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## Perception of barriers and coping -efficacy as determinants of readiness for transition to adulthood among older youth in foster care.

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Perception of Barriers and Coping-Efficacy as Determinants of Readiness for Transition  
to Adulthood Among Older Youth in Foster Care

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A Dissertation

presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

Charles F. Gressard, Ph.D., Advisor

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In Partial Fulfillment

Of the Requirements for the Degree

Doctor of Philosophy

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By

Glenda Clare

June 2006

Perception of Barriers and Coping-Efficacy as Determinants of Readiness for Transition  
to Adulthood Among Older Youth in Foster Care

By

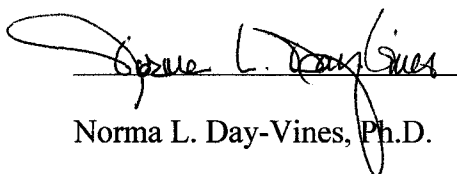
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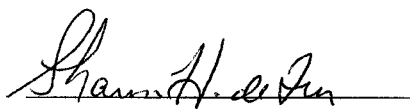
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## DEDICATION

This dissertation is dedicated to youth currently and formerly in foster care and most especially to the child in my life, Erin Hassell.

*You are only limited by your imagination.*

*You can do anything you set your mind to do.*

*Dare to dream!*

## ACKNOWLEDGMENTS

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## ABSTRACT

Little is known about the effectiveness of programs to prepare youth aging out of foster care for the transition to adulthood. Research results indicate that participation in life skills training does not always provide adequate preparation for independent living. There are huge gaps in knowledge left by inconsistent results of empirical studies. This study sought to investigate whether the perception of barriers and coping-efficacy were related to the acquisition of life skills self-efficacy as a precursor for the transition to adulthood of older youth in foster care. The population for this study consisted of youth in foster care (aged 18 and over) transitioning to adulthood. Many older youth maintaining relationships with foster care officials are enrolled in the Chafee Education and Training Vouchers Program (ETV). A sample of 160 older youth who either viewed the Foster Club website or who were recruited by a foster care program participated in this study. Youth completed three instruments: The Ansell-Casey Life Skills Assessment (ACLSA), Short Form; the Perception of Barriers Scale (POB) and the Coping with Barriers Scale (CWB). The following research questions were examined: 1) Is there a relationship between the perception of barriers and ACLSA scores of older youth in care transitioning to adulthood?, 2) Is there a relationship between levels of coping-efficacy and ACLSA scores of in care transitioning to adulthood?, and 3) Are relationships between the scores on the dependent variable (ACLSA) and independent variables (perception of barriers and coping-efficacy) different based on age, gender and time in foster care? The results generated in this study were consistent with those previously found in the literature. Relationships were found between the perception of barriers, coping efficacy and ACLSA scores. Participating youth who perceived no or

fewer barriers completed high school and were enrolled in the Chafee Education Training and Vouchers Program (ETV). They are seemingly successful in the transition process. They have higher life skills self-efficacy and coping-efficacy, resulting in more confidence in their ability to overcome barriers when they are encountered. The relationships between the perception of barriers, coping efficacy and ACLSA scores were not significantly impacted by age, gender and time in foster care placement of participating youth.

Perception of Barriers and Coping-Efficacy as Determinants of Readiness for Transition  
to Adulthood Among Older Youth in Foster Care

## Chapter One

### *Introduction*

#### *Overview*

The purpose of this study is to investigate whether the perception of barriers and coping-efficacy are related to the acquisition of life skills needed for the transition to adulthood of older youth in foster care. This chapter provides a brief overview of federal legislation and funding allocated for this transition, reviews the process of transition to adulthood in non-foster care youth, and examines the realities of transition for youth in foster care. A theoretical foundation for the study is provided. Finally, a delineation of the research hypotheses, definition of terms and discussion of research methods concludes the chapter.

#### *Introduction*

Increasingly, foster care has become a permanent living arrangement for children removed from troubled families. Placed in a system that perpetuates dependence, all youth do not receive preparation or training sufficient to prepare them for the transition to adult independent living (Cook, 1998; Figueroa, 2002; Mech, Lucy-Dobson & Spann-Hulseman, 1994; Nixon & Jones, 2000; Propp, Ortega & NewHeart, 2003). Every year, approximately 20,000 youth are emancipated from the child welfare system (Cook, 1994; Courtney, Piliavin, Grogan-Kaylor & Nesmith, 2001). Many foster care youth have not graduated from high school and do not have the competencies and skills needed to succeed in the workforce.

Despite federal legislation and the allocation of funding to support the process, the transition to adult life is often cumbersome (Mech 2001; Mech, 2003; Westat, 1990).

There is a need to know more about the process of successful transition to adulthood for youth emancipated from the foster care system (Collins, 2001; McDonald, Allen, Westerfelt & Piliavin, 1996; Mech, 2001; Mech, 2003). A sufficient theoretical basis for programming and evaluation has not been articulated (Collins, 2001). Existent studies are few, agency specific, small in scope, exploratory, nonrandom and retrospective without comparison groups (Collins, 2001; McDonald et al, 1996; Mech et al, 1994; Mech, 2001). There is a need to posit explanations related to the problematic versus successful transition of older foster care youth, if effective interventions are to be developed.

The National Resource Center for Youth Development reports that education is a significant component in successful preparation for the transition to adulthood (Kessler, 2004). It is important to note that a direct relationship between employability and one's ability to acquire and maintain self-sufficiency has been found (Carlson, 2002). Consequently, education and employability are major determinants of the successful transition to adulthood. The acquisition of life skills needed to sustain employability is crucial to the successful transition to adulthood.

Brown & Lent (1996) suggest that contextual factors influence an individual's perceptions. A perception of considerable barriers, whether or not this perception is accurate, without sufficient coping-efficacy can result in lowered life skills self-efficacy and eventual failure to maintain employment and self-sufficiency. This study investigates whether the perception of barriers and coping-efficacy are related to the



acquisition of life skills self-efficacy as a precursor for the successful transition to adulthood of older youth in foster care. An examination of federal legislation and funding for the transition to adulthood ensues.

### *Overview of Federal Legislation and Funding*

In 1986, the Title IV- Independent Living Initiative (Public Law 99-272) provided federal funding to prepare foster care youth, aged 16 to 18, to function in society without depending on public assistance (Collins, 2001; DeLange, 2002; Stoner, 1999). Funding was distributed based on the percentage of children in a state receiving federal foster care assistance. Specific criteria for program development was not established, consequently independent living program content differs at each site. In 1999, the Foster Care Independent Act (PL 106-169) increased funding for independent living programming (ILP) for former foster care youth up to age 21 (Collins, 2001). The 2003 Chafee Education and Training Vouchers Program (ETV) made it possible for foster care youth to attend college or other accredited training up to the age of 23 (Kessler, 2004).

Federal and local School to Work (STW) initiatives emerged simultaneously in response to widespread perceptions that schools were not adequately preparing students, nationwide, to move from school to work. Findings showed that a significant proportion of youth aged 16 to 24, irrespective of foster care status, lacked entry-level employment skills (Lent, Hackett & Brown, 1999). While the goals of ILP and STW are similar; surprisingly, programming has not been linked to prepare foster care youth to make the transition to adulthood. For the purpose of this study, the phrases “school to work transition” and “independent living” will be used synonymously with the phrase

“transition to adulthood”. All three refer to the process of preparing youth to transition from the dependent status of a child to the independent status of an adult.

*The Transition Process in Non-Foster Care Youth*

The passage to adulthood is a critical developmental task (Sherrod, Haggerty & Featherman, 1993). As with other developmental advances, successful transition involves gains and losses (Cantor & Langston, 1989), initiation into new roles and social networks, increased self-direction and independence, decreased parental support and guidance, and responsible citizenship (Mech, 2003). There are also social aspects to the transition to adulthood. There is an expectation that by the age of 30, a young adult will begin family formation, acquire adequate housing, complete education, engage in world-of-work connections and become involved in social, community and civic activities (Mech, 2003).

The transition to adulthood occurs as a result of interactions between the processes of identity development, physical maturation, cultural influence, and personal values and goals. It is embedded in a socio-cultural context and may vary by age, gender, class, race/ethnicity, institutional culture and historical era. Contextual influences shape the transition and provide a normative social timetable and agenda (Gottlieb, 1991; Neugarten, 1979; Nurmi, 1993; 1997).

Drastic for everyone, preparation for the transition to adulthood requires comprehensive assessment, action planning, implementation and evaluation. Reasonable success is contingent on an individual's ability to attain basic life skills in order to be able to meet daily challenges at work, home, school and in the community. An individual must have knowledge of an array of facts, procedures and events related to the post

school environment, specific skills to function in varied settings, and the ability to identify, access and use supports and services (deFur & Patton, 1999). All children in the child welfare system have not acquired the aforementioned skills. The transition to adulthood of foster care youth may be further challenged by factors associated with growing up in the child welfare institutional culture.

### *The Realities of Transition to Adulthood for Youth in Foster Care*

Foster care, defined as residence in a supervised setting outside the biological family, is usually mandated by the social service or juvenile justice system when circumstances exist that endanger a child or biological parents are deemed unable or unavailable to adequately care for their children (Barker, 2003). These circumstances include child abuse and neglect, parental substance abuse, and family homelessness (Baker, Olsen & Mincer, 2000; Kadushin & Martin, 1988). Residential placements include foster family care, kinship care, group homes and a variety of other forms of institutional treatment (Peterson, 2004). Some children experience three or more home and school placements while in care (Fanshel, Finch & Grundy, 1990; Fanshel & Shinn, 1978; Runyan & Gould, 1985).

The term disproportionality has been coined to describe the issue of racial discrimination in the foster care system. Although ethnic minority parents are no more likely than their White American peers to abuse or neglect a child, children of color enter the system and remain in long-term care at disproportionately higher rates. This phenomenon may be a result of societal factors endemic to American cities such as drugs, high crime, fatherless households, teen pregnancy, welfare dependence, joblessness and high poverty that increase the risk of child welfare involvement (Wilson, 1996; 1999). It

is important to note that the US Census reports the population of the United States as 75.1% white and 24.9% non-white (US Census Bureau, 2000). Of the estimated 542,000 American children in care as of September 30, 2001, 64% were non-white (Casey Family Programs, 2005).

Erikson (Gibbs & Huang, 1998) found that non-white foster care youth experienced more challenges to personal growth and development due to prejudicial barriers. In spite of reports of greater need, Garland & Bessinger (1997) found that non-white children were referred to mental and physical health services less often than White American youth. Non-white children received fewer services, were more likely to experience a greater number of placements, and had less contact with caseworkers. Additionally, children of color stayed in the system longer, were less likely to be adopted or reunited with their families and left the system less prepared for adulthood than their White American peers (Casey Family Programs, 2005).

The impact of foster care on overall functioning, development and well-being has been associated with severe functional impairment, inappropriate identity development, poor academic achievement, and behavioral, emotional and health related problems (Runyan & Gould, 1985; U.S. Government Accounting Office, 1994). The transition to adulthood for youth in care is not only developmental and social; it is also institutional. Ready or not for independent adult living, many youth in care are emancipated from the child welfare system between the ages of 18 and 21 (Collins, 2001, Mech, 2001, 2003). Identity development impacts preparation for the transition to adulthood.

### *Adolescent Identity Development in Foster Care*

Defining one's identity is an important developmental task of adolescence (Nurmi, 1993, 1997; Salah-Din & Bollman, 1994; Santrock, 1990; Sherrod, Haggerty & Featherman, 1993). Limited contact with biological family impedes the ability of youth in care to accomplish personal identity and eventual independence (Kools, 1987). Stereotypical views of foster care children and the institutional structure of the child welfare system contribute to devaluation of personal identity (Kools, 1987).

