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Foster care parents' perceptions of their foster care youth's self-efficacy beliefs

Lesley Odette Irizarry-Fonseca
University of Iowa

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FOSTER CARE PARENTS' PERCEPTIONS OF THEIR FOSTER CARE
YOUTHS' SELF-EFFICACY BELIEFS

by

Lesley Odette Irizarry-Fonseca

An Abstract

Of a thesis submitted in partial fulfillment of the requirements
for the Doctor of Philosophy degree in
Rehabilitation and Counselor Education
in the Graduate College of The University of Iowa

December 2011

Thesis Supervisors: Assistant Professor Noel Estrada Hernandez
Associate Professor John S. Wadsworth

ABSTRACT

Every year, thousands of children are placed in foster care. It is estimated that approximately 24,000 youth age-out of the foster care system each year. Improving outcomes for youth in foster care when they age-out of the system has been a concern among government agencies, policy makers, and advocates (Casey Family Programs, 2010). Although research in the foster care area has studied the outcomes of foster youth when they age-out of the system, the role of the foster parents related to these outcomes, especially in the area of career development, has not received the same attention. The purpose of this study was to explore the perception of foster parents of youth with and without disabilities about their foster youth's career self-efficacy beliefs.

A total of 157 foster parents registered in the Iowa Foster and Adoptive Parents Association (IFAPA) and Nebraska Foster and Adoptive Parent Association (NFAPA) email databases responded to an online survey. The survey included a demographic questionnaire which presented questions about the extent of their role as foster parents and the Career Decision Making Self-Efficacy Scale – Short Form (CDMSE-SF) that measured the foster parents' perception of the career self-efficacy of their foster youth.

After conducting MANOVA and ANOVA analyses, a highly perceived self-efficacy belief was found among the foster parents in general. A comparison of the career self-efficacy beliefs of foster parents of children with or without disabilities was found to be higher among those foster parents serving youth without disabilities. Additionally, the foster parents identified services and/or training they understand are important for them and the foster youth such as more orientation about disabilities, the parent's role in Individual Educational Plan (IEP) meetings, and the opportunity for the foster youth of having employment experience before they leave the foster care system.

Considering the important role of the family in the career development of youth and the development of expectations, these findings are important not only to the rehabilitation counseling professionals, but to many individuals in the helping

professions, educators, researchers, and policy makers. Professionals and individuals with the purpose of working in initiatives to improve the child welfare system and the transition of foster youths to a better and more productive adult life. Information revealed from this study will also contribute to the establishment of programs targeted to promote better outcomes for foster youth, as well as support literature in the area.

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CERTIFICATE OF APPROVAL

PH.D. THESIS

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TABLE OF CONTENTS

LIST OF TABLES	vi
CHAPTER	
I. INTRODUCTION	1
Overview	2
Theoretical Framework	4
Family Role	5
Foster Parents	6
Purpose of the Study	7
Importance of the Study	8
Rationale of the Study	9
Research Questions	10
Definition of Terms	10
Summary	12
II. LITERATURE REVIEW	13
Overview	13
Overview of the Foster Care System	13
Federal Legislation	14
Federal Legislation in the State of Iowa	17
Federal Legislation in the State of Nebraska	19
Youths with Disabilities	19
Youths in Foster Care	21
Transitioning from the Foster Care System	22
Employment and Foster Care Youths	27
The Role of Parents in Career Development	31
The Application of Social Cognitive Career Theory	32
Theory	32
Key Constructs	33
SCCT Major Tenets	35
SCCT Models of Vocational Interests, Choices, and Performances	35
Application to Youths in Foster Care and the Role of Foster Parents	37
Summary	39
III. METHODOLOGY	40
Overview	40
Research Methods	40
Selection of Participants	40
Research Procedures	42
Researcher's Ethical Considerations	44
Research Instruments	44
Demographic Instrument	45
Research Variables	46
Dependent Variables	46
Independent Variables	47
Research Design and Data Analysis	49
Research Question 1	49
Research Question 2	49

Research Question 3	50
Research Questions 4 and 5.....	50
Summary	50
IV. RESULTS	51
Participants' Characteristics.....	51
Demographics.....	51
Instrumentation.....	56
Perceived Career Self-Efficacy Beliefs	57
Results of Analyses to Address Research Questions	57
Research Question 1	57
Research Question 2.....	57
Research Question 3	58
Research Question 4.....	59
Research Question 5	59
Conclusion.....	59
V. DISCUSSION	61
Summary of the Study.....	61
Discussion of Findings	62
Results for Research Question 1.....	62
Results for Research Question 2.....	63
Results for Research Question 3.....	64
Results for Research Question 4.....	65
Results for Research Question 5.....	66
Conclusion.....	66
Limitations of the Study.....	67
Recommendations for Future Research	68
Implications for the Rehabilitation Counseling Practice.....	69
Implications for Rehabilitation Research	72
Implications for Rehabilitation Educators.....	73
Conclusions	74
APPENDIX A. RESEARCH INSTRUMENTS	76
APPENDIX B. TABLES	86
REFERENCES	92

LIST OF TABLES

Table

B1. Participants' Characteristics	87
B2. Educational Services for Foster Youth.....	89
B3. Services for Foster Parents	90
B4. Important Issues of Foster Youth when Age-out of the Foster Care System.....	90
B5. Analysis of Variance for CDMSE-SF Scale	91
B6. Cronbach's Alpha Coefficients for CDMSE-SF Scale	91

CHAPTER I

INTRODUCTION

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS), in the year 2006 there were 510,000 children in foster care (U.S. Department of Health and Human Services (DHHS), 2008). Of those children, 40% were youth between the ages of 13 to 21 years old. Additionally, in this group alone, 30 to 40 % have some type of disability (Geenen & Powers, 2006a); however, other research has shown that these numbers are higher, estimating there are as much as 50 to 80% of youth with disabilities in the welfare system (United Cerebral Palsy & Children's Rights, 2006). In 2009, in the states of Iowa and Nebraska, there were 19,884 children in foster care (Iowa Department of Human Services (DHS), 2010; Nebraska Foster Care Review Board, 2010).

Because of the high numbers of youth in foster care, research on their well-being has increased in recent years (Geenen & Powers, 2006b; National Collaborative on Workforce & Disability (NCWD, n.d.). Available research has focused on the psychosocial (Fernandes, 2008), vocational (Goerge, Bilaver, & Lee, 2002), and educational (Hill, 2009) problems these young individuals face when they leave the system. Conversely, even with the high percentage of children with disabilities in foster care, few studies have taken into account the transition of these youth when they “age-out” of the system (Geenen & Powers, 2006a; Gil-Kashiwabara, Hogansen, Geenen, Powers, & Powers, 2007). In addition, there is also limited research on the perception of foster parents concerning the career development of their foster youth in order to help them have positive vocational outcomes (Bandura, Barbaranelli, Caprara, & Pastorelli, 2001). On occasion, foster families are going to be the only role model of a family for the foster youth, and the parenting that foster youth experienced will have major implications for their outcomes in every developmental domain through their adulthood (Harden, Meisch, Vick, & Pandohie-Jonhson, 2008).

The purpose of this study was to explore the perception of foster parents of youth with and without disabilities about their foster youth's career self-efficacy beliefs. Chapter I presents an overview of the family role and the challenges foster parents and parents of youth with disabilities encounter. A brief synopsis of the Social Cognitive Career Model (SCCM) will be presented, as well as how this model relates to the problem under investigation. The chapter concludes with the rationale, the guiding research questions, and the definitions of relevant terms in the study.

Overview

In America, the foremost goal for youth is to participate and live healthy, happy lives and become self-sufficient, so they can be contributing members of society in adulthood (National Council on Disability (NCD), 2008). However, the National Council on Disability Report (2008) suggested that some subsets of youth who have some difficulties reaching these goals. Youths with disabilities in the foster care system represent one of the most vulnerable groups (United Cerebral Palsy & Children's Rights, 2006) that require additional support to reach those goals toward a healthy adulthood (Hill, 2009; NCD, 2008). Traditional foster care is not designed to tackle the complexity of the needs present in a large percent of today's foster children and youth with disabilities (Rosenfeld et al., 1997).

Foster homes represent an increasing reality in society for children and youth with and without disabilities. They also represent the largest public funded intervention for abused children and youth (Harden et al., 2008). There are four basic types of foster care: (1) family foster care: when a non relative family take care of the child or youth; (2) kinship care refers to a relative taking care of the child or foster youth; (3) therapeutic foster care, and (4) residential group care (Curtis, Dale, & Kendall, 1999). For this study the only type considered was family foster care. As above-mentioned, by 2006 there were more than 500,000 children and youths out-of-home or in other words, in foster care (DHHS, 2008). Growing poverty, the increase of teenage parents who lack adequate

family support, reports of child abuse and neglect, and substance abuse are some of the factors for the increasing number of children and youth placed in foster care over the past years (Hudson & Levasseur, 2002). As a result of maltreatment, there is a tendency for the development of aggressive behaviors, social and interpersonal problems, inability to form quality emotional attachments, and depression, among others (King, Kraemer, Bernard, & Vidourek, 2007).

Literature also suggests that foster parents are becoming an increasingly vulnerable population, with many parenting difficulties (Orme et al., 2004). One area of consideration to possibly explain these difficulties is that children coming into foster care are in some cases older and have more severe behavioral, emotional, and psychological issues than those previously identified (McGregor, Roger, Cummings, & Leschied, 2006). There is recognition of the importance of support for the caretakers of individuals with disabilities in order to avoid stress, anxiety, and depression (Hornby & Seligman, 1991). However, sometimes, foster parents do not have the necessary support and training to take care of a youth, and moreover a youth with disabilities (Brown & Rodger, 2007), and cannot help them develop the necessary skills for positive outcomes.

Youth with disabilities in general, experience challenges in different areas of their transition to adulthood, such as education and employment (Blum, Haydock, & Galley, 2005; Luecking & Wittenberg, 2009). Indeed, youths with disabilities in the foster care system have additional challenges and negative outcomes. The outcomes for foster youth with disabilities are limited in the areas of education, employment, and independent living, besides having to deal with the possibility of maltreatment and family separation when they were placed in the foster home (Lloyd, 1982). Well-trained, specialized foster parents could provide the necessary care required by a foster youth with and without a disability (Wasson & Hess, 1989).

Theoretical Framework

Social Cognitive Career Theory (SCCT) by Lent, Brown, and Hackett (1994) provided the theoretical framework for this study. The SCCT has been used as a model to explore the career development of adolescents through the understanding of the support of parents and the student's participation in comprehensive guidance programs (Turner & Lapan, 2002). According to SCCT, an individual's self-efficacy beliefs and outcomes expectations influence the development of career-related interests. The key theoretical constructs of the SCCT are self-efficacy, outcomes expectations, and personal goals. The Social Cognitive Career Theory, based in part on Bandura's Social Cognitive Theory (1986), hypothesizes that environmental and personal factors play an important role in determining the availability of academic and career-related experiences (Gore & Leuwerke, 2000). People construct their own career outcomes and their beliefs play a key role in the process (Lent, Brown, & Hackett, 2002).

According to the theory, factors like culture, gender, genetic endowment, sociostructural considerations, and disability or health status influence people's cognitions and as a consequence affect their career possibilities (Lent et al., 2002). Lent et al. (2002) believe that the influence of the previous factors in career development is a consequence of the reaction evoked from the social-cultural environment and the opportunities within which career behavior occurs. Research has found that abilities also influenced self-efficacy and therefore affect interest, which may influence career-decision making. The theory also suggest that it is through repeated activity involvement, modeling, and feedback from others individuals develop self-efficacy beliefs and outcomes expectations for academic and career-related tasks (Gore & Leuwerke, 2000). Moreover, Mustafa et al. (2010) point out that aside from parental support and personality, a youth could achieve academic success if he/she believes in his/her abilities to perform the tasks.

Family Role

Parents represent the primary socialization agents for children in cultural and socioeconomic contexts (Harden et al., 2008). Parental influence in areas such as career development has been widely documented in career development literature (Keller & Whiston, 2008; Meszares et al., 2009; Okubo et al., 2009). The literature stated that even though adolescents tend to become more independent from their parents during high school years, they are likely to depend on their parents when considering career development (Meszares et al., 2009). In the case of parents of youths with disabilities, they are not only involved in the career development of their youths, but in their development in general (Carter, Trainor, Cakiroglu, Sweeden, & Owens, 2010). For the past few years, the literature has addressed the effects of a disability or chronic illness on both the nuclear and the extended family (Horby & Seligman, 1991).

The family is centrally responsible for identifying, obtaining, coordinating, and monitoring a wide range of services for children (NCWD, n.d.). The Individuals with Disabilities Education Act (IDEA) promotes the participation of students with disabilities and their families in the transition process because of the understanding that they are the most directly affected by the outcomes (Mpofu & Wilson, 2004). In general, parents play an important role in assisting youth with disabilities build a successful, satisfying career in life (NCWD). Keller and Whiston (2008) believe that it is important to understand the mechanism by which parents influence self-efficacy in career decision-making. They conducted a study in 2008 exploring parental behaviors, which influence career-decision self-efficacy of 293 middle school children. After conducting a regression analysis, the authors found that valuing youth and their needs, opinions, and goals were related to higher career self-efficacy and maturity. However, children and youths with disabilities are at a higher risk for abuse or neglect and as a consequence become part of the child welfare system (Brown, 2007).

Foster Parents

Foster parents provide the majority of out-of-home placements for children and youth in foster care. Overall, families fostering children and youth have to manage various stressful issues. For example: the rapid entering of a child into the family and also the possibility of a sudden leaving. The development of an attachment relationship and effective bonds between the children and the caregiver may cause a difficult process of separation between them (Haight, Kagle, & Black, 1997). Foster parents also have to accommodate visits from natural parents, which can be disturbing and can establish a competitive relationship (Harden et al., 2008). They also have to manage the agency's policies, and the issues that the child brings to the family. Other stressful situations for foster parents observed in the literature related to the child's behavior, feelings of incompetence, and frustration with the care system, requiring a special set of skills and knowledge in addition to those essential for parenting in general (Brown & Rodger, 2009).

For the caregivers, fostering children with disabilities may represent additional stress (Brown, Moraes, & Mayhew, 2005). According to the literature, the absence of depression and the implementation of good stress management are qualities needed to successfully care of children with disabilities (Brown, 2007). Early experiences with caregivers and current state of minds will determine how adults interpret and respond to the needs of children (Catalbiano & Thorpe, 2007). Catalbiano and Thorpe (2007) stated that it might be more difficult for foster parents with unresolved or previous issues to help children with behavioral or other problems. This can result in an emotional distance from the children and eventually an end to the services. The role of a foster parent for a child with a disability can be demanding, yet recruitment, preparation, training, and support of foster parents do not focus on the specific needs of children and youths with disabilities (United Cerebral Palsy & Children's Rights, 2006). Like biological parents, foster parents need to handle the particular medical care of the child (Groze, McMillen, &

Haines-Simeon, 1993), in addition to the stressful issues related to foster care. Moreover, from the results of a study conducted by Courtney, Piliavin, Grogan-Kaylor, & Neesmith (2001), it was suggested that the majority of the training that foster youths received to prepare for employment was provided informally. The authors found that 39% of foster youths received training in independent living skills from their foster parents and not from independent living programs. These results provide an example of the important role of parents in the development of these skills. On the other hand, little attention has been paid to literature regarding the services and support that foster youth receive to prepare for employment (United States General Accounting Office (U.S.GAO), 1999), and less is known of the foster parent role in this area. This is a subject that deserves much needed attention from researchers and practitioners alike.

Purpose of the Study

The previous sections of this chapter have described the role of parents and foster parents of youth with and without disabilities in their transition to adulthood. There is a lack of research on the needs of foster parents and how they might help foster care youth improve their vocational outcomes. Research suggests that having an accurate understanding of the role or responsibilities of fostering might result in more positive fostering experiences for foster caregivers as well as for their foster children (Cole & Eamon, 2007). For members of the helping professions working with foster parents, it is essential to develop an awareness of the surface as well as the underlying feelings, needs, and concerns centered on foster care placement.

The purpose of this study was to explore the perception of foster parents of youth with and without disabilities about their foster youth's career self-efficacy beliefs. This study provides more information on this important issue with the purpose of developing future effective interventions in order for foster parents to be able to provide adequate resources to the foster youth, resulting in positive and better vocational outcomes for the foster care youth with and without disabilities based on the beliefs that parental support is

crucial for the youth's career aspiration (Flores & O'Brien, 2002). This study will provide a basis to establish evidence-based practices to approach working with this population. Having foster youth participating in such studies can represent a privacy and confidentiality violation. For this, the research approaches foster parents, who can become positive roles models and have an impact in the career development of the foster youth under their care. The study was focused on the Social Cognitive Career Theory by Lent, Brown and Hackett (1994), and the relation of this model with the role of foster parents in the life and experiences of youth with or without disabilities and their career development. The following sections provide the importance of the study and the rationale of the study.

Importance of the Study

Foster care represents a child welfare issue, but also because of the alarmingly high numbers of foster youth with mental, developmental, emotional, learning, and physical disabilities, represent a disability issue (NCD, 2008). Taking into consideration the diversity of issues faced by foster youth, especially those with disabilities (Hill & Stenhjem, 2006), an early intervention conducted by the field of rehabilitation counseling could be beneficial for this population. The definition of rehabilitation counseling provided by Szymanski in 1985 stated that it is "a profession that assists persons with disabilities in adapting to the environment, assists the environment in accommodating the needs of the individual, and works toward full participation of persons with disabilities in all aspects of society, especially work" (p. 3). Rehabilitation professionals are challenged to assume the roles of collaborator, educator, researcher, and program provider in order to restructure health promotion services for people with disabilities (Teague, Cipriano, & McGhee, 1990). Considering the specialized knowledge of disability and environmental factors, rehabilitation counselors are in a good position to work with the foster parents. These professionals can provide them the help managing the impact of a disability in the family environment; develop strategies to improve the self-efficacy beliefs of their foster

youth; and acquire career related experiences that might help the foster care youth in obtaining better vocational outcomes.

Rationale of the Study

“Foster family care is based on the theory that no unit in our society other than the family can provide the special qualities needed to nurture children to their fullest mental, physical, emotional, and spiritual development” (Norton, 1891, p. 156). By 1974, Kaduchin stated that nearly 6 of every 1,000 children would be placed in some type of substitute care, and nearly 4 of 1,000 would be placed in foster family care. By 2000, that number increased to 7.7 of every 1,000 children placed in foster care (Farrugia, Greenberger, Chen, & Heckhausen, 2006). The increase in these numbers makes imperative the intervention of helping professions to work with the foster child, the parents, and the foster parents.

The outcomes of foster youths, especially foster youths with disabilities, are still negative when they exit the foster care system (Reilly, 2003). Even after improvements in the foster care system and disability laws, additional efforts are still needed (NCD, 2008). Some studies have investigated the factors that allow for better outcomes for these youths, yet parental perception is an area in much need of attention due to their promising contributions. The foster parents’ perception could be an important subject to explore in order to try to improve the outcomes of youths with disabilities, particularly in the vocational area, while taking into consideration the influence of families in the career development process of youths (Lindstrom, Doren, Metheny, Johnson, & Zane, 2007; Mustafa, Nasir, & Yusooff, 2010). Sampson (2006) stated that parenting should be the same whether one is a foster parent or not; it includes all the necessary things such as educating, providing physical care, nourishment, shelter, social, and emotional development. All these areas are important for the well being of the child or youth in care. The available research addressed the significant role of parents and their influence on their children’s self-perceptions of being academically and vocationally competent

(Eccles, 1994; Tuner & Lapan, 2002). However, the research available on foster parenting needs focus on the retention of foster parents in the system (Gibbs & Wildfire, 2007); it also gives little attention to the perception of foster caregivers of youths, particularly youths with disabilities (Smith, 2002), and how they might improve their foster care youths' vocational outcomes when transitioning out of the foster care system (Geenen et al., 2007; Gil-Kashiwabara et al., 2007). The following sections provide the research questions that guided the study, followed by the definition of the concepts and variables contained in the purpose statement.

Research Questions

The existing literature clearly presented the challenges and issues that youths with disabilities in the foster care system face with their vocational outcomes. The following research questions guided this study with the purpose of explored how foster parents might provide the appropriate environment and resources for better vocational outcomes:

1. How do foster care parents perceive the career self-efficacy beliefs of their foster care youth?
2. Is there a difference between the perception of foster parents of youths with disabilities and youths without disabilities?
3. What educational/transitional services are provided to foster youths?
4. What are the needs of licensed foster parents in relation to the improvement of the vocational outcomes of their foster youth?
5. What do licensed foster parents see as the most pressing issues of foster youths after they leave the Foster Care System?

