years) and moved only when Anna was diagnosed with, and later died from, cancer. Dawn was not conflicted about belonging to Anna's family:

It was like kind of like being at home when I lived there, like it was like a real family, like we argued and that's what families do, and it just --- I don't know, like she had it -- her own daughter, and like she didn't treat me any different from her. But then she died.

Dawn stated that she kept in touch with Anna's daughter for a period of time after she was moved, but had lost contact with her by the time of her interviews.

Unlike other participants, Jane did not know her biological family before being placed in care, as she and her twin brother had been illegally "adopted" as babies. Although not a biological home, conflicting feelings of belonging might have occurred as it was the only family Jane knew before foster care; she and her twin brother stayed with this woman, whom Jane did not identify, into her early school age years. However, Jane had no conflicting feelings about belonging to this family. Instead, after spending her school age years between informal foster homes, orchestrated by a female pastor of a church, with the longest stay of 10 months, Jane and her twin brother began living with their adoptive family. Although fostered by them for three years initially, from the start, her adoptive family made known their intention of adopting both Jane and her twin brother. Jane was very clear that she belonged to her adoptive family, calling them her "real family." Jane is clear throughout her stories that she belongs to this family, referring to her parents as "mom" and "dad" while discussing other people she lived with by their first names.

Jane shared a story of when she first began to feel this she belonged to her family. In a previous foster home, her older adoptive brother and his friends had sexually assaulted Jane. Although she had not told her mother about this previously, she felt she belonged when her mother protected her from a potential second incident when he was visiting, and suggested they, Jane and her mom, were a team:

Yeah, And the one time he – I'd gotten out of the shower. I'd gotten out of the shower and walked to my room in my towel and everything. Mom walked up the stairs, like knew I'd been taking a shower. And she saw Alex go into my room. She got so mad. She just came in and was like, "You need to get out of here." And he was like, "Oh well, we were just going to..." I don't even remember. But mom just hugged me and said, like, "I have you. You're fine. We'll figure this out."

Jane commented that she knew she was part of this family when her mother protected her, something that had never happened before, "Yeah, he left the next day. After that he was gone. Mom was like, 'Absolutely not.' And that is exactly what a mother should do... That was a defining moment for me feeling like, Okay, this (the family) is here to stay."

Jane also mentioned that she belonged only to this family, and rarely mentioned her "adoptive" mother, with whom she lived from birth until eight, and who was later convicted of child abuse against Jane and her brothers. She further commented that she only wanted to see, but not interact with, her biological parents for information sake:

Parts of me wishes I could see my biological parents through a one-sided mirror. Just to see where I get my features from, and maybe know my medical history. Those things would be nice. Don't want any contact with them... Yeah, I would just want to see their features and hear their voices. To know where I get my features especially. And some mannerisms.

Further, Jane described being angry at a previous foster family when they sent her a photo, claiming Jane as a family member, "I just sent them the photo back with a letter. That was just like, 'No, family means more than blah, blah, blah.' And in my self-righteousness explained to

them the terminology of what family actually means.” A supportive response from her (adoptive) mother, solidified her sense of belonging in this home, “Yeah. She’s like, ‘You’re ours and we are yours.’ And that was a neat concept.”

Places of belonging. Some participants discussed finding belonging in places other than the foster home. Several participants told stories of belonging within school. Fallon, who attended the same high school during the vast majority of her foster care, commented that she felt like she belonged to school groups such as Key Club and National Honor’s Society. Dawn also felt a sense of belonging at school, specifically with her involvement on the volleyball team. Nikita, who was living in a small house with 14 other students, mentioned a strong sense of belonging with this group of women in this school situation.

Three participants specifically mentioned a strong sense of belonging to church or church group. Nikita felt she belonged to a church group while in foster care, and continued to feel that belonging at college:

While I was in foster care, about my sixth grade year, I was introduced into a church... And even now, I’m not very active in the church and I’m quiet but I’ve always went there to get a sense of belonging. Like the church is a nice place to go and people accept you for who you are... And even now I’ve gotten involved with a church at [college]. I go to a church...and it’s a very supportive environment.

Daughter of God also commented on a sense of belonging in attending church and being in a church group, “I just met these people just a year ago. They just have so many different morals [like] I want and what I’m trying to deal with in this world. It feels good to know that I’m not alone and part of this group.”

Fallon also discussed her sense of belonging in her church camp, “And going to church camp was like a big thing for me because I always got so amped up and I felt so a part of something.” She also discussed religion itself as a source of belonging, “I remember going to

church every Sunday [with a foster family]. It wasn't just that church; it was the religion where I belonged."

In addition to church, Fallon described a sense of belonging in her involvement on a Youth Advisory Board for Foster Care. She identified that she was part of the group because they remembered her and valued her contributions:

So, it is just such a good feeling to be a part of something like that and you know people wanting to hear what I have to say because it makes me feel like my story is important and my opinions are important and my words, it just makes me feel important. And I can help change things with policies and things.

Moving...Again

The instability of frequent moves between homes was evident in the stories of most participants. Most participants moved multiple times during their foster care experience, with the number of homes ranging from one to over forty homes. The participants' stories suggested frequent moving as a negative impact on the sense of belonging. Their discussions told of needing to learn family rituals and values as a way to feel part of the foster family, and how this was impacted by the moves and the shortened time in each home. Fallon was specific about how moving from a foster family who was going to adopt her, impacted her sense of belonging, "Yeah, I mean, then I did, [want to be adopted] ... when you are finally comfortable and you finally feel like you are going to stay in one place, be with one family, you are so desperate to stay in one place, in one school."

Taz, who entered foster care as a two-year-old and moved foster homes more than forty times, suggested that while in care, belonging was an issue. He remembered anticipating not belonging to any home, with his feelings of being wanted also at issue:

I moved around a lot. I wasn't in any home too long to be a part of it. But since I always moved so much, I just never felt wanted and it did affect me. And also since I'd already been moved around that many homes by then I just kind of

figured I'm not going to be part of any one, the way I started thinking was I'm not going to be here in the home long anyways so there's no point in trying to get comfortable here. I just didn't really – I'm probably going to leave anyway. You know? I didn't feel wanted or anything.

Several participants' stories encompassed school, and the impact of moving.

When asked about being a part of something, Dawn stated, "Um, I was at like five different schools so it was a little hard to like...to adapt to the school. Um, maybe at like two of the schools [felt a part of the school] because I was there for a longer period of time than the other ones." When further asked if the time at the school helped her become a part of the school, Dawn responded, "Yeah, and the activities I did there."

Goldie also described the instability she experienced in her multiple moves. She described her photo of six houses:



My last photo is just six different houses. And this, this is going from house, to house, to house, to house, to house... Just packing up and one day I can be here, a couple of months later I can be there and within a year I can be there, but that didn't work out so your county worker is coming to get you and Friday you're going to be there, but you thought you liked it here.

Goldie further discussed the moves' impact on belonging to a family, "It was like every time I felt like I was getting close with and part of a foster family, I was being taken away, or I was being torn apart, or they did something to me where I just – I couldn't trust them anymore."

Goldie also described being moved with her siblings from the relative foster home where she felt like she had belonged. The conditions in the relative foster home [her aunt's home] were crowded and did not meet regulations:

He [the caseworker] was like, "You know, we gave you [the aunt] multiple times to move out and try to find somewhere to stay." And she was living in a two bedroom apartment in the projects and there were three of us [she and her siblings] on top of her son, on top of her boyfriend and it just wasn't working and they came and got us and we moved to Ridgebury, and then from there that's when we got separated and I haven't seen them [her siblings] since I was twelve.

Nikita, who attended the same high school even as she moved through multiple foster homes, was asked if school was a place she belonged. She replied:

Yeah, all the teachers really cared about me... Right, it was always a place where I could relax and like kind of be comfortable, even though it was kind of stressful with all of the work I had to do, because I was like in AP classes and honors classes. Yes, at least I could like -- you know, be safe, kind of, if that make sense, maybe be kind of stable... They always like really took care of me at [her high school]. They loved me and I loved them. I was sad when I had to leave [when she graduated].

The actual experience of moving was also prevalent in the participants' stories. The experience of having to move suddenly, quickly, and without a choice, was shared by the participants, with trash bags mentioned as an integral part of these moves. Fallon was very specific in her discussion. Her photo of a box of trash bags prompted stories that told of the prevalence and undesired importance that trash bags had in her life:



That is a photo of trash bags. I know that almost every single foster kid can relate to this statement that I am about to make. If you were ever in a foster home and you moved from foster home to foster home, you never had a suitcase. You used trash bags. Always used trash bags. Like our stuff was like nothing; like it was trash; like it meant nothing. We didn't get to fold it up and make it fancy. It was just thrown in there like it was nothing. When they say its time to go, they just throw you a roll of trash bags.

Jessica also commented on using trash bags, "I literally had to pack my stuff and go. It's always, I mean moving in trash bags. It's just however I could get my stuff out of the house. I never got no boxes, no nothing; it was always trash bags." Daughter of God told of using trash bags after deciding to leave the foster home, following an altercation, "So I packed up all of my stuff and I was trying to leave the door. I was this little girl pulling this big old trash bag full of stuff, trying to get it to the door. Then the bag ripped open and I was so ticked. I was so mad."

Goldie shared her story of using trash bags while discussing of her photo of luggage. She connected the use of trash bags to the instability of foster care:



So I have a photo of luggage. The luggage symbolizes when it was time for you to go, it was time for you to go, and you put your things in whatever you had at the time and you were on the way. I didn't have any luggage so I was packing my things in plastic bags or garbage bags or a book bag. You're just throwing your things in there, and then you walk to the next place and then you stay there for a while and you put your stuff right back in that bag to the point that you think to yourself, "Man, I might just be leaving next week. I'm going to just go ahead and keep my things in my bag; I am just going to live out of this bag until its time for me to go somewhere else.

Jane referred to a documentary in which the foster child subject kept all of her things in a trash bag. Jane commented that she does the same thing even as adult, using her car instead:

In its own sense, moving so often and quickly has stayed with me— now I keep everything in my car. If you look at my car, it is filled with — I could drive off into the sunset right now and I would be set for clothes and everything for a while. That's just hard to shake now, even though I'm aware I'm not going anywhere.

As participants moved in and between foster homes, occasionally a reunification with the biological parents was attempted. No reunification attempts were successful for these participants. Stories regarding these attempts focused on the disruption that occurred during the

attempt, and with the move back into foster care after they failed. Generally, once an unsuccessful attempt occurred, the previous foster home was no longer available, leading to a new foster home and further disruption for the participants.

Ambiguous Loss

Defined by Boss (2004), as either a psychological presence with physical absence, (type I), or a physical presence with psychological absence (type II), ambiguous loss was represented in stories from all participants. All but one of the participants had experienced both types of ambiguous loss. The first type, with a psychological presence but physical absence, was generally presented in stories describing being in foster care, with the biological family having a psychological presence. The second type, physical presence but psychological absence, was more commonly presented in stories about biological families prior to foster care. This second type emerged in stories describing significant substance use and abuse that left parents physically present but psychologically unavailable for the child. The circumstances described with this second type mimics some criteria for neglect, a reason cited for the initial foster care placement in over half of the participants.

Psychological presence, physical absence. Taz, who was in foster care from age two until he aged out at eighteen, demonstrated this first type of ambiguous loss with his comment; “When you are in foster care, you never stop thinking about the fact that you’re not with your real family.” Another participant, Sam, also shared stories about the impact of his mother’s absence with her continued importance in his life, illustrating a psychological presence but physical absence. Removed from his mother’s home at age 17, he lived in a single foster home until he aged out. Sam discussed how being away from his mother was detrimental. He believed when he was supposed to be cared for by her and learn life skills from her. In his comments

about foster care, he lamented the loss of his mother, and viewed foster care as the attempted substitution of his mother-child relationship, “So you [foster parents] are the definition of parenting, I don’t know what it is. There’s no definition because evidently you can’t do it like the original. Like the original parent. You’re not their mom, and you’re not their dad.”

Participant stories suggested ambiguous loss of not only biological parents but also foster parents, siblings, other relatives and friends. Dakota, who felt a strong sense of belonging to her foster family and saw great value in living outside of her biological family, specifically discussed the intentional loss of her parents when placed in foster care. She also understood the need for this loss:

The parents or anybody’s not supposed to know where the kids are located. There was a girl that had her mom come and take her from the foster house. She snuck out and they left. It was bad. Yes, it’s to protect the foster kids. All of the precautions made are to protect the foster kids.”

However, she also commented on the significant impact of this physical removal from the biological family and the remaining psychological presence, “I wanted to talk to my family. I was scared. Who else do you go to? Family. For them to just shut out my whole entire family was absurd.” As Dakota further discussed living in the foster home, she provided evidence of the psychological presence and physical absence of her mother, even as she grew happier with the foster placement:

I remember I really didn’t even eat that much when I first started there, because I was just so depressed and so sad and I just wanted to go home with my mom. Then as time went by, I was growing more happy, but I was still kind of sad, because it still sucked. I wasn’t going to be able to live with my mom and whatnot.

Dakota prevented an ambiguous loss of her foster parents and her brother by continuing to be involved with the foster family after she aged out of the system. She rented the foster parents’ garage apartment, and went to their house for occasional meals, laundry, help with

taxes, and other routine interactions. By doing so, she established their continued presence, both psychological and physical, in her life.

Fallon's talked about a period when her father started visiting so regularly that he, Fallon, and her sister Jessica were close to being reunified. However, an ambiguous loss occurred when he suddenly was physically absent:

My dad started coming around, and we got to do things – my dad was like two weeks away from getting us back. So we started doing home visits and stuff. All of a sudden he just disappeared and we didn't hear from him or anything. We didn't know where he was. He didn't start [sic] calling. We didn't hear from him until we turned 18.

In her stories, Goldie also suggested feeling an ambiguous loss of her mother, father, and siblings. Of her father, she described a psychological presence in recalling her conversations with her mother:

Uhm, there was times where I would be like, "Mom, like, who's my dad," just wanting to know who he was, just because I don't know who he is but he's still my dad. And she would lie to me about it, tell me this person, that person. And she finally told me that she didn't know, and that hurt my soul because I just felt like, as a mother, why do you not know who your child's father is? Like I can see if you had ten kids and maybe the seventh one you didn't know but to be your second and your first girl, I just felt like you should know. So it do play a huge part in my life... I still have those days where I'm like I'm lonely or I just, it's cliché to say it, but there's a void.

Goldie, like several of the participants, felt ambiguous loss of her two younger siblings, as they were placed into separate foster homes during much of their care. In discussing her photo of she and her brother's hands, she said:



This right here means the most to me because this is me and my little brother. Uhm, we were separated when he was very, very young... And we spent five years apart. I was separated from him when I was maybe 12. I always wondered where he and [my sister] were. So we just have years that we were separated and his hand wasn't against mine. So now, our hands are together, I know nothing in this world is ever going to separate that, as long as I'm living...

When asked if she felt a strong desire to find out where and what they were doing while they were in care Goldie said, "All the time. Yeah, I would call around. I would like call whoever I knew to figure out where they were. I just – my siblings mean the world to me, literally mean the world to me..." Of interest, however, is the lack of stories of Goldie's older brother. Initially she alluded to him as living somewhere other than foster care; in a later story, she said that he was in prison. None of her stories included this older brother, suggesting both psychological and physical absence.

Goldie described feeling an ambiguous loss-type 1 of her mother both during and after care:

I guess its like things are going to happen and I'm not mad at my mom for giving me up. I'm not mad that she didn't come back and get me. I'm not mad that she doesn't even call me to this day and she has my phone number. But I do wonder what happened there.

Taz was reunited with his brother for two years (ages 6-8) after his foster parents discovered he had a sibling and moved him into their home. Taz remembered feeling a loss of his brother after the brother was moved following an altercation with the caseworker:

In other homes, my brother would try to defend me. But after that point, I think, when I was in homes by myself, I always felt that I had to protect myself, because if I didn't do it who was? He was gone, without me, somewhere else. Because, like I said, my only thought process was, "If I don't do it, who will?"

Taz also felt an ambiguous loss of his grandmother, someone he barely remembered, but felt connected to:

Since I'd ask [the caseworker] about family that I remembered – I remembered my grandmother in California. That's the main one I'd ask about. And I would be told that she would get contacted; they would try to reach her. I was told that they would do the best they could to reach her. And then at one point, I was told they did reach her. But nothing came of it. So it kind of upset me even more.

Some participants, described a loss of their foster parent when they left the foster home, either by being moved to another home, by aging out, or by reunification attempts. Jessica suggested an ambiguous loss of her foster mother when she aged out and returned to her biological parents' home. She stated, "I was just – it was an emotional time for me, and I just needed my real mom. I even wrote her [foster mom] a note. I was like, look, I love you; don't think this is on you. I was like, I just need my real mom right now. I was like, I will be back." Later, she further commented, "I wish I could have just went home with my mom for the weekend, and then come back [to the foster home]," suggesting an ambiguous loss of her foster mother. Ultimately, however, when describing her photo about what she lost in foster care, she discussed her biological mother and father:



My mom. I lost my main thing; my main person that meant everything to me which was my mom. You know she might have been messed up, but she really went out of her way to do whatever she could for us. But she wasn't there. Regardless. Whether it was going to food banks, getting her ass beat by my dad so he wouldn't beat us. My dad was super messed up at the time, you know, so I couldn't really blame him for his actions. I could blame what blinded him from reality.

Of note, while she described a type I loss of her mother, the loss of her father was type II, as he was physically present but psychologically absent.

Dawn's experience of ambiguous loss was ultimately an actual loss when her foster mother, Anna, died. Prior to her death, however, Dawn experienced ambiguous loss when she was removed from the home after two years, when Anna became ill. Dawn explained, "She had cancer and I got moved from her house and so she'd go to a nursing home and then they released her and she passed away in her own home, which she's not in pain no more, so." When asked about about how long Anna lived after Dawn was removed, she stated, "She was in the nursing home for like one and a half years before she passed away." Later, when asked about what other homes were like after she left Anna's home, she commented, "I want to say they weren't good but I feel like that was my fault because like I was angry that I had to leave her, and she died and I missed her. And nobody told me right away [when Anna died] because they didn't want me to

act out.” Dawn concluded this story about Anna’s death with her feelings at not being able to attend the funeral, an accepted ritual for death, “I was just mad, just for not knowing she died. For like, them waiting a couple of days after she died [to tell her] and then I wasn’t able to go to the funeral because I was in residential treatment, so.”

