



## Perspectives of youth in foster care on essential ingredients for promoting self-determination and successful transition to adult life: My life model



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### ABSTRACT

Research clearly documents the serious challenges and poor outcomes experienced by many young people exiting foster care, as well as compounded disparities for the high percentage of youth in care who are identified with disabilities and/or mental health challenges. However, very little research has been conducted to specify or validate effective models for improving the transition trajectories of youth exiting care. Evidence suggests the My Life self-determination enhancement model offers a promising approach for supporting youths' self-determined and positive transition to adulthood. The model includes youth-directed, experientially oriented coaching in the application of self-determination skills to achieve youth-identified transition goals, coupled with peer mentoring workshops that provide opportunities for learning, networking and fun. This in depth qualitative study of 10 youth who completed the My Life intervention focused on investigating coaching and mentoring elements and processes that youth participants identify as most important to their success, with the intention of informing the further development of youth-directed approaches to supporting young people who are transitioning to adulthood. Themes emerged around the centrality of youth self-direction, important processes in the coaching relationship, the essential value of experiential activities and self-determination skill development, and peer mentoring experiences that youth identified as fostering their success. Implications are discussed for research and practice in supporting youth exiting foster care.

## 1. Introduction

### 1.1. Transition challenges for youth in foster care

Young people in foster care experience exceptional disadvantage as they attempt to navigate their transition to adult life. Of 243,060 children and youth who exited foster care nationally in 2015, approximately 19% left care between the ages of 16 and 19, and about 47% of those youth exited care through aging out or running away (U.S. Department of Health and Human Services, 2017). Numerous studies

have documented the persistent transition barriers of young people exiting foster care. For example, the Midwest Evaluation follow-along study of 736 youth exiting foster care found that at age 19, 63% had a high school diploma or GED, compared to 91% of youth in the general population (Courtney & Dworsky, 2006). At 19 years of age, approximately 41% of these young people were employed, compared to 58% of their peers; and 39% were enrolled in higher education, compared to 59% of youth in the general population. By ages 25–27 these disparities persisted: 20% of former foster young adults still did not have a high school diploma or a GED, compared to 6% in the general population.

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Only 8% of former foster youth reported they had graduated with two- or four-year postsecondary degrees, compared to a 46% graduation rate for young adults in the general population; and they had an employment rate of 48.3% vs. 79.9% for their general population peers. Further, their median annual earnings were \$18,000 below those of young adults in the general population, and their incarceration rates were ten times greater than their peers (Courtney, Dworsky, et al., 2011).

**Compounded disparities.** Young people exiting foster care also are strikingly more likely than youth in the general population to be identified with disabilities and/or mental health conditions, most likely associated with related histories of maltreatment, trauma, recurrent foster care and school placement changes, separation from family, and other factors. Research on youth in foster care has generally suggested a special education disability prevalence rate of 30 to 40% overall (e.g., Courtney, Piliavin, & Grogan-Kaylor, 1995; Geenen & Powers, 2006; Lambros, Hurley, Hurlburt, Zhang, & Leslie, 2010), and 50 to 60% for older youth (Hill, 2012; Schmidt et al., 2013; Wulczyn, Smithgall, & Chen, 2009). With regard to mental health challenges, the Northwest Foster Care Alumni study found that 54% of young adults who had recently exited the foster care system had a diagnosed mental health condition, with 25% experiencing PTSD and 20% experiencing major depression (Pecora et al., 2005). Courtney, Dworsky, et al. (2011) found that 33% of Midwest evaluation study participants had social anxiety, 25% had depression, 60% had PTSD, and 14.5% were taking psychotropic medications.

Young adults exiting foster care, including those who are identified with disabilities and mental health issues, face multiple disadvantages in transitioning to adulthood, such as secondary education difficulties, financial and housing insecurity, low expectations and stigma, living, educational and social restrictions that limit opportunities, and lack of support from caring adults (Courtney & Hughes-Heuring, 2005; Day, Riebschleger, Dworsky, Damashek, & Fogarty, 2012; Dworsky & Perez, 2010; Geenen & Powers, 2006; Hochman, Hochman, & Miller, 2004; Quest et al., 2012; Schmidt et al., 2013; Singer, Berzin, & Hokanson, 2013; Smithgall, Gladden, Yang, & Goerge, 2005; U.S. Government Accountability Office, 2004; Unrau, Font, & Rawls, 2012). Evidence suggests that young people in foster care with disabilities and/or mental health challenges typically experience even greater disadvantage than youth in foster care without disability or mental health experiences (Ancitil, McCubbin, O'Brien, Pecora, & Anderson-Harumi, 2007; Geenen & Powers, 2006; Smithgall et al., 2005).