Definition of Terms

The previous section has presented the guiding questions used in the conduction of this study. The following section will present the conceptual and operational definitions relevant for this study. The presentation of these terms will facilitate the understanding of the dependent and independent measures presented and their relation to

the Social Cognitive Career Theory (Lent et al., 1994). These terms are: self-efficacy, self-appraisal, occupational information, goal selection, planning, problem solving, foster youth, youth with disabilities, educational/transitional services, transition/issues needs, and perceived needs of foster parents.

Perception of self-efficacy according to Bandura (1986), self-efficacy is the people's belief about their capabilities "to organize and execute courses of action required to attain designated types of performance" (p. 391). For the purpose of this study the perception of self-efficacy refers to the foster parent's perception of their foster youth beliefs about their capabilities in terms of career development.

Self-appraisal refers to how we perceive ourselves.

Occupational information refers to the information collected about career options.

Goal selection refers to the determination to engage in a particular activity or to affect a particular outcome (Lent, Brown, & Hackett, 1994).

Planning is the process where the youth sets goals for his/her career development and implements strategies to reach or accomplish those established goals.

Problem solving refers to the strategies on how to solve encountered situations.

Foster youth is a youth who has been placed in the home of a state certified caregiver (U.S. Department of Health and Human Service, 2008).

Youth with disabilities for the purpose of this study are youths under level I, II, or III of the "Foster Child Behavioral Assessment." This document is completed by the Department of Human Services and assesses the youth in terms of emotional care needs, behavioral care needs, and physical and personal needs. These three areas are explored in terms of minimal, moderate, or intensive care requires.

Educational/transitional services are a coordinated set of activities for youths with the purpose of guiding and improving the transition from school to work or other post-school activities (Geenen & Powers, 2006).

Transition issues/needs for the purpose of this study are the foster parent's perceptions of the most pressing issues or needs of the foster care youth when they age-out the foster care system.

Perceived needs of foster parents for the purpose of this study are services that foster parents consider are limited or not available for them in order to help the foster youth achieve better transition outcomes in areas such as educational opportunity outreach programs, disability orientation, after-care support groups among others.

Summary

This chapter provided an overview of challenges and the important role of parents of youths with and without disabilities in foster care in their transition to adulthood, particularly in the vocational area. An overview of the Social Cognitive Career Theory was provided. This chapter concluded with the rationale, statement of the research questions, and definition of terms. Chapter II provides a review of the literature upon which the study was based.

CHAPTER II

LITERATURE REVIEW

Overview

Chapter II presents a literature review pertinent to the exploration of the outcomes, mainly in the area of employment, and of foster youth with disabilities transitioning out of the foster care system when they reach their 18th birthday. The development of transition programs for foster youths will be discussed, along with a brief description of the policies enforcing these programs. Additionally, this chapter will present an overview of the Social Cognitive Career Theory (SCCT) and the application of this theory to the perception of foster parents on their foster youth with disabilities and their career decisions and self-efficacy beliefs. The chapter concludes with the application of the SCCT to foster youths and the role of foster parents in the career development.

Overview of the Foster Care System

Foster care represents one of the government resources in the child welfare system. It is a generic term for children living in out-of-home care (Curtis et al., 1999). As mentioned, there are four basic types of foster care: family (non-relative) foster care, kinship (relative) care, therapeutic foster care, and residential (congregate) group care (Curtis et al., 1999), for the purpose of this study only family foster care was considered. Family foster care typically includes 24 hour supervision by non-relative laypersons in private homes that are licensed or approved and then monitored by either private or public child welfare agencies (U.S. Department of Health and Human Service, n.d.). The child welfare system has faced challenges with recruitment, and most of all the retention of qualified caregivers for the half million children in foster care (Harden et al., 2008). Studies in foster care suggest that there are at least one third of youths with disabilities in foster care (United Cerebral Palsy & Children's Rights, 2006). These youths experience greater negative outcomes than other youths in foster care. When youths age-out of the

foster care system, they mature into adult life with practically no financial support, few community connections, and little or no help from family (Geenen & Powers, 2006a). Youth with disabilities who age-out of the foster care system generally face lack of school success (Geenen & Powers, 2006b), homelessness (Baugh, 2008), and lower unemployment rates (Carter et al., 2010), among other outcomes.

Federal Legislation

Equipping foster care youth for the world after they transition out of the foster care system has been considered a main concern for policy makers. Since 1985, federal law has recognized that older youths in foster care deserve funding for special programs and services. In that year, the Independent Living Program (ILP) was added to the Social Security Act (National Association of Counties, 2008). Initially, the Independent Living Program was authorized by P.L. 99-272 and reauthorized definitely as part of the Omnibus Budget Reconciliation Act of 1993 (P.L. 103-66). The act authorized \$70 million per year in federal funding for states to establish and implement services that assist youths aged 16 and over to transition from foster care to independent living (U.S. GAO, 1999). However, Congress was concerned about the effectiveness of the ILPs designed to help foster care youths transition to living independently. After continuously revising the outcomes of the Independent Living Programs, it was found that the program was not providing the necessary skills to complete basic education, find and maintain employment, or to live self-sufficiently after leaving care (U.S. GAO, 1999). In response to these limitations and perceived ineffectiveness, the Chafee Foster Care Independence Act (CFCIA) was created in 1999 (National Association of Counties, 2008).

The John H. Chafee Foster Care Independence Act (CFCIA), signed into law in 1999, amends title IV-E of the Social Security Act. The Chafee Foster Care Independence Act provides fiscal incentives for states to enhance services to foster care youths transitioning out of the foster care system through independent living programs (Reilly, 2003). In addition, the Act requires states to evaluate their services to this

population (Goerge et al., 2002). As part of the National Youth in Transition Database (NYTD), states are required to provide the Children's Bureau with information about the services that foster youth receive under the Chafee-funded independent living programs beginning in fiscal year 2011 (Dworsky & Havlicek, 2010). This information will be presented in 11 categories. Two of those categories are specifically related to employment: career preparation, which includes services to develop the ability of foster youth to find, apply for, and retain appropriate employment and employment programs or vocational training, which includes services to build skills for a specific trade, vocation, or career.

Since the creation of the Act, the John H. Chafee Foster Care Independence Program has been providing states with funds to help foster youths who are making the transition to adulthood achieve self-sufficiency (Hill, 2009). A major purpose of the program is to ensure that youths who remain in foster care until age 18 or older receive the education, training and services necessary to obtain employment. For this purpose, the Promoting Safe and Stable Families Amendments of 2001 allocated federal dollars for Chafee Independent Living Educational and Training Vouchers that can financially support the cost of attending a higher education institution (Geenen et al., 2007). The Education and Training Vouchers provide resources specifically to meet the post-secondary education and training needs of youth aging out of foster care. The program allows states to provide money for these youths to attend a higher education institution and grants them with up to \$5,000 per year or the total cost of attendance, whichever is less (U.S. Department of Labor, 2006). In addition to the Education and Training Voucher Program, the Chafee Foster Care Independence Act requires that the transition services funded by the Act for foster care youths with disabilities be coordinated with other programs such as special education.

In the case of foster youth students with disabilities in school, the federal legislative mandates protecting them are compatible with the federal legislation for foster

care. It reflects the same basic needs and goals for youth (Hill, 2009). The Individuals with Disabilities Education Act (IDEA) ensures that youth with disabilities receive individualized support and services to successfully complete high school and transition to post-secondary education, employment, and adult life. The Individualized Education Program (IEP) ensures the formation of concrete goals with measurable outcomes based on the individual's future plans. IDEA's definition of future planning implies a comprehensive process addressing all life domains, including a coordinated set of planned and implemented activities by a transition team of education and services representatives, the parent/caregiver, and ideally the youths themselves (Geenen et al., 2007). The implementation of the transition planning has shown progress in graduation rates, post-secondary employment enrollment, and employment of former special education students since the program became mandatory (Powers et al., 2009). As mentioned, the CFCIA and IDEA requirements are complimentary and have the potential to strengthen one another when combined. Unfortunately, there are no federal requirements and planning processes to coordinate the transition of foster youth with disabilities among agencies (Hill & Stenhjem, 2006).

Other programs have also included foster care youth in their services. For example, the Workforce Investment Act Youth Programs is a federal partnership among the U.S Departments of Labor, Health and Human Services, Education, and Justice to better serve youth in need. Under the Federal Partnership's Shared Vision for Youth, needy youth, particularly youth in foster care and those aging out of foster care, will be given priority for services and investments. The program can: 1) provide basic skills remediation; 2) improve school retention rates; 3) increase placement in employment and internship opportunities; 4) promote the attainment of a high school diploma or General Education Development (GED); 5) and increase enrollments and successful completion of post-secondary vocational training, apprenticeship activities, and community colleges and four year colleges (U.S Department of Labor, 2006).

Youthbuild is another program that targets the foster care youth population. Youthbuild, as well as Job Corps, are residential programs that provide housing, education and employment training to eligible youths, including foster youths. Authorized by the Housing and Community Development Act of 1992 and sponsored by the U.S. Department of Housing and Urban Development (HUD), Youthbuild awards grants to state and local governments or other organizations to render services to eligible populations. Job Corps is a no-cost educational and vocational training program administered by the U.S. Department of Labor that helps young people ages 16 through 24 get a better job, make more money, and take control of their lives.

Federal Legislation in the State of Iowa

In the state of Iowa, approximately 550 youth reach their 18th birthday while in foster care. They are eligible to continue in foster care on a voluntary basis past their 18th birthday, but only when they are working toward their high school diploma or GED and meet one of the following three conditions: stay through age 18 if they are living in family foster care; stay through age 19 if they are living in a supervised apartment setting; or if the youth is at imminent risk of being homeless. The Iowa foster care programs considered that although the foster care youth is technically an adult at age 18, these youths face significant challenges and are often developmentally behind compared to their peers. These youths need the same, if not significantly more emotional and educational/employment support than most other young adults need when heading out on their own. Without additional assistance, their transition to an adult life would have too many negative outcomes, such as not being in school or employed, having children at a young age and not being able to parent, suffering from persistent mental illness or substance abuse disorders, finding themselves without basic necessities, becoming homeless, or ending up involved with the criminal justice system (Iowa Department of Human Services).

Statistics from the Iowa Department of Human Services addressed the predicament that up to 25% of youth transitioning out of Iowa's foster care system experience homelessness within their first year after discharge. Iowa DHS stated that continued support and services provides youth who transition out of foster care with a safe and healthy living environment.

In order to provide the necessary support required by youth transitioning out of the foster care system, the state of Iowa has different programs for independent living funded through the Chafee Foster Care Independent Act and state money. The main program is the Preparation for Adult Living program (PAL). PAL tries to ensure that youths in foster care are better prepared for the challenges and opportunities with the onset of adulthood. The program has the philosophy that the "resources invested while they are young pay off over the long term" (Iowa Department of Human Services, 2009). Like many other states, Iowa has other programs, such as the following, to help in the transition of youth aging out of the foster care system.

Elevate is financed with state funding and CFCIA; it provides a forum for current and former foster care youths to connect with peers, develop leadership skills, and advocate for improvements in the child welfare system. Another program is Aftercare Services funded through CFCIA in collaboration with 11 agencies through the Department of Human Services; this program provides support and services to youths and young adults ages 18 to 21 that have exited foster care participating or not participating in PAL. Another program for the transition of foster care youths in Iowa is All Iowa Opportunity Foster Care Program, administered by the Iowa Student Aid Commission and operated with state funds. This program grants financial assistance to youths that age out of foster care and attend post-secondary education in Iowa.

In addition to these programs, Iowa also funded through CFCIA, training related to the Act to ensure understanding among the different groups involved with foster care youths, including foster parents and agency staff. In conclusion, the Iowa State Plan

recognizes that foster care youths need to feel that they are valued members of society. Those involved in their life, such as mentors, foster parents, caseworkers, or friends, need to help youths feel connected and able to access the necessary resources for better transition outcomes (Anderson, 2003).

Federal Legislation in the State of Nebraska

In the state of Nebraska, the number of youths aging out of the system each year is increasing. By December 31, 2009 there were 2,030 youths in foster homes (Nebraska Department of Human Services, 2010). Nebraska, as Iowa and many other states, is working to improve the outcomes of these numerous youths aging out of the foster care system each year. Nebraska works with three primary strategies, which are preparation, transition, and independence for transitioning youth to adulthood (Anderson, 2003).

As mentioned earlier, one of the programs funded with the Chafee Foster Care Independent Act and state money is the Preparation for Adult Living Program (PAL). PAL works toward the improvement of independent living skills of youths transitioning from the foster care system. Nebraska also offered the Former Ward Program, which pays a monthly stipend to youths who are in school full time. The stipend is up to age 21 as long as they continue their studies. The Nebraska State Plan formed collaborative partnerships with different agencies and programs such as the Workforce Development Youth Councils, the Job Corps Labor programs, Vocational Rehabilitation, YouthBuild, State Department of Education, School to Work and other public and private agencies (Anderson, 2003).

Youths with Disabilities

Research estimates that between 15 to 18 % of U.S. children in general are chronically ill (Perrin, Lewkowicz, & Young, 2000). More specifically, Costello, Mustillo, Erkanli, Keeler, and Angold (2003) stated that the cumulative prevalence of psychiatric disorders, for example, was 36 % in American children and suggested it would increase. The proportion of youths with depression increases by 15% in mid-

adolescence (Gollan & Pane, 2006). Close to 9% of American children are treated for attention deficit disorders (Olfson, Gameroff, Marcus, & Jensen, 2003) and autistic spectrum disorder had increase prevalence with a rate of 116 per 10,000 (Baird et al., 2006; Kurita, 2006). These numbers represent a challenging reality for children and youth. While there is no reason behind this alarming increase of children with disabilities, what is certain is that there is a greater need for transition planning from school to adulthood in order for and support in general, in order for children with disabilities to be successful in adulthood (Powers, Geenen, & Powers, 2009).

The time when a child reaches the adolescent age represents a critical developmental period during which most youths participate in different activities at school, jobs or in the community, promoting the acquisition of work skills and values, informing their career decision making, and shaping their aspirations for the future (Carter, Trainor, Cakiroglu, Sweeden, & Owens, 2010). Nonetheless, for the majority of youths with disabilities, those experiences are not a reality. Despite the fact that youths with disabilities have goals similar to those of other young adults, including continuing education and training, attaining employment, enhancing social competencies, and increasing independence (Cameto, 2005), current literature evidences the negative outcomes experienced by youths with disabilities (Baltodano, Mathur, & Rutherford, 2005; Beresford, 2004; Committee on Disability in America, 2007; Gil-kashiwabara et al., 2007; Wagner, Newman, Cameto, Levine, & Garza, 2006; Wittenburg & Maag, 2002). Some of the negative experiences and outcomes for youths with disabilities include limited enrollment in post-secondary education and difficulty finding suitable employment (Kortering, Braziel, & McClannon, 2010). For example, youths with a history of mental disorders are at a higher risk of dropping out of high school, more likely to have involvement in the criminal justice system, less likely to attend or complete college, more likely to be unemployed, and have a higher risk for abusing drugs and alcohol and facing an unplanned pregnancy (Heflinger & Hoffman, 2008). For many

youths with disabilities, parents or caregivers become their advocates in the exploration of better and positive experiences and outcomes (Brown, 2007). Certainly, student and family involvement in transition planning is one of the most recognized effective practices in special education (Bailey et al., 1998; Cameto, 2005; Geenen, Powers, Hogansen, & Pittman, 2007).

Youths in Foster Care

Of the more than 500,000 children in foster care, 30 to 40 % are also in special education (Geenen & Powers, 2006a; United Cerebral Palsy & Children's Rights, 2006). Conversely, this number could be higher because youth with disabilities who experience mental and emotional forms of disabilities after reaching adolescence are not included in special education programs (NCWD, n.d.). It is known that in general, youth in foster care face extraordinary challenges in the areas of mental health, education, employment, and finances (Anderson, 2003). The literature stated that some challenges are low employment rates and the tendency to complete high school by earning a GED and not a regular diploma, and that one third of this group is below the line of poverty (NCWD). The birth rate for girls in foster care (17.2%) is more than double the rate of their peers outside of the foster care system (8.2%), and 50% of the men by the age of 21 have gotten someone pregnant versus a 19% of their peers (The National Campaign, 2009). One third also lacked health insurance, almost twice the rate of the general population (Courtney & Dworsky, 2006). Large numbers of former foster care youths exit care without assurance of any stable housing, with almost a quarter experiencing homelessness after leaving care (Becerra & Moore, 2009). Just under four fifths of adults formerly in foster care have significant mental health disabilities, with one in four (25.2%) experiencing post-traumatic stress disorder (PTSD) within the previous 12 months, at a rate double than war veterans (Hefflinger & Hoffman, 2008). Approximately 18,000 and 20,000 youths aged 16 and older that transition from the foster care system each year probably face the aforementioned problems (Geenen & Powers, 2006a; NCD,

2008; NCWD). Although there are government programs like the John H. Chafee Foster Care Independence Program, which provides youths the opportunity to remain in care past their 18th birthday and offers financial support for housing and education, youths with disabilities are still a vulnerable population with many challenges (Heflinger & Hoffman). Research in this area observed that poor transition planning is mainly accountable for the negative outcomes endured by this population (Geenen & Powers, 2006b). An example of poor transition planning in the area of education was presented by Geenen and Powers (2006b): they identified the lack of child welfare involvement in special education and the foster parents' need of special education processes as two of the factors responsible for the poor outcomes of youths with disabilities in the area of education. Poor outcomes in education are also related to higher unemployment rates. The opportunity of having additional education creates higher employment opportunities and the associated self-sufficiency (Harris, Jackson, O'Brien, & Pecora, 2009).

As probably noted, efforts to support foster care transitioning have increased, but negative life outcomes in areas such as education level, employment, wage levels, homelessness, and involvement with the criminal justice system for foster care youth are still present and considerably higher than the general population (Anderson, 2003). For these youths, there are additional stressors such as parental separation (even when they were probably with abusive or neglectful parents), multiple out-of-home placements, lack of appropriate caretaking by foster parents or other caregivers, and a failure to identify or address medical and psychosocial issues that might complicate their preexisting problems (Curtis et al., 1996). This is particularly important when the literature revealed that one third of foster parents cite child behavioral problems as a reason for quitting foster parenting (King et al., 2007).

Transitioning from the Foster Care System

For some young adults, thinking of the transition to an adult life and living independently can be an exciting, frightening, and challenging experience. Lehman et al.

(2002) concentrated on some of the areas that society expects youths to achieve such as: “ a) live independently, b) determine an initial career path, c) find and maintain meaningful employment and or post secondary education, d) establish fulfilling relationships with family and friends, and e) choose leisure activities that enhance a rewarding adult life” (p. 128). For people with disabilities, social, academic, health, and environmental barriers must also be tackled in order to meet these goals (Luecking & Wittenburg, 2009). Nonetheless, for the approximately 20,000 foster care youths with and without disabilities exiting the system each year (U.S. GAO, 1999) the challenges are magnified (Lopez & Jackson-Allen, 2007). Research clearly showed that young people who age-out of foster care around the time they turn 18 are particularly vulnerable to poor economic and social outcomes as they enter adulthood (Courtney & Dworsky, 2006; Goerge et al., 2002). These adolescents are expected to suddenly make the transition to independence with no financial resources, poor access to health care, few personal and family connections, and little if any continuing supports from the foster care system (Lopez & Jackson-Allen, 2007). For example, when an individual turns 18 or 21 years old in most states, they are no longer considered eligible for services such as health care access and public assistance (Hefflinger & Hofman, 2008), two services that impact significantly the life of people with disabilities.

Geenen and Powers (2007) explored the transition process for foster care youths, including youths with disabilities, from the perspective of: foster parents, professionals in the Independent Living Programs, education system, child welfare programs, and other professionals, and the foster youths as well. They conducted focus groups exploring the following questions: What is transition like for youths in foster care (including youths with disabilities)? What are the barriers? What helps? What needs to change if outcomes for foster youths are to improve? They used a purposive sampling to recruit 88 participants from an urban area in the West Coast (27 foster youths, 21 foster parents, and 40 professionals). The themes that emerged from the focus groups were: a) self-

determination; b) coordination/collaboration; c) importance of relationship; d) importance of family; e) normalizing the foster care experiences; f) Independent Living Program (ILP); g) and issues related to disability.

