

THE PENNSYLVANIA STATE UNIVERSITY
SCHREYER HONORS COLLEGE

DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES

THE SOCIAL ECOLOGY OF FOSTER CARE: SUPPORTS, SOCIAL NETWORKS,
AND DEVELOPMENT IN FOSTER CHILDREN

CORTNEY B. THOMAS

Fall 2009

A thesis
submitted in partial fulfillment
of the requirements
for a baccalaureate degree
in Human Development and Family Studies
with honors in Human Development and Family Studies

Reviewed and approved* by the following:

Douglas Teti
Professor of Human Development & Family Studies
Thesis Supervisor

Kathryn Hynes
Assistant Professor of Human Development & Family Studies
Honors Advisor

* Signatures are on file in the Schreyer Honors College

Abstract

Each year in the United States, foster care affects 800,000 children (Weinberg, 2007).

These children face several developmental risks and are in need of supportive relationships to promote better development (Harden, 2004). Kahn and Antonucci (1980) found that supportive relationships are important to an individual's well-being. This paper discusses the importance of supportive relationships for foster children through a review of available literature. The first section provides an introduction to foster care. Next, Kahn and Antonucci's findings about social support are discussed and applied specifically to foster children. The third section covers why stability is critical for these children. In the fourth section, the author shares her personal experience as a former foster child. Then several recommendations for protective child services and foster parents are given about specific ways to provide support for foster children. Finally, the conclusion addresses limitations in studying foster children. The paper ends by pointing to the value in supporting a foster child.

Acknowledgements

This paper would not have been possible without the help of my thesis supervisor, Dr. Doug Teti. Thank you for all of your patience, guidance, perseverance, and time you gave up to help me throughout this process.

Thank you, Dr. Hynes, my honors advisor, for your help along the way. Thank you for your suggestions and guidance along the way.

I owe this paper to both of you.

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Introduction

Goals of Foster Care and Reasons for Placement

Each year in the United States, there are 800,000 maltreated children who have been removed from their parents' custody as a result of abuse and neglect (Weinberg, 2007). These children are placed into the foster care system. According to the U.S. Department of Health and Human Services (2009), by placing the child in foster care, an attempt is being made to break the destructive cycle and improve the child's life. The goals of foster care and child protective services are to promote safety of the children, some sort of permanency within their lives, and the general well-being of the children. Safety may mean supervision in the home as a minimal intervention, in some cases removing the children from the home and placing them in general foster care or kinship care, or placing the children in protective custody. Initially, the goal of foster care is to return the child to the biological family and correct the situation by which the child came to be in foster care. If this does not work, the child is placed in a foster home and attempts are made to place the child with a relative. In the end, if a child cannot be placed with family, the child welfare system tries to find a permanent, adoptive home for the child. (U.S. Department of Health and Human Services, 2009).

There are some situations in which the child will remain in the foster care system. In each case, every attempt should be made to find a good match between the developmental needs of the child and the foster family providing care in order to keep the child in a stable environment. All aspects of a child's well-being should be considered, such as cognitive, socio-emotional, and physical development (Stukes Chipungu and Bent-Goodley, 2004).

The average length of stay for children in foster care is thirty-three months. However, some have a much shorter stay and some have a much longer stay (Bass, Shields, and Behrman, 2004). The majority of children in the foster care system have been removed from their homes as a result of maltreatment in the forms of physical, mental, sexual, or emotional abuse or neglect. Other reasons children end up in the foster care system include behavioral problems within the child or parental problems, such as abandonment, physical or mental illness, inability to provide for children, incarceration, death, or parental substance abuse (Bass, et al., 2004; Stukes Chipungu and Bent-Goodley, 2004).

Development

Foster care is an important area of study because it affects so many children and these children are in need and face unique risks to healthy, positive development. These children tend to face some developmental difficulties. Harden (2004) found that, in general, children within foster care have worse developmental outcomes than children who are not placed in the foster care system. On the subject of physical health, many scholars, within pediatrics and public health, have noted that foster children are more likely to die within childhood than children who are not a part of the foster care system. These children are more likely to have had compromised development since before birth due to deleterious prenatal experiences. These physical health difficulties have occurred before the child was even born because of parental use of drugs or alcohol. There has been a great increase in the number of foster children who have entered care because of substance exposure during the prenatal period. This has sometimes resulted in negative effects, such as fetal alcohol syndrome, and in other cases the child is born with an

addiction to drugs. Foster children are more likely to have health problems that have not been treated. They are also more likely to have abnormalities in growth (Harden, 2004).

As far as cognitive development and academic functioning, the National Survey of Child and Adolescent Well-being or NSCAW, a study commissioned by the U.S. Department of Health and Human Services, found that most foster children scored within the normal range on measures of cognitive and academic achievement. However, a greater percentage had delayed cognitive development and poor academic functioning than expected within the general population (Harden, 2004). For example, the NSCAW found that over one-third of infants and toddlers, in a sample that has been in foster care for one year, and one-half of infants and toddlers within the Child Protection Sample tested in the delayed range for development. Using the same samples of children in foster care for one year and the Child Protection Sample, on a language test NCSAW found that seven percent of school-age children scored within the clinical range. In addition, thirteen percent were found to have delayed language. This data coincides with other research showing that foster children are more likely to experience delays in cognitive functioning and development. Other children with high risks not in foster care, such as children in poverty, did score in the same ranges as children in foster care on the NCSAW.

Additionally, studies have found that foster children may not fare well academically. Konenkamp and Ehrle (2002), in an overview of a study which gathered information from more than 100,000 people, found they have trouble performing well on achievement tests. They tend to have poorer grades. Foster children have higher rates of failing and not moving on to the next grade level. They also found that foster children

are also more likely to be placed in special education. Even when compared to children living with parents in high-risk situations, foster children have a greater likelihood of not being engaged in school. Konenkamp and Ehrle also found that twenty-eight percent of foster children are not involved in extracurricular activities. According to Harden (2004) the lower academic achievement of foster children may not be the result of their foster care experiences, but this poor achievement could be attributed to their experiences before foster care. Factors such as poverty and maltreatment may have contributed to their cognitive development. Also, poor academic accomplishment could be attributed to lower school attendance resulting from placement instability.

Another area of development affected is social-emotional development. Results from the NSCAW study showed that foster children generally have more impaired functioning than researchers expect from a sample of high-risk children (Harden, 2004). More so than children not in foster care, foster children have a greater likelihood of having disordered or insecure attachment which can result in long-term harmful effects (Harden, 2004). Also, several studies indicate that the majority of foster children experience mental health problems, such as Stein, Evans, Mazumdar, and Rae-Grant's study (1996) which compared psychiatric profiles of foster children with clinical and community samples. The NSCAW study (Harden, 2004) and a study by Clausen, Landsverk, Ganger, Chadwick, and Litrownik (1998) both found that a greater percentage of children in foster care than those not in foster care experience depression. These studies showed that foster children also have inferior social skills. It is harder for foster children to adapt. They also found that foster children exhibit more behavior problems by externalizing, like impulsivity and aggression. Clausen, et al. (1996) also found foster

children had two and a half times more behavior problems within the clinical range than expected in a community population. They found the adaptive behavior scores of foster children were more than one standard deviation below the norm.

Research has also shown high levels of using mental health services among foster children. Garland, Landsverk, Hough, and Ellis-MacLeod (1996) found that fifty-six percent of their sample of over six hundred youth in foster care received mental health services. They reason that this is because foster children have larger mental health needs, and they have more access to mental health services (Garland et al., 1996). A number of scholars think foster children have poor mental health because a combination of factors outside of their experience in foster care. One example is that foster children may have a biological disposition toward mental illness. Kaufman, Birmaher, and Brent (1998) found that parents and siblings of abused children with Major Depressive Disorder had a nine-fold increased risk for Major Depressive Disorder than relatives of normal children. The authors suggest that familial vulnerability factors can influence an abused child, increasing his or her likelihood of developing a mental illness. Foster children also may have endured traumas that have contributed to poor mental health (Kaufman, et al., 1998).

Each child is coming from an already difficult situation. This makes them especially at risk to harmful outcomes. The majority of these foster children come from underprivileged backgrounds. Any risk factors they already face are escalated by poverty.

Harden (2004) talks about how these children may have experienced violence within their homes, either facing abuse themselves or witnessing violence between other

family members. They may have been the recipient of poor parenting due to parental problems. Abused parents are more susceptible to abusing their own children than non-abused parents. In some situations, the parents themselves do not know how to take care of their children. Some parents have their own agenda and willfully neglect their children. In other cases, the parents may not have the means to be able to provide for the child. For example, a parent may not be able to afford to heat the house, failing to be able to provide an essential physical need of his or her children during the wintertime.

Vig, Chinitz, and Shulman (2005) write that young children in foster care are at greater risk than those not in foster care for poor developmental outcomes. These children are vulnerable because of negative psychosocial and biological influences, such as exposure to alcohol and drugs while in the womb, premature birth, and/or abuse and neglect, causing foster care placement. These children experience medical problems, mental health problems, and developmental disabilities.

Shin's study (2004) on developmental outcomes of youth in the child welfare system showed similar results. Shin randomly sampled two hundred adolescents currently in foster care at the time of the study. He used face to face interviews and found that most of the youth's biological families had several problems. The youth in Shin's study were experiencing many developmental difficulties, including mental illness, school failure, substance abuse, and additional antisocial behaviors.