### 1.2. Supporting more positive transition trajectories for youth exiting foster care

While substantial attention has been directed toward documenting the concerning transition outcomes experienced by youth exiting foster care, relatively little research has been conducted to validate approaches that could promote more positive trajectories by these young people. Key federal policies adopted to expand support include the Foster Care Independence Act of 1999 (Public Law 106–169), which increased funding for states to provide foster care independent living services and, as part of the Promoting Safe and Stable Families Amendments of 2001 (Public Law 107–133), provided Education and Training Voucher Program funds to help off-set the cost of college. The 2008 Fostering Connections to Success and Increasing Adoptions Act (Public Law 110–351) enabled states to optionally extend foster care to age 21 for youth in college and/or employed, and required a written plan for exiting foster care. The Every Student Succeeds Act of 2015 (PL 114–95), which replaced No Child Left Behind, also has specific provisions for youth in care, focused on minimizing educational disruption and instability.

Despite these policy initiatives, only modest gains have been achieved in transition to adulthood outcomes for youth exiting foster care. Further, very little rigorous study has been conducted of intervention approaches with proven efficacy for promoting youths'

transition outcomes, including those with disabilities and mental health challenges. Independent Living Program (ILP) services are the typical support offered to young people exiting care, often incorporating skill training and service coordination plus additional supports offered by individual programs. Randomized controlled evaluations of three ILP sites did not reveal significant differences between control and intervention groups in two of the sites (Courtney, Zinn, Koralek, & Bess, 2011; Courtney et al., 2008). Youth in the third site study received intensive or therapeutic foster care services, and compared to the control group, those in the ILP intervention group were significantly more likely to have a driver's license, a birth certificate and to enroll in college. However, the youth receiving ILP services were more likely to remain in care past age 18 and these differences between groups disappeared once this factor was taken into account (Courtney, Zinn, Johnson, & Malm, 2011).

### 1.3. Potential benefits of self-determination enhancement for youth exiting foster care

Substantial attention has focused on examining the role of self-determination as a key aspect of positive youth development (Catalano, Berglund, Ryan, Lonczak, & Hawkins, 2004), and as a facilitator of adolescent health behavior (Gloppen, David-Ferdon, & Bates, 2010) and successful transition to positive adulthood outcomes (Algozzine, Browder, Karvonen, Test, & Wood, 2001). Generally congruent definitions of self-determination have been offered, which focus on causal agency (Wehmeyer, 1996), intrinsic motivation (Deci & Ryan, 2002), and self-directed action (Powers et al., 1996). Considerable research has been conducted with youth in foster care who receive special education services, revealing consistent associations between increased self-determination and improved educational, career and independent living transition outcomes (e.g., Algozzine et al., 2001; Cobb, Lehmann, Newman-Gonchar, & Alwell, 2009; Geenen et al., 2013; Halpern, Yovanoff, Doren, & Benz, 1995; Powers et al., 2012; Wehmeyer & Palmer, 2003).

The potential value of self-determination enhancement for youth in foster care is underscored by findings suggesting youth in care want more control in the process of making decisions about their life and perceive needs that are unmet as they prepare to exit care (Scannapieco, Connell-Carrick, & Painter, 2007). Multiple authors have emphasized the need for youth voice in the transition planning and decision-making process, and argue that it is a critical component of preparing youth for exiting care that has been largely missing (Frey, Greenblatt, & Brown, 2007; Massinga & Pecora, 2004; Mech, Ludy-Dobson, & Hulseman, 1994).

### 1.4. My life self-determination enhancement model for youth in foster care

For the past several years, our research team has conducted a series of experimental studies to investigate the outcomes of the My Life self-determination enhancement model (MLM). The model is implemented over 9–12 months and features: 1) one-on-one, weekly or bi-weekly youth-directed coaching to support youth in identifying and pursuing goals they value, and 2) four complementary peer mentoring workshops where youth discuss transition topics, share their knowledge and accomplishments, and receive support from successful slightly older “near-peers” and adults who also have lived experience in foster care.

Coaching focuses on providing youth-directed relationship support to foster communication, trust, and confidence; didactic support to facilitate youth's learning of meta-cognitive skills in achievement, partnership development and self-regulation to achieve their life goals (e.g., problem-solving, negotiating with allies, managing stress); and experiential support to promote youth's successful logistical preparation and engagement in activities to take action toward their goals, manage challenges and learn about themselves (additional detail on the model is found in Geenen, Powers, Hogansen, & Pittman, 2007). Coaching is

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