In the area of importance of family specifically, the importance of foster parents, their noteworthy influence in the lives of the foster care youth, and their planning for the future was a significant theme, understanding that this influence could be positive or negative. Geenen and Powers (2007) discussed the example of the perspective of one professional of the ILP who viewed foster parents as the resource to provide these services with the purpose of eliminating ILP services. However, the foster parents and the caseworkers also stated the need of training foster care parents in this area. On the subject of disability, the experience of additional barriers in the transition process was addressed by many of the participants. Youth with disabilities were sometimes not prepared to receive the same transition services as foster care youth with disabilities, such as participation in the Independent Living Program. The authors presented an example of this situation as expressed by one of the foster parents participating in the study: a youth 18 or 19 years old who did not qualify for Developmental Disability Services and was placed in an ILP. The youth got in trouble and was expelled from the program, which resulted in the youth becoming homeless. In addition, the professionals expressed the lack of training of foster parents in handling issues of youths with disabilities, resulting in stressful situations and placement disruptions for the youths. The placement disruptions expose yet another problem: the likely change of neighborhood and school. Indeed, education and particularly special education services was another issue uncovered by the participants. They pinpointed the lack of information many foster parents have in relation to their rights and responsibilities during the process, and the lack of adequate training in the areas of skills and academics that foster youths with disabilities needed to become successful adults. Finally, foster parents and professionals expressed their concerns in

terms of who would help access the services that foster care youths with disabilities needed as adults.

Concentrating on the accessibility to services as adults, Heflinger and Hoffman (2008) conducted a study exploring the problem of accessibility to health insurance or mental health services once the transition to an adult life occurs. In their study, they explored different groups of youths who were identified as groups with a higher risk of having difficulties maintaining health insurance and mental health services in an adult mental health system. The researchers analyzed 134,469 cases registered at the Tennessee Medicaid (TennCare) 2003 database to identify youths between 14 and 17 years receiving services at that moment. After conducting a descriptive analysis, they found that 22.9% (30,877) enrolled in TennCare in 2003 were identified in at least one of the seven groups who were at high risk of experiencing transition problems. One of the groups identified was foster care youth. Accessibility to health insurance and mental health services is a challenge for the foster care youth population, especially if we take into consideration the high numbers of foster care youths with some type of disability as seen in the Foster Care Alumni Study in 2004.

Foster Care Alumni Studies (2004) conducted a research with 659 alumni who were in charge of the Casey Family Programs, or the Oregon or Washington state child welfare agencies between 1988 and 1998. The purpose of the study was exploring the outcomes of this population once they transition to an adult life. From those 659 cases reviewed, 479 were interviewed and the other 180 were only file revisions. Their findings were presented in three domains: mental health, education, and employment and finances. By the time of the study, the average age was 24.2 years and the mean length of time in care was 6.1 years. The researchers found that in the mental health area, 54.4% have one or more disorders, 25.2% have PTSD, 20.1% had major depression, and 17.1% had social phobia. In the area of education, 84.5% completed high school via diploma or GED, 20.6% completed a degree/certificate beyond high school, and only 1.8% completed a

bachelor's degree. In terms of employment, they found that the employment rate of these youths transitioning out of the system was lower than the general population, and even when 80.1% were full-time or part-time employed, 33.2% were below the poverty level.

Pecora et al. (2006) conducted a study exploring the educational achievements of young adults who were placed in foster family care between 1966 and 1998 in 23 field offices of a national children's services agency in the USA (Casey Family Programs). The sample of the study included 1,609 alumni served by 23 Casey Field Offices in operation in 1998. The data was collected through record reviews and interviews with alumni. From the 1,609 alumni records, 1,082 of the alumni were interviewed. The researchers had an inclusion criterion were the alumni had to be placed with a Casey foster family for 12 consecutive months or more, and had to be discharged from foster care at least 12 month prior to the study. The results of the study clearly show the presence of a disability among the foster care youth. They found that 50.6% had been professionally diagnosed with a psychological disorder at some point of their childhood. In other findings, 72.5% of the Casey Alumni had received a high school diploma or GED by the time their case closed. Although this number of high school completion rates was reasonably good, the college completion rates were relatively low on the other hand. Almost half of the Casey Alumni (49.3%) had at least some college preparation or more compared with 51.7% of the general population at that moment. However, the completion rates of 9.0% at any age and 10.8% for adults 25 years and older were much lower than the college completion rates of the same age general population group, which was 24.4%.

By 1998, the research findings were not that different from the existing research. Courtney & Piliavin (1998) found that 27% of the males and 10% of females were incarcerated within 12-18 months. In addition, 50% were unemployed and 37% had not finished high school, 33% received public assistance, and 19% of females had given birth to children before leaving care, 47% were receiving some kind of counseling or medication for mental health problems, but that number dropped to 21% after leaving

care. The limited research done on the outcomes of foster youth has continuously identified poor employment outcomes, suggesting that the employment-related needs of foster youths are not currently being met (Dworsky & Havlicek, 2010). However, it is known that the educational deficits that foster youths bring to the transition to adulthood are no doubt a factor in their higher rates of homelessness, antisocial behaviors, and unemployment (Farrugia et al., 2006).

Employment and Foster Care Youths

Employment is one of the major roles that people perform in life (Gillies, Knight, & Baglioni, 1998). Employment is important for social integration and economic independence. Work provides obvious economic rewards, as well as a sense of identity, accomplishment, and meaning (Bandura et al., 2001). Also, the workplace often provides the majority of one's social interactions outside of the home. Working-age people with disabilities work less and have less household income than those without disabilities (Houtenville, 2003). According to the 2000 Census, there were 33,153,211 individuals (18.6%) ages 16 through 64 with disabilities (Waldrop & Stern, 2003). From those individuals with disabilities, only 18.6 million (55.8%) were employed. Kirchner, Harkins, and Esposito (1991) found that participants were more likely to cite perceived barriers in employment as the reason for having a limited interest in work, rather than a dislike for work.

La Grow and Daye performed a study in 2005 which showed that participation in the workforce is related to increased self-esteem and higher levels of self-efficacy, while unemployment has been shown to result in depression and low self-esteem, along with a negative impact on families and personal relationships. For youths aging out of the foster care system, reaching the goal of having a meaningful employment in their life is just one of their challenges. In a study conducted in 1998 by Courtney, only 57% of the youths were employed after exiting the foster care system. Four years later, in 2002 in a study conducted by Goerge et al. (2002) in the states of California, Illinois, and South Carolina,

the results were no better than the previous study; only 45% of the youths in those states were employed after exiting the system. In comparison with other demographically similar youths, foster youths who transition out of the foster care system are still less likely to be employed and have lower incomes (Hook & Courtney, 2010; Lenz-Rashid, 2006).

Research continuously stated employment as an area of difficulty for a great number of youths aging out of the foster care system (Freundlich & Barbell, 2001). The difficulties consistently stated in the research are related to high rates of unemployment or employment instability, and even when they do have jobs, their earnings are very low (Dworsky & Havlicek, 2010). Reilly (2003) conducted a study exploring the outcomes of youths who age-out of the foster care system in Nevada through 100 interviews that examined areas such as employment, education, living arrangements, and health care, among others. He found that by 1999, even when 63% of the participants were employed, 60% had an annual income of \$10,000 or less. Among his results, Reilly found that actual work experience while in foster care improved their employment outcomes leading to more regular employment after discharge from foster care.

In a later study, with similar results, Lenz-Rashid (2006) explored the outcomes of homeless young adults with and without a history of foster care after participating in an employment-training program. One of the research questions asked if there were different outcomes for each group of young people after employment preparation training, while controlling initial characteristics. The sample consisted of 251 homeless young adults who graduated from the Hire UP Job Ready Certification class between January 1999 and January 2003. A chi-square test was used to analyze the data. The results show no significant differences between the former foster care youths and the youths without history of foster care in terms of employment status post-training. Approximately 60% of each group found employment within 3 months following the training. Of the 149 participants who found employment, the overall mean hourly wage

was \$9.27. Conversely, the researcher found that although they were employed, the mean hourly wage of \$8.88 made by former foster care youths was lower than the \$9.95 made by the non-former foster care youths.

In the state of Iowa, findings were no different from the previously discussed research. A longitudinal study conducted in the Midwest, in the states of Illinois, Wisconsin, and Iowa, explored how former foster youths are faring in their transition out of the foster care system. The researchers interviewed 732 foster care youths between 2002 and 2003 (80 from Iowa) at ages 17 and 18 (Courtney, Terao, & Bost, 2004), they were interviewed again at 19 (Courtney & Dworsky, 2006), and again at 21 (Courtney et al., 2007). Recently, Courtney, Dworsky, Lee and Raap (2010) presented the results of a fourth round of interviews at ages 23-24. In their results, the authors concluded that by age 24, 48% of foster youths participating in the study were employed (most of them full time). An increase in employment was observed from ages 17-19 and 19-21 with 54% and 65.6% respectively, but there was a small decrease in the ages of 21 through 24. They also established that youths who were not living in family foster care by the time of transition were less likely to be employed. Courtney and his colleagues understood that the traditional family foster care may connect youths to networks that facilitate employment.

The transition from school to the next phase of life is an important issue for all students (Courtney et al., 2007). They have to make decisions such as choosing a college, a job, military service, or even taking a little time off to travel the world, but the final goal is to typically find a suitable career (Vash & Crewe, 2002). The role of family, culture and communities in the decision-making and transition processes can be restrictive or enhancing. Mpofo and Wilson (2008) stated that families, communities, and cultures that recognize and support competences in people with disabilities are likely to enhance perceptions of opportunity in people with disabilities. Cooney (2002) conducted a qualitative study exploring transition of youths with disabilities from the perspective of

the young adults, parents, and professionals. He completed the study in two phases, each phase lasting a whole academic year. Between the two phases, the researcher interviewed a total of nine young adults with disabilities and their parents, seven teachers, and eight adult agency professionals. Formal and informal interviews and participants' observations were used to collect the data. After coding the collected data, Cooney found some common themes in each of the three groups participating in the study. The professionals expressed their perspective on the young adults according to their professional and personal experiences, the viable options including the services in the community, and their coping strategies when dealing with the limitations and bureaucracy of the social structure. The parents expressed their goals for their youths with disabilities, such as achieving fulfillment through their talents and abilities, contributing to the community, and keeping them safe from harm. On the other hand, the future goals of the young adults differed from those of the parents. For the youths with disabilities, work was the most prevalent topic. They expressed their desire to obtain a paid job, providing them access to the adult world and economic autonomy. Other themes that emerged within this group were spending time with friends and family and the recognition of the importance of help from parents and friends as sources of emotional and physical support.

When we looked at the available literature, one of the first things to notice is the lack of research in the area. However, evaluating the existing research suggested the imperative need of additional programs and help in order to improve foster care youth outcomes. Efforts implemented through legislation programs, such as the Chafee Independence Foster Care Act for better transitioning outcomes in foster care youths, are not enough and the outcomes are not as positive as expected (U.S.GAO, 1999). Foster care youths still have lower incomes and higher unemployment rates than their peers (Dworsky & Havlicek, 2010; Lenz-Rashid, 2006; Reilly, 2003). They also have higher incarcerated rates (Courtney & Piliavin, 1998) and lower college completion rates

(Pecora et al., 2006). Even more alarming is the fact that we can see the high rates of mental health conditions (Foster Care Alumni Studies, 2004) and the difficulties to access health services and insurance once they “age-out” of the foster care system (Heflinger & Hoffman, 2008). Moreover, it is important to point out that the research available is recent and these are current problems faced by foster care youths. The question might be: Can parents provide help in the career development of the foster youths?

The Role of Parents in Career Development

According to the literature, parents are in the position to influence the career aspirations or development of their youths (Middleton & Loughead, 1993). For example, Lindstrom et al. (2007) explored the role of the family in the career development of young adults with learning disabilities. They employed a multiple-case study design with selected families who had a young adult with: a) a documented learning disability; b) participated in school-to-work transition programs for at least a year; c) exited high school between 1996 -2001; d) and were employed at some point during the first three to five years after high school. The authors analyzed the cases in two areas: family structure and family process. The researchers found a more significant influence in family processes such as family relationships, involvement, support and advocacy, and presence of career-related activities than family structure, like parents’ occupation or educational level and socioeconomic status even when socioeconomic status could be a limiting factor. These findings reassure the influence of parental relationships in the career development of an individual.

Moon and Rao (2010) conducted an investigation using the National Longitudinal Study of Adolescent Health database to explore the youth-family and the youth-school relationship with depression in four ethnic/racial groups. The four groups were White, Black, Hispanic and Asians. They found that a good relationship with family and school was associated with lower symptoms of depression. A small variation was also found among the groups. For Hispanic and Asian students, the relationship with the family was

a little more significant compared to the White and Black students for whom school was more important, making noticeable the impact of culture and values in career development processes and the role of parents.

Another study in 2010 explored the relationships between parental support, personality and self-efficacy with depression among medical students in Peninsular Malaysia. The sample consisted of 1,029 medical students from different levels and higher institutions in Peninsular Malaysia. Mustafa et al. (2010) found that when parental support, extraversion, conscientiousness, and self-efficacy were high, depression was low. They concluded that parental support and self-efficacy contribute to reduce depression symptoms and provides emotional strength and motivation to the medical students in facing the difficulties and challenges during their studies.

The Application of Social Cognitive Career Theory

Theory

Social Cognitive Career Theory (SCCT) has received a significant amount of empirical attention as a framework for understanding various aspects of academic and career development (Sheu, et al., 2010). This career theory derived principally from Albert Bandura's Social Cognitive Theory (Bonitz, Larson, & Armstrong, 2009), which emphasized the interaction role between self-referent and social processes in guiding human behaviors. As the major theories in career choice and development, SCCT acknowledged that vocational outcomes are determined by the transactions occurring between persons and their environments. However, the views on the nature of the person-environment (P-E) interaction of those major career theories differ from the views of SCCT in some ways. One of these ways refers to the view of person and environment variables as trait oriented or typological terms. SCCT highlights relatively dynamic and situation-specific features of the self-system. On the other hand, traits and types involve relatively global, constant, and enduring attributes, which may not considering the fluid

nature of P-E transactions and as a consequence underestimate the individual's capacity to change, develop, and self-regulate (Brown, 2002).

According to SCCT, children begin to develop their attitudes, disposition skills and behaviors that enable them to assume greater responsibility for directing various aspects of their lives at an early stage of their lives (Pierson, Carter, Lane, & Glaeser, 2008). Pierson, Carter, Lane, and Glaser (2008) also suggested that this capacity can be supported through children's experiences at school and home; it can be shaped through their interactions with peers, siblings, parents, teachers, and other caregivers; and it can be informed by the knowledge that children acquire about themselves and the world around them. Turner & Lapan (2002) confirmed the significant positive impact of the role of parental influence and support outside the school setting on a child's career development process. Parents as "expectancy socializers" influenced their children's self-perceptions of being academically and vocationally competent (Eccles, 1994, p. 587). SCCT poses the questions of how a career interest develops from self-efficacy, how career-related choices are made, and how performance outcomes are achieved.

Key Constructs

In conceptualizing the personal determinants of career development, SCCT incorporates three central variables from general social cognitive theory: self-efficacy, outcomes expectations, and personal goals (Brown, 2002). These three variables are seen as the groundwork for SCCT.

Self-efficacy. Self-efficacy refers to the people's beliefs about their capabilities "to organize and execute courses of action required to attain designated types of performance" (Bandura, 1986, p. 391). There are four primary sources for self-efficacy: mastery experiences, vicarious learning, social persuasion, and emotional arousal. In *mastery experiences*, successful experiences build a strong belief in one's personal efficacy. On the contrary, failure, especially if it occurs before a sense of efficacy is firmly established, is going to dilute positive belief of personal efficacy (Zunker, 2002).

Vicarious experiences are based on seeing people similar to oneself succeed by sustained effort raises the observer's beliefs that they too possess the capabilities required to succeed. Through *social persuasion*, people who are persuaded verbally and possess the capabilities to master given activities are likely to mobilize greater efforts and sustain them rather than if they harbor self-doubts and dwell on personal deficiencies when problems arise. The last source for self-efficacy is *emotional arousal*, which affects self-efficacy when an individual experiences the negative emotions that accompany taxing and stressful situations associated with lower levels of self-efficacy. In addition to the mentioned sources, self-efficacy is affected by other factors including motivation, worldview, demographics, social support, task difficulty, racial identity, performance expectancies, and learning style (O'Sullivan & Strauser, 2009).

Perceived self-efficacy is viewed as a fundamental factor in career choice and development because it affects adaptation and change not only in their own right, but also through their impact on other determinants (Bandura et al., 2001). Research conducted with adults confirms that beliefs of personal efficacy play a highly influential role in occupational development and pursuits (Bandura, 1997; Lent et al., 1994).

Outcomes expectations. Outcomes expectations refer to the personal beliefs about expectations or consequences of behavioral activities. Outcomes expectations are shaped by learning activities similar to those of self-efficacy (Zunker, 2002). Some individuals may be motivated by extrinsic reinforcement, such as receiving an award, others by self-directed activities such as pride in oneself, and yet others by the actual process of performing an activity (Brown, 2002). The interaction between self-efficacy and outcomes expectations will influence the individual's decision in engaging in certain activities (O'Sullivan & Strauser, 2009).

Goals. Goals relate to the determination to engage in a particular activity or to affect a particular outcome (Lent et al., 1994). Goals are important for the SCCT because they are considered to be guides that sustain behavior. While processing personal goals, individuals generate personal agency that interacts with the three building blocks, which in effect shape self-directed behaviors (Zunker, 2002).

SCCT Major Tenets

- Some people eliminate possible occupations due to defective self-efficacy beliefs or outcomes expectations.
- The greater the perceived barriers to an occupation, the less likely individuals are to pursue those careers.
- Modifying flawed self-efficacy and outcomes expectations can help individuals acquire new successful experiences and see an opportunity for new career occupations.

SCCT Models of Vocational Interests, Choices, and Performances

Social Cognitive Career Theory (SCCT) originally consisted in three segmental models to organize the processes through which people develop basic academic and career-related interests, make and revise educational and vocational choices, and achieve performances of varying quality in the academic and career domains (Brown, 2002). A fourth model was later introduced focusing on education and work (Sheu et al., 2010). These models are: Interest Development Model, Choice Model, and Performance Model.

Interest Development Model. This model stated that we are attracted to activities we feel we are competent in and we can succeed. If the individual has low self-efficacy interest, failure to develop competencies and negative outcomes are to be expected from an activity. On the other hand, with high self-efficacy or positive outcomes in different activities, individuals will ensure their involvement in certain activities by establishing separate goals. Following this logic, activity tends to solidify interests and reshape and reinforce self-efficacy (Zunker, 2002).

Aptitudes and Values – aptitudes and values are related to self-efficacy and outcomes expectations. “Values are preferences for particular reinforce such as money, status, and autonomy. This theory stresses that outcome expectations are influenced by value systems that are positively reinforced when involved with a particular activity” (Zunker, 2002, p. 91).

Gender and Race/Ethnicity – gender and race shape experiences, influencing self-efficacy and outcomes expectations. It is important to focus on how personal reactions to the social and cultural environment influenced career development. It is therefore not surprising that this theory centers on the social, cultural, and economic conditions that shaped learning opportunities to which individuals were exposed, interpersonal reactions experienced by performing certain activities, and the future outcomes that have been generated. In sum, the effects of gender and ethnicity on career interests, choice, and performance are associated primarily with differential learning experiences that influenced and subsequently shaped self-efficacy and outcomes expectations (Zunker, 2002).

Choice Model. The model is divided in three components: 1) goal establishment; 2) taking action to achieve the goal; and 3) attaining a level of performance that determines the direction of future career behavior. Personal actions are seen as the most important variable determining the degree of progression in the choice process. The pathway to career choice in SCCT is as follows: “1) Self-efficacy and outcome expectations promote career-related interests; 2) interests in turn influence goals; 3) goal-related actions lead to performance experiences; 4) the outcome determines future paths (determined by whether self-efficacy is strengthened or weakened); and 5) finally, one establishes a career decision or redirects goals” (Zunker, 2002, p. 92). One major obstacle in the choice model has to do with contextual or environmental influences. The rationale is based on opportunity structure experienced in the environment. For instance, individuals who experience support and other relevant activities are more willing to take

their goals into actions than those who experience the opposite from their environment (Zunker, 2002; Sheu et al., 2010).

Performance Model. This model has a dual purpose. First, the model give importance to the level and quality of an individual's accomplishments and Second, stress the interaction of ability, self-efficacy, outcomes expectations and the establishments of goals for judging performance. As a consequence, this model could serve as a base for the implementation of effective interventions strategies in the career development process (Zunker, 2002).

In summary, SCCT (Lent et al., 1994, 2002) provides a model for understanding how parents influence the career self-efficacy of their children. According to this theory, there are some factors called proximal factors such as race, gender, disability/health status, and ethnicity that directly predict career interests and the career choice process of young persons. These factors might either provide or limit the access to vocational preparation and employment opportunities. On the other hand, there are distal factors such as the environmental supports provided by parents, teachers, and professional school counselors, which exert a moderating effect through learning experiences on the young person's career-related self-efficacy and outcomes expectations. These factors eventually mediate the formation of interests, career-related intentions, and career-related goals (Turner & Lapan, 2002).