However, little is known about longer term outcomes for foster children. Few studies have attempted to provide information about the development of youth after foster care. Perhaps this is because it is difficult to track youth once they leave the system. Some findings of problematic outcomes include homelessness and inability to be economically

self-sufficient (McDonald, Allen, Westerfelt, and Piliavin, 1996), death (Barth and Blackwell, 1998), and criminal justice involvement (Jonson-Reid and Barth, 2000).

McDonald, et al. (1996) found that within a year of aging out of foster care twenty-two percent of former foster children were homeless for one or more days. Nineteen percent of former foster children were homeless for a week or more once they left foster care. When they looked at employment and income, although the employment rate of the individuals was only slightly lower than the national average, they found that about many former foster children were having difficulty earning a livable wage as reflected by low household incomes. In addition, about one quarter were receiving public assistance.

Barth and Blackwell (1998) found problems in mortality of foster children. Looking at deaths of foster children in California, Barth and Blackwell found that although African American foster children experience similar rates of death as African American children in the general population, Hispanic and Caucasian foster children have higher mortality rates than Hispanic and Caucasian children in the general population. Results also showed that children who entered foster care because of neglect have higher death rates than children in the general population. Further showing the risk of mortality, in their study about the death risk for children who have been reported for nonfatal maltreatment, Jonson-Reid, Chance, and Drake (2000) found the risk of death before they turn eighteen-years-old of low-income children who had been maltreated was almost twice the risk of low-income children who had no reports of maltreatment.

Regarding criminal justice involvement, Jonson-Reid and Barth (2000) found that incarceration is another problematic outcome for female foster children and those

removed from their homes because of neglect. They compared children who received child welfare services with children who did not receive child welfare intervention even though they were investigated as victims of abuse and neglect. Eight per one thousand children in their sample ended up being incarcerated. Females who experienced foster care or placement in a group home had the highest rates of incarceration. Also, children who were reported because of neglect had a greater chance of being incarcerated than those reported for physical or sexual abuse.

Kerman, Wildfire, and Barth (2002) noticed that when compared to young adults never in foster care, those who had been in foster care faced challenges like high rates of criminal justice involvement, homelessness, mental health problems, lack of health care, and early parenthood.

Above were the known developmental outcomes for foster children in general. Harden (2004) discusses results from the NSCAW. The U.S. Department of Health and Human Services' National Survey of Child and Adolescent Well-Being found that the largest group of foster children enters foster care as a result of neglect, in which a caregiver has failed to supervise or provide for the child in an adequate manner. The second largest group enters foster care as a result of physical abuse. Third, a smaller number are placed in the system as a result of sexual abuse. About half of children who are maltreated experience more than one type of maltreatment. Though there is available research on the outcomes for individuals experiencing specific types of abuse, it may be better to look at general outcomes for foster children since so many have experienced more than one type of maltreatment (Harden, 2004).

Foster children may also experience some emotional struggles. The American Academy of Child and Adolescent Psychiatry (2005) discusses the emotional struggles a foster child may feel. The foster child may feel guilty and blame him or herself for being separated from his or her biological parents. He or she may feel it is his or her fault. The child may also endure blame from a parent or sibling. A foster child may also struggle with the confusing emotion of wanting to return to biological parents although the parent(s) abused him or her. An additional feeling a foster child may feel is unwanted, especially if the child has been waiting to be adopted for an extended time. They may also feel unwanted because their biological parents abused or neglected them. Children who experience multiple placements in foster care may feel helpless about the multiple changes they have experienced. It may be easy for those children to feel as if they do not have any control over the situation.

Foster children may experience mixed emotions about becoming close and attaching to a foster parent. They may feel as if they are betraying their biological parents and family by attaching to foster parents. They may only reluctantly admit positive feelings for foster parents. Insecurity and uncertainty about their future is often a struggle for foster children. A foster child has no guarantee of the amount of time he or she will spend in the child welfare system. Even when there is a pre-determined amount of time, it may change (American Academy of Child & Adolescent Psychiatry, 2005).

Making matters more complicated, foster parents may also experience a mixture of emotions, which can affect their relationship with foster children. One challenge for foster parents is recognizing the confines of their emotional attachment to their foster child. Attachment not only affects the foster child, but also the foster parent. A foster

parent may experience mixed feelings toward his or her foster child's biological parents. Knowing that the biological parents have, in most cases, hurt the foster child in some way may anger foster parents, causing them to feel negative emotions toward the biological parents (American Academy of Child & Adolescent Psychiatry, 2005).

The American Academy of Child and Adolescent Psychiatry (2005) goes on to explain that at the same time, the foster parent may appreciate the biological parents if the child feels positively towards them. A foster parent may face difficulty in letting the child return to biological parents. The foster parents may feel protective over the child and fearful that abuse may occur again. The foster parent may take in foster children and treat them as their own, and their love and attachment to the child may make separation very difficult.

In addition, being raised by a foster family, instead of biological parents, may present some additional difficulties. Carlson (1998) found that foster children may have difficulty forming secure attachments. Attachment disorders can occur when children's attachments to caregivers are disrupted. They may be overly cautious or overly trusting, show the same attachment to all adults, or they may not have any attachment to any adults. Children with attachment disorders, including disordered, insecure, or disorganized attachments, may have other harmful outcomes in addition to the attachment disorder, such as poor relationships with peers, problems in behavior, or mental health problems. Carlson uses a developmental view of psychopathology; pathology is a process as patterns of adaptation are developed by individuals within their environments. Thus, disorganized attachment early on in life can lead to pathology and dissociation later

on in life. Attachment disorders can contribute to the most problematic outcomes for children.

Because foster children are often exposed to parenting that is neither consistent nor adequate, they are at risk for forming unhealthy attachments or the lack there of. Carlson, Cicchetti, Barnett, and Brunwald (1989) suggest that three quarters of children who have been maltreated have disordered attachments. This percentage may decrease with age. Insecure and disordered attachments are more likely to be found in foster children than children not in foster care.

Because of developmental difficulties (emotional, behavioral, physical, and cognitive) foster children face, foster parents face a challenge in dealing with foster children's complex needs. Coordinating with social services may also bring trials. A foster child may also behave differently after visits with his or her birth parents, and foster parents must deal with the child's behavior and emotions following these visits. Foster parents and foster children both face challenges in their relationship (American Academy of Child & Adolescent Psychiatry, 2005).

Importance of Social Support

This paper discusses support roles as a mediator of negative outcomes for foster children. The negative effects that foster children face can be lessened through supportive relationships; supportive relationships can contribute to healthy development in foster children. This paper is based on research by Kahn and Antonucci (1980) suggesting that social support contributes to individual well-being. This paper applies Kahn and Antonucci's research to the specific population of foster children.

Across the Life-Span

Kahn and Antonucci (1980) propose that social support is important to an individual's welfare throughout the life-span. Numerous researchers have since supported Kahn and Antonucci's findings. Several researchers (Berkman, 1983; Kessler and McLeod, 1985; Pescosolido and Levy, 2002) have found that mental health is strongly impacted by personal relationships and the resources available through them. Berkman (1983) found that physical and mental health are influenced by and influence social networks. Kessler and McLeod (1985) had similar findings. Their review of the evidence clearly shows a significant association between social support and well-being and the absence of psychological problems. Pescosolido and Levy's (2002) research shows that social networks can aid in disease prevention and play a role in preventing psychological distress. Kahn and Antonucci (1980) write that social support provides direct contributions. Social support is also able to decrease stress, even stress related to the aging process. They found that social support is given and received within convoys or personal networks.

Kahn and Antonucci (1980) discuss the importance of a life-course perspective to understanding social support. As people develop and progress in their life-course, their needs and conditions change. Because of these changing needs and conditions or circumstances, the form and quantity of social support an individual needs at a certain time changes. It does not stay the same throughout the life span. There is no one form or amount that is best at every time, all of the time. The past plays a role in the present. Present social support is influenced by earlier experiences. Individual differences, in part, may be attributed to different experiences across the life-course.

Foster children grow and mature just like children not in foster care. They are facing normal developmental milestones, but they also have additional experiences that shape their need for social support. Foster children have to deal with maltreatment before they enter foster care. These past experiences have shaped their personalities and will continue to play a role in their current situations. Entering foster care adds a new set of circumstances and challenges that will also contribute to a child's need for social support.

Kahn and Antonucci (1980) propose that social support is related to the theory of attachment because it focuses on social support during infancy and childhood. Ainsworth (1973) theorized that "attached" and well-adjusted babies have a secure base that allows them freedom to explore, interact, and learn about the world. Infants arrange their behavior toward their environment based on the way they arrange their behavior towards their mothers. Since then, the concept of attachment has been applied to interpersonal relationships and activities throughout the life course. This is comparable to social support relationships in adulthood. Infants are partners in a dyadic relationship with adult caregivers because they bring variations in personality or temperament, cognitive development, and experience into the relationship.

Ainsworth's (1973) theory that securely attached infants have a greater likelihood of exploring their environment and use their attached caregiver as a secure foundation from which to explore is supported by empirical evidence. If they were adults, it is suggested that those with strong supportive relationships would have coped better with environmental stressors.