Kools (1999) found that living in foster care had a negative impact on adolescent identity development. Youth often devalued themselves based on the beliefs and actions of care givers and others resulting in a lowered sense of personal worth, poor interpersonal relationships and feelings of stigma and shame (Kools, 1999). The development of independence is negatively affected by a stigmatized self-identity resulting in lowered self-confidence and a lack of future orientation. When an adolescent's abilities are perceived as impaired or limited by others, the adolescent's expectations for the future are reduced and aspirations are adjusted accordingly (Kools, 1999). Youth of color estranged from family are further challenged by the unavailability of resources for understanding their racial/ethnic culture and coping with societal racism and discrimination (Casey Family Programs, 2005). They may not have access to learning strategies to handle stress and buffer discriminatory messages (Chapman & Mullis, 2000).

As a group, youth in care may have lowered self-confidence and view their range of abilities and future options as limited. A future orientation is fundamental to one's ability to envision and plan for the future (Kools, 1999). Despite formal independent

living skills training, foster care adolescents may maintain a “here and now” orientation resulting in limited, few or very vague plans when faced with imminent discharge (Collins, 2001; Kools, 1999). Without a sense of competence, belief in oneself or an orientation towards the future, the ability to obtain life skills to sustain independent adult living is threatened.

#### *Problems Associated with School Performance*

Educational achievement is directly related to the long-term outcomes of former foster care youth (Mech, 2003). Nationwide, educational implications for foster youth in care include high rates of absenteeism and tardiness, midyear school change, and a high incidence of discipline problems and school suspension. Foster care youth have significantly lower math and reading scores, and achievement test scores 15 to 20 percentile points below non-foster care youth. A high proportion of older youth in care repeat one or more grades and are more likely than their peers to drop out of high school. Many of those who drop out are categorized as a cost to the community, which means that they use one or more public aid programs (Emerson & Lovitt, 2003).

The poor school performance of foster care youth is associated with school transfer, low educational attainment of caregivers and inappropriately low expectations of teachers. It takes time for a child to adjust to a new school setting. This adjustment or period of academic recovery takes four to six months, 50% of foster care children change school at least four times after beginning their formal education. Multiple school placements make it difficult for youth to attain basic academic skills and acquire appropriate social skills (Mech & Fung, 1999; Powers & Stotland, 2002; Runyan &

Gould, 1985). Overall, school performance (success or failure) impacts outcomes for emancipated youth.

### *Results of Outcome Studies on Emancipated Youth*

On emancipation day, the day youth are released from foster care, there is a societal expectation that youth aging out of foster care begin the process of living normal, healthy, productive lives. Despite years of dependence on childcare workers, foster parents, social workers and judges, youth are expected to become independent and do everything on their own (Nollan, Wolf, Ansell, Burns, Barr, Copeland & Paddock, 2000; Propp, Ortega & NewHeart, 2003). Many end up on the streets, in homeless shelters or living an at-risk lifestyle (Cook, 1994). There is evidence that former foster care youth are at high risk for early pregnancy and parenting, homelessness, welfare dependence, mental illness, substance abuse, incarceration and extremely low incomes when they are able to maintain employment (Cook, 1997; Cook, Fleishman & Grimes, 1991; Courtney et al, 1998; Leathers & Testa, 1999; Mech, 2003; Westat, 1986). Ten studies of more than 3,000 former foster care children shed light on the long-term effects of growing up in foster care. These studies highlight the particular vulnerability of this population (Barth, 1990; Baylor & Monachesi, 1939; Cook, 1997; Cook, Fleishman & Grimes, 1991; Courtney et al, 1998; Festinger, 1983, 1994; Leathers & Testa, 1999; Mech, 2003; Meier, 1965; Theis, 1924; Westat, 1986).

An association between group/institutional placement, the completion of fewer years of education and the development of a poor sense of personal well-being has been shown (Festinger, 1983). Irrespective of placement type, poor outcomes are associated with foster care (Cook, 1997; Cook, Fleishman & Grimes, 1991; Courtney et al, 1998;

Leathers & Testa, 1999; Mech, 2003; Westat, 1986). In his study, Festinger expressed concern that child welfare services overemphasized the emotional status of youth and neglected educational issues pertinent to eventual independent living (Festinger, 1983, 1994; Mech, 2003). Ultimately, research indicates that many foster care youth were unprepared for the transition to adulthood at the time of their emancipation (Scannapieco, Schagrin & Scannapieco, 1995; US Government Accounting Office, 1999; Westat, 1990).

*Why this Issue is Important*

Very little is known about the effectiveness of programs to prepare foster care youth for the transition to adulthood (Collins, 2001; Mech, 2003; US Government Accounting Office, 1999). Study results indicate that participation in life skills training does not provide adequate preparation for independent living (Mech, 2003; Westat, 1990). There are huge gaps in knowledge left by inconsistent results of empirical studies (Collins, 2001; Mech, 2003). Effectiveness will remain inadequate until a clear theoretical basis for programming and evaluation has been formulated.

*Social Cognitive Career Theory (SCCT): A Tool to Describe the Process of Transition to Adulthood for Youth in Foster Care*

For more than a decade, career development theorists have conducted research focused on understanding personal, organizational and societal factors that influence transition, induction and adjustment to work (Herr & Cramer, 1996; Zunker, 1998). Comprehensive career guidance programs were created to address specific issues related to transition to work (Lent, Brown & Hackett, 1996; Lent, Hackett & Brown, 1999; Lent & Worthington, 1999, 2000). An understanding of career development theory may assist



independent living program developers to create and evaluate programming to enhance the outcomes of youth leaving the child welfare system (Chartrand & Rose, 1996; Lent & Worthington, 2000; Worthington & Juntunen, 1997). Social cognitive career theory (SCCT) is recognized as a career development theory useful in explaining factors pertinent for the transition to work of disadvantaged youth (Chartrand & Rose, 1996). SCCT may prove helpful in distinguishing factors that contribute to problematic versus successful transition to adulthood for youth in foster care.

Social cognitive career theory, SCCT, may provide a theoretical framework for understanding the process of acquiring life skills needed for the transition to adulthood of youth in care. Personal cognitive variables such as self-efficacy, outcome expectations and goals; and how these variables interact with other aspects of the person and his/her environment (e.g., age, gender, ethnicity, perception of barriers, coping-efficacy and length of time in care) are the focus of SCCT (Lent & Brown, 1996; Lent, Brown & Hackett, 1994, 1996, 2000; Lent & Worthington, 1999, 2000; Luzzo & McWhirter, 2001; McWhirter, 1997; Sevilla, 2002). These factors provide a framework for understanding how interests are formed, choices are made and why there are varying levels of success and failure in the pursuit of educational and vocational goals.

SCCT examines external and internal factors. External factors for youth in care may include the structure of opportunity, social stigma and environmental constraints related to gender, race/ethnicity, socioeconomic status and history of institutionalization. Internal factors include perceptions about self and the world of work in the form of life skill self-efficacy, outcome expectations, perceived barriers and coping-efficacy (Lent & Brown, 1996). According to the tenets of SCCT, these internal and external factors

combine to influence the formulation, pursuit and attainment of life skills and eventual educational and vocational goals for youth in care.

*Components of Social Cognitive Career Theory (SCCT).*

Grounded in Bandura's (1986, 1989) social cognitive career theory, SCCT, recognizes the mutually interacting influences of people, their behavior and their environment. Three social cognitive mechanisms are relevant to decision-making and development: self-efficacy, outcome expectations and goal setting (Lent & Worthington, 1999).

Self-efficacy or one's confidence in his or her ability to successfully perform a given task, determines whether an individual will initiate, persevere, succeed and/or fail at a particular endeavor. It is a central defining element and is derived from four sources that create a dynamic set of self-beliefs: the success or failure of past accomplishments, vicarious learning or role modeling, verbal encouragement or discouragement, and physiological and emotional reactions associated with the given task (Lent & Worthington, 1999).

Outcome expectations represent personal beliefs and the imagined consequences of performing a certain behavior. These expectations occur on the physical, social and self-evaluative levels. Such expectations play a major role in the process of goal setting. Outcome expectations can either motivate or discourage behavior (Lent & Worthington, 1999).

Contextual factors are responsible for shaping the experiences that lead to the development of interests. The basic tenets of SCCT suggest that these contextual factors

constitute the perceived opportunity structure within which goals are developed and implemented (Lent & Worthington, 1999). Brown & Lent (1996) posit that perceived barriers inhibit the translation of interests into goals and goals into action. Even persons with well-developed and differentiated interests are unlikely to pursue a path if they perceive (accurately or inaccurately) substantial barriers to entering or advancing.

*Perceptions of Barriers and Coping-Efficacy as Determinants of Transition to Adulthood Outcomes.*

The perception of barriers plays a particularly important role in under-represented and disadvantaged populations (Chartrand & Rose, 1996). Luzzo & McWhirter (2001) report that women perceive substantially greater numbers of educational and vocational barriers than men. Members of ethnic minority groups perceive substantially greater numbers of barriers than White Americans (Luzzo & McWhirter, 2001). One could hypothesize that youth in foster care (especially foster care youth of color) perceive greater barriers than non-foster care youth. There may also be greater perceived barriers based on other factors (e.g., age, gender and time in care) of youth in foster care. Lent et al (1994, 1996) argued that the particular effect that contextual factors have on an individual's choices depends on personal appraisal and response to such factors.

All people are not granted the opportunity to make choices under optimal conditions. Economic needs, educational limitations, lack of family support, or various other conditions may inhibit the pursuit of primary interests or preferred career goals (Lent & Worthington, 1999; Luzzo & McWhirter, 2001). The perception of barriers or impediments among foster care youth may result in conceptual processes that perceive

differential opportunities for skill development, self-beliefs, standards and outcome expectations (Lent, Brown & Hackett, 2000). Youth may prematurely foreclose on potentially rewarding career aspirations because their environment has offered a limited amount of efficacy-building opportunities or an inaccurate set of self-efficacy beliefs of life skill and vocational outcome expectations. The result of these beliefs and expectations can make many options seem out of reach or unattainable. However, perceived barriers or obstacles that might otherwise prevent certain successes or accomplishments may not be as detrimental to those who exhibit high levels of coping-efficacy (Lent, Brown & Hackett, 2000; Luzzo & McWhirter, 2001).

Coping-efficacy refers to the degree to which an individual possesses confidence in his/her ability to cope with or manage complex and difficult situations (Bandura, 1989). People who possess high levels of coping-efficacy are more likely than those with low coping-efficacy to engage in efforts to overcome perceived barriers associated with a particular goal or objective. “Strong efficacy for coping with obstacles and barriers can result in successful performance despite expectations of barriers and impediments such as racism and discrimination” (Hackett & Byars, 1996).

Heightened attention to coping-efficacy for overcoming obstacles and barriers is critical to increasing understanding of the pursuit of life skills and vocational goals among disadvantaged populations such as youth in care (Hackett & Byars, 1996; McWhirter, 1997). Studies indicate that ethnic minorities indicate greater perceived educational barriers than White Americans and possess less coping-efficacy for managing the barriers (Luzzo & McWhirter, 2001). Even so, results of testing SCCT with ethnic minority youth suggest that coping-efficacy mediates the influence of perceived barriers.