Application to Youths in Foster Care and the Role of Foster Parents

There is some research conducted on how children might develop career self-efficacy. For example, Bandura et al. (2001) conducted a study examining the multifaceted socio-cognitive origins of children's emerging beliefs about their occupational efficacy and its determinative impact on their career-related choices at a critical educationally branching transition point in their lives. The authors found that familial socioeconomic status influences parentally perceived efficacy and academic

aspirations, affecting their children's perceived efficacy, academic aspirations and scholastic achievement. Brown and Lent (1996) stated that self-efficacy is mostly related to the support from the family in strengthening self-belief and supporting academic achievement and career interest. In addition, taking into consideration demographic variables such as age, income, health status, and disability status can affect self-efficacy (O'Sullivan & Strauser, 2009). Therefore, foster care youths with disabilities might be at a higher risk to score lower on measures of self-efficacy (Schieman & Campbell, 2001).

For youths in general, their ability:

To make sound choices, work toward self-selected goals, solve unexpected problems, recognize and communicate their strengths and weakness, advocate for needed services and supports, and self-assess this progress can directly influence their engagement and success in school, as well as the outcomes that they later achieve. (Pierson et al., 2008, p.118)

However, the challenges that sometimes people with disabilities might face can have many implications for career development that might lead them to underachievement (Shahnasrian, 2001). Positive self-efficacy will help individuals persist longer at a specified task in the face of adversity, instead of terminating the task prior successful completion as an individual with lower self-efficacy will probably do (O'Sullivan & Strauser, 2009). Self-efficacy might also influence the individual's life such as aspirations and strengths, commitments to them, the quality of analytic and strategic thinking, level of motivation and perseverance in the face of difficulties, their resilience to adversity, causal attributions for success and failures, and their vulnerability to stress and depression (Bandura, 1995, 1997; Maddux, 1995; Mustafa et al., 2010). In addition, stronger self-efficacy results in higher goal aspirations that individuals adopt and maintain (Bandura et al., 2001). Rehabilitation counselors might work with self-efficacy beliefs through the establishment of transition plans that include the reinforcement of these beliefs. Transition planning provides a road map in which the goals for adulthood are identified, the process on how those goals are going to be achieved is elaborated, and clear benchmarks for measuring progress are outlined (Powers et al., 2009). The process

of career rehabilitation involves engaging in creative problem solving about how to overcome limitations associated with a disabling problem (Shahnasarian, 2001). Self-efficacy and the use of performance appraisal as assessment methods of the client's belief in his or her ability to reach a personal goal have been used in the field of rehabilitation counseling (Brown, 2002).

Summary

Chapter II presented the research conducted on the outcomes of foster care youths when they transition out of the system. The legal mandates and programs related to this process of transition in the Nation were also discussed, although specifically in the state of Iowa. A description of the Social Cognitive Career Theory was provided along with the application of this theory to the self-efficacy perspective of foster care parents and the impact on their foster care youth with disabilities. The chapter concluded with the application of the SCCT to youths in foster care and the role of foster parents in their career development. Chapter III will present the methods and procedures used to conduct the present study, which had the purpose of exploring the perspective of foster care parents on their foster care youth's self-efficacy beliefs and career decisions.

CHAPTER III METHODOLOGY

Overview

The review of literature in Chapter II discussed the outcomes of the foster care youth when they age-out of the foster care system. Moreover, the previous chapter also discussed the importance of the role of parents in the career development of the youth (Middleton & Loughead, 1993; Moon & Rao, 2010; Mustafa et al., 2010). This study was intended to explore the perception of foster parents about the career self-efficacy beliefs of their foster youth. For this purpose, Chapter III will describe the methods and procedures used to conduct the study. This chapter describes the participants of the study, research procedures and instruments, the researcher's ethical considerations, the variables explored, and the statistical analyses of the data regarding the needs of foster care parents in order to improve their foster youths' vocational outcomes.

Research Methods

Selection of Participants

The sample for this study was deliberative and non random: purposive sample. The sample depends on the characteristics of the investigation. This type of sample proves to be an advantage because it allows the researcher to make a sample selection by following a specific criteria or specific characteristics according to the purpose of the study. The participants of this study were licensed foster care parents, who provide foster family care to the foster youth, of the states of Iowa and Nebraska registered with the Iowa Foster and Adoptive Parents Association (IFAPA) and Nebraska Foster and Adoptive Parent Association (NFAPA), respectively.

A licensed foster parent in the state of Iowa is an individual who has completed a successful evaluation of their home and the Partnering for Safety and Permanence Model Approach to Partnership in Parenting (PS-MAPP). PS-MAPP is a ten week training for the prospect foster parent in order to: 1) prepare them to work with children who have

been abused and neglected; 2) prepare the foster family for partnering with the birth family in order to hopefully reunify the child with their family; 3) help the foster family decide whether foster parenting is right for them; and 4) prepare the foster family to work with a team for the best interest of the child. Foster parents also need to complete six hours of annual training to renew their foster license. A licensed foster parent in the state of Nebraska, similar to the licensed Iowa foster parents, must have completed a successful home evaluation comprised of 27 hours of pre-service training and 12 hours of in-service training to be able to renew their foster license.

The participants were contacted through the IFAPA and NFAPA's email databases. The Iowa Foster and Adoptive Parents Association currently have around 1,540 foster parents' e-mail addresses from the 2,490 licensed foster parents registered. This association was established 37 years ago when a group of foster parents joined together to create an organization for foster and adoptive families. Since 1973, this group has been a voice for Iowa's foster and adoptive children through the support it provides to these children's parents. Presently, IFAPA has 6,650 members and provides training and peer support to an average of 2,000 foster, adoptive, and kinship parents every month. On the other hand, NFAPA was established in 1999. Currently, NFAPA has 200 email addresses from around 2,000 foster parents registered in the association. As IFAPA, Nebraska Foster and Adoptive Parent Association was established with the purpose of increasing the amount of resources, information, and support for Nebraska's foster and adoptive parents.

The researcher expected to conduct a comparison of two groups in 5 dependent variables. For this purpose, and to achieve the adequate statistical power of at least .70, the researcher expected to meet the required sample size of 94 participants. From the total of participants it was expected a group of foster parents of youth with disabilities and a group of foster parents of youth without disabilities. The five variables were self-appraisal, occupational information, goal selection, planning and problem solving.

To be eligible for the study, participants had to meet the following specific criteria: a) have a foster youth or have been a foster parent of a foster youth with or without a disability between the ages of 14 to 18 years old; b) been a foster parent of a foster youth for more than 30 days; and c) be a current licensed foster parent; d) have access to the internet. If the participants failed to comply with any of these three criteria, they were automatically excluded from participating in the study.

Research Procedures

After the approval from the Dissertation Committee and the Institutional Review Board (IRB) of the University of Iowa, the researcher initially proceeded with the recruitment of the participants through the Iowa Foster and Adoptive Parents Association. Due to the requirements of power and sample size of the study, the participant recruitment process was as follows:

Stage One. After the approval of the IRB, the researcher contacted Ms. Lynhoun Stout, IFAPA's director. Ms. Stout agreed to collaborate with the researcher by sending the electronic survey through a message previously attached in the Association's weekly online newsletter. The Association sent the first message including the electronic survey in their weekly online newsletter. A second message was sent three weeks later after the first message in the newsletter. Due to changes in the Association's policies, in terms of collaboration in research projects outside of the surveys required for them to keep the funding, the researcher was not able to send more messages through the weekly newsletter. The association was concerned that participation for their surveys would decrease if foster parents were receiving different surveys continuously. Participants received a URL in the messages sent via the online newsletter, which led them to three screening questions. If the individual answered "No" to any of those three screening questions, they were redirected to a thank you page after pressing "Next" to acknowledge their interest in participating in the study. On the other hand, if participants answered "Yes" to the three screening questions, they were redirected to the consent document.

Participants reviewed the consent document and had the option to accept or reject participation in the study. If they agreed to participate, they pressed the “Next” page link, which gave them access to the two electronic questionnaires used in the study through SurveyMonkey; a web-based survey program used to collect, analyze, and graph data. From the 1,540 foster and adoptive parents whose emails were on the association database, 60 participated but only 52 met the eligibility requirements, for a response rate of 3%.

Stage Two. Because Stage One yielded a 3% response rate, the researcher expanded the geographical area of the survey to include foster and adoptive parent associations in three other states with similar characteristics to the Iowa Foster and Adoptive Parents Association and other foster care programs. From the three states that were contacted, only Nebraska agreed to collaborate. As a result, after modifying the study and obtaining approval from IRB, an additional 200 foster parents were contacted through the Nebraska Foster and Adoptive Parent Association email database. Of these, 111 participated in the study for a response rate of 55%. An additional eight participants did not participate in the study because they did not meet the eligibility requirements. In this instance, NFAPA agreed to send email messages to their email contact list in five different occasions. The first message was an invitation to participate in the study. The second and third emails were sent in the following two weeks as a reminder of the importance of their participation. A fourth email was sent to increase the number of participants in the study. A fifth email was sent to thank all the foster parents that participated in the survey.

Overall, IFAPA and NFAPA provided a total of 1,740 email contacts. Of these contacts, 157 participated for a response rate of 9%. In addition, 22 were interested in the study yet they were ineligible to participate. The participants were able to complete the survey at any location with Internet access in which they felt comfortable. By completing

the online survey through SurveyMonkey, the researcher did not have access to the participants' identities or the computers used to complete the online assessment.

Researcher's Ethical Considerations

Ethical considerations were pondered during the design of this research study. As the Code of Ethics of the Commission on Rehabilitation Counselor Certification (CRCC) addressed in section I.c, rehabilitation counselors are responsible for taking precautions to avoid injuries to participants, including any psychological, emotional, physical, or social effects (CRCC, 2010). This was taken into consideration while choosing foster parents as the participants instead of foster youth. Choosing foster youth, as participants, would have not been in their best interest due to the possible violation of their privacy and confidentiality as a protective class. Minor would have needed permission for participation from their caregivers, once again, putting in jeopardy their privacy and well-being.

The researcher understood there was no high risk of damaging the dignity or welfare of the participants. Nonetheless, participants were advised in the informed consent that the study would be completed on a voluntary basis and if distressed at any moment, they would have the opportunity to withdraw their full participation. Also, participants had the option of not answering a question if they felt uncomfortable or did not wish to answer. The researcher provided her contact information in case participants wanted to contact her with questions or concerns about the study. Additionally, the researcher did not have any identifier information on the participants; the researcher was the only person with access to their responses.

Research Instruments

The following section will describe the instruments used to collect the data on the parent's perspective of their youth's career self-efficacy. The two instruments used in this study were: a) a demographic questionnaire and b) the Career Decision-Making Self-Efficacy Scale-Short Form (CDMSES-SF) (Betz & Taylor, 2001).

Demographic Instrument

The researcher developed a demographic questionnaire (see Appendix A) to obtain general background information from the participants. The short questionnaire consisted of 18 questions divided into three sections. The first nine questions were intended to collect general demographic data such as gender, school level, and marital status of the participants. Questions 10 through 15 provided information about the foster youths they cared for or had taken care of. Some examples of these questions are: “In which level is your foster child according to the Foster Child Behavioral Assessment?” and “Have you attended to an Individualized Education Plan (IEP) or a 504 plan meeting on behalf of the foster child?” The last three questions (16 through 18) of the questionnaire furnished information on the perspective of foster parents on transition and vocational outcomes of the foster youth. Examples of these questions are: “From the following services, what services as a foster parent you would like to receive in order to help improve the vocational outcomes of the foster youth and how important is for you as a foster parent to receive training in these areas?” “According to the following level of importance scale, what do you see as the most pressing issues for foster youths after they leave the Foster Care System?” and “Other Issues”.

Self-efficacy. Career Self-Efficacy was measured through the Career Decision-Making Self-Efficacy Scale-Short Form (CDMSE-SF). This scale measures the individual’s degree of belief that he/she can successfully complete tasks necessary to make career decisions (Betz & Taylor, 2001). According to Betz and Taylor (2001), the career-decision self-efficacy is related to difficulties in making and implementing career decisions and has been used in counseling assessment. The scale consists of 25 items divided into five items in five subscales: (a) self-appraisal, for example: “Accurately assess his/her abilities;” (b) occupational information, an example is: “Find information in the library about occupations he/she is interested in;” (c) goal selection, an example for this subscale is: “Choose a major or career that will fit his/her interest;” (d) planning, an

item example is: “Determine the steps that he/she needs to take to successfully complete his/her chosen major;” and (e) problem solving, an example of this subscale is: “Identify some reasonable major or career alternatives if he/she is unable to get your first choice.” Using a Lykert Scale that ranges between No Confidence at All (1) through Complete Confidence (5), parents answered questions on these 5 subscales according to how much confidence they have that their foster child could accomplish each of the tasks on the scale. The scores went from 5 to 25 for each subscale and a total score is the sum of the 5 subscales scores; the maximum was 125.

The authors developed the original scale in 1983. This scale consists of 50 items, 10 items measuring each one of the 5 subscales. Responses were initially measured in a 10-point scale ranging from Complete Confidence (9) to No Confidence (0). Both versions of the CDMSES had reported high reliability. The short-form has shown high internal consistency reliability of .95 in two studies conducted in 2001 (Paulsen, 2001; Smith, 2001 as cited in Betz & Taylor). The subscales also have shown high reliability with alpha values between .81 and .87. Concurrent validity coefficients obtained from a comparison with the Career Decision Scale (CDS) and my Vocational Situation (MVS) were relatively significant. Concurrent validity correlations ranged from -0.56 to -0.34 in the Career Decision Scale, and from -0.58 to -0.34 in My Vocational Situation.

Research Variables

This section will present and define the dependent and independent variables of the study.

Dependent Variables

Perception of self-efficacy. For the purpose of this study the perception of self-efficacy refers to the foster parent’s perception of their foster youth beliefs about their capabilities in terms of career development. The perception of self-efficacy was the score that resulted from the CDMSES-SF after adding the scores from the 5 subscales (self-

appraisal, occupational information, goal selection, planning, and problem solving). The scores ranged from 25 to 125 with higher scores indicating greater perceived confidence.

Self-appraisal. Refers to how we perceive ourselves. This score was the result from items 5, 9, 14, 18, and 22 from the CDMSE-SF scale. The score in this subscale can range from 5 to 25 with higher score indicating higher perception of self-appraisal.

Occupational information. Pertains to the information collected about career options. This score is the total score from items 1, 10, 15, 19, and 23 on the CDMSE-SF scale. Like self-appraisal, the score could range from 5 to 25, with higher scores indicating higher perception of more occupational information.

Goal selection. Makes reference to the determination to engage in a particular activity or to affect a particular outcome (Lent, Brown, & Hackett, 1994). The perception of foster parents on their youth's determination to engage in a particular activity was the result from items 2, 6, 11, 16, and 20 of the CDMSE-SF scale. A high score indicates higher perception of goal selection.

Planning. The process where the youth sets goals for his/her career development and adopts strategies to accomplish those established goals. This subscale is represented by items 3, 7, 12, 21, and 24 of the CDMSE-SF scale. Scores could range from 5 to 25 with higher score indicating higher perception of planning.

Problem solving. To strategize on how to solve encountered situations. Items 4, 8, 13, 17, and 25 of the CDMSE-SF scale collected this information. A higher score in this subscale indicates a higher perception on strategies for problem solving.

Independent Variables

Foster youth. A youth who has been placed in the home of a state certified caregiver.

Youth with disabilities. For the purpose of this study are youths under level I, II, or III of the "Foster Child Behavioral Assessment." This document is completed by the Department of Human Services and assesses the youth in terms of emotional care needs,

behavioral care needs, and physical and personal needs. These three areas are explored in terms of minimal, moderate, or intensive care requires. This assessment identifies the level of care that the foster youth required from the foster parents, higher levels indicating the youth need a higher level of care.

Educational/transitional services. A coordinated set of activities for youths with the purpose of orientation and improvement when transitioning from school to work or other post-school activities (Geenen & Powers, 2006). These educational/transition services were identified in the self-reported answers provided by the foster parents in questions 14 and 15 of the demographic instrument.

Perceived needs of foster parents. Services that foster parents consider are limited or not available for them in order to help the foster youth achieve better transition outcomes in areas such as educational opportunity outreach programs, disability orientation, after-care support groups among others. The perceived needs were identified according to the foster parents self-report on question number 16 of the demographic questionnaire: “From the following services, what services as a foster parent would you like to receive in order to help improve the vocational outcomes of the foster youth? From the following services, how important is it for you as a foster parent to receive training in these areas?”

Transition issues/needs. The foster parent’s perceptions on the most pressing issues or needs of the foster care youth when they age-out the foster care system. Questions number 17 and 18 in the demographic questionnaire were used to explore and answer this question: “According to the following level of importance scale, what do you see as the most pressing issues for foster youths after they leave the foster care system?” Question number 18 provided the opportunity to the participant to include other issues not addressed in question number 17.

Research Design and Data Analysis

The study is classified as a descriptive study, which is effective in providing information on topics where there is lack of research (Heppner, Wampold, & Kivlighan, 2008). A descriptive study “is used to organize and describe the characteristics of a collection of data” (Salking, 2000, p. 9). A descriptive analysis will be conducted to explore the career self-efficacy beliefs of foster youths as perceived by foster parents. To collect the data, a survey design was used. In survey designs, the researcher does not manipulate an independent variable; therefore, there is no concern with manipulation checks (Heppner et al., 2008). Heppner, Wampold, and Kivlighan (2008) also stated the ease of data collection as one of the advantages of surveys, especially when the sample covers a wide geographic area such as the case of the Iowa and Nebraska foster parents. However, the authors also identified one potential disadvantage for this type of data collection, which is the difficulty on getting participants to respond and return the completed questionnaire (Heppner et al.). After collecting the data, the researcher analyzed it with the purpose of exploring the foster parents’ perception of their foster youth’s career self-efficacy beliefs while answering the research questions that guide the present study.

Research Question 1

“How do foster care parents perceive the career self-efficacy beliefs of their foster care youth?” This question was answered by the total scores of the Career Decision-Making Self-Efficacy Scale-Short Form using descriptive statistics such as measures of central tendency (e.g., mean) and measures of spread (e.g., standard deviation).

Research Question 2

“Is there a difference between the perception of foster parents of youths with disabilities and youths without disabilities?” This question was analyzed by means of a one-way multivariate analysis of variance (MANOVA), comparing the responses obtained on the CDMSES between foster parents of a youth with disabilities and foster

parents who do not have a youth with disabilities. The independent variable was youth with disabilities versus youth without disabilities. The dependent measures were perception of self-efficacy, self-appraisal, occupational information, goal selection, planning, and problem solving scores obtained from the CDMSE scale.

Research Question 3

“What educational/transitional services are provided to foster youth with or without disabilities?” This question was answered through the analysis of the responses in question 13: “Does your child receive any of the following educational services...?” which was analyzed using descriptive statistics such as mean, median and standard deviations.

Research Questions 4 and 5

“What are the needs of licensed foster parents in relation to the improvement of the vocational outcomes of their foster youth?” “What do licensed foster parents see as the most pressing issues of foster youths after they leave the foster care system?” These two questions were explored through the parents’ report in questions 17 and 18 from the demographic instrument. The responses were analyzed using descriptive statistics such as median, mean and standard deviations.

Summary

Chapter III presented an overview of the research methods that will structure the present study. In addition, this chapter provided a description of the research participants, research procedures, the researcher’s ethical considerations, research instruments for data collection, research variables, the research design, and statistical analysis used to test the research questions. Chapter IV will present the results of the data collected and the analysis of this data.

CHAPTER IV

RESULTS

The purpose of this study was to explore the foster parents' perception of their foster care youth's career self-efficacy beliefs. More specifically, it examined the difference in perception between foster parents of youths with disabilities and those of foster youths without disabilities.

This chapter is organized into five main sections. The first section is a description of the demographic characteristics of the sample. The second section describes the research instruments utilized in this study. The third section presents the statistical analyses gathered from the study's research questions. The fourth section includes statistical analyses for related findings. The final section provides a summary of all findings of the study. Data was analyzed using Statistical Packages for the Social Sciences (SPSS) 19.0.

Participants' Characteristics

Demographics

Demographic data was collected for the purpose of describing the participants' demographics. The demographic questionnaire (see Appendix A) requested the following information about the participants: (a) gender; (b) age; (c) marital status; (d) scholarly level; (e) household income; (f) ethnicity; (g) residential community; (h) years as a licensed foster parent; (i) foster children under their supervision; (j) the foster child's behavioral assessment level; (k) IEP or 504 meeting attendance; (l) career discussion and career options; (m) educational services for the foster youth; (n) educational services for the foster parents; and (o) pressing issues for the foster youth after they leave the foster care system.