In the same way, foster children with supportive social relationships may cope better with stress. These children experience typical stressors that normally developing

children face. However, foster children face additional stressors. As previously mentioned, foster children are coping with maltreatment, whether it is abuse, neglect, both, or whatever reason they were placed in the foster care system to begin with. Foster children are facing stressors of living apart from their biological families.

As discussed above, attachment may be difficult for foster children. Infants in foster care may be especially at risk. Negative experiences early in life can influence later relationships. Especially concerning are infants in institutions (Ainsworth, 1973). Kahn and Antonucci (1980) suggest that for the best development, a primary attachment relationship must be formed in the first year of a person's life. Later experiences, both positive and negative, affect development.

Institutionalized children and those in group homes may not have a chance to form attachment relationships to primary caregivers. The children may not receive enough time with a caregiver. In addition, they may have multiple caregivers and institutions and group homes may experience staff turnover. Children who spent infancy with their biological parents and later experience foster care may have had a poor experience and not developed secure attachment. The majority of these children enter the foster care system due to maltreatment, more specifically abuse and neglect. In the majority of these cases, one or both parents are the perpetrator(s). Since this is the situation, perhaps even before maltreatment begins, these parents do not form a proper, nurturing relationship with their children. Harden (2004) admits the number of children under three-years-old in foster care is surprising.

The kinds of relationships children form in infancy may affect their other relationships. An infant responds actively to his or her relationship with his or her

caregiver. Then, the infant allows more and more people into his or her social world. That first relationship with the caregiver affects additional relationships. If an infant has a warm and supportive relationship with his or her caregiver(s), then the infant may respond to others the same way and extend that behavior to peers and others. That child would have an extended social network to help deal with difficulties and stresses in maturation. On the other hand, an infant who had a colder or less supportive relationship with initial caregivers may be less likely to trust others too. This infant may learn negative behavior patterns or even learn that others cannot be trusted. In turn, as the infant matures, he or she may be less likely to seek out supportive relationships.

Kahn and Antonucci (1980) speak about the increased need for social support when someone's major life roles change, especially if the change is not predicted or wanted. Social support can act as a buffer from extra stress and strain. The authors are speaking about life roles within adulthood, but the same concept can be applied to foster children.

The same concepts can be applied to foster children. When children enter foster care, they undergo massive change. The child's home environment changes as he or she moves somewhere new. Children entering non-relative care, a group home, or an institution do not even know the people with whom they are living. A child's school may change, and with that, their group of peers will change. During the time a foster child is in the system, he or she will undergo more change depending on how long his or her stay is. A child may begin with supervised visits with biological family, which can lead to unsupervised visits with family, which can in turn lead to unsupervised sleepover visits

with family. A foster child's case worker may leave and be replaced by another case worker. Foster children's lives may constantly be changing.

In their study of the elderly in Texas, Stephens, Blau, Oser, and Miller (1979) found a relationship between extent of social support and a person's psychological state. As social support is heightened, depression and alienation decrease. The same has been found for social support for foster children. Perry (2006) found that foster children with supportive relationships are less likely to experience depression than those without those supportive relationships.

However, Kahn and Antonucci (1980) stress that quality of relationship seems to be more important than quantity of relationships or frequency. One supportive relationship makes a significant positive difference. Those who deal with stressful situations with one close relationship fare better than those who face stressful situations with no supportive relationship. Lowenthal and Haven (1968), in their study of two hundred and eighty aged community residents, support the notion that at least one close relationship can decrease negative effects on an individual. Results showed that having an intimate relationship acts as a buffer for both gradual losses, such as changes in role throughout the lifespan, and more difficult losses, such as within widowhood and retirement. In this study, elderly who reported having a confidant was the strongest indicator that institutionalization would not be required later on in life.

Perry (2006) found differing results. Perry found that one supportive relationship was not enough to produce healthy outcomes. No significant difference was found between those with no supportive relationships and those with one such relationship. Instead, two close relationships contribute to healthy development. To keep the well-

being of the foster child in mind, let us say that a child should have at least two supportive relationships. One of these relationships should be with the caregiver, as Perry has found that relationships within the home have the largest impact on a foster child. Foster children may find supportive relationships in many other places. They can feel supported by a friend, a teacher, a sibling, a coach, even a doctor, and many more. Perry goes on to say that the point is that the child does feel supported; it is not necessarily as important who the relationship is with.

Loss of Support

Numerous studies (Ertel, Glymour, and Berkman, 2009; Friedman, 1997; Raphael, Taylor, and McAndrews, 2008; Richardson and Balaswamy, 2001) have found that when supportive relationships are lost, well-being can be negatively influenced, thus complementing the above evidence that quality is more important than quantity in regards to supportive relationships. In the cases of divorce, death, and separation, clinical depression can be induced (Goto, Wilson, Kahana, and Slane, 2006). This is important to remember for foster children. Even though their situations are not the same as in those studies about loss, foster children do initially lose support systems when they enter foster care. By switching schools and not being with their biological families anymore, they have lost any supportive relationships with friends, teachers, or family. We need to be especially sensitive to this because the child suddenly has many changes to cope with, but he or she no longer has the same support system to turn to in that time of need. It may take time for new supportive relationships to develop. Depending on how much hurt the child has already experienced, he or she may have difficulty trusting new people in his or her life, so these relationships will take even longer to develop.

Convoys

Kahn and Antonucci (1980) discuss social support as coming through social networks or convoys. These convoys are created by the individual and may often overlap in interpersonal relationships and interactions. The personal network consists of family, friends, and others. Convoys may change over time. At any point in time, a person's convoy includes all people whom he or she depends on for support. The convoy also includes those who rely on that individual for support. In some relationships, an individual may both give and receive support.

The convoy is formed by changing factors, such as situation, and enduring aspects of the individual. It determines the individual's well-being and his or her capability to deal with life roles. A person's need for social support changes depending on situations taking place, along with factors of the individual, like experience, abilities, and personality. Someone's personality may cause him or her to be more independent, while another may be more dependent on others. There can be too much or too little support. Support can also be unwanted or inappropriate. Or it can be wanted and appropriate. However, too much support is generally better than too little support (Kahn and Antonucci, 1980).

Even if the person being given support perceives it accurately, it may be ineffective. For example, positive effects are lessened or nonexistent if the person being given support thinks he or she is being given support beyond what he or she deserves. In the same way, positive effects are lessened if the person feels he or she is being given support beyond what he or she can repay. (Kahn and Antonucci, 1980)

Each person's convoy is unique. The only people in an individual's convoy are people who are important to that person, in terms of giving and/or receiving social support. Everyone that an individual knows is not in the convoy. There are differing levels within a convoy. The outermost level consists of people that the individual is least close to. The first level is the people that are closest to the individual. These are people most valued to the individual. Because these people are so valuable to the individual, this circle is most likely to remain pretty stable over the years. The people within this circle generally provide support within a variety of situations and circumstances. (Kahn and Antonucci, 1980)

Although for most, this inner circle stays fairly stable over time, for foster children, the situation may be different. When a foster child enters foster care, his or her inner circle may have to change. There may be no way of keeping in contact with that friend or family member who was his or her close confidant or best friend.

There is some hope, though. Some people have large inner circles, while others may only have one person within that inner circle. There are even some people who have no inner circle, no one they would call a best friend or confidant. Kahn and Antonucci (1980) suggest that, based on Bowlby's (1969) work, those who have had such close relationships are better able to deal with a loss of support than those who have not had any such relationship. On the other hand, Bowlby (1969) showed that after a number of trusts are betrayed between a child and its mother, the child begins to attach others less and less. Those who have experienced a close supportive relationship may be better able to adapt to various kinds of losses and find substitutes for lost friendships.

So, applying this information to foster children, foster children who had an inner circle and lose those relationships upon entering the system are more likely to be better able to handle that loss. They are also more likely to look for and find those kinds of relationships again.

Network Disruption

As previously stated, a foster child's convoy can change at all levels. Upon entering the system, chances are the child will have to switch school systems, taking him or her away from his or her peers and likely best friends too. The child will receive new teachers at his or her new school and will no longer have previous teachers. The child will be removed from family, so those relationships will change. He or she may not be able to see relatives anymore beyond the immediate family. Even contact with the immediate family will be very limited. If the child attended a church, that will change too. Neighbors will change. Even his or her physician and dentist may change. All of these people may or may not be a part of the child's convoy, depending who he or she considers important in terms of social support.

Natural support networks seem to be very effective. Research by Durlak (1979) that suggests that nonprofessional and informal social support are not any less effective than professional support. He reviewed forty-two studies comparing professional and paraprofessional helpers. His results are surprising, showing that paraprofessional achieved clinical results that are equivalent or better than outcomes that professionals achieved. Education, training, and experience in mental health are not prerequisites to be an effective helper (Durlak, 1979). This is interesting in the case of foster children. Children within the foster system often attend mandatory counseling. However,

according to this research those who are their helpers, within their convoys, can help them just as much as a counseling professional.

Perry (2006) examined what happens when social networks are disrupted in the lives of foster children. Perry studied 154 adolescents in foster care through surveys. Because adolescents and youth in foster care experience different levels of disruption in their social support networks, they provide a unique opportunity to study the effects of network disruption. Stability and continuity are provided in some placements, while others involve continuous network turnover.