Research suggests that a young person's prior relationships and experiences as well as the complexity of current stressors determine how well one copes with events (Lohman & Jarvis, 2000). Young people in foster care are at higher risk of developing poor coping strategies. Not only are they likely to have had difficult early experiences but they may also deal with more complicated stressors than other young people (Courtney and Barth, 1996). It is likely that youth in foster care experiencing problematic transition perceive significant barriers with limited coping-efficacy. An assessment of the perception of barriers and coping-efficacy is crucial to the implementation of effective transition programming for youth in care (Lent, Brown & Hackett, 2000; Luzzo & McWhirter, 2001).

#### *Rationale for Correlational Study*

There is a dearth of information about the process of successful transition to adulthood for youth aging out of the foster care system (Collins, 2001; McDonald, Allen, Westerfelt & Piliavin, 1996; Mech, 2001; Mech, 2003). An explanation of the problematic versus successful transition of foster care youth needs to be posited. An examination of self-efficacy, the perception of barriers and coping-efficacy may be helpful in explaining the transition process.

Brown & Lent (1996) suggest that contextual factors such as age, gender, and time in care influence an individual's perceptions (Fanshel et al, 1990; Fanshel & Shinn, 1978; Gottlieb, 1991; Mech, 2003; Mech & Fung, 1999; Neugarten, 1979; Nurmi, 1993; 1997; Powers & Stotland, 2002; Runyan & Gould, 1985; U.S. Government Accounting Office, 1994). This study provides an opportunity to examine relationships between scores of Ansell-Casey Life Skills Assessment (ACLSA), the perception of barriers,

coping-efficacy and a linear combination of scores on perception of barriers, coping-efficacy, age, gender and time in foster care.

### *Statement of Research Questions*

1. Is there a relationship between the perception of barriers and ACLSA scores of youth in care transitioning to adulthood?
2. Is there a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood?
3. Are relationships between the scores on the dependent variable (ACLSA) and independent variables (perception of barriers and coping-efficacy) different based on age, gender and time in foster care?

### *Research Hypotheses*

1. There will be a relationship between the perceptions of barriers and ACLSA scores of youth in care transitioning to adulthood. Youth who perceive many barriers will have low self-efficacy scores; those who perceive no or few barriers will have high self-efficacy scores.
2. There will be a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood. Youth with high levels of coping-efficacy will have high ACLSA scores; those with lower levels of coping-efficacy will have lower ACLSA scores.
3. There will be a relationship between the ACLSA scores and a linear combination of scores on perception of barriers, coping-efficacy, age, gender, education and time in foster care.

### *Definition of Terms*

Barrier – that which blocks resolving behavior (Corsini, 1999)

Chafee Education and Training Voucher Program (ETV) – a program that provides vouchers for education and training, including postsecondary training and education, to youths who have aged out of foster care or who have been adopted from the public foster care system after age 16.

Children or youth in care – a term used to describe children or youth in the care of local authorities whether as a result of voluntary admission or statutory intervention (Davies, 2000).

Contextual factors – social and environmental factors that have the potential to aid or hinder outcomes (Lent, Brown, Brennon, Chapra, Durs, Talleyhand and Suthakaran, 2001).

Coping-efficacy – the degree to which individuals possess confidence in their ability to cope with or manage complex and difficult situations (Bandura, 1989).

Coping-skills – effective behavior an individual uses in responding to or avoiding sources of stress (Barker, 2003).

Emancipation – freeing an individual from the control of another (Barker, 2003).

Foster care – the provision of physical care and family environments for children who are unable to live with their natural parents or legal guardians (Barker, 2003).

Independent living – refers to living outside of residential care and institutions. It implies an ability to do things for oneself, to be self-supporting and self-reliant (Davies, 2000).

Readiness – having developed or prepared to learn or achieve some specific task or skill based on the individual's physical, intellectual and social development (Corsini, 1999).

Self-efficacy – judgments about one's own capabilities to organize and execute courses of action required to attain designated types of performances (Corsini, 1999).

Transition – a terms which describes a process of change and passage that implies movement from one level or state to another, whether it be from physical, emotional, behavioral, psychological, spiritual or social perspective (Davies, 2000).

Youth in care – youth were removed from their homes and placed in foster care.

#### *Target Population, Sample Description and Data Gathering Procedures*

The population for this study consisted of foster care youth (aged 18 - 24) transitioning to adulthood. Many participants were enrolled in the Chafee Educational Voucher Program since it provides an ongoing link to the foster care system after youth reach the age of 18. A sample of 160 youth was recruited for participation in this study.

The Casey Family Program in Seattle, Washington was instrumental in assisting the researcher to locate programs willing to allow their youth to participate in this study. Study instruments were accessed on the surveymonkey.com website. Program Administrators and Independent Living Coordinators provided the website address for youth affiliated with their programs. The websites for the Orphan Foundation and the Foster Club provided links to the survey.

There were five sections to the SurveyMonkey designed survey: 1) Purpose and Consent, 2) ACLSA instrument, 3) POB instrument, 4) CWB instrument and 5) thank



you with instructions for receipt of gift bag for participation in the study. The survey instrument was available to participants during the months of July, August, September and October 2005. Participants were able to sign on at any time using their unique identification code until all study instruments were completed. Each participant created a unique alphanumeric identification code as a safeguard for identity protection.

Section one explained the purpose of the study and requested that those who are willing to participate in the study provide informed consent. Youth were informed that participation was voluntary. They were aware that they could refuse to answer any questions or withdraw from participation in the study at any time. Participating youth were asked to “accept” or “not accept” consent to participate in the survey. Survey administration terminated for youth who chose “not accept”. Youth who chose to participate were asked to create a unique identification code. The researcher was not able to identify information submitted by any youth because of this unique identification system. Completion of the study took approximately 10 - 15 minutes. Study data were exported directly to the researcher by SurveyMonkey. A gift bag containing items donated by the NC Office of Minority Health, DC HIV/AIDS Administration, Adolescent AIDS Program, the Weekly Reader Publishing Company and former foster care youth (who chose to remain anonymous) was made available for all youth who completed the study.

#### *Limitations of the Study*

This study was limited to a population of older youth in care, aged 18 and over, many of whom were enrolled in the Chafee Education and Training Vouchers Program. Since many foster care youth may no longer be under the jurisdiction of child

welfare/foster care up to and after the age of 18, youth enrolled in the Chafee Educational Voucher Program may possess atypical characteristics compared to those of youth generally found in foster care. Youth in the Chafee Educational Voucher Program have had some educational success and are eligible for post secondary education (technical school, college, etc). This population of older youth (18 and over) was recruited because they were accessible to the researcher. Youth in Care are considered a “vulnerable population”; few child welfare officials were willing to allow survey administration to youth under the age of 18. The utilization of a convenience sample of youth enrolled in the Chafee Educational Voucher Program limits the generalizability of this study’s results to a larger population of youth in foster care.

### *Ethical Safeguards*

American Counseling Association (ACA) ethical research guidelines and the guidelines of the Protection of Human Subjects Committee at the College of William and Mary were followed. Permission to carry out this study was obtained from the Protection of Human Subjects Committee at the College of William and Mary, the researcher’s dissertation committee, child welfare officials from participating host organizations and IRB committees for the state of Illinois and the Commonwealth of Virginia. It was unlikely that participants would be harmed as a result of their participation in this study. Participants, their host organizations and child welfare officials were offered an opportunity to receive the results of this study via email.

### *Summary*

The purpose of this study was to investigate whether perception of barriers and coping-efficacy were related to the acquisition of life skills needed for the transition to

adulthood of youth in foster care. This chapter provided a brief overview of federal legislation and funding allocated for this transition, reviewed the process of transition to adulthood in non-foster care youth, and examined the realities of transition for youth in foster care. A theoretical foundation for the study was provided. Finally, a delineation of the research hypotheses, definition of terms and discussion of research methods was provided.

## Chapter Two

### *A Select Review of the Literature*

#### *Introduction*

The preceding chapter reviewed the process of transition to adulthood in non-foster care youth, examined the realities of this transition for youth in foster care and provided a theoretical foundation for the study. A delineation of the research hypotheses, definition of terms and discussion of research methods was provided.

Chapter two is a review of the scholarly literature that pertains to this study. It begins by helping the reader to develop an understanding of the realities of transition to adulthood for foster care youth. Subsequently, social cognitive theory, self-efficacy and outcome expectations are examined, followed by an examination of perceptions of barriers, social cognitive career theory, coping-efficacy and finally, empirical support for the aforementioned theory.

#### *The Realities of Transition to Adulthood for Youth in Foster Care*

Some youth have been in foster care for a relatively short time, others have been in the system most of their lives (Peterson, 2004). Many foster care youth have experienced three or more home and school placements while in care (Fanshel, Finch & Grundy, 1990; Fanshel & Shinn, 1978; Runyan & Gould, 1985) and have not graduated from high school with skills needed to succeed in the workforce. For many youth aging out of the foster care system, family reunification and adoption may not be possible. Youth who have not received preparation sufficient for the transition to eventual independent living may not have the supportive parental safety net afforded non-foster

care youth (Cook, 1988; Figueroa, 2002; Mech, Lucy-Dobson & Spann-Hulseman, 1994; Nixon & Jones, 2000; Propp, Ortega & NewHeart, 2003).

Long-term outcomes of former foster care youth are directly related to educational achievement (Mech, 2003). Multiple home and school placements make it difficult for youth to attain basic academic skills and acquire appropriate social skills (Mech & Fung, 1999; Powers & Stotland, 2002; Sanchez, 2004). Educational implications for foster care youth include high rates of absenteeism and tardiness, midyear school change, and a high incidence of discipline problems and school suspension (Collins, 2001; Gibbons, 2005).

The overrepresentation of youth of color, referred to as disproportionality, is most apparent in large cities where there are high racial/ethnic populations. This phenomenon may be a result of societal factors endemic to American cities such as drugs, high crime, fatherless households, teen pregnancy, welfare dependence, joblessness, discrimination and high poverty that increase the risk of child welfare involvement (Wilson, 1996; Wilson, 1999). Of the estimated 542,000 youth in care as of September 30, 2001, 64% were non-white (Casey Family Programs, 2005).

Gibbs & Huang (1998) report that non-white foster care youth experienced more challenges due to prejudicial barriers. In spite of reports of greater need, non-white children received fewer services and are referred to mental and physical health services less often than White American youth (Garland & Bessinger, 1997). Stovall and Krieger (1990) suggest greater obstacles for racial/ethnic minority youth in care:

The ethnic differences of minority teenagers are frequently perceived as emotional disturbances, legitimate psychological difficulties are more likely to be met with restriction or even entrance into the criminal justice system rather than treatment, educational and career goals are often scaled down, cultural values and

related goals are frequently misunderstood and maligned, and the critical need of every minority adolescent to discern and cope with the effect of racism is largely overlooked. As a result, minority foster adolescents are often less prepared to lead productive lives than their Caucasian counterparts and remain at greater risk of dependence on government systems throughout their lives (pp. 147-148).

Non-white children stay in the system longer, are less likely to be adopted or reunited with their families, experience a greater number of home and school placements, and have less contact with caseworkers. Disproportionality results in a higher percentage of children of color leaving the foster care system without a high school diploma and more likely than their White American peers to experience challenges in the transition to adulthood (Casey Family Programs, 2005).

Although the system was developed to prevent the continuing abuse and neglect of children, former foster care status has been associated with risk factors including severe functional impairment, inappropriate identity development, poor academic achievement, behavioral, emotional and health related problems (Sanchez, 2004; U.S. Government Accounting Office, 1994), lack of protection, affection, encouragement and intimate contact, and lack of social supports and consistent family ties (Peterson, 2004). Longer stays and reduced likelihood of adoption are associated with youth who are older, members of ethnic/racial minority groups and possessing a history of abuse and neglect and social or behavioral problems (Barth, Courtney & Berry, 1994; Courtney & Wong, 1996). Additionally, youth in care have been found three times more likely than their non-foster care peers to be placed in special education classified as learning disabled or seriously emotionally disturbed (Goerge, Van Voorhes, Grant, Casey & Robinson, 1992; Sawyer & Dubowitz, 1994).

