

The Lived Experience of Transitioning from the Foster Care System to Adulthood

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Dedication

To the former foster children who took time to share their personal stories of hardship and survival with me, you will always be in my heart.

To my loving husband and my beautiful daughter whose support and love can never be replicated, you have been my strength. To my mother and father for your never-ending support and love, you have made me who I am. To my sister, Rhonda, who sacrificed our time together for this endeavor, I have missed you. To my older sister, Joanne, thank you for everything. I love each and every one of you and I could never thank you enough.

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Abstract

Approximately 408,000 children were in foster care in the United States at the end of fiscal year 2010 (U.S. Department of Health and Human Services, 2012). Some children return to their families of origin; however, some children remain in the foster care system until they reach age 18 or 21 and must leave, which is called “emancipation” or “aging out” (U.S. Department of Health and Human Services, 2012). Transitioning foster youth are at risk for many negative consequences including poverty and homelessness. These negative consequences are associated with significant health implications, such as mental health problems and risky sexual behaviors. The transitioning youth face an increased risk of these negative consequences and health implications as compared to their peers in the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). The purpose of this study is to examine the lived experience of transitioning from the foster care system to adulthood. The study was guided by Merleau-Ponty’s philosophical stance and the research guidelines by Thomas and Pollio (2002). Participants were recruited from a transitional living program in a large, southern city by distributing flyer information and attending a peer-to-peer meeting. The sample included nine African American participants ranging from 18 to 23 years of age. An unstructured format was used asking participants to share their experience of transitioning from the foster care system to adulthood. Data analysis included an initial reading for meaning units, reading each interview for an overall sense of the experience, clustering meaning units into themes, and the development of a thematic structure. The thematic structure of the phenomenon of transitioning from the foster care system to adulthood included three themes: (a) *I am nothing*; (b) *I am something*; and (c) “make it back to shore.” Recommendations for the foster care system, nurses, and policy makers are included.

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Chapter I

Introduction

This chapter is organized into eleven sections starting with the background section that provides an explanation of the phenomenon of transitioning from foster care. The second section is the problem statement, which provides evidence that a significant problem exists. In addition, the purpose of this study is provided. As with any research study, it is important to understand the lens through which a researcher examines the stated problem; therefore, I have included a section that discusses my philosophical stance. The next sections include concepts, research question(s), assumptions, limitations, and delimitations. These sections begin to expand this study's important elements. The last sections include the study's significance to nursing and my personal reasons for choosing this topic of study. This chapter develops the groundwork for the remaining chapters.

Background

According to the U.S. Department of Health and Human Services (2012), approximately 408,000 children were in foster care in the United States at the end of fiscal year 2010. Children enter foster care for maltreatment, unruliness, and delinquency. In 2010, the state of Tennessee placed approximately 2,000 foster children in care for neglect and unruliness and another 1,500 children in care for delinquency (Tennessee Commission of Children and Youth, 2011). States typically focus on reunification with parents for children who enter foster care. In 2010, 51% of the children entering foster care nationally were expected to return to the custody of their parents or caregivers (U.S. Department of Health and Human Services, 2012). However, some children are emancipated from foster care. Emancipation is defined as either leaving care prematurely or,

depending on state policy, remaining in the care and custody of the state until the age of 18 or 21 (U.S. Department of Health and Human Services, 2012). National statistics in 2010 identified approximately 44,000 (11%) children who were emancipated from foster care (U.S. Department of Health and Human Services, 2012). Furthermore, in 2011, the state of Tennessee encountered 813 foster youth who left foster care at the age of 18 (Coleman, 2012). These children are faced with transitioning to independence with minimal support.

Many public policies aim to support this population during transition. The John H. Chafe Foster Independence Program of 1999 increased the federal dollars available to states for additional support to foster youth who are leaving foster care (Social Security Online, n.d.). Before this law was enacted, federal funds for foster care were no longer available for foster youth who were 18 years of age and older. However, this law increased funding to \$140 million for states to support foster youth through the age of 21. This funding provides support for educational and career attainment, job training, financial education, substance abuse, and preventive health programs. States wanting access to these funds are required to provide additional funding for programs; therefore, some states opted out of this age increase. The state of Tennessee did not increase the age of support to 21 until the passage of the Tennessee Transitioning Youth Empowerment Act of 2010 (State of Tennessee, 2011; State of Tennessee Department of Children's Services, n.d.). This law provides services for transitioning youth ages 18 through 21 who are: (a) completing a secondary education program, (b) enrolled in post-secondary or vocational education, (c) attending an employment program, (d) employed for at least 80 hours per month, or (e) medically incapable of performing any of the aforementioned behaviors. This law was due to expire on June 30, 2012 but was renewed (Coleman, 2012). Foster youth request these services when they reach the exiting age established by each state.

Foster youth who leave care prematurely are not eligible for support services. Regardless of how a foster youth leaves care, a majority of them do not request services. According to Eric Henderson of the Tennessee Department of Children's Services, only 25% of foster youth who leave care at the age of 18 request services (personal communication, April 26, 2012). The remaining foster youth are left to navigate this transition to adulthood without services and ultimately endure multiple hardships and challenges.

Transitioning foster youth face challenges in housing, education, and increased risks of poverty, mental illness, and risky sexual behaviors that potentially lead to negative outcomes. After leaving foster care, research has identified that 36% of transitioning foster youth experience some form of homelessness (Reilly, 2003). In the state of Tennessee, one in five youth leaving foster care at the age of 18 will experience homelessness (Tennessee Commission of Children and Youth, 2011). Other literature identified that 14.2% of their sample of transitioning foster youth experienced homelessness and another 39.4% experienced housing instability (Kushel, Yen, Gee, & Courtney, 2007). Housing instabilities were also found in the number of living situations encountered by transitioning foster youth. Courtney, Piliavin, Grogan-Kaylor, and Nesmith (2001) found that 12- to 18-months after exiting foster care 22% of their sample had lived in more than four places. Reilly (2003) found that 35% of his sample of transitioning foster youth in Nevada had moved more than five times and one-third had no place to live on the day they exited foster care.

Homelessness creates another set of risks and barriers for this population. Rew, Grady, Whittaker, and Bowman (2008) identified that chronic homelessness, in a sample of homeless youth, was associated with risky sexual behavior and substance use. Unfortunately, this group experiences a high percent of child maltreatment, which is also associated with homelessness and

other negative outcomes and behaviors (Johnson, Rew, & Sternglanz, 2006; Taylor-Seehafer et al., 2007). Courtney et al. (2001) found that 76% of their sample of transitioning foster youth had experienced at least one form of child maltreatment, whereas Dworsky and Courtney (2009) found that physical abuse, a history of running away, and group home care were all predictors of experiencing homelessness during this difficult transition. Not only do these youth encounter periods of homelessness and housing instability, they also endure the consequences of poverty.

Studies have found that a large percent of transitioning foster youth experience poverty. Reilly (2003) found that 63% of foster youth in their sample were employed, but 60% earned less than \$10,000 per year and 34% earned less than \$5,000 per year. Pecora et al. (2005) found that 33.2% of their sample had earned income below the national poverty level. Courtney et al. (2007, 2005) and Courtney, Dworsky, Lee, and Raap (2010) found that former foster youth consistently earned less annually than the general population of young adults. Transitioning from foster care requires the financial means to obtain shelter and food; however, Reilly (2003) found that 50% of foster youth had less than \$250 on the day they exited foster care. In addition, Berzin (2008) found that poverty was more of an indicator of negative consequences than foster care experience and inversely related to the attainment of a high school diploma.

While transitioning from dependent to independent living, foster youth experience significant educational shortfalls. Reilly (2003) found that 69% of former foster youth had obtained a high school diploma, which was similar to Courtney et al. (2001), who found that 37% had not completed high school. Courtney et al. (2007, 2010, 2005) found that even though some former foster youth were able to obtain a high school diploma or general equivalency diploma (GED), their educational picture was bleak compared to the general population of young adults. Reilly (2003) also found that the desire to attain more education was high, but only 30%

had attended college. The increased incidence of lower educational attainment in this population overlaps other outcomes such as poverty and homelessness and creates conditions that affect physical and mental health.

Health implications, which include mental health concerns and risky sexual behaviors, are a significant concern for this transitioning population. Mental health concerns were identified by Pecora et al. (2005), who found that former foster youth demonstrated significantly greater incidences of mental illness and a slower recovery period than the general population. Courtney et al. (2005) also found that their sample was twice as likely to have received mental health and substance abuse services in the last year as compared to a sample of the general population. Mental health issues impact this population's transition from dependent to independent living by adding additional challenges and barriers to an already difficult transitioning period. However, mental health issues are not the only health concerns facing this population.

Risky sexual behaviors increase the incidence of sexually-transmitted infections. Ahrens et al. (2010) found that females with foster care experience were more likely to have a sexually-transmitted infection than females in the general population. Furthermore, Courtney et al. (2007, 2005) found that females with foster care experience engaged in more instances of risky sexual behavior, such as having intercourse with an infected partner, whereas males were more likely to have been paid by someone to have sex (Courtney et al., 2007, 2010). Increased risky sexual behaviors create significant health implications for transitioning foster youth.

Even though we know these foster youth experience a high rate of negative consequences, very little is known about how they perceive the experience of transitioning from the foster care system to adulthood. Courtney et al. (2010) stated that this lack of knowledge

limits researchers' and policy makers' abilities to develop interventions and programs that will improve outcomes for this population. Therefore, this study aims to address this problem through research.

Statement of the Problem

This group of youth is at risk for many negative consequences including poverty and homelessness. These negative consequences create an increased possibility of significant health problems, such as mental health concerns and risky sexual behaviors. They face an increased risk of these negative consequences and health implications as compared to their peers in the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). Although all of this is well documented in the previous literature, only four articles have examined the perspectives of transitioning foster youth (Geenan & Power, 2007; Hudson, 2011; Kruszka, Lindell, Killion, & Criss, 2012; Yen, Hammond, & Kushel, 2009). These four articles focused on specific problems encountered by transitioning foster youth, such as lack of health insurance or other health care related issues, or used interviewing techniques guided by structured questions. No published study was found that examined the significance of transitioning from the foster care system to adulthood as told by foster youth; therefore, it is unknown what these foster youth view as meaningful during this transition. Understanding the focus of this group will advance knowledge for future interventions that will potentially decrease negative consequences and ameliorate risk factors.

Purpose

The purpose of this study was to examine the lived experiences of youth transitioning from the foster care system to adulthood.

Philosophical Stance

The philosophical stance guiding my study is that of Merleau-Ponty. As an existential phenomenologist, Merleau-Ponty provided guidance for examining perceptions and a philosophical lens to view phenomena. Through the lens of Merleau-Ponty, the aim of this study was to describe an experience without being clouded by science or theoretical explanations (Thomas, 2005). Without examining the experience of transitioning from the foster care system to adulthood from a first-person perspective, this phenomenon is not fully understood. The philosophy of Merleau-Ponty elucidates the key tenets of existence, embodiment, time, others, and world that contextualize human experience (Thomas & Pollio, 2002).

Definitions

The definitions of interest for this study included:

Transition. Several researchers define transition; however, it consistently contains the idea of movement from one place to another. Transition was defined as the movement from one somewhat stable situation to another somewhat stable situation that is initiated by the anticipation of a change or event and occurs over time (Meleis, 2010; Meleis, Sawyer, Im, Hilfinger Messias & Schumacher, 2000). Transitions do not occur in isolation but involve multiple transitions occurring at one time and always involve a direction of movement (Meleis et al., 2000; Schumacher & Meleis, 1994). Even though foster youth do experience a movement from one situation to another by exiting the foster care system, literature does not support that this is movement from a stable situation to another stable situation (Courtney et al., 2007, 2010, 2005, 2001; Reilly, 2003). Therefore, until more is known about how this transition is perceived by foster youth, transition will be defined as “the passage from one state, subject, or place to another” (*Merriam-Webster’s Collegiate Dictionary*, 2009, p. 1329). This definition contains the

basic element of the definition of transition presented in the literature, which is movement (Schumacher & Meleis, 1994).

Transitioning consequences. Transitioning consequences are consequences of the passage from one state, subject, or place to another.

Health implications. Actions or events that influence an individual's body, mind, and spirit are considered health implications (*Merriam-Webster's Collegiate Dictionary*, 2009).

Emancipation. Children who either leave foster care prematurely or, depending on state policy, remain in the care and custody of the state until the age of 18 or 21, when they must leave the foster care system (also known as "aging out"; U.S. Department of Health and Human Services, 2012).

Aging-out. This is defined as youth who leave foster care at the age established by the state of relinquishing custody, which may be 18 years of age or older (North Dakota, n.d.).

Transitioning Foster Youth. Transitioning foster youth is defined as youth ages 18 to 23 who have spent time in foster care and who are transitioning to adulthood. These youth may still be receiving some services to assist with the transition.

Homelessness. Homelessness is defined as "experiencing an undesirable living situation, even for one night, as a result of the inability to afford to live elsewhere" (Fowler, Toro, & Miles, 2009, p. 1454).

Housing instability. This definition was obtained from Fowler et al. (2009) as "temporary cohabitation in a residence with friends, relatives, or others because of the inability to afford to live elsewhere" (p. 1454).

Research Question

This study contributed to the understanding of what it is like to be a youth transitioning from foster care system experiencing adulthood for the first time by answering the following research question: What is the lived experience of transitioning from the foster care system to adulthood?

Assumptions

As a qualitative study, certain assumptions existed as evidenced through related literature. Therefore, for this study, the following assumptions were acknowledged.

- The transition period from adolescence to adulthood is filled with challenges and barriers.
- The majority of foster youth who leave foster care after the age of 18 do not participate in available services.
- These youth endure negative consequences during this transition.
- This group of youth face significant health care concerns.
- Providing interventions to address these health implications lies within nursing's scope of practice.

Limitations of the Study

The phenomenological design described the lived experience of transitioning from the foster care system to adulthood and did not identify any causal or explanatory findings. The sample identified for this study included foster youth who self-disclosed foster care experience, which may have led to some errors in recall or sampling. The sample included those participants from a transitional living program in a large southern city; therefore, this study did not represent foster youth as a whole.

Delimitations of the Study

A delimitation of this study was the exclusion of specific foster care consequences for children who have not reached the age of 18. Even though these younger experiences impact future perceptions, this study focused on the lived experience of older foster youth who were currently transitioning to adulthood. Through the process of telling “their story,” these influences were discussed and analyzed; however, they were not the focus of this study. In addition, some foster youth over the age of 18 are incarcerated for a variety of crimes and were not included in this study. This study did not identify any cause or effects of the foster care experience; instead, it described the lived experience of these youth.

Significance of the Problem to Nursing

As a holistic profession, nursing provides care for physical, mental, family, and community health needs. Knowledge of the *essence* of the lived experience of transitioning from the foster care system to adulthood, contextualized by the existential grounds of phenomenology will inform nursing practice. Specifically, understanding how the body experiences the transition to adulthood for foster youth has health implications. The response of the body to this experience can create health risks. Nurses in all settings, particularly primary care and mental health settings, have an opportunity to use this knowledge to ease the burden of illness and to engage foster youth in health promotion behaviors. Time informs nursing by highlighting events that push time to the forefront of a foster youth’s mind. A deeper understanding of time in this experience informs nursing interventions by identifying experiences that acutely focus a foster youth on time, as well as identifying those experiences that are most important to them during this transition. Nurses are considered an “other” in the lives of transitioning foster youth. Understanding how foster youth perceive others can inform nursing practice and the interactions

between nurses and foster youth. As foster youth are positioned within the societal context of the world, understanding their perception of this placement can inform how nurses intervene to either support or improve this position. The grounds of existential phenomenology provide a basis for the significance of this problem to nursing and understanding the lived experience of transitioning from the foster care system to adulthood.

Personal Reflection

As a pediatric nurse, I have been concerned about the physical and mental well-being of children in my care. Throughout my sixteen years of practice, I have encountered foster children of various ages as they move through acute care facilities. It was not until my husband and I considered adopting a child that I changed my focus and concern to those children who leave foster care without any support to face the world on their own. My decision to study foster youth stems from two different interests. The first interest was developed through reading literature related to foster youth who are able to overcome adversity. As I began to explore this topic, I noticed that most of the foster care literature described negative consequences and challenges and very few studies were found within the nursing literature. Even though the challenges are great, a subgroup of youth is able to make it through these challenges. My second interest developed after deciding not to adopt a foster child. After looking on the Department of Children's Services website and reading profiles of children who were available for adoption, I experienced an overwhelming feeling of guilt. I felt guilty because I was not at a time in my life where I could take on the challenges of a foster child. Therefore, I decided to help these children through my research. This study provided a greater understanding of how these youth experience the transition out of foster care. Through this research, I hope to increase nursing's awareness of this societal problem by examining the direct experiences of foster youth who are

enduring this transition. This qualitative study described the lived experience of transitioning from the foster care system to adulthood as told by foster youth and guided by Merleau-Ponty's philosophical stance of existential phenomenology.

Chapter II

Overview

As foster youth transition from the foster care system to adulthood, they encounter negative transitioning consequences, which include poverty, and homelessness. These consequences have negative health implications, such as increased mental health concerns and risky sexual behavior. These negative consequences and health implications occur in this group at a higher rate than experienced by their peers in the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). However, the knowledge of how these youth perceive the transition to adulthood is not found in the related literature or understood through theoretical explanations.

This chapter describes the process and databases used for conducting the review of literature for this study. The review of published literature will be divided into four sections: (a) transitioning consequences, (b) health implications, (c) first-person experiences, and (d) theoretical explanations. Identified literature will be examined and critiqued as it relates to transitioning foster youth. Finally, I will identify how this study will address gaps in the literature.

Search Methods and Databases

Some researchers believe that an understanding of current literature, including theoretical explanations of a phenomenon, is avoided in qualitative research (Munhall & Chenail, 2008). However, Thomas and Pollio (2002) believe a thorough review of literature is necessary to understand current knowledge of a phenomenon. To avoid influencing the data, this knowledge and awareness is then set aside through a bracketing exercise. Therefore, a thorough review of

the literature was conducted for this study. The databases used included CINAHL, PubMed, PsycINFO, and Web of Science. Several key words were used during the searches, including foster youth, foster children, high-risk behaviors, transitioning, health outcomes, sexual behaviors, substance abuse, mental illness, homelessness, and transition to adulthood. A total of 27 articles related to the study with publication dates ranging from 1994 to 2012 were reviewed. The final review is divided into transitioning consequences, health implications, first-person experiences, and theoretical explanations.

Transitioning Consequences

This section of the review of literature focuses on the transitioning consequences of foster youth leaving the foster care system to transition to adulthood. The section is further divided into studies related to general transitioning consequences, poverty, and homelessness. All of these studies highlight the challenges and barriers this group faces as they transition to adulthood.

The transition from dependent to independent living involves challenges for all adolescents; however, foster youth endure more negative transitioning consequences. In a longitudinal study of 141 foster youth leaving care in Wisconsin, Courtney et al. (2001) interviewed foster youth aged 17 to 18 years old who had been in foster care for at least 18 months. Descriptive statistics included measures of child maltreatment, relations with family of origin and foster parents, social support, need for placement within foster care, experiences in foster care, attitudes toward foster care, independent living training and services, educational attainment and aspirations, mental health and services, health status and availability of health care, living arrangements after discharge, finances and employment, public assistance and

indicators of difficult transitions to independence. These measures were collected before the foster youth exited care and again 12- to 18-months later.