Stressful events, in which there are losses or people leaving the social field, or social network disruption, have the strongest association with poor psychological outcomes (Brown and Harris, 1978). Brown made a connection between social conditions and clinical depression. Research by Paykel (1978) suggests individuals experiencing network disruption, like divorce or separation, the death of a loved one, of a family member leaving home, are six and a half times more likely to develop depression than the normal rate. The likelihood of psychiatric illness is greater within the six months after the disruption (Paykel, 1978). Foster children leave home and are separated from their loved ones, so it is likely that this statistic is also applicable to the foster child (Perry, 2006).

According to divorce literature, disruptions in the support network may be especially harmful for youth (Amato, 1995; Kot and Shoemaker, 1999; Menaghan, 1999). Children can develop negative coping strategies based on lack of or negative social support (Kot and Shoemaker, 1999). The development of externalizing and internalizing behavior problems are related to social stressors stemming from family composition

(Menaghan, 1999). During childhood and adolescence, individuals form social, psychological, and interpersonal skills. Feldman and Elliot (1990), in their presentation of findings from the Carnegie Foundation study on adolescence looking at development and contexts of adolescent life, along with Hines (1997) found that family and friends help influence the development of personal goals and values, self-concept, and sexual identity. However, a positive relationship between a parent and adolescent can even eliminate divorce's negative effects (Hines, 1997). Strong family and peer relationships marked by intimacy, support, and friendship are critical for youth development (Belle, 1989; Canetti, Bachar, Galili-Weisstub, Kaplan De-Nour, and Shalev, 1997; Munsch and Blyth, 1993; Youniss and Smollar, 1985). Youth who feel their parents care a lot about them show less distress, positive well-being, and positive social support (Canetti, et al., 1997). Mental health is impacted poorly by negative life events that can weaken support networks. Foster care is one of these events.

Perry (2006) found that significantly less foster children feel that their biological parents care about them than youth in the general population. Almost ninety-five percent of youth in the general population reported that their biological parents cared a lot about them, compared to only about thirty-two percent of youth in foster care. When comparing how much youth in foster care felt that their biological parents/ adult caregivers cared about them with how much youth in the general population felt that their parents cared about them, there was still a significant difference, with more youth in the general population feeling like their parents care a lot about them. More youth in the general population than youth in foster care feel that their friends care a lot about them.

In addition, Perry (2006) discovered that feelings of closeness with parents or caregivers seem to be related to placement type. Those placement types with more disruption were associated with significantly less youth saying that their foster parents care a lot about them. Over eighty percent of youth in foster family care and close to ninety percent of youth in kinship care report that their foster parents care very much about them. The amount of perceived care by foster parents in kinship and family care are only a little lower than that of the general population. However, only fifty percent and about forty-five percent of those in group homes or other placements feel that their foster parents care a lot about them.

Perry (2006) found that youth in kinship care reported the best relationships with their biological parents, with about forty percent reporting that their parents care a lot. The worst relationships with parents were among youth in group homes and institutions, with only twenty-five and twenty-two percent perceiving that their parents care a lot.

Perry (2006) also found that youth in group homes are more likely to have depression than those in other placements. Almost thirty-five percent of those in group homes were depressed, while about fourteen percent of youth in kinship care, about nineteen percent of youth in foster family care, about twenty-two percent of youth in other placements, and about fifteen percent of youth who were not in out-of-home care were depressed.

Additional results revealed fewer symptoms of depression are associated with having strong biological family and foster care networks. Also, having biological and peer networks and having foster care and peer networks are associated with fewer symptoms of depression compared to having no strong networks. Youth with three

strong support networks are significantly less likely to have depression and anxiety than youth with no support networks.

Perry's (2006) results showed that youth in group homes experience significantly more depression than those in kinship care or foster family care. As foster care network strength increases, symptoms of depression decrease. In a week, youth experience less symptoms of psychological distress, on average, if they have more close, caring, and supportive biological family and foster care networks. Perry suggests that how a foster child perceives strength of the foster care network has a larger influence on symptoms of depression than the biological family network has. There are significant connections between network strength and placement type in foster care. Stronger foster care networks are found among youth in foster family care and in kinship care than those in group homes. Also, as a youth is in more foster care placements, the weaker his or her foster care network tends to be. Larger networks and networks with more frequent contact tend to be stronger. For example, Perry found that youth with bigger biological family and peer networks, on average, had more caring, closer, and supportive networks. In addition, stronger networks were associated with more contact with the biological family.

Data from Perry's (2006) study shows that foster children's lives were unsettled when they were placed in foster care. Ties were severed when they were taken from their homes. This resulted in long term consequences, in particularly among adolescents who no longer have their social networks. The consequences were psychological distress.

In Perry's (2006) study, comparing youth in the general population with youth in foster care revealed that youth in foster care feel that their biological parents and foster

parents or caregivers care about them significantly less than youth in the general population. These feelings about adult caregivers and biological parents did vary according to how much the youth's social network was disrupted. Those who were in foster family care and kinship care with more stable environments expressed amounts of caring by caregivers or foster parents that was close to levels reported by youth in the general population regarding parents caring. Significantly less care by caregivers was reported by youth in group homes and placements with a lot of disruption. Altogether, continuing and rising levels of social network disruption was related to less caring relationships with adults. Following the same pattern, more youth who experienced disruptive environments were found to have met the criteria for depression than youth in the general population and youth placed in environments with more stability. Actually, youth in stable placements and youth not in foster care displayed similar rates of depression (Perry, 2006).

Contrary to Kahn and Antonucci's (1980) research, Perry (2006) found that having just one strong network domain, whether foster care, biological family, or peer network, was not significantly better than having no strong network domains. To prevent psychological distress, it seems that multiple strong supports networks, or convoys, are necessary. Statistically the source of their great level of care, support, and closeness is not important (Perry, 2006). Sources of support could be a biological parent, foster parent or caregiver, case worker, teacher, peer, coach, etc.

Perry (2006) acknowledges that this finding does not support social network literature. Melaville, Blank, and Asayesh (1993), Vaillant (1993), and Wynn, Castello, Halpern, and Richman (1994) all found that for at-risk youth, a caring and close

relationship with any single adult is the most important protective factor. The adult does not necessarily have to be a parent or caregiver. Perry suggests that perhaps youth in foster care have more emotional needs because of their experiences than youth not in foster care. As a result, they may need more support systems. She also mentions that a single relationship cannot satisfy all of the support needs a person has. Also, there are some relationships that are not able to be replaced or can only be replaced by like others. For example, if a child does not have support from one parent, that support can only be replaced by another parent.

Perry (2006) found that her results regarding psychological distress were consistent with existing research. She found strength of network to be inversely related to psychological distress. The greatest effect on symptoms of depression was by the foster care network. This was also the only network domain found to significantly impact anxiety. Perry (2006) suggests that the home may be a uniquely protective factor because it serves as a haven for those whose families have been disrupted.

Stronger relationships with foster care and peer networks were found in youth with more stable environments at home. The less disruptions, or number of placements, the stronger the foster care convoy was. Also found to be important were size and contact. An increased amount of caring, close, and supportive relationships were associated with larger networks and contact more often. Perry's (2006) findings imply that continued and serious disruption weakens social networks in two ways. Networks are weakened both directly and indirectly through different variables like regularity of contact and size.

Strength of foster care networks and peer networks has a reciprocal relationship. Increasing support and care in the foster care network leads to stronger relationships with peers. The relationships with peers are significantly stronger. The same is true vice versa. Perry (2006) suggests that this may be the result of supportive foster parents encouraging or helping make possible the development of strong relationships with peers.

It is critical that foster parents do encourage foster children to build strong relationships with peers. Peer relationships are important to all children. Price and Brew (1998) argue that for foster children, relationships with peers are important for their mental health and development. Many parts of development are affected by peer relations. These parts are moral, affective and social, and cognitive development. Problems within peer relationships are associated with problems in mental health and problems with adjustment.

Foster children may often have difficult relationships with peers because they display negative patterns of social behavior that hinder those relationships. As a result, they have trouble developing supportive and positive relationships with peers (Price & Brew, 1998).

Foster parents can encourage foster children to form positive relationships with peers. They can teach foster children what positive and supportive relationships look like. One way to do this is to image that kind of relationship through their own relationship with the foster child.

Stability

Positive Effects

All research points to stability as the best thing for a foster child. Stability is related to supportive relationships. A stable environment includes stable relationships with familiar people within that environment. McFadden (1995) suggests that success for former foster children in adulthood begins within the first years of foster care. Adulthood success is related to opportunities to build and maintain relationships that are continuous with important people in one's life. These people include foster parents, biological parents, and siblings.

Fanshel, Finch, and Grundy (1989), based on four years of continuous research of five hundred and eighty-five foster children across five western states, further build on the idea of continuity. Fanshel et al (1989) found that when youth maintained relationships with their social workers, continuity was increased. Continuity was also increased if a relationship with the foster care agency was maintained.

Better outcomes are related to placement stability within the foster care system. Kerman et al (2002) suggest that relationships with foster family and/ or the social worker or case worker will increase the feeling of continuity in a foster child's life. Many children are in placements that are unstable. As environments within the child's life, like school, residence, and neighborhood, change, he or she can feel a sense of continuity through a continuous relationship with his or her foster family and social worker.