The total sample consisted of 157 participants who were licensed foster parents and members of the Iowa Foster and Adoptive Parents Association (IFAPA) and Nebraska Foster and Adoptive Parent Association (NFAPA). The sample was 16.6% (n=

26) male and 82.8% (n=130) female for a total of 156 participants; only one applicant did not respond to this question. The participants' ages ranged from 21 to 71 years old, with the majority of the participants between the ages of 41 to 50 (n=60). The most constant ethnic representation was White, accounting for 61.8% (n=97) of the participants; 19.1% (n=30) was Hispanic or Latino, 14.6% (n=23) Black, 2.5% (n=4) American Indian, and 1.9% (n=3) Asian. Regarding relationship status, 73.9% (n=116) was married, 8.9% (n=14) was not married but living with a partner, 6.4% (n=10) was separated, 4.5% (n=7) was widowed, another 4.5% (n=7) was never married, and 1.9% (n=3) was divorced.

Participant's education was also explored. 1.3% (n=2) of the participants has 12th grade but no diploma 17.8% (n=28) has a high School diploma or GED; 14.6% (n=23) has some college, but less than two years; 10.8% (n=17) has an associate degree; most of the participants reported having a bachelor's degree, which represents 44.6% (n=70); 7.6% (n=12) has a master's degree; 3.2% (n=5) has a doctorate degree. The participants responded the following when asked about their household income without the foster care reimbursement: 1.3% (n=2) reported earning less than \$10,000; 3.2% (n=5) reported an income between \$10,000 and \$19,999; 4.5% (n=7) reported earning between \$20,000 and \$29,999; 15.3% (n=24) reported an income between \$30,000 and \$39,999; 31.2% (n=49) of the participants reported an income between \$40,000 and \$49,999; 26.1% (n = 41) reported earning between \$50,000 and \$59,999; 8.9% (n=14) reported to have a household income of \$70,000 or more; 8.3% (n=13) reported an income between \$60,000 and \$69,999; and another 1.3% (n=2) of the participants preferred not to provide this information. In terms of living area, 52.2% (n= 82) informed living in a rural area and 47.8% (n=75) in an urban area. The participants' demographic characteristics were consistent with the characteristics of foster parents in a four-year national study conducted by the U.S. Department of Health and Human Services, Administration for Children and Families (2010).

The remaining questions on the demographic questionnaire were specific to the participants' background in the foster care area. The participants were asked how many years had they been licensed as foster parents, 25.5% (n=40) had been licensed between 0-2 years, most declared between 3-5 years, representing 45.2% (n=71) of the participants; 19.7% (n=31) between 6-9 years; and 9.6% (n=15) had been licensed 10 years or more. The participants reported the following when asked how many foster children were currently under their care: 8.3% (n=13) did not have any children at the moment; 59.9% (n=94) had only one foster child at the moment; 21.7% (n=34) had two foster children; 4.5% (n=7) had three foster children; and 5.7% (n=9) reported having four or more.

Participants were asked to respond to some questions concerning the child under current or past care closest to reaching their 18th birthday. The first question requested the foster youth's level according to the Foster Child Behavioral Assessment. This assessment identifies the level of care that the foster youth required from the foster parents, higher levels indicating the youth need a higher level of care. From the total of 157 participants, 155 foster parents responded: 39.5% of the participants reported having a youth under the basic level (n=62); 24.2% were level I (n=38); 20.4% were level II (n=32); 14.6% were level III (n=23); and 1.3% did not respond to the question (n=2). Additionally, foster parents were asked if they had implemented an Individualized Education Plan (IEP) or attended a 504 meeting on behalf of that youth. Most of the parents (61.1%; n=96) affirmed not having attended an IEP meeting, 35% (n=55) attended an IEP meeting, 1.3% (n=2) confirmed attending a 504 meeting and 1.9% (n=3) reported not attending a 504 meeting on behalf of the foster youth. These results are consistent with literature that states lack of participation, and the importance, of the foster parents' involvement on IEP meetings (Geenen & Powers, 2006a).

In terms of discussing career options with the foster youth, 75.9% (n=116) stated having discussed career options with their foster youth and 26.1% (n=41) reported not

doing so. From the 116 participants who claimed having discussed career options with their foster youth, 113 answered the following questions, which explored the career options they had discussed with their foster child. The majority of the foster parents (29.9%; n=47) reported having conversed about community college training with their foster youth as their career option, followed by college or university training with 22.3% (n=35), vocational training with 10.8% (n=17), military service with 7% (n=11), and entry level employment which requires minimum or no academic preparation with 1.9% (n=3). See table B1 for the participant's characteristics.

The foster parents also discussed the educational services they understand are available to the foster youth and if their foster youth used this services. One of these services was access to a lending library with books on various topics: 61.1% (n=96) said this service was available to the foster youth and from this group, 24.8% (n=39) believed their foster youth had used the service; on the other hand, 36.3% (n=57) understood this service was not available; however, 26.1% (n=41) thought their foster youth would use the services if available. The second service was an informational website on career-related issues: 70.7% (n=111) of the participants stated that this service was not available to the foster youth, while 27.4% (n=43) reported that the service was offered. In terms of use, 15.9% (n=25) reported that their foster youth had utilized this service, whereas 71.3% (n=112) understood that their foster youth would use this service if it were made available to them. Training in career decision-making was the third service in question, where 59.2% (n=93) of the parents understood the service was available to the foster youth and 45.9% (n=72) stated that their foster youth had used this service; conversely, 41.4% (n=65) recognized that the foster youth would use it if it were available. The fourth service was vocational rehabilitation services orientation and only 29.3% (n=46) responded that the service was available, 17.8% (n=28) reported that the foster youth had used this service and 51% (n=80) believed that the foster youth would use it if available. Tutoring or other educational support was the fifth service surveyed and the majority of

the participants understood this service was available to the foster youth, 47.1% (n=74) reported that the foster youth had used it and 34.4% (n=54) stated that the foster youth would use the service if it was made available to them. The last service explored was employment experience, where most of the participants agreed on a lack of availability of this service to the foster youth: 80.9% (n=127) that stated that the service was not available to the youths, versus 16.6% (n=26) who believed it was available. Only 5.1% (n=8) reported that their foster youth had benefited from this service and 79.6% (n=125) understood that the youth would use this service if available to them. See table B2: Educational services for youth.

Foster parents were also asked to assess the level of importance of services they perceived were important for them to receive as caretakers with the purpose of improving the vocational outcomes of their foster youth. The first service to advance the youths' vocational outcomes is orientation on educational opportunity outreach programs, such as Talent Search and Upward Bound: 87.3% (n=137) thought they should receive this service; however, in terms of importance to them, 41.4% (n=65) reported to be "very important," followed by 27.4% (n=43) as "somewhat important." On additional orientation and/or training for youths with disabilities, 91.7% (n=144) understood they should receive this service with 61.8% (n=97) believing that in terms of level of importance, it was "extremely important" to receive it. Another service investigated was orientation and training on continuous relationships with the foster care youth: 87.3% (n=137) of the foster parents believed they should receive training in this area, and from this amount, 70% (n=110) believed it was "extremely important" to "very important" to receive this training. After care, support groups were the fourth service explored, where 89.2% (n=140) of the participants believed they should receive training and in terms of level of importance, and from this percentage, 79.2% (n=126) believed it was "extremely" to "very important" to receive training in this area. The last service explored was orientation and/or training for involvement in the Individual Educational Plan (IEP):

86% (n=135) of the participants thought they should receive training in this area. In terms of level of importance, 71% (n=124) believed it was “extremely important” to “very important” to receive training in this area. See table B3: Services for foster parents.

The researcher also studied a list, assessing the level of importance once again, of the most common issues addressed in the literature for foster youths when they age-out of the system and what foster parents see as the most pressing issues for foster youths after they leave the foster care system. The first issue explored was lack of adult support after the foster youth exits the program. On this issue, 156 participants responded: 58.6% (n=92) thought it was “extremely important,” 20.4% (n=32) “very important,” 17.8% (n=28) “somewhat important,” 1.9% (n=3) “slightly important,” and .6% (n=1) “not important.” Lack of access to health insurance was the second issue. From the 156 responses, 70.7% (n=111) of the participants believed that it was “extremely important,” 24.8% (n=39) “very important,” and 3.8% (n=6) “somewhat important.” The third issue surveyed was lack of training in independent living skills, where 74.5% (n=117) thought that it was “extremely important” and 24.8% (n=39) believed it to be “very important.” Employment was studied as the fourth pressing issue; 154 participants responded. From the participants who responded to this question, 73.9% (n=116) believed this to be an “extremely important” issue and 24.2% (n=38) thought it to be “very important.” The last issue conferred about was housing with 155 responses, where 75.2% (n=118) viewed this as an “extremely important issue” and 23.6% (n=37) as “very important.” See table B4’ Important issues of the foster youth when age-out of the foster care system.

Instrumentation

In addition to the demographic questionnaire, described in the previous section, the career self-efficacy beliefs of the foster youth as perceived by the foster parent were also researched. This variable was explored through the Career Decision-Making Self-Efficacy Scale-Short Form (CDMSES-SF) (Betz & Taylor, 2001) and the reported means and standard deviations for each of the subscales of the instrument.

Perceived Career Self-Efficacy Beliefs

The perceived career self-efficacy beliefs were measured by using the Career Decision-Making Self-Efficacy Scale-Short Form (CDMSES-SF; Betz & Taylor, 2001). This scale measures the individual's degree of belief that he/she can successfully complete tasks necessary to making career decisions (Betz & Taylor, 2001). The total score of the scale was calculated by adding up the totals of the five subscales ($M=75.53$; $SD=22.04$). The scores range between 25 -125 with higher scores indicating higher self-efficacy. There was a significant difference between the perceived self-efficacy beliefs of foster parents of youths with disabilities and those of youths without disabilities in the total score of the CDMSE-SF scale. The total scale ($\alpha = .98$) and the subscales showed a high level of reliability. See Table B6 for the Cronbach's alpha coefficients obtained for the CDMSE-SF Scale. Each of the 5 subscales contained a total of 5 items for a total of 25 items in the scale.

Results of Analyses to Address Research Questions

Research Question 1

“How do foster parents perceive the career self-efficacy beliefs of their foster care youth?” The total scores of the CDMSE-SF scale answered this question after adding the scores of the five subscales that compose the scale. A total of 154 participants completed the scale. The perception of self-efficacy belief among foster parents is suggested to be moderate to high ($M=75.53$; $SD=22.04$; $Range=25-125$). Answers from foster parents of youth with disabilities suggested a difference in perception according to the level of care required by the foster youth. Foster parents of foster youth in level III ($M=53.36$) reported lower means than foster parents of foster youth on level I ($M=78.81$).

Research Question 2

“Is there a difference between the perception of foster parents of youths with disabilities and youths without disabilities?” This question was analyzed by means of a one-way multivariate analysis of variance (MANOVA) comparing the responses obtained

on the CDMSE-SF scale between foster parents of a youth with disabilities (N=92) and foster parents who do not have a youth with disabilities (N=62). These two groups were compared in the five subscales of the CDMSE scale and on the total score of the scale after adding the scores of the subscales. The MANOVA result was statistically significant at $\alpha = .05$ ($F(5,148) = 3.53$; $p=.005$). Follow-up one-way analysis of variance (ANOVA) revealed a moderate to significant difference between groups on the subscales: self appraisal ($F=14.70$; $df=1, 152$; $p=.000$), occupational information ($F=12.37$; $df=1,152$; $p=.001$), goal selection ($F=16.57$; $df=1,152$; $p=.000$), planning ($F=15.83$; $1,152$; $p=.000$), and problem solving ($F=15.00$; $df=1,152$; $p=.000$). (See Table B5).

The means scores of both groups were compared. The results also suggest a difference between groups. Those parents who reported to have a youth without disabilities perceived higher self-efficacy beliefs from their foster youth ($M=83.74$; $SD=20.41$; $Range=25-125$), versus those foster parents who reported having a foster youth with some type of disability ($M=70.01$; $SD=21.48$; $Range=25-112$). In terms of the five subscales, there is a tendency of higher scores on the means of each of the subscales of foster parents of youths without disabilities than foster youths with disabilities as well. According to this research, foster parents of youth with disabilities obtained lower results in the subscales of problem solving ($M=13.52$), planning ($M=13.66$), and self-appraisal ($M=13.78$).

Research Question 3

“What educational/transitional services are provided to the foster youth with or without disabilities?” This question was answered through the analysis of the responses in question 14 from the demographic questionnaire. Participants were asked if their youth received or benefited from specific services. These foster parents understood that their foster youth benefited from services such as “a lending library with books on various topics” (61.1%); “training in career decisions” (59.2%); and “tutoring or educational support” (63.7%). However, they also expressed that their foster youth is not provided

with services in areas such as: “an informational website on career-related issues” (70.7%), “vocational rehabilitation services orientation” (67.5%), and “employment experience” (80.9%).

Research Question 4

“What are the needs of licensed foster parents in relation to the improvement of the vocational outcomes of their foster youth?” This question was answered through self-report in question 17 from the demographic questionnaire. Foster parents were asked if they received or not a list of services and how important was it for them to receive these services. In general, participants stated that “additional orientation and/or training with respect to youths with disabilities” and “orientation and or training for involvement in the Individual Educational Plan (IEP)” were two of the services with higher importance. Participants were also asked to provide additional comments if desired. Among the comments, they also addressed need of training in areas such as: “Educational and Training Voucher Program” and “education for both parents and youths on educational rights and opportunities.”

Research Question 5

“What do licensed foster parents see as the most pressing issues of youths with disabilities after they leave the foster care system?” Participants reported issues regarding lack of independent skills, employment, and housing as “extremely” to “very important” issues for foster youths when they age-out of the system. Lack of health insurance was viewed as “extremely important” to “somewhat important,” and lack of adult support after exiting the program received more variability in the responses with a majority of the participants (n=92) thinking that it is “extremely important,” while for others it was “slightly important” to “not important” (n=4).

Conclusion

There was a significant difference in the perception of career self-efficacy beliefs of foster parents of youths with disabilities and foster parents of youths without

disabilities. Foster parents of youths without disabilities reported higher scores in the CDMSE-SF scale's total score and each of the five subscales of self-appraisal, occupational information, goal selection, planning, and problem solving. Findings also suggest a need for training or services for an informational website on career-related issues, vocational rehabilitation services, and employment experience for the foster youths. Additionally, foster parents significantly believed that they should be trained in areas such as youths with disabilities and involvement in Individual Educational Plan (IEP) Meetings. Moreover, the foster parents also viewed as highly important foster youth issues such as lack of training in independent skills, employment, and housing when they leave the foster care system. These findings support the important role that a rehabilitation counselor professional could play in transitional programs from school to work and the transition process in general. Chapter V discusses these results along with implications of the findings, limitations of the study, and suggestions for further research.

CHAPTER V

DISCUSSION

The results presented in Chapter IV addressed the difference in the foster parents' perception of the career self-efficacy beliefs of foster youths with disabilities and foster youths without disabilities. In addition, important services were presented, which foster parents and foster youths receive or should receive. Chapter V is divided into six sections to provide: (a) a summary of the study; (b) a discussion of the major findings for the five research questions that guided the study; (c) a review of the limitations of the study; (d) implications for the rehabilitation counseling practice for researchers and educators; (e) suggestions for future research; (f) and conclusions.

Summary of the Study

Every year, thousands of children end in foster care (Casey Family Programs, 2010). It is estimated that approximately 24,000 foster youths age-out of the system each year (National Association of Counties (NACO), 2008). The improvement of outcomes of foster youths when they age-out of the system has been a concern among government agencies, policy makers, and advocates (Casey Family Programs, 2010). Research in the foster care area has studied the outcomes of foster youth when they age-out of the system, but not the role of the parents in improving these outcomes. Moreover, Foster and Gifford (2004) stated that families are indeed a fundamental support for youths leaving the child welfare system, and understand that youth who live independently in early adulthood is an outdated assumption. Information revealed from this study might also contribute to the establishment of programs targeted to promote better outcomes for foster youth, as well as support literature in the area.

During the study, the researcher employed a purposive sampling procedure. A total of 157 foster parents registered in the Iowa Foster and Adoptive Parents Association (IFAPA) and Nebraska Foster and Adoptive Parent Association (NFAPA) email databases responded to an online survey. The survey included a demographic

questionnaire that presented questions about the extent of their role as foster parents and a scale that measured the foster parents' perception of the career self-efficacy of their foster youth. The research questions guiding this study were:

1. How do foster care parents perceive the career self-efficacy beliefs of their foster care youth?
2. Is there a difference between the perception of foster parents of youths with disabilities and youths without disabilities?
3. What educational/transitional services are provided to foster youths?
4. What are the needs of licensed foster parents in relation to the improvement of the vocational outcomes of their foster youth?
5. What do licensed foster parents see as the most pressing issues of foster youths after they leave the foster care system?

The next section will discuss the findings associated with each research question and how these findings compare with the existing literature.

Discussion of Findings

Results for Research Question 1

The first research question explored how foster parents perceived the career self-efficacy beliefs of their foster care youth. This question was answered with the total scores of the CDMSE-SF scale after adding the scores of the five subscales that form the scale (self-appraisal, occupational information, planning, goal selection, and problem solving). From the total of participants who completed the scale (n=154), the results suggested a moderate perception among the foster parents about their foster care youth's career self-efficacy beliefs in general. There was a tendency between the foster parents who completed the survey regardless if they have a youth with or without disabilities, for a moderate perception of self-efficacy among their foster youths. These findings support prior research when has stated the importance of expectations and the positive or negative impact in the future outcomes of children (Field & Hoffman, 1999; Mutua, 2001).

Unfortunately, youth in foster care have few opportunities to learn and develop skills such as future planning, goal selection, and problem solving (Geenen et al., 2007). However, taking into consideration the important role of the family in the career development of youths and the development of expectations in general, the high perception of career self-efficacy beliefs could be good indicators of better outcomes in the future of youths in the foster care system. Indeed, the literature stated that the development of a child is critically influenced by the judgments that parents make (Ivey, 2004). The Social Cognitive Career Theory (SCCT) has identified perceived self-efficacy as a fundamental factor in career choice and development because it affects adaptation and change (Bandura et al., 2001). In conclusion, the expectation and perception of parents influences the development of self-efficacy beliefs, which as a consequence could influence the youth's performance because of their expectations; likewise, outcomes expectations could be a good source for cognitive motivation (Ivey, 2004).

Results for Research Question 2

This question explored if a difference existed between the perception of foster parents of youth with disabilities and youth without disabilities. The responses were analyzed by means of a one-way multivariate analysis of variance (MANOVA), comparing the responses obtained on the CDMSE-SF scale between foster parents of a youth with disabilities and foster parents who do not have a youth with disabilities. The results provided by these two groups were compared with the CDMSE-SF scale. Even though the general scores of the CDMSE-SF scale reported a high perception of self-efficacy among the parents about their foster youths, it was found that those parents who have a youth without disabilities reported higher perceived self-efficacy beliefs than those foster parents who reported having a foster youth with some type of disability.

There are possible explanations for the difference in perception between foster parents of a youth with disabilities and those parents of a youth without disabilities. First, even though the estimated number of youths with disabilities in the foster care system is

high, more research in the area is required (Geenen et al., 2007). Indeed, the available research identified issues that expressed a higher vulnerability for the development of behavioral problems and psychiatric disorders in the youth, such as chronic poverty, disrupted and dysfunctional family situations, and child maltreatment, as well as foster placement (Lawrence, Carlson, & Egeland, 2006). As a consequence, foster parents could not feel as well prepared to deal with the specific needs of youths with disabilities (Brown & Rodger, 2009).

Geenen and Powers recognize another possible explanation (2007): the problem of placement instability. Youth with disabilities generally experience a higher amount of placements than youths without disabilities (Leathers, 2006). This proves to be difficult when teaching support skills that the youths need for independence (Geenen et al., 2007). However, Leathers (2006) also found that when the family is involved in the process and has knowledge about the disability, placement instability decreases. Indeed, the literature has found that expectations and involvement of parents of children with disabilities is highly related to the future outcomes that these children will achieve (Ivey, 2004). Moreover, not only children or youths with disabilities, but people with disabilities in general, usually depend on someone to be their voice or their advocates, and they also need more support for a longer period of time (Geenen & Powers, 2007), support that is not available once they age-out of the system.

Results for Research Question 3

The third research question that guided the study requested the educational/transitional services that were provided to the foster youths. This question was explored through the analysis of the responses in question 14 from the demographic questionnaire. Participants understood that their foster youth benefitted from services, such as a lending library, training in career decisions, and tutoring or educational support. However, services geared toward career development, such as a website on career-related

issues, vocational rehabilitation services orientation, and employment experience, are not provided or are less available than other services.