### *Adolescent Coping and Foster Care*

During adolescence, some youth may be more adaptive at coping with stress than others (Browne, 1998). Adolescent coping styles differ based on gender (Frydenber & Lewis, 1993; 1999; Plancherel et al, 1998; Recklitis & Noam, 1999), age (Frydenberg & Lewis, 1993; 1999; Plancherel et al, 1998) and ethnicity (Piko, 2001). The ability to cope effectively with stressful life events is associated with relationships and previous experiences, some foster care youth may experience difficulty coping effectively with stressful situations (Browne, 2002; Lohman & Jarvis, 2000). These youth may experience more difficulty as a result of the complicated stressors associated with reasons for initial foster care placement (Courtney and Barth, 1996).

McMillen, Auslander, Elze, White, and Thompson (2003) found that 70% of foster care youth studied reported high educational aspirations and a desire to attend college. However, only 2-11% of the former foster care youth actually attended college. This study indicated that a disparity exists between the desire to attend and actual college attendance. Youth in care may be at higher risk for perceiving barriers. They may not have developed the coping-efficacy needed to overcome barriers to reach their goals. The transition to adulthood of youth in care cannot be fully understood without taking into account contextual factors which impact the educational and career pursuits of this population. Social Cognitive Career Theory (SCCT) and its predecessor Social Cognitive Theory (SCT) provide an opportunity to consider such contextual factors.

### *Social Cognitive Theory (SCT)*

Social Cognitive Theory is based on triadic reciprocity and assumes that behavior, personal attributes and the environment interact and influence one another. An

extension of his social learning theory, Bandura (1986) asserts that the individual uses cognitive beliefs to decide whether or not to engage in particular behaviors.

Consequently behavior is not solely dependent on learning and conditioning, but is based on cognitive perceptions. The individual is constantly engaged in the evaluation of perceptions of efficacy related to a given behavior and/or forming expectations about outcomes that may occur as a result of engaging in the behavior (Lent & Hackett, 1994). Self evaluation results in an assessment of whether one is capable of accomplishing a particular goal and the development of expectations about the possible consequences.

The application of SCT (Bandura, 1986) to career related behaviors focuses primarily on self-efficacy beliefs and outcome expectations. Bandura posited that the interaction of the aforementioned combination of factors contributes to the probability that an individual will engage in a particular behavioral action. Once engaged in the action, self-efficacy and outcome expectations affect the extent to which the individual will persist in that particular action.

### *Self-Efficacy*

Self-Efficacy refers to beliefs about one's ability to successfully perform a specific action. It is more concerned with what one believes than with the actual skills possessed (Bandura, 1997). Efficacy beliefs are hypothesized to be a major factor in choosing activities, and determining the amount of time and effort one will put forth to persist in dealing with stressful events or situations (Bandura, 1997). The stronger the perceived self-efficacy, the more likely the individual is to pursue a particular action and continue to pursue it despite adverse conditions. Self-efficacy is influenced by four



informational sources: performance accomplishment, vicarious learning, verbal persuasion and physiological and affective states.

1. Performance accomplishment refers to the success or failure of past actions. It is the most significant source of efficacy information because it offers the most convincing proof of whether an individual can accomplish tasks necessary to succeed (Bandura, 1986; 1997). As one successfully completes a given action, self-efficacy beliefs increase. Repeated failure leads to a decrease in self-efficacy beliefs (Bandura, 1997).

2. Vicarious learning influences self-efficacy via the observation of others' successes and failures in performing actions. Less influential than performance accomplishment, observing the success or failure of someone that is respected or admired influences an individual's self-efficacy in the performance of a similar action, especially when the individual perceives personal similarity to the role model (Bandura, 1996; 1997).

3. Verbal persuasion refers to verbal encouragement or discouragement (Bandura, 1986; 1997). Belief in one's ability to accomplish a specific action is increased when a significant other expresses an opinion about one's ability to perform a given action (Bandura 1986, 1997).

4. Finally, efficacy information is influenced by somatic information conveyed by physiological and affective states. A person's physical and emotional reactions to a given action influence one's appraisal of whether one is capable of achieving a specific action (Bandura, 1997).

### *Outcome Expectations*

Outcome expectations are personal beliefs about anticipated consequences that may arise when one engages in a particular action (Bandura, 1986). An individual is more likely to engage in behavior believed to result in positive outcomes. Bandura delineated outcome expectancies as having either tangible (e.g., monetary) or social (e.g. approval from a significant other) rewards. Outcome expectations and self-efficacy beliefs have unique effects on the probability that an individual will engage in a behavior. Although self-efficacy has more influence on the decision to engage or persist in behavior, outcome expectations play an important role when the consequences of behavior are not contingent on successful performance accomplishments (Bandura, 1989). Outcome expectations are significantly influenced by perceptions of barriers.

### *The Perceptions of Barriers*

Swanson & Woitke (1997) define barriers as events or conditions that make career progress difficult. Perceived barriers shape outcome expectations (Swanson, et. al., 1996). Economic needs, educational limitations, lack of family support, or various other conditions may inhibit the pursuit of primary interests or preferred career goals (Lent & Worthington, 1999; Luzzo & McWhirter, 2001). An individual may prematurely foreclose on potentially rewarding aspirations because their environment offered few efficacy-building opportunities or inaccurate self-efficacy beliefs. The result of these beliefs and expectations can make options seem unattainable. Substantial barriers to education and career goal attainment have been indicated in high school and college

students (Luzzo, 1993, 1995; Luzzo & McWhirter, 2001; McWhirter, 1997; Swanson, et. al., 1996 & Swanson & Tokar, 1991).

Lent et al (1994, 1996) argued that the particular effect that contextual factors have on an individual's choices depends on personal appraisal and response to such factors. Women perceive greater numbers of educational and vocational barriers than men (Luzzo & McWhirter, 2001). Members of racial/ethnic minority groups perceive substantially greater numbers of barriers than White Americans (Luzzo & McWhirter, 2001). It has been suggested that using this construct in combination with social cognitive career theory may be important to understanding career development in under-represented and disadvantaged populations (Chartrand & Rose, 1996).

#### *Social Cognitive Career Theory (SCCT)*

More inclusive than other vocational theories, Social Cognitive Career Theory (SCCT) provides a theoretical framework that has the potential to consider cultural and contextual variables needed to explore the career development of underrepresented populations including youth in foster care (Byars & Hackett, 1998; Hackett & Byars, 1996; Lent & Hackett, 1987; Post-Kammer & Smith, 1986). SCCT, derived from Bandura's (1986; 1987) social cognitive theory, emphasizes social learning as the shaper of people's vocational interests, goals, choices and actions. SCCT recognizes that an individual does not exist within a vacuum and that there are many factors that may influence career behaviors. Social cognitive factors are considered determinants of career interests, goals, choices and actions (Lent et al, 1996). Contextual factors complicate the process by strengthening or weakening self-efficacy beliefs about career and educational options (Gibbons, 2005).

SCCT posits that three central cognitive appraisal mechanisms, self-efficacy beliefs, outcome expectations and personal goals, influence career related outcome variables. In SCCT, self-efficacy beliefs are posited to have a direct effect on vocational interests, goals, choices and actions. SCCT purports that interests are developed, goals are formed and actions are attempted when individuals perceive themselves to be efficacious. Self-efficacy beliefs for particular career related domains are strengthened or weakened depending on the outcomes of past learning experiences.

Outcome expectations are influenced by information sources similar to those for self-efficacy. Anticipation of outcomes are affected by recalling results associated with previous actions, observing the results of other's attempts at an activity and attending to third person reinforcement. In addition, outcome expectations are influenced by perceptions of self-efficacy (individuals who perceive high efficacy are likely to expect desirable outcomes). SCCT incorporates career related variables into the rubric of outcome expectations. Vocational interests, goals, choices and actions are directly affected by expected outcomes (Lent et al, 1994).

Both SCT and SCCT posit the view that goals motivate, organize, guide and sustain individual behaviors. Goals defined as the intention to engage in a particular action (Lent et al, 1994) represent manifestation of personal agency that is directly affected by self-efficacy beliefs, outcome expectations and vocational interests. The magnitude of this direct effect is influenced by a number of factors, including the extent to which goals are clear, specific, and perceived to be attainable.

Goals may be modified as a result of learning experiences and background contextual affordances. Background and developmental factors shape the acquisition of

self-efficacy beliefs and outcome expectations. Background influences such as cultural and gender role socialization, role models and verbal encouragement lead to learning experiences resulting in different efficacy beliefs and outcome expectations (Byars & Hackett, 1998; Lent et al, 1996; 2000). Researchers (Byars & Hackett, 1998; Hackett & Byars, 1996; Lent & Hackett, 1987; Post-Kammer & Smith, 1986) suggest that the use of social cognitive career theory would be useful in explaining the career development of underrepresented social groups. Hackett and Byars (1996) point out that it is more imperative to pay attention to the level of coping-efficacy held by underrepresented groups rather than level of self-efficacy. Attention to self-efficacy for coping with discrimination, racism, sexism, and other potential career barriers may add to an understanding of the career development process. The belief that one can overcome potential barriers (coping-efficacy) may be key to achieving career aspirations.

#### *Coping-Efficacy*

Coping is an on-going process by which the individual manages external and/or internal stress (Lazarus & Folkman, 1984). Individuals evaluate their response to stress throughout the coping process. Coping-efficacy refers to the degree to which individuals possess confidence in their ability to cope with or manage complex and difficult situations (Albert & Luzzo, 1999). The few studies that have examined coping-efficacy have found that high coping-efficacy predicts lower distress (Luzzo & McWhirter, 2001). Lent et al (2000) state that coping-efficacy reflects one's perceived capability to negotiate situations that obstruct or complicate performance.

Coping-efficacy is important to one's ability to overcome obstacles and barriers (Bandura, 1997). A strong belief in one's personal efficacy to surmount major hurdles

contributes to success and a level of perseverance beyond that of belief in one's capability to master a particular challenge (Bandura, 1997). Albert and Luzzo (1999) posited that strong coping-efficacy could result in successful performance despite expectations of barriers and impediments such as discrimination, classism, racism and sexism. People with high levels of coping-efficacy are more likely than those with low levels of coping-efficacy to attempt to overcome barriers that stand in the way of their goals (Albert and Luzzo, 1999). Similarly, Lent et al (2000) indicated that people with a strong coping-efficacy might be more likely to persevere than those who see themselves as less able to handle anticipated obstacles.

Like self-efficacy, coping-efficacy develops through four major mechanisms: a) performance accomplishments, b) vicarious learning, c) verbal encouragement and d) physiological arousal. Although Bandura (1997) indicated that cultural values and practices affect the development of efficacy beliefs, the literature lacks consideration of culturally specific variables that may account for its development in underrepresented populations. There may be unique cultural influences on learning experiences that affect how underrepresented populations acquire or are hindered in acquiring career and academic self-efficacy beliefs (Byars and Hackett, 1998).