Jane described an ambiguous loss of her foster/adoptive family. Her first move out of her adoptive home was initiated by Jane when she turned 18. She felt she needed to treat them as she had other foster parents by moving out, and by “cut[ting] them off, a clean break.” Instead, in this case, she felt a great sense of ambiguous loss type I, particularly of her adoptive mother:

I just left them a note and took a bag full of clothes. And I wouldn’t answer their phone calls; nothing. I cut them off in a very harsh and traumatic way. I was a f**king rebel. It was very traumatic and cultivated a lot of negativity. For a long while my parents and I wouldn’t talk. Those were the people I actually missed and thought about and it wasn’t because, yeah, I left on a bad note. But I missed them. I ached for their communication or conversation.

Jane compared those feelings of loss to another time when she was not talking with her parents, again feeling an ambiguous loss;

But it was like the tension literally lasted two weeks this time. It wasn’t months and months and months of not talking or trauma or whatever. So even in those two weeks, I would call my mom’s voice mail just to hear it. Because she has such a lovely voice. Its things like that. My parents I would miss now.

Physical presence, psychological absence. Many of the participants told stories about their lives before foster care that were suggestive of the second type of ambiguous loss. All three of the reasons for placement listed by the participants connect to this type of loss: repeated drug use and dealing, abuse and neglect. Because these reasons for placement involve a disconnect in caregiving, it is understandable how this type of ambiguous loss can be seen in their occurrence.

Several of Dakota’s stories evidenced the second type of ambiguous loss. Prior to foster care, her mother was physically present, but psychologically absent:

I have been lied to my whole life by my mom. Every last word that had come out of my mom's mouth was a lie to me. I hated it...I do not want to be lied to. But they just sat there and they constantly lied to me. I couldn't count on her."

She further commented about her parents' lack of involvement with her schooling, "They [foster parents] pushed me to do good, which my parents never did. I had two Fs usually all the time and they [biological parents] could care less..." Later, she added an overall comment, "I didn't have parents that pushed me; they could care less what I did. They weren't there for me."

Fallon also described physical presence but psychological absence when she said her parents' drug abuse had led to foster care:

Both of my biological parents, I mean they weren't really hardly involved, but that doesn't mean that I don't still remember them and remember the good parts of them. I truly believe drugs and alcohol is an addiction and it's a mental disease. Yeah my mom, she was really, really bad on drugs. She left us home all the time by ourselves...There was never any food. Or, my mom sat in her room all day and smoked crack.

Goldie, who was initially placed in an aunt's home at age three months, told stories suggestive of ambiguous loss that occurred throughout her childhood and while in foster care. Both her aunt and mother continued to be heavily involved with drugs while Goldie was in care. When discussing her aunt, her comments indicated ambiguous loss, as she noted her aunt was physically present in the home, but "was abusing drugs and physically hurting us." This abuse continued until a caseworker for another child in the neighborhood intervened, leading to Goldie and her siblings being placed in non-relative care.

In talking about her mother, Goldie suggested ambiguous loss continued during her childhood. Placed in her aunt's home because of maternal drug use, she lived near her mother, but had little support from her, "I've known who and where my mom was since I was a child. We lived in the same neighborhood as her. So I would see her all the time. I would talk to her, but she never came to get us or wanted us to come with her."

When Jane was asked about missing people in any of her many foster homes, she indicated there was no psychological presence, so there was no loss, “So I don’t know. Keeping in contact with homes – its like keeping in contact with an ex-boyfriend. You’re never going to heal if you do it... Cut that limb off, let it grow back, you know? Whatever.”

I am Different

Another theme present throughout the participants’ stories was that of feeling different from those not in foster care. All of the participants told stories of how they felt different, and how being different affected their life. Fallon’s discussion of a photo of shoes on her phone illustrated feelings that many of the participants alluded to:

That’s a pair of shoes. The way I looked at it is, you know, walk a mile in my shoes and its not easy. Anyone who judges people for being in foster care, especially when you are in high school and people are like, “Oh, you’re in foster care?” I’ve literally had people picking on me. Like, “you’re in foster care because your parents don’t want you, they don’t love you. People are cruel.

Five sub-themes relate to the theme I am different: Invisibility, Powerlessness, Rejection, Foster vs. Biological Children and Missed Childhood.

Invisibility. Many of the participants told stories of being ignored and feeling invisible in the planning of their own care. Jane’s stories most dramatically exemplified being invisible within her long and distinct history. First, Jane discussed being brought to Ohio with no official paperwork:

We were not [legally fostered] – I mean Florida’s terrible with the system, and keeping track of kids, and social services, all that. Their system’s awful. We’re now in Ohio with no legal aid or anything. Nobody really knew where we were. But we’re in Ohio and Susan [the pastor orchestrating these moves] made it her goal – or her calling card – to find a home for Andrew and me.

Later, Jane discussed her birdcage photo, invisibility and foster care:

The cage is like foster care, and the homes that I was in. I was never – I never felt acknowledged and what I needed was to be acknowledged. Yeah it’s all

silhouetted and not really clear, because that's another symbolic thing of how nothing was really clear; how needs weren't really seen.

Jane discussed invisibility again when discussing not being recognized legally until she was adopted by her final foster parents:

Because we didn't have social security numbers or birth certificates until we were like thirteen [when they were adopted], there's no record of things. I like to call us black market babies. Because that woman [who "adopted" them as babies] was not allowed to adopt or be around children and somehow she ended up with three more kids [Jane and her brothers], so I call us black market babies.

With her history of being abused as a child, Jane connected being invisible with not having basic needs met, such as safety. She expressed concern about how adults, particularly teachers, could not see what was occurring:

Why didn't they see me, what was going on when all the signs were there. Like are you kidding me? ... And the things you're supposed to look out for, and ask questions about. It's like what the f**k? What's wrong with you [teachers]... You go to school with a black eye. You can't walk one day. You are sleeping in class. You're acting out all the time. You are cheating on all of your tests. You literally leave class and just leave, and disappear for hours, like what is wrong with you guys? What else do you need? A screened tee that says, "I'm being abused?"

Other participants experienced feelings of invisibility related to their plans of care. Many of the participants experienced being ignored by the system, particularly in what they wanted once they were in care. Often these stories involved their caseworkers, and the perceived lack of listening by them. Taz expressed his perception of being invisible during his caseworker's visits:

And then, you know, you'd see your caseworker, who would come visit you once a month. And my biggest issue there was he came basically and said, "how are you doing?" I'd say okay or something like that. And basically, it'd be that ... That's pretty much the only question I would get personally. And then the rest was my caseworker talking to the foster parent about what was going on, and then leave."

Fallon's stories also articulated feelings of invisibility and her desire not to be so, when she summed up her foster care experience:

Yeah, you know I was just another foster kid, another trash bag, another move, another foster home, another chore list, another routine. It's just another day, you know. But I am not just another foster kid, you know, I am different. Every situation is different. Every home that you grew up in, everything that you were taught, everyone is different, every parent is different.

In describing a photo of a little girl's face not visible to others, Daughter of God provided an example of intentional invisibility:



That's how it was, like I put on a mask, I would say. Yeah, I would try to do that sometimes. I would kind of be incognito even though I was right in from of people. It worked sometimes and sometimes it wouldn't. If I didn't want people to know I was in foster care."

Later, when discussing which photo best showed her foster care experience, she again mentioned isolating herself from others in describing a photo of a tree with many tangled branches:



“[The tangled branches] let you be without wanting people to see you.”

In contrast, Taz discussed how he finally did feel he was not invisible. At age fourteen he was assigned a court appointed guardian ad litem, or child advocate, whom he said finally listened to him:

I got her around fourteen... Because before she was there, when we [he and his caseworker] would go to meetings for what's going to happen in my case plan and everything, I would say things and just no one would listen. But I'd tell her [guardian ad litem] things before we got to the meeting and she would actually say what I said I wanted and try to get it. Yeah, and that's what I wanted because they never listened to me before that.

Powerlessness. Participants experienced powerlessness in many ways. Fundamentally, foster children have little power in their plans of care because they are children, and because they are under the auspices of Children's Services. Most of the participants described wishing to stay with their biological families even in potentially dangerous or neglectful homes, at least at the time of the initial foster care placement. However, as minors, many decisions such as foster care placement to be safe, are left to those responsible for the child. Powerlessness emerged in many stories, particularly with decisions in choosing their placements, subsequent moves and everyday life. In adolescence, some power in decision making can be given to the foster child; Dakota

commented about having the power to decide to have family visits, “Then with me being my age, I got to say if I didn’t want to or if I wanted to visit with them.”

Jane’s discussion of feeling powerless concentrated on her many moves. She described her disappointment in her inability to choose to stay with a foster family after going to Florida to testify against her first “adoptive” mother. Told over the phone that she would not be returning to her current foster home with no choice to stay, she remembered trying to bargain with the foster mother:

They called us and we were like, “We’re so excited to come home, and blah blah, blah.” And they’re just like, “Well, you’re actually not going to be coming home with us. You’re not coming back here.” I was like, “What? Is it because I read *Harry Potter*? I’ll stop reading *Harry Potter*. They were like, “No, we just feel like the Lord has different plans for you, and he doesn’t want you with us.” I mean praise Jesus Christ Almighty that we didn’t end up with them. But as a 10 year old, I was just like, “Wait, what? It’s *Harry Potter*, isn’t it? I’ll stop. I’ll stop; I promise, I’ll be better so we can stay.”

Jane also remembered the impact of having power, by being allowed to choose to move into her final foster home, the only time she was could remember being given the power to decide her placement:

Because that [given no choice] was something that had happened in every other foster home. [In all the other homes], it’s like, “we’re your new mom and dad.” [But] they were just like, “I’m Patricia and this is Ted. We want to get to know you.” And then I was like, “So are you our new mom and dad?” I asked that question. And then they’re like, “Well, if you want us to be.”

Fallon’s discussion of her photo of a stop sign involved the lack of decision-making power while in foster care:



They're always constantly telling you what you can and can't do... dictating every single move you make. If you want to go somewhere, you need permission. Just so, always telling me which direction I turn, I should be doing this, I should be doing that. It's like, okay, you're telling me what classes I should be taking in high school. But that's my decision. Every move I made, they just were dictating every single choice of my life. Every move I made was because of them. They made that decision for me. I didn't have the independence and the rights to make my own decisions. We were treated like dogs. You know? You had to listen or else you'd get in trouble.

Rejection. Most participants described experiencing feelings of rejection during their foster care experience. Some felt rejection as their biological parents failed to complete the needed requirements for reunification. Many felt rejection as they moved between foster homes and away from foster parents. Others also described a long standing fear of rejection that impacted their lives in different ways.

Feelings of rejection by biological parents were experienced by several of the participants. Goldie referred back to the stock photos of a family she found on the internet. After

explaining that she used this photo because she had no photos of her own family, she commented on her mother's rejection and the likely rejection by others:

I don't, like I just, I've been through too much for me to think that you're [her mother and father] about to come into my life and just magically become Mommy and Daddy and everything is going to be okay. Like I've been seeing that since I was 2-3 years old and I have yet to have it. And I just feel like if my mother and father could not be parents to their child, then why is anyone else on this earth going to be parents to me?

Goldie later connected her mother's rejection to her sister's teen pregnancy:

Like, for example, my sister. You're sixteen years old and you're about to have a baby. You don't know nothing about having no baby. You just know that because you feel lost and confused, and you want somebody to love you, that this child is going to love you when you can't even take care of this child.

Goldie described her mother's continuing rejection as she grew into adulthood:

There will be times where like we'll go three years without talking, and then she'll call me and I'll cuss her out and be like, "Mom, you're irresponsible. Like how do you go this long without, you know, talking to your children. But it's something that I've gotten used to... I mean do I feel some type of way? I do because I'm at the age where we should have a really good relationship and you're like a friend to me instead of a mom but we don't have that.

Daughter of God also experienced rejection by a family member. After her release from a court-ordered stay in a shelter home, she was to return to an aunt's home. However, she remembered the rejection by that aunt, "And my auntie was happy to know that I was out, but she was like, 'Wait a minute. You're sending her back to me?' She's like 'Oh no, no, no, no, no, I can't take her, that girl terrifies me.'"

Some participants associated not being adopted with rejection. Nikita discussed feeling rejected by her foster parents after she and her brothers remained in their foster home for five years but were not adopted by them. She commented, "Yeah, so and they never adopted us, so that was really another part that I hated about foster care is like we never really got accepted or had closure." Fallon described being considered for adoption, but was later rejected for that

adoption after a failed reunification attempt, “Like we should have never went back [to biological parents’ house], and we should have never left that home because she was going to adopt us, and it ruined everything that was going to happen.”

Participants also described feeling rejection when parents were unable or unwilling to meet requirements for reunification. Fallon described being rejected by her biological father when they were in the process of meeting reunification requirements and he abruptly ended the process. Dakota’s description of the impact of her parents not addressing their repeated and continued drug use tell of rejection by not doing what is needed for reunification with her brother:

They won’t do it [requirements for reunification]. My mom just told them a bunch of lies. If they get him, they’re just going to start all over again and lose him again. I don’t want my parents to have my brother. I really don’t. There’s no point. I’d rather see him with anybody but my parents.

The fear and anticipation of rejection were common in stories. Several participants voiced expecting rejection and its impact on their every day lives. Jane commented, “Eventually, everything felt like if I made a mistake, we would no longer be accepted in that family, and be moved on to the next one.” Several of the participants recognized that their sometimes poor behavior was an attempt at causing, at their own pace, what they thought to be the inevitable rejection. Taz succinctly voiced this when he discussed his many moves in foster care:

I’d gotten to the point where I didn’t feel wanted. And also, since I’d already been moved around that many homes, by then I just kind of figured I’m not going to be here long anyways so there’s no point in trying to get comfortable. So I would act up and do things. I just didn’t really – I am probably going to leave anyway. You know? I didn’t feel wanted or anything.

In several of her stories, Jane discussed both her and brother’s behavior was a way of testing for rejection. Even with her adoptive parents, her expectation of rejection led her to repeatedly test them, “They thought all they needed to do was just love us. But I would just push

and push and push. But I tried not to. Once they [had said], ‘We’re not going to leave you, you’re here with us; you’re stuck with us. We’ve got you,’ for me, it turned into, “All right, challenge accepted.”” Jane also mentioned her brother’s fear of rejection that occurred in foster care and remained even as an adult, “I knew as soon as a confrontation would happen, he would be gone. Because that’s how Andrew is. He can’t handle confrontation, because he doesn’t want to be rejected. So he rejects before he is rejected.”

Foster vs. biological children. Almost all of the participants reported that they had lived in foster homes with the biological children of the foster parents. Stories about having biological children in the foster home generally focused on differences in care given to foster children compared to biological children. Fallon commented:

There’s a lot of stuff. I don’t know. The amount of bull crap that I went through just with the foster parents. The way they treated us versus biological children. If we were in a household where they had biological children and foster children, there would always definitely be a level difference. There was a really huge separation. It definitely made me feel like an outcast.”

Other participants also delineated experiences that evidenced differences between foster and biological children. Many of these experiences involved activities, such as shopping, chores and even eating. Several participants discussed shopping at used clothing stores as a difference compared to biological children. Jane commented:

But it was still like there was always a reminder that I wasn’t actually theirs [the foster parents], especially if there were other children. Like one home, they took us shopping and we went to the Salvation Army... And then, their [foster parents’] actual daughter got to go to the department stores. When I asked her about that, like why she got new clothes and we had to get older ones, they were like, “Well, she’s our daughter.”

Nikita commented on similar differences when shopping for clothes, but also found differences in chore distribution and differences in food. When discussing her photo of cleaning supplies, she commented on chores assignments:



Uh, it's a photo of cleaning supplies because we always had to clean a lot in foster care. We always had a list of chores to do. We always had to like clean the whole house or apartment, and it was really annoying. Mostly just the foster kids would clean, no one else really helped around. It wasn't fair because no one else had to clean up. It was just us.

In discussing her photo of Ramen Noodles, Nikita said:

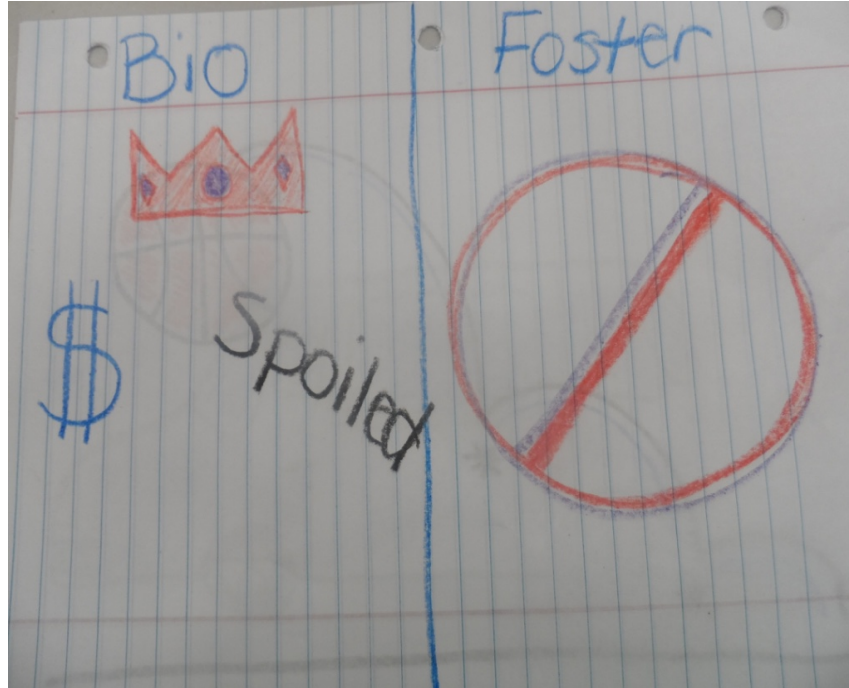


Uh, it's ramen noodle soup and we always had to eat it a lot. We only had like hot dogs and ramen noodles, basically, [that] was our diet because she didn't buy anything else for us. [Other people] got to eat whatever they wanted.