The exploration of the services and training received by the foster youths support the notions established in the SCCT. According to the theory, an individual develops self-efficacy in four ways, which are: mastery experiences, vicarious learning, social persuasion, and emotional arousal (Lent, Brown, & Hackett, 1994). In terms of experiences, Reilly (2003) concluded that receiving training and services in employment increased the likelihood of successful outcomes. Furthermore, the author found that the experience of young adult foster children led to regular employment after they left the foster care system (Reilly, 2003).

Results for Research Question 4

This research question analyzed the needs of licensed foster parents in order to improve the vocational outcomes of their foster youth. This question was answered through a self-report in question 17 from the demographic questionnaire. Higher importance was given to additional orientation and/or training on the subject of both youths with disabilities and involvement in the Individual Educational Plan (IEP). Participants were also asked to provide additional comments if desired. Among the comments, they also recognized the need of training in areas such as: “Educational and Training Voucher Program” and “education for both parents and youths on educational rights and opportunities.”

The results reported in this question support the literature and the need for more orientation and involvement of foster parents in the foster care system. As abovementioned, knowledge about the child and the disability decrease placement instability (Leathers, 2006). In addition, Geenen & Powers (2007) detected a lack of information by many foster parents in regard to special education and their rights and responsibilities in this process. It is important to point out the important role that parents have, as for example, the main characters or pioneers in starting special education

programs in the school system (Ivey, 2004). Indeed, research continuously supports the vital role of positive support systems in the successful transition of youths into the community (Reilly, 2003). Foster parents need to be equipped with the necessary tools to work with the specific needs of foster youths.

Results for Research Question 5

The last research question in the study investigated how the licensed foster parents view the youths' issues after they leave the foster care system. Participants reported lack of independent skills, employment, and housing as "extremely" to "very important" issues for the foster youth when they age-out of the system.

The literature on this subject has examined the difficulties of foster youths when they age-out of the system (Anderson, 2003; Coutney & Dworsky, 2006). Foster youths and young adults tend to experience higher percentages of unemployment or low wages, as well as homelessness (Becerra & Moore, 2009). Foster youth are obligated to be independent sooner than other youths, and they are not well prepared for this experience (Geenen & Powers, 2007). Taking into consideration the findings of this study and the role of parents in the youths' development, especially in the career area, it will benefit foster youths to keep exploring ways that help improve their outcomes. Once again, the role of the parents is a determinant in this journey. Foster parents are usually the advocates for the foster youths in areas such as mental health services (Kerker & Dore, 2006). Moreover, Dworsky & Havlicek (2010) identified that the foster parents provided much of the training received by foster youths in regard to employment and independent living skills informally. However, foster parents expressed frustration with the amount of training they received when providing adolescents the necessary skills for independent living at home (Geenen & Powers, 2007).

Conclusion

In summary, foster parents of foster youths without disabilities reported a higher perception of career self-efficacy in their foster youths than foster parents of foster youths

with disabilities. Additionally, the foster parents identified possible services and/or training they understand are important for them and the foster youth. Therefore, it is important to point out that parents are the primary socialization agents for children and they play an important role in the development and improvement of the foster youths' outcomes. The next section will discuss the limitation of the study and possible impacts in the results of this study.

Limitations of the Study

The researcher identified limitations that may have affected the results of this study in some way. One of the identified limitations is related to purposive sampling and the generalizability of the results because the population of the study was licensed foster parents from the states of Iowa and Nebraska. The restriction to a specific group might represent a limitation for making inferences about the results (Hernandez, Fernandez, & Baptista, 2006). In addition, the study consisted of a survey that was sent via electronic mail and only foster parents registered in IFAPA and NFAPA's electronic mail databases received it. Because the survey was conducted through the Internet, it represented only those individuals who used the Internet and were comfortable with computers. This could be related to the demographic characteristics of the population. Most of the participants from Iowa and Nebraska were residents of rural areas, what has a direct impact on the access to the Internet and other resources. Transportation could also be affected by living in a rural area and as a consequence access or participation in other activities or training could be also affected, with a significant impact on the perception of foster parents. Literature on foster parents have suggested that demographic characteristics affect the perception of responsibilities in certain areas (Rhodes, Orme, & MCSurdy, 2003)

The demographic characteristics and the access to Internet could have impact the obtained response rate, which was lower than desired. From the approximately 1,740 foster parents that received the invitation to participate in the study, only 157 responded. The 9% response rate may have impacted the survey results because those who

responded may have been more involved in their role as foster parents than those who did not respond. Indeed, foster parents could have different motivations in becoming foster parents, like for example, taking care of a family member. Furthermore, the timing may have also impacted the response rate. The initial phase of the collection of data was during the summer months when foster families would be on vacation and have less access to their computers and Internet. Finally, even though the literature in the foster care youth transition to adulthood has received more attention recently (Dworsky & Havlicek, 2010; Geenen & Powers, 2007; NACO, 2008), there are no studies that focus on the role of foster parents and the career development of foster youths with and without disabilities to compare with the results of this study.

Recommendations for Future Research

After analyzing the results obtained in this study, the following recommendations are presented for future research exploring the career self-efficacy beliefs of foster youths, and the role of foster parents in the career development of foster youths. The literature is consistent in recognizing the important role of the family in the career development of the youths (Lindstrom et al., 2007; Middleton & Loughead, 1993). Further research should keep exploring the perception of foster parents on how they could be a helpful resource for the foster youth and what areas they understand they need to improve. A qualitative research could be a good method to obtain more information on this subject. Moreover, it would be interesting to conduct a similar study including not only the foster parents, but also the foster youths, to compare if there is a difference between the perceptions of the foster parent as compared with the actual self-efficacy beliefs of the foster youths. Likewise, due to the possible differences in services provided to the foster youths and foster parents in different states, it would be appealing to conduct the same study with a national sample to explore if there are differences among the foster parents' perceptions. Also, this would help increase the sample size and as a consequence, the generalization of the results.

Implications for Rehabilitation Counseling Practice

It is of primary importance for rehabilitation counseling professionals and those who offer vocational services to assist individuals with disabilities to obtain and maintain employment (Saunders, Leahy, & Frank, 2000). The profession of rehabilitation counseling began as a response to the needs of wounded soldiers returning from World War I, as a resource for supporting their search for appropriate jobs (Scarborough & Gilbride, 2006). By helping the injured soldiers, the federal government was recognizing the need of specialized assistance from trained professionals to help individuals with disabilities adapt and find new jobs in the recently industrialized economy (Parker, Szymanski, & Patterson, 2005). Shortly after the Soldiers Rehabilitation Act was passed in 1920 (P.L. 65-178), a similar law, the Smith-Fess Act (P.L. 66-236), was passed by Congress to assist civilians with disabilities (Riggan & Maki, 2004). The initial programs changed in different forms, although today we still have publicly funded programs to aid both injured veterans and civilians, and students with disabilities (Scarborough & Gilbride, 2006), including students with disabilities in foster care.

Foster care youth with or without disabilities represent a vulnerable population. They are impacted by programs in the child welfare area, but also in the disability area, as a group that faces an alarmingly high number of problems regarding mental, developmental, emotional, learning, and physical disabilities (National Council on Disabilities (NCD), 2008). The National Council on Disability's 2008 report also acknowledged that foster care youths with disabilities are not becoming productive members of society and are having poor transitions into healthy adulthoods. An active role from rehabilitation counselors in transition planning is crucial to assist students with disabilities in identifying goals, objectives, and the supports necessary to achieve those goals in their transition to adulthood (Lamb, 2007). Rehabilitation counselors who work in conjunction with students with disabilities, their families, and community to provide transition services are likely to be more successful (Mpofu & Wilson, 2004). In spite of

this, the involvement of rehabilitation professionals in transition planning with students with disabilities and their families has been minimal and usually, these services are provided through the Vocational Rehabilitation (VR) system.

The function of VR in transition planning represents a good resource in connecting individuals with disabilities to adult agencies or job services (Scarborough & Gilbride, 2006). The level and extent of participation of VR counselors varies from state to state. When VR counselors are assigned to specific schools, they meet with the special education teachers, the student with disabilities, and sometimes their parents or guardian may also participate in the Individualized Education Programs (IEP) meetings. Rehabilitation counselors should participate in the development of the Individualized Employment Plan, which reflects a road map of the collaboration between the youth, family, teachers, support staff, and service providers where there is a shared agreement on the steps necessary for a young person to successfully move into an independent, well adjusted, and satisfying adult life (Powers et al., 2009). Rehabilitation counseling, as a research field, recognizes disabilities are caused by environmental barriers as well as individual limitations (Riggat & Maki, 2004). In the specific case of foster care youth, identifying their special needs and transitioning out of foster care requires a multidisciplinary approach (Lopez & Jackson-Allen, 2007). The emotional impact of placement instability is an area that rehabilitation counselors need to be aware of in order to develop rehabilitation plans in collaboration with other departments and systems establishing mechanisms to ensure continuity of service delivery across local and States boundaries (Buys, Tilbury, Creed, & Crawford, 2011).

Rehabilitation counselors are able to provide vocational and psychosocial counseling by helping students determine what they want to do after high school, assisting them in adjusting to their disability, and coordinating and helping fund post-high school training or education (Mpofu & Wilson, 2004). Professionals involved with foster youths need to address issues related to disability, bullying, lack of support, and

lack of participation in extracurricular activities (Buys et al., 2011). In fact, the Social Cognitive Career Theory states that there are four ways to develop self-efficacy (mastery experiences, vicarious learning, social persuasion, and emotional arousal) and an appropriate educational plan and vocational guidance could be beneficial for foster youths. Rehabilitation counselors might also help the students coordinate other services and connect them to other adult service providers they may need (Scarborough & Gilbride, 2006). As O' Sullivan and Strauser (2009) pointed out, the rehabilitation counselor will work with the client to identify goals related to disability adjustment, academic pursuits, and job achievement.

Certainly, the specialized knowledge of disabilities and environmental factors that interact with disabilities, in addition to the range of knowledge and skills, are what differentiates rehabilitation counselors from other professions (Parker et al., 2005). Researchers and scholars in the rehabilitation field have consistently recognized the need to consider contextual and environmental factors in the development of efficacious and effective rehabilitation counseling practices (Chan, Tarvydas, Blalock, Strauser, & Atkins, 2009). Likewise, recent trends in policy and law have contributed to the development of new roles and functions in new work settings. These new roles and functions allow rehabilitation counselors to move from more traditional work settings, such as the state/federal Vocational Rehabilitation System, to contemporary work settings, such as private rehabilitation practices, forensic rehabilitation, and disability management (Ethridge, Rodgers, & Fabian, 2007). The movement from traditional settings brings the need for new research and knowledge to provide better services for foster care youths with disabilities, focusing not only on the primary dimension of disability, but also on the specific environmental factors affecting their outcomes. Indeed, rehabilitation counselors have the ethical responsibility of providing the best services available through evidence-based practices (Burker & Kasakauskas, 2010).

Implications for Rehabilitation Research

Currently, there is extensive literature on the negative outcomes of foster care youth (Goerge et al., 2002). However, research is very limited when considering how parental influence affects their children's career development (Bandura et al.), and especially youths with disabilities. A research published by the Southwest Educational Development Laboratory (2002) identified that students are more likely to do better in school, have better social skills, show improvement in behavior and adapt well to school, graduate and go on to post-secondary education when their parents are involved in the process (cited by Henderson & Berla, 1994). In another study, exploring the impact of parents in their children's career development, Ferry, Fouad, and Smith (2000) found that parental encouragement has significant direct effects on learning experiences, efficacy, and outcomes expectations among undergraduate college students.

With the importance of the evidence-based practice (EBP) movement in health care professions including rehabilitation counselors (Chan et al., 2009), lack of research represents an issue in the prevention of negative outcomes of foster care youths with disabilities, one that should be addressed to improve their negative outcomes. Chan et al. (2009) also stated that it should be the interest of rehabilitation and health professionals to provide the best possible services based on the research evidence. In related findings, Rimmer (1999) suggested that there was a need for health improvements for people with disabilities but the data available to set the targets was limited. Bruyere and Houtenville (2006) emphasized that for the delivery of rehabilitation services, it is important to understand the characteristics of people with disabilities, and for this, adequate data on people with disabilities is necessary. These assertions further demonstrated the imperative necessity of research to provide the best services to the clients, especially in the field of rehabilitation counseling. Additionally, as the research on rehabilitation counselors' roles and functions demonstrates, the changes that are emerging in the practice settings generate new areas for study. The service settings continuously change

and diversify and the delivery of services has continued to evolve while identifying the changing needs of persons with disabilities (Leahy, Muenzen, Saunders, & Strauser, 2009), such as vulnerable populations like foster care youths with disabilities. Historically, the profession of rehabilitation counseling has been reactive rather than proactive. The research in the field should start to emphasize more on preventable programs for people with disabilities. Also, more research on the needs and perspectives of foster care parents might help improve the conditions for foster care youths with disabilities. This would allow practitioners in the rehabilitation field to address this specific area of needs and work with foster parents and youths with disabilities to understand and adapt to the disability, resulting in better services for both the child welfare system and the community. Rehabilitation educators need to guarantee that the future rehabilitation counselors are equipped with the necessary knowledge and tools to respond to the changes in the profession (Leahy et al., 2009; Shaw et al., 2006).

Implications for Rehabilitation Educators

Educators have the immeasurable responsibility of preparing the future professionals. This responsibility is shared with the accreditation bodies, like the Council on Rehabilitation Education, which are accountable for setting the standards for training. The diversification of job settings calls for the expansion of the rehabilitation counselor training curriculums to meet the crucial training needs of private sector rehabilitation, such as forensic rehabilitation, life care planning and disability management (Kilbury, Benschhoff & Riggart, 1990). Shaw et al. (2006) conducted a Delphi study exploring the professionals' issues from the perspective of leaders in the profession. One of the themes found in this study was the need to expand the rehabilitation counselor education curriculum to include more contemporary topics. The literature suggests that there is a necessity to work with the specific needs of foster care youths with disabilities, particularly incorporating the psychosocial and medical aspects of the disability. For this matter, discussion of vulnerable population's issues, such as foster care youths with

disabilities could be addressed in a career-counseling course, psychosocial, and/or medical aspects of disabilities courses.

Shahnasarian (2001) recognized the importance for counselors to consider the psychosocial aspects of a disability, in addition to the functional deficits caused by a disabling problem. He also stated that vocational handicaps secondary to a disabling condition can cause a reduction in physical or cognitive capabilities and psychological functioning that can compromise the career development of an individual. Foster care youths with disabilities experience a double stigma, associated with having both a disability and being part of the experience of the foster care system (Powers et al., 2009). Powers et al. (2009) also stated the challenge of a public who has almost no understanding of the life situations and characteristics of both groups, which results in stigmatization for the most part because of a lack of understanding. Educating rehabilitation counselors on these issues is a way to address this stigmatization and lack of understanding suffered by these youths. Rehabilitation counselors with the knowledge on this population will have the opportunity to have a greater impact on the community, the family, and the individual with the disability. Rehabilitation Educators are responsible of creating collaborative relationships with other educational programs to work with the foster youth. In addition, Rehabilitation counselors could participate from professional conferences related to this population, improving the knowledge and expertise in this area resulting in providing better services to the foster youth.

Conclusions

This study explored the perception of foster parents about their youth's career self-efficacy beliefs. The difference in perception between foster parents of youths with disabilities and those without disabilities was also explored. Additionally, the researcher investigated the educational and/or training services received by foster youths and foster parents to identify areas in need. The findings of the study suggest there is in fact a difference in perception about the career self-efficacy beliefs of foster parents of youths

with disabilities from those who do not have a youth with a disability. The perceived career self-efficacy beliefs were higher among the foster parents of youths without disabilities. Moreover, the foster parents identified areas such as more orientation about youths with disabilities and their participation as parents in Individual Educational Plan meetings as “extremely” to “very important areas” for them. These findings are important not only to the rehabilitation counseling professionals, but to many individuals in the helping professions, educators, researchers, and policy makers with the purpose of working in initiatives to improve the child welfare system and the transition of foster youths to a better and more productive adult life.

APPENDIX A
RESEARCH INSTRUMENTS

Screening Questions

1. Have you been or are you the foster parent of a foster youth between the ages of 14 and 18 years?

_____ Yes

_____ No

2. Have you cared for that foster child between the ages of 14 and 18 years for more than 30 days?

_____ Yes

_____ No

3. Is your Foster Parent license up-to-date?

_____ Yes

_____ No

(If your answer is **NO** to any of the three previous questions, you have completed the survey and thank you for your time. If the your answer is Yes to the previous three questions please continue with the survey.)

Demographic Questionnaire

The following 18 questions will collect socio demographic data. All responses are confidential.

1. What is your gender?

Male

Female

2. What is your age?

21 – 30

31 – 40

41 – 50

51 – 60

61 - 70

71 or older

3. What is your current marital status?

Married

Not married, living with a partner

Widowed

Divorced

Separated

Never married

4. What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

No schooling completed

Junior High

12th grade, no diploma

High school diploma or the equivalent (for example: GED)

Some college credit, but less than 2 years

Associate degree (for example: AA, AS)

Bachelor's degree (for example: BA, AB, BS)

Master's degree or Professional Degree (for example: MA, MBA, MD, JD)

Doctorate degree (for example: PhD, EdD)

5. What is your total household income?

Less than \$10,000

\$10,000 to \$19,999

\$20,000 to \$29,999

\$30,000 to \$39,999

\$40,000 to \$49,999

\$50,000 to \$59,999

\$60,000 to \$69,999

\$70,000 or more

would rather not say

6. Please specify your race or ethnicity.

- Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, _____

7. What best describes your residential community?

- Rural
 Urban

8. How many years have you been a licensed foster parent?

- 0 to 2 years
 3 to 5 years
 6 to 9 years
 10 or more

9. How many foster children do you currently have under your supervision?

- 0
 1
 2
 3
 4 or more

If you have or have had more than one foster child, please answer the following questions considering the one closest to reach the 18th birthday.

10. In which level is your foster child according to the Foster Child Behavioral Assessment?

- Basic
 Level I
 Level II
 Level III

11. Have you attended an Individualized Education Plan (IEP) or a 504 plan meeting on behalf of the foster child?

- Yes IEP
 No IEP
 Yes 504
 No 504

12. Have you discussed career options with your foster child?

(If the answer in No go to question # 14)

_____ Yes

_____ No

13. What career options have you discussed with your foster child?

_____ Vocational Training

_____ Community College

_____ College or University Training

_____ Military Service

_____ Entry level employment which requires minimum or no academic preparation

_____ Other, _____

The following 6 items represent educational services that could be available for the foster youths.

14. Please indicate your perception about the availability and use of the following services.

Service	Is this service currently available through your foster care program	IF SO ... Have your foster child ever used this service	IF NOT ... If this service was available, would your foster care child would use it
1. A lending library with books on various topics	Yes No	Yes No	Yes No
2. An informational website on career related issues	Yes No	Yes No	Yes No
3. Training in career decision making	Yes No	Yes No	Yes No
4. Vocational Rehabilitation Services Orientation	Yes No	Yes No	Yes No
5. Tutoring or other educational support	Yes No	Yes No	Yes No
6. Employment experience	Yes No	Yes No	Yes No

15. What other educational services do you feel should be available for the foster youth?

The following items would explore your perception about services and their importance for you as a foster parent in order to help improve the vocational outcomes of the foster youth.

16. From the following services, what services as a foster parent you would like to receive in order to help improve the vocational outcomes of the foster youth? From the following services, How important is for you as a foster parent to receive training in these areas?

1 - Extremely Important

2 - Very Important

3 - Somewhat Important

4 - Slightly Important

5 - Not important

Services	Received		Importance Level				
	Yes	No	1	2	3	4	5
1. Orientation on educational opportunity outreach programs such as Talent Search and Upward Bound.							
2. Additional orientation and/or training with respect to youth with disabilities							
3. Orientation and Training on continuous relationships with the foster care youth							
4. After-care support groups							
5. Orientation and or training for involvement on Individual Educational Plan (IEP)							
6. Other							

The following 5 items will explore what you see as the most pressing issues for foster youths after they leave the Foster Care System.

17. According to the following level of importance scale, what do you see as the most pressing issues for foster youths after they leave the Foster Care System?

- 1 - Extremely Important
- 2 - Very Important
- 3 - Somewhat Important
- 4 - Slightly Important
- 5 - Not important

Issue	Level of Importance				
	1	2	3	4	5
Lack of adult support after exit the program					
Lack of access to health insurance					
Lack of training in independent living skills					
Employment					
Housing					

18. Other Issues:

Career Decision-Making Self-Efficacy Scale (Short Form)
(Betz & Taylor, 2001)

INSTRUCTIONS: For each statement below, please read carefully and indicate how much confidence you have that your foster child could accomplish each of these tasks by marking your answer according to the key.