A majority of this sample were female Caucasians who had experienced some form of maltreatment. Optimism was high regarding future educational attainment; however, 37% still had not completed high school or obtained a GED before the second data collection. This sample was able to access mental health services after discharge as seen in the 38% who had received psychiatric medications. Even though mental health services were accessed, health care services overall presented some challenges as 51% did not have health insurance. In addition, homelessness was encountered by 14% of the males and 10% of the females; whereas, housing instabilities were reported by the 22% who had lived in five or more places since discharge. Poverty was a concern as less than 46% had \$250 when discharged, and at the second data collection, 32% were receiving some form of public assistance. Child maltreatment, housing instabilities, educational attainment, health implications, and poverty were described as concerns for this transitioning population. These concerns are consistently found in studies of former foster youth and provide evidence of negative transitioning consequences in the population.

Reilly (2003) conducted a study that examined transitioning consequences in 100 foster youth who had aged out of Nevada's foster care system. The sample was obtained through letters to former foster parents and caregivers, as well as flyers posted in welfare offices, community colleges, homeless centers, youth centers, health clinics, and coffee shops. The study design included measurements for demographic information, such as age, gender, ethnicity, income, education, and employment status, as well as living arrangements, education, employment, and military experience. Other measurements included substance use, health, support systems, foster care experience, and legal issues. Furthermore, positive values and

thriving indicators were also measured, as was self-esteem, which was measured by the Rosenberg Self-Esteem Scale. The sample was 55% female and 45% white. The mean age at time of entry into foster care was 9.3, while the mean age at the time of this study was 20.16 years. Most foster youth were employed, but earned \$10,000 or less and did not have \$250 when leaving foster care. Even though half of the foster youth left foster care without a high school diploma, only 69% had obtained a high school diploma by the time of this study and 30% had attended college. In the housing measurement area, 36% of the sample had experienced homelessness since leaving foster care, 35% had moved five, or more times and almost 33% of the sample did not have a place to live when leaving foster care. In addition, 55% responded that they currently had no type of health care insurance. This study had a small sample size and limited generalizability; however, significant negative transitioning consequences of foster youth leaving care were found in this study.

These negative transitioning consequences of foster youth were consistent with the findings of The Midwest Evaluation of the Adult Functioning of Former Foster Youth, a longitudinal study examining foster youth outcomes from the age of 17 through 26. Data collection began at age 17, and was collected again at ages 19, 21, 23, and 26. For the purposes of this review, the findings for foster youth between the ages of 19 and 23 will be examined as they coincide with the ages established for this study. Wave two of the data collection was published in the *Midwest Evaluation of the Adult Functioning of Former Foster Youth Outcomes at Age 19* (Courtney et al., 2005). This sample included a total of 603 young adults from Illinois, Iowa, and Wisconsin. Because Illinois allows foster youth to stay in care until age 21, some of the participants were still in foster care. Therefore, the study compared those in care ($n = 282$) to those out-of-care ($n = 321$). Additional comparisons were made between this study's findings

and the National Longitudinal Study of Adolescent Health (Add Health), which was a representative sample of the general population. Wave three of the data collection occurred between the ages of 21 and 22 with a sample size of 591 (Courtney et al., 2007). Wave four of the data collection occurred between the ages of 23 and 24 with a sample size of 602 (Courtney et al., 2010). The findings were summarized into the following categories: educational attainment, employment and earnings, economic hardships, physical health and healthcare, mental health, and sexual behaviors.

Over the three waves of data collection former foster youth were less likely to have a high school diploma or a GED than their Add Health counterparts (Courtney et al., 2007, 2010, 2005). Employment and earnings were also significantly different from the general population of young adults. Former foster youth were more likely to earn less than \$10,000 per year and to not have enough money to pay rent. The physical health of former foster youth also suffered during this transition, in which they were more likely to report poor or fair health compared to their Add Health counterparts. Mental health and substance abuse services were more likely in the sample of former foster youth. Sexual health measures also indicated increased risky behaviors by former foster youth, including having intercourse with infected partners and receiving payments for sex. Overall, this longitudinal study provided a description of the transitioning outcomes and health implications encountered by this population. However, as identified by Courtney et al. (2010), not much is known about the experience of transitioning from foster care; specifically, it lacked first-person accounts.

Poverty

The abrupt disruption of services to foster youth occurs quickly. Support services for foster youth end between 18 and 21 years of age, depending on the state, which is in stark

contrast to the prolonged adolescence period provided to other youth, which lasts from 18 until 25 years of age (Osgood, Foster & Courtney, 2010). Poverty is a contributing factor to the negative consequences seen in all populations of vulnerable youth (Osgood et al., 2010). Additionally, youth usually fall into multiple vulnerable populations. For example, youth from the foster care system are more likely to be involved with the criminal justice system. Across all service systems, vulnerable youth experience negative outcomes in education, employment, and family formation (Osgood et al., 2010).

Previous studies have identified the bleak economic picture facing transitioning foster youth, with the majority earning less when compared to the general population of young adults (Courtney et al., 2007, 2010, 2005, 2001; Reilly, 2003). These findings were further supported by Pecora et al. (2005) who found that over 30% of their sample had incomes levels below the poverty line. Berzin (2008) conducted an examination of whether foster care experience was a risk for negative transitioning outcomes. Foster care experience was not identified as a cause of negative transitioning consequences. However, poverty was related to certain negative transitioning consequences, such as not receiving a high school diploma. The combined effects of poverty and decreased educational attainment further impair the transition of this group of youth. Impaired economic means is detrimental to achieving a successful transition to independence.

Homelessness

As described in five of the previous studies, homelessness is an unfortunate consequence for this group of youth (Reilly, 2003; Courtney et al., 2007, 2010, 2005, 2001). Furthermore, homelessness was documented by Pecora et al. (2005) who found that about 22% of their sample

of transitioning foster youth experienced homelessness. Additional studies are presented to provide a broader understanding of this outcome.

As former foster youth transition from dependent to independent living, they are at risk for experiencing homelessness. Dworsky and Courtney (2009) examined predictors of homelessness in a sample of 321 foster youth from the Midwest Evaluation of Adult Functioning Former foster youth. In this sample, which was obtained from Iowa, Wisconsin, and Illinois, 21% had experienced homelessness that lasted longer than one month. Predictors of homelessness were running away, group home care, and physical abuse.

It is important to understand how foster youth perceive the experience of increased periods of homelessness and any associated health implications. This knowledge informs future nursing interventions and programs. Yen et al. (2009) examined the health implications of homelessness during emerging adulthood in a population of former foster youth in California. These authors conducted a qualitative study using focus groups to explore housing and healthcare access in a sample of former foster youth ($n = 31$) during the five-year period after leaving foster care. Foster youth who had aged out of foster care and were between the ages of 18 and 24 were asked to participate in this study. A facilitator led each group with open-ended questions regarding current housing arrangements and recent doctor's appointments. Each group session was recorded and transcribed for further analysis. Five themes emerged from this analysis.

The first theme was "housing circumstances have direct and indirect impacts on access to health care" (Yen et al., 2009, p. 84). These concerns included living too far from providers and having difficulties accessing health care. The second theme was "housing instability impedes the flow of information between social services staff and youth" (Yen et al. 2009, p. 86). Several

participants voiced frustrations about being unable to access information about health care and services from caseworkers due to unanswered phone calls or simply not having a phone. The third theme was “housing circumstances and health care differed for men and women” (Yen et al., p. 87). For example, females with children generally disclosed more stable living arrangements; whereas, males typically lived in group settings and voiced more housing concerns. Additionally, females usually received regular health care for maternity or contraception. Males, on the other hand, received care for infections and injuries, but did not disclose any regular preventive-type appointments. The fourth theme was “service agency rules and structures may be developmentally mismatched with participant needs” (Yen et al., 2009, p. 87). Participants in transitional housing described restrictive environments that did not support autonomy. These restrictions created a conflict for participants who desired more freedom. The last theme was “emerging adults experience repercussions of institutional life including the suspicion of authority and mistrust of medical providers” (Yen et al., 2009, p. 89). Some participants described feeling distrust toward medical providers. As this study recruited participants receiving independent living services, the sample might not have reflected those youth with different and possibly worse experiences. This report of first-person experience describes some perceptions of housing and health, and the difficulty of system barriers encountered during this transition. In addition, it describes the need of former foster youth to be seen as human beings. It is important to understand other perceptions and experiences that influence behaviors during this transition.

In order to provide evidence that homelessness is more widespread than originally thought, Fowler et al. (2009) examined the relationship between homelessness and psychosocial outcomes in a representative sample of transitioning foster youth. The sample ($n = 265$) was

randomly chosen from the population of youth exiting Michigan's Department of Human Services foster care. Measurements were integrated into a life history calendar of all living arrangements, including start and stop dates and type of housing. Other measurements included the number of foster care placements, foster care type, and reason for entry into foster care. Emotional well-being measures included the Brief Symptom Inventory, Diagnostic Interview Schedule, Physical and Sexual Victimization Scale, and significant events, such as pregnancy, criminal involvement, or dropping out of high school. In the two-year period after exiting foster care, 20% of the participants experienced chronic homelessness. Those participants who had less stable housing also experienced more negative psychosocial outcomes, such as behavioral problems, victimization, and dropping out of high school than those with more stable housing arrangements. This study identified the role of housing stability in the transition from dependent to independent living. Homelessness compounds the potential for other negative consequences for transitioning foster youth.

The association between housing status, health care access and outcomes was examined by Kushel et al. (2007) in a sample of 345 emancipated foster youth. In this prospective cohort study, 14.2% of emancipated foster youth experienced homelessness; whereas, 39.4% experienced housing instability. In addition, homelessness was associated with being uninsured and having unmet healthcare needs. Although homelessness was not associated with worse health outcomes, the sample did not reflect any participants who were currently homeless (Kushel et al., 2007). As transitioning foster youth experience homelessness, overlapping consequences are evident.

Rew et al. (2008) studied the influence of the amount of time a youth spends homeless as it relates to personal and social resources, cognitive and perceptual factors and sexual behaviors.

The sample contained 223 acutely homeless youth (<6 months) and 238 chronically homeless youth (>12 months). The following variables were included in this study: (a) perceived health status from the General Health Rating Index, (b) sexual self-concept as measured by the Multidimensional Sexual Self-Concept Questionnaire, (c) social connectedness, perceived level of social support as measured by the Perceived Resource Questionnaire, (d) AIDS knowledge as measured by the AIDS Knowledge Scale, (e) future time perspective, (f) self-efficacy to use condoms, (g) intention to use condoms, (h) assertive communication, (i) sexual self-care behaviors, (j) safe sex behaviors, and (k) sexual risk taking. Length of time spent homeless and gender had an effect on personal and social resources, AIDS knowledge, and sexual risk behaviors. Chronically homeless youth reported more AIDS knowledge than those who were acutely homeless; however, chronically homeless youth reported more risky sexual behaviors. Regardless of time spent homeless, females reported more sexual self-care behaviors, assertive communication, and safe-sex behaviors than males. This study did not examine foster youth who were homeless from six to twelve months. It is unclear why this gap exists; however, the influence of gender and time spent homeless affects the lived experience of transitioning foster youth who demonstrate an increased incidence of homelessness.

Johnson et al. (2006) examined personal resources for sexual health, safe sex behaviors and sexual self-care, risky sexual behaviors, and gender differences between homeless adolescents with and without a history of child abuse. A sample of 371 adolescents with a mean age of 19.26 included the following variables: (a) demographics, (b) AIDS knowledge scale, (c) future time perspective, (d) self-efficacy to use condoms scale, (e) intention to use condoms scale, (f) assertive communication scale, (g) self-efficacy to perform testicular/breast self

examine scales, (h) safe sex behavior scale, (i) sexual self-care behavior scale, (j) scale of sexual risk-taking, (k) social support, and (l) sexual self-concept.

Several gender differences are worth noting. Even though females reported a higher level of sexual abuse, they had a higher sexual self-concept, safer sexual behaviors, and more sexual self-care behaviors than males. In contrast, males reported more sexual risk-taking than females. No significant difference was found when examining sexual self-concept based upon abuse history. Non-abused participants reported more self-care behaviors than those with an abuse history. However, there were no significant differences in sexual risk-taking and safe-sex behaviors between the abused and non-abused groups. Abused participants reported fewer sexual self-care behaviors, less social support, and more sexual risk-taking behaviors than non-abused participants; however, there was no significant interaction between sexual abuse status and gender. As there is a relationship between sexual abuse status and sexual behavior, as well as gender and sexual behavior, this adds to the understanding of health implications for transitioning foster youth who experience homelessness and child maltreatment. Understanding the lived experience of transitioning foster youth from their own perspective will add to the knowledge of how they view their bodies and their place in the world.

The previous articles provided a clear picture of the transitioning consequences encountered by this group of youth: poverty and homelessness. However, specific health implications, such as mental illness and risky sexual behaviors require a closer examination of the literature because of their impact on former foster youths' ability to transition to adulthood.

Health Implications

The transitioning consequences previously discussed provide evidence that this population struggles with the transition to adulthood. A nursing perspective places specific

emphasis on the health implications of these consequences. The following sections include studies related to the health implications of mental illness, risky sexual behaviors, and general transitioning difficulties.

Mental Health

The Northwest Foster Care Alumni Study examined the outcomes of 659 former foster youth who were in care between 1988 and 1989 (Pecora et al., 2005). The former foster youth interviewed were between the ages of 20 and 33. The participants demonstrated increased mental health problems, including a higher incidence of post-traumatic stress disorder (PTSD). Additionally, foster youth with mental health illnesses had slower recovery rates than the general population. An important element is considering conditions that influence a higher incidence of PTSD.

One condition that has been identified as affecting mental illness in transitioning foster youth is the prevalence of child maltreatment. Salazar, Keller, and Courtney (2011) conducted a study to examine the relationships between child maltreatment, perceived social support, and mental health outcomes. This study's sample of 513 foster youth was obtained from secondary data gathered from a longitudinal study tracking foster youth in three Midwestern states. This study identified child maltreatment both before and during care. The data confirmed the hypothesis that child maltreatment before and during care predicted higher levels of depression. In addition, social support was found to buffer depression only when child maltreatment was less severe. When child maltreatment became severe, social support's buffering effects were diminished. Transitioning foster youth enter care with experiences that affect their outcomes. Research is needed to understand how they experience leaving foster care.

Risky Sexual Behaviors

The transition to independent living is marked by risky behaviors that create additional challenges for this population. The National Survey of Family Growth was used to complete a cross-sectional retrospective study of sexual behaviors and pregnancy (Carpenter, Clyman, Davidson, & Steiner, 2001). This study examined women who had lived in foster care ($n = 89$), kinship care ($n = 513$), and a comparison group who had experienced neither ($n = 9018$). The study examined age at first sexual intercourse, age at first conception, and number of sexual partners. A significant association was found between foster care and kinship care, and a younger age at first conception, as well as a higher median of sexual partners. However, this finding was not supported by Courtney et al. (2007, 2010) who did not find a statistically significant difference between foster youth and their peers in the general population in age of first sexual intercourse and the number of sexual partners. Differences in sample sizes might account for the contradiction between these findings. Courtney et al. (2007, 2010) used sample sizes of 591 and 602, respectively. Further research is needed to understand this behavior.

It is also important to examine the influence of the foster care experience on the risk for sexually-transmitted infections. Ahrens et al. (2010) examined the relationship between foster care experience and sexually-transmitted infections in a group of former foster youth as compared to a group of peers. This study accessed secondary data from the National Longitudinal Study of Adolescent Health (Add Health). The final sample included 7,563 females and 6,759 males who self-identified previous foster care experience. Variables included foster care status and biomarker outcomes to test for gonorrhea, Chlamydia, and *Trichomonas* in urine samples. Other variables included a sexual risk behavior outcome, which included sex with a casual partner, having sex for money, having had vaginal intercourse, other self-report

indicators of vaginal intercourse and safety practices, such as condom use. An increased risk for sexually-transmitted infections in females with foster care experiences was found, but was not found for males. The difference between genders may represent variances in perceptions of risks; therefore, further research is needed to understand what is most significant to foster youth during this transition. However, this study does identify the increased incidence of risky sexual behaviors in former foster youth.

Transitioning foster youth are vulnerable to high-risk sexual behaviors; however, other predisposing factors contribute to this behavior. Taylor-Seehafer et al. (2007) examined the relationship between social connectedness and support and sexual risk in a group of abused and non-abused homeless youth. Social connectedness was explored as an attachment-related construct. Connectedness was also defined by Courtney et al. (2005) as youth who are in school or employed, or out of work and school because of parenting responsibilities. However, social connectedness in this study was explored in terms of attachment to parents and other social settings and events.

Variables included measures of social connectedness and support, sexual self-concept, assertive communication, and intention and self-efficacy to use condoms. Other demographic data included age, gender, ethnicity, length of homelessness, sexual abuse history, and sexual orientation. A sample of 176 homeless youth were recruited from a larger study. Measurements included the following: (a) age, gender, ethnicity, the length of homelessness, (b) sexual history (sexual abuse and sexual orientation), (c) social connectedness, (d) personal resource questionnaire, (e) sexual self-concept, (f) assertive communication, and (g) intention and self-efficacy to use condoms. Path analysis was used to examine relationships. Statistically significant path coefficients were identified in social connectedness and intention and self-

efficacy to use condoms. Group differences identified the following abuse and gender interactions: (a) abused males spent more time homeless than non-abused males, and (b) abused males had higher scores on intention to use condoms. Other significant interactions were found between sexual orientation and gender and included: (a) homosexual males had lower intentions to use condoms than heterosexual males, and (b) heterosexual males had a higher self-efficacy to use condoms than heterosexual females, homosexual males, and bi-sexual males. In regards to my study, transitioning foster youth who experience homelessness with or without an abuse history might have different perceptions of this transition. Thus, there is a need to examine the perceptions of this experience.

The First-Person Experience

Geenan and Powers (2007) conducted a qualitative study examining the experiences of transitioning out of foster care. A total of 88 participants were included in this study, which included foster youth ($n = 19$), foster care alumni ($n = 8$), foster parents ($n = 21$), and professionals ($n = 40$). Focus groups were conducted, in which open-ended questions relating to transitioning preparation from the foster care system, were asked. Foster parents, professionals, and foster youth identified the lack of available opportunities to learn to control their own lives while in foster care. These youth were not provided opportunities to practice independence or life skills. Another theme that emerged from this study was the role of relationships in the lives of foster youth. Strong support was identified as necessary to help build self-worth and was more important than access to services. However, this sample only contained eight foster care alumni. The study design added to the literature on transitioning foster youth because these youth were asked about their experiences. The study used a structured format that might have influenced the direction of the focus group sessions. One of the problems with a structured

format is that researcher-developed questions might not identify what is most significant to foster youth. Using an unstructured format is essential for examining the essence of an experience because the participants control the direction of the interviews. The most significant perceptions of the experience become the discussions.