Other scholars agree that stability is best for foster children, and in fact, all children. Brenda Jones Harden, an associate professor at the University of Maryland in

the Department of Human Development, has done extensive research on foster care and foster children. She writes about the importance of stability in the lives of foster children in her article “Safety and Stability for Foster Children: A Developmental Perspective” (2004). Harden highlights the positive effects of family stability. Family stability can positively affect many areas of a child’s development, including health, academic performance and attainment, development of social skills, and emotional well-being. Parents provide the emotional structure for children’s experiences of health (Tinsley and Lees, 1995). Tinsley and Lees (1995) along with Gottman and Katz (1989) found that when children have positive relationships with parents marked by consistency, they tend to get sick less and practice good health behaviors. Alternatively, Gottman and Katz (1989) found that marital discord is associated with negative effects on children’s physical health. In addition, Hickson and Clayton (1995) discovered that children within stable families are more likely to be provided with good health care and receive necessary immunizations. These parents are more likely to have positive interactions with their child’s physician (Hickson and Clayton, 1995).

As far as academics, children who have consistent caregivers and stable families perform better in school. They are less likely to repeat a grade. They also have a decreased likelihood of dropping out of school. These children perform better on tasks to measure academic achievement (Epstein, 1991, Fehrmann, Keith, and Reimers, 1987). When teachers practiced more parental involvement, students tended to do better on achievement tests in reading and mathematics (Epstein, 1991). Fehrmann, et al. (1987) found more positive effects of parental involvement. Parental involvement has an important effect on academic achievement. Grades are directly and positively affected by

parental involvement. Fehrmann, et al. (1987) found that when parents are more involved in their child's life, it leads to increased time spent on homework, which leads to a positive effect on grades.

When it comes to social and emotional development, children who are raised in stable environments have better development compared to children raised in an unstable environment. According to Ladd and Pettit (1995) and Campbell (1995), these children with stability in their lives have a greater likelihood of having positive relationships with peers. They tend to also have more positive social skills. Additionally, they exhibit behavioral problems less. These researchers also found they also have decreased chances of being diagnosed with mental illness. On the other hand, when the behavior of parents is negative and inconsistent and high levels of family adversity exist, problems within the child are more likely to emerge in early childhood. These problems can persist into school age (Campbell, 1995).

Empirical literature has defined family stability in several ways. Numerous researchers have used family structure to define family stability. Family structure includes things like single parenthood. Stability has also been defined as limited movement from one home to another. Harden (2004) summarizes the definition of family stability as a care giving environment in which children are provided with consistent and nurturing care that they need to flourish and succeed. Harden suggests looking at family processes, rather than family structure. Some examples of family processes are the mental health of the parents, stability within relationships among parents or caregivers, and constructive and encouraging parenting.

Appropriate and positive parenting practices are a marker of stability, along with caregivers that are mentally healthy. Children within a stable environment have caregivers who are consistent, continuously there, and involved in the child's life or connected to them over the course of time. These children also have an encouraging, cohesive, and adaptable family system. Their home environments are nurturing and interesting and exciting, promoting their growth (Harden, 2004).

When caregivers are consistent and nurturing, children are more likely to develop a relationship characterized by trust with their caregivers. This trusting relationship leads to numerous positive outcomes in development (Cassidy, Kirsh, Scolton, and Parke 1996). Secure children view themselves in a more positive way than insecure children. Secure children also interpret the intentions of others more positively (Cassidy, et al, 1996). This finding supports Kahn and Antonucci's (1980) theory that supportive relationships contribute to the well-being of individuals. McLoyd (1998) suggests that care giving marked by positivism and consistency can even compensate for factors that have a harmful effect on children, like poverty and related risk factors. Even in the face of poverty and other associated risk factors, such as harmful effects on IQ, achievement in school, and socioemotional functioning, children can have much better outcomes if they have stable family lives. The same can be suggested for foster children. If foster children have stable caregiving environments, they can have much better outcomes, despite the risk factors surrounding them, such as maltreatment. McLoyd's work agrees with Perry's (2006) findings that strong network ties within a new network can serve as a protective factor for a foster child, improving psychological outcomes.

Within Developmental Stages

Even within certain developmental phases, having a stable family contributes to positive development. Life begins with infancy and toddler hood. During these stages, there is tremendous growth across all developmental domains. There are two social-emotional developmental milestones for these stages in the lifespan. They are achieving attachment to a primary caregiver and emergence of the autonomous self or learning to explore separately or independently from their caregiver. When the environment children are raised in is stable, they have a greater likelihood of achieving these two milestones. Stable environments also contribute to language acquisition and emotional expression of children. Stability early on in life leads to positive development which sets the stage for more positive development all through childhood (Harden, 2004).

Next come the preschool years. Being able to take in adult standards and behaviors during this time is critical because the major developmental goals during this period are self-regulation and development of morality, like the ability to make moral judgments (Turiel, 1997). Preschoolers whose parents have consistently modeled and guided them about how to show and control their emotions exhibit advanced ability to self-regulate. These children are able to adapt their emotions in order to accomplish an intended goal (Cassidy, 1994). Also, children whose caregivers teach them how to solve conflicts between individuals, and teach them about fairness, justice, and proper behavior demonstrate sophisticated moral and social growth (Kochanska, 1995).

During middle childhood, a child's developmental tasks have much to do with the formal school environment and interacting with peers. Children's goals within middle childhood include operating well within the school environment, being able to control or

regulate one's own behavior, and cooperating with peers. Connors and Epstein (1995) found that children with positive and consistent caregivers have better academic achievement, have developed relationships with their teachers, and are more involved in the school. According to Cassidy, Kirsh, Scolton, and Parke (2002), during these school age years, good relationships with peers are related to the child's experience of positive parenting. This makes sense according to their research because they found children with healthy attachment view themselves and others more positively. These peer relationships include friendships and positive social behavior, such as behaving well socially without expecting recompense in return. Kochanska (1995) found that children who are raised by consistent and nurturing parents are better able to follow rules and act appropriately even when an adult is not around.

Adolescence follows middle childhood. Adolescents are consumed with forming their own identity, becoming independent of their family systems, and preparing for the future. Eccles, Early, Frasier, Belansky, and McCarthy (1997) suggest that adolescents best accomplish these developmental goals when they have stable relationships with caregivers. Positive interactions within the parent-child context increase the likelihood of having positive interactions in additional contexts. These caregivers have been able to balance providing support, both material and emotional, with the adolescent's desire to be independent. Risky behaviors are often common during this stage in life. However, according to Forehand, Miller, Dutra, and Chance (1997), these dangerous behaviors are less common among adolescents who have had nurturing relationships with minimal discord with their caregivers over time. Higher levels of parental monitoring are associated with lower levels of deviance. Family stability is important all throughout

childhood. The above research has shown how family stability promotes positive development within the individual, helping the individual to achieve developmental tasks.

Personal Experience

The author is a former foster child. At the age of seven, she was placed in the foster care system. For several years beforehand, she was sexually abused by her biological father. When her mother discovered this when the author was about five years old, her mother took her and her siblings and moved into an apartment away from her biological father. However, her mother still allowed her biological father to come to the house and the sexual abuse continued. Her grandmother and aunt figured out that the abuse was happening, although the victim never spoke about it, because she was avoiding all of the men in her life, such as her uncles. They took her into Children and Youth Services at the county courthouse. Soon after, the author was placed in foster care in December when she was in second grade in school.

Stability and Support

Almost all of her convoys or social networks changed. She suddenly was placed in a new school, after only having been at the old one for three months after a previous family move. Her peer network changed as a result. Her family structure changed as she was placed with a foster family, which consisted of a foster mother, father, and three older foster sisters. She switched doctors, both family doctor and dentist. She was given a caseworker, and even her caseworker changed several times while she was in foster care. The first change was probably the hardest because that caseworker had been with her for a couple of years and she had learned to trust her.

Yet, the author experienced more stability than many foster children experience in placement. She stayed with the same family for five years. After five years, she was placed with her aunt and uncle when she was twelve years old. They quickly gained custody of her, and she was no longer a part of the foster care system. While in foster care, she had much stability. Besides staying with the same foster family the entire time, her foster family provided her with a routine in life and consistency. There was consistency whether it was consistency with day to day schedules, consistency in discipline, or consistency in interactions and relationships with caregivers and those around her. Her foster parents were nurturing, and she could tell they loved her. While there were a few differences between how she was treated and how her foster parents' biological children were treated, for the most part her foster parents did an excellent job of making her a part of the family. In less than a year, her younger sister also came to live with the same foster family and they remained there together until they each moved in with separate relatives. Having a sibling with her was very helpful in that she was with part of her biological family. It helped her to not feel alone because her sister was going through the same situation, being in foster care, although her sister fortunately was not abused.

Kahn and Antonucci (1980), along with other researchers, such as Perry (2006), suggest that supportive relationships are important for individual well-being. As discussed earlier, supportive relationships can contribute to positive outcomes within individuals, including foster children, and can lessen negative effects foster children often face. Social support is defined by Kahn and Antonucci as interactions between people that include affect or emotional support, affirmation or self-validation, and/or aid. The

author felt very supported and loved by her foster parents. Aid can include things like money, information, time, and material items. She was provided everything she needed by foster parents and her biological mother. (She still saw her mother during scheduled visits once a week.)

Transactions with affect include expressing love, admiration, like, or respect. The author felt that her foster parents and biological mother expressed love. She quickly found friends at her new school, and they too showed affect or expressed liking her. She received the same affect from teachers and coaches. She is sure that she received affirmation from teachers and her foster parents. However, although she certainly receives a lot of affirmation now from friends and family members, this is the hardest aspect to remember receiving from others while in foster care.