#### *Empirical Support for Social Cognitive Career Theory (SCCT) and its Constructs*

General support for utilization of SCCT has been demonstrated in adults, college, high school and middle students of various racial and ethnic backgrounds (Byars & Hackett, 1998; Flores & O'Brien, 2002; Gainor & Lent, 1998; Lent et al., 2001, 2003; Turner & Lapan, 2003). The strongest support for SCCT is related self-efficacy with career decision making. Researchers have learned that self-efficacy beliefs are stronger

predictors of eventual career/educational decisions than past performance or demonstrated ability (Hackett & Betz, 1989; Hackett, Betz, Casa & Rocha-Singh, 1992; Lent, Lopez & Bieschke, 1993, Pajares & Miller, 1995). Relationships have been found between self-efficacy and interests (Lent et al., 2003), academic achievement (Hackett et al., 1992, Mutton, Brown & Lent, 1991), educational/career choices (Hackett & Betz, 1989) and the selection of a college major (Betz & Hackett, 1983; Pajares & Miller, 1995).

Although less research has been conducted examining outcome expectations and the development of interest, existing studies provide support for this construct (Gainor & Lent, 1998; Gore & Leuwerke, 2000; Kahn, 2001; Lopez, Lent, Brown & Gore, 1997). Studies indicate a direct relationship between outcome expectations and self-efficacy. Self-efficacy ultimately affects people's beliefs about what will happen if a certain career choice is pursued.

Research included a study of self-efficacy in relation to math performance, career decision-making and vocational choice. Matsui et al (1990) found that three of the hypothesized sources of efficacy information accounted for a unique variation in math self-efficacy. Lent et al (1990) reported that performance accomplishments explained the unique variation in students' math self-efficacy, while Lopez and Lent (1992) reported that emotional arousal added significantly to the prediction of self-efficacy beyond the effects of prior performance.

Examining self-efficacy associated with career decision making, Taylor and Betz (1983) found that students reporting less confidence in their ability to complete decision making tasks were more indecisive than those reporting higher levels of confidence.

Later studies confirmed the relationship between career decision-making self-efficacy and indecision regarding college majors and vocational choice (Niles & Sowa, 1992; Taylor & Popwa, 1990). Overall gender differences were not observed. Failure to uncover gender differences suggest that differences in self-efficacy are unlikely when pertaining to non-gender linked activities or behaviors (Lent & Hackett, 1987).

Researchers (Byars & Hackett, 1998; Hackett & Byars, 1996; Lent & Hackett, 1987; Post-Kammer & Smith, 1986) suggest that the application of self-efficacy would be useful in explaining career development in underrepresented social groups. Empirical studies addressing ethnic and cultural differences in self-efficacy have been limited. Proposed as a useful tool for understanding diverse racial/ethnic groups (Arbona, 1995; Brown, 1995; Byars & Hackett, 1998; Hackett, 1995; Hackett, Betz, Casas & Rocha-Singh, 1992; Lent & Hackett, 1987; Leong & Brown, 1995; Osipow & Littlejohn, 1995), the self-efficacy construct has been extended to explore group differences and sources of self-efficacy expectations of culturally diverse populations.

In a sample of White American and Mexican American engineering students, self-efficacy was reported to be the strongest predictor of academic achievement (Hackett et al, 1992). Outcome expectations, interests and low levels of stress were predictive of academic self-efficacy. Although ethnicity was not predictive of achievement, ethnicity was related to self-efficacy. Mexican American students reported significantly lower self-efficacy beliefs than White American students. Lauever and Jones (1991) found self-efficacy to be predictive of vocational considerations among Native Americans, White American and Hispanic students during their investigation of factors related to perceived career options in ethnically mixed rural high school populations. Native American



students reported the lowest overall self-efficacy; White American students reported the highest.

Lent and Hackett (1987) suggest that underrepresented students may receive inadequate or biased exposure to information necessary to build strong self-efficacy. Cultural socialization experiences influence opportunities for obtaining successful performance accomplishments, vicarious learning, verbal encouragement and positive emotional arousal. Hackett et al (1992) posit that students of color may have been actively discouraged from entering certain career fields and self-efficacy expectations may be weakened by discouragement. Minority status and lack of economic resources may explain why Hispanics and other underrepresented groups' lack of performance accomplishment and have limited exposure to successful role models (Arbona, 1995; Constantine, Erickson, Banks & Timberlake, 1998).

Reviewing influences common to the socialization experiences of African American women, Hackett and Byars (1996) found the following factors that may contribute to lowered self-efficacy beliefs: a) inconsistencies in environmental responses to behavior, b) few professional role models, c) observation of racial and sex discrimination on parents, family and peers, and d) ongoing discouragement and high levels of anxiety, depression and stress related to an awareness of racism and discrimination. Influences resulting in higher self-efficacy beliefs included reinforcement for success from middle-class African American women, early encouragement to face the necessity of work, and strong role models in traditional occupations (Hackett & Byars, 1996).

Extending their research to Latinas, Asian Americans and Native American women, Byars and Hackett (1998) suggest that understanding the sources of self-efficacy may be especially important in our society because women of color experience dual burdens of racism and sexism. Although many socialization experiences were reported to be similar to those influencing African American women, unique cultural factors were believed to influence self-efficacy expectations.

Research on contextual factors or the influence of one's background on these constructs has been mixed. Parental encouragement was found to have a direct influence on learning experiences and indirect relationship with self-efficacy and outcome expectations (Ferry, Fouad & Smith, 2000). However, the Ferry et al. study (2000) was not able to show a significant relationship between the SCCT constructs and social economic status (SES) and parenting style. Tang, Fouad & Smith (1999) were able to show that family SES, level of acculturation and involvement in career development influenced the career choices of Asian American students. Ochs & Roessler (2001) were able to predict self-efficacy based on disability status. Contextual factors clearly influence self-efficacy beliefs and outcome expectations, however it is not yet clear which factors are predictive for which population of students (Gibbons, 2005).

Contextual factors (supports and barriers) were originally thought to directly influence interests and choices. Now it is believed that these influences are mediated by self-efficacy beliefs (Gibbons, 2005). Lent et al (2001, 2003) found that both supports and barriers impacted self-efficacy. Supports, however, exerted the most influence (Gibbons, 2005). Others interested in barriers research found weak relationships between

barriers and self-efficacy and career choices (Kenny, Bluestein, Chaves, Grossman, & Gallagher, 2003; Flores & O'Brien, 2002).

*Specific populations and SCCT.* Several studies provide support for use of SCCT with diverse populations. McWhirter, Rasheed and Crothers (2000) examined career decision making self-efficacy, vocational skills self-efficacy, educational barriers, teacher support, outcome expectations and educational and career plans with 166 mostly White American high school sophomores living in an urban community prior to and after a nine week intervention. Both types of self-efficacy and outcome expectations increased immediately following the intervention, but declined over time. Long term interventions may be needed to permanently raise self-efficacy and outcome expectations. Although career expectations increased slightly for the duration of the intervention, perception of barriers were not affected.

Kraus and Hughey (1999) examined the effect of an intervention on the career decision making self-efficacy among 60 mostly White American, high school juniors. Participants were assigned to either an eight session career course or a control group which received no treatment. No differences were found between groups, career decision making self-efficacy of males participants were consistently higher than females.

Turner and Lapan (2002, 2003) conducted a series of SCCT studies among middle school students (Turner & Lapan, 2002), Native American middle school students (Turner & Lapan, 2003) and rural high school students (Lapan, Hinkleman, Adams & Turner, 1999) to investigate relationships between interests, self-efficacy and perceived parent support. Results indicated that parental support affected vocational interest, confidence levels and career goals of surveyed students.

*Social Support and Coping* Social support provides an individual with a perception that he/she is valued or believed in by others (Gibbons, 2005). Coping-efficacy, defined as the degree to which an individuals possess confidence in his/her ability to cope with or manage complex and difficult situations (Bandura, 1989) is influenced by a safe and caring environment at home and school and social supporters (Baker, 1998). Research on role models defined supporters as those who influence another person by either being persuasive or just being highly regarded by that person (Gibbons, 2005). Family, teachers and peers are primary sources of support for youth (Wall, Covell & Macintyre, 1999), parents have the most influence (Nauta & Kokaly, 2001; Otto, 2001; Phillips, Christopher-Sisk & Gravino, 2001).

Lapan, Tucker, Kim and Kosciulek (2003) surveyed 8<sup>th</sup>, 10<sup>th</sup> and 12<sup>th</sup> graders and found relationships between supports and career and educational planning. Youth that perceived more support had higher educational levels, connected current schooling with future career plans and believed school prepared them for the future. Malecki and Demaray (2003) examined social support types used by middle school students. Two hundred sixty three diverse students in grades five through eight were surveyed. Support was categorized into four types: emotional (trust and love), instrumental (provision of resources), informational (advice or concrete information) and appraisal (constructive feedback). Researchers found that parent and close friends were most frequently considered as 'most important' sources of support, followed closely by teacher support. Parents were most frequently reported to provide emotional and informational support. Teachers provided the most informational support and peers most frequently provided emotional and instrumental support.

Malecki and Demaray (2003) examined support types as predictors of success. A regression analysis identified which support types were significant predictors of student adjustment. Parental support accounted for 18% of the variance, no single type of support was a significant predictor of adjustment. Emotional support from teachers was found to be a significant predictor of social skills and academic confidence. Overall teacher support predicted school adjustment. Peer support was not a significant predictor of any type of student adjustment. Results suggest that social support is a vital component for academic success and school adjustment and that the type of support received makes a difference in the power of that support in middle school students.

*Coping and Ethnicity.* Several researchers compared perceived social support among students of different ethnicities. Three hundred seventy one African American and White high school juniors were surveyed. Fifty percent reported talking often with a parent about careers (Otto, 2000). White students indicated serious talks about career plans with their mothers and friends followed by their fathers. African American students reported talking with mothers, followed by friends then fathers. Both groups rated mothers most helpful in career planning, with fathers and other relatives next for White students, peers and adult friends were next for African American students. African American students turned to mothers followed by friends, school counselors, siblings and teachers for college planning. White students' mothers, fathers and then friends were consulted. Both student groups were able to identify sources of social support but, except for mothers, differed in who was most influential.

Levitt, Guacci-Franco and Levitt (1994) examined differences in social support over time with a sample of 333 African American, White and Hispanic students

interviewed from first to ninth grades. Asked about social support, participants identified sources of support from a list of potential supporters (parents, peers, adult friends and teachers). Across ethnic groups, strength of support was found positively related to cognitive self-concept, grade point average, and SAT score. Ethnic differences in social support related to specific sources of support rather than the effect of receiving support for academic and career planning. Three studies focused on social support for minority, low-income middle schoolers. Jackson and Nutini (2002) identified social supports as the primary contextual resource for a positive learning environment. This resource could add to the resiliency of students who traditionally are less likely to be successful in school.

When interviewed regarding career and academic development Chung, Baskin and Case (1999) found that six African American adult males reported that role modeling and social support from their fathers strongly influenced career and educational plans. Although mothers were also cited, they were not as significant as male role models. Witherspoon, Speight and Thomas (1997) surveyed 86 African American high school students involved in a college preparatory program and found that participants reported family encouragement for academic involvement. Few participants (4.5%) reported not receiving encouragement from their parents. Peer support for academic activities was reported by 50% of respondents. Students perceived the most support from their parents. Results increase understanding of the relationship between social support and career development in minority students.

*Coping and Gender.* McKenna and Ferrero (1991) surveyed 5,937 ninth graders from a mid-western state to examine gender differences regarding perceived support and

attitudes toward career and educational planning. Given a list and asked to rate helpfulness in providing career information (father, mother, relative, friend, teacher, counselor, workers, tv/radio, books and computer), girls most often rated computers, co-workers and tv/radio as being of no help. Boys most often rated the computer, tv/radio and counselors as being of no help. Parents of the same gender were rated as most helpful by both boys and girls.