Several participants also told stories of biological children being more supported in times of conflict, compared with the foster children. Daughter of God told several stories of a biological child being believed over her, when there were questions involving her behavior:

As I went to do one of the things, I accidentally hit her nephew. Or so he said. This is what I did, a light tap...He ended up going telling the woman, and I told her what happened, and she believed him. She sent his big sister in. And the girl hit me so hard in my stomach.”

Participants discussed differences between foster and biological children in the spending of money. Fallon addressed this when discussing the photo of her hand-drawn picture:



Like, foster kids were rejected, and the biological children are spoiled and, like, all the money was handed to them to go wherever, and they were treated like royalty.

Goldie talked specifically about the difference in what the foster parents were willing to spend on senior prom activities. Although Goldie’s family at the time of prom did not have biological children of the same age, her perception was that had she been a biological child, the money for prom would have been more forthcoming:

My foster mom who I was with for three years, she told me that I had to pay for prom. She said she’d buy my dress and she’d get the car and I had to pay for my hair, my nails, my shoes, uh, my make up and like whatever else I wanted to do. I don’t even know what’s going on in my foster mom’s head. They should have just paid for everything with prom, like that’s what a real mom would do for their children. They don’t make their kids pay for stuff for prom.

Dawn also commented that the treatment between biological and foster children was very different in most of her foster homes. She further tried to understand and explain the inequity, “The one family had their own kids, and I feel like they treated them different than they treated me, which I want to say is normal. I can understand it to a point. But it was hard.” Contrary to most homes, although Anna’s biological daughter was in the home with Dawn, Dawn was clear that she and the daughter were treated equally in Anna’s home, “I don’t know, like she had her own daughter, and she didn’t treat me any different from her. But then she died.” She elaborated, “She let me do sports and paid for it out of her own pocket, just like her daughter, which from other families that I was with, they didn’t do that.”

Missed Childhood. Another experience of being different was seen in participant stories discussing aspects of growth and development. Many participants’ stories shared missed opportunities for growth because they were in care. Fallon was very specific with this idea, “It [foster care] is extremely strict for children, and it basically just rips away their childhood.” Nikita began her first interview referring to a missed childhood, “Like we never got to experience, like, child life or whatever you want to say. I missed out of a lot of opportunities as a child. Like other kids who weren’t in foster care, I felt like I was less than they were since I didn’t get to do certain things.”

Jane’s regret of being in care, with its limits on childhood activities, is evident in one of her first statements about the birdcage symbolizing foster care, “But there’s still the potential for more, if only I had been taken out of that cage, out of that environment that isn’t conducive to my growth.” Jane continued this when specifically discussing her birdcage photo:

Well, on top of the birdcage there’s a bird, a metal bird on it. It looks like a little baby bird. That could be, that is symbolic of feeling like I lost that frivolity that children have, and that innocence and youth. Because I was stuck in the cage. And I didn’t get a chance to play, I didn’t get a chance to be a kid.

Some stories addressed specific developmental issues while in care. Jane was specific about how the testing of limits, a usual developmental occurrence, disrupted placements:

There is no safety room. So if I was too much of anything, I would be rejected in that home and placed in another home. The thought of being too much of anything, too hyper, too temperamental, too anything, then its like, “oh, she’s too much. They’re too much, they’ve got to go. Got to go. So it was like having to be very serious and calm. And when I did have those outbursts that I didn’t understand because I was a kid, they didn’t understand them either. Then it was just like, “this is too much for us. They need to go somewhere else.”

Other developmental tasks of childhood were also presented in stories. The development of trust, one of the fundamental tasks of childhood, was mentioned as lacking by several participants. In many of the stories, even the ability to trust what was next going to happen was absent as they were moved without notice, with little understanding of what was coming, and with uncertainty of how to interpret the next foster home. In several of his stories, Taz, who lived in over 40 foster homes from the time he was two, mentioned that he had very little trust as a foster child, and continued to have trust issues as an adult. He related this lack of trust to being moved often, and told many things in foster care that were not true, “I had a big, big trust issue problem. I still do to his day to be honest with you. I don’t really trust many people. My foster care experience has built up a lot of walls.”

Until Jane met her final foster parents, she was not even able to trust adults to care for her safety. She discussed abuse by her first “adoptive” mother, which was ignored or not seen by the adults in her life, such as her teachers and other school personnel. She felt she should have been able to trust these adults to care for her safety. She also found she was not able to trust her older (adoptive) brother and the foster parents with whom they all lived, as he and his friends sexually assaulted her while in their care.

Some participants' stories told of their perception that they missed completing the unofficial rite of passage of driving that often come with adolescence. Several participant stories focused on the missed opportunity to learn to drive, which they believed was a normal and necessary task of adolescence; none of the participants obtained their driver's license while in foster care. Nikita's discussion of her photo of a bus made clear her feelings of missing this life skill opportunity:



I never learned how to drive, and I just thought it was something that everyone should be able to learn how to do and I just thought it was unfair that, because I was in foster care that we couldn't like really learn how to drive."

With her photo of her car, Dawn discussed this missed opportunity:



And I took a photo of my crappy car, because when I was in foster care, I wasn't allowed to like get my license."

When Goldie discussed a photo of her car, she compared the missed opportunity to obtain her driver's license with the experiences of her non-fostered friends:



I never take my car for granted, literally, because when it was time for me to start driving, when all my friends were driving, I was still catching the bus."

The adolescent developmental task of transferring allegiances to peers was difficult to achieve in foster care. Most of the participants discussed the prohibition of visiting with friends while in care. They recognized that most non-fostered adolescents spent a great deal of time with

their friends, but they were not allowed to do so when living in a foster home. Daughter of God, in discussing her photo of a group of people,



I couldn't really go hang with friends. Like if I wanted to go hang out with friends, I ever wanted to hang out with friends I would have to get them background checked, their family background checked. Then it would have to go through my caseworker or supervisor.

Goldie's experience was similar, but she understood that these conditions were for the safety of the foster child. She described an internet photo of a girl standing away from a group of people:



And then, a lot of times, you can't go to where they're [friends] are going. If they're going to a party or something, you can't go because it's, you have to have a county worker or someone to sound off and say, you know, "This house is acceptable for a foster child to be in, like we've got to make sure that there's not, you know, someone to hurt you."

Goldie also told a story about being frustrated with the limits put on her interactions with friends, which led her to request a placement move:

“You [foster parent] weren’t allowing me to experience being a teenager and it didn’t have anything to do with the guys. It was more like me wanting to be with my girlfriends. Like they couldn’t come over. I couldn’t go there. I remember after prom she wanted me to come home. Like I couldn’t even, um, be with my girlfriends after prom. Like who goes home after prom?”

Fallon explained sneaking out of her foster home to see her friends:

You know that little bit of freedom that I was tasting was normal. When you’re not even allowed to go stay the night at a friend’s house or go to grad parties... I wasn’t allowed to do anything like that...then I made my own way out.

Dawn experienced a change in her relationships with friends when she went into foster care, as her phone was taken from her. Like many adolescents, she used her phone to keep in contact with her friends; those relationships changed when she no longer had her phone.

Dakota, who was sixteen when placed and only had one foster home, was the only participant who said she was able to visit and have visits from friends while in foster care. She commented that after her seventeenth birthday, she was even allowed to spend the night with a friend. She also commented that she was allowed to keep her phone because she was almost seventeen, “They usually take your phone from you but I was already 16 going on 17 so they actually let me keep my phone. But I was not allowed to contact any family, which I didn’t. I obeyed that, because I didn’t want my phone taken away.”

I am Responsible

Most of the participants experienced feeling responsible for their siblings while in foster care. Their stories depicted caring for their siblings when foster parents did not, and taking responsibility at other times simply because they were the older sibling. The burden of responsibility for keeping brothers and sisters safe was evident in the stories. Daughter of God

recalled a time when she decided she wanted to leave the foster home where she and her siblings were placed together, and the conflicting feelings she experienced:

I told my caseworker that I wanted to leave. I just kept saying I want to leave. I want to leave. I still remember to this day my siblings begging me, "Don't leave us here." And I was so full of me thinking, "I've got to get out of here," I didn't think to tell her, "I want them with me together, we want to be out." And they took me and I left them there. To know that my siblings went through a lot and I couldn't be there. It sucks; it really sucks. I really wanted to be with them, I should have been with them because I wanted to protect them, I'm their sister and all.

Both Dakota and Fallon took responsibility to keep themselves and their siblings safe by reporting their parents for drug use during reunification attempts. Both reports resulted in the termination of the reunification attempt. Dakota, who had aged out by the time of her brother's reunification attempt, commented:

I hadn't been keeping tabs because it was a really bad situation. They got out and they got my brother back, actually, my mom did. I know my mom was still using, so I went to the caseworker. She was saying the case was going to close in seven days and she really didn't want it to close, that she wasn't certain if they were actually staying off the drugs. And I told her, I was like, "Drug test them." And she goes, "Do you know for sure?" I was like, "Just drug test them." Because I knew.

Although Fallon was the younger sibling, she reported the home situation to a school counselor, "And so I was really tired of it [the poor conditions at home]. I said, 'My mom is doing drugs and my mom is neglecting us and we have no food. You can go there right now and see.' And my sister tried to end my life." Both Fallon and her sister Jessica recalled their physical altercation fueled by Jessica's anger at Fallon for reporting their parents. Fallon continued, "She literally tried to kill me in the back of the police car when they picked us up." Jessica recalled,

Fallon was in the cop car, and she was like, "Hi, sis." I was like, "Oh get me out of this car." I said "I don't give a shit. Get me out of this car before I kill her. It was really that serious, I was getting ready to beat Fallon's ass, because she

called. I got into the police car. I was being so bad.

Jessica also recalled almost immediate regret for her actions as the older sister:

I'm like, "Maybe I shouldn't have been that mean to her. I probably hurt her baby feelings. She's probably feeling the same way. She probably needs me right now." I was going to go say I'm sorry to her. They already called us in two separate foster homes because I threatened to, you know, kill her. Which they take seriously but I didn't mean it seriously, literally. I was an angry child.

Daughter of God recalled at age eight, feeling responsible for both her sister and brother in foster care:

He [her brother] did not get to come out of the corner until bedtime. So he had not eaten for that entire time; no snacks, no juice, no water, no nothing. He could leave to have a potty break but that was about it. So after I had finished taking a bath with my little sister and cleaning up the tub because she pooped in the tub... And after I got her cleaned up and put in bed, then they said I could take him out [of the corner]. And I was like, "Okay, where are the leftovers so I can go heat him up a plate?" And they're like, "No, he gets a bologna sandwich." I'm like, "that's not right." I was so tired. I wanted to go to sleep, but he was like, "will you come to the kitchen with me?" So I sat with him.

Some of the participants also told stories of life in the biological home to explain the responsibility they felt in foster care. Jessica commented:

You guys [biological parents] didn't raise me. That was a little bit of childhood which was bad anyways; drugs and whatever else I dealt with. I literally knew how to clean a house and cook meatloaf and spaghetti at seven years old. I was doing all that by myself. I was taking care of Fallon and my nephew who was seven months old. While they were out smoking crack, I was sitting there making bottles, changing diapers, feeding Fallon, cleaning the house. At seven years old... It was always just me and Fallon [in foster care]. I was taking care of my sister."

The burden of the responsibility for siblings was evident in Jane's and Goldie's stories.

Jane felt some foster home placements without her brothers provided relief from her responsibility for her brothers. To explain this, she described her hyper-vigilance in her abusive "adoptive" home to keep herself and her brothers safe:

I would stay up late. Always. Because that's when our first adoptive mom would go into her fits. And she would pull us out of bed in the middle of the night. It'd be

trying to find places to hide, not get startled awake. Or I would read at night just to keep myself up so I wouldn't fall asleep and we'd be in danger.

Her later story then provided evidence of the burden:

Well, both my brothers were not with me at that time. So it was actually kind of relieving, because I didn't have to take care of anyone but myself. Because I'm very much a protector. When I was a kid, my brother was always the wimpier, scrawnier one. He got picked on more. I by no means was large either. But I was just stronger, and louder. So that immediately deters bullies. That's a time when I felt a lot of developing a sense of self because I didn't have anyone to take care of but myself.

Several of Goldie's stories illustrated her feelings of responsibility for her siblings, simply because she was older:

For me, it was to take care of my siblings. To this day, I cry because its just like I'm supposed to be their older sibling, like I'm supposed to take care of them and I couldn't do it...Like you're constantly reminded that you're the older sister. Like I made sure me and my brother and my sister had clothes. I made sure that our clothes where in fair condition. Me and my sister went to the same middle school, and my brother went to a different elementary school, and it was like maybe two miles away. I was like 11 or 12 when we had to walk by ourselves, to go get my brother from school, and then walk all the way back to the Boys Club. Like when you have to take a role so big like that, walking across the street, walking with groups of people, walking with people from the high school, walking with drug dealers in an urban city as where we was [sic], its scary but you can't show fear because they'll know you're scared and then they'll pick with you. So I had to make sure I was strong. And he was so young.

Later, she returned to her responsibility for her brother:

Granted, when I turned sixteen and I started working and everything. I would buy him shoes because his were so cheap, because his feet were so small, and his foster mother wasn't doing it. So I could go and I could buy him shoes so he's not picked on when he's in school.

Like Jane, Goldie also experienced relief when she moved to a home separate from her younger siblings. This relief was tempered with feelings of guilt when they were not cared for properly:

And like when I was removed from, when we were all together at one point in time, when I was removed from them, I was like, I was really happy because I was by myself, and I felt like my sister had my brother, and my brother had my

sister. But when all that stuff happening with them in their foster home, I started taking the blame, because I felt like if I was there and I was present when the situation was trying to occur, it wouldn't have, because I could have stopped it. So I take everything that's happened to my siblings in their life, and I take the blame for it, because I should have been there to protect them. I should have been there to protect them, making sure that everything was okay with them and I wasn't, so.

Taking responsibility for brothers and sisters, both before and during foster care, was a common theme in the experiences of these participants. Any relief from this responsibility was complicated by feelings of guilt.

Gaining Perspective

Most of the participants shared stories that showed gaining perspective of the foster care experience. All but one of the participants voiced a positive evaluation of the foster care experience as a whole. Sam, placed at 17 and only recently aged out at the time of the interview, was the only participant who considered foster care without positive value. Several subthemes of gaining perspective emerged from stories. Some stories told of the value of removing the participant and siblings from unsafe situations (Safe and Secure). Other stories identified a perspective about the origin and influence of their behavior while in care (My Behavior). Still other stories illustrated how and what they learned while in care (What I Learned). The final subtheme encompassed an understanding of experiences from foster care as influencing their present and future selves. (The Adult I Am, or Will Be).

Safe and secure. Many participants' stories presented foster care as having kept them safe. Daughter of God's first comment about foster care illustrated the purpose of foster care, to keep children safe, "I was thrilled to be away from my abusive mother." She later told stories which concluded with, "Not everything was bad" and "They [foster parents] did what was best for me." Daughter of God further identified foster care as a combination of a positive and

negative experiences. She described a photo of a tree taken from the ground up, with many branches seen in front of a sunny, blue sky, as foster care:



Like, you see how it's a big, like you know, it seems pretty. Although it looks like it was tangled and messy? That was kind of my life. Like I had good days, I had a lot of good times. Sometimes I had some tangled up days, and some dark days with the shadows. It was a mixture of my feelings when I was there. I had sunny days and I had dark days.

Dakota's photo of a train wreck brought stories about her chaotic biological home with drug use, mental illness, and neglect. She continued that although initially afraid of foster care because of stories she had heard, she quickly found, "I was in a good foster home" but added, "I mean, don't get me wrong. There were times when I didn't want to be there and I didn't like it. In everything though, they were good foster parents."

Other participants commented on the improved care found in foster care, compared to the biological home. Nikita simply stated:

I could see why, like visiting my parents and stuff, like I could tell they were in no way, shape or form, even at this point in the lives, still ...they're still not able to raise any kids, or anyone, or even take care of themselves. So it was the best that I go into the foster care system.

Taz was very concise, “I mean it [foster care] both helped me and hurt me, I think. It helped me more.” Jane discussed the abuse that occurred in her first home, in her many stories. Her stories of her final foster home included being kept safe; an example was her story of her foster/adoptive mother preventing a second molestation by her older, adoptive brother while he was visiting that home.

Fallon also commented that biological family issues such as drug use, neglect and abuse made foster care with regular food and safe care a better place for her and her sister. Jessica, Fallon’s sister, had more conflicting feelings about foster care; although she very much wanted to be home with her mother, when she was in care she acknowledged, “Oh, I get to eat in foster care, though.” She also reported her mother, “wasn’t doing the right thing really,” and remembered feeling, “We just want sh** to be right because we know this ain’t right. We only got to be sent home because they [the caseworker] filed [for continued custody] too late.” Her conflicting feelings were also shown when she continued, “When I could have Chinese restaurant [in foster care] over just some bread and butter [at home], I mean come on, what kid wouldn’t want that?”

Taz also described a gained perspective in his story about a potential adoption. At age 8, his foster family wanted to adopt him:

And the foster mom, she said – they kind of just got straight to it. And said, “what would you think about being adopted?” And I’m like, “Well, why are you asking that?” And then she said, “We want to adopt you.” When she said adopt, I don’t think she had gotten the full word “adopt” out. And I don’t know. I said no, basically, before she even said “adopt you.” She hadn’t even got adopt out of her mouth. And I said no. I screamed no and ran out the door. And literally just ran and didn’t come back until late at night. I don’t really talk about that much. But the reason I did that was because I wasn’t used to be wanted. It scared me. So I didn’t know how to react to that.

Taz ended this story by commenting that ultimately, he felt a part of this family and being adopted by them would have been positive, and “I regret that decision [to not be adopted] to be

honest with you.”

My behavior. Many participants voiced a gained understanding of how their behavior impacted moves between foster homes. Some participants commented that the poor behavior was a conscious decision to compel a move to another home. Others mentioned that they understood now how poor behavior led to a move but it was not known at the time.

Goldie shared that anytime she was moved from a foster home, it was her decision to move. Once she decided she wanted to move, she initially would simply ask to be moved. If the request was denied, she remembered consciously changing her behavior to cause the change. To illustrate, she told of wanting to move out of a foster home located outside of the city. Her request was denied, and she remembered her plan to “start misbehaving and start doing everything that you can do to get [moved] back into the city.” Her plan was successful, and she was moved. She further commented on the regret she felt for causing that particular move, “You start thinking, ‘I could have made it work.’ Or, ‘Why couldn’t I have gotten along with that girl?’”