These supportive relationships and consistency she received as a foster child probably helped her developmental outcomes. Research shows that foster children have a greater likelihood than those not in foster care of faring poorly in academic performance. For the author, this was not the case. Her foster parents encouraged academic excellence, although they were not pushy about it. Seeing her foster sisters' success in school motivated her to do well also. She was also gifted with a natural intelligence, which surely helped, and she graduated second in her high school class with the honor of Salutatorian.

The author was active in social events. She played on a basketball and softball team in elementary school. She was a part of a club that visited the elderly in a local nursing home every week. She spent a lot of time playing with other children in the neighborhood. Throughout junior high and high school, she played three sports a year,

and she was involved with a couple of activities at her church. She has never experienced depression. In addition, as far as physical health, she has always been fairly healthy besides developing bronchitis most winters.

Learning to Trust

On the surface, her development may have appeared to be very positive in each area. However, beneath the surface, there was still a very insecure girl. It really was not until she became a Christian at the age of twelve that she really learned to trust people. Trust took a long time to develop. Maybe it was because of the nature of the abuse, or maybe the way she responded to the abuse, with self-protection and independence, or perhaps both contributed to not trusting people. After she became a Christian, she learned to trust God and feel secure in Him. It was only then that she was secure enough to even share about her past with her friends.

The author implores foster parents or caregivers and any others interacting with foster children to be patient. Foster parents may invest a lot of time and energy into their foster children and still find that their foster children do not trust them. Trust can take a long time to develop, especially if one has been hurt in the past and given a reason not to trust others. Foster children are fighting a battle inside between fear of being known and possibly being hurt and wanting to be known and wanting to be able to trust. It may take a lifetime for a foster child or former foster child to sort through things. The past will never disappear. He or she will always have whatever past behind them that led to foster care placement. Foster parents can express unconditional love and empathize with children. Let the child know they are there for him or her, that they love her and that they

do not want to hurt him or her or see him or her hurt by anyone. They should give the child the freedom to trust at any point the child is ready.

Support Within Adulthood

Children are incredibly resilient. While research suggests that supportive relationships are important within childhood, and especially for foster children, we must remember that those relationships are important for adults too. A foster child will not always be a part of the foster care system. However, his or her past will never change. Someone who has experienced abuse or neglect and the foster care system will still be dealing with the outcomes of those experiences as an adult.

It is the author's experience, as a victim of sexual abuse and former foster child, that supportive relationships are critical in adulthood. As a child, it was easy to not be affected by the abuse once removed from the situation. It was easy to distance herself from what happened and to live daily life as if the abuse had never occurred. However, into young adulthood, she realized how her reactions to the abuse shaped the way she relates to people. Also, she found it necessary to tangibly work through the abuse, to sort through memories, instead of living as if the sexual abuse had never occurred.

As a young adult, she is involved in a romantic relationship with the goal of marriage. Experience as a foster child and as a survivor of sexual abuse will play into this relationship. She has found the support of family and friends to be crucial during this time. Those who support her have been patient and willing to work hard to draw her out and hear about her experiences. They have been willing to offer advice and counsel when needed. They have provided a sense of safety and security to make the author

comfortable to share her deepest thoughts and feelings, to share about past experiences and how they have affected her.

In the same way, other foster children will need supportive relationships just as much for the rest of their lives as they needed those relationships while they were children. As an adult, the relationships will be more reciprocal in giving and receiving support than they were when he or she was a child. (Although, even children do have reciprocal relationships.) Some former foster children will choose to receive professional help, such as from a psychologist. Others may look to friends or family for support. Encouraging these supportive relationships earlier in life, while the child is still in foster care, will increase the likelihood that he or she will maintain and form supportive relationships all throughout his or her lifespan.

Recommendations

Kinship Care and Siblings

Placing a child with relatives, in kinship care, encourages supportive relationships through more continuity in the child's convoy. Relatives provide a wide and enduring (beyond age eighteen) source of support (Barth, Guo, Green, and McCrae, 2007). In addition, keeping siblings together, when entering the system, may be another way to promote continuity in the support network of foster children. This would keep some ties within the support network, instead of changing almost the whole network. A sibling may provide a source of support, especially since he or she may have experienced the same situation. A sibling can provide understanding, having experienced the same circumstances.

To keep siblings together, one must place multiple foster children in a single home. More resources are needed than if there is only one foster child in a home. The amount of food needed to feed the family will significantly increase, along with clothing and other costs, such as the amount of electricity and water being used in the home. Foster parents may face additional needs. The child welfare system should be aware of the needs presented when multiple foster children are placed in one home. For example, foster parents may need a new, larger vehicle when suddenly taking in multiple children in order to transport the whole family.

This was the case for Deleah Smith (Wozniak, 2002). Deleah had four children of her own, and then she took in her sister's four children. Her sister was a cocaine addict and neglected her children. They were removed by the Department of Child and Families. With eight children, then, plus she and her husband, everyone in the family could not fit in the same car anymore. In order to go to school, church, or the grocery store, Deleah had to make two trips. She was forced to buy a much larger vehicle even though it was hard to afford it. She was refused aid from the Department of Children and Families. The foster care and child welfare system should take situations, like Deleah's situation, into account and work hard to provide financial help (Wozniak, 2002).

Stable Home Environment

Every effort should be made to place a foster child in either kinship care or foster family care. These settings provide the most continuity for a foster child, along with stability and support. Foster children in group homes are less likely to experience the type of support available within kinship care or a foster family. Part of this is that within a group home, caregivers are often not able to give children adequate attention and

support because there are so many children and so few caregivers. The caregivers also are only at the home for their work day and then leave. Within kinship care or foster family care, caregivers tend to remain more constant. Their job is a twenty-four hours a day and seven days a week job. They are not just there for an eight-hour shift. Also, in a group home, there may be caregiver turnover. In such a setting, it is easy to get burned out. In addition, the salaries are typically poor for this field of work. Both of these factors may contribute to caregivers leaving group homes to find a different job.

If there is no choice, and there is not in some situations, and children must be placed in group homes, then every effort should be made to promote a family environment within that home. Caregivers can attempt to foster a family setting in which support is given and received. There can be consistency and nurturing within the atmosphere.

Reimbursing Foster Parents

Another recommendation is to increase compensation or reimbursements for foster parents. Reimbursing foster parents could improve the resources available to current foster parents. Barth, Guo, Green, and McCrae (2007) suggest that as a result, children in foster care would have a greater likelihood of getting similar experiences to those in non-poor or non-foster care homes. Doing so may encourage foster parents to have the capability and to allow foster children to participate in activities that promote social development. For example, an activities fund can be developed for foster parents. This fund would be used for social activities only, like participating on a basketball team or in dance class, instead of promoting isolation, like playing video games. Foster parents can be reimbursed or receive compensation for costs of activities (transportation,

uniforms, dues, etc.) where foster children are interacting regularly with other children or adults.

Increasing compensation or reimbursing foster parents can give foster parents the ability to involve the foster child(ren) more in their family. Barth, et al (2007) suggest expanding the types of recreational and holidays expenses that are able to be reimbursed. For example, one suggestion is to provide funds to allow foster parents to take foster children on vacation with the family. Not all foster parents can afford to pay for an extra person, in order for their foster child to join the family on vacation, even if they desire to. Leaving a foster child home while the rest of the family is on vacation further clarifies in a foster child's mind the belief that he or she is not really a part of the family.

Providing funds to make this possible will endorse family activities, promoting supportive relationships within the foster family for the foster child. Emotionally it can be difficult for a foster child if he or she does not feel like a "real" member of his or her family. If the foster care system encourages "familial" relationships within foster families by providing needed monetary support to make it possible, then supportive relationships are given the opportunity to develop further.

Religion

Religion may play a role in providing social support for foster children. Various research correlates religion with more positive development. Research shows that individuals with religion in their lives have better development than those who do not have religion in their lives.

For example, Weaver, Samford, Morgan, Lichten, Larson, and Garbarino (2000) did a literature review of five popular adolescent research journals and found those

involved in some sort of religion tended to have less depression and suicide. Those adolescent individuals also displayed fewer drug and alcohol abuse and less delinquent behavior. They also had a later onset of sexual activity. In addition, according to The National Study of Youth and Religion (1996), youth who participate in religious activities have a greater likelihood of having stronger and more positive relationships.

Religion may provide social support on two levels. One way religion can become a source of social support is by providing a convoy or network through the church in which an individual can give and receive support. If a foster child is involved in a church, then he or she may have a greater support network filled with individuals within his or her church. The foster child has the opportunity to share a common set of beliefs with others within the church. The church can serve as a community for the child.

Along similar lines, in her article "Fostering Spiritual Development," Sue Badeau (Dilorenzo, Nix-Early, Wilson, and Badeau, 2004) acknowledges the isolation and alienation foster children feel. They experience estrangement and disconnectedness from important relationships that were a part of their lives. She says that fostering spiritual growth and participating in a community of faith can serve as an anchor or kind of stability. Badeau stated that even when moving around in foster care, this anchor supplies the foster child with feelings of belonging and connectedness.

Perhaps an even greater advantage to religion is another way in which it can serve as a support role, and that is through the deity being worshipped itself. For example, a foster child in a Christian church may see God Himself as a social supporter. For the author, this was the case.