Paa and McWhirter (2000) requested that 464 ninth and tenth graders rank order a list of influences (mother, father, male teacher, female teacher, male friends, female friends, school counselor) as most to least influential to their career plans. Males selected fathers, male friends and male teachers as more influential than did their opposite sex counterparts, but rank ordered mothers as second most influential after fathers, followed by male friends and male teachers. The same gender trend was stronger for females with mothers, female peers and then fathers and female teachers being ranked as most influential. Both groups rated school counselors as least influential. Otto (2000) found that parents were most helpful in career planning. Both groups indicated that their mother was the one they most often spoke with about careers. Clearly, parents are extremely influential to career and educational planning with the same gender parent being the most influential.

Wall, Covell and Macintyre (1999) explored the relationship of social supports to career and academic goals in 260 high school students. Although both genders ranked family as most supportive, followed by peers and teachers, gender differences were found related to the influence of social supports. Females reported that perceptions of educational opportunity were influenced by multiple sources of support. Males, however,

were only influenced by family. It is important recognize the influence of others on the educational planning of males and females.

One group of studies did not yield gender differences in perceived support. Kenny et al (2003) surveyed ninth graders in two related studies on the effects of barriers and supports in the career and educational planning of urban youth. There were no gender differences in the perception of general family support. Students who perceived strong family support reported more positive views of school and believed in their ability to be successful at work. Social support is equally important to males and females and may influence career and educational development (Gibbons, 2005).

In review, studies of social supports demonstrate a positive relationship between perceived family, peer and social support and educational and career development. Although some gender and ethnic differences are apparent, overall social supports have been shown to influence career and educational development. Mothers and fathers to a lesser extent, were reported to be the most influential to the career planning process. School support was influential but to a lesser degree and with greater gender differences. In older students, peer support was also reported to influence career and educational expectations and aspirations.

Studies have not examined whether differences in perceived support are related to the parental educational level or whether parental educational levels affect the strength of peer and school support. Social support is important, however it is unclear what types of support from which sources are most helpful in career and educational planning. There is a need for additional study on social supports for first generation students and student in care compared to their peers. Such information would assist school counselors to assist



youth in strengthening existing sources and create programs designed to add supports for students in need.

### *Coping-Efficacy*

Existing literature on coping-efficacy highlights its roles in the perception of barriers (Albert & Luzzo, 1999; Hackett & Byars, 1996; Lent et al, 2000; Luzzo & McWhirter, 2001). Although the importance of coping-efficacy as a consideration in career development has been noted (Albert & Luzzo, 1999; Bandura, 1997; Hackett & Byars, 1996; Lent et al, 2000; Luzzo & McWhirter, 2001; McWhirter, Hackett & Bandalos, 1998) empirical investigations on coping-efficacy are scarce (Luzzo & McWhirter, 2001; McWhirter et al, 1997). Few existing studies discuss the applicability of this concept to underrepresented populations. Coping-efficacy measures are limited and have generally assessed one item on likert scale, asking the subject to rate a level of confidence in being able to handle or manage a given situation (McWhirter, 1997). McWhirter created the Coping With Barriers (CWB) Scale in an effort to improve the typical one question format (Luzzo & McWhirter, 2001). The CWB consists of 28 items and has high internal consistency and reliability estimates. It was used in the only published vocational study to examine coping-efficacy (Luzzo & McWhirter, 2001).

In 2001, Luzzo and McWhirter investigated gender and ethnic differences in perceptions of barriers and coping-efficacy. The Perception of Barriers (POB) scale (McWhirter, 1997) was used to measure anticipated barriers, and the Coping with Barriers (CWB) scale was developed to measure the degree of confidence in overcoming potential career and educational barriers presented on the POB scale. The instruments

were administered to 286 college students. Sex and ethnic differences were found in perceptions of barriers. Although in comparison to men, women were expected to perceive more career barriers, only more perceived educational barriers were reported. No ethnic differences were reported in regard to career and educational barriers, although lower coping–efficacy was reported by ethnic minority students for career barriers. Results suggest that ethnic minorities hold perceptions different from their White American counterparts. Study limitations (less than 11% ethnic subjects) preclude the generalization of these results to ethnic minority students.

*The Perceptions of Barriers* Swanson and her associates documented the progression of research on career related barriers (Swanson & Tokar, 1991; Swanson, Daniels & Tokar, 1996). This research was the result of Crites' (1969) investigation of the influence of barriers on women's career development. Crites (1969) categorized barriers as internal and external. Internal barriers reflected the internal state (motivation and self concept). External barriers constituted external conditions impacting the individual (discrimination or wage inequality). O'Leary (1974) identified six internal and four external barriers. Farmer (1976) extrapolated six internal and three external barriers.

Seeking to capture the complexity of educational and career barriers faced by women, alternative systems of barrier classification were proposed (Swanson & Tokar, 1991). Nieva and Gutek (1981) suggested that women's career choices were shaped by personal characteristics, attitudinal factors and situational factors. The construct of barriers was expanded to include social groups such as ethnic and racial minorities in high school and college settings (Byars & Hackett, 1998; Luzzo, 1993; 1996; Luzzo & McWhirter, 2001; McWhirter, 1997; Swanson & Tokar, 1991; Stanley, 1980).

When Black and White American women were given the task of listing and ranking variables from eight categories (discrimination, financial concerns, chance-related concerns, job-related concerns, interpersonal concerns and general and specific concerns pertaining to college) that could hinder attempts to obtain career goals, Stanley (1980) noted a race/ethnicity by socioeconomic status interaction (Stanley & Brown, 1983). Bowman (1988) expanded Stanley's categories to identify the top five barriers (racial discrimination, their own death, financial problems, unpredictable occurrence and low grades) among Black American male and female subjects. Although early research supports the belief that the barrier perceptions construct is salient, early studies fell short of systematically examining the full spectrum of barrier perceptions as they relate to the career choice process.

In an attempt to explore the role of perceived barriers in college student's career development, a survey was given to a culturally diverse population of undergraduates attending a California state university. Although no difference was found in the number of barriers perceived, there was a significant difference in the kinds of barriers experienced by students of different ethnicities. Less than 5% of White American students perceived ethnic identity barrier compared to 13.5% of Filipinos, 22.4% of Latinos, 25% of Asian Americans and 42% of African Americans. A significant relationship between ethnicity and perceived past financial barriers was found. Two types of anticipated future barriers to career development were found to be different from White Americans in minority ethnic participants: study skills barriers and ethnic identity barriers. All ethnic students identified study skill barriers. Luzzo acknowledged the limited interpretive value of these results since only descriptive data was provided.

Luzzo (1996) used the same survey to explore the relationship between perceived vocational barriers and career decision making (CDM) attitudes, knowledge and self-efficacy of community college students. Participants consisted of 188 students aged 18-45. Study findings noted a significant negative relationship between self-efficacy and anticipated barriers, students that predicted more future barriers had lower self-efficacy.

Attempting to develop a sound classification system, Swanson and Tokar (1991) asked 48 college students to develop a list of career barriers and sort them as social/interpersonal, attitudinal and interactional factors. In an effort to address limitations of their early work (small sample size and subjectivity), Swanson and Tokar (1991) developed the Career Barriers Inventory (CBI) to measure career-related barriers pertaining to college students. This instrument was administered to 558 students. Only marginal support for the 3-type barrier classification system related to women was found (Swanson & Tokar, 1991). The authors suspected that this was due to the fact that the literature was used to develop their measure based on women's career development.

The CBI was revised to improve its psychometric properties (CBI-R; Swanson, Daniels & Tokar, 1996). It evaluated variables that may impede a student's progression towards career goals. Career barriers were described as factors that restrict movement toward a goal. Internal, external and/or interactional barriers were examined.

Reviewing CBI-R data sets, researchers noted statistically significant gender and ethnic differences; women scored higher than men; non-whites scored higher than White Americans. Given inadequate study skills and the shortage of professional role models, it was assumed that ethnic students would experience more barrier perceptions (Hackett & Byars, 1996; Luzzo & Jenkins-Smith, 1996).

The CBI-R has shown varying degrees of support for perceived barriers based on gender and ethnicity (Hill, 1999; Kassab, 2000; Weiss, 2000). One study, exploring the impact of perceived cognitive and environmental barriers on career preference in traditional and nontraditional occupations, revealed disapproval of significant others as a perceived career barrier for the sample of 210 community college women. Female participants perceiving greater disapproval from significant others were more prone to select traditional careers. Marginal differences in perceived barriers based on gender were found. The analysis focused exclusively on White American women, no commentary related to ethnic or racial similarities and differences were provided (Kassab, 2000).

Hill (1999) investigated differences in the career decision making process and the usefulness of Social Cognitive Career Theory (SCCT) among 92 African American and 273 White American university students (Hill, 1999). His study examined relationships between career barriers, career decision-making self-efficacy, outcome expectations, behavioral intentions and career indecision. No significant relationship was found between career barriers and behavioral intentions across ethnicity. Significant correlations among barriers and indecision were found among White American participants but not among the African American participants. Similar to the Swanson & Tokar study (1991), fewer ethnic differences in barrier perceptions were found. Career decision making self-efficacy predicted career indecision, career barriers did not demonstrate a significant relationship to career indecision. Hill's research (1999) provided empirical support for applying the SCCT model to both African American and White American students to better understand career development.

In a similar study, Weiss (2000) examined the usefulness of SCCT in understanding vocational choice behavior across an ethnically diverse sample of 460 university students. Relationships between career barriers, career decision-making self-efficacy (CDMSE), career outcome expectancies and vocational indecision were explored. The following significant relationships were observed: 1) CDMSE and perceived barriers contributed to the prediction of career indecision, 2) women identified greater likelihood and hindrance of barriers than men, 3) ethnic differences in barriers were present in perceived hindrance format responses, 4) a negative relationship was observed between CDMSE and perceived barriers (high levels of CDMSE results in lower levels of perceived barriers and visa versa, and 5) a significant relationship was reported between perceived barriers and indecision (when barriers are high, career indecision is elevated (Weiss, 2000). Differences in gender were similar to outcomes found by Swanson et al (1996). Study findings supported the use of SCCT to understand the career development of ethnically diverse college students.

McWhirter developed the Perception of Barriers (POB) scale to measure the construct of perceived educational and career related barriers (McWhirter, 1997). This instrument was used in McWhirter's (1997) research on the perceived barriers of Mexican American and White American high school students in the pursuit of educational and career goals. Significant ethnic and gender differences were found. There were no significant interaction effects. McWhirter reported that female were more likely to foresee gender discrimination and less likely to foresee ethnic discrimination. There were no gender differences in regard to money problems, family difficulties,

family attitudes, not being smart enough, not fitting in and having a good job, (McWhirter, 1997).

McWhirter found that in comparison to White Americans, Mexican American subjects were more prone to anticipate gender and ethnic discrimination and less confident in their ability to overcome barriers that impeded their progress. The Mexican American subjects reported more perceive barriers to attending and staying in college including family problems, family attitudes about college, not being smart enough, not getting into college and not fitting in (McWhirter, 1997). Findings revealed no significant difference in subjects' view of money problems, despite significant differences in socioeconomic status. McWhirter attributed this finding to "the greater burden experienced by those with less economic resources was not apparent to these adolescent respondents or the item was not of sufficient sensitivity to detect differences (McWhirter, 1997).