Another qualitative study was conducted by Kruszka et al. (2012). This study used descriptive phenomenology to explore the lived experience of nine uninsured former foster youth. The authors used a descriptive, phenomenological method to capture the lived experience of transitional uninsured former foster youth. The participants were initially asked to describe their experience as an uninsured transitioning foster youth. Additional questions were aimed toward understanding their experience of obtaining Medicaid coverage after exiting foster care and whether or not they were able to pay for their last hospital visit. Kruszka et al. (2012) identified a number of poignant findings related to access to healthcare. Foster youth cited the lack of necessary documentation when discharged, trying to treat physical and mental illnesses without insurance, barriers to obtaining health insurance, and knowledge deficits related to eligibility for Medicaid. Throughout this article, the participants recounted the difficulty in trying to obtain healthcare. The lack of health insurance in this population has been described throughout this review of literature. However, federal policy allows Medicaid coverage to continue until the age of 21 for former foster youth (Social Security Online, n.d.). The participants told stories about gaining knowledge regarding their eligibility for Medicaid after exiting foster care; nevertheless, they did not have the appropriate documents (i.e., birth certificate, home address) required to obtain coverage. Ultimately, some foster youth had their coverage denied and, out of frustration, stopped attempting to obtain Medicaid. In light of the new Patient Protection and Affordable Care Act recently upheld by the Supreme Court (Barnes,

2012), the extension of Medicaid until the age of 26 for former foster youth will not address these barriers. As a result, nurses have an important role in addressing the healthcare needs of this population. A phenomenological study examining the lived experience of transitioning foster youth will advance knowledge by providing rich descriptions about their perceptions of this experience.

As foster youth embark on the transition from dependent to independent living, their exposure to health promotion information as well as their connection to health care providers are important components to assess. Hudson (2011) conducted a qualitative study asking foster youth about their experience with primary care providers, as well as access to human immunodeficiency virus (HIV) and pregnancy information. The study used the grounded theory methodology based upon Charmaz (2006) and included a sample size of 19 former foster youth between the ages of 18 and 24. The participants were recruited from a transitional living program. The following three themes emerged: discomfort disclosing information, receiving or not receiving vital information, and information learned from community resources. Foster youth did not feel comfortable disclosing sexual behavior information to providers when foster parents were allowed in the room. Foster youth received information from sexual education classes, community presentations of sexual education, and from healthcare providers. However, some foster youth felt more comfortable asking questions in group settings, such as school. The authors suggested that primary care providers ensure confidential health screenings with foster youth for sexual behavior. This article had limited generalizability because it was conducted on foster youth in transitional living programs who represented those youth seeking information (Hudson, 2011). Additionally, this article identified a grounded theory approach; nevertheless, it described research questions examining the experience of foster youth and did not identify a

theory. Because this is not true to the grounded theory method, the results are suspect. Even though this study was not a valid grounded theory, its findings do inform my proposed study. There is a gap between the actual experience of transitioning from foster care and areas that policy makers, health care providers, and others in positions of authority deem important. A study that examines the first-person experience of transitioning from foster care is needed.

Theoretical Explanations

Meleis Theory of Transitions

The word transition is defined as “a passage from one state, stage, subject, or place to another: change” (Merriam-Webster’s Collegiate Dictionary, 2010, p. 1329). The transition from adolescence to adulthood is a time of struggle and challenge for all youth. Meleis et al. (2000) and Schumacher and Meleis (1994) identified adolescence as a developmental transition. The transition from adolescence to adulthood involves changes that naturally occur (Kralik, Visentin, & van Loon, 2006; Schumacher & Meleis, 1994). Transitions are a process that occurs over time and involves the orientation of a new self. Nurses encounter foster youth who are either facing an impending developmental transition or are already engaged in one. Transitioning increases the vulnerability of patients because of their relationship to conditions that might cause harm or increase the risk of being exposed to harmful conditions (Meleis et al., 2000).

Transitioning includes the five properties of awareness, engagement, change and difference, time span, and critical points and events (Meleis et al., 2000). These five properties indicate the complexity and multidimensional aspects of the Theory of Transitions. Awareness occurs when an individual has a perception or recognition of the transition experience. In transitioning foster youth, awareness exists when they become aware that they are in transition.

Engagement occurs when a foster youth engages in the transitioning experience by taking advantages of available resources and actively changing his or her behavior. Although change is conceptually different than transition (Kralik et al., 2006), it is present in all transitions. Time span is a unique property of this theory. All transitions occur over time and are unpredictable, which makes it difficult to determine when the transition will end (Meleis et al., 2000). For example, it is not easy to identify when a transitioning foster youth will complete his or her transition to adulthood. Schmacher and Meleis (1994) and Meleis et al. (2000) have identified transitioning outcome indicators that help nurses identify a healthy transition. Recognition of these outcome indicators assists nurses in developing interventions that support healthy transitions. By understanding transitions, nurses are able to better provide interventions that assist patients in adaptation (Kralik et al., 2006).

Assisting with transitions also involves the presence of a social support system, as well as the feeling of a connection with providers who can answer health-related questions (Kralik et al., 2006; Meleis et al., 2000). However, this presents several unique problems because this population has a general mistrust of healthcare providers (Kruszka et al., 2012; Yen et al., 2009).

Successful transitioning consequences include subjective well-being, mastery, and well-being of relationships (Schumacher & Meleis, 1994). Subjective well-being occurs when transitioning foster youth are able to manage their emotions and maintain effective coping mechanisms. Mastery occurs when a transitioning foster youth feels competent with independent living. Well-being of relationships is established by overcoming the potential family disruptions that occur during transitions. The presence of relationship well-being indicates the conclusion of a successful transition (Schumacher & Meleis, 1994).

Even though this theory has relevant concepts, it is unknown whether foster youth experience the same concepts during their transition. Awareness occurs when an individual has a perception or recognition of the transition experience; however, it is unknown how this transition is perceived by foster youth. Do they perceive it as a transition? Engagement occurs when foster youth engage in the transition process. According to the literature previously discussed, negative transitioning consequences have clearly identified that this group is not engaging in the services available to them. Is this because they are not engaged in obtaining services or are there other considerations and barriers? It is necessary to further research this population's perception of their transition to broaden the knowledge and understanding of their experiences. In addition, it is difficult to examine the successful transition outcome of well-being of relationships in this population because of the existing dysfunctional family relationships. Finally, Kralik et al. (2006) stated that the human experience of transitioning is best examined through qualitative methods.

Emerging Adulthood

The transition from adolescence to young adulthood has recently been identified as a distinct and unique developmental period (Arnett, 2000, 2007). Emerging adulthood is the time period that begins after the completion of high school and is marked by an increase in independence from social rules and expectations and an exploration of romantic relationships with an optimistic view of the future including educational and employment opportunities. This period occurs between the ages of 18 and 25 and has emerged in industrialized societies that have the economic means for a prolonged adjustment to adulthood. Emerging adults are waiting longer to marry, have children, and become employed. This prolonged adjustment includes a

period of identity exploration that is fed by sensation seeking. Emerging adults engage in seeking experiences before taking on the adult role and responsibilities.

According to Arnett (2000, 2007), individuals are making their own decisions with fewer restrictions than in adolescence and less responsibilities than in adulthood. This time period includes five distinct tasks. Emerging adulthood resolves as marriage, financial independence, and employment are achieved. The engagement in sensation seeking is described by Arnett (2000) as a desire to acquire multiple experiences before adopting the role and responsibilities of adulthood. The behavior associated with this sensation seeking and gaining experiences is also associated with risky behaviors. In addition to risky behaviors, disappointment in achieving goals may also lead to depression; however, emerging adulthood is typically associated with a positive trajectory (Arnett, 2000). Because emerging adulthood is a developmental period attributed to young adults who have a prolonged exploration period it is unknown if this is present in transitioning foster youth who are expected to enter adulthood rapidly and achieve self-sufficiency (Arnett, 2007). The concepts of emerging adulthood in relation to the experience of aging-out of foster care were examined by Arnett (2007). It remains unclear if aging-out of foster care affects identity exploration. Even though instability is a concept in emerging adulthood (Arnett, 2000, 2007), youth aging-out of foster care are more unstable than other emerging adults (Arnett, 2007). Several concepts are unclear when placed within the experience of transitioning foster youth. Therefore, additional research is needed to explore this developmental period in transitioning foster youth.

Summary and Gaps in the Literature

The review of literature has provided a summary of the negative transitioning consequences encountered by this group, including poverty and homelessness. These negative

consequences have significant health implications, such as mental illness and risky sexual behavior. Theoretical explanations for these findings have not been found in the literature even after closely examining the Theory of Transitions (Meleis et al., 2000) and Emerging Adulthood (Arnett, 2000, 2007). Courtney et al. (2010) identified a need to understand the perceptions of this group to improve interventions and programs that promote success. Kralik et al. (2006) also stated that the study of transitions is best achieved through qualitative studies. Therefore, the present study will examine the lived experience of transitioning from foster care system to adulthood.

Chapter III

Method of Inquiry

The phenomenology method was chosen to examine the lived experience of transitioning from the foster care system to adulthood. A number of phenomenologists have presented varying ideas of this methodology; however, one consistency between ideas is the study of the lived experience of a phenomenon (Creswell, 2007). Other commonalities include the setting aside of one's biases and beliefs, which is also known as bracketing (Creswell, 2007). However, one component required for analyzing nursing's perspective of transitioning from the foster care system to adulthood is the role of the human body in this experience. Therefore, the philosophical framework of Merleau-Ponty was chosen as a guiding framework for this study. Research guidelines that are consistent with Merleau-Ponty's philosophical framework have been provided by Thomas and Pollio (2002) and were chosen to further guide this study. Much is known about the difficulties and challenges facing these youth; however, their experience of this phenomenon from a nursing perspective is not known. Therefore, the phenomenological methodology based on Merleau-Ponty's philosophical framework and the research guidelines established by Thomas and Pollio (2002) are logical choices to address this gap in the literature. The following sections will provide an introduction to phenomenology followed by my rationale for using the philosophical framework of Merleau-Ponty and the research guidelines of Thomas and Pollio (2002).

Introduction to Phenomenology

Phenomenology examines the lived experience of a phenomenon. It examines a phenomenon across several participants in order to recognize the commonalities of the

experience to identify its basic components (Creswell, 2007). Most phenomenological methods are based upon the writings of Edward Husserl (Creswell, 2007; Thomas & Pollio, 2002) and consistently attempt to describe these basic components, as opposed to explaining or analyzing the phenomenon (Creswell, 2007). A researcher interacts with the participant without preconceived beliefs, biases, and assumptions to avoid influencing the interpretation of the experience. Without this process, a researcher might assume a word, phrase, or event is fully understood, when, in reality, it is only understood based upon the researcher's bias and assumptions and not the participant's meaning. Another common finding between phenomenological methods is "intentionality of consciousness," which is the focus of one's consciousness (Creswell, 2007, p. 59). According to Creswell (2007), in phenomenology there is no separation between an individual and his or her object of focus. Therefore, the meaning of an experience is found by describing the focus of one's consciousness and how that individual perceives that experience. In order to fully describe the experience of transitioning from the foster care system to adulthood, an approach that describes the basic components and "intentionality of consciousness" will enhance the understanding of this transition. The role of the human body within this experience is also sought; therefore, the philosophical framework of Merleau-Ponty is the phenomenological method chosen for this study.

Rationale for Using the Philosophical Framework of Merleau-Ponty

Existential phenomenology through the lens of Merleau-Ponty was chosen to answer the research question because it views phenomena holistically through embodiment (Thomas & Pollio, 2002). Merleau-Ponty's phenomenology is a logical approach for providing a nursing perspective of transitioning from the foster care system to adulthood. Little is known about how this experience is perceived by transitioning foster youth. Bodily effects, such as mental illness

and homelessness mark consequences of this transition that would benefit from a nursing perspective.

Human Existence

The Phenomenology of Perception (Merleau-Ponty, 1945/1962) described sensations. Sensations, as experienced by transitioning foster youth may include the cold of the night as it is acutely experienced. Cold may not be most important to someone who can find shelter in a warm home; however, a homeless foster youth may not be able to find shelter. This focus of one's mind is termed intentionality (Merleau-Ponty, 1945/1962; Thomas & Pollio, 2002). For example, when asking transitioning foster youth to describe something that stands out for them, their story signifies their intentionality: what is most important to them. What stands out in one's perception is termed *figural*.

Intentionality is a blend of internal processes and an interaction with the world that is displayed through behaviors, which are further understood when placed within a context (Thomas & Pollio, 2002). When a transitioning foster youth describes his or her story, the context provides a background for understanding behaviors and intentionality. Understanding that a foster youth is homeless after being released from foster care with \$250 and no family support creates a background or contextual meaning for this experience. Together, the figural perceptions, as understood within a contextual background, creates a holistic picture of the experience (Thomas, 2005; Thomas & Pollio, 2002).

Merleau-Ponty's work examined how perceptions are created. Merleau-Ponty rejected the idea that perceptions are experienced and reflected upon, in fact, "thought and sensation as such occur against a background of perceptual activity that we always understand in bodily terms, by engaging in it" (Carman, 1999, p. 206). The perceptive ability of the body is one of the

main divergent ideas of Merleau-Ponty and Husserl. According to Merleau-Ponty, the body is not considered a separate entity or just an object, instead, it is the mechanism in which humans communicate with the world (Carman, 1999). Studying the lived experience of transitioning from the foster care system to adulthood focuses on the perceptions of foster youth. Understanding the role of perceptions, experience, and intentionality is further examined within the four existential grounds of phenomenology.

Four Existential Grounds

The four existential grounds of phenomenology are body, time, others, and world (Thomas 2005; Thomas & Pollio, 2002). The idea of body is well described in *The Phenomenology of Perception* (Merleau-Ponty, 1945/1962). Body is a vital component of human beings and not a separate entity from thoughts (Thomas, 2005; Thomas & Pollio, 2002). The body allows for personal experiences and the expression of emotions. When the body is not allowed to experience emotions, it is hurt or damaged. Humans cannot experience the world without their bodies. For nursing, understanding the lived experience and its influence on the body has important health implications. The lived experience of a transitioning foster youth is better understood when grounded by the existential meaning of embodiment, particularly with the high incidence of health implications that exist in this population.

Time is considered relative to each human being and is something that does not exist in the forefront of one's mind until something pushes it to awareness (Thomas, 2005; Thomas & Pollio, 2002). In other words, most humans are not acutely aware of time until some event brings it to their attention. It is important to examine how time affects the lived experience of transitioning foster youth. As transitioning foster youth leave foster care, are they acutely aware of time? If so, what events make them aware of time?

Others are the third existential ground for examining the lived experience (Thomas, 2005; Thomas & Pollio, 2002). Merleau-Ponty believed in the interconnectedness of human beings (Thomas, 2005). He did not see experiences as individualistic. Instead, he saw one's lived experience as being connected to others. The role of others is often considered when researching transitioning foster youth. For example, what impact does family involvement have on transitioning foster youth? The examination of how connections affect the lived experience of a transitioning foster youth provides greater understanding to nurse researchers.

The last existential ground is world (Thomas, 2005; Thomas & Pollio, 2002). Transitioning foster youth interact with social and cultural influences. Therefore, an understanding of how their placement in the world affects their lived experiences provides greater understanding to nurse researchers. Examining the four existential grounds will provide a broader nursing perspective of the lived experience of transitioning from foster care. Within this new perspective, the holistic role of nursing will be expanded to care for this population of youth.

Research Guidelines of Thomas and Pollio (2002)

The research guidelines by Thomas and Pollio (2002) were developed not only from the viewpoint of Merleau-Ponty, but also from a nursing perspective and were chosen to examine the lived experience of transitioning from the foster care system to adulthood. In phenomenology, researchers interpret the participants' experiences from their stories. It is important to clarify that this methodology interprets meaning within a social and cultural context, but does not infer meaning (Thomas & Pollio, 2002). Phenomenology provided a method for interpreting the context and meaning of shared experiences among all the participants (Thomas & Pollio, 2002).

However, the researcher's context was also considered. The influence of both the researcher and the participants were examined to allow interpretation of these shared stories.

Bracketing Exercise

Phenomenology research includes the use of bracketing, which is a “temporary suspension” of beliefs, biases, and prior assumptions (Thomas & Pollio, 2002, p. 33). Bracketing of information is important not only to obtain an accurate, unbiased analysis of data, but also to protect the interaction between the researcher and the participant (Thomas & Pollio, 2002). The interview environment was kept as free from researcher influence as possible. This was achieved through continual awareness of the researcher's biases, beliefs, and prior assumptions, which were set aside during the interview process. This allowed the participant to tell his or her story without influence or judgment by focusing on what is most significant. I participated in a bracketing interview conducted by a colleague who had experience in phenomenological methods. The interview was transcribed and brought to the Interpretive Research Group (IRG) for analysis prior to the start of any data collection so that previous beliefs and biases were known and set aside.

The findings of the bracketing exercise identified four areas to set aside during my interviews and analysis. I set aside the assumption that all participants had experienced some form of trauma. Even though I entered this study with the assumption that adversity could be overcome, I set this aside so that I would see those who were unable to do this, those who did not have a happy ending. The experience of transitioning from the foster care system to adulthood resonated similarities with my personal experience of transitioning. Therefore, I was particularly aware of over identifying with their experience. I set aside any emotional connection to their struggles so that I would not overshadow their experience with mine. I was able to set aside

these assumptions and hear the words of these participants in order to capture their true experience of transitioning from the foster care system to adulthood.

Interview

When conducting a phenomenological interview, special consideration is allowed for the questioning format and the researcher's position of equality (Thomas & Pollio, 2002). I restricted interviews to "what" questions that engaged the participant to describe his or her lived experience and to obtain a "deeper and richer description of the first-person experience" (Thomas & Pollio, 2002, p. 43). I avoided other types of questions to prevent theoretical explanations or yes/no responses. The entire interview was participant driven and flexible. I scheduled the interview at the participant's convenience, preferably at a location of his or her choice. However, some participants did not have a location to provide. In these cases, I offered the option of a local library that had private study rooms or my office. All of the participants were within 15 minutes of my office so this was a viable option. Another complication was the issue of transportation. In most cases, I met the participant at a location of his or her choice and transported them to and from the interview site. I wore suitable clothing and conducted myself appropriately to the setting to avoid portraying a position of superiority.

The interviews were conducted in an unstructured format (Thomas & Pollio, 2002). The shortest interview was 10 minutes and the longest was 97 minutes, with a mean interview time of 43 minutes. The initial question was framed to derive an unbiased story from the participant. The opening question was "When you think about your life since leaving foster care, what stands out for you?" Additional questions were used throughout the interview to clarify word usage or to seek additional explanation of a phenomenon. For example, when an event, story, or word was not clear, I asked a probing question, such as "Can you tell me more about that?" or "Can

you give me an example of that?” All questions were based upon the need to clarify an existing word, statement, or story. At no time did I ask about events that had not been mentioned by the participant. By only asking for clarification of the participant’s words, I maintained the integrity of the participant’s experience and ensured interpretation not inference of the experience. At the conclusion of the interview, each participant completed Transitioning Foster Youth Demographic Survey (TFYDS; see Appendix A) to gather basic demographic information.