Fallon also realized that her behavior caused placement changes while in care. She recalled a time when she was angry with not being allowed to visit a boyfriend, “So I would sneak out every night to go see him. They found out and I had to leave. I wigged out and flipped out so I had to be moved for bad behavior.” Dawn also acknowledged her bad behavior as a reason for moves between foster homes after her foster mother died. She also attributed the behavior to anger, “I feel like it was partly my fault because I was angry that I had to leave her (Anna).”

Taz had a different insight in his poor behavior causing moves. He stated he never felt wanted, “So I would act up and do things. I just didn’t really believe... I’m probably going to

leave anyway. You know? I didn't feel wanted or anything. So that was a big reason behind all of the getting in trouble." Taz later concedes, "To me, pretty much, most of the moves, they were on me. They were my fault. I don't blame the foster parents." Taz returned to his bad behavior when he discussed the potential adoption by a foster family, "They tried to bring it up again but after that I just lost it. I just started acting up way worse. Yeah it got worse. Because it just scared me. In my mind I was not supposed to be wanted. My behavior was worse then."

What I learned. Most of the participants had stories about things learned in foster care that they would not have learned in their biological home. Both Dakota and Daughter of God told stories about learning to cook and how their taste in food developed while in care. Dakota spoke positively about her foster home with the learning that occurred. When asked to elaborate why this foster home was a good one, she explained:

We got up early, we did household chores during the weekends to keep us busy, keep us active. We weren't allowed to be lazy, sleep in as much. We got meals every day. They actually taught us, a lot of us kids how to cook. We learned a lot. Like learned a lot about taking care of ourselves and the house, and to keep stuff maintained."

She then continued about learning to cook, "My foster dad actually got me into cooking. Now I know how to make chili and tacos and hamburgers and spaghetti." She then told a long story about learning how to prepare to pasta and vegetables, "He was like a stay at home mom."

Daughter of God, who was asked by a foster parent what she wanted to learn while in her home, responded, "I want to learn to cook." The foster mother then spent time with her, teaching her to cook. She continued that with this foster mother, she was successful in making her aunt's recipe, "We made it and they [foster family] loved it. 'They're like, its so good.' I just felt so great doing that." She also compared her experience of eating in the foster home to eating at her biological mother's home:

One of the biggest things because of me being in foster care, I have a different taste in food now. My mom always jokes that it's because I was in that white population. I really don't care; I've always been wanting to try stuff. Now I prefer, like, pan roasted chicken with white wine sauce and asparagus, over fried chicken.

Daughter of God concluded about learning in foster homes, "Some of them were good. Some of them I didn't really need to be in. Some of them were great. Each one taught me a lot."

Fallon also commented about how much she learned in one foster home, and how it was applicable to her life once she aged out, "You know she taught us a lot of things like daily routines, how to do dishes, how to wash your own clothes, things like that, how to cook." She also discussed a life lesson about boyfriends that she learned from her foster mom, "She told me, 'You think you love them but you don't', and blah, and blah. I was like, 'You guys don't know what you're talking about, you don't know what I am going through.' Now I'm like, they knew exactly what I was going through, and they were right."

In contrast, Sam was angry about what he did not learn while in foster care. In addition to driving, "My experience is that I could not learn how to drive," he also commented about cooking and budgeting:

I'm out here still don't know how to cook. I'm still out here learning how to speak properly. Everything they say they teach you in foster care, they don't teach you. I'm out here at my own mother's house and she's cooking every night because I don't know how to cook. Yeah you teach use to budget, and yeah I do my budgeting, and I have my overdrafts... but I taught myself.

Several of the participants commented that they had jobs, which they likely would not have had if they had stayed in the biological parent's home. Dakota explained;

I have a job coach and I go see her. She helped me get my job and they actually do that for foster kids while they're in foster care. They help you get jobs. They help you learn and all this other stuff. It was outstanding.

Dawn stated she had a job at McDonalds, "It was just like a job to help me get on my feet so when it was time to actually be on my own, I could kind of support myself." She also

commented that not only did she have a job, but her younger brother had a job and became a different person because he was in foster care: “He’s had a job since he turned fifteen and a half and was able to get a job, and he plays sports and does very well in them, and he’s very disciplined and he wouldn’t be that kid if we didn’t get taken away [and placed in foster care].”

Goldie included a photo of a Wendy’s sign and explained:



I had to take a [photo] of one of these, because this was my very first job when I turned sixteen. I was there for three years. She [foster mother] was just like, “You need to go out and get a job.”

She compared that to her biological brother who did not have a job while in foster care and was attempting to get his first job at age eighteen:

The thing is, he got, he went to an interview and from what he told me, they said they would call him to put him on the schedule. He has not gotten a call from them. He hasn’t called them back. and that shows me like he just doesn’t want to work, and he just wants to be lazy and not do anything.”

She concluded this story that she had learned to have money in foster care, when she went to work, “When I was 18, I had more than 20 bucks. I had about a hundred and something. But I knew I worked to get it.”

The adult I am or will be. Many of the participants identified how their adult lives were directly impacted by their experience in foster care. Generally, these stories discussed the difficulty of foster care but concluded with the participant's perspective that it had made them stronger people. The most striking illustrations of being made a stronger adult by foster care were the stories of how participants were or would be better parents because they had experienced a difficult biological family life, followed by at least one positive foster care experience.

Fallon and Jessica, each with a two-year-old child and pregnant, described wanting to do better for their children than their mother did for them. Fallon, whose photo of her son brought her to tears, commented, "He just changed my whole life, and my whole perspective on it. I never thought I would have the opportunity to make someone's life worth being, you know, lived, to make someone's life better than mine." Jessica, who throughout her stories shared conflicting feelings about her mother, also said she wanted to provide a better life for her children. When talking about being a mother, she recalled her mother's recent comment, "I've got to do better for my kids", and commented, "Like that's what you [her mother] should have been doing in the first place, not screwing up and getting rid of us." As for herself, she concluded, "And now, after all of it [foster care], it has made me look like I got to be a better self for my kids. But as soon as I had my kid, I'm like, "I got to be a better parent." Additionally, Dawn, also with a two-year-old son, commented, "I don't want to live and be like my parents did. I have somebody that [sic] depends on me and some body that [sic] cares. I know he cares, and he needs me. It just makes things better now that I can like, be there for him and help him."

Interestingly, other participants who do not have children, also commented on being a better parent in the future because of foster care. When asked if there were things learned in

foster care that she would not have learned if not in care, Daughter of God was very specific in answering “parenting mechanisms” and described how one foster parent never yelled at her. Instead, he reasoned with her, something she had not experienced in her biological home, but would take forward for her own children.

Goldie, who had taken in her eighteen-year-old brother and was supporting him, commented that she felt like she was also raising him while still being his sister. In discussing a picture of a family that she found on the internet, she voiced her view of parenting him and in general, “Let’s be a team, let’s do what our mom wasn’t capable of doing. Let’s be better than her, let’s be better than our fathers, let’s be better than the whole, everyone in our family.” Later, she returned to the idea of being a better parent than her mother in providing her own children a family, something her mother was not able to do, “I can give that [a family] to my children, and I just think I’m going to be such an awesome mom once I do decide to have children, because I’m never going down the same path my mom went down.” She further commented about her future family, “Yeah, my kids, I am going to love and adore them... Yes, and I’m going to be a great provider. Like they’re going to have their mom and dad, and if Mommy and Daddy didn’t work out, best believe he’s still going to be in the picture.”

Most participants stated they are more successful because of foster care. Stories about how foster care shaped them included becoming more adaptable, resourceful, and focused on their goals. Fallon and Jane both considered themselves more adaptable because of the moves they experienced while in foster care. On the other hand, Dakota, who had only one foster home, suggested that because she was supported in doing school work while in foster care, something her biological parents did not do, she was closer to her own goals:

I actually kind of feel grateful that I went into foster care. Because I don’t think I would have actually started to get good grades, and actually be able to do what

I've always dreamt of. It's to own my own business. I don't think I would have made it this far without it. I think that was the extra push I needed.

When responding to the very first question of the first interview, "Tell me what foster care was like for you, Nikita negatively described foster care:

Foster care was not a great experience, obviously. It led to depression and PTSD, and like just it was –I missed out on a lot of opportunities as a child. Like other kids who weren't in foster care, I felt like I was, I don't know, less than they were...I was disadvantaged, basically.

However, through her stories, Nikita articulated how foster care allowed her to learn to work hard to achieve goals and to become more resourceful. She concluded that, overall, she was in a better place for having been in foster care.

Although Jane's foster care story ended happily with her adoption into a loving, caring, and appropriate home, Jane discussed not easily feeling like she belongs as an adult as a result of her many moves as a foster child:

I refuse to sign a lease; because I'm like, "Well, I might want to go. That's a direct effect from foster care. And not knowing when everything is going to be uprooted. When I want to run, now that I have the choice to. Or if I'm going to stick something out. Well, [as a child] it was hard to identify with a place as being my home. Very difficult. It just didn't – there was no mine.

Jane also discussed how a fear of rejection, developed in foster care, continues in her adult life:

It's hard for me to maintain friendships. But even when I was in college or high school or whatever, friendships were so hard for me to grasp and understand. And then that continuous feeling of rejection was always present and prevalent. I was like, "All right, its going to happen. This is it. No more friends for Jane." I developed a very wide social circle. So if one fails, I've got 30 more to fall back on. Because that's how it was in those homes. One failed, there's the next one and on to the next.

Referring to the question about how foster care impacts her life now, Goldie presented a photo of her purses. In describing the photo, Goldie discussed how her purses were a symbol of how isolated or open she felt, a product of self-protection from difficult feelings in foster care:



My purses mean a lot to me because it brings a sense of self to my character. When I wear a small clutch, I feel like I'm trying to be very quiet and very secretive and its going to be hard for you to try to get into my bubble if I don't know who you are. So me having a little clutch, that's keeping my life private and my life to me.

When asked if she also had purses in foster care, she responded, "No, I just had how I felt."

When asked how foster care has impacted his life now, contrary to other participants, Sam declared that foster care was more detrimental to him than staying out of foster care with his mother. He commented:

Excuse my language, but I'm f**ked up. I'm lost. I don't know what I am. I don't have nothing. You get me an apartment. You say I'm out here. You done stripped me of all my connections. I'm now trying to build all my resentment [sic] back on my mom – I'm lost. I don't know. And I what I mean by building my resentment is I'm trying to forgive her for what she's done. She didn't do nothing. It's a long story but I'm playing catch up because of you. The foster care system. I am playing catch up because of the foster care system. I think its bulls**t. So you're the definition of parenting, I don't know what it is. There's no definition because evidently you can't do it like the original parent. You're not their mom, and you're not their dad. So stop trying to be their mom and their dad and just be a person to a kid.

Sam was then asked if foster care was ever beneficial to a child, to which he curtly answered, "No."

Summary of Major Findings

The sense of belonging impacted, and was impacted by, foster care for these participants. Some participants had a strong sense of belonging to at least one foster home, in spite of conflicting feelings of belonging to their biological homes. Others found belonging to be elusive during foster care, in part due to the multiple moves they experienced. Most of the participants were able to articulate one foster home to which they belonged, but often these placements were disrupted by moves, for a variety of reasons.

Ambiguous losses were also experienced by the foster alumni. Type one losses were most commonly seen while in care, as the participant struggled with the loss of their biological family. Type two losses were generally experienced while in the biological home; as parents struggled with abuse, neglect and drug issues, their physical presence and psychological absence left them unable to provide for their children, often necessitating the move to foster care.

Participants experienced feeling different from their peers, with stories of feeling invisible, powerless, rejected, and treated differently than the biological children in their foster homes. The participants also felt different from their peers because they felt robbed of success with common childhood rites of passage while in foster care.

Taking responsibility for others was experienced by these participants. Starting prior to placement as many of the participants often cared for siblings, and sometimes parents, in their dysfunctional homes, the responsibility to protect their siblings continued in foster care. Their stories also told of how this responsibility also felt like a burden for them at times.

Even just a few years out of care, these alumni were gaining perspective on their behaviors and the circumstances they encountered in foster care. Although they discussed the difficulty of foster care, most were gaining a positive perspective on the value of foster care in

keeping them safe, teaching them what they did not learn in their biological homes, and helping them grow to more be adaptable, stronger, and resourceful adults.

CHAPTER FIVE

DISCUSSION

The imminent threats to a child's physical and mental health from dangerous or dysfunctional family systems result in nearly half of a million children residing in foster homes each year in the United States (Child Welfare, 2012). The physical and social conditions in which foster children live prior to care are, by definition of foster care, inadequate and unsafe. Foster children have increased physical, mental and developmental health problems compared to their non-fostered peers. The nature of foster care, while protecting the child from unsafe environments, has the potential for increasing loss and disrupting the experience of belonging. Many of the losses experienced in foster care are ambiguous losses with little finality, potentially leading to unresolved grief and long term consequences. Belonging has been found to be protective against health problems. Therefore, an exploration of ambiguous loss and belonging experiences within foster care was conducted to better understand the experience.

This narrative qualitative study, using photo elicitation and semi-structured interviews, explored the experience of foster care from the perspective of young adult alumni. After an initial inductive interview inviting participants to describe what foster care was like for them, they were given cameras and asked to take photographs that reminded them of their foster care experience. Although potential prompts were provided, the participants were empowered to determine the subjects of the photos. During in-depth interviews, participants described their photos and their connection to their foster care experience.

Major Conclusions

The findings of this dissertation as elaborated in Chapter 4 provide valuable insights about the experience of foster care from the point of view of young adults who lived in the foster

care system as adolescents. In addition to the themes that evolved and were discussed earlier, the findings are represented here in the form of four major conclusions: 1. A consistent and strong sense of belonging while in foster care may be difficult to achieve; 2. Adolescents in foster care feel different and are different from their peers; 3. Adult responsibilities come early for adolescents in foster care, potentially foreclosing opportunities for an emerging adulthood; and 4. As time separates them from foster care, young adult foster care alumni tend to develop new perspectives on their foster care experience.

1. A consistent and strong sense of belonging while in foster care may be difficult to achieve. A consistent, strong sense of belonging was found to be lacking in the experiences of these foster care alumni. While some participants experienced a meaningful sense of belonging to at least one foster home, others found only moments of belonging during foster care, and some experienced no belonging at all while in foster care. Participants' sense of belonging was deeply related to their perceptions of foster care. When participants felt as though they belonged within a foster home, that foster home experience was identified as positive. That sense of belonging also seemed to positively affect their experiences of other activities and social interactions, such as those in school. Learning about and engaging in family rituals and interactions such as family dinners and doing activities together were the concrete circumstances frequently described as making them feel a part of foster families. Frequent and unexpected moves, characteristic of their foster care stories, disrupted opportunities to feel connected and cut short the time needed to develop a sense that they belonged somewhere.

The ambiguous losses reported by these alumni were also disruptive to the process of gaining a sense of belonging in any foster home. Type I losses, with a psychological presence but physical absence, were most commonly experienced while in foster care; participants described

struggling with the physical loss of their biological family and home while continuing to feel their psychological presence. Type II losses, with physical presence but psychological absence, typified life in their biological families prior to foster care placement. The abuse and neglect in their biological homes, where parents were physically there but psychologically punishing or unavailable, stymied these children's chances to safely learn what it was like to fully belong somewhere. These losses together impacted the foster care experience and the sense of belonging by creating a push and pull conflict between loyalties to the biological and foster families, even when foster families were perceived as positive and more appropriate to fulfill needs.

Additionally, a sense of belonging was disrupted by the inequitable treatment the foster children perceived in comparing themselves to biological children present in the home. These inequities involved money spent, activities allowed, conflict resolution between foster and biological children, and even food provided. Perceived differences in shopping, such as second hand stores for foster children and department stores for biological children, reminded many of these participants that they were not really part of the family, but were "only foster children." Conflict resolution was often perceived to be in the favor of the biological child over the foster child, in spite of evidence in favor of the foster child, weakening feelings of belonging for these participants.

2. Adolescents in foster care feel different and are different from their peers. As adolescents in foster care, participants were very aware of the difference in how they were treated in comparison to foster parents' biological children, as described above. Findings from this dissertation also suggest that these foster care alumni felt different and were different from their non-fostered peers outside the family. The early traumas necessitating removal from their biological families certainly differentiated them from children who lived safely and were

consistently cared for in their biological homes. It was the everyday differences they perceived, however, that troubled these participants as they grew up in foster care. Unlike their non-fostered peers, their living situations changed frequently, often without warning or prior notice, necessitating a move alone to different schools and homes. These sudden and quick moves whisked them to foreign territories under the care of strangers who had unknown expectations of them. This instability in foster care was an unwavering feature of the stories participants told about foster care. Even when they were able to stay in a foster home for a period of time, they felt often different enough from their peers to attempt to hide their foster care status from their peers to avoid stigmatization.

As they grew and developed in foster homes, many rites of passage common to teenagers were not possible for them to achieve. Many participants talked about going through adolescence differently than non-fostered peers, without best friends, expensive smart phones, without drivers' licenses and without permission to engage in extracurricular activities. The transfer of allegiances to peers common in adolescence was hindered with placement changes and inaccessibility to smart phones, currently the common denominator of adolescent interactions. Learning to drive was not allowed during foster care with the participants left to take the bus separate from their friends. Participation in peer group activities was also curtailed with permission and approval needed from caseworkers to spend time with peers outside of school. Attending prom with peers was not an option for them when foster parents did not pay the considerable costs attached to this rite of passage.

3. Adult responsibilities come early for adolescents in foster care, potentially foreclosing opportunities for an emerging adulthood. The theory of emerging adulthood suggests there is a distinct developmental stage that allows prolonged identity exploration and formation (Arnett,

2000), while delaying the responsibility of adulthood. Young adults in this stage have “left the dependency of childhood and adolescence, and not yet entered the enduring responsibilities that are normative in adulthood” (p. 469). However, the findings of this dissertation about young adult alumni of foster care call into question the universality of this proposed stage for all young adults. Instead of having relaxed responsibilities, adolescents in foster care are catapulted into additional responsibilities such as caring for siblings both before and during foster care. Further, foster alumni have little choice but to enter the work force, not as a “preparation for adult work roles,” (p. 474) but for survival purposes. Foster alumni did not have family members offering them financial backing to allow for prolonged exploration of identity; instead they found themselves unprepared for the responsibilities that occurred as they were thrust into adulthood when they aged out of foster care at 18.