McWhirter, Hackett and Bandalos (1998) used the Perception of Barriers (POB) scale to predict the educational and career expectations of 247 Mexican American boys, 282 Mexican American girls and 228 White American girls in high school. Socioeconomic status, acculturation, academic achievement, instrumentality, expressiveness, gender role attitudes, parental and teacher support, and family and career commitment variables were included. Unlike previous findings (McWhirter, 1997), results of the study did not support a relationship between the perception of barriers and educational plans and career expectations. The majority of the Mexican American girls in the study reported being unsure whether they would face certain barriers or that they were moderately sure that they would overcome barriers.

It has been suggested that SCCT provides a foundation to explore barriers related to diverse social groups (Hackett & Byars, 1996; Lent, et al, 2000; Luzzo & McWhirter, 2001; Swanson et al, 1996; Weiss, 2000). Despite an increase in perceived barrier research, there continue to be gaps in studies examining the impact of barriers on under-represented, disadvantaged, non-white, college oriented populations (Luzzo, 1996; Kassab, 2000). Theorists and researchers acknowledge the importance of continuing to expand our understanding of barrier perceptions with ethnic and racial minority populations. Studies that have taken these populations into account have observed inconsistent findings (Luzzo, 1993; 1996; Luzzo & McWhirter, 2001; McWhirter, 1997; Swanson, et al, 1996; Hill, 1999).

Several researchers focused on urban youth identified as at-risk of completing school. Kenny et al. (2003) examined the perception of barriers in urban high school students. In two related studies, the affects of perceived barriers and social support on school engagement and career goals were assessed. One hundred seventy four ninth graders from low income, ethnically diverse high schools were surveyed. Over 60% of the participants were African American, 21% were Hispanic/Latino. Barriers were assessed using McWhirter's Perceptions of Barriers Scale (1997). After controlling for gender and family supports, results found that perceived barriers affected school engagement and career aspirations. Gender differences were not found.

A second study was conducted at the same school with 181 ninth graders. The Perception of Educational Barriers Scale (McWhirter et al., 2000) was used to assess barriers and coping-efficacy regarding postsecondary education. No gender differences were found. Perceived barriers were found to have a slightly negative affect on



educational and career attitudes (Kenny et al., 2003). A third study examined the barriers to career learning in low-income, urban middle school students. Jackson and Nutini (2002) interviewed 21 mostly African American and Hispanic middle school students participating in a career development program for disadvantaged youth. Over the course of the 10 week program, students were interviewed about perceived contextual and psychological barriers to learning. Contextual barriers to learning included unsafe environment, discrimination, being from a low-income family, lack of or negative social support and lack of or negative models of behavior. Psychological barriers included low academic self-efficacy, low relationship self-efficacy, unrealistic beliefs about college and career, and lack of effective coping skills. Although research was conducted with a small sample, results shed light on specific barriers students may believe they face when planning their careers (Gibbons, 2005).

Vargas (2004) reviewed the literature on low-income, first generation college educated minority students to describe barriers to college entrance and success. Results showed the biggest barrier to college attendance was college preparatory information and guidance. Parents lacked information about college and there was a need for long-term guidance and planning. Financial information, how to apply to college, connecting current educational choices with future career and college goals, selecting appropriate high school courses, and selecting appropriate college options were primary areas where more information was needed by at-risk students.

When asked directly, students were able to specify barriers to their educational and career aspirations. The strengths of barriers were not always evident. More research needs to be conducted in order to assist students in overcoming these hurdles. Specific

types of barriers for youth in care need to be identified, along with gender or ethnic differences in these perceptions. This information will help practitioners create programs to reduce barriers and strengthen supports for students.

### *Summary*

This chapter reviewed the scholarly literature pertinent to investigation of whether the perception of barriers and coping-efficacy are related to the acquisition of life skills needed for the transition to adulthood of older youth in foster care. The chapter began by helping the reader to understand the realities of the transition to adulthood process for youth in foster care. There is much to be learned about this transition process and why some youth are successful in the transition to adulthood while many are not. Social cognitive career theory (SCCT) and its constructs, self-efficacy, the perception of barriers and coping-efficacy, were examined as a potential theoretical basis to better understand the transition process in the foster care population. SCCT and its constructs may be used to evaluate the effectiveness of existent programming and the development of future programming for youth aging out of the foster care system. Empirical supports were provided.

## Chapter Three

### *Research Methodology*

Chapter three describes the target population and sample, variables in the study, data collection and analysis procedures, instrumentation, the research questions, hypotheses, null hypotheses, ethical considerations, and limitations of this study.

#### *Population and Sample*

The population for this study consists of older foster care youth (aged 18 and over) transitioning to adulthood. Many participants may be enrolled in the Chafee Educational Voucher Program since it provides an ongoing link to the foster care system after youth reach the age of 18. A sample of 160 youth was recruited for participation in this study.

#### *Variables in the Study*

Emancipated youth transitioning to adulthood may be at-risk due to socio-economic status, gender, race/ethnicity, level of education and other contextual factors that resulted in child welfare placement. Theorists of Social Cognitive Career Theory (SCCT) agree that at-risk populations often circumscribe career choices and settle for options incongruent with their abilities and interests (Albert & Luzzo, 1999; Byars & Hackett, 1998; Luzzo & McWhirter, 2001; McWhirter, 1997; Smith-Weber, 1998). The intent of this study is to investigate whether the perception of barriers and coping-efficacy are related to the acquisition of life skills as determinants of readiness for transition to adulthood among youth in foster care. Self-efficacy denotes one's confidence in his/her ability to accomplish a task (Bandura, 1986, 1989). Self-efficacy as

indicated by ACLSA score is the dependent variable that will be used in this study to evaluate readiness for the transition to adulthood.

### *Data Collection and Analysis Procedures*

A convenience sample was obtained for this study. The Casey Family Program in Seattle, Washington was instrumental in assisting the researcher to locate programs willing to allow their youth to participate in this study. Study instruments were accessed on the surveymonkey.com website. Program Administrators and Independent Living Coordinators provided the website address for youth affiliated with their programs. The websites for the Orphan Foundation and the Foster Club provided a link to the survey.

There were five sections to the SurveyMonkey designed survey: 1) Purpose and Consent, 2) ACLSA instrument, 3) POB instrument, 4) CWB instrument and 5) thank you with instructions for receipt of gift bag for participation in the study. The survey instrument was available to participants during the months of July, August, September and October 2005. Participants were able to sign on at any time.

Section one explained the purpose of the study and requested that those who are willing to participate in the study provide informed consent. Youth were informed that participation was voluntary. They were aware that they could refuse to answer any questions or withdraw from participation in the study at any time. Participating youth were asked to “accept” or “not accept” consent to participate in the survey. Survey administration terminated for youth who chose “not accept”. Youth who chose to participate were asked to create a unique identification code. The researcher was not able to identify information submitted by any youth because of this unique identification system. Completion of the study took approximately 15 minutes. A gift bag containing

items donated by the NC Office of Minority Health, DC HIV/AIDS Administration, Adolescent AIDS Program, the Weekly Reader Publishing Company and former foster care youth (who chose to remain anonymous) was made available for all youth who completed the study.

### *Data Analysis*

SPSS: Statistical Package for the Social Sciences, Version 13.0 was used to run all procedures. Descriptive statistics were obtained to describe the sample size, measures of central tendency (mean, median, and mode) and measures of dispersion (range, variance, standard deviation, quartile ranges, and minimum and maximum values) for life skills self-efficacy (ACLSA), perception of barriers (BARPER) and coping-efficacy (COPEFF). Multiple linear regression (MLR) procedures were used to determine relationships between the scores for ACLSA, perception of barriers and coping-efficacy. Additional procedures were used to determine if there are differences in the sample based on age, race/ethnicity, gender and time in foster care.

### *Description of Instruments*

Instrumentation was limited to tests that measure the constructs examined. Theoretical appropriateness was a high priority.

*Ansell-Casey Life Skills Assessment (ACLSA), Shortform (Version 4.0).* The Ansell-Casey Life Skills Assessment (ACLSA), Shortform is a research tool developed to assess self-efficacy of life skills mastery and readiness for living on one's own (Nollan, Horn, Downs & Pecora, 2002). Similar measures are available for direct service providers to assess youth via youth and caregiver report formats. These formats assess youth at four recommended age-related levels reflecting previous research and

benchmarks studies of mainstream youth: Level I (8-10 years), level II (11-14 years), level III (15-18 years) and level IV (19 years and older).

The Shortform takes about 5 minutes to complete, depending on the reading level of the respondent (Nollan, Horn, Downs & Pecora, 2002). Demographic questions are also included (Nollan, Horn, Downs & Pecora, 2002). A three-point response scale is used to assess life skills. The response scale used is 1) “not like me”, 2) “somewhat like me”, and 3) “very much like me”. This response scale allows the ACLSA to present variations in content and wording. The response scale answers are collected together to provide an overall score (Nollan, Horn, Downs & Pecora, 2002).

Reliability and validity on the ACLSA was originally collected from 1997 to 1999. A primary data set was developed for each ACLSA level; samples were compiled from a variety of sources. Many youth completed the ACLSA as part of normal and regular services provided by twelve of Casey Family program offices, and a variety of state and local youth service agencies across the country. Other youth completed the ACLSA as part of an effort to collect this data from non-foster care, mainstream school youth, which involved 17 schools from five states. The data were obtained using the “paper and pencil” version 2.0 youth self-report forms; data entry was accomplished by computerized optical scanning of the forms (Nollan, Horn, Downs & Pecora, 2002).

Total sample size for the ACLSA Shortform, Version 4.0 was  $n = 1526$ . Reliability was determined as 0.874 using Cronbach’s alpha (Nollan, Horn, Downs & Pecora, 2002). Content validity is the characteristic of having appropriate items for accurate measurement. It is a function of the sampling of items and item-writing processes. Due to the careful early involvement of youth, parents, and experts in item

development, ACLSA developers claim a valid sample of life skill items. To further establish content validity, intercorrelations among the domain scores and overall mastery scores were obtained. All correlations were positive and significant, revealing a consistent relationship among the domains and between the domains and overall ACLSA score. The domain correlations with overall mastery ranged from 0.63 to 0.84. The relationships among the ACLSAS domains suggest that individuals with ability in one life skill domain also have the ability in other domains and in the overall life skills (Nollan, Horn, Downs & Pecora, 2002).

*Perception of Barriers Scale (POB).*

The Perception of Barriers Scale (POB) originally developed by Ellen McWhirter in 1997 was substantially modified in 2001 to study sex and ethnic differences (Luzzo & McWhirter, 2001) in the perception of educational and career-related barriers and levels of coping-efficacy. The original scale consisted of 24 items. Eight of which addressed anticipated ethnic and gender discrimination in the respondent's future career: nine items addressed barriers that might prevent the pursuit of postsecondary education; five items addressed barriers anticipated if the respondent attended college; and two items addressed overall perceptions of barriers and general confidence in ability to overcome barriers. A Cronbach's alpha reliability coefficient of .87 was obtained for the POB scale in a sample of 1,159 high school juniors and seniors (Luzzo & McWhirter, 2001).

Revisions were made to accommodate McWhirter's recommendation that childcare items be included in future investigations of perceived barriers. The original format for the career barriers items was retained so that barriers are presented after the

stem, “In my future career, I will probably experience...”. With respect to the educational barriers subscale, the nine original POB scale items addressing barriers that might prevent pursuit of postsecondary education were dropped to accommodate student populations already enrolled in college. The item format for the educational barriers items also was revised, barriers were presented first (e.g., “not having enough confidence is...”) followed by the stem “currently a barrier to my educational aspirations”. In addition, 16 new items were added to the educational barriers subscale. Specifically, two items were added regarding children (e.g., “My desire to have children is...”): one item was added to address partner issues (“Relationship concerns are...”); four items were added to address environmental support and role models (e.g., “Lack of support from my significant other to pursue education is...”); five items were added to address gender-related educational issues (e.g., “My gender is ...”, “People’s attitudes about my gender are...”); and two items were added to address ethnicity (e.g., “My ethnicity is ...”, “People’s attitudes about my ethnic background are...”). In sum, nine items were deleted, 19 items were added, and the educational barriers items were presented in a different format to make the measure appropriate with both high school and college students and to enhance the range of barriers addressed by the measure (Luzzo & McWhirter, 2001).