Transcription Process

The process of data analysis required a verbatim transcription of every interview. A transcriptionist who had signed a confidentiality form conducted this process (see Appendix B). I taped the interviews on a digital tape recorder and sent the audio files electronically to the transcriptionist. After receiving the transcribed interviews, I thoroughly edited each transcript by listening to each interview and comparing it to the transcribed record. All mistakes were corrected before data analysis.

Procedural Steps

The procedural steps included an initial read for meaning units, reading each interview for an overall sense of the experience, the initial thematic meaning, and the development of the thematic structure. The presentation of interviews to the IRG is integrated into these procedural steps and further described. The IRG is a group of diverse individuals who meet at the University of Tennessee-Knoxville to review transcripts of phenomenological interviews (Thomas & Pollio, 2002). Group members signed confidentiality forms before reviewing any transcripts (see Appendix C). The purpose of this group was to offer a diverse view of the interpretation of interviews and to ensure accuracy of data analysis. For the purpose of this study, the following procedures were used.

Two participant interviews were brought to the IRG for review and development of the thematic structure (Thomas & Pollio, 2002). I conducted the analysis of the remaining interviews. During analysis, special attention was paid to words that had specific meanings as well as the use of metaphors. From these words and metaphors, a theme or an overall sense of the experience was identified. The next step in the analysis process was a comparison of themes across all the interviews. This analysis was brought back to the IRG for the identification of “global themes” that were supported by the data and developed from the participant’s actual words (Thomas & Pollio, 2002, p. 37). The next step was the development of the thematic structure. A list of proposed themes and a diagram illustrating figural and ground categories were presented to the IRG for final development and approval of the thematic structure (Thomas & Pollio, 2002).

Member checking created some challenges as this sample was highly transient. All of the participants’ contact information was invalid at the time of member checking. One participant had reunited with siblings and relocated to another state; however, I was able to connect with one participant through my recruitment site. I had intended to address any discrepancies in an attempt to resolve any errors or participant distress; however, none were identified. This process is a blending of both the researcher’s and participant’s perspectives, with neither having more importance than the other.

Human Subject Protection

Ethical Concerns

This study posed minimal risks to the participants; however, ethical concerns were considered. The study ensured anonymity, confidentiality, informed consent, and coping with the possible negative emotional reactions associated with recall of past traumatic experiences.

Ethical issues are a concern when research involves human subjects. I ensured that all proper names were removed from the transcripts. Each participant was given a pseudonym. A master copy of each participant and his or her pseudonym was kept in my office in a locked filing cabinet. Any computerized data files were kept on a password-protected computer and final reporting included no personal identification.

A written informed consent process was conducted and signed by each participant before his or her interview began (see Appendix D). I answered all questions before the participant signed the informed consent form. The consent form was reviewed and a hard copy given to each potential participant. Each participant was informed of his or her right to withdraw consent at any time without penalty. The original, signed consent forms will be maintained in my dissertation chair's office for a period of three (3) years after completion of the study. I have a copy of the signed consent forms and all other study documents in a locked filing cabinet in my office. Audio files will be maintained on a password-protected computer or jump drive.

Inquiry into past traumatic experiences is a second ethical concern. Although this study was not focused on such historical data, participation itself might elicit emotional responses related to traumatic experiences. Consequently, I compiled a list of local mental-health professionals and fee schedules. This list was given to all the participants prior to beginning the interviews. In addition, participants were reminded of their right to refuse participation at any time during the study. Both of these concerns were addressed in writing on the consent form.

Benefits

As a member of this study, participants provided information that will help others, particularly nurses, understand more about their experiences after leaving foster care. Phenomenological research may also engage participants in self-healing. Through sharing of

thoughts that have not been processed, transitioning foster youth may benefit from disclosure and validation. The process of telling one's story can have therapeutic value associated with catharsis, self-reflection, and feeling heard (Thomas & Pollio, 2005), although the researcher does not promise therapeutic benefits. Several participants voiced readiness and excitement to tell their story.

Reliability and Validity

Reliability and validity are different in qualitative research than quantitative (Creswell, 2009; Thomas & Pollio, 2002). In quantitative designs, reliability is considered when evaluating the internal consistency of instruments (Creswell, 2009). For example, an instrument is evaluated on whether or not it consistently measures a concept. Qualitative reliability is also concerned with consistency; however, it is evaluated in terms of thematic consistency (Creswell, 2009; Thomas & Pollio, 2002). For the purposes of this study, I achieved thematic consistency through participation in the IRG for accuracy and member checking.

Validity was also a consideration for qualitative research, which differs from quantitative research. Validity is defined as the ability to infer useful meaning from scores obtained on instruments (Creswell, 2009). Qualitative validity is concerned with ensuring that findings are true to the intended phenomenon (Creswell, 2009; Thomas & Pollio, 2002). This was achieved by ensuring that findings accurately represent the participants' experience. I used several techniques to ensure the validity of this study (Creswell, 2009; Thomas & Pollio, 2002). I used a bracketing exercise to avoid introducing any researcher bias, beliefs, and assumptions into the analysis. During data analysis, participation in the IRG assisted in keeping bracketed items out of the analysis and ensured accurate development of the thematic structure. In summary,

reliability and validity was achieved by careful analysis of interviews, use of the IRG, member checking, and the bracketing exercise.

Rigor and Threats to Rigor

Creswell (2007) identified criteria for evaluating the rigor of a qualitative study. A qualitative study should: (a) use rigorous data collection; (b) use a recognized qualitative methodology; (c) be based upon qualitative assumptions and characteristics; (d) be developed from a single focus; (e) follow a detail and proven method for data collection, analysis, and writing; and (e) include the personal experiences of the researcher. The present study employed consistent data collection methods. Interviews were taped, transcribed, verified for accuracy, and analyzed according to these guidelines. Multiple types of data were not obtained and may be viewed as a threat to rigor. However, a phenomenological method, based upon Merleau-Ponty and guidelines from Thomas and Pollio (2002), was carefully followed thereby producing rigorous qualitative findings. Data was obtained using a non-structured interview format to obtain the lived experienced of transitioning from the foster care system to adulthood. The data emerged from the words of the participants rather than fitting preconceived categories, which is consistent with the assumptions and characteristics of qualitative research. The study was developed from a single focus of examining the lived experience of transitioning from the foster care system to adulthood and included reflections of the researcher.

Generalizability

Qualitative research is usually criticized as having limited generalizability (Mottern, 2013; Sandelowski, 2008; Thomas & Pollio, 2002). However, qualitative research, such as the identification of a phenomenon, is considered knowledge development as new concepts may be identified for future research (Morse, 2012). According to Mottern (2013), “phenomenology

seeks eidae, the essence of experience, that are a part of the pre-reflective life-world of the participants. Essences are not tied to an individual or groups but are universal, and therefore, generalizable” (p. 8). Thomas and Pollio (2002) discuss qualitative generalizability and argue that readers of the report assist in extending the findings to other settings when findings are found to make sense or fit their experience of the phenomenon. Furthermore, Sandelowski (2008) contributed to the discussion of generalizability in qualitative research by indicating that it does not need to be examined by comparing its differences to quantitative research. Generalizability of qualitative research should be evaluated based upon its own merit. Therefore, findings of this study, if they have captured the essence of the experience, may be considered generalizable to the experience of other youths transitioning from the foster care system to adulthood.

Sample

I obtained approval from the Institutional Review Board (IRB) at the University of Tennessee-Knoxville before initiating any study procedures. As this study aimed to examine those foster youth who were currently experiencing transition, inclusion criteria included participants who were 18 to 23 years of age, self-reported emancipation from foster care, and who were fluent in English. Exclusion criteria included participants who were less than 18 years or more than 23 years of age, had no history of foster care experience, and were not fluent in English. One unexpected finding was the inclusion of former foster youth who had been adopted. Three participants, the fourth, fifth and sixth interviews, had adoptions. This was not disclosed until the interview was in progress. One interesting finding was that these participants used the terms “foster parent” and “adoptive parent” interchangeably throughout their interviews. They did not consider themselves out of the foster care system until they had reached 18 years of

age even though they had been adopted. The sixth interview had re-entered care and did actually emancipate from the foster care system. The fourth interview only mentioned that her adoption was not that helpful. The fifth interview did find his adoption helpful but did not change the abrupt challenges of transitioning to adulthood. The inclusion of foster youth who had an adoption history did not change the findings of this study and strengthened the diversity of this sample. It is important to note, that future research of emancipated youth should include the interchangeable use of these terms when establishing inclusion and exclusion criteria.

A final sample size of nine participants was obtained. As a qualitative, phenomenological study, a sample size of 12 has been established as sufficient for providing data saturation (Guest, Bunce, & Johnson, 2006); whereas, Thomas and Pollio (2002) have found data saturation in as little as four interviews. Furthermore, I carefully evaluated data saturation before concluding interviews.

I obtained approval from a provider of transitional living services in a large, southern city prior to any recruitment efforts. Participants for this study were obtained through convenience and snowball sampling techniques. Special attention was given to building trust and rapport with participants. However, these participants were eager to share information with me after being informed that I was a nurse. The recruitment site was a privately owned company that provided services to children exiting foster care. This location was chosen because it was the primary provider of services to transitioning foster youth in this large, southern city. Additionally, this company just completed recruitment of transitioning foster youth for a large longitudinal study ($n = 1300$). A formal approval letter was obtained prior to submission to the IRB at the University of Tennessee-Knoxville.

Initial recruitment efforts were conducted by dissemination of study and contact information at programs and times approved by the director of Transitional Living Services. The first dissemination of study information was in November 2012; however, by the end of December 2012 only one participant had been interviewed. In January 2013 and after several weeks of communication with my liaison at this organization, I attended a peer-to-peer meeting to introduce my study and myself.

Recruitment included the dissemination of study and contact information during this on-site meeting. I was allowed to introduce myself and give information about my study. I was also available to answer questions and set up interview times. Participants recruited during this on-site recruitment period scheduled an interview at their earliest convenience, as well as gave their phone number and address. I conducted follow-up phone calls the day of the scheduled interviews, and in all except one interview the initial interviews were missed and rescheduled multiples times by the participant. Locations for interviews included homes of participants, a local public library, and my office. At the end of each interview, the participants were given a hand-written thank you card and a \$15.00 gift certificate.

Demographic Characteristics of the Sample

Table 1 provides demographic characteristics obtained from the Transitioning Foster Youth Demographic Survey completed at the end of each interview. Each participant's pseudonym is also provided. Pseudonyms are used throughout the remainder of this document.

Table 1: Participant Demographic Characteristics

Participant	Aleyah	Sabri	Fraco	Mara	Asher	Collin	Gwenyth	Lila	Greg
Age	18	19	18	19	21	19	23	18	19
Gender	Female	Male	Male	Female	Male	Male	Female	Female	Male
Ethnicity	AA	AA	AA	AA	AA	AA	AA	AA	AA
Age Entered	17	13	10	9	15	3	13	14	17
Age Exited	17	17	18	17	17	18	18	17	17
Number of Placements	1	10	20	20	3	50	3	31	1
Longest Placement (years)	0.002 (1 day)	2	3	2	1.5	4	6	0.8 (10 months)	0.42 (6 months)
Number of High Schools Changes	3	9	10	4	4	6	2	10	0
Highest Education	< High School	GED	< High School	VoTech	HS	< High School	GED	HS	HS

The mean age for the participants in this study was 19.3 years old, ranging between 18 and 23 years of age. Participants entered foster care between the ages of 3 and 17 with a mean entry age of 12.33 years old. The participants exited care between 17 and 18 years of age. The total time in foster care varied from one day to 15 years, with a mean time of 5.05 years spent in the foster care system. The longest placement was between 1 day and six years, with a mean placement time of 2.194 years. The sample included four females (44.4%) and five males (55.6%). All of the participants were African American. These participants changed high schools one to ten times, with a mean score of 5.44 changes. Three participants (33.3%) had not completed high school or obtained a GED. Two participants (22.2%) had a GED, one participant (11.1%) was attending a Vo-tech school, and three participants (33.3%) had a high school diploma. In the next section, I provide a summary of each participant's story, not only to provide

biographical data but also to introduce each participant's unique history and journey through a difficult time.

Biographical Sketches of the Participants

Aleyah was interviewed in her grandmother's home. She was unique because she was only in the foster care system for a day. She was 18 years old at the time of this interview. She entered foster care at 17 years of age and exited after one day. She was allowed to leave her foster parent's home because she did not have the appropriate paperwork. She struggled with anger issues but was learning to cope. Even though she was only in foster care for a short while, she had changed high schools three times but had not completed high school or obtained a GED. While in care she experienced rules and boundaries that did not make sense and was happy that she was allowed or given permission to leave the foster care system.

Sabri was interviewed in his apartment, which he shared with his younger brother. Sabri, who was 19 years old at the time of this interview, entered the foster care system at the age of 13 and exited at 17. He experienced ten different placements while in care, with the longest placement being two years. He experienced nine different high schools during this time period yet was able to successfully attain a GED. He is currently attending a community college. He experienced many hardships while in the foster care system. He experienced the transition to adulthood as more of the same hardships, including homelessness that he had to face alone. He developed strong skills to handle this transition.

Fraco was living with his grandmother but was interviewed at my office. Fraco was 18 years old at the time of this interview. He entered foster care at the age of 10 and exited care at the age of 18. He experienced 20 placements with the longest placement being three years. He changed high school ten times and had not yet completed high school or obtained a GED. He

voiced many regrets about having to leave care. He struggled with navigating the adult world and encountered many difficulties in completing his education or acquiring employment. He returned to his family of origin after he left the foster care system and experienced further abuse and fear.

Mara was interviewed at a local public library. She was 19 years old at the time of this interview. She entered foster care at the age of 9 and exited care at the age of 17. She experienced 20 placements while in care and her longest placement was two years. She changed high school four times and did obtain a GED. She almost completed a vocational technology program but had to withdraw because of an unexpected pregnancy. She entered care due to her mother's death. She experienced intense grief because of this loss, which was compounded when her family abandoned her to the foster care system. Her grief eventually turned to anger, which took several years to control. She acknowledged consequences of her anger, which had resulted in multiple placements. She did experience an adoption but did not feel that it was helpful and was only briefly mentioned. She experienced an intense feeling of being alone because her family was gone and because she did not have anyone to grieve with her.

Asher was interviewed at a public library near his home. Asher was 21 years old at the time of this interview. He entered care at the age of 15 and exited care at the age of 17. He experienced three placements with the longest being 1.5 years. He changed high schools four times, completed high school and was currently attending a community college. This participant was unique in that he was adopted and felt it was helpful. However, he still experienced difficulties with his transition and had to learn to care for himself.

Collin was interviewed at my office. Collin was 19 at the time of this interview. He entered care at the age of 3 and exited care at the age of 18. His longest placement was four

years but he experienced 50 placements and he changed high schools six times. He was adopted but due to neglect and abuse re-entered the foster care system. He had not completed high school or obtained a GED at the time of this interview. He had several episodes of homelessness during his transition to adulthood and currently “couch surfs” with friends. He had turned 19 years old, a day before our interview, and perceived an urgency to do something with his life.

Gwenyth was interviewed in her own home. Gwenyth was the oldest participant in the study at 23 years of age. She entered care at the age of 13 and exited at the age of 18. She experienced three placements during care. Her longest placement was six years. She changed high schools twice, obtained her GED and is currently in college. She experienced being alone as difficult because she did not have anybody to guide or teach her; however, she was currently experiencing success in her efforts to navigate the adult world. She was attending college to become a social worker. She had obtained qualifications to become a security officer and was excited about the employment prospects that would support her continued education.

Lila was interviewed in her apartment. She was having to move out within the next week and feared the threat of homelessness. Lila was 18 years old at the time of this interview. She entered care at the age of 14 and exited care at the age of 17. She experienced 31 placements with the longest being 10 months. She changed high schools 10 times yet she completed high school and was currently enrolled in a phlebotomy course. She was removed from her mother due to neglect; however, her mother’s rights were never severed. This connection to her mother was both a support and a hindrance to her foster care experience. At times, Lila would rely on her mother to provide protection from harmful elements within her foster care experience and at other times her mother prevented her from doing well in foster care. She expressed much anger and resentment towards the foster care system.

Greg was interviewed at his apartment. He was 19 years of age at the time of this interview. He entered foster care at the age of 17 and also exited at the age of 17. He experienced one placement for six months. He did not change high schools and had successfully completed high school. He was currently in a welding program. He identified a worsening of his situation upon entering foster care but felt he was recovering.

Summary

The phenomenological method was chosen to examine the lived experience of transitioning from the foster care system to adulthood. This study was further guided by the philosophical framework of Merleau-Ponty, which explains experiences in terms of their *figural* components understood within a context or *background* (Thomas, 2005). His philosophical framework, which encompasses the human body, as well as the existential grounds of time, others, and world, provided a useful lens to view this experience. The research guidelines by Thomas & Pollio (2002) established steps for conducting this study that are consistent with Merleau-Ponty's philosophical framework. The method and research guidelines described in this chapter provided a framework for examining the lived experience of transitioning from the foster care system to adulthood from a nursing perspective.

Chapter IV

Findings

What is the phenomenon of transitioning from the foster care system to adulthood? It is difficult to fully grasp unless you have lived the experience. The participants in this study allowed me to hear this experience through their words. The interviews were also useful for gaining a glimpse into the world of these participants. Most participants described a harsh, ugly world that included many struggles and hardships where they felt alone. This is best described as my first-person narrative of an interview set in this harsh world. As I pull into this neighborhood, I notice that it has a ghostly quality because there are no people outside; it seems abandoned. All of the homes are in disrepair and some appear uninhabitable. As I continue to the house, I pass a couple of stray dogs that chase my car and bark, but still no people. I am excited to meet this participant but I am also nervous. I called him earlier to confirm our appointment and he was very upset. I heard someone in the background yelling loudly with a lot of commotion. The participant said he could not meet with me today and wanted to do it another day. About an hour later, I received another call from him asking if I could come get him for the interview. Thirty minutes later, I am driving through his neighborhood and I am not sure what I am going to find.

He is waiting at the door and quickly exits the house to come to my car. I introduce myself and he smiles a big smile and I am relieved; he seems comfortable. He is quiet and I notice his clothes are dirty with a slight body odor but I am glad he is okay. We engage in small talk until we get to my office where the interview is completed. After the interview, I hand him a handwritten card thanking him for his time as well as a gift certificate. He said he wasn't sure

how to use the card or how he was going to get to the store. He also states that he cannot go home with the card because his grandmother will take his money. On the way back to his house, we stop at a local store for him to use the card. I take him to a store that offers everything from groceries, clothing, personal hygiene items, and house wares; I am curious what he will buy but I do not want to invade his privacy. As we stop the car, he asks me to come in with him. As we are walking around the store, I notice he is spending a lot of time in the personal hygiene aisle looking at several prices. I continue to stand by but out of his way. Finally, he says that he is not sure if he gets some soap how much money he will have left. The calculation was \$7.00 out of a \$15.00 gift certificate. When we left, he had purchased some body wash, soap, socks and underwear. The purchasing of personal hygiene supplies was also insightful into the experience of transitioning from the foster care system to adulthood as this participant understood the importance of caring for his body. Many experienced a maltreatment of the body yet had learned that caring for their body in clothing and personal hygiene held an important role in making this transition.