Participants’ stories suggest that their childhoods were aborted, not only because of the responsibility they bore for others, but also because of missed opportunities while in care. The structure of foster care restricts childhood activities and diminishes opportunities for long-lasting relationships with caring adults and peers. The circumstances that lead to foster care, as well as foster care itself, generate a perceived loss of what one participant called “the innocence and frivolity” that is childhood.

4. As time separates them from foster care, young adult foster care alumni tend to develop new perspectives on their foster care experience. The current findings highlight an understanding of the value of foster care that developed for many of the participants in the time since they left the system. Most participants articulated the positive impact that foster care had had on their lives, both while in care and after. They spoke of how foster environments enhanced their learning, adaptability and personal strengths by offering care that was absent in

the biological home. The exception to this pattern of gaining perspective on the positive aspects of foster care was found in the stories of the youngest participant. He was the only 18 at the time of the study, having recently aged out of foster care, and had been in the foster care for the shortest period, entering when he was 17 years old. He did not perceive any value in foster care, and placed blame on the foster care system instead of any circumstances in his biological home for what he identified as deficiencies in his life.

Overall, participants spoke of their current lives as young adults with a sense of generativity – they wanted to offer their own children what had not been available to them as children. They described implementing parenting skills they had learned while in foster care and valuing the better home environments they were creating. They were resolved to be better parents than their biological parents had been to them. Two participants were determined to improve the lives of their siblings and were actively engaged in supporting them in the absence of support from biological parents. One participant was attempting to become her brother's legal guardian, while another moved her brother into her home after he turned 18.

Findings Related to Extant Literature

Belonging in Foster Care

Current findings about how difficult it can be for children/adolescents in foster care to feel a sense of belonging resonate with previous research by Biehal (2014), who analyzed qualitative interview data from English foster children and carers (foster parents). These children had been in long-term foster care placements of several years, and even so, a sense of belonging was elusive for them. Identifying four categories of belonging, only the “As If” group, or those who had been in long term care with little or no contact with their birth parents, identified some belonging to their foster family. Belonging for participants in the other groups

was much less clear; some felt belonging with both the biological and the foster family (“Just Like”); others felt conflicted belonging to their foster parents after rejection by the birth parents (“Qualified Belonging”); while belonging was elusive in the final group because of repeated moves between the foster home and biological home (“Provisional Belonging”). Likewise, Christiansen, Havnen, Havik and Anderssen (2013) qualitatively studied adolescents in long term long term Norwegian foster families, and identified that they felt they belonging in their foster homes. This belonging was tempered, however, by continued feelings of belonging to the biological family. Swedish researchers found the instability of frequent moves while in foster care to be associated with decreased belonging (Skoog, Khoo & Nygren, 2015). These 3 studies about belonging in foster care were conducted in the United Kingdom, Norway and Sweden, where there appears to be significant differences in the administration of foster care, with biological families involved in the decision making in care planning. In the current study, long term placements were few, with the majority of placements reported to be of shorter duration with multiple moves between homes throughout the foster care experience. These differences may influence the transferability of these findings to foster care here in the United States.

In the current findings foster care alumni indicated that understanding family values in the foster home and participating in family rituals and activities increased their sense of belonging. Prior research has identified that time spent in family activities, negotiations, and fair treatment within the foster family can increase belonging (Hedin, 2012; Hedin, 2014; Hedin, Hojer, & Brunnberg, 2011). In the current study, long term placements were few, with the majority of placements reported to be of much shorter duration with multiple moves between homes, leaving less time for the activities that strengthened belonging. These shorter placements

impacted the time spent learning and participating in family activities and rituals, and potentially negatively influencing the development of belonging.

The impact on belonging of the push and pull of families found in the current study reflects the findings of research examining loyalty conflicts. Baker, Mehta and Chong (2013) quantitatively examined foster parents' perspectives of their foster children's emotional stress related to loyalty to birth and foster families. These conflicts were seen in foster children as a pull between each biological parent who were not living together, and between biological parents and foster parents. Although examining these conflicts from the point of view of the foster parents, the findings support the conflicting feelings found in the current study.

Current findings that participants felt as though they belonged when they were able to participate in school groups reflects previous research with foster children (Chamberlain, Leve, & Smith, 2006; Healey & Fisher, 2011; Hedin, Hojer & Brunnberg, 2011; Knifsend & Graham, 2011; Jones, 2011). Several participants reported feeling belonging in school, with inclusion in athletic teams and academic groups. Another participant felt belonging through her involvement in a foster care advisory board. Those who reported not participating in any school extracurricular groups also reported not feeling as though they belonged when in school.

Ambiguous Loss

Findings from this dissertation suggest that repeated ambiguous losses may occur when multiple placements in various foster homes characterize a child's foster care experience. These findings resonate with Biehal's (2014) findings that ambiguous losses felt by the foster children impact their sense of belonging, with less belonging experienced with continued psychological presence and physical absence of biological parents. In another study of foster care alumni, Samuels' (2009) identified the prominence of loss during foster care. Although not specifically

connected with Boss' (2004) theory of ambiguous loss, the themes suggested by Samuels correspond to ambiguous loss. Samuels' themes of hoping for return to biological parents while in care, attempting to navigate between biological and foster home allegiances and reconnecting with biological families after foster care all suggest a continued psychological presence of the biological parent even as they are physically absent are reflected in findings of the current study findings. The desire to return to biological parents' homes is strongly represented in the current findings, as well as reports of attempts to maintain allegiances to both biological and foster homes. Many participants reconnected with their biological parents after care, and similar to Samuels' study, the long-anticipated reunion left some participants disappointed, particularly regarding lack of positive change in the home.

In qualitative research with foster children aged 2 to 12, Lee and Whiting's (2007) identified themes of grief, confusion, distress, ambivalence and uncertainty and depression. They also suggested that foster children's moves between biological and foster homes comprised a third type of ambiguous loss rather than a Type I or Type II loss as theorized by Boss. While I found that moves between foster and biological homes was disruptive to a sense of belonging, it was not clear in the current study that they defined a new kind of ambiguous loss beyond Boss' theory.

Difference from Peers

The current findings identify that foster children/adolescents have feelings of being different from their peers. In fact, their experiences are different from their non-fostered peers, including the trauma that necessitated being removed from their biological homes, moves to non-relative homes where nothing is familiar, and events associated with foster care in general. By definition, foster care is initiated when a child is not safe in their home; often these moves are

necessitated by stressful, traumatic events such as maltreatment within the home that can have long term effects (Christian & Schwarz, 2011; Dorsey, et al, 2012; Forkey & Szilagyi, 2014; Joseph, et al., 2014; Min, Minnes, Kim & Singer, 2013; Ungar, 2013).

Participants in the current study felt invisible, powerless, and rejected, and experienced differential treatment, separation from peers, and stigmatization due to being in foster care. These findings parallel research in England that specifically examined feeling different in foster care (Madigan, Quayle, Cossar, & Paton, 2013). Feelings of powerlessness and jealousy were identified in both the current study and the Madigan et al. study. Powerlessness was evident in the current study within stories about not being allowed to make decisions. Jealousy, or the wanting what others have, is seen in the current findings within stories of different treatment of foster vs. biological children, and in stories that told of wishing for the same relationships with parents and families than their non-fostered peers had. Further, participants in both the current study and in the Madigan, et al. study, identified feeling different because of a lack of a childhood, after being catapulted into responsibility and maturity due to the dysfunction in their biological families.

Adult Responsibilities Come Early

The theory of emerging adulthood suggests those in early adulthood (18-23 years old) in industrialized countries go through a period wherein responsibilities are lightened as identity is further developed, housing and employment are fluid, and feelings of being between a teenager and adult exist (Arnett, 2000, 2004). The findings of this study suggest those aging out of foster care do not have the luxury of this liminal period. Instead, these alumni became solely responsible for themselves upon aging out; these findings mirror other research about foster care youth (Berzin, Singer & Hokanson, 2014) that has articulated the acceptance of adult

responsibilities upon aging out of foster care. Participants in the Berzin, et al. study desired stability in all aspects of their lives, including housing and relationships, after contending with frequent instability during the years in foster care (Berzin, Singer & Hokanson 2014). They expressed “feeling in between” an adolescent and adult, while no participants in the current study expressed this idea. This difference may be attributable to specific questions about developmental stages in the Berzin, et al., study. In the current study I did not specifically pose interview questions addressing components of the emerging adulthood theory.

Further, the research with young adults by Fowler, Toro and Miles, (2011) looked specifically at aging out foster care alumni. Their findings suggest little financial and housing support from biological parents upon leaving care, with living responsibilities placed solely on the alumni. In the current study, one participant was living temporarily with her mother while others were not. Some participants had contact with but no financial support from their biological parents. Most found little financial or emotional support from their biological parents, with the problems such as drug abuse and lack of involvement originally leading to foster care continuing. Other researchers have found foster care alumni to be at high risk for homelessness (Dworsky, Napolitano, & Courtney, 2013). Homelessness was evidenced in the the current study, with one alumnus, her husband and child homeless during the study.

Gaining Perspective

The current study findings evidence an attempt to gain understanding and perspective about the foster care experience for many of the participants. This gaining of a perspective is suggestive of previous research findings about the process and results of meaning making in the adolescent and young adult (Park & Guitierrez, 2013; Tavernier & Willoughby, 2012). Although not specifically addressing foster care, their work suggests a need to understand or assign

meaning to life occurrences. Specifically discussing situational meaning, or the understanding and response to stressful or traumatic experiences, the researchers discussed meaning making to include assessing the events, processing of the events, and ultimately impacting on well being (Tavernier & Willoughby, 2012). The current findings that most of the participants attempted to gain perspective on their foster care experience mirrors the appraisal process discussed by Park and Gutierrez (2013) who determined meaning making consisted of appraisals of situations and discrepancies of how they want the world to be or should be compared to their realities. Further, Park's (2010) integrative review of meaning making led to a "meaning-making model" (p. 258). Although Park's work is not specific to foster care, the current findings fit within this model; a stressful event (i.e. foster care) occurs and through a series of processes, the individual makes sense of the event while gaining acceptance, growth, and a changed sense of meaning of the stressful event. The current findings that most participants ultimately understood foster care to be valuable, particularly in providing safe care and opportunities for learning, growth and adaptation, follows the model suggested by Park.

Current findings that participants want to provide better care for current and future children than they received from their biological parents corresponds to Lawford and Ramey's (2015) findings on generativity, or the "concern for future generations as a legacy of the self" (p. 1395) in adolescents and young adults. Lawford and Ramey used questionnaires and written narratives with non-fostered adolescent and young adult participants to identify the presence and circumstances of generativity. Additionally, one participant exhibited generativity by specifically working with foster children, "to help them through foster care."

Health and Foster Care

Although health care issues were not specifically addressed in the current study, some findings correspond with extant literature regarding health care issues. Some participants in the current study reported mental health issues such as depression, stress and post traumatic stress disorder (PTSD), in addition to not feeling as though they belonged while in foster care. A potential association between mental health issues and low levels of belonging is consistent with existing research findings of depression and stress with a low sense of belonging in adults, (Bryan, & Heron, 2015; Choenarom, Williams, & Hagerty, 2005; Steger, & Kashdan, (2009); Turner & McLaren, 2011), and in adolescents, (Landsverk, Burns, Stambaugh, & Reutz, 2009; Newman, Lohman, Newman, 2007; Paxton, Valois, Walkins, Huebner, & Drane, 2007; Salazar, Keller, Gowen & Courtney, 2013). The presence of depression was seen in foster care specifically by Stoner, Leon and Fuller (2015); higher rates of mental health issues in general for fostered individuals is well documented (Havlicek, 2011; Havlicek, Garcia & Smith, 2013; Kools, et al., 2009; Lewis, et al., 2011; McLaughlin, et al., 2011; Munson, et al., 2011; Oswald, Heil, & Goldbeck, 2010; Zlotnick, Tam, & Soman, 2012).

Strengths and Limitations

This study to explore foster care is the first to use photo elicitation to gather data of the experience of foster care. One specific strength of this study was the inductive, open ended questions in the first interviews that were followed by the photo elicited narratives in the following interviews. These participants' photo-elicited narratives allowed them to delve deeper into the experiences first introduced during the open ended questions. Clarifications and context for narratives from the first interview were often provided during the photo elicited interviews. For example, one participant simply stated "he's not around" when discussing her older brother

in her first interview, but in her third interview, in discussing a photograph, she clarified his absence, saying her older brother was actually in prison.

Another strength of this study was the empowerment associated with the photo elicitation technique. Participants chose what photos they wanted to take and narrate. However, this strength also led to some limitations. First, making participants choose things to photograph limited their foster care experience to a few touchstones. Additionally, with these photographic choices, the participants controlled what they wanted me, a person previously unknown to them, to know. These choices may have protected them from sharing difficult or painful aspects of foster care, and potentially led to a skewed and unbalanced representation of foster care.

Another limitation is the selectivity of the sample. The foster care alumni population is hidden. Once they have aged out of the foster care system accessing them becomes difficult. Attempts to recruit participants through flyers in a variety of places potentially visited by alumni were not successful. Instead, all of the participants learned about the study through their interactions with case workers, guardian ad litem workers or bosses. That they had long-term connections with these supportive adults may contribute to their sense of belonging and may have made their views of loss and belonging in foster care different from those of foster care alumni who were not involved with supportive adults, limiting transferability of the findings.

Although these participants provided strong data, a larger number of participants may have provided a more robust description of the foster care experience. While the goal of qualitative research is not generalizability to other populations because every experience is unique, a larger data set could have provided a more comprehensive understanding of foster care.

Ethnically, the sample was equally divided between Caucasian and African/American, however, other ethnic groups were not represented. Further, gender was not equally distributed

with only two males agreeing to participate, and both only completing the first interview. The perspectives of female foster alumni were more fully represented than those of males.

The use of data obtained retrospectively can also be a limitation. Over time, memories and impact of events can change, with either a strengthening or weakening of the significance of the event occurring. In memories that are threatening in some way, consistency can become weaker (Green, Sedikides, & Gregg, 2007). In this study of young adults, I asked participants to look back and consider their past foster care experiences. A study of adolescents who are currently in foster care would likely yield different findings. Ethical concerns such as potential retribution for comments made about foster care while still in care, as well as issues of minors as participants, guided me in designing the study with foster care alumni instead.

Clinical Implications

Ambiguous Loss

The moves away from biological and foster families can cause ambiguous losses for foster children. Type one losses, or the continued psychological presence of a biological family member, even in the midst of physical absence, were experienced by this study's participants while in placement. Type one losses can be multiplied as children are moved from homes, schools, neighborhoods and between foster homes. Additionally, descriptions of their lives before placement were concerning for type two losses. Assessment for both types of ambiguous loss should be included within comprehensive care assessments and plans for children/adolescents in foster care. Because the potential for multiple losses is great, identification of these losses and the complex feelings associated with them should lead to evaluation for mental health support such as individual and group counseling. The complexity of

ambiguous losses suggests the need for long term support; ideally, this counseling should continue as needed during foster care, as they transition out of care, and as young adults.

Allowing contact with the biological parent during foster care, either by phone or in visits, may decrease the ambiguous loss and ultimately increase belonging. Although family reunification is often the goal when children are placed in foster care, when reunification becomes highly unlikely, the establishment of the foster child in a dedicated long term foster home would better suit the child than repeated moves after failed reunification attempts.

Belonging

Current findings suggest belonging to be elusive in foster care, with the majority of participants experiencing only fleeting belonging. A strong sense of belonging has been found to be protective against depression, other mental health issues, and health risking behaviors (Choenarom, Williams, & Hagerty, 2005; Faircloth & Hamm, 2005; Govender, et al, 2013; Hagerty, Williams, Coyne & Early, 1996; Knifsend & Graham, 2011; Sargent, Williams, Hagerty, Lynch-Sauer, & Hoyle, 2002; Shochet, Smith, Furlong & Homel, 2011; Turner & McLaren, 2011). Belonging has also been associated with higher school achievement in all levels of schooling (Cemalcilar, 2010; Kia-Keating & Ellis, 2007; Newman, Lohman, & Newman, 2007; Shochet, et al., 2011). The weak belonging experienced by these alumni as foster children is an area of concern for health issues and school achievement.

Time spent in a foster home is an important aspect and potential barrier to the development of belonging. In the current study, multiple placement moves were common with an associated impact on belonging. To develop a sense of belonging, rituals and family values need to be understood and learned, and time living within that family is needed to do so. With the impact of moves undoubtedly well understood by social workers, others on the

multidisciplinary care team may benefit from understanding how the experience of moving between foster homes might impact foster children.

Undeniably, child protective workers attempt to increase the amount of time spent in a single foster home, rather than moving foster children between homes. In the case of failed reunification attempts, the goal to return the foster child back to the previous foster home is generally of highest priority. Not only does this allow the continued development of a sense of belonging, but may also decrease the rejection felt by the foster child, first by their biological parents, and then by the previous foster parents. Additionally, introductions to the foster parents prior to placement might improve the success of the placement and ultimately belonging, as the foster child is then given the time to begin to understand the family dynamics and expectations.

Already in place in some child protection agencies, trauma informed care, (TIC) needs to be integral to the multidisciplinary team approach to foster care and alumni. The goal of this approach is that all team members understand the impact trauma has on individuals, and care is provided with the goals of avoiding additional trauma and not revisiting the earlier trauma paramount. Within the Children's Hospital serving the three counties involved in the study, TIC has not yet been integrated within the hospital. Although monies were made available to the area for the institution of TIC, decisions were made to target community based care centers as the first to receive TIC integration (R.E. Lutes, personal communication, April 12, 2016). Plans remain for integration of TIC into the hospital care units with the next wave of grant money (R.E. Lutes, personal communication, April 12, 2016).