The author is a Christian, and in her church the common belief is that Christianity is about a relationship with God and Jesus. Because the emphasis is on a relationship, it becomes clearer how one can view God as Someone who provides support. In the author's experience, God has been a source of affect, affirmation, and aid as mentioned by Kahn and Antonucci (1980). He is a source of affect or emotional support in multiple ways. One is that in the Bible the Christian God declares His love for His people time and time again. In addition, He calls Himself a comforter and provides comfort for His people. The author is able to call out to Him in times of trouble and sadness, but also to share joy. God is a source of affirmation or self-validation because the author believes that because Christ died for her and covered her sin, that she is seen as perfect and holy in the eyes of God. This provides her sense of worth and security. Finally, He provides aid. He calls Himself a protector and provides protection. The author believes that He owns the world and can pray and ask Him to provide anything she needs. If she needs money, she asks God.

Christianity also brought order and meaning into the seeming chaos of suffering abuse and being removed from her family. It brings a purpose to the abuse along with the hope of working all things together for good. It does not just leave a damaged child, but uses the hurt for something good. Badeau writes that although all youth may have questions about the meaning and purpose of their lives, young people experiencing turmoil in their lives have a greater likelihood of struggling with spiritual questions like why they were born and the purpose for living. Sue Badeau proposes that spiritually exploring and being involved in a faith community can equip a foster child with a basis for starting to answer these questions sensibly (Dilorenzo et al., 2004).

Having a support network within the church played a key role for the author too. She was surrounded by a community that sought to understand her. This is how religion provided social support for the author and may do the same for other foster children too.

It is likely that foster children may suffer from a sense of diminished self-worth. The foster child can find refuge in religion. According to Dilorenzo, et al. (2004) all youth come to a point where they start asking questions about who they are and where they are from. Spiritual development can build identity and self-esteem. The authors point out that encouraging curiosity and acknowledging these spiritual questions of foster children helps them in establishing an identity and developing a sense of value for themselves. Usually spiritual involvement or religions include a message of significance and worth of the individual.

For example, a child who is dealing with low self-worth and may even be blaming him or herself for being in the system can find hope in Christianity- in a God who says that he or she was created, loved, and completely known. This God says that He sacrificed His only Son to bring him or her into an intimate relationship with Himself- a God who declares that child, whose own parents hurt him or her, worth dying for. This is a God who says He wants to heal that hurting foster child. This is a God who calls Himself a King and a Father to that foster child, thus declaring the foster child a prince or princess. In this way, religion can provide support for a child, allowing the foster child to feel loved, supported, and valued.

Respite Care

Respite care is a service foster parents can utilize that may benefit their foster children. Susan A. Parsons, R.N., a friend of the author and a foster parent and foster

parent trainer for the Department of Public Welfare in the state of Pennsylvania, found respite care to be both beneficial to her and her husband and their foster children.

According to rules in the agency in which she was affiliated with as a foster parent, she was not allowed to leave her foster children with her or her husband's relatives.

However, the children were allowed to stay with a respite care family. This family consisted of other foster parents who were approved to take in foster children.

Oftentimes, respite care is considered a punishment for the child who for whatever reason is misbehaving. In these cases, the break often allows all parties to calm down, and the child to return to the original foster home. This is not what Mrs. Parsons is referring to as positive respite care. Family Care for Children and Youth, the agency with which Mrs. Parsons is affiliated with, assigns a respite home when a child is initially placed in the foster home. This home is to act as an extended family for the foster child. They are to have regular visits in that home and have positive outings with the child. This makes the child feel that the respite home is a friendly place to go, and it gives them another convoy of supportive relationships.

No foster parents can be superheroes, and some foster children are difficult to manage. Therefore, once in a while, foster parents need a break. When she needed a break, her foster child's respite family could take the child in. There were times when Mrs. Parsons and her family could not take their foster children on vacation with them. They usually took their foster children on vacation with them, but when they flew to Montana when a grandchild was born, and when they took a trip to Haiti to serve at an orphanage, they could not take the children with them. Because of agency rules with

international travel and crossing numerous state lines, they were not permitted to take their children to Montana or Haiti. The children were then placed in their respite homes.

Since respite parents are foster parents themselves, they are registered with the child welfare system and have their clearances. This enables them to be able to take in others' foster children to provide respite. For Mrs. Parsons, the respite family included her foster children in activities they were doing. For example, in one instance they took her foster son to an amusement park that they were going to. They could take him to the beach with them. Once a respite family called Mrs. Parsons to request that her foster child be permitted to go the respite family's family reunion. The child greatly anticipated going to that event and thoroughly enjoyed it.

Also, Mrs. Parson's foster children were given support through the foster children in their respite family's home. Her foster children had other foster children they could be friends with. They could relate to one another. They were assured that although they are in a difficult situation, they are not alone. Respite care benefits the foster children and the foster parents, providing a source of support for both. A word of caution: Foster children can manipulate to be placed in the respite home if they seem to have more fun there. There must be an understanding between the case worker, foster parent, and foster child that this will not be allowed to happen, so that they do not behave poorly in an attempt to be moved.

Caregiver- Biological Parent Relationship

Foster children often experience ambivalence in regards to their relationships and feelings about their biological parents and foster parents or caregivers. A foster child may feel torn between both worlds. He or she may also feel as if the foster parent resents

his or her biological parents, while he or she loves them simply because they are his or her biological parents, in spite of anything they have done to harm him or her (American Academy of Child and Adolescent Psychiatry, 2005).

The author's recommendation is that if at all possible and permitted by the child welfare agency, foster parents can strive to develop a positive relationship with the foster child's biological parent(s). Interactions between foster parents and biological parents of a foster child may decrease the ambivalence that a foster child feels. At the very least, foster parents should be respectful and not speak negatively about a foster child's biological parents in front of the child. This may prevent a child from feeling a pull between both parties, similar to what children of divorced parents feel. If foster parents can have interactions with the biological parents, the author encourages that they try to help the parents. In addition, foster parents can strive to bring both families together for the foster child. For example, foster parents can throw a birthday party or graduation party for the child and invite the child's biological family to the party. This can allow the child to feel supported by foster parents and give them a greater sense of cohesion within their lives and within their two families. Foster parents can be creative and look for ways to merge both worlds of the foster child.

Cultural Differences

According to the U. S. Department of Health and Human Services (2006), at the end of September 2006, there were 510,000 children in foster care. Forty percent were white/ non-Hispanic. Sixty percent of those children were minorities; thirty-two percent were black/ non-Hispanic, nineteen percent were Hispanic, and nine percent were other races or multiracial.

Kahn and Antonucci (1980) proposed that one key element sources of support provide is affirmation or self-validation. Foster parents, case workers, and others who interact with foster children who are minorities should strive to affirm these children. These children may have an especially tough time if their foster parents are of a different race than themselves. Foster parents should work hard to understand the child and his or her culture. Foster children, in general, already face so many changes, and a change in culture adds another difficult change to their lives. Foster parents can celebrate a foster child's cultural heritage with him or her. The foster parent can also celebrate the child's traditions with him or her and also introduce the child to new traditions.

Harden (2004) discusses racial and ethnic identity. Racial/ethnic identity can be defined as a multifaceted set of thoughts, feelings, and behaviors, stemming from one's association with a certain racial or ethnic group (Helms, 1994). Helms (1994) identified membership of a racial group as a key part of identity development for all people in the United States. This process of identity development is nearly the same for everyone, despite racial group. Harden (2004) mentions that racial and ethnic identity formation is a vital task in development for children from preschool to adolescence according to researchers. During preschool a child begins to understand differences in race and ethnicity. In middle childhood, children tend to ask more questions and try to tackle those questions about ethnic and racial groups, especially their own racial or ethnic group. Murray and Mandara (2002) found that children start to show favor to their own group during this stage in life. Among nine-year-olds, black children showed a preference for blacks and white children displayed a preference for European races. Johnson (2001) writes that when a minority middle school-age child feels discriminated

against according to race and when they do not have community ethnic identification, it can lead to negative developmental outcomes. In a time when many are searching for an ethnic identity, both white and black middle school students were able to acknowledge that prejudice is an issue that blacks may face.

Most research on the development of racial and ethnic identity has studied adolescents. Identity development is the crucial task during this time period (Harden, 2004). Adolescents display the formation of racial and ethnic identity through friendships with others of the same race. They also express this through obvious references to pride related to race and ethnicity. Ethnic identity may even serve as a protective factor for adolescent minorities. As a protective factor, it can positively have some bearing on well-being (Harden, 2004).

Since racial and ethnic identity formation affects development, caregivers should be concerned about their foster child's identity formation. Related to support roles, forming racial and ethnic identity has an important role in assisting a child in developing a healthy sense of self and collective belonging. It allows the child to be confident with him or her self and feel a part of a group also. Children of racial and ethnic minority are often placed in homes where the foster parents are a different color or race. This can lead to unique problems in developing an identity (Harden, 2004).