All of the participants except one missed and rescheduled their interview several times. Control over establishing an interview time was indicative of the participant's need to maintain control. This was an important insight into their experience of transitioning to adulthood and consistent with the findings of this study. These participants have perceived being controlled. This control was perceived when they were removed from their families. It was also perceived when they were moved from foster home to foster home without any regard for their wishes, needs, or welfare. This perception of control did not always end as these young adults transitioned into adulthood. Even though they were removed from the control of the foster care

system, they were now controlled by societal expectations to abruptly assume adult responsibilities, such as securing a home, a job, or furthering their education.

Existential Grounds

The existential grounds of time, body, world and others contextualize this phenomenological study of the experience of transitioning from the foster care system to adulthood (Thomas 2005; Thomas & Pollio, 2002). For transitioning foster youth, the world is harsh and ugly. This has been their world since before they entered the foster care system. In this world, their bodies were mistreated by not being fed, housed, clothed, supported, protected, or cared for. In this world where they did not feel protected or cared for, these youth learned to self-protect by using extreme actions that sometimes had negative consequences for them. They were controlled, manipulated, misled, and abandoned by those who were supposed to protect them. They handled intense emotions, such as anger and grief over the death of parents. This harsh, ugly world grounded the experience of transitioning to adulthood for these participants. Missing from most of the interviews were normal childhood experiences, such as sports, and nature. Even as they transitioned to adulthood, the world still remained harsh. These experiences included periods of homelessness, difficulties securing employment, and education. Some were able to find ways to lessen this harshness by encountering someone who cared or developing positive aspects of self, such as optimism and resourcefulness. One participant, who was the oldest, had developed strong positive aspects of self and was able to see the world as less harsh and experienced the world for its beauty and opportunities. However, she had accepted the world for its ugliness (Gwenyth). In all the interviews, this harsh, ugly world was experienced through the bodies of the transitioning foster youth.

The bodies of these participants experienced the harshness through abuse, neglect, and control. Their bodies were moved from foster home to foster home with carelessness that created a perception that no one cared. When a positive story was described by these participants, it was described in the sense of treatment of the body, either they were fed, housed, clothed, or supported in their attainment of education. They began making choices about who to socialize with as well as how to dress their bodies. These participants recognized that in order to meet societal expectations and assume adult responsibilities, such as employment, the body had to look and act in a certain manner. Tattoos, inappropriate clothing and speech were barriers to finding employment. However, the body was a façade; it did not tell the entire story of their experience. They felt judged by society because of their appearance. The body interacted with others in this harsh, ugly world.

Others in this harsh world were described in their treatment of the participants' bodies. Others mainly consisted of interactions with family (including parents), siblings, peers, foster care workers, foster/adoptive parents, and others. Participants were misled, disappointed and abandoned by their families. Some of these experiences consisted of either being removed from families due to poor parental choices, such as continued drug use, or death of a parent that resulted in further abandonment from other family members. These participants suffered many years of emotional trauma from the loss of family, particularly the loss of a mother. One participant retained a connection with her mother throughout foster care and the transition to adulthood. However, this relationship resulted in additional hardships throughout foster care and did not provide support in the transition to adulthood. The participants vaguely mentioned fathers. If mentioned, it was usually in a casual context related to their father's death or consequences of their father's lack of involvement in their life. A few of the participants

reunited with family members after transitioning to adulthood, which usually resulted in further disappointment or abandonment.

Siblings also appeared in the experience of these participants. Siblings existed as something to protect from the harsh, ugly world. These participants used extreme actions to protect their siblings from the harshness that they experienced. These participants also experienced separation from their siblings. Two participants reunited with their siblings after transitioning out of the foster care system and are currently living together.

Generally, foster care employees were not trusted nor described positively in the experience. They were seen as only doing a job and not caring. Occasionally, a participant encountered a positive foster care worker. These stories consistently involved workers who would listen to the participant and were supportive not controlling. Likewise, foster parents were not experienced positively by these youth. Foster parents continued controlling these participants usually with rules or decisions that made no sense. The participants had difficulty complying with rules or decisions that did not make sense and sometimes this would lead to rebellion. Participants described experiences of further abuse and neglect at the hands of foster parents. Additionally, when these participants reached out for assistance from foster care employees, their pleas were ignored or denied, which led to further abuse and neglect and supported a feeling that no one cared. Most of the participants had a positive experience with transitional living caseworkers, who were available and helped with their transition to adulthood by helping them obtain employment or education.

Peers were described in the context of comparing decision making ability or making better choices than their peers. Peers also encouraged some participants to leave a harmful situation. Several participants experienced a loss of friends after entering care and several

acknowledged that some friends were negative influences in their lives. Overall, these participants did not routinely experience peers. One participant experienced gang involvement in his search for protection. God provided strength for most of the participants through guidance, but was also experienced as someone to fear. Police officers were experienced by some participants and provided protection and leniency.

Time was described in the experience of transitioning to adulthood in the sense of growing up too fast and having to prematurely assume adult responsibilities. Most of the participants described their experience of transitioning to adulthood as assuming adult responsibilities too fast. Those who had not adjusted to the societal expectations to find employment or further educational attainment felt more urgency to do something with their life. Those who had adjusted and found their place in the adult world, experienced time more slowly. When life was on track, time slowed down and was not pushed to the forefront of their minds. However, when life contained many struggles, time was more significant and created an urgency to do something fast.

Figural Themes

The figural themes perceived by these participants are represented in three themes: (a) *I am nothing*; (b) *I am something* and (c) “make it back to shore”. Figure 1 illustrates each global theme and subthemes. The first two themes were interpreted from the words of the participants, while the last theme was chosen from a participant’s actual words. Participants experiencing the phenomenon of transitioning from the foster care system to adulthood interacted with the harsh, ugly world through their bodies. The mind also experienced the harshness and left these participants with a perception of *I am nothing*. Every participant perceived this nothingness. Participants also perceived components of somethingness or *I am something*. Even though

participants perceived somethingness, the experiences of nothingness remained in their history. Through the transition to adulthood, participants performed behaviors that they perceived as “making it back to shore.”



Figure 1: Global themes and subthemes for the phenomenon of transitioning from the foster care system to adulthood

Theme One: I am nothing

The figural theme of *I am nothing* arose from the treatment of the body by others within this harsh world. The experience of transitioning from the foster care system to adulthood created a perception of nothingness that was reinforced through events during and after foster care. Participants perceived nothingness in four ways, which are reflected in the following subthemes: (a) “no one cares”; (b) *my body was mistreated*; (c) *I was controlled* and (d) “get off the ship.”

“No one cares”

The perception that “no one cares” is a core finding of the experience of transitioning from the foster care system to adulthood. This was perceived as being alone in the world. Several of the participants had experienced difficulties with their family of origin, which

persisted through their transition period. Others experienced negative foster care situations. Finally, when seeking help from harmful situations, these participants were rejected or denied assistance. Whatever the experience, they perceived that they did not have anyone who cared, which reinforced the perception of nothingness.

The situations for being alone varied by participant; however, the perception was the same. As shown in the following quote, Gwenyth experienced poor parental choices that left her without guidance. Sabri experienced the lack of protection against harsh elements, whereas, Asher experienced the perception of being alone by learning to care for himself. Regardless of the variation in the nature of the experiences, these participants perceived being alone and facing this harsh world without anyone.

My mom she was on cocaine and my dad he was on cocaine and he left for 12 years and so of course that wasn't easy. You know, I didn't have nobody to tell me "this is right or that was wrong," you know not all the time or I may not have been around people that ah, that really cared about my welfare you know but um, not having a mother there and not having a father there that led me into bad situations sometimes and sometimes I had to learn the hard way. (Gwenyth)

Don't nobody care that you ain't had nothing to eat in the three days. Don't nobody care if you ain't got nobody to lean on. (Sabri)

Having to take care of myself. Having to take care of myself. I mean I know how it is to really be on your own. (Asher)

The perception that “no one cares” was also experienced through difficulties with their families of origin. These experiences included abandonment from their families that either caused entry into the foster care system or created additional struggles during their transition to adulthood. Mara describes her experience after her mother died as her family abandoned her to the foster care system. Fraco experienced difficulties in his transition period as he returned to his family of origin for support. Collin experienced difficulties and separation from his sibling after being returned to care when his sister could no longer care for him.

It seemed like after she died everybody was just scattered (sniff). But, it was like ah nobody even wanted me after she died. It was just like “where’d everybody go?” As I said, I say I felt very alone cause it seemed like everybody that was there. (Mara)

I got down here, nobody wouldn’t get me in school. She wouldn’t even try to call in for my papers for school... I feel like my life is ruined. I don’t have nobody to help me with my education. (Fraco)

We done traveled like with her and then she was like (tap) can’t can’t do it no more. She was like “I can’t take care of ya’ll even though ya’ll my brothers but I still couldn’t do it,” so she sent us back to state custody, sent us back to Nashville and that’s when they separated all of us. (Collin)

All the participants also experienced foster care experiences that were perceived as uncaring environments. These environments included interactions with foster care employees and foster parents. Regardless, these experiences left the participants with a perception that no one cared for them.

There are kids and teens out here that really need help, that really need somebody to genuinely care about them and when you're in state's custody, they don't care about you and that hurts me. (Lila)

And then DCS, they don't care where they put you at and they had me in Riverside for year and a half...I just feel like you know they real careless. (Mara)

I've just seen a lot of a lot of things different because it used to be I thought that they really cared, all of em...I just started thinking I was like "well you know they get paid to act like they care," you know and that don't mean they really care. (Gwenyth)

The subtheme of "no one cares" supports the global theme of *I am nothing*. These participants perceived facing the harsh world alone because of the loss of their family of origin, as well as negative foster care experiences. These experiences left these participants alone, struggling in this world without anyone and the perception of nothingness.

I am controlled

This subtheme was derived from the many experiences of having decisions made by others. Controlling situations further supported the perception of nothingness expressed by these

participants because they were not included in the decision-making process; decisions were made for them. Control was experienced from a global “they” and from circumstances created by society. These participants also perceived being controlled by their own emotional responses to the disruption of their family of origin and perceived wrongs.

Lila and Sabri experienced this control from a global “they” as they described the experience of being imprisoned or oppressed or having decisions made for them that created more difficulties for them. Aleyah and Greg experienced rules and boundaries that did not make any sense. All these experiences supported the perception of being controlled.

They’re very oppressive and they wrong cause they know what they be doing to us. They know and then they want to blame us talk about we got all these problems. Our problems come from them. When you put us in situations like that, like what you expect you expect us to still be normal? Mistreating us, putting us in certain situations, locking us up throwing away the keys and you expect like me I’m not crazy but you want to throw me in here with a bunch of animals. (Lila)

Certain foster homes they done put me in, they done put me in a foster with rapists, robbers, all type of people. They done put me in foster homes with different foster parents and different everything. (Sabri)

Being in a foster home is boring; can’t do nothing. They got a certain time to watch TV, a certain time to eat then it’s only the certain stuff you can eat, then you gotta ask to go to the store, you gotta ask to go outside. (Aleyah)

When I went in foster care, it was so boring... Because you couldn't do nothing I'm like "what?" you couldn't you couldn't ah you couldn't you had to tell them where you going. You got to be back by a certain time, a certain early time. (Greg)

Other participants perceived being controlled by their circumstances. These participants described control in a vague manner. They perceived control by circumstances or outside forces and pressures that were not within their ability to manipulate. Collin and Fraco both perceived being controlled by their circumstances.

I just did because that's all, that's all I hung around and those were the people they stayed in my community so you know what I'm saying and I don't want to, I was it's like more for the protection cause I wasn't the type of person that knew how to fight. I wasn't the type person to fight so I just joined their little gang. (Collin)

My family just tell me "why don't you just drop out and just start selling" you know "weed or dope" or whatever and I tell them like "I don't want to," but after a while it feel like I'm going to have to cause I don't have no income. (Fraco)

The subtheme of *I am controlled* was also experienced by participants who acknowledged difficulty with emotional control, especially strong emotions of grief and anger. Some participants turned to illegal drug use or medication to help control the emotions and

associated behavior. Mara and Lila perceived this control as they attempted to cope with anger; where as, Collin experienced control by a different emotion.

Just being in foster care is kind of like like it's cloudy like you always cloudy and like you can't think for yourself when you in foster care because it's everybody else thinking for you. (Mara)

When I had got put in all these foster homes, I was just reckless. I didn't want to hear nothing. I was always trying to go find my mama though. (Collin)

They got me looking like I'm crazy. Got doctors putting labels on me. I'm perfectly fine. Ain't nothing wrong me. I just have a lot of anger inside of me really. (Lila)

The only thing illegal that I do right now is I smoke weed but I smoke weed because I'm very stressed. (Lila)

In summary, the subtheme of *I am controlled* described experiences of the perception of being controlled by “they”, circumstances, and emotions. As these participants transitioned to adulthood, being controlled reinforced the perception that “no one cares” and further supported the sense of nothingness.

My body was mistreated

The subtheme of *my body was mistreated* was relevant for this study as it demonstrates the importance of how the body experienced the phenomenon of transitioning from the foster

care system to adulthood. This subtheme further supported the perception of nothingness as the participants experienced their bodies being mistreated by abuse and neglect. These behaviors began before entry into foster care and persisted into the transition period. Fraco described abuse before he entered care by a step-father, as well as abuse by his grandmother, who he currently lives with. Collin described the experience of abuse or mistreatment of the body and its long-term effects. Lila also experience mistreatment of the body. She experienced physical abuse, as well as mental and emotional abuse.

She'll grab a knife, throw it at you. She'll play with the knife on you like and do all that and that's one thing I really hate. I never had that done to me. (Fraco)

When you beat a child you you really do something to a child like that. Me being a, sometimes I do feel like I need to kill myself, sometimes I do feel that. Collin, you ain't going to be shit. Because I done been, it just done happen to me so many times. (Collin)

I'm terrified of dogs. I have I've gotten bit by a dog and I'm terrified of dogs. They would put in foster homes. The foster home that they put in with the white people that were being racist, they had um, she had sicced her dog on me. She has a German Rotweiler and the dog was fully grown and I had to I had to barricade myself in my room. (Lila)

Several participants described experiences of not having their body properly clothed, cleaned, or housed properly. For example, Lila experienced difficulties in acquiring proper attire

and hygiene products during foster care. Fraco and Gwentyth experienced a body that was not properly clothed. Collin also experienced not having his body properly fed.

I ain't had no clothes. I had on the same clothes. I wear the same clothes for almost a week. I was on my period and everything. They wouldn't give me no tampons, no pads I had to run away and call my mama. (Lila)

People notice that you have the same jeans on. I don't have, you know, money to go get jeans and clothes and when I try to save it, it's thieves in the house that take your money like they'll see you put it up or they'll, you know, throw everything around till they find your money and I don't have no clothes, no shoes, nothing. I can't have nothing...I can't even get a good haircut. I can't even get a haircut. I never have money for a haircut. (Fraco)

My dad he well he died. Well before he died, he lost my clothes, all my clothes that I was struggling to buy for myself. (Gwentyth)

There's seven of us in one home. Two of them bowls for the Rice Krispies and we sit on floor, all the kids. Two bowls split down between between seven kids and everybody gets a spoon you eat out of it, everybody. I don't care if you sick or not, all ya'll going to eat that's how my foster mom used to do when she cooked for us. (Collin)

In this harsh, ugly world where “no one cares”, these participants were controlled and their bodies mistreated; therefore, these participants resorted to extreme protective behaviors. These behaviors existed before, during, and after foster care. Quotes from Aleyah, Fraco, Collin, and Sabri illustrate engaging in self-protection because of the perceived lack of protection from others.

We wasn't getting along (swish noise) cause my little brothers and sisters they'll hit on me and they don't think I was supposed to hit them but I'm going to hit them back.

(Aleyah)

Then my step dad got home that same day and punched me again so that time I got tired of it and the night before that I had stashed like my little BB gun under my bed. He punched me over towards my bed. I grabbed the BB gun and I started shooting and I started shooting. (Fraco)

If you ever put your hands on me like my last foster, I will kill you and I done told em.

(Collin)

Just because I'm talking to a person who's not the same skin color as me and they have on the badge so I got to deal with all that. As soon as a altercation breaks out, I'm the one that still got to get wrote up for it. I'm the one that gotta move miles and miles away. I'm the one that gotta drop everything that I'm doing at the time and just go wherever they place me. (Sabri)

In summary, the bodies of these participants experienced mistreatment through abuse, including being beaten, not clothed, fed, or housed properly. At times they resorted to extreme action to protect their bodies from others in a harsh, ugly world. The mistreated body supported the perception that “no one cares” for them or their body, which also reinforced the perception of nothingness.

“Get off the ship”

The last subtheme for the global theme of *I am nothing* arose as these participants experienced an abrupt transition to adulthood. This was experienced as being thrown off a ship.

That’s how it is “Get off the ship,” and it’s out in open water like and they wonder why so many DCS kids come up dead like cause ya’ll just throw us out here. Ya’ll don’t care about us and then ya’ll wonder “well why did that happen to them.” “Look at what ya’ll did, ya’ll just threw us out here. Ya’ll didn’t care about our well being or nothing.” (Lila)

The difficulty of this transition was not entirely attributable to the departure from the foster care system at age 18 but also to other facets of the premature entry into adulthood that left these participants with the perception of having to grow up too fast. These participants perceived many difficulties navigating the adult world, such as educational attainment, employment, and housing.

I just told em I was in the process of getting my GED like right now I’m still in the process of getting GED. I’m like confused if I want to go to the Job Corp or if I want to

get my GED. I want to go to Job Corp but every time I call for a Job Corp, they always like pushing me off like “no”...I don’t have time to hear that. (Collin)

I need to get my education. I tried the GED route, didn’t work out. I told my counselor that I wanted to a job corp. He said he got a lot of paperwork and stuff. We’re going to a meeting Tuesday and all that but other than that education is one. I need to do something with my life about um, I need to find a job. I’m always ready to work, always. I love to work. (Fraco)

They gonna tell me to go to a homeless shelter. I’m already not comfortable. I’m in a new city. I don’t know shit about here and ya’ll going to tell me to go to a homeless shelter. (Lila)

I mean, when I left foster care, I was homeless just like everybody else that leaves foster care. (Sabri)

I was 18 years old, homeless living at the mission right down the street, stayed there for almost two, two months. Then, I found a job. (Collin)

Man, I done been through stuff in my 19 years. An adult and older men, I don’t see no difference when I look at em...I probably done through just as much, if not more. A lot of people call me “a little old man.” (Sabri)

The phenomenon of transitioning from the foster care system to adulthood began with the global theme of *I am nothing*. In this theme, participants experienced the perception of nothingness. They perceived that “no one cares.” The participants experienced being alone because they had nobody to lean on or to care about their well-being and suffering. They perceived isolation and abandonment as they experienced family of origin issues, such as loss of family through death and poor parental choices. They also experienced rejection or abandonment by other family members. Once in the system, negative foster care experiences exposed them to further abuse and neglect by placing them in uncaring environments where they were ignored when they reached out for help. These experiences left these participants with the perception that “no one cares” and one of nothingness.