Because findings suggest a lack of consistent belonging, screenings for the sense of belonging, depression, other mental health issues and health risking behaviors must be included in the comprehensive care of fostered children and alumni. Developed by Hagerty and Patusky

(1995), The Sense of Belonging Instrument has strong validity, internal consistency and retest reliability and has been used in many studies with various populations, including adolescents (McCallum & McLaren, 2010; McLaren, Schurmann & Jenkins, 2015), children of alcoholic parents (Lee & Williams, 2013), adults (Hagerty, Williams & Oe, 2002), older adults (Kissane & McLaren, 2006; Vanderhorst & McLaren, 2005), gay men (Kousari-Rad, & McLaren, 2013; McLaren, Gibbs & Watts, 2013; Morris, McLaren, McLachlan & Jenkins, 2015), adults with health issues (Bay, Hagerty, Williams, Kirsch & Gillespie, 2002; Tamplin, Baker, Jones, Way & Lee, 2013), and children of Chinese migrant workers (Liu, Yu, Wang, Zhang & Ren, 2014). Numerous other tools are available to screen for mental health issues such as depression in adolescents in variety of circumstances, and health risking behaviors (Jankowski, Rosenberg, Sengupta, Rosenberg, & Wolford, 2007; McElwaine, et al., 2014). Many states regulate comprehensive medical care at the time of placement and periodically during care; screenings for belonging would fit well within these evaluations. Further, at the time of transitioning out and termination of the foster care relationship, a screening could be completed by one of the multidisciplinary team addressing foster care, such as the caseworker or health care provider. If the sense of belonging is found to be weak, interventions to address belonging as well as identify and treat mental health issues associated with decreased belonging could be instituted.

Additionally, barriers to the development of belonging need to be further examined and addressed to improve belonging, and ultimately health, within the foster care experience. For example, the pull of biological families was seen as a barrier to belonging while contact with family members improved belonging to the foster family. Paradoxically, belonging to foster families may be improved by encouraging and supporting routine contact between foster children and their biological families. The conflicting feelings that can occur when the pull of the

biological family leads to the pushing away of interaction with and belonging to the foster family may be lessened, ultimately allowing increased belonging. Further, with this biological family contact, foster children may better understand and accept the improved situation that is foster care, compared to the biological home. Socially, by including foster children in support groups with others who are experiencing the same feelings, the belonging to the foster family may be enhanced through understanding and acceptance of that pull. Structurally, if policy is enacted to allow and regulate appropriate contact with families, the current findings show this contact may increase belonging.

Belonging would likely be improved if foster children were allowed to stay in one school, in spite of moves between foster homes. Participation in school activities has been shown to nurture a strong sense of belonging. Remaining in the same school even with moves to various foster homes would not only improve belonging, but would also likely improve educational and social outcomes. Peer group involvement plays a significant role in adolescent development; consistent peer relationships experienced while remaining in the same school would likely enhance this development. Many districts in Ohio have moved to open enrollment, allowing students living in one school district to attend school in a different district. A policy for foster children to remain in one school throughout placement regardless of moves to other foster homes and school districts would benefit the foster child. Barriers to this include transportation issues; however, at least in the geographical area of the current study, children who attend private, magnet, and alternative schools continue to have transportation possibilities to those schools, so it is reasonable that foster children could have the same transportation support.

Because belonging to one school is so valuable to the foster child, it is important that multidisciplinary attention is placed on the school experience. While many foster children have

educational deficiencies, and individual educational plans (IEPs) would be of value, the inclusion of the child protective service caseworker within the planning group for the IEP would benefit the foster child. Policy should be enacted to include not only the foster parent in these meetings, but also the caseworker to represent the need for consistency in schools and schooling for the foster child.

The establishment of foster groups that allow foster children and adolescents to interact together socially may be beneficial. These groups could serve two purposes. First, inclusion in a group for social and service events would allow development of belonging and its benefits. Second, because participants identified feeling different from their peers, a group of their fostered peers would decrease feelings of being different. In actuality, they are different than non-fostered peers: They do not live at home, they have little control over their lives, their parents may not be involved, they are wards of the county, they may change schools frequently, they often have a background of trauma, and they likely do not have the same opportunities as their peers. At a time in development when most adolescents strive to feel “normal” and similar to their peers, a group of adolescents with similar life circumstances could potentially lessen feelings of being different, increase feelings of being “normal,” and increase feelings of belonging. These routine group meetings could be structured as a permanent feature for all in care; as other aspects of their lives change, these continuing group meetings could provide needed stability and potential belonging.

Powerlessness

The current findings of powerlessness suggest the need to improve feelings of power within the foster care experience. Previous research showed an increase in power when fostered children and adolescents were given a voice in the design of their care (Nybell, 2013). In the

current study, this was evident with one participant who was given a guardian ad litem child advocate at age fourteen (twelve years after entering foster care) to present his voice for care, wants, and needs. In this case, the participant finally felt a sense of power when decisions about his care included his choices. The benefits of giving all foster children a guardian ad litem to independently support the child's voice would decrease powerlessness felt in care. A change in policy to require this, as well as funding to support this initiative should be enacted to best support foster children. An increased sense of power may also decrease testing behavior, which may in turn, decrease moves between homes, and increase opportunities for belonging.

Other implications include addressing the missed rites of passage. Not having a driver's license as an adolescent was identified as a significant deficit in the lives of these alumni. In Ohio, passage of a private driving school course is required for all teenage drivers; the financial requirements of this contributed to this missed rite of passage for this study's participants. Insurance coverage is also a requirement in Ohio for all drivers. In order to allow foster care adolescents to learn to drive, counties could provide acceptable driving courses to the fostered teen. Although having a car is a different and more complicated than having a license, being able to obtain their license may positively impact the foster care experience, even if no car is provided for them to drive on a regular basis. Regulations about driving foster parents' cars would have to be addressed, with foster parent feelings and concerns taken into account. While biological children are often covered under their parents' insurance, insurance coverage for foster children would have to be determined. Several of the participants discussed not learning how to drive, and having to take the bus as segregating them from their peer group; the ability to have a license may be sufficient to decrease feelings of being different than their peers.

Being responsible for others and the burden that can occur with this responsibility seen in the current findings should also be addressed. To alleviate this burden, specific education should be developed for both the foster parent and child to delineate what responsibilities lie with the foster parents, thereby reducing the foster child's responsibilities. Assessments by the caseworker should be done routinely to identify situations when the child has more responsibility than necessary. Because these patterns of taking responsibility for siblings likely began prior to foster care for many participants in this study, it is probable that counseling support would be beneficial to address feelings and behaviors related to this potentially long standing burden.

Implications for Policy

Screening for belonging and trauma need to be put into policy for all foster children. Current findings suggest that a strong and consistent sense of belonging is elusive in foster care, with prior trauma present. Because belonging has been found to be protective against mental health issues, and mental health issues are common in the foster care population who often have a history of trauma and maltreatment, screenings for trauma and belonging must be mandated by policy for all foster care children, adolescents and alumni. While the lack of consistent belonging was identified as a significant issue with these participants, health concerns for foster care children, adolescents and alumni are common in the literature. A significant number of children entering foster care have one or more acute or chronic medical or mental health conditions that required further referral and care (Baumrucker, et al., 2012; Courtney & Dworsky, 2006; Lopez & Allen, 2007; Steele and Buchi, 2008). Belonging has been shown to be protective against mental health issues and should be included in the mandated screening of all foster children.

Additionally, policy needs to be enacted to require and regulate education for foster parents about both belonging and trauma informed care. Trauma informed care extended to foster parenting will increase the understanding of the coping behaviors potentially exhibited by foster children (Beyerlein, & Bloch, 2014). Several participants narrated stories of deciding to change foster homes for a variety of reason, and causing this change by their negatively-viewed behaviors. Some of the participants exhibited these behaviors when the sense of belonging was developing; these feelings often were foreign or scary to them and brought forth the anticipation of a painful future loss of that family in an expected future move. To cope with these complex feelings, the participants narrated that they then changed their behavior to cause a change in foster home to avoid further belonging. If foster parents better understood belonging and trauma informed care through mandated foster parent education, belonging and the foster care experience will likely be improved.

The establishment of medical homes through The Affordable Care Act provides an opportunity for better care of foster children, adolescents and alumni. Because medical homes provide a consistent home for healthcare, these homes can be used to tether fostered individuals and alumni to health care services throughout and beyond foster care. Policy needs to be enacted to include in these medical homes the multidisciplinary team who best cares for foster children. Team members should include the child protective caseworker, other social workers, nurses, physicians, teachers, and other applicable specialists, such as psychologists and nutritionists. With each new foster placement, policy should require the assignment of that child to a multidisciplinary team within a medical home. Within these homes, the screenings for belonging, trauma, and ambiguous loss identified as issues within the current study findings and other research, can be included within the care by this multidisciplinary care. Even as foster

children are moved from one foster home to another, and age out of foster care, the mandated assignment to a medical home will ensure consistency, better identification of subtle changes in health status, and appropriate periodic screenings.

Policy to enrich transitional support services to continue past 18 years old should be mandated for all foster children aging out of the system. The current findings suggest that participants found diminishing support as they moved from foster care to adult responsibilities. Participants narrated stories of being unprepared for adult responsibilities, being alone, and feeling lost once foster care was over. One participant experienced an eviction after aging out which later impacted her application for subsidized housing, leaving her homeless. Another participant voiced frustration in not having been taught appropriate life skills during foster care. On the other hand, a participant who was able to remain in a garage apartment with the continued support of her foster family specifically identified this time as very valuable as she transitioned out of care. Many researchers have identified the difficulties experience by the transitioning foster child (Cusick, Havlicek, Courtney, 2012; Dworsky, Napolitano, Courtney, 2013; Lee, & Berrick, 2014; Mitchell, Jones, & Renema, 2015; Richards, 2014). Even in this time of resource impoverishment, policy must be enacted to better assist the fostered adolescent in their transition to adulthood, with greater support made available past the age of 18. Supportive guidance through continued caseworker involvement, housing support, financial support for schooling, and educational programs such as nutrition and other life skills, needs to be enacted for the young adults who transition out of care.

Implications for Theory

Both the theory of Human Relatedness (Hagerty, Lynch-Sauer, Patusky & Bouwsema, 1992) and the theory of Ambiguous Loss (Boss, 2002, 2004) are supported by the findings of this

study. Current findings offer some considerations of the Theory of Emerging Adulthood (Arnett, 2000, 2007).

Belonging

The theory of Human Relatedness (Hagerty, et al., 1992) addressed how people relate to others within society. These relationships are described by four states: enmeshment, connectedness, disconnectedness and parallelism. Within these states of relatedness, belonging is seen as a needed factor or competency. Without belonging, relatedness can fall within the states of disconnectedness and parallelism, with little engagement with others. Current findings that participants experience only moments of belonging have implications for how those in foster care can relate to others within society, with low levels of belonging suggesting disconnectedness with others. Connectedness and relationships with others are necessary for engagement, meaningful interactions and functioning within society, such as for finding and maintaining employment. For example, Jessica, who found little consistent belonging while in foster care provides evidence of this theory. Jessica found it difficult to be outside of her apartment, had not worked outside of the home since aging out of foster care and had little interaction with others. Her report of a lack of consistent belonging (a competency) and evidence of disconnectedness fits within this theory of human relatedness.

Belonging, as “the experience of personal involvement in a system or environment so that persons feel themselves to be an integral part of that system or environment” (Hagerty, Lynch-Sauer, Patusky, Boussema and Collier, 1992, p. 173) is not an immediate occurrence, and takes time to develop, even in the best of situations. To cultivate belonging, or the involvement in a family to feel a part of that family, time is needed to understand the rituals, values and norms of

that family. When moves between multiple homes occur in foster care, the needed learning about the family, and the subsequent belonging, cannot develop. The move into an unknown foster family requires learning about that family's rules and expectations, sometimes through observing, and sometimes by trial and error testing of behavior. Children use testing of limits to identify boundaries, and as the current findings show, sometimes to verify belonging. Identifying boundaries and family expectations can take time with moves impacting the time available for this identification. With each move the integration into the family that leads to belonging must begin again.

Ambiguous Loss

The theory of ambiguous loss (Boss, 2004) suggests these kinds of losses can lead to mental health problems, including hopelessness, depression, and impaired interactions with others. That current findings suggest both types of ambiguous loss are present in the lives of fostered youth is particularly concerning. The psychological presence/physical absence of biological family members may continue during foster care. Other losses may also occur after moves to different foster homes. Ambiguous loss is associated with depression and a strong sense of belonging can protect against depression. Because foster children may experience only fleeting moments of belonging, those who experience ambiguous loss may be more susceptible to depression.

The ambiguous losses that occur in foster care may also impact belonging. With the psychological presence of a biological family, a resistance to develop belonging to a foster home may exist. This resistance may be overt, such as refusal to participate in family activities or accept family expectations, and can lead to a sabotage of the placement through intentional unacceptable behavior that ultimately leads to a placement change.

Emerging Adulthood

The theory of Emerging Adulthood suggests a distinct developmental stage that allows for prolonged identity exploration and formation (Arnett, 2000, 2004) and a period of relaxed responsibility for young adults. Findings in the current study suggest this theorized period of continued financial and emotional support from biological family members with decreased responsibility and increased exploration is not inevitable. Instead, young adult foster care alumni have been catapulted into responsibility for themselves and others both before and during foster care. This responsibility was found to continue after aging out, with feelings of responsibility for siblings, and for some, for their own children, enduring into the young adult years.

Although this theory has been specified to include young adults in industrialized countries (Arnett, 2000, 2004), this sample of foster care alumni in Ohio suggest these alumni do not share the characteristics suggested by this theory. Additional theory testing in foster care alumni and other disenfranchised groups of young adults would be helpful in distinguishing circumstances that impede and facilitate an adequate period of emerging adulthood, and in determining outcomes for young adults who have opportunities to experience this developmental period and those who do not. For instance, marginalized populations, those with chronic health issues, and children of single parent homes, may provide additional data for understanding this theory. Further, if the developmental stage that is theorized to be distinct and universal, what happens to those who do not fit within the theory's characteristics? Are later developmental tasks impaired by the lack of opportunity to be an emerging adult? Can these individuals successfully achieve appropriate developmental milestones without experiencing a period of emerging adulthood? Understanding what occurs in the contrary case will strengthen this theory.

Implications for Further Research

The recruitment of foster care alumni for this study was difficult and was generally accomplished through interactions with case workers who had continued contact with foster care alumni. Using a flyer placed in various venues to announce the study (health departments, WIC offices, groceries, college campuses, homeless shelters, food pantries, etc) resulted in only one potential participant. This participant made plans to enroll but did not attend the scheduled interview, and did not answer further calls. The difficulty in finding foster care alumni suggests a marginalized population who remain invisible to society. Because all of the participants in this study were connected to the social workers, caseworkers and child advocates who referred them, future research should strive to identify and enroll those without these connections, as well as address the invisibility of this population. Interventions can then be designed to increase the voices and make visible the circumstances of foster care alumni.

Future research into the foster care alumni at an older age, such as 25 – 30 years old, would provide an understanding the experience of transitioning out of care. Many of the current participants were in transitions during the study; some changed jobs, some moved, others were struggling financially, one was homeless, and several depended on public assistance on various levels. Only two participants had full time jobs, one as a factory worker and one as a child protective worker. Future research with an older group of participants may provide data as to if and when foster care alumni become more settled and able to function more completely within societal roles.

The original schedule of three interviews was changed to include an optional third interview session after feedback from both the participants and social workers working with alumni. Both of these sources commented that commitment to three interviews was difficult for this population; this difficulty may stem from little future planning ability. Findings of frequent

and unplanned moves while in foster care suggest that future planning may not have been available or learned while in care. While research has examined future expectations and the transition out of care, (Sulimani-Aidan, 2015), additional research can address how foster care affects future planning and goal making more generally.

The finding that foster care alumni gained new perspectives on foster care after aging out suggests a need to examine how alumni make meaning of their experience. Most of the participants had gained some perspective about their life experience before, during, and after foster care. A literature search resulted in little research specific to meaning making for those in foster care. While Greengoot, et al, (2013) and Park and Gutierrez (2013) discussed meaning making, neither study was specific to the experience of foster care with its complicated components of events before, during and after care. Meaning making of traumatic, stressful and significant life events is important for psychological health and well being (Greenhoot, Sun, Bunnell, & Lindboe, 2013; Lawford & Ramey, 2015; Tavernier & Willoughby, 2012). With meaning making, the experience is better understood, relationships between events is established (Park, 2010), and events and their results are incorporated into the psychological understanding of self. With the trauma that often occurs prior to foster care and the experiences within foster care, it is important for foster care alumni to have a clear understanding of the significance of these events and their impact in their lives to maintain a sense of well being. Many of those in foster care have experienced trauma, and further research is needed to specifically examine the trauma, the foster care experience and meaning making.

Most of these participants found only moments of belonging suggesting the need for intervention development and testing around how to enhance belonging during and after foster care. Although there are foster care alumni support groups, (Miller & Owens, 2014; Watt,

Norton, & Jones, 2013) routine participation in organized groups while in care may be beneficial. If belonging can be supported through continued involvement in an organized group of foster children and youth, then the benefits found from belonging to a group can be extended to these fostered individuals. For example, longitudinal cohort studies of fostered children/adolescents and their non-fostered peers may provide further understanding of belonging in foster care. Intervention studies of fosterer children/adolescents offered support group services would provide evidence of the association of belonging and foster care support groups, as well as the impact of belonging within foster care in general. Included in data collection should be measures of sense of belonging, mental health, their home situations, experiences with school and general development, and in the case of the fostered group, moves between homes, reunification attempts, and length of time in foster care. Because the majority of foster children have experienced maltreatment prior to being placed in foster care, maltreatment should be examined for its impact on belonging as well. A longitudinal cohort study matching those who have a history of maltreatment with those who do not, both with and without foster care placement, to examine belonging would also be valuable to understand how the sense of belonging is developed and strengthened in foster children.

Data collection in this study did not specifically address mental health concerns, however, while telling their stories three of the participants talked about having depression during or after foster care. Because belonging has been found to be protective against depression in adults (Choenarom, Williams & Hagerty, 2005), it would be beneficial to design studies that specifically examines the protective benefits of belonging against depression and other mental health difficulties commonly diagnosed in foster children. Studied longitudinally, periodic screening for both belonging and depression in clinical populations of fostered youth could also

increase understanding about the relationship between belonging and depression in this population.

The findings that foster alumni felt different and are in fact different from their non-fostered peers suggests the need for further study about this difference. While the participants compared themselves to their peers, future research should include cohort studies for those in foster care, those not in foster care with child protective services involvement after maltreatment, and those with neither foster care nor child protective service involvement. This study would attempt to tease out the impact of both maltreatment and foster care, potentially identifying if the difference felt by those in foster care are related simply to being in foster care or also the history of maltreatment.