1. **NO CONFIDENCE AT ALL**
2. **VERY LITTLE CONFIDENCE**
3. **MODERATE CONFIDENCE**
4. **MUCH CONFIDENCE**
5. **COMPLETE CONFIDENCE**

	1	2	3	4	5
1. Find information in the library about occupations he/she is interested in					
2. Select one major from a list of potential majors that he/she is considering					
3. Make plans of his/her goals for the next five years					
4. Determine the steps to take if he/she is having academic trouble with an aspect of his/her chosen major					
5. Accurately assess his/her abilities					
6. Select one occupation from a list of potential occupations that he/she is considering					
7. Determine the steps that he/she needs to take to successfully complete his/her chosen major					
8. Persistently work at his/her major career goal even when he/she gets frustrated					

	1	2	3	4	5
9. Determine what his/her ideal job would be					
10. Find out the employment trends for an occupation over the next ten years					
11. Choose a career that will fit his/her preferred lifestyle*					
12. Prepare a good resume					
13. Change majors if he/she did not like his/her first choice					
14. Decide what he/she values most in a occupation					
15. Find out about the average yearly earnings of people in an occupation					
16. Make a career decision and then not worry whether it was right or wrong					
17. Change occupation if he/she is not satisfied with the one he/she enters					
18. Figure out what he/she is and is not ready to sacrifice to achieve his/her career goals					

	1	2	3	4	5
19. Talk with a person already employed in a field that he/she is interested in					
20. Choose a major or career that will fit his/her interest					
21. Identify employers, firms, and institutions relevant to his/her career possibilities					
22. Define the type of lifestyle that he/she would like to live					
23. Find information about graduate or professional schools					
24. Successfully manage the job interview process					
25. Identify some reasonable major or career alternatives if he/she is unable to get his/her first choice.					

The *Career Decision Self-Efficacy Scale-Short Form (CDMSE-SF)* was originally developed by Nancy Betz & Karen Taylor (2001), and was modified for use with Foster Parents by Lesley O. Irizarry-Fonseca.

Thank you for your participation.

APPENDIX B

TABLES

Table B1. *Participants' Characteristics*

	n	%
Gender		
Male	26	16.6
Female	130	82.8
Age		
21-30	2	1.3
31-40	33	21.0
41-50	60	38.2
51-60	51	32.5
61-70	10	6.4
71 or older	1	0.6
Marital Status		
Married	116	73.9
Not married, living with a partner	14	8.9
Widowed	7	4.5
Divorced	3	1.9
Separated	10	6.4
Never married	7	4.5
School Level Completed		
12 th grade, no diploma	2	1.3
High School diploma or GED	28	17.8
Some college, less than 2 years	23	14.6
Associate degree	17	10.8
Bachelor's degree	70	44.6
Master's degree	12	7.6
Doctorate degree	5	3.2
Income		
Less than 10,000	2	1.3
10,000 – 20,000	5	3.2
21,000 – 30,000	7	4.5
31,000 – 40,000	24	15.3
41,000 – 50,000	49	31.2
51,000 – 60,000	41	26.1
61,000 – 70,000	13	8.3
71,000 or more	14	8.9
Would rather not say	2	1.3

Table B1. (Continued)

	n	%
Race		
Hispanic or Latino	30	19.1
American Indian or Alaska Native	4	2.5
Asian	3	1.9
Black or African American	23	14.6
White	97	61.8
Residential Community		
Rural	82	52.2
Urban	75	47.8
Years as a Foster Parent		
0 - 2	40	25.5
3 - 5	71	45.2
6 - 9	31	19.7
10 or more	15	9.6
Foster Children		
0	13	8.3
1	94	59.9
2	34	21.7
3	7	4.5
4 or more	9	5.7
Behavioral Assessment		
Basic	62	39.5
Level I	38	24.2
Level II	32	20.4
Level III	23	14.6
Meeting		
Yes IEP	55	35.0
No IEP	96	61.1
Yes 504	2	1.3
No 504	3	1.9
Career Discussion		
Yes	116	75.9
No	41	24.1
Career Options		
Vocational Training	17	10.8
Community College	47	29.9
College or University	35	22.3
Military Service	11	7.0
Entry level employment	3	1.9

Table B2. *Educational Services for Foster Youth*

	n		%	
	Yes	No	Yes	No
Educational Services				
Library Availability	96	57	61.1	36.3
Library Used	39	61	24.8	38.9
Library (will use)	41	29	26.1	18.5
Website Availability	43	111	27.4	70.7
Website Used	25	22	15.9	14.0
Website (will use)	112	11	71.3	7.0
Career-Decision Training Availability	93	61	59.2	38.9
Training used	72	27	45.9	17.2
Training (will use)	65	5	41.4	3.2
Vocational Services Orientation Availability	46	106	29.3	67.5
Orientation used	28	25	17.8	15.9
Orientation (will use)	80	32	51.0	20.4
Tutoring/Educational Support Availability	100	53	63.7	33.8
Support used	74	30	47.1	19.1
Support (will use)	54	9	34.4	5.7
Employment Experience Availability	26	127	16.6	80.9
Experience used	8	28	5.1	17.8
Experience (will use)	125	7	79.6	4.5

Table B3. *Services for Foster Parents*

	%		Level of Importance (%)				
	Yes	No	Extrm	Very	Some	Slightly	Not
Orientation on educational opportunities	87.3	10.8	18.5	41.4	27.4	8.9	3.2
Orientation with respect to youth with disabilities	91.7	5.7	61.8	25.5	7.6	3.8	
Continues Relationships After Care	87.3	10.2	22.9	47.1	22.3	3.8	2.5
Support Groups	89.2	7.0	33.1	47.1	14.0	4.5	
Individual Education Plan (IEP)	86.0	10.2	37.6	41.4	13.4	5.1	.6

Table B4. *Important Issues of Foster Youth when Age-out of the Foster Care System*

	Level of Importance n(%)				
	Extremely	Very	Some	Slightly	Not
Lack of adult support	92(58.6)	32(20.4)	28(17.8)	3(1.9)	1(.6)
Lack of access to health insurance	111(70.7)	39(24.8)	6(3.8)		
Lack of training in independent living	117(74.5)	39(24.8)			
Employment	116(73.9)	38(24.2)			
Housing	118(75.2)	37(23.6)			

Table B5. *Analysis of Variance for CDMSE-SF Scale*

	All Subjects (n=154)	No Dis (n=62)	Dis (n=92)	F(ndf,ddf)	P value
	Mean (SD)				
CDMSE-SF	75.53(22.05)	83.74(20.41)	70.01(21.48)	15.74(1,152)	.000
Self Appraisal	14.85(4.39)	16.43(4.20)	13.78(4.21)	14.70(1,152)	.000
Occupational Information	15.44(4.58)	16.96(4.25)	14.41(4.53)	12.37(1,152)	.001
Goal Selection	15.75(4.40)	17.43(3.98)	14.63(4.32)	16.57(1,152)	.000
Planning	14.83(4.64)	16.56(4.24)	13.66(4.56)	15.83(1,152)	.000
Problem Solving	14.65(4.62)	16.33(4.21)	13.52(4.56)	15.00(1,152)	.000

Table B6. *Cronbach's Alpha Coefficients for CDMSE-SF Scale*

Scale	Cronbach's Alpha	Items
CDMSE-SF Total	0.98	25
Self – Appraisal	0.80	5
Occupational Information	0.79	5
Goal Selection	0.80	5
Planning	0.79	5
Problem Solving	0.79	5

REFERENCES

- Anderson, G. R. (2003). *Aging out of the foster care system: Challenges and opportunities for the state of Michigan*. Michigan Applied Public Policy Research Program. Retrieved from: <http://www.ippsr.msu.edu/publications/ARFosterCare.pdf>
- Bailey, D., McWilliam, R., Darkes, L., Hebbeler, K., Simeonsson, R., Spiker, D., & Wagner, M. (1998). Family outcomes in early intervention: A framework for program evaluation and efficacy research. *Exceptional Children*, 64(3), 313-328.
- Bailey, D., & Simeonsson, R.J. (1988). Assessing needs of families with handicapped infants. *The Journal of Special Education*, 22(1), 117-127. doi:10.1177/002246698802200108
- Baird, G., Simonoff, E., Pickles, A., Chadler, S., Loucas, T., Meldrum, D., & Charman, T. (2006). Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: The special needs and autism project LSNAP. *Lancet*, 368(9531), 210-215
- Baker-Ericzen, M., Jenkins, M., & Brookman-Frazer, L. (2010). Clinician and parent perspectives on parent and family contextual factors that impact community mental health services for children with behavioral problems. *Child Youth Care Forum*, 39(1), 397-419. doi:10.1007/s10566-010-9111-9
- Baltodano, H., Mathur, S., & Rutherford, R. (2005). Transition of incarcerated youth with disabilities across systems and into adulthood. *Exceptionality*, 13(2), 103-124. doi: 10.1207/s15327035ex1302_4
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.
- Bandura, A. (1994). Self-efficacy. In V.S. Ramachandran (Ed.), *Encyclopedia of human behavior* (Vol. 4, pp. 71-81). New York: Academic Press.
- Bandura, A. (1995). *Self-efficacy in changing societies*. New York: Cambridge University Press.
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. New York: Freeman.
- Bandura, A., Barbaranelli, C., Caprara, G., & Pastorelli, C. (2001). Self-efficacy beliefs as shapers of children's aspirations and career trajectories. *Child Development*, 72(1), 187-206. doi: 10.1111/1467-8624.00273
- Baugh, E. (2008). A population at risk: Youth "aging-out" of the foster care system and implications for extension. *Journal of Extension*, 46(4). Retrieved from: <http://www.joe.org/joe/2008august/iw3.php>
- Becerra, C., & Moore, A. (2009). Supporting foster youth transitions to adulthood. *National League of Cities*. Retrieved from: http://www.nlc.org/ASSETS/6548970283A04EAC8EA64FDC003202FB/1YEF_Foster_Youth_MAG_8-09.pdf

- Beresford, B. (2004). On the road to nowhere? Young disabled people and transition. *Child Care Health and Development*, 30(6), 581-587. doi: 10.1111/j.1365-2214.2004.00469.x
- Berg, B. (2009). *Qualitative research methods for the social science* (7th ed.). Boston, MA: Allyn and Bacon.
- Betz, N., & Taylor, K. (2001). *Manual for the Career Decision Self-Efficacy Scale and CDMSE – Short Form*. 3-35.
- Blum, R., White, P., & Galloway, L. (2005). Moving into adulthood for youth with disabilities and serious health concerns. *McArthur Foundation Research Network Transitions to Adulthood and Public Policy*, University of Pennsylvania. Retrieved from: <http://www.transad.pop.upenn.edu/downloads/blum%20disabilities%20final.pdf>
- Bonitz, V., Larson, L., & Armstrong, P. (2010). Interests, self-efficacy, and choice goals: An experimental manipulation. *Journal of Vocational Behavior*, 76(2), 223-233. doi: 10.1016/j.jvb.2009.09.003
- Brown, D. (2002). *Career choices and development* (4th ed.). San Francisco: Jossey-Bass.
- Brown, J. (2007). Fostering children with disabilities: A concept map of parents needs. *Children and Youth Services Review*, 29(9), 1235-1248. doi:10.1016/j.chilyouth.2007.05.009
- Brown, J., & Rodger, S. (2007). Children with disabilities: Problems faced by foster parents. *Children and Youth Services Review*, 31(1), 40-46. doi:10.1016/j.chilyouth.2008.05.007
- Brown, J. D., Moraes, S., & Mayhew, J. (2005). Service needs of foster families with children who have disabilities. *Journal of Child and Family Studies*, 14(3), 417-429. doi:10.1007/s10826-005-6853-3
- Brown, S., & Lent, R. (1996). A social cognitive framework for career choice counseling. *The Career Development Quarterly*, 44, 355-367.
- Bruyere, S. & Houtenville, A. (2006). Use of statistics from national data sources to inform rehabilitation program planning, evaluation and advocacy. *Rehabilitation Counseling Bulletin*, 50(1), 46-58. doi:10.1777/00343552060500010601
- Burker, E., & Kazauskas, K. (2010). Code of ethics for rehabilitation educators and counselors: A call for evidence-based practice. *Rehabilitation Counseling Bulletin*, 24(3&4), 101-112.
- Buys, N., Tilbury, C., Creed, P., & Crawford, M. (2011). Working with youth in-care: Implications for vocational rehabilitation practice. *Disability and Rehabilitation*, 33(13-14), 1125-1135. doi:10.3109/09638288.
- Caltabiano, M., & Thorpe, R. (2007). Attachment style of foster cares and care giving role performance. *Child Care in Practice*, 13(2), 137-148. doi:10.1080/13575270701201201

- Cameto, R. (2005). The transition planning process: A report from the National Longitudinal Transition Study-2. *NLTS2 Data Brief*, 4(1). Retrieved from: <http://www.ncset.org/publications/viewdesc.asp?id=2130>
- Carter, E., Trainor, A., Cakiroglu, O., Swedeen, B., & Owens, L. (2010). Availability of and access to career development activities for transition-age youth with disabilities. *Career Development for Exceptional Individuals*, 33(1), 13-24. doi: 10.1177/0885728809344332
- Casey Family Programs. (2010). *Supporting success: Improving higher education outcomes for students from foster care*. Retrieved from: <http://www.casey.org/Resources/Publications/pdf/SupportingSuccess.pdf>
- Chalfin, S., Grus, C., & Tomaszewski, L. (2002). Caregivers's stress secondary to raising young children with HIV infection: A preliminary investigation. *Journal of Clinical psychology in Medical Settings*, 9(3), 211-218. doi:10.1023/A:1016099227461
- Chan, F., Tarvydas, V., Blalock, K., Staruser, D., & Atkins, B. (2009). Unifying and elevating Rehabilitation Counseling through model-driven diversity sensitive EBP. *Rehabilitation Counseling Bulletin*, 52(2), 114-119. doi:10.1777/0034355208323947
- Cole, S., & Eamon, M.K. (2007). Self-perception of fulfilling the foster caregiver role: A preliminary analysis. *Children and Youth Services Review*, 29(5), 655-671. doi:10.1016/j.chilyouth.2007.01.007
- Commission on Rehabilitation Counselor Certification (CRCC). (2010). *Code of professional ethics for rehabilitation counselors*. Retrieved from: https://www.crc certification.com/filebin/pdf/CRCC_COE_1-1-10_Rev12-09.pdf
- Committee on Disability in America. (2007). Health care transitions for young people. In M. S. Field & A. M. Jette (Eds.), *Future of disability in America*. Washington DC: The National Academic Press. Retrieved from: <http://www.ncbi.nlm.nih.gov/books/NBK11432/>
- Cooney, B. (2002). Exploring perspectives on transition of youth with disabilities: Voices of young adults, parents, and professionals. *Mental Retardation*, 40(6), 425-435. doi: 10.1352/0047-6765(2002)040<0425:EPOTOY>2.0.CO;2
- Costello, E. J., Mustillo, S., Erkanli, A., Keeler, G., & Angold, A. (2003). Prevalence and development of psychiatric disorders in childhood and adolescence. *Archives of General Psychiatry*, 608, 837-844.
- Courtney, M. (2005). Policy Brief: MacArthur Foundations Research Network on Transitions to Adulthood Public Policy. University of Pennsylvania, Department of Sociology. *Youth aging out of foster care*. Retrieved from: <http://www.transad.pop.upenn.edu/downloads/courtney--foster%20care.pdf>
- Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work*, 11(3), 209-219. doi: 10.1111/j.1365-2206.2006.00433.x

- Courtney, M., Dworsky, A., Cusick, G., Havlicek, J., Perez, A., & Keller, T. (2007). Chicago: Chapin Hall Center for Children at the University of Chicago. *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 21*. . Retrieved from: http://www.chapinhall.org/sites/default/files/ChapinHallDocument_1.pdf
- Courtney, M., Dworsky, A., Lee, J., & Raap, M. (2010). Chapin Hall Center for Children at the University of Chicago. *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24*. Retrieved from: http://www.chapinhall.org/sites/default/files/Midwest_Study_Age_23_24.pdf
- Courtney, M., & Piliavin, I. (1998). *Foster youth transitioning to adulthood: Outcomes 12 to 18 months after leaving out of home care*. Madison, WI: University of Wisconsin, School of Social Work and Institute for Research and Poverty.
- Courtney, M., Piliavin, I., Grogan-Kaylor, A., & Neesmith, A. (2001). Foster youth transitions to adulthood: A longitudinal view of youth leaving care. *Child Welfare, 80*(6), 685-717.
- Courtney, M., Terao, S., & Bost, N. (2004). Chapin Hall Center for Children, University of Chicago. *Midwest evaluation of the adult functioning of former foster care youth: Conditions of youth preparing to leave state care in Illinois, Chicago*. . Retrieved from: http://www.chapinhall.org/sites/default/files/ChapinHallDocument_9.pdf
- Curtis, P., Dale, G., & Kendall, J. (1999). *The foster care crisis: Translating research into policy and practice*. University of Nebraska Press, Lincoln and London, in association with the Child Welfare League of America.
- Dworsky, A., & Havlicek, J. (2010). Chapin Hall, University of Chicago. *Employment needs of foster care youth in Illinois: Findings from the Midwest study*. . Retrieved from: http://www.chapinhall.org/sites/default/files/Employment%20of%20Foster%20Youth_01_20_10.pdf
- Eccles, J. (1994). Understanding women's educational and occupational choices: Applying the Eccles et al. model of achievement-related choices. *Psychology of Women Quarterly, 18*(4), 585-609. doi:10.1111/j.1471-6402.1994.tb01049.x
- Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care—findings from a national survey. *Children and Youth Services Review, 24*(1&2), 15 –35. doi:10.1016/S0190-7409(01)00166-9
- Ethridge, G., Rodgers, R., & Fabian, E. (2007). Emerging roles, functions, specialty areas, and employment settings for contemporary rehabilitation practice. *Journal of Applied Rehabilitation Counseling, 38*(4), 27-33.
- Farruggia, S., Greenberger, E., Chen, C., & Heckhausen, J. (2006). Perceived social environment and adolescent well-being and adjustment: Comparing foster care sample with matched sample. *Journal of Youth and Adolescence, 35*(3), 349-358. doi: 10.1007/s10964-006-9029-6

- Fernandes, A. (2008). CRS Report for Congress. *Youth transitioning from foster care: Background, federal programs and issues for Congress*. Retrieved from: <http://www.fosteringconnections.org/tools/assets/files/CRS-older-youth-report.pdf>
- Ferry, T., Fouad, N., & Smith, P. (2000). The role of family context in a social cognitive model for career-related choice behavior: A math science perspective. *Journal of Vocational Behavior*, 57(3), 348-364. doi:10.1006/jvbe.1999.1743
- Field, S., & Hoffman, A. (1999). The importance of family involvement for promoting self-determination in adolescents with autism and other developmental disabilities. *Focus on Autism and other Developmental Disabilities*, 14, 36-41.
- Flores, L. Y., & O'Brien, K. M. (2002). The career development of Mexican-American adolescent women: A test of Social Cognitive Career Theory. *Journal of Counseling Psychology*, 49(1), 14-27. doi: 10.1037/0022-0167.49.1.14
- Foster, M., & Gifford, E. (October, 2004). *Challenges in the transition to adulthood for youth in foster care, juvenile justice, and special education*. Policy Brief: Network on Transition to Adulthood (Issue Brief No. 15). Retrieved from: <http://www.transad.pop.upenn.edu/downloads/chap%2015-formatted.pdf>
- Freundlich, M., & Barbell, L. (2001). *Foster care today*. Washington, DC: Casey Family Programs.
- Geenen, S., & Powers, L. (2006a). Are we ignoring foster youth with disabilities in foster care? An examination of their school performance. *Social Work*, 51(3), 233-241.
- Geenen, S., & Powers, L. (2006b). Transitioning planning for foster youth with disabilities: Are we falling short? *Journal for Vocational Special Needs Education*, 28(2), 4-15.
- Geenen, S., & Powers, L. (2007). "Tomorrow is another problem" The experiences of youth in foster care during their transition into adulthood. *Children and Youth Services Review*, 29(4), 1085-1101. doi: 10.1016/j.childyouth.2007.04.008.
- Geenen, S., Powers, L., Hogansen, J., & Pittman, J. (2007). Youth with disabilities in foster care: Developing self-determination within a context of struggle and disempowerment. *Exceptionality*, 15(1), 17-30. doi:10.1207/S15327035ex1501_3
- Gibbs, D., & Wildfire, J. (2007). Lengths of service for foster parents: Using administrative data to understand retention. *Children and Youth Services Review*, 29(5), 588-599. doi:10.1016/j.childyouth.2006.11.002
- Gil-Kashiwabara, E., Hogansen, J., Geenen, S., Powers, K., & Powers, L. (2007). Improving transition outcomes for marginalized people. *Career Development for Exceptional Individuals*, 30(2), 80-91. doi:10.1177/08857288070300020501
- Gillies, R., Knight, K., & Baglioni, A. J. (1998). World of work: Perceptions of people who are blind or vision impaired. *International Journal of Disability, Development, and Education*, 45(4), 397-409. doi:10.1080/1034912980450403