A second subtheme that supported *I am nothing* was that these participants were controlled. They were controlled by “they” which was perceived as being imprisoned and oppressed. They were abruptly removed from their family of origin and moved from home to home and were never asked for their input. They were threatened and manipulated and had to follow rules that made no sense. Additionally, these participants perceived being controlled by circumstances where they had no options and faced an unpredictable future. Control was also experienced as they dealt with strong emotions such as grief and anger.

These participants also experienced mistreatment of their bodies, which supported the perception of nothingness. Their bodies were beaten, not fed, clothed, cleaned, or housed properly. Because they had no one who cared, they resorted to extreme behaviors to self-protect.

These participants perceived an abrupt entry into adulthood where they were forced to “get off the ship.” The entry caused them to grow up too fast. These participants experienced many hardships attempting to navigate the adult world. These hardships included challenges

with educational attainment, housing, income, and employment. However, another global theme for the experience of transitioning from the foster care system to adulthood was the perception of somethingness.

Theme Two: I am Something

The second global theme of *I am something* evolved from the perception of somethingness. Somethingness is defined by *Merriam-Webster* (2013) as “the quality or state of being something” (online version). This perception of being something or someone helped support participants to “make it back to shore.” *I am something* was experienced as the participants perceived control over the harsh elements of the world. This theme represents both interactions with others, but more specifically an internal awareness that was perceived as strengthening. The perception of *I am something* occurred in three ways which are reflected in these subthemes: (a) *someone cares*; (b) *developing positive aspects of self*; and (c) “I’m making my own choices.” The global theme of *I am something* supported the participants’ perceptions of their ability to successfully navigate the harsh elements of the world. The perception of nothingness was changed to one of somethingness.

Someone Cares

The subtheme of *someone cares* was experienced by all of the participants. Participants experienced others who were perceived to care for their bodies. This type of caring was briefly described. This type of caring was experienced when participants described positive foster parents, foster care employees, and transitional living case workers. The context was described as a fact that not all foster parents and foster care employees were bad, in fact, some were good.

I'm not going to say everything was negative with foster care because I can say I had two great foster parents. (Lila)

All the people in the industry might not be the best you know um, some of em you can only do as much as you can do. Some of em are very good people. (Gwenyth)

The same way with foster parents with the Carters, for example. They were foster parents that wanted to see me do successful but then there was other foster parents. (Collin)

Other participants described foster care employees and transitional living case workers who listened to them and provided guidance and interventions that were helpful.

That's the only DCS worker that asked me what a ideal foster home would be like. (Lila)

I didn't talk to any of my counselors except for one and she instilled something in me that helped me a lot...and I think that's the only counselor I opened up to. I didn't talk to no other counselor. (Mara)

To this very day every case worker that I've ever had has found a way to find my phone number to text me and ask me how am I doing. (Collin)

He'll sit down with me more than an hour and only supposed to meet like an hour. He'll sit down more than an hour just to fill out application and that's what I like. (Greg)

Several participants perceived caring as they turned to God for strength. They were thankful for the support, guidance, and strength provided from their spirituality.

It's the love of God and prayer and endurance and just the fight on the spirit in what God put in me you know I just made it through and um, I thank God everyday for it.

(Gwenyth)

Obviously, you can handle it cause God, He ain't going put you through something you can't handle and I had to learn that the hard way. (Collin)

That man upstairs going to help you deal with it while you're living with it. That's how I look at it. (Asher)

I just thank God that He gave me all the senses I got and I know how to think around situations and weigh my options out and I'm patient and I can endure a lot and it takes a lot to break me. (Sabri)

Experience with someone who cares was in stark contrast to the experience that no one cares in the previous theme. These experiences influenced an alternate perception that some others do care. Even though most of the participants only described brief and casual experiences, these experiences added another dimension to their perception, one of somethingness.

I am making my own choices

The next subtheme for the global theme of *I am something* was experienced when participants perceived being able to make their own choices. Making their own choices gave them clarity and focus, which was a change from the emotional and physical control they had experienced. Mara and Sabri both perceived this as gaining mental stability.

I guess you know just being, having a clear mind you know just being able to think straight just being in foster care is kind of like like it's cloudy like you always cloudy and like you can't think for yourself when you in foster care because it's everybody else thinking for you. (Mara)

I used to wake up feeling like I ain't really care about nothing. Yeah, like so now like I got a more stable mindset. (Sabri)

Participants experienced the perception to control their lives and circumstances. They saw themselves as independent from their environment and circumstances, which is a stark difference from the experiences described in *I am nothing* where the participants perceived being controlled by their circumstances. Gwenyth and Lila both differentiated between who they were in relation to their environment and circumstances.

I just continue to strive you know and I'm not who I used to be and I'm not my circumstances or situations but I am who I am. (Gwenyth)

I said “Ya’ll just stereotype us because of where we come from you guys think that we’re a product of our environment.” I said “We can’t help the way we live. We can’t control that. We can live in the hood but we don’t have to be a product of the hood.” (Lila)

Sabri and Asher accepted that decisions had rewards and consequences. Both of these participants had developed a strong repertoire of *positive aspects of self* and perceived the importance of making good decisions.

You gotta make better decisions and I always think about the consequences before I make a decision cause you’re always going to pay for the decision like there’s always an outcome. Might be a consequence, it might be a reward you never know. That’s life.
(Asher)

It’s you like everything you do, you’re gonna always have decision or a choice. You gonna, ain’t no such thing as I didn’t have another option. You know, I always had another option. It’s just one option is better than the other so you chose that option.
(Sabri)

Participants making their own choices gained mental clarity and began to view the harshness of the world as more controllable. They began to experience the rewards and consequences of their decisions. As these participants began making their own choices, their perception of nothingness changed to one of somethingness. However, this alone was not enough to fully support their perception of “making it back to shore.” Internal strength was

needed to handle or soften the harshness of the world and to assist with the navigation of the adult world.

Developing Positive Aspects of Self

This subtheme included developing positive aspects of self that provided strength and guidance through the foster care experience and through the transition to adulthood.

Participants who experienced more positive aspects of self also perceived “making it back to shore.” Developing positive aspects of self included acceptance, self-reliance, optimism, and determination.

Several participants perceived acceptance of their situation when they were able to benefit from their past experiences.

I just do with the scraps I’m given. I mean, that’s what I do. (Sabri)

But you know stuff happens and sometimes it’s not in my control and me being in state’s custody that wadn’t in my control and I had to make the best of it. (Lila)

How to have a strong mind you like when you leaving your family to go stay with some people you don’t know, you know, it make you get emotional and be sad for a little while and I got used to it a little bit. (Asher)

I wouldn’t say foster care was a good experience but it was a helpful experience. It helped me with a lot of stuff. It showed me that you can’t have your cake and eat it too you know. (Mara)

Self-reliance was experienced as some participants perceived a responsibility for their own needs and desires.

I just learned to my make sure I'm ok first cause ain't nobody going to take care of me like I would. If I'm hungry, if my stomach growl, it's not up to the next person to put food in my mouth it's up to me because I'm the one hungry. So, that mean I got to do whatever I feel like is necessary to eat. (Sabri)

You want something you got to go get it. She told me that. Told me like "when you leave here ain't nobody going to do nothing for you like I was doing," like she was doing you know. (Asher)

I was like "ya'll don't care about my education but I do," so I got my papers to be sent down here from Atlanta and I got um, I got my paper to be sent down here from Atlanta like all my. (Fraco)

I learned valuable things about the world and um, stuff that I couldn't learn unless I went through what I went through so I tell people all the time I wouldn't trade my situation for nothing in the world because it made me who I am. (Gwenyth)

Optimism was another *positive aspect of self* that was experienced by these participants to overcome perceived hardships and challenges.

I wake up every morning and say “today going to be the day I get rich,” I say that to every morning. I say that every morning. One of these days what I say going to happen. (Mara)

That’s how I look at it. I just wake up and just be happy I’m living. I don’t really get mad cause I ain’t got no money and stuff like that stuff I don’t get mad cause with stuff I get and I can’t do. (Asher)

I have faith in myself even when nobody else has faith in me. I have faith and I feel like I’m going to be ok even when I know it’s not going to be ok. I’m going to be ok and that’s how it is right now. (Lila)

Several participants experienced determination to learn to fight for what they wanted and to persist against the perceived harsh elements of the world.

I just do what it takes. I’m determined for a better life and um, at times these people that I encounter in this world motivate me to do exactly what I want to do. (Gwenyth)

Don’t give up. Never give up on life. Give up on life, life’ll give up on you. Young people end up dead today from giving up on life. (Asher)

You keep pushing and you keep striving. (Mara)

You ain't got to steal. I mean who's to say that everyday you're supposed to eat. It's not true. I didn't eat everyday. Who's to say that you supposed to be warm in the winter time. That's not true. I didn't have that option at one point in time. I didn't have a guarantee and a meal everyday. So, it's not guaranteed. (Sabri)

I am something is a global theme that represents the perception of the somethingness. Participants experienced a mental awareness of their ability to navigate the adult world. The subtheme of encountering someone who cares is experienced as the perception of someone caring for their body. All the participants encountered someone who cared for their body, such as foster parents, foster care employees, and transitional living case workers. Caring was also perceived in their internal reliance on God.

Participants also began making their own choices, which was perceived as gaining mental clarity and stability. They experienced the rewards and consequences of their decisions, which supported the perception of somethingness.

Developing positive aspects of self included internal mechanisms that the participants perceived as supportive for overcoming the harsh elements of the world, before, during and after foster care. These included acceptance, self-reliance, optimism, and determination. All three subthemes represent the perception of somethingness for these participants.

“Make it Back to Shore”

Those participants who perceived they had “made it back to shore” experienced behaviors that were future oriented instead of past oriented, which are reflected in three subthemes: (a) making future plans; (b) giving back; and (c) caring for my body. “Making it

back to shore” depicted a place where it was more comfortable and the participants experienced less harsh elements of the world. The participants relied upon the acquired skills and support gained from developing a perception of somethingness. Lila, who was struggling with the transition to adulthood, eloquently described this perception as she compared transitioning from the foster care system as being thrown from a ship and “trying to make it back to shore.”

Because I’m out here by myself really in open water, waiting for a shark to come bite me and pull me under and I’m not that’s why I’m trying to get it the best way I know how. I’m trying to make it back to shore where I’m comfortable and right now I’m struggling.
(Lila)

The participants developed future-oriented behaviors that were supported by the perception of somethingness. Future plans included goals and dreams as well as educational and employment plans. These participants also experienced activities or desires to give back to others. They experienced a desire to help other foster children, mainly to protect or prevent them from experiencing the same harsh, ugly world. Another important perception for those who had “made it back to shore” was the need to begin caring for their body. They became acutely aware of the importance of dressing, acting, and talking a certain way in order to survive in this world.

Making future plans

Participants who had “made it back to shore” perceived the importance of having goals and dreams. Participants were actively making and implementing plans for education and employment.

I'm going to school. Um, I was working part time. (Lila)

Then, I started going to school for it. I figure it was going, it would taking too long. Then, I just say "I'll go to barber school," there's like something else I want to do, cut hair. It's a good way to make money. I can cut hair while I'm still in school and get out school I'll get in somebody's shop. So I'll be ready. (Asher)

Last year I decided I was going to school and I'm in school and I decided I was going to get my security license and I've done that and um, now I'm just trying to get a job to pay for CNA school by this summer. (Gwenyth)

I'm on track and got a job. Ah, um, I'm going to school and well I should have started school last year but I just I waited. I'm going to wait and go to school in April. (Greg)

Making plans for the future was experienced as using the acquired support or skills gained through a perception of somethingness to not only have goals and dreams but also to implement plans for their successful attainment.

Giving back

Participants who "made it back to shore" experienced the desire to prevent other children from encountering the same harsh, ugly elements of the world. They perceived that they were uniquely qualified to do this because they had lived the actual experience.

It made me want to be able to help kids and you know try to leave a impression on this world something that'll be here after I'm gone. Something that'll help another foster child when I'm not around you know ah, I just know that nothing happens for you know without a reason. I was in foster care for a reason. (Gwenyth)

I want foster kids because I understand that situation and it's not nothing that I've got to ask them about. I understand it from my own life situations from my own experience and these kids need help. They need somebody that's really going to advocate for them. (Lila)

You always thinking about how to help others and how you can help this person and help that person, and everything about who helped you. (Mara)

I feel like if I could talk to em, I'll talk to em and I know they'll rather hear it from me than hear it from a person that don't know how they feel. I can honestly say, I know how it feels to be in the gutter. (Sabri)

It's like with the situation with me being in foster care and me wanting to help with somebody that's been through what I've been through. (Collin)

I've got an influence on colored people that they can go back to school or do a GED or something. (Asher)

Caring for my body

The participants who perceived “making it back to shore” began caring for their bodies. This was important as their bodies had experienced uncaring environments, maltreatment, control, and being told to “get off the ship.” These participants perceived the importance of their appearance in navigating the adult world. Collin, Asher, and Lila described the how to dress and care for their bodies, as well as how to speak in order to acquire employment in the adult world.

I want to find a job and you can't find no job with tattoos all right here and your neck and stuff and it makes you not, you don't look presentable. Because a person, if you go try to find a job, a person without tattoos is more likely to get a job than a person before that with a person with tattoos. (Collin)

We go to get a job together. “You're not going to get cause you don't know how to talk to people. I'm going to get it cause I know how to talk. Sorry.” When it comes to a place of business (snap) or important stuff. You got to switch it up. You got to know where you're limit is. You got to be able to split it up. I can speak slang. I can speak proper. (Lila)

Like your appearance it means something to some people they help you get to where you're going like getting a job and stuff and if I didn't have that to get to college no telling where I'm going to go, keeping that hair cut, and, you know, keeping your hygiene right. (Asher)

Even though these participants described the experience of caring for their body, health was not mentioned. The body was perceived as a façade. The body became a false expression of who they really were, one that was frequently judged and condemned but could never fully express their experiences.

Being stereotyped cause people fail to realize that it's like you get stereotyped on your appearance, on anything. Period. Like but mostly be job interviews...Now, let me go in there with some khaki pants on ain't even got to be dress shoes just some type of shoes that look presentable in that ah collared shirt that buttons down with my shirt tucked in with a belt on. I would look presentable. You would hire me cause I look presentable.
(Collin)

I love bragging about how smart I am because most people don't expect me to be smart cause I'm an African American female and I'm young and I'm living in the hood. So you know I'm already stereotyped. (Lila)

Just cut from a different cloth like if a person was to see me, the first thing they'll probably think is that I'm young, probably think I'm a thug. I don't know. Little do they know though, what I done been through and what I'm trying to achieve. (Sabri)

Caring for their bodies acknowledged social expectations and their perception of the importance of appearance. The participants who experienced these behaviors were developing skills to navigate the adult world and care for their bodies even though their bodies had not been

cared for by others. The importance of their appearance was experienced as they journeyed through the world in search of employment, housing, and education. They perceived being stereotyped because of their outward appearance, which was a façade that hid their experiences.

The global theme of “make it back to shore” was reflected in three subthemes: (1) making future plans; (2) giving back; and (3) caring for my body. These subthemes include the perception of “making it back to shore.” As participants begin making future plans, giving back to others, and caring for their body, they perceived they have “made it back to shore.”

Conclusion

The following summary unifies the three global themes and the existential grounds of world, others, time, and body to describe the phenomenon of transitioning from the foster care system. Participants perceived nothingness as they faced a harsh, ugly world where “no one cares.” In this world, they did not have their basic necessities met, such as clothing, food, or protection. They were alone because they did not have anybody to lean on or to care about their needs or desires and they suffered long-term consequences of being alone. These participants experienced a loss of family and siblings. In some cases, they experienced further abandonment after adoptions. Being alone, did not mean the absence of others altogether, but meant the absence of those who cared. Even if connections to families remained, they still experienced hardships. Foster parents and foster care employees made them uncomfortable and forced them to live in uncaring environments. If these participants reached out for help, they were rejected and denied. Others played an important role in this phenomenon. Others were responsible for the maltreatment and control of the body. This involved abuse, neglect, and moving them from home to home without concern or care for the well-being of the body. In the absence of anyone who cared, some participants resorted to extreme action for self-protection.

These participants not only experienced the harshness of the world as control by others, but also by circumstances and emotional reactions to events. Harshness was experienced as the participants were told to “get off the ship” and attempted to navigate the adult world. Time became relevant as they were forced to grow up too fast and abruptly assume adult responsibilities. Ultimately, time was pushed to the forefront of their minds, as they were unsuccessful at navigating the new challenges and responsibilities of the adult world. Therefore, those who were unsuccessful perceived an urgency to do “something fast.”

The perception of nothingness changed to one of somethingness as these participants encountered someone who cared, engaged in making their own decisions, and developed positive aspects of self. Participants encountered others who cared for their body. This involved providing necessary food, clothing, and support for education. Participants also perceived caring as they relied on God and their spirituality. The world remained harsh; however, the change from a perception of nothingness to one of somethingness softened the harsh elements of the world by using the acquired support and/or the development of positive aspects of self.

The development of positive aspects of self included internal processes that cushioned the elements of the world. They provided resources to cope, manage, and even counteract the harsh elements of the world and others. These developed positive aspects of self included acceptance, self-reliance, optimism, and determination. Participants relied upon these aspects to provide strength to endure the harshness of world and others while persisting in the navigation of the adult world.

Participants began making their own choices. This wrested control from others and firmly placed it back into the hands of these participants. Through acquiring this control,

participants learned to make decisions and weigh options. They learned to enjoy rewards and face consequences of their own decisions.

Participants who perceived “making it back to shore” were making future plans, giving back, and caring for their bodies. These participants used the acquired support and developed skills associated with the perception of somethingness to handle the harsh elements of the world. These supports and skills softened the world and allowed the participants to engage in planning for the future. This included having goals and dreams and acting on those dreams. Time was much slower for participants engaged in these behaviors. They also experienced wanting to give back to others. Particularly, helping other foster children to limit their exposure to the harsh elements of the world. These participants learned the importance of their appearance in order to successfully obtain employment. The harshness of the world and others diminished as these participants used their acquired support and skills to navigate the adult world and “make it back to shore.”

Chapter V

Introduction

Foster youth transitioning from the foster care system to adulthood are at risk for negative consequences, such as poverty and homelessness. These negative consequences have significant health implications, such as mental illness and risky sexual behavior. The risks that transitioning foster youth encounter during this transition period are higher than those experienced by their peers in the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). Related literature has demonstrated this increased risk but does not offer the meaning of transitioning from the foster care system to adulthood. Therefore, the purpose of this study was to examine the lived experience of youth transitioning from the foster care system to adulthood. The research question answered by this study was: What is the lived experience of transitioning from the foster care system to adulthood? The following sections discuss the findings and implications of answering this research question. Recommendations are also included for the foster care system, nurses, and policy makers. This chapter concludes with strengths and limitations of this study and suggestions for future research.