Of interest are the differences in the lives of the participants as young adults. While their stories were similar in that all but one was placed in foster care because of abuse or neglect, their lives after foster varied. One had graduated college, one was in college, several had taken or were taking college courses, while several others struggled to function effectively in society. While some studies have addressed resilience and foster care alumni in college (Hass, Allen & Amoah, 2014), and resilience of adults with maltreatment histories (Topitzes, Mersky, Dezen, & Reynolds, 2013), further research to understand antecedents, conditions for, and consequences of resilience in fostered youth and alumni could guide intervention development. Further examining resilience in those who have experienced foster care and maltreatment could provide information useful to assist foster children to emerge as fully functioning adults.

Placement into foster care by definition causes, at least temporarily, an ambiguous loss of the biological family; stories related to ambiguous loss were provided by all participants. Belonging also emerged from stories but was very tenuous for many of the participants, and

elusive for others. While a relationship between ambiguous loss and belonging is strongly suggested in the current findings, further research integrating quantitative measures would further demonstrate the degree of this association and its consequences. For example, convenience sampling of fostered adolescents could be accomplished to collect specific data about their experiences with ambiguous losses. Using a series of Likert scales to address psychological presence/ physical absence and physical presence/ psychological absence of biological family members, previous foster family members, and school friends would provide data about ambiguous loss in foster care. Using additional Likert scales to address key aspects of belonging, activities that enhance belonging, and how belonging is impacted in the foster home and in school could be included. Statistical analysis for the association between aspects of ambiguous loss and belonging would provide data about ambiguous loss and belonging. If a connection between ambiguous loss and belonging is demonstrated with these studies, interventions could be created to address both of these issues, ultimately improving the foster care experience.

Further study using photo elicitation with this population may be valuable to understand the experience of foster care. The “assignment” to take photos using the digital camera was specifically followed by only half of the participants. The other participants took photos with their phones, discussed photos already on their phones, discussed previously taken photo in a photo album, and brought in photos from the internet. Since this study was initiated, not only technology has changed but the young adult culture of sharing photos through social media has ballooned with many free applications available to cell phone users. With these changes, participants having photographs on their phones and bringing them to narrate is not surprising, but not part of the “assignment” of this study. Because using photo elicitation with the digital

camera was a tool to collect data and not the basis of the study, the narratives that evolved from any photo origin still provided valuable data. Further research using the wide range of social media mechanisms, including photograph-sharing, to investigate the foster care experience may be a valuable source of data.

Analysis of the photos taken was outside the scope of this study, however, a future study with analysis of the photos themselves might provide valuable insight to the experience. Each of these participants had a camera phone, and even when the phone did not work, the camera was still available to the participant as a virtual photo album. This immediate accessibility of cameras could provide a real time log of photos which could be examined for aspects of not only belonging and ambiguous loss, but of other issues common to foster care.

Generally speaking, the female participants engaged in the photo elicitation with more enthusiasm than the male participants, and were creative in how they used it. The wide variety and range of use was interesting, with some taking few photos, some taking photos of internet pictures, others using the supplied camera for a few pictures and then sharing other photos from their phone. That the two males included in the study did not present pictures for discussion may suggest gender differences when using photo elicitation techniques. However, previous research with this technique has successfully included males; Allen (2012) used photo elicitation with middle school aged males to document school experiences; Coad (2012) investigated adolescents' views about health; Pickin, Brunsden, & Hill, (2011) explored adult foster parents' experiences; Smith, Gidlow and Steel (2012) examined adolescents' outdoor education programs; and Lachal, et al., (2012) explored family relationships in the case of obese adolescents. It is unclear why the males in this particular study did not take photos; perhaps subject matter was more personal than previous research, making it difficult to address. The first

enrolled male did not come to three separately scheduled second appointments to discuss photos. The second enrolled male commented he did not know what to take pictures of, but would be willing to talk with me without photos. Several of the participants, both male and female, commented that photos were not a big part of their lives growing up since they never had school or other photos purchased while in foster care. The current use of cell phone cameras and social media have increased every day use of photos, however access to smart phones was difficult at best for participants when they were in foster care. Further research could address these unanswered questions about the meaningfulness of this method for this population as well as potential gender differences in photo elicitation with highly personal research.

Summation and Final Reflections

This study utilized photo elicitation and semi structured interviews to collect narrative data to explore the experience of foster care. Following thematic analysis, six major themes evolved and led to four conclusions about foster care. First, a consistent and strong sense of belonging may be difficult to achieve during foster care because of a. frequent moves between homes, b. ambiguous losses of biological family members who continue to have a psychological presence in the lives of the foster child, and c. inequitable treatment perceived by the foster children when compared to foster parent's biological children. Second, foster children feel different and have different experiences from their non-fostered peers. Because their life experiences prior to foster care often involve maltreatment and trauma, their experiences in foster care are unique. Perceived rites of passage are often disturbed, instability is common in their lives, and they perceive themselves as different from their peers. Feeling and being different can greatly impact the primary developmental task of adolescence - the forming of allegiances to peer groups. Third, adult responsibilities often come early for adolescents in foster

care, potentially impacting opportunities for an emerging adulthood. Many foster children are catapulted into being responsible for siblings even before foster care, with feelings of responsibility continuing during care. Further, financial and emotional support from parents, common in an emerging adulthood, is often not available to foster care alumni who then must support themselves upon aging out of the system. Lastly, as time separates them from their foster care, young adult foster care alumni tend to develop new perspectives on their foster care experience. These perspectives include: valuing foster care for the opportunities for growth that would not have been possible had they stayed in their biological homes, and a sense of generativity with a determination to provide a better life for their own children than they experienced in their biological homes.

The removal of children from unsafe and inappropriate homes is the right thing to do. However, the circumstance of foster care has the potential to be a negative experience for foster children. Of significant note about this study's findings is the gaining of a positive perspective about foster care by most of the participants. Narrations of the difficulties and negative circumstances and events experienced by the participants cast a deep shadow on foster care. Yet, ultimately most of the participants decided that foster care was a positive experience in their lives, and of benefit to them as not only children but as adults as well. This perspective, in the midst of criticism of the foster care system in general, is a noteworthy finding and supports the very difficult work of the child protective agents. As they make decisions every day to remove children away from all that they know to a safer, more appropriate living arrangement, they likely know of the unique difficulties foster care presents for foster children. It is hoped that the findings of this study will support future work of those who work to protect children, and ultimately improve the physical, mental and developmental health of foster children.

Completing this study allowed me to better understand the experience of foster care that I had only been introduced to as a nurse practitioner caring for abused and neglected children. As I provided medical and nursing care for foster children, I knew the placements were necessary and beneficial to keep the children safe, but discovered a profound sadness often enveloped my patients. Medical and mental health issues were common; knowledge about specific needs of the foster child was intuitive but not research-based. This dissertation has allowed me to further understand this intrinsically positive act of foster care placement and how it can create a dissonance in the lives of foster children. This research validates my concerns that children in foster care have unique needs that we as caregivers must strive to understand and meet in order to improve the overall care of this vulnerable population.

While the recruitment of those in this vulnerable population was difficult, once I began to hear their very personal stories I began to see the complex feelings that exist for those in care. The pull back to their abusive and neglectful families was strong. Even when the alumni acknowledged the unacceptable conditions of their homes and appreciated the improved care in foster homes, their sense of belonging to their biological home continued. I learned the value of providing roots or belonging that most of my peer group provides to their children, and how I have provided that for my own children. Through doing this study, I now know that there is much work to be done to improve care for these children that goes far beyond the periodic medical visits regulated by the state. My trajectory for future research has been set through these experiences. To truly care for those in foster care, both theoretical and clinical/intervention based research must lead to appropriate interventions that can be utilized by members of the multidisciplinary team caring for these vulnerable children.

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Appendix A

Evidence Table

Table A1

Studies to Inform the Current Research: Ambiguous Loss

Author, Title, Date of Study	Purpose	Method/ Data Collection Instrument	Sample	Findings	Comments	Critique/ Evaluation
Studies addressing Ambiguous Loss (AL) and Foster Care (FC)						
Lee & Whiting (2007) Foster Children's Expressions of Ambiguous loss.	Illustrate the concepts of ambiguous loss in foster care	Qualitative, Semi structured interviews; and stories elicited by "Blacky Picture"; data were analyzed according to the ways that those with ambiguous loss think, feel and act;	Children 7-12, n=23 for interviews; for stories age 2-10, n=182;	Data were analyzed according to Boss's ways of thinking, feeling and acting when with ambiguous loss: (Frozen grief/inability to move on; confusion/distress/a mbivalence; uncertainty/immobili zation; blocked coping processes, helplessness/depressi on/ anxiety/relationship conflicts; response with absolutes/denial of change or loss/	Coded to these concepts instead of coding individually; wanted to confirm ambiguous loss in this experience. This study was with younger children,-- processing ability	Clearly this article addresses and gives examples of the ideas of ambiguous loss. However with such a pointed purpose, what else is missing? Valuable for this study, but consider age, in the middle of foster care, etc.

				denial of facts; Rigidity of family roles/outrage at person excluded; confusion in boundaries and roles; guilt if hope given up; refusal to talk. All of these were exemplified with the narratives.		
Samuels (2009) Ambiguous loss of home; the experience of family impermanence among young adults with foster care backgrounds	To explore alumni views on reunification and adoption and to get advice for case workers, foster parents and foster youth. Experience of loss of home for those never getting permanent foster home, Ambiguous loss found	Interviews, after random choosing and snowball sampling to gain more. Used network diagrams in larger study, but only interview data analyzed and presented here.	Young adults, n = 29; aged out of FC; in the midst of transition; from larger study that used diagramming;	Samuels (2009) AL of home; the experience of family impermanence among young adults with FC backgrounds	To explore alumni views on reunification and adoption and to get advice for case workers, foster parents and foster youth. Experience of loss of home for those never getting permanent foster home, ambiguous loss found	Interviews, after random choosing and snowball sampling to gain more. Used network diagrams in larger study, but only interview data analyzed and presented here.

Table A2

Studies to Inform the Current Research: Belonging

Author, Title, Date of Study	Purpose	Method/ Data Collection Instrument	Sample	Findings	Comments	Critique/ Evaluation
Studies Addressing Belonging						
Biehal 2014 sense of belonging Meanings of Family and home in long term foster care	Long term foster care, belonging and permanence	Qualitative, interviews with children and carers; interviews with open ended questions AND visual methods of visual mapping with feelings map of really loved/loved/ like/don't like with key people: siblings, foster carers and birth parents	N= 13, children, lived with foster family for three or more years; 9- 17 old,	Four types of perceived belonging, as if, just like, qualified and provisional; shaped by family practices, commitment of the foster and birth parents, mental representation of past and current experiences in these families, and meaning the foster child ascribes to blood and non-blood relationships	Part of a larger mixed method study of outcomes of permanence; Examples: One was not being adopted due to interference by birth mother— behavior problems began. Led to uncertainty. Also discussed loss	Found belonging to be divides into four types. Not target population, but valuable in that its belonging in foster care. This is a different situation as its long term care, which significantly impacts belong- ing. English study, don't know if its different. Qualified= conflicts of loyalty to birth parents colored sense of belonging

						to foster family; Some significantly longer time living with foster family.
Hagerty, Patusky, 1995, Developing a measure of sense of belonging	Develop and test psychometrically self report instrument to measure belonging in adults	Quantitative, 55 content validity of instrument and 55 original items assessed by panel of experts; tested 49 items that represented belonging, used two groups of students and clients with depression; revised 27 item version tested on nuns whose belonging was high;	Heterogeneous community college students, n = 379, mean age 26 (no SD); Sample with depression, n= 31 mean age 38.8 (no SD), nuns, n= 37 mean age 73.8 (no SD).	Sense of Belonging Instrument (SOBI) split into two scales after factor analysis; SOBI-P= psychological state of belonging; SOBI-A represented proposed antecedents of belonging. Construct validation using factor analysis, contrasted groups and correlation with measures of similar constructs. Reliability assessed with internal consistency and test-retest.	Identified psychological and antecedent aspects of belonging, may be valuable with foster care. Provides some information about depression and belonging with use of the depressed group.	Most commonly used scale in quant research of belonging, almost most research into belonging seemed to be authors associated with Hagerty. Important scale for use in quant research; future research into foster care alumni could use this as tested on adults.
Hedin, 2012, A sense of belonging in a changeable everyday life a follow up study of young people in kinship network and traditional foster families	Understand belonging in three types of foster homes, follow up study,	Qualitative, used interviews and text messaging to understand the experience of belonging	N=15 students in three types of homes, follow up of previous study.	Family rituals, school interactions important for belonging; kinship care belonging strongest, network care stronger at beginning, and traditional care least but still nurtured by rituals and family interactions.	Uses text messaging for real time data, rich data, supports use of photo elicitation to provide a different was to gather data than just	Strong article, Concerns of its cultural impact; need to look at US. But important data to inform this study.

Jones, Laliberte, 2013, Measuring youth connections A component of relationship permanence for foster youth.	Development and evaluation of scale for foster care	Pilot study of new tool (Youth connectedness Scale); Quantitative measure of connections for foster care youth. New scale, discusses belonging	Foster care adolescents aging out of system; n=53	High reliability and validity, specific for foster care aging out of the system;	interview questions No studies using this recently developed scale found however could be valuable in quant research of belonging with this population.	Useful to inform belonging as discussed as connections with adults however leaves gap in understanding the experience of belonging
Malone, Pillow and Osman, 2012, General Belongingness scale: Assessing achieved belongingness	To develop and validate a 12 item measure of belongingness.	Quantitative; three studies to develop, analyze and validate the scale; used online computer surveys.	Students, n= 81, 875 and 213 respectively.	Reliability and validity found to be high using comparison scales.	Authors determined more testing needed, however no other use of the scale found in review. Still a new scale.	Potentially valuable for looking quantitatively at belonging as a short tool that would, providing reliability and validity remain strong, provide information about belonging. Age of participants in development of the study similar to FC alumni.

Appendix B

Demographic Sheet

(To be used in discussion with participants during the first interview.)

1. Ethnicity _____
2. Gender _____
3. Current Age _____
4. Age at first foster care placement _____
5. Total time in Foster Care _____
6. Circumstances leading to placement in foster care _____
7. Number of attempted reunification _____
8. Number of foster homes _____
9. Number of schools attended _____
10. Number and Ages of Siblings _____
11. Number of siblings placed in foster care _____
12. Number of siblings placed with participant _____

Appendix C

Interview Guide for Interview #1

1. Tell me what being in foster care was like for you.
2. Looking back on your time in foster care, what are the things you remember most?

What do you want me to first know about your foster care experience?
3. How would you say your time in foster care has affected your life now?

Appendix D

Suggestions for Taking Photos

There are no right or wrong photographs, as no one has had the same foster care experience that you have. I am interested in your experience! Please consider the following questions as you take your photographs. You do not need to answer all of these questions in your photos, rather, they are meant to prompt some ideas for photos.

While you were in foster care:

1. What things told you that you were a part of something while you were in foster care?
2. What things made you feel comfortable when you were in foster care?
3. What things made you feel like you fit in when you were in foster care?
4. Where did you fit in when you were in foster care?
5. What was important to you when you were in foster care?
6. What did you look forward to when you thought about leaving foster care?
7. What did you miss when you were in foster care?
8. What activities were you not able to do while in foster care?
9. What things did you miss while you were in foster care?
10. What things were troubling about foster care?
11. What things were difficult about foster care?

Now, as a foster care alumni:

1. What things now remind you of your life in foster care?
2. What tells you that you are a part of something now?
3. What are you a part of now?
4. How do you see foster care now?
5. What is important to you now?
6. What things that you missed in foster care do you have now?

7. What helps you cope with things that you miss or lose now?

Appendix E

Interview Guide for Interview #2

1. Tell me about your photos.
 - a. How did you decide to take this picture?
 - b. What did you feel when you took this picture?
 - c. How does this photograph make you feel now?
 - d. What does this photograph make you think of?
 - e. Can you tell me about what is in the photograph?
 - f. How does this photograph relate to being in foster care?
 - g. How is this photo important to understand what foster care was like?
 - h. How do all of these photographs go together?
 - i. Please pick out your favorite photos and tell me why you think they are best.

Appendix F

Interview Guide for Interview # 3

1. Are there any new photos you would like to talk about?
2. Is there anything more you would like to say about your photographs?
3. Which photographs best remind you of being a part of something?
 - a. Can you tell me what about it reminds you about being in foster care?
4. Are there any photographs that reminds you of something that you lost while in foster care?
5. Are there any photographs that show how you dealt with something you lost while in foster care?
6. Which photograph best shows how you feel about your foster care experience?
7. What do these photos tell us about foster care?
8. Is there anything else that you want me to know about your experience of being a part of something while in foster care?

Appendix G

Informed Consent Form

UNIVERSITY OF WISCONSIN – MILWAUKEE CONSENT TO PARTICIPATE IN RESEARCH

1. General Information

Study title:

A Qualitative Study to Explore Ambiguous Loss and Belonging in Foster Care

Person in Charge of Study (Principal Investigator):

Patricia Stevens, PhD, is a UWM faculty member in the college of Nursing.

2. Study Description

You are being asked to participate in a research study. Your participation is completely voluntary. You do not have to participate if you do not want to.

Study description:

The purpose of this study is to explore the experience of foster care with a special interest in ambiguous loss and belonging. This study is being done to better understand the experience of foster care. The study will be done in three counties of northeastern Ohio. The estimated number of participants will be between 10 and 15, with each participant meeting with me three times, for 90 minutes each time. The three meetings will be 2 weeks apart. I will also make phone calls to the participants in the time between our meetings to see if there are any questions and verify meeting times.

3. Study Procedures

What will I be asked to do if I participate in the study?

If you agree to participate you will be asked to

- Meet with me three times for about 90 minutes each time to talk about the study and the photos,
- Fill out a demographics questionnaire during the first interview, to tell me about yourself,
- Take photos anywhere you would like, using a camera that I will give you to use between the first and third interviews so that we can talk about your perceptions of foster care,

- Discuss the photos you take with me in a mutually agreed upon time and place such as a private room in a public space like a library so I can get a better understanding of your experience
- May talk with me one time by phone after the study is over as a “member check” to make sure your experience is well represented in the conclusions.