Likert-type item responses to the POB scale range from strongly agree (5) to strongly disagree (1) with items 1 to 11 summed for a career-related barriers subscale score and items 12 to 32 summed for an educational barriers subscale score. Lower scores indicate the perception of more barriers. A Cronbach’s alpha of .90 was obtained for the total sample in the McWhirter & Luzzo. Alpha coefficients of .86 and .88



respectively were obtained for the career related and educational barrier subscales. Test-retest reliability over a two month time period was obtained for a sub sample of 55 randomly selected participants, yielding a stability coefficient of .78 for the total POB scale scores and stability coefficients of .72 and .68 for the career-related and educational subscales, respectively (Luzzo & McWhirter, 2001).

*Coping with Barriers Scale (CWB).*

McWhirter developed a measure of coping with barriers to study sex and ethnic differences (Luzzo & McWhirter, 2001). This 28-item measure was developed to parallel the modified POB measure. Seven of the 11 career-related barriers items and all 21 of the educational barrier items from the modified POB scale were used to construct the CWB scale. The coping with educational barrier items were considered more immediate and salient to respondents' current life situations than the coping with career-related barrier items. Thus, four of the POB scale items for career-related barriers – two addressing gender discrimination and two addressing ethnic discrimination, were not included in the development of the CWB scale (Luzzo & McWhirter, 2001).

For the first seven items of the CWB scale, respondents were asked to “please rate your degree of confidence that you could overcome each potential career barrier below (e.g., “negative comments about my racial/ethnic background [insults, jokes],” “difficulty getting time off when my children are sick”). For items 8 through 28, respondents rated their degree of confidence for overcoming potential educational barriers (e.g., “money problems,” “not being prepared enough,” “lack of support from friend”). Likert-type item responses range from highly confident (5) to not at all confident (1). All items are

summed for a total score. Higher scores reflect greater confidence in one's ability to overcome barriers (i.e., coping-efficacy). Cronbach's alpha of .88 and .93 were obtained in the present sample of coping with career-related and educational barrier subscales, respectively. Test-retest reliabilities over a two month period, obtained for a sub-sample of 55 randomly selected participants, yielded moderate stability coefficients of .50 for the coping with career-related barriers subscale and .49 for the coping with educational barriers subscale (Luzzo & McWhirter, 2001).

### *Research Questions*

#### *Statement of Research Questions.*

1. Is there a relationship between the perception of barriers and ACLSA scores of youth in care transitioning to adulthood?
2. Is there a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood?
3. Are relationships between the scores on the dependent variable (ACLSA) and independent variables (perception of barriers and coping-efficacy) different based on age, gender and time in foster care?

#### *Research Hypotheses.*

1. There will be a relationship between the perceptions of barriers and ACLSA scores of youth in care transitioning to adulthood. Youth who perceive many barriers will have low self-efficacy scores; those who perceive no or few barriers will have high self-efficacy scores.
2. There will be a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood. Youth with high levels of coping-

efficacy will have high ACLSA scores; those with lower levels of coping-efficacy will have lower ACLSA scores.

3. There will be a relationship between the ACLSA score and a linear combination of scores on perception of barriers, coping-efficacy, age, gender, education and time in foster care.

#### *Null Hypotheses.*

1. There will be no significant differences in mean ACLSA scores of youth in care who perceive many barriers and those who perceive a no or few barriers.
2. There will be no significant differences in mean ACLSA scores of youth in care with higher levels of coping-efficacy and those with lower levels of coping-efficacy.
3. There will be no difference between the relationship of ACLSA scores and the linear combination of scores on perception of barriers, coping-efficacy, age, gender, education and time in foster care.

#### *Ethical Considerations*

Special protections are made for youth as research participants. The United States Department of Health and Human Services' Office of Human Research Protections (OHRP) allows youth to participate in research that presents a reasonable opportunity to further the understanding, prevention or alleviation of a serious problem affecting the health or welfare of youth when research is conducted in accordance with sound ethical principles (Department of Health and Human Services' Office of Human Research Protections [DHHS, OHRP], 2001). This study met the criteria for 45 CFR

46.404. It is anticipated that this research will not involve greater than minimal risk to the youth involved in the study (DHHS, OHRP, 2001).

Permission to carry out this study was obtained from the Protection of Human Subjects Committee at the College of William and Mary and this researcher's committee before proceeding. The American Counseling Association (ACA) principles for research involving human subjects and guidelines from the Protection of Human Subjects Committee at the College of William and Mary were followed. The following precautions were taken to maintain ethical standards:

Subjects were informed in writing of the purpose of this study. Permission of all subjects was requested and required for participation. Subjects were informed that participation was strictly voluntary. Subjects were informed that they could withdraw participation at any time without consequences (OHRP, 2001).

Strict measures were taken to insure the confidentiality of data. Youth created a unique identification code. The researcher was not able to identify information submitted by any youth because of this unique identification system (OHRP, 2001).

### *Limitations*

This study was limited to a population of older youth in foster care, aged 18 - 23. Many subjects were enrolled in the Chafee Education and Training Vouchers Program. Since many foster care youth are no longer under the jurisdiction of foster care after the age of 18, youth in the Chafee Educational Voucher program may possess atypical characteristics compared to youth generally found in foster care. Participants enrolled in the Chafee Educational Voucher Program have generally experienced educational success and are eligible for enrollment in vocational/technical schools and/or

college. Few child welfare officials were willing to allow survey administration to youth under the age of 18. Older foster care youth (18 and over) were recruited because they were accessible to the researcher. The utilization of a convenience sample of youth enrolled in the Chafee Educational Voucher Program limits the generalizability of this study's results to a larger population of youth in foster care.

## Chapter Four

### *Analysis of Results*

The purpose of this study was to investigate whether the perception of barriers and coping-efficacy were related to the acquisition of life skills self-efficacy needed for the transition to adulthood of older youth in foster care. This chapter presents a brief overview of the sampling procedures that were utilized followed by an analysis of the data obtained.

#### *Sampling Procedures*

The population for this study consisted of foster care youth (aged 18 and over) transitioning to adulthood, nationwide. Many participants were enrolled in the Chafee Educational Voucher Program, an ongoing link to the foster care system after youth reach the age of 18. A sample of 160 youth was recruited for participation in this study.

State Independent Living Coordinators were contacted to request the participation of foster care youth in their state. The Commonwealth of Virginia and state of Illinois were the only states to require authorization by state Internal Review Board (IRB) process before contacting child welfare programs. IRB approval was granted by both states. Authorities from 14 other states and the District of Columbia granted permission for the participation of their foster care youth.

Study instruments were accessed on the surveymonkey.com website. Program Administrators and Independent Living Coordinators provided the website address to youth affiliated with their programs. Additionally, the Orphan Foundation provided a website link for North Carolina foster care youth and the Foster Club provided access to other youth in care interested in participating in the study. A few host organizations

decided to download copies of the study instruments for their youth. Participants completed the hard copies that were later mailed to the researcher.

There were five sections to the SurveyMonkey designed survey: 1) Purpose and Consent, 2) ACLSA instrument (including demographic information), 3) POB instrument, 4) CWB instrument and 5) thank you with instructions for receipt of gift bag for participation in the study. The survey instrument was available to participants from July until October 2005. Participants were able to sign on at any time. Each participant created a unique 4-digit alphanumeric identification code as a safeguard for identity protection.

Section one explained the purpose of the study and requested that participants provide informed consent. Youth were informed that participation was voluntary. They were aware that they could refuse to answer any questions or withdraw from participation in the study at any time. Participating youth were asked to “accept” or “not accept” consent to participate in the survey. Survey administration terminated for youth who chose “not accept”. Youth who chose to participate were asked to create a unique identification code. The researcher was not able to identify information submitted by any specific youth.

The study instruments were found in sections two through four. Life skills self-efficacy was assessed in section two via the Ansell Casey Life Skills Assessment (life skills self-efficacy). This measure consisted of 16 demographic questions; self-efficacy was assessed using 18 items on a likert response scale of not like me, somewhat like me and very much like me. Section three used the Perception of Barriers (POB) scale, a 32-

item instrument to assess the perception of barriers. The Coping With Barriers (CWB) instrument was found in section four; this 32-item instrument assessed coping-efficacy.

Study data was exported directly to the researcher by SurveyMonkey. A gift bag containing items donated by the NC Office of Minority Health; DC HIV/AIDS Administration; Adolescent AIDS Program of Montefiore Medical Center; the Weekly Reader Publishing Company and Associates; Independent Means, Inc; Dr. Octavia Madison Colmore; Just Born, Inc; and former foster care youth (who chose to remain anonymous) were made available for all youth who completed the study.

### *Descriptive Data Results*

SPSS: Statistical Package for the Social Sciences, Version 13.0 was used to run all procedures. Descriptive statistics were obtained to describe the sample. One hundred sixty youth, 73.1% female and 25% male (1.9% did not report a gender) participated in this study. Participants consisted of youth from diverse ethnicities: African American (53.1%), White American (19.4%), Multiracial (12.5%), Latin American (11.3%), Native American (1.9%) and 1.2% Asians and other races. Youth ranged in age from 18-23 years old. Most participants were aged 18 (47.5%) and 20 (22.5%). Most had a GED or were high school graduates (75.7%). Seventy eight percent reported participation in the Chafee program: 43.8 % percent of all participants reported current enrollment in college or technical school.

Most participants were residents of California (21.9%), Texas (11.9%), Illinois (11.3%) and Washington, DC (10%). The remaining 44.9 % participants resided in New York (5.2%), North Carolina (5.2%), Ohio (3.3%), Delaware (2.5%), Michigan (1.9%), Tennessee (1.9%), Georgia (1.3%) and Arkansas, Colorado, Missouri, Nevada, New



Jersey and Virginia (3.6% combined). More than 20% of the participants in this study did not report their state of residence. Most youth reported foster care involvement for more than five years (44.4%). Others reported foster care involvement for 3 years (15.6%), 2 years (14.4%), 4 years (6.9 %), 5 years (6.3%), 1 year (6.3%), less than 6 months (3.6%) and 6 months to 1 year (2.6%). While in foster care, most youth report living with a friend's family (32.5%), unrelated foster parents (23.8%), group home (21.9%), and adoptive parents (11.3%). Other youth report living with relatives who were not foster parents (3.3%), on their own (2.0%), their biological parents together (2.0%), biological mother or father (1.3%) and other (2.6%).

Many participants reported that they were not parents (91.3%). Less than 9% parented one child (5.6%), two children (2.5%), or three children (.6%). Participants reported possession of a social security card (95%), birth certificate (88.8%) and photo identification card (93.8%).

The Ansell Casey Life Skills Assessment (ACLSA), Perception of Barriers Scale (POB) and Coping With Barriers Scale (CWB) were used in this study. Before beginning data analysis, data was recoded from birth year to "age" and foster care length to "time in foster care". Birth year was converted to an actual age. The actual age of participants ranged from 18 to 23 years. Foster care length was originally noted using months and years; this variable was recoded to reflect the number of months that a participant had been in foster care. The following values were noted 3, 6, 9, 12, 24, 36, 48, 60, and 72 months