- Goerge, R., Bilaver, L., & Lee, B. (2002). Chicago, IL: Chapin Hall Center for Children, University of Chicago. *Employment outcomes for youth aging out of foster care.* . Retrieved from: <http://aspe.hhs.gov/hsp/fostercare-agingout02/>
- Gollan, J. K., & Pane, H. (2006). High rates of recurrence of depression in children and adolescences. *Evidence-based Mental Health, 9*(4), 95.
- Gore, P., & Leuwerke, W. (2000). Predicting occupational considerations: A comparison of self-efficacy beliefs, outcomes expectations, and person environment congruence. *Journal of Career Assessment, 8*(3), 237 – 250. doi:10.1177/106907270000800303
- Groze, V., McMillen, C., & Haines-Simeon, M. (1993). Families who foster children with HIV: A pilot study. *Child and Adolescent Social Work Journal, 10*(1), 67-87. doi:10.1007/BF00758024
- Haight, W., Kagle, J. D., & Black, J. (2003). Understanding and supporting parent-child relationship during foster care visits: Attachment Theory and Research. *Social Work, 48*(2), 195-207.
- Harden, B. J., Meisch, A. D., Vick, J., & Pandohie-Johnson, L. (2008). Measuring parenting among foster families: the development of the Foster Parent Attitude Questionnaire (FPAQ). *Children and Youth Services Review, 30*(8), 879-892. doi:10.1016/j.chilyouth.2007.12.015
- Harris, M., Jackson, L., O'Brien, K., & Pecora, P. (2009). Disproportionality in education and employment outcomes of adult foster care alumni. *Children and Youth Services Review, 31*(11), 1150-1159. doi:10.1016/j.chilyouth.2009.08.002
- Heflinger, C. A., & Hoffman, C. (2008). Transition age youth in publicly funded systems: identifying high-risk youth for policy planning and improved service delivery. *The Journal of Behavioral Health Services and Research, 35*(4), 390-401. doi: 10.1007/s11414-006-9042-2
- Henderson, A., & Berla, N. (1994). *A new generation of evidence: The family is critical to student achievement.* Washington, DC: National Committee for Citizens in Education.
- Hepner, P., Wampold, B., & Kivlighan, D. (2008). *Research design in counseling* (3rd ed.). Belmont, CA: Thomson Brooks/Cole.
- Hernandez, R., Fernandez, C., & Baptista, L. (2006). *Metodología de la investigación* (4th ed.). Mexico, D.F.: McGraw Hill Interamericana.
- Hill, K. (2009). Individuals with Disabilities Act of 2004 and the John H. Chafee Foster Care Independence Act of 1999: What are the policy implications for youth with disabilities transitioning from foster care? *Child Welfare: Journal of Policy, Practice, and Program, 88*(2), 5-23.
- Hill, K., & Stenhjem, P. (2006). Youth with disabilities aging out of foster care: issues and support strategies. *Impact*. Retrieved from: <http://ici.umn.edu/products/impact/191/over16.html>

- Hollan, P., & Gorey, K. (2004). Historical, developmental, and behavioral factors associated with foster care challenges. *Child and Adolescent Social Work Journal*, 21(2), 117-135. doi:10.1023/B:CASW.0000022727.40123.9
- Holtan, A. (2008). Family types and social integration in kinship foster care. *Children and Youth Services Review*, 30(9), 1022-1036. doi:10.1016/j.chilyouth.2008.01.002
- Hook, J., & Courtney, M. (2010). *Employment of former foster youth as young adults: Evidence from the Midwest Study*. Chapin Hall Issue Brief. Retrieved from: <http://www.chapinhall.org/research/brief/employment-former-foster-youth-young-adults-evidence-midwest-study>
- Hornby, G., & Seligman, M. (1991). Disability and the family: Current status and future developments. *Counseling Psychology Quarterly*, 4(4), 267-270.
- Houtenville, A. (2003). A comparison of the economic status working-age persons with visual impairments and those of other groups. *Journal of Visual Impairment & Blindness*, 97(3), 133-148.
- Hudson, P., & Levasseur, K. (2002). Supporting foster parents: Caring voices. *Child Welfare*, 81(6), 853-877.
- Individual with Disabilities Education Act, (IDEA) 20. U.S.C., 1408 (3) (A))
- Iowa Department of Human Services. (2010). *Successful transition to adulthood*. Retrieved from Child and Family Services website: <http://www.dhs.state.ia.us/docs/2012-Offer-401-HHS-008-Successful-Transition-to-Adulthood-Narrative.pdf>
- Ivey, J. (2004). What do parents expect?: A study of likelihood and importance issues for children with autism spectrum disorders. *Focus on Autism and other Developmental Disabilities*, 19(1), 27 – 33. doi: 10.1177/10883576040190010401
- Keller, B., & Whiston, S. (2008). The role of parental influences on young adolescent's career development. *Journal of Career Assessment*, 16(2), 198-217. doi: 10.1177/1069072707313206
- Kerker, B., & Dore, M. (2006). Mental health needs and treatment of foster youth: Barriers and opportunities. *American Journal of Orthopsychiatry*, 76(1), 138-147. doi: 10.1037/0002-9432.76.1.138
- Kilbury, R., Benschhoff, J., & Riggan, T. (1990). The expansion of private sector rehabilitation: Will rehabilitation education respond? *Rehabilitation Education*, 4, 163-170.
- King, K., Kraemer, L., Bernard, A., & Vidourek, R. (2007). Foster parents' involvement in authoritative parenting and interest in future parenting training. *Journal of Child and Family Studies*, 16(5), 606-614. doi:10.1007/s10826-007-9166-x
- Kortering, L. J., Braziel, P. M., & McClannon, T. W. (2010). Career ambitions: A comparison of youth with and without SLD. *Remedial and Special Education*, 31(4), 230-240. doi: 10.1177/0741932508324404.

- Kurita, C. (2006). Disorders of the autism spectrum. *Lancet*, 368(9531), 179-181.
- La Grow, S., & Daye, P. (2005). Barriers to employment identified by blind and vision-impaired persons in New Zealand. *Social Policy Journal of New Zealand*, 26, 173-185.
- Lamb, P. (2007). Implications of the summary of performance of vocational rehabilitation counselors. *Career Development for Exceptional Individuals*, 30(1), 3-12. doi: 10.1177/08857288070300010401.
- Lawrence, C., Carlson, E., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology*, 18(1), 57-76. doi: 10.1017/S0954579406060044.
- Leahy, M., Muenzen, P., Saunders, J., & Strauser, D. (2009). Essential knowledge domains underlying effective rehabilitation counseling practice. *Rehabilitation Counseling Bulletin*, 52(2), 95-106. doi:10.1177/0034355208323646
- Leathers, S. (2006). Placement disruption and negative placement outcomes among adolescents in long-term foster care: The role of behavior problems. *Child Abuse and Neglect*, 30(3), 307-324. doi: 10.1016/j.chiabu.2005.09.003
- Lehman, C., Clark, H., Bullis, M., Rinkins, J., & Castellanos, L. (2002). Transition from school to adult life: Empowering youth through community ownership and accountability. *Journal of Child and Family Studies*, 11(1), 127-141. doi:10.1023/A:1014727930549
- Lent, R., Brown, S., & Hackett, G. (1994). Toward unifying social cognitive theory of career and academic interest, choice and performance. *Journal of Vocational Behavior*, 45(1), 79-122. doi: 10.1006/jvbe.1994.1027
- Lent, R., Brown, S., & Hackett, G. (2002). Contextual supports and barriers to career choice: A social cognitive analysis. *Journal of Counseling Psychology*, 47(1), 36-49. doi: 10.1037/0022-0167.47.1.36
- Lenz-Rashid, S. (2006). Employment experiences of homeless young adults: Are they different for youth with a history of foster care? *Children and Youth Services Review*, 28(3), 235-259. doi: 10.1016/j.childyouth.2005.03.006
- Lindstrom, L., Doren, B., Metheny, J., Johnson, P., & Zane, C. (2007). Transition to employment: Role of the family in career development. *Exceptional Children*, 73(3), 348-366.
- Lloyd, J. (1982). The foster child's impact upon foster parents: A pilot study. *Journal of Community Psychology*, 10(2), 125-127. doi: 10.1002/1520-6629(198204)10:2<125::AID-JCOP2290100204>3.0.CO;2-W
- Lopez, P., & Jackson-Allen, P. (2007). Addressing health needs of adolescents transitioning out of foster care. *Pediatric Nursing*, 33(4), 345-355.
- Luecking, R., & Wittenburg, D. (2009). Providing supports to youth with disabilities transitioning to adulthood: Case descriptions from the youth transition demonstration. *Journal of Vocational Rehabilitation*, 30(2), 241-259. doi: 10.3233/JVR-2009-0464

- MacGregor, T., Rodger, S., Cummings, A., & Leschied, A. W. (2006). The needs of foster parents. *Quality Social Work, 53*(3), 351-368.
- Maddux, J. E. (Ed.). (1995). *Self-efficacy, adaptation, and adjustment: Theory, research and application*. New York: Plenum.
- Maluccio, A., Canali, C., & Vecchiato, T. (2006). Family foster care: Cross-national research perspectives. *Journal of Contemporary Social Services, 8*, 491-495.
- Merrick, J., Kandal, S., & Morad, M. (2004). Trends in autism. *International Journal of Adolescent Medicine and Health, 16*(1), 75-78.
- Middleton, E.B., & Loughhead, T.A. (1993). Parental influence on career development: An integrative framework for adolescent career counseling. *Journal of Career Development, 19*(3), 161-173. doi: 10.1177/089484539301900302
- Moon, S. S., & Rao, U. (2010). Youth-family, youth-school relationship, and depression. *Child, Adolescent Social Work, 27*, 115-131. doi: 10.1007/s10560-010-0194-9
- Mpofu, E., & Wilson, K. (2004). Opportunity structure and transition practices with students with disabilities: The role of family, culture, and community. *Journal of Applied Rehabilitation Counseling, 35*(2), 9-16.
- Mutua, N. (2001). Importance of parents' expectations and beliefs in educational participation of children with mental retardation in Kenya. *Education and Training in Mental Retardation and Developmental Disabilities, 36*, 148-159.
- Mustafa, M. B., Nasir, R., & Yusooff, F. (2010). Parental support, personality, self-efficacy, and depression among medical students. *Procedia Social & Behavioral Sciences, 7*(C), 419-424. doi: 10.1016/j.sbspro.2010.10.057
- National Association of Counties. (2008). *Youth aging out of foster care: Identifying strategies and best practices*. Retrieved from: <http://www.oacca.org/documents/countyassocreportonILservices.pdf>
- National Collaborative on Workforce and Disability.(n.d). *Negotiating the curves toward employment: A guide about youth involved in the foster care system*. Office of Disability and Employment Policy, U.S. Government. (1-29). Retrieved from: http://www.ncwd-youth.info/assets/guides/foster_care/Foster_Care_Guide_complete.pdf
- National Council on Disability. (2008). *Youth with disabilities in the foster care system: Barriers to success and proposed policy solutions*. Retrieved from: http://www.ncd.gov/newsroom/publications/2008/FosterCareSystem_Report.html
- Nebraska Foster Care Review Board. (2010). *Working together to improve the lives of Nebraska's children and youth in foster care: 27th annual report of the State Foster Care Review Board*. Retrieved from: <http://www.fcrb.state.ne.us/pdf/publications/annualreport/2009annualrpt/2009%20annual%20report.pdf>

- Norton, F. (1981). Foster care and the helping professions. *Personnel and Guidance Journal*, 60(3), 156-159.
- Olfson, M., Gameroff, M., Marcus, S., & Jensen, P. (2003). National trends in the treatment of Attention Deficit and Hyperactivity Disorder. *American Journal of Psychiatry* 160(6), 1071-1071.
- Orme, J., Buehler, C., McSurdy, M., Rhodes, K., Cox, M., & Patterson, D. (2004). Parental and familial characteristics of family foster care applicants. *Children and Youth Services Review*, 26(3), 307-329. doi:10.1016/j.childyouth.2004.01.003
- O'Sullivan, D., & Strauser, D. (2008). Operationalizing self-efficacy, related social cognitive variables, and moderating effects: Implications for rehabilitation research and practice. *Rehabilitation Counseling Bulletin*, 52(4), 251-258. doi: 10.1177/0034355208329356
- Parker, R., Szymanski, E., & Patterson, J. (2005). *Rehabilitation counseling: Basics and beyond* (4th ed). Austin, TX: PRO-ED.
- Pecora, P., Williams, J., Kessler, R., Hiripis, E., O'Brien, K., & Emerson, J. (2006). Assessing the educational achievements of adults who were formerly placed in family foster care. *Child and Family Social Work*, 11(3), 220-231. doi: 10.1111/j.1365-2206.2006.00429
- Perrin, E., Lewkowicz, C., & Young, M. (2000). Shared vision: Concordance among fathers, mothers, and pediatricians about unmet needs of children with chronic health conditions. *Pediatrics*, 105(1), 277- 285. doi:10.1542/peds.105.1.S2.277
- Pierson, M.R., Carter, E.W., Lane, K.L., & Glaeser, B.C. (2008). Factors influencing the self-determination of transition-age youth with high-incidence disabilities. *Career Development for Exceptional Individuals*, 31(2), 115-125. doi:10.1177/0885728808317659
- Powers, K., Geenen, S., & Powers, L. (2009). Similarities and differences in the transition expectations of youth and parents. *Career Development for Exceptional Individuals*, 32(3), 132-144. doi:10.1177/0885728809346302
- Reilly, T. (2003). Transition from care: Status and outcomes of youth who age out of foster care. *Child Welfare: Journal of Policy, Practice, and Program*, 82(6), 727-746.
- Rhodes, K., Orme, J., & McSurdy, M. (2003). Foster parents' performance responsibilities: Perceptions of foster mothers, fathers, and workers. *Children and Youth Services Review*, 25(12), 935 – 964. doi:10.1016/S0190-7409(03)00104-X
- Riggart, T. F., & Maki, D. R. (2004). *Handbook of rehabilitation counseling*. New York, NY: Springer Publishing.
- Rimmer, J. (1999). Health promotion for people with disabilities: The emerging paradigm shift from disability prevention to prevention of secondary conditions. *Physical Therapy*, 79(5), 495-502.

- Rosenfeld, A., Pilowsky, D., Fine, P., Thorpe, M., Fein, E., Simms, M., ... & Nickman, S. (1997). Foster care: An update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(4), 448-457. doi:10.1097/00004583-199704000-00006
- Salking, N. (2000). *Statistics for people who (think they) hates statistics*. Thousand Oaks, CA: Sage Publications.
- Sampson, S. (2006). *Parenting and foster care, to raise a child: Normal development of the child through parenting and foster care*. Retrieved from: http://www.associatedcontent.com/article/47826/parenting_and_foster_care_to_raise.html?cat=25
- Saunders, J., Leahy, M., & Frank, K. (2000). Improving the employment self-concept of persons with disabilities: A field-based study. *Rehabilitation Counseling Bulletin*, 43(3), 142-149. doi: 10.1177/003435520004300303
- Scarborough, J., & Gilbride, D. (2006). Developing relationships with rehabilitation counselors to meet the transition needs of students with disabilities. *Professional School Counseling*, 10(1), 25-33.
- Shahnasarian, M. (2001). Career rehabilitation: Integration of vocational rehabilitation and career development in the twenty-first century. *The Career Development Quarterly*, 49(3), 275-283.
- Shaw, L., Leahy, M., Chan, F., & Catalano, D. (2006). Contemporary issues facing rehabilitation counseling: A Delphi study of the perspectives of leaders of the discipline. *Rehabilitation Education*, 20(3), 163-178.
- Sheu, H. B., Lent, R., Brown, S., Miller, M., Hennesy, K., & Duffy, R. (2010). Testing the choice model of social cognitive career theory across Holland themes: A meta-analytic path analysis. *Journal of Vocational Behavior*, 76(2), 252-264. doi:10.1016/j.jvb.2009.10.015
- Strozier, A., Elrod, B., Beiler, P., Smith, A., & Carter, K. (2004). Developing a network of support for relative caregivers. *Children and Youth Services Review*, 26(7), 641-656. doi:10.1016/j.childyouth.2004.02.018
- Sullivan, P., & Knutson, J. (2000). Maltreatment and disabilities: A population-based epidemiological study. *Child Abuse and Neglect*, 24(10), 1257-1273. doi:10.1016/S0145-2134(00)00190-3
- Szymanski, E. M. (1985). Rehabilitation counseling: A profession with a vision, an identity, and a future. *Rehabilitation Counseling Bulletin*, 29(1), 2-5.
- Teague, M., Cipriano, R., & McGhee, V. (1990). Health promotion as a rehabilitation service for people with disabilities. *Journal of Rehabilitation*, 56, 52-56.
- The Foster Care Alumni Studies. (2003). *Improving family foster care: Findings from the Northwest foster care alumni study*. Retrieved from http://www.casey.org/resources/publications/pdf/improvingfamilyfostercare_es.pdf
- The National Campaign. (2009). *Opportunities to help foster youth in foster care: Addressing pregnancy prevention in the implementation of the fostering*

- connections to success and increasing Adoptions Act of 2008*. Retrieved from: http://www.thenationalcampaign.org/resources/pdf/Briefly_Youth_Foster_Care.pdf
- Turner, S., & Lapan, R. (2002). Career self-efficacy and perceptions of parent support in adolescent career development. *The Career Development Quarterly*, 51(1), 44-55.
- United Cerebral Palsy & Children's Rights. (2006). *Forgotten children: A case for action for children and youth with disabilities in foster care*. Retrieved from: <http://www.ucp.org/uploads/ForgottenChildrenFINAL.pdf>
- United States Department of Health and Human Services. Administration for Children and Families. (2010). *A report to Congress on barriers and success factors in adoptions from foster care: Perspectives of families and staff supported by the Adoption Opportunities Program*. Retrieved from: http://www.acf.hhs.gov/programs/cb/pubs/barriers/method_5.htm
- United States Department of Health and Human Services. (2008). *The AFCARS report: Preliminary FY 2006 estimates as of January 2008 (14)*. Retrieved from: www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report14.htm
- United States Department of Health and Human Services. (n.d.). *Child welfare information gateway*. Retrieved from: http://www.childwelfare.gov/outofhome/types/fam_foster.cfm
- United States General Accounting Office (GAO). (1999). *Foster care: Challenges in helping youths live independently*. Washington, DC. Committee on Ways and Means. Retrieved from: <http://www.gao.gov/archive/1999/he99121t.pdf>
- United States Department of Labor. (2006). *Training and employment notice 18-05*. Retrieved from: http://wdr.doleta.gov/directives/corr_doc.cfm?DOCN=2184
- Vash, C., & Crewe, N. (2002). *Psychology of disability* (2nd ed.). New York: Springer Publishing Co.
- Wagner, M., Newman, L., Cameto, R., Levine, P., & Garza, N. (2006). *An overview of findings from wave 2 of the National Longitudinal Transition Study-2*. Retrieved from <http://ies.ed.gov/pubsearch/pubsinfo.asp?pubid=NCSER20063004>
- Waldrop, J., & Stern, S. (2003). *Disability status 2000: Census 2000 brief*. Retrieved from: <http://www.census.gov/prod/2003pubs/c2kbr-17.pdf>
- Wasson, D., & Hess, P. (1989). Foster parents as child welfare educators: Agencies should be propagating this valuable resource. *Public Welfare*, 47(4), 16-22.
- Westermarck, P.K., Hansson, K., & Vinnerljung, B. (2007). Foster parents in multidimensional treatment foster care: How do they deal with implementing standardized treatment components. *Children and Youth Services Review*, 29(4), 442-459. doi:10.1016/j.childyouth.2006.10.003
- Wilkes, J. R. (1974). The impact of fostering on the foster family. *Child Welfare*, 53, 373-379.

- Wittenburg, D., & Maag, E. (2002). School to where? A literature review on economic outcomes of youth with disabilities. *Journal of Vocational Rehabilitation, 17*(4), 265-280.
- Ziolko, M. E. (1991). Counseling parents of children with disabilities: A review of the literature and implications for practice. *Journal of Rehabilitation, 57*(2), 29-34.
- Zunker, V. (2002). *Career counseling: Applied concepts of life planning* (6th ed.). Pacific Grove, CA: Brooks/Cole.