You will take photos wherever you would like and the photos will allow us to use them to talk about your experience in foster care. You will be given 4 weeks to take as many photos as you want that will fit on the camera, and that tells about your foster care experience. If you are done before the two weeks, or need more time, we can arrange a different time to meet. I will be make an audio recording of our discussions to accurately keep records of what we talk about. There is no way to participate in the study without the audio recording.

4. Risks and Minimizing Risks

What risks will I face by participating in this study?

One possible risk or discomfort of participating in this study is that it may bring up feelings associated with foster care that may be uncomfortable. Because you will be deciding what photos to talk about, you will determine what is comfortable to talk about with me. There is also an unlikely risk that you would put yourself at physical risk by taking photos in a way that might be dangerous; we will discuss how to avoid dangerous situations at our first meeting.

5. Benefits

Will I receive any benefit from my participation in this study?

There are no benefits to you other than to further research.

6. Study Costs and Compensation

Will I be charged anything for participating in this study?

You will not be responsible for any of the costs from taking part in this research study.

Are subjects paid or given anything for being in the study?

At the end of the study, after our third interview, you will be given a \$30 WalMart gift card. Due to UWM policy and IRS regulations, we are required to obtain your name, address, social security number, or tax ID number, and signature, in order to issue the gift care to you.

7. Confidentiality

What happens to the information collected?

All information collected about you during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences. Information that identifies you personally will not be released without your written permission. Only the PI and student investigator will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

The meetings will be digitally recorded, using a pseudonym chosen by you. The demographic sheet that will have both your name and the pseudonym will be kept in a password protected digital file on a password protected computer and external drive, after the paper copy is destroyed. The digital transcripts of the interviews, which will use only your pseudonym, will also be kept in a password protected file. The printed copy of the interviews, which will contain only your pseudonym, will be kept in a locked file cabinet. All information collected for this study will be destroyed when the study and its written discussion is complete with two years.

Only the PI and the student investigator will have access to the information. However, the Institutional Review Board at UW-Milwaukee or appropriate federal agencies like the Office for Human Research Protections may review this study's records.

8. Alternatives

Are there alternatives to participating in the study?

There are no known alternatives available to you other than not taking part in this study.

9. Voluntary Participation and Withdrawal

What happens if I decide not to be in this study?

Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study.

You are free to not answer any questions or withdraw at any time. Your decision will not

change any present or future relationships with the University of Wisconsin Milwaukee. We will use the information collected up until the time you withdraw from the study, and will maintain confidentiality.

10. Questions

Who do I contact for questions about this study?

For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Patricia Stevens, PhD
Catherine Schoenewald, MSN, RN, CNP, CEN
University of Wisconsin-Milwaukee
College of Nursing
P.O. Box 413
Milwaukee, WI 53201

Who do I contact for questions about my rights or complaints towards my treatment as a research subject?

The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

11. Signatures

Research Subject's Consent to Participate in Research:

To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal

rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered, and that you are 18 years of age or older.

Printed Name of Subject/ Legally Authorized Representative

Signature of Subject/Legally Authorized Representative

Date

Research Subject's Consent to Audio/Video/Photo Recording:

It is okay to audio record me while I am in this study and use my audio-recorded data in the research.

Please initial ____Yes ____No

Principal Investigator (or Designee)

I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.

Printed Name of Person Obtaining Consent

Study Role

Signature of Person Obtaining Consent

Date

Appendix H

Consent for to Be Photographed

I give my permission for _____ to take my picture for the study in which she/he is participating. I understand that if the photograph is displayed in any public way, my features will be blurred so that I am not identifiable.

Signed _____ Printed Name _____ Date _____

Appendix I

Guide for Taking Photographs

1. When taking picture, it is important that you are safe at all times. Make sure you are not putting yourself in dangerous areas, standing in traffic, or going to places from which you might fall, such as a roof. If you find that you want to take a picture that is going to put yourself at risk, you can take a picture of something that reminds you of that person, place or thing. For instance, if you wanted to take a picture of a train, instead of putting yourself in danger to take a picture of the train going by, you could take a picture of the empty train tracks which will remind you to tell me about the train.
2. If you want to take a picture of a person, it is important to ask their permission first, and have them sign the “Consent to Photograph Form” that I will give to you. I will need to keep that form once both you and the person you are taking the picture of signs it. If you want to take a picture of a child, you need to have the parent of the child sign the form. I will collect these forms when we meet to talk about your photos.
3. Photos that could be considered offensive to viewers, including photos showing violence or pornography cannot be taken for this study. We will talk about what is consider violent and pornographic now.

Appendix J

Receipt of Honorarium Form

A Qualitative Study to Explore Ambiguous Loss and Belonging in Foster Care

Honorarium Receipt

Participant Name : _____

Address: _____

SSN/Tax ID Number: _____

Amount of WalMart Gift Card: \$30

I, _____, have received the WalMart Gift Card

Honorarium from Catherine Schoenewald, MSN, RN, CNP, CEN, for participating in the study,

“A Qualitative Study to Explore Ambiguous Loss and Belonging in Foster Care”

Signature _____ Date _____ Time _____

Appendix K

Example of Audit Trail

Participant instruction:

“Take photographs of things that remind you of your experience in foster care.”

Photograph taken:

A box of trash bags

Interview question:

“So tell me about this picture”

Narrative Response:

“Yes, this is a picture of trash bags. I know that almost every single foster care kid can related to this statement that I’m about to make. If you were ever in a foster home and you moved from foster home to foster home, you never had a suitcase. You used trash bags. Always used trash bags. Like our stuff was nothing; like it was trash, like it meant nothing. We didn’t get to fold it up or make it fancy. It just got thrown in there like it was nothing. Just, I mean I was never purchased a suitcase. I was never given one. Nobody ever offered one to me.” Fallon II

Coding assigned:

“Comparing stuff to nothing, feeling worthless”

Memoing:

“Trash bags seem to be more than just things as worthless. Could it be their lives are also not valued, that they are not valued? The frequency of moving between homes means that there is little chance to belong, and if their things/ themselves are not valued, how can they be considered a part of the system that is the foster family?” This memoing voiced thoughts of the impact of not only the use of trash bags but the frequent moving that occurred. The impact seemed to extend beyond things being worthless, but to the greater picture of the moves, with the child perhaps feeling not valued as well.

Theme evolution

This code became part of the theme “Moving...Again” as it concretely discussed the frequent moves between foster homes, the speed they occurred, and the missing preparation for those moves. It also commented on the devaluing of personal things that occurred with these moves. This code initially was placed under the overreaching theme of belonging, in that they were unable to belong as they were unexpectedly and hurriedly moved from home to home. Upon further reflection, and in consideration of other participants’ stories about trash bags, it seemed to be more about the losses that occurred while in care as they moved between homes. Ultimately, data emerged to support this as not a subtheme of either belonging or ambiguous loss, but as a theme itself. Moving.... Again became a theme on its own, and was placed between ambiguous loss and belonging.



Department of University Safety & Assurances

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New Study - Notice of IRB Expedited Approval

Date: January 8, 2015

To: Patricia Stevens, PhD

Dept: College of Nursing

Cc: Catherine Schoenewald

IRB#: 15.164

Title: A Qualitative Study to Explore Ambiguous Loss and Belonging in Foster Care

After review of your research protocol by the University of Wisconsin – Milwaukee Institutional Review Board, your protocol has been approved as minimal risk Expedited under **Category 6 and 7** as governed by 45 CFR 46.110.

This protocol has been approved on **January 8, 2015** for one year. IRB approval will expire on **January 7, 2016**. If you plan to continue any research related activities (e.g., enrollment of subjects, study interventions, data analysis, etc.) past the date of IRB expiration, a continuation for IRB approval must be filed by the submission deadline. If the study is closed or completed before the IRB expiration date, please notify the IRB by completing and submitting the Continuing Review form found in IRBManager.

Any proposed changes to the protocol must be reviewed by the IRB before implementation, unless the change is specifically necessary to eliminate apparent immediate hazards to the subjects. It is the principal investigator's responsibility to adhere to the policies and guidelines set forth by the UWM IRB, maintain proper documentation of study records and promptly report to the IRB any adverse events which require reporting. The principal investigator is also responsible for ensuring that all study staff receive appropriate training in the ethical guidelines of conducting human subjects research.

As Principal Investigator, it is your responsibility to adhere to UWM and UW System Policies, and any applicable state and federal laws governing activities which are independent of IRB review/approval (e.g., [FERPA](#), [Radiation Safety](#), [UWM Data Security](#), [UW System policy on Prizes, Awards and Gifts](#), state gambling laws, etc.). When conducting research at institutions outside of UWM, be sure to obtain permission and/or approval as required by their policies.

Contact the IRB office if you have any further questions. Thank you for your cooperation and best wishes for a successful project.

Respectfully,

Melissa C. Spadanuda

Melissa C. Spadanuda
IRB Manager

CURRICULUM VITA 2016

Catherine Schoenewald, PhD, RN, CNP-P, CEN
2666 Olentangy Drive
Akron, Ohio 44333
(330) 865-6853 (h)
(330) 310-4268 (c)

EDUCATION

- 1977 - 1981 Bachelor of Arts, Psychology. Earlham College, Richmond, Indiana.
- 1983 - 1986 Bachelor of Science in Nursing, Kent State University, Kent, Ohio.
- 1998 - 1002 Master of Science in Nursing: Nurse Practitioner, with specializations
in
Maternal Child Nursing and Pediatric Nursing, Kent State University,
Kent, Ohio.
- 2011 - 2016 University of Wisconsin Milwaukee, PhD in Nursing. May, 2016

INSTRUCTIONAL EXPERIENCE

- 1/2009 – 5/16 Instructor in Nursing-full time. Clinical and Didactic Instruction in
Nursing.
Hiram College, Hiram, OH. Pediatric Nursing, Pharmacology,
Computations for
Nurses, Adult Wellness, Professions IV, Narrative Bioethics, Role
Transition
- 8/2016 – 12/16 Adjunct Faculty in Nursing, Hiram College.
- 9/2008 – 1/09 Coordinator of Clinical Learning, Hiram College. Determined needs
of
new student learning center; Procurement and Organization of
consumable
supplies and equipment.
- 1/2008 – 1/09 Adjunct Faculty in Nursing, Hiram College.
- 1/2004 – 1/10 Independent Contractor: Nurse Educator. Lilly Company. Teach
elderly patients

to use injectable medication device for daily home use.

NURSING EXPERIENCE

- 3/2013-present Member, Healthy Campus Coalition, Hiram College
- 5/2012-present Member, Portage County Maternal & Child Health Consortium
- 9/2012-10/13 Member, Portage County Maternal & Child Health Consortium Data Work Committee
- 1/2008-5/08 Nurse Practitioner, Julia Church Health Center, Hiram College. Responsible for student health care and prevention programs.
- 10/2005 -6/07 Pediatric Nurse Practitioner, Akron Children's Hospital, Akron, OH. Achieved Care Ladder Level Four, Provided Foster Care Health Care Clinic exams, sexual and physical abuse exams, and court testimony. Collaborated in multidisciplinary meetings with law enforcement, social work, Children's Services personnel.
- 9/2005 Hurricane Katrina Volunteer, Reliant Arena, Houston, TX. Assisted with health Care and crises intervention in clinic for pediatric survivors and families as member of disaster response team.
- 5/2002 -12/03 Pediatric Nurse Practitioner, Fairlawn Family Practice, Akron, Ohio. Responsible for Well and Sick Child Care, Supervision of Clinical Staff, Resource for Electronic Medical Records, Enforcement of Standards of Care in Practice.
- 5/1996 - 5/03 Registered Nurse, Akron Children's Hospital, Akron, OH. Provided Emergency Care for pediatric patients and families. Member, Trauma Room Team.
- 6/1990 -12/95 Registered Nurse, O'Bleness Memorial Hospital, Athens, OH. Provided Emergency Nursing care to adult and pediatric patients.

5/1986 – 5/90 Clinical Nurse , Rainbow Babies and Children's Hospital, Cleveland, OH.

Provided care to pediatric oncology patients, pediatric medical-surgical patients,
and Pediatric endoscopy patients.

PUBLICATIONS

Schoenewald, C., Hughes, C., & Bohnert, L. [Vaccine information statements. Are federal guidelines being followed?](#) Adv Nurse Pract. 2003 Feb; 11(2):63-6, 69-70.

Schoenewald, C. *Policy and Procedure Manual* for Pediatric Endoscopy Area, Rainbow Babies

(Manual distributed to Fellows in Medical Residency program using suite and equipment
for procedures.) 1989

PRESENTATIONS

2014 Poster presentation: *The Pediatric Health Care Workshop: A Learning Tool for Students in the Pediatric Clinical Rotation*, Midwest Nursing Society Research Conference, March 2014, St. Louis, Missouri.

2011 *Protect your Coconut: Why You Need Your Helmet* Ohio Sled Hockey Development Team
August 2011, Wooster, Ohio.

2009 *Foster Belonging....Picture My World* at the 16th Annual Pediatric Nursing Conference
October 9, 2009. Akron Children's Hospital, Akron Ohio.

2008 *Nuts about Nutrition* Hiram College Wellness Wednesday Student Program, April 2008.

1987 Presenter, Nursing Grand Rounds, Rainbow Babies and Children's Hospital.

1988 Presenter, Nursing Grand Rounds, Rainbow Babies and Children's Hospital.

HONORS AND AWARDS

2013 Chancellor's Graduate Student Award University of Wisconsin Milwaukee

2012 Harriet Werley Fellowship University of Wisconsin Milwaukee

2012 Member, The Honor Society of Phi Kappa Phi

2012 Nominee, International Scholar Laureate Program

2011, 2012 Chancellor's Award for Leadership University of Wisconsin- Milwaukee

2011 Member, Golden Key International Honor Society

2007 CARE Ladder Level IV at Akron Children's Hospital, Department of Nursing. Akron, Ohio.

2002 National Certification: Pediatric Nurse Practitioner, Pediatric Nursing Certification Board

2002 Prescription Authority Granted; (Earned after Externship as Pediatric Nurse Practitioner)
Pediatric Nursing Certification Board

1986 and continuing Member: Sigma Theta Tau International Nursing Honor Society, Delta Xi
Chapter

GRANTS AWARDED

2006 Received Grant from Blue Knights Law Enforcement Organization for Camera Project for
Foster Care Children, Akron Children's Hospital CARE Center in Stark County, Canton Ohio.

2008 *AEDs for Everywhere* (Submitted to various funding opportunities)

2014 Sigma Theta New Researcher Grant

2015 Ohio Nurses Foundation Research Grant

SELECTED PROFESSIONAL DEVELOPMENT

2014 Midwest Nurses Research Society, Annual Conference, St. Louis, Missouri, March 2014

- 2013 University of Wisconsin Milwaukee PhD program: Nursing Continued Enrollment,
completion of fourth, fifth and sixth semesters. Coursework completion date:
August 2013
- 2013 Akron Children's Hospital Affiliates Meeting: May 2, 2013
- 2013 Ohio Association of Advanced Practice Nurses Meeting February 2013
- 2013 Ohio League for Nursing Moving QSEN Into The Future April 4, 2013
- 2013 Ohio League for Nursing, Nursing Education: Education and Practice: Meeting the
Challenge of Education Transformation April 2013
- 2012 Akron Children's Hospital Affiliates Meeting April 27, 2012
- 2012 Midwest Nursing Research Society, Annual Meeting, April 11- 15, 2012
Dearborn, Michigan
- 2011 1st Annual APN/PA Pediatric Pharmacology and Law Update, Akron Children's
Hospital,
September 23, 2011
- 2011 *Clinical Competence of New Nurses*. Dorothy DelBueno, Deans Round Table,
Cleveland,
Ohio February 11
Annual Meeting of Affiliating Nursing Schools, Akron Ohio April 1
- 2010 *Teaching IOM: Implications of the Institute of Medicine Reports for Nursing Education*
NEONI's
Ninth Annual Fall Conference Cleveland, Ohio October 29
Introduction of Sim Man 3G Laerdal Medical Corporation and Emergency
Medicine
Learning and Resource Center, August 12
Building Research Competence in Nursing Through Mentoring, Sigma Theta Tau
International Honor Society of Nursing May 11
- 2009 *Cultivating a Climate of Civility: Dealing with Difficult Student Situations*. Susan
Luparell, Ohio Council of Deans and Directors, Columbus, OH, November 13

Educating Nurses: Teaching and Learning a Complex, Caring Practice by Patricia Benner, R.N., Ph.D., FAAN: Review of research conducted for The Carnegie Foundation for the Advancement of Teaching: Beachwood Ohio, May 1.

Exam Preparation and Item Writing: Enhancing exam and question writing: The Center for Health Affairs, Cleveland Ohio January 16.

27th Annual Pediatric Infectious Disease Update, Akron Children's Hospital, August 26.

2008 Basic Life Support Instructor's Training: Southwest General Hospital, Berea, Ohio. October.

2008 Conference: Advanced Practice Nursing: *Advanced Pediatric Pharmacology*. Akron Children's Hospital, Akron, Ohio. March.

2007 28th Annual Conference on Pediatric Healthcare: *Rediscovering The Magic*, National Association of Pediatric Nurse Practitioners, Orlando, Florida. March.

2006 *Foster Belonging...Picture My World* Pilot Program Initiation; Akron Children's Hospital CARE Center in Stark County Foster Care Clinic, Canton, Ohio. March.

2006 Conference: *Legal Testimony and the Juvenile Court*; Summit County Juvenile Court at Akron Children's Hospital, Akron, Ohio. November.

2006 Pediatric Nurses Certification Board, Self Assessment Exercise (for National Recertification). November.

2006 Conference: *Pediatric Nursing Conference*. Akron Children's Hospital, Akron, Ohio. October.

2005 Conference for Advanced Practice Nurses: *Advanced Pediatric Pharmacology*, Akron Children's Hospital, Akron, Ohio. October.

1988 Committee Member: Nurse Manager Interview Advisement Committee, Marketing Council, Consumer Task Force and Education Committee; Rainbow Babies and Children's Hospital, Cleveland, Ohio

CERTIFICATIONS

Certified Nurse Practitioner-Pediatric
Certificate of Authority – State of Ohio
Certificate to Prescribe – State of Ohio
BLS Instructor – American Heart Association
Certified Emergency Nurse- Emergency Nurses Association