Discussion

The study of the lived experience of transitioning from the foster care system to adulthood has not been examined previously from a nursing perspective using Merleau-Ponty's philosophical framework. The existential grounds of time, world, and others provided a context for the figural themes regarding the struggles and challenges facing this group. The perception of how these youth interact with the world and others through their bodies adds knowledge to the

literature. The words of these participants need to be heard. Their experiences of transitioning from the foster care system to adulthood tell a story that has not been heard. It is necessary to listen to these words and use this knowledge to inform policy and professions that directly influence the lives of transitioning foster youth.

Participants described a harsh, ugly world. This world was uncaring, abusive, and neglectful to their bodies. They were controlled and then told to “get off the ship.” Even though participants were removed from abusive and neglectful homes, they were still placed in environments that were perceived as uncaring. Several participants stated that they would have been better off left in their families of origins. How is it that the foster care system is not creating the perception of a safer, nurturing environment? Some participants wanted the “system” to be their parent(s), but were disappointed and angry when that did not happen. Each disappointment led to further rejection and abandonment. Control occurred in every aspect of their lives; where they lived, who they lived with, and when they were allowed to visit their families. The foster care system acted like a parent by controlling and setting strict rules; however, it was unable to support the perception of a caring, nurturing, and protective environment. In the end, these participants chose to leave the foster care system because what they had endured was not helpful; in fact, it was more harmful. They perceived the world outside the foster care system as a better choice than the support services offered to them if they extended their care. It is known that in the state of Tennessee only 25% of transitioning foster youth request available services (Eric Henderson, personal communication, April 26, 2012). Courtney et al. (2005, 2007) also found that foster youth who had exited care were less likely than those in care to use available services. The rules, repeated failure of programs and services,

and the lack of autonomy associated with available support services may be deterrents for engagement in these services.

The participants of this study described the perception of somethingness as they perceived that someone cared for them, developed positive aspects of self and began making their own choices. The perception that someone cared was supported when a foster care employee or foster parent listened to them, bought them clothes, or fed them properly. Participants perceived that many foster care employees and foster parents were only interested in financial compensation. Occasionally, one was perceived as someone who cared by not showing interest in financial compensation. Ensuring that foster youth have sufficient access to financial means for clothing, hygiene products, and school needs would improve their ability to care for their bodies, while negating the reliance on others for necessary items. This may also diminish the perception that foster care employees and foster parents are only interested in financial compensation.

The failure of the system to provide for them in many ways, led to the development of positive aspects of self. Environments that support acceptance, self-reliance, optimism, and determination may support a transitioning foster youth's perception of somethingness and his or her ability to successfully navigate the adult world. Regardless of the available services, the successful transition to adulthood relies on individuals to make positive choices. Supporting the perception that one can "make it back to shore" may lessen the negative consequences that can occur during this period.

Being able to make their own choices also supported the perception of somethingness. Choices had been made for them throughout their experience in the foster care system and sometimes during their transition to adulthood. Making their own choices was important to

transitioning foster youth even if they faced negative consequences. Several participants had learned to make better choices regardless of what their peer groups were doing. However, some participants encountered severe consequences for their decisions, such as homelessness. Support services should consider programs that soften consequences of decisions yet allow for autonomous decision making. For example, housing programs that allow for different levels of independence that would promote autonomy but also provide a life preserver for when difficulties occur.

Participants perceived “making it back to shore” as they began making future plans, giving back, and caring for their bodies. Future plans were sometimes scattered; however, as participants relied upon the perception of somethingness, their plans were more concrete and included forward momentum. However, all participants strived to have concrete plans for the future. The perception of “making it back to shore” was supported by making future plans, giving back to other foster children, and caring for their bodies. Support services should include components that support transitioning foster youths’ future plans, whether these include educational attainment or employment. Transitioning living programs were perceived as helpful in supporting these future plans. Transitioning foster youth also perceived that their experience of navigating the harsh elements of the world left them uniquely qualified to protect future foster youth. The participants looked for every opportunity to act on this desire. However, this was not always available. Programs and support services that aim to improve the successful transition to adulthood would benefit from offering these types of opportunities both for future foster youth and current transitioning foster youth. This creates a win-win situation for everyone. In summary, the words of these participants were an opportunity to be heard. Participants made a

decision to tell their stories and experiences in hopes of helping future foster youth. Each theme is now discussed in relation to other similarities and differences found in the related literature.

Theme One: *I am Nothing*

Theme one described participants' perception of nothingness as they experienced no one who cared for them, maltreatment of their bodies, being controlled, and being forced to "get off the ship." Experiencing no one who cared for them was perceived as being alone after the disruption of their families of origin and experiencing negative foster care experiences. This perception was supported by related literature of children who entered foster care and experienced disruptions in their families of origin. Courtney et al. (2001) found that 32% of their participants experienced loneliness while in care.

The participants of this study identified a perception of being controlled. Perceptions of being controlled were experienced by being moved from foster home to foster home without care or concern for their wishes or needs. Pecora et al. (2005) found that most of their sample had experienced highly unstable placement histories with over 30% being moved eight times or more. Fowler et al. (2009) found that their participants had an average of more than five placements while in foster care. Reilly (2003) found that an increase in placements was associated with more negative consequences. The perception of being controlled or not having a say in their care was also consistent with findings of Geenan and Powers (2007) whose participants voiced concerns that decisions were often made without their input and too many people meddled in their lives. Foster parents interviewed in this study also identified a need for more opportunities for foster youth to be responsible for their own lives.

A subtheme of *I am nothing* was *my body is mistreated*. Participants experienced maltreatment including abuse and neglect before and during foster care. Pecora et al. (2005)

found that over half of their sample had experienced some form of sexual abuse with or without other types of abuse prior to entering foster care. Additionally, studies found that child maltreatment continued while in the foster care system (Courtney et al., 2001; Pecora et al., 2005; Salazar et al., 2011). The role of the body and the appearance of the body to others was not revealed in any other study; however, it was a poignant finding of this study and holds much relevance for the profession of nursing.

Participants encountered challenges and negative consequences when they were forced to grow up too fast, i.e., they were told to “get off the ship.” Courtney et al. (2007, 2010) findings were similar in that their sample was more likely than a group of peers to think of themselves as an adult a majority of the time. Three participants in the present study encountered homelessness or the threat of homelessness during this transition period. Related literature identified this unfortunate consequence for transitioning foster youth (Courtney et al., 2007, 2010, 2005, 2001; Dworsky & Courtney, 2009; Fowler et al., 2009; Kushel et al., 2007; Pecora et al., 2005; Reilly, 2003, Yen et al., 2009). Other findings that are supported in the literature include challenges in educational attainment and seeking employment (Courtney et al., 2007, 2010, 2005, 2001; Dworsky & Courtney, 2009; Pecora et al., 2005; Reilly, 2003).

In summary, new knowledge from this study moves beyond an understanding of the challenges and barriers facing this group. A perception of nothingness, related to having no one to care for them and their bodies, being controlled, and being told to “get off the ship” was vividly described by these youth. Two important findings add to the body of knowledge related to foster youth transitioning from the foster care system to adulthood. The perception of the body, particularly, the role of appearance, and the perception of an uncaring environment are

new findings. These participants interacted with this harsh world and others through their bodies; their perceiving bodies and self as one.

Theme Two: *I am Something*

Theme two described participants perceiving somethingness as they experienced someone who cared for them, making decisions and choices for themselves, and developing positive aspects of self. The perception of somethingness was supported by experiencing someone who cared. This finding was supported by Courtney et al. (2007, 2010, 2005) who found that foster youth who had exited foster care perceived support most of the time. Seven of the nine participants in this study described positive experiences in working with transitional living caseworkers, who assisted in educational attainment and seeking employment. Additionally, Geenan and Powers (2007) found that a caring relationship was important for transitioning foster youth because it supported their transition to adulthood. Even though Geenen and Powers (2007) identified the importance of a caring relationship, no studies have been identified that focused on the relationships between the perception of caring identified in the present study and behaviors of transitioning youth.

Participants perceived somethingness as they began making choices for themselves. This finding was also consistent with Geenan and Powers (2007) who found that former foster youth expressed a need for more opportunities to make decisions and accept responsibility for those decisions. This finding was also similar to Yen et al. (2009) who found that foster youth who lived in transitional housing did not like the restrictive nature of the setting and desired more autonomy.

Participants perceived somethingness as they developed positive aspects of self. These positive aspects of self supported these participants as they experienced the harsh elements of the

world. Participants described acceptance, self-reliance, optimism, and determination. This finding was consistent with Courtney et al. (2007, 2010, 2001) who found that a majority of their sample displayed optimism regarding their futures regardless of the adversity they endured.

In summary, participants experience the need for autonomy and the development of positive aspects of self, which support the perception of somethingness. As these youth transition to adulthood and begin making their own choices, consequences are inevitable. However, this group endures consequences that are harsher than the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). Consequences, such as homelessness, are severe and carry significant health implications (Ahrens et al., 2010; Carpenter et al., 2001; Fowler et al., 2009; Kushel et al., 2007; Rew et al., 2008). However, no studies have been identified that examined the relationships between the perception of autonomy and behaviors in this group.

Theme Three: “Make it back to shore”

Theme three described participants perceiving “making it back to shore” as they experienced making future plans, giving back, and caring for their bodies. “Making it back to shore” was future oriented and focused on moving forward and assuming adult responsibilities. These participants actively made and implemented plans for the future, including education. This finding was supported by (Courtney et al., 2007) who found that their sample as a whole displayed high hopes toward the future.

New knowledge gained from this study pertained to the desire to give back to others. Participants who had perceived “making it back to shore” also experienced a desire to give back, particularly to other foster children. Yates and Grey (2012) examined a component of giving back, which focused on former foster youth’s involvement with voting, volunteering, and

organizational membership. Moderate involvement with their communities was identified in 47% of their sample. This differs slightly from the findings of the present study, which identified the desire to give back specifically to foster children. No studies examining the relationship between the perception of giving back to other foster children and behaviors were found.

Knowledge gained from this study is based on the perceptions of the participants in these four areas: (a) a caring environment; (b) the perception of the body; (c) the desire for autonomy; and (d) giving back to foster children. The participants initially perceived mistreatment of their bodies and an absence of anyone who cared as nothingness. This perception of nothingness changed to that of somethingness when participants experienced someone who cared, developed positive aspects of self, and were able to make their own decisions. Additionally, as participants perceived “making it back to shore” they experienced a desire to give back to others, particularly other foster children. The participants also experienced the desire to care for their appearance. They recognized the importance of dressing the body to interact more positively with the adult world. This is new knowledge that adds to the understanding of transitioning from the foster care system to adulthood. The next section includes recommendations for the foster care system, nurses, and policy makers based upon the findings of this study.

Recommendations

Recommendations for the foster care system, nursing, and policy makers have been developed based upon the findings of this study.

Recommendations for the Foster Care System

The participants of this present study experienced multiple placements throughout their time in foster care, which varied from one day to 15 years. They also experienced uncaring

environments while in foster care. Recommendations from this study are based upon creating a caring environment that protects foster youth from harm, gives foster youth a voice, and supports their transition to adulthood. Placement instability, including running away multiple times while in foster care, is associated with negative consequences, such as an increased risk of homelessness (Dworsky & Courtney, 2009). Recommendations for the foster care system include providing placement stability and child-centered care. One approach for limiting multiple placements and disruptions in children's lives is to develop programs that build and support families of origin and adoptive families while minimizing placement changes. Modeling programs after the Youth Villages *Evidentiary Family Restoration* program holds promise. This is a program that builds a supportive network around foster children, families of origin and adoptive families, while using out-of-home care only when necessary (Evidentiary Family Restoration, n.d.). The program includes consistent contact with specialists who provide program support to the child and family. Program evaluations occur at designated times to track the progress of each child. At the 12-month follow-up period, almost 90% of the foster youth were either in school, completed high school or obtained a GED. Supporting families and children in these difficult times by minimizing placement instability has the potential to decrease negative consequences and promote positive transitions to adulthood.

Programs that support the transition to adulthood should offer services to transitioning foster youth that are not perceived as invasive or controlling. Programs of this nature would support autonomy yet allow identity exploration in an environment that cushions severe consequences. The University of Alabama offers such a program for former foster youth titled *Reach Foster Hope* (The University of Alabama, n.d.). This program aims to support foster youth before, during, and after college. The program offers mentoring, host families, pantry

items (i.e., personal hygiene products, house wares, food, and gas), and employment assistance. The program creates a community network to support former foster youth. Collaboration with the community provides additional support through scholarships and housing. This program also includes the *Camellia Network* where former foster youth are supported by a network of followers who offer support through positive comments and financial donations toward identified items. Programs that use a collaborative approach create a web of caring that supports transitioning foster youth in their attainment of educational goals. These programs are centered on former foster youth and create an environment that is caring and supports autonomy without being controlling.

Programs that provide trauma-informed care may also provide an environment that is supportive and caring. Trauma-informed care uses specific models for creating an environment that is not only sensitive to past traumatic experiences but also supportive for recovery (Substance Abuse and Mental Health Services Administration, n.d.). Support services and programs that provide trauma-informed care may focus on housing, employment, educational, and mental health needs. These programs are respectful of the individual's needs, as well as connecting them and supporting hope for the future, which is empowering. Programs that provide trauma-informed care align with the words of the participants in this study. They provide acknowledgement of their past experiences, resources for empowerment and making their own choices, as well as hope for the future.

Recommendations for Nursing

One participant from the present study described transitioning to adulthood in a metaphor of being thrown off a boat.

I'm out here by myself really in open water, waiting for a shark to come bite me and pull me under. (Lila)

The impact of the abrupt disruption of services that occurs during this transition to adulthood was discussed by Osgood et al. (2010). Services provided by the foster care system usually rely on other systems to help meet the needs of transitioning foster youth. One such example is the health care system, which has implications for nursing involvement. As foster youth transition from foster care, they are forced into adult primary care systems. This is an area where nursing could help ease the transition by educating foster youth on choosing an adult doctor and scheduling appointments (Lopez & Allen, 2007). This is particularly important for those youth who reported fair to poor health (Courtney et al., 2007, 2010, 2005) and require medical management.

Guidelines for the care of foster youth have been developed by Kools and Kennedy (2003) and Lopez and Allen (2007). As children enter foster care, a complete and thorough assessment helps identify medical, mental, and dental needs. One barrier to completing this assessment is the difficulty in obtaining past medical history. One solution to addressing this barrier would be implementation of an electronic medical record for foster youth that contains all past diagnoses, visits, and medications (Kools & Kennedy, 2003; Lopez & Allen, 2007). Sexual health education, pregnancy prevention and referrals to other providers are specific areas to address in this population (Lopez & Allen, 2007). Nurses are responsible for coordinating care through this transition including collaboration with caseworkers to meet the complex health care needs of transitioning foster youth (Kools & Kennedy, 2003; Lopez & Allen, 2007). Another nursing role is to provide self-management education to transitioning foster youth about chronic

medical conditions (Lopez & Allen, 2007). Additionally, health insurance becomes a concern as these foster youth transition to adult providers. Nurses, in primary care settings, should provide insurance education information to assist these foster youth in obtaining continued coverage, as well as referrals to independent living programs and stable housing providers (Lopez & Allen, 2007). In summary, addressing the complex needs of transitioning foster youth is a multidisciplinary concern and requires the expertise of nurses to assist in overcoming the many challenges and barriers to optimal health. These guidelines are supported by the findings of this study and assist in improving the health and ultimately, well-being of transitioning foster youth.

Acute care nurses may also encounter children who are in state custody or those who are transitioning to adulthood. Recommendations for acute care nurses include developing interventions that promote autonomy, particularly for adolescents. A collaborative approach for developing a plan of care supports autonomy while caring for the body. Nurses should approach these youth with respect, care, and compassion when moving or touching the body. This group of youth are concerned with their appearance; therefore, it is important to provide hygiene and health education. Interventions should be included that promote health, including safe sex practices and the avoidance of drugs and alcohol. Special attention should be given to signs of abuse and neglect and reported to the appropriate authorities. Additionally, trauma-informed care should be provided to promote healing and empowerment. A comprehensive list of community services, such as transitional programs, housing, food, and clothing, should be available to those foster youth who are in transition or preparing to transition. As a caring profession, nurses are uniquely positioned to be individuals who care in the lives of transitioning foster youth.

Nursing, as a holistic caring profession, is uniquely qualified to provide care for this group of youth. Nursing encounters transitioning foster youth in a variety of settings. These settings include primary care, acute care, and community care. An awareness of the challenges and struggles facing this group improves nursing's ability to delivery of care. Care should be sensitive to their perception that no one has cared for them. Interventions should be tailored to promote autonomy so they can relinquish the perception of being controlled. Developed positive aspects of self, such as optimism and self-reliance, should be supported and encouraged to support their "making it back to shore."

Nursing's awareness of transitioning foster youths' perception of the importance of appearance influences practice and interventions. Nurses should respect and support the body during health encounters. During these health encounters, nurses should address body image concerns. This awareness links nurses to the needs of society as a whole and encourages community involvement. Nurses should be involved at the community level to provide education related to caring for the body. This includes providing safe sex education, hygiene practices, and identifying clothing resources. The participants of this study perceived the importance of caring for their appearance to navigate the adult world. Nurses, who care for the whole person, are naturally situated to support this need.

Recommendations for Policy Makers

Recommendations for policy makers include funding programs and research that focus on creating caring environments for foster children and transitioning foster youth. Programs should focus on creating autonomous environments that support the development of positive aspects of self and offer ways for former foster youth to give back. Funding should be provided for health prevention programs and those that promote healthy caring of the body, such as safe

sex programs. Additionally, support should be given to community service programs that provide clothing and hygiene products. Programs that include multidisciplinary teams that demonstrate community collaboration, including nursing professionals, should be funded to provide a holistic approach to care for this group of youth. Participants perceived the importance of presenting their body appropriately but did not always have the financial means to do so. These type of programs would ease the financial burden while supporting this positive and future oriented perception. The most salient recommendation for policy makers is to include current and former foster youth in any decisions that affect this group of youth. An example of this type of involvement is demonstrated by the National Foster Youth Action Network (NFYAN), which is a spin-off of the California Youth Connection program (National Foster Youth, n.d.). The NFYAN provides a voice for youth to educate policy makers through leadership and advocacy to make improvements in foster care systems. Currently, this model has been adopted in California, Indiana, Nebraska, and Oregon. This model provides a voice for foster youth and a mechanism to give back by changing the foster care system for the better. Several of the participants perceived being uniquely qualified to give back and protect other children because they had lived the experience. This network provides a positive, safe process for them to perceive “making it to shore” as they give back to others.

Strengths and Limitations of this Study

Strengths of this study are the design that included components to ensure rigor and validity. Ethical and moral standards were maintained by receiving IRB approval and a letter of support from the recruitment site. Collaboration with the IRG provided feedback to ensure accurate data interpretation and analysis. By achieving data saturation, the thematic structure presents a rigorous description of transitioning from the foster care system to adulthood from a

nursing perspective. Data saturation was achieved in nine interviews with a diverse sample. The diversity in number and duration of foster home placements is a strength of this study. Length of stay varied from one day to 15 years. Age entering care varied from 3 to 17 years old. Placement histories varied from 1 to 50 different placements. The sample was about half male and half female. Another strength of this study is that I was not considered a component of the “system” and participants had nothing to lose or gain from me. This strengthened the quality of responses I received during the interview.