According to Susan Parsons, R.N., a foster parent, the Pennsylvania Department of Public Welfare trains foster parents in cultural diversity. Every course that foster parents take through DPW addresses cultural diversity (S. Parsons, personal communication, July 20, 2009). In the foster home, foster parents should be sure to address a child's ethnic identity and/or expose them to their own culture. For example, a

white foster family might celebrate Kwanza with a black child or have a Seder with a Jewish child. Talk about a child's food preferences. This is a simple way to show the child respect and help them see that you care. If foster parents have a chance to talk to the biological family of the foster child, they can ask them for recipes. Providing some of the same food a child is used to eating is an easy way to provide at least a little more continuity within their lives.

Another area foster parents can be flexible in is style of dress. Adolescents often consider the way they dress a part of their identity. In this stage in life, adolescents are trying to forge an identity and beginning to discover who they are (Bass, et al., 2004). Foster parents can be flexible in this area as long as it is causing no harm to the child to show the child that they support him or her.

Religion is a part of one's culture. Most agencies dealing with foster children ask the foster family to take the child to his or her place of worship if he or she has one. Many children may not have a religious support system or religion they call their own. In that event, the foster family can take the child to their church where the child should be encouraged to enjoy and participate in all age-appropriate activities. This extends their support system (DiLorenzo, et al., 2004). Mrs. Parsons' foster children attended her church. She has had children that after they left her home even returned to her church because it had become their church in the time that they had been there. Inviting a foster child to church, synagogue, or one's place of worship allows them to be a part of every aspect of the family. Foster parents can be clear that they would like the foster child to be a part of the family, and they would like to include the child in as many family activities as possible.

Even lifestyle change can be a difficult transition for a child because it is a change in culture. When a child is coming into foster care after being maltreated, abused, or neglected, even being in a home where abuse the maltreatment, abuse, or neglect does not occur is a significant change in culture. Also, changing from one economic class to another is a change in culture. In some ways, this was the case for the author. Having experienced sexual abuse by her biological father, she was placed in foster care at a point when she did not trust any men. The first full day in foster care, just she and her foster dad drove to her new school to register her. She was terrified on the drive, being alone with him, because she thought all men were like her biological father. It was a culture shock to learn that all men were not like her father. It was a good change, of course, but it was still something she had to adjust to.

The author also experienced a change in economic status. When she came into foster care, she was living with her single mother and three siblings. Her mother was on welfare. For school each year, she became excited over new socks and underwear, while her best friend sported brand new outfits. The foster family she moved in with was a middle class family. It was different to go from low-income to a middle class family. There were no more cockroaches in the bathroom. Education was given a greater priority. Each dinner meal had several parts to it, instead of something simple like macaroni and cheese.

Cultural changes may not always seem related to supportive relationships, but it can be argued that they are. When a child changes culture, he or she is losing another part of stability in their lives. Foster parents can be aware of these changes, whether racial/ethnic, religious, economic, lifestyle changes, or anything else. Foster parents

should seek to understand the foster child and the environment he or she came from in order to best support him or her, and in turn, the foster parent should help the foster child to understand the new culture they are now a part of. This understanding and care about all aspects of the foster child's life show that the foster parents or caregivers are supportive.

Conclusion

Limitations

Like any paper, there are some limitations to this literature review. This paper is by no means comprehensive. It would not be possible to compile all existing research to formulate this review. However, the author has done her best job to review the most relevant literature available. There is, though, always a place for additional research.

Second, foster care is a difficult area to study for several reasons. It is difficult to do research on outcomes of foster children because foster children are difficult to track. They are continuously entering and exiting care. Once a foster child ages out of the system, it is also difficult to follow his or her whereabouts. Another challenge is determining whether outcomes are correlated with being a part of the foster care system and removed from the biological parents' home or if they are correlated with the original reason the child was taken into care.

In addition, each child's circumstance is unique. The reason he or she becomes a foster child, the type of care he or she enters (foster family, kinship care, or group home), the length of stay in the system, the continuity and stability of care, etc. varies. While we can look at broad outcomes, each child really does differ. Each child will respond differently to adverse circumstances. We must be aware of individual needs when

considering the kind and amount of support a child needs. Like most things in life, there is no “one-size-fits-all.” Caregivers and the child welfare system should work together to meet the individual needs of a foster child. Children should be assessed on a continual basis to know their specific needs. A child should never be placed in a category but must be treated as a respected individual because each child is so unique.

Furthermore, empirical research is recommended on specific outcomes of supportive relationships for foster children. This will be beneficial to researchers in order to affect policy to best meet the needs of foster children. By studying the effects of supportive relationships on foster children, policymakers, case workers, counselors, foster parents, and anyone else who works with a foster child will have a greater understanding of how to benefit that child.

It Is Going to Be Worth It

Because one of the goals of the child welfare system is to reunite foster children with their biological parents, if possible, this means that many foster children will be leaving foster care, departing from their foster families. Just like the child’s entry into the foster home, this exit affects the whole family the child was living with. In They’re All My Children: Foster Mothering in America, the author, Wozniak (2002), interviews foster mothers. Many of these mothers testified that their own biological children felt a sense of loss and bereavement when a foster child left the home. They spoke about the emptiness they, their husbands, and their children felt and experienced when a foster child was gone. Some of the women talked about worrying about the children now that they were no longer in their care.

For those who have formed attachments with the children in their care, those who have made the foster children a part of their families, this exit may be especially emotionally difficult. It could be tempting to not form a deep bond with the child to prevent the emotional turmoil that takes place, but research shows how important these supportive relationships are to well-being. Supportive relationships will enhance the development of the foster child and serve as a protective factor for the child against negative outcome (Wozniak, 2002).

Foster parents need to empathize with the foster child. These children have been through so much and often face risks to healthy development as a result of trauma and other risk factors. They have been hurt and empathy can help their social-emotional growth and outcomes. Foster parents and caregivers should respect children's connections with other caregivers, such as biological parents and former foster parents. Being respectful of these other connections will enable the child to better form a relationship with the current caregivers. Foster parents should also be sensitive to cultural differences. They should seek to promote and form a life of stability, consistency, and nurturing for the foster child within their home. For the child's sake, and the rewards a family receives, it is more than worth it to love, nurture, and form a supportive relationship with the foster child to promote the best possible developmental outcome.

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Schreyer Honors College

CORTNEY B. THOMAS

Current Address:

811 Wintergreen Circle
State College, PA 16801

Email Address:

cbt120@psu.edu

Academic Vita of Cortney Thomas

EDUCATION: **Bachelor of Science in Human Development and Family Studies with Honors**
 Minor in Psychology
 Expected December 2009

The Pennsylvania State University, University Park, PA

High School Diploma

Tulpehocken Junior-Senior High School, Bernville, PA

June 2005

EXPERIENCE: **Assistant Teacher**

August 2009-Present

The Goddard School for Early Childhood Development, State College, PA

Responsibilities include managing classroom, interacting, planning, facilitating, and guiding activities for 12-18 month-olds, promoting social, emotional, cognitive, and physical growth of children, teaching sign language to children, and communicating with parents

LA 495 Literacy Corps Certification

Penn State University, University Park, PA

Spring 2009

Training and experience tutoring Korean ESL adult student

HDFS 430 Practicum in Preschool Groups

Penn State Child Development Lab, University Park, PA

Fall 2008

Guided experience interacting with and planning curriculum for young children in groups

Campus Intern

DiscipleMakers, Inc., State College, PA

Summer 2008

Working with Christian campus ministry planning and executing fellowship meetings, recruiting for, leading, and facilitating Bible studies, participating in team meetings- examining personal growth and progress- to promote interpersonal, team building, and leadership skills

Classroom Assistant

Discovery Child Development Center, State College, PA

June 2007-July 2009

Responsibilities include caring for infants and toddlers, assisting teachers with classroom duties, overseeing classroom, and interacting with parents

Classroom Assistant

Bennett Family Center, University Park, PA

March 2006-May 2009

Responsibilities include caring for infants, toddlers, and preschool children, and assisting teachers with classroom duties, such as housekeeping and administering and overseeing meal times

Youth Center Supervisor

Lebanon Valley Family YMCA, Lebanon, PA

June 2006-August 2006

Responsibilities include overseeing youth center, organizing activities, managing youth center, and resolving conflict among six-year-old to fourteen-year-old youth.

ACTIVITIES:	Vice President of DiscipleMakers Christian Fellowship	2008-2009
	DiscipleMakers Christian Fellowship Leadership Team	2006-2009
	Volunteer in Church Nursery and Sunday School Teacher	2007-Present
	Research Assistant with Family Life Project	Spring 2008
	Captain of Intramural Basketball Team	2005-2007
	Member of PSU Club Cross Country Team	2005-2007
	Volunteer for Rene's Dunkers Kids' Basketball Program	2005-2007
	Vacation Bible School Assistant Group Leader	2000-2005

HONORS and	Schreyer's Honors College Junior Gate Scholar	2007-Present
	Dean's List	2006-Present
AWARDS:	Recipient of Suzann Andrews Tedesco Scholarship	2008-2009
	Recipient of Fasola Family Trustee Scholarship	2008-2009
	Recipient of Trustee Scholarship	2005-2008
	Tulpehocken High School Class of 2005 <i>Salutatorian</i>	2005

**INTERNATIONAL
EXPERIENCE:**

Volunteer **July 2009-August 2009**
EBAC Orphanage, Morne-Rouge, Haiti

Daily instructed first through fifth graders in Phonics program, individually tutored orphan children in grades 1-10 in the areas of mathematics, English, and science

LANGUAGE

PROFICIENCY: Basic Spanish, Minimal Creole