A phenomenological study based upon Merleau-Ponty’s philosophical stance and from a nursing perspective has not been previously completed. Knowledge highlighting the lived experience of transitioning from the foster care system to adulthood brings to prominence the perceptions of these participants. These perceptions provide direction for future studies and inform programs, interventions, and policy.

Participants in this study were African American, which is consistent with this study’s location. The perceptions of other ethnic groups may differ. Participants were recruited from a transitional living program and do not represent other categories of transitioning youth. Transitioning youth who did not request services or those incarcerated may perceive their transition to adulthood differently.

Suggestions for future research

Future research that is urgently needed includes other phenomenological studies of participants not included in this study. Transitioning foster youth who do not opt into transitional services and incarcerated former foster youth may have a different perception and meaning of this experience. Future studies are needed to examine these perceptions.

Other future research could include theory testing; quantitative studies examining relationships among the perceptions of caring, the body, autonomy, and giving back behaviors; instrument testing; and, eventually, interventional studies. Understanding relationships among the perception of an uncaring environment, maltreatment, and behaviors in this group may lead clinicians to develop programs and interventions that will alter this perception. From the findings of this study, it is known that encountering someone who cares, making their own decisions, and developing positive aspects of self support the perception of somethingness and offer a direction for future research. Understanding the relationships between the perception of autonomy and behaviors also influences programs and interventions for this group. Interventions should be aimed at supporting perceptions of autonomy while developing opportunities for giving back, making future plans, and caring for their bodies.

Viewing the Findings through the Lens of Three Theories

Three theories hold potential for adding knowledge to this societal problem. The Theory of Caring by Swanson describes a caring environment that includes individuals, families, and communities, with a focus on well-being of the individual (Peterson & Bredow, 2009). Programs and interventions that are based upon caring theories hold promise for supporting the perception that someone cares for these transitioning foster youth.

The self-determination theory (SDT) is a motivational theory that focuses on the three basic psychological needs of autonomy, relatedness, and competence (Ryan & Deci, 2000). It examines environments that support or thwart these basic psychological needs. As the participants of the present study identified the need to feel cared for and the desire to make their own decisions, this theory holds relevance for understanding the necessary environment for supporting the transition from the foster care system to adulthood. Competence is defined as the

belief that one can be effective in their actions (Ryan & Deci, 2000). Participants in this study acquired competence by making choices and developing positive aspects of self that supported their perception of “making it to shore.”

The Theory of Transitions defines transitions as the movement between two somewhat stable states (Kralik et al., 2006, Meleis et al., 2010; Meleis et al., 2000). Initially, it was not clear how this group of former foster youth viewed their transition to adulthood. However, participants of this study did perceive “making it to shore.” Participants were abruptly aware of their transition to adulthood as they faced challenges. According to this theory, engagement occurs as participants begin using resources. However, the participants of this study primarily became self-reliant rather than using the resources available to them. How these participants engage in their transition requires further research. Time span, which is another concept of this theory, varied between participants and it was difficult to identify when the transition was complete. Successful transition indicators are well-being, mastery, and well-being of relationships (Schumacher & Meleis, 1994). Although well-being was not examined, participants did experience “making it to shore” and they desired giving back to others. Mastery occurred when participants felt competent at independent living (Schumacher & Meleis, 1994). Participants were gaining confidence with navigating the adult world, but some still struggled. According to this theory, well-being in relationships occurred as participants resolved past conflicts with families (Schumacher & Meleis, 1994). Some participants were engaging in relationships; however, some still struggled with overcoming past conflicts. Successful transition indicators need further testing in this group.

Summary

As foster youth transition from the foster care system to adulthood they face many negative consequences, such as poverty and homelessness. These consequences have significant health implications, such as mental health issues and risky sexual behaviors. Unfortunately, these transitioning youth face a higher risk of these consequences than the general population (Ahrens et al. 2010; Courtney et al., 2007, 2010, 2005; Pecora et al., 2005). The purpose of this study was to examine the lived experience of transitioning from the foster care system to adulthood. This was the first study to use a phenomenological method and the lens of Merleau-Ponty to view this problem from a nursing perspective. The existential grounds of time, world, body, and others provide additional insight into this experience. Three themes arose from the meaning of transitioning from the foster care system to adulthood: (a) *I am nothing*; (b) *I am something*, (c) “make it back to shore.” Recommendations are provided to the foster care system, nurses, and policy makers. The findings from this study have implications for nursing and future research.

List of References

- Ahrens, K. R., Richardson, L. P., Courtney, M. E., McCarty, C., Simoni, J., & Katon, W. (2010). Laboratory-diagnosed sexually transmitted infections in former foster youth compared with peers. *Pediatrics*, 126(1), e97-e103. doi: 10.1542/peds.2009-2424
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469-480. doi: 10.1037/0003-066X.55.5.469
- Arnett, J. J. (2007). Afterword: Aging out of care – Toward realizing the possibilities of emerging adulthood. *New Directions for Youth Development*, 113(), 151-161. doi: 10.1002/yd.207
- Barnes, R. (2012, June 28). Supreme court upholds Obama's health-care law. *The Washington Post*. Retrieved from http://www.washingtonpost.com/politics/supreme-court-to-rule-thursday-on-health-care-law/2012/06/28/gJQAarRm8V_story.html
- Berzin, S. C. (2008). Difficulties in the transition to adulthood: Using propensity scoring to understand what makes foster youth vulnerable. *Social Service Review*, 82(2), 171-196.
- Carman, T. (1999). The body in Husserl and Merleau-Ponty. *Philosophical Topics*, 27(2), 205-226.
- Carpenter, S. C., Clyman, R. B., Davidson, A. J., & Steiner, J. F. (2001). The association of foster care or kinship care with adolescent sexual behavior and first pregnancy. *Pediatrics*, 108(3), e46-e52.
- Charmaz, K. (2006). *Constructing grounded theory*. Thousand Oaks, CA: Sage.
- Coleman, L. (2012, June 20). *Haslam extends foster care to 21 to help teens transition to adulthood*. Retrieved from <http://www.knoxnews.com/news/2012/jun/20/haslam-extends-foster-care-to-21-to-help-teens/?partner=RSS>

- Courtney, M. E., Dworsky, A., Cusick, G. R., Havlicek, J., Perez, A., & Keller, T. (2007). Midwest evaluation of adult functioning of former foster youth: Outcomes at age 21. Retrieved from http://www.chapinhall.org/sites/default/files/ChapinHallDocument_2.pdf
- Courtney, M. E., Dworsky, A., Lee, J. S., & Raap, M. (2010). Midwest evaluation of adult functioning of former foster youth: Outcomes at age 23 and 24. Retrieved from http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf
- Courtney, M. E., Dworsky, A., Ruth, G., Keller, T., Havlicek, J., & Bost, N. (2005). Midwest evaluation of adult functioning of former foster youth: Outcomes at age 19. Retrieved from http://www.chapinhall.org/sites/default/files/ChapinHallDocument_4.pdf
- Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare*, *LXXX*(6), 685-717.
- Creswell, J. W. (2007). *Qualitative inquiry & research design* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches* (3rd ed.). Los Angeles, CA: Sage.
- Dworsky, A., & Courtney, M. E. (2009). Homelessness and the transition from foster care to adulthood. *Child Welfare*, *88*(4), 23-56.
- Evidentiary family restoration (n.d.). Retrieved from <http://www.youthvillages.org/how-we-succeed/evidentiary-family-restoration.aspx>
- Fowler, P. J., Toro, P. A., & Miles, B. W. (2009). Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system. *American Journal of Public Health*, *99*(8), 1453-1458.

- Geenan, S., & Powers, L. E. (2007). "Tomorrow is another problem" The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29, 1085-1101. doi: 10.1016/j.childyouth.2007.04.008
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82. doi: 10.1177/1525822X05279903.
- Hudson, A. L. (2011). Where do youth in foster care receive information about preventing unplanned pregnancy and sexually transmitted infections? *Journal of Pediatric Nursing*, [Epub ahead of print].
- Johnson, R. J., Rew, L., & Sternglanz, R. W. (2006). The relationship between childhood sexual abuse and sexual health practices of homeless adolescents. *Adolescence*, 41(162), 221-234.
- Kools, S., & Kennedy, C. (2003). Foster child health and development: Implications for primary care. *Pediatric Nursing*, 29(1), 39-46.
- Kralik D., Visentin, K., & van Loon, A. (2006). Transition: A literature review. *Journal of Advanced Nursing*, 55(3), 320-329.
- Kruszka, B. J., Lindell, D., Killion, C., & Criss, S. (2012). "It's like pay or don't have it and now I'm doing without": The voice of transitional uninsured former foster youth. *Policy Politics & Nursing Practice*, XX(X), 1-11. doi: 10.1177/1527154412447012.
- Kushel, M. B., Yen, I. H., Gee, L., & Courtney, M. E. (2007). Homelessness and health care access after emancipation. *Archives of Pediatric Adolescent Medicine*, 161(10), 986-993.
- Lopez, P., & Allen, P. J. (2007). Addressing the health needs of adolescents transitioning out of foster care. *Pediatric Nursing*, 33(4), 345-355.

- Meleis, A. I. (Eds.)(2010). *Transitions theory: Middle-range and situation-specific theories in nursing research and practice*. New York, NY: Springer Publishing Company.
- Meleis, A. I., Sawyer, L., Im, E. O., Hilfinger Messias, D. K., & Schumacher, K. (2000). Experiencing transitions: An emerging middle-range theory. *Advances in Nursing Science*, 23(1), 12-28.
- Merleau-Ponty, M. (1945/1962). *Phenomenology of perception*. London, UK: Routledge Classics.
- Merriam-Webster's Collegiate Dictionary* (11th ed.). (2009). Springfield, MA: Merriam-Webster Incorporated.
- Merriam-Webster*. (2013). Retrieved from <http://www.merriam-webster.com/dictionary/somethingness>.
- Morse, J. M. (2012). Introducing the first global congress for qualitative health research: What are we? What will we do-why? *Qualitative Health Research*, 22(2), 147-156. doi: 10.1177/1049732311422707
- Mottern, R. (2013). Teacher-student relationships in court-mandated adult education: A phenomenological study. *The Qualitative Report*, 18(13), 1-40.
- Munhall, P. L., & Chenail, R. (2008). *Qualitative research proposals and reports: A guide*. (3rd ed.). Boston, MA: Jones and Bartlett Publishers.
- National Foster Youth Action Network. (n.d.) Retrieved from <http://www.fosteryouthaction.org/about/>
- North Dakota. (n.d.). *Aging out of foster care definition*. Retrieved from http://www.state.nd.us/humanservices/policymanuals/62410-508/624_10_01_40.htm

- Osgood, D. W., Foster, E. M., & Courtney, M. E. (2010). Vulnerable populations and the transition to adulthood. *Future of Children*, 20(1), 209-229.
- Pecora, P. J., Kessler, R. C., Williams, J. O'Brien, K., Downs, A. C., English, D., White, J., Hiripi, E., White, C. R., Wiggins, T., & Holmes, K. (2005). Improving family foster care: Findings from the Northwest Foster Care Alumni Study. Retrieved from http://www.casey.org/Resources/Publications/pdf/ImprovingFamilyFosterCare_FR.pdf
- Peterson, S. J. & Bredow, T. S. (2009). *Middle range theories: Application to nursing research*. Philadelphia, PA: Lippincott Williams & Wilkins.
- Reilly, T. (2003). Transitions from care: Status and outcomes of youth who age out of foster care. *Child Welfare*, 82(6), 727-746.
- Rew, L., Grady, M., Whittaker, T. A., & Bowman, K. (2008). Interaction of duration of homelessness and gender on adolescent sexual health indicators. *Journal of Nursing Scholarship*, 40(2), 109-115.
- Ryan, R. M., & Deci, E. L. (2000). Self-determination theory and the facilitation of intrinsic motivation, social development, and well-being. *American Psychologist*, 55(1), 68–78. doi:10.1037//0003-066X.55.1.68
- Salazar, A. M., Keller, T. E., & Courtney, M. E. (2011). Understanding social support's role in the relationship between maltreatment and depression in youth with foster care experience. *Child Maltreatment*, 16(2), 102-113. doi: 10.1177/1077559511402985
- Sandelowski, M. J. (2008). Justifying qualitative research. *Research in Nursing & Health*, 31, 193-195. doi: 10.1002/nur.20272
- Schumacher, K. L., & Meleis, A. I. (1994). Transitions: A central concept in nursing. *Journal of Nursing Scholarship*, 26(2), 119-127.

- Social Security Online. (n.d.). *John H. Chaffee Foster Care Independence Program*. Retrieved from http://www.ssa.gov/OP_Home/ssact/title04/0477.htm
- State of Tennessee. (2011). *Tennessee compilation of selected laws on children, youth, and families*. Retrieved from <http://www.tn.gov/tccy/tnchild/37/37-2-417.htm>
- State of Tennessee Department of Children's Services. (n.d.). *Administrative policies and procedures*. Retrieved from <http://www.state.tn.us/youth/dcsguide/policies/chap16/16.52.pdf>
- Substance Abuse and Mental Health Services Administration. (n.d.). Retrieved from <http://www.samhsa.gov/nctic/>
- Taylor-Seehafer, M., Johnson, R., Rew, L., Fouladi, R. T., Land, L., & Abel, E. (2007). Attachment and sexual health behaviors in homeless youth. *Journal for Specialists in Pediatric Nursing*, 12(1), 37-48.
- Tennessee Commission of Children and Youth. (2011). *Youth transitions advisory council: Annual report*. Retrieved from <http://www.tn.gov/tccy/yt-ar-11.pdf>
- The University of Alabama. (n.d.). Reach for foster hope. Retrieved from <http://www.reach.ua.edu/index.html>
- Thomas, S. P. (2005). Through the lens of Merleau-Ponty: Advancing the phenomenological approach to nursing research. *Nursing Philosophy*, 6, 63-76.
- Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York, NY: Springer Publishing Company.
- Tomey, M. R., & Alligood, A. M. (2002). *Nursing theorists and their work* (5th ed.). St. Louis, MO: Mosby.

U.S. Department of Health and Human Services (2012, May). *Foster care statistics 2010*.

Retrieved from <http://www.childwelfare.gov/pubs/factsheets/foster.cfm>

Yates, T. M. & Grey, I. K. (2012). Adapting to aging out: Profiles of risk and resilience among emancipated foster youth. *Developmental and Psychopathology*, 24, 475-492. doi: 10.1017/S0954570412000107

Yen, I. H., Hammond, W. P., & Kushel, M. B. (2009). From homeless to hopeless and healthless?: The health impacts of housing challenges among foster care youth transitioning to adulthood in California. *Issues of Comprehensive Pediatrics Nursing*, 32, 77-93. doi: 10.1080/01460860902740982.

APPENDIX

Transitioning Foster Youth Demographic Survey (TFYDS)

1. What is your age? _____
2. What is your gender? (Circle one)

Female Male
3. What is your ethnicity? (Circle one)

Caucasian African American Hispanic Asian Other
4. What age did you enter the foster-care system? _____
5. What age did you exit the foster-care system? _____
6. How many placements did you experience while in the foster-care system? _____
7. How many times did you change high schools? _____
8. As of today, how many supportive adults have you had in your life? _____
9. What is your highest level of education completed? (Circle one)

High School Diploma
General Equivalency Diploma (GED)
Vocational School
College
None of the above

CONFIDENTIALITY AGREEMENT OF TRANSCRIPTIONIST

I understand that the material I am transcribing from interviews must be held in complete confidence. This means that no words, phrases, or other segments of the material can be discussed with anyone. All names of places, such as schools or hospitals, will be replaced in the typed text by blanks or pseudonyms. All names of persons will also be replaced with pseudonyms.

_____ (Signature)

_____ (Date)

CONFIDENTIALITY AGREEMENT

As a participating member of the interdisciplinary phenomenology research colloquy at the University of Tennessee, which meets in the College of Nursing under the direction of Drs. Sandra Thomas and Howard Pollio, I agree to guarantee confidentiality to all participants whose transcripts are read aloud in the group meeting. This means that I will not repeat any words, phrases, or other excerpts from the audiotaped interviews outside of the meeting room. I will not publicly divulge the nature of any information learned, or discussions that have taken place, during the group meeting.

Signatures: _____ Date: _____

INFORMED CONSENT STATEMENT

INTRODUCTION

This study involves human subjects. Foster youth who have left the foster-care system and are between the ages of 18 and 23 are invited to participate in a research study. The purpose of this study is to examine the lived experience of transitioning from the foster-care system.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

If I agree to be part of this study, I will be expected to complete one interview and a short questionnaire. I may also be asked to review of a summary of the interview at a later date.

I will be able to choose what day, time, and location I would like to complete this interview and the follow-up review. The interview and questionnaire will take approximately 1½ hours to complete and the follow-up review will take about 30 minutes. I am free to ask questions or change my mind about being in this study at any time. If I decide I don't want to be a part of this study, I will let Mrs. Parker know.

RISKS

Participating in this study is not likely to cause any physical harm to me; however, some emotional distress may be caused by remembering past events. If I feel emotional distress, sad, angry, or upset at any time during the completion of these forms, I will let Mrs. Parker know. I will be given the name and phone number of a mental-health professional to help me but I will be responsible for the fees associated with any services provided by a mental health professional.

My information will be stored in a locked filing cabinet and a password-protected computer for safekeeping. However, if my information is seen by anyone, Mrs. Parker will let me know.

_____ Participant's initials (place on the bottom front page of two-sided consent forms)

BENEFITS

As a member of this study, information I give will help future foster youth and will help nurses understand more about my experience after leaving foster care.

CONFIDENTIALITY

When results of this study are published, my name or identity will not be included. Study information will be kept private. The information will be stored in a locked filing cabinet in Mrs. Parker's office for three (3) years and will not be given to anyone unless I give my permission.

CONTACT INFORMATION

If you have questions at any time about the study or have any emotional problems, please contact Carla Renée Parker at cdiebold@utk.edu. Her faculty advisor is Sandra Thomas, PhD, RN, FAAN and can be reached at the University of Tennessee, College of Nursing, 1200 Volunteer Blvd., Knoxville, TN, 37996; phone (865) 974-7581; or by email at stthomas@utk.edu. If you have questions about your rights as a participant, contact the Office of Research Compliance Officer at (865) 974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be returned to you or destroyed.

_____ Participant's initials (place on the bottom front page of two-sided consent forms)

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Vita

Carla Renee Parker was born in Coffeyville, Kansas. She attended Collin County Community College and graduated in 1997 with an Associate of Science degree in nursing. She worked as a staff nurse in a variety of settings at Dallas Children's Medical Center until 2000. In May 2000, she relocated to Arkansas and began working as an adult intensive care unit staff nurse. In 2001, she was promoted to manager for a medical surgical/intensive care unit and in 2002 was promoted to Chief Nursing Officer. She completed a Baccalaureate degree in nursing from Baptist College of Health Sciences in 2004 and Master of Science in Nursing Administration from the University of Phoenix in 2006. She began teaching Pediatrics to undergraduate nursing students in 2006 and is currently an Assistant Professor. She completed her doctorate of philosophy at the University of Tennessee in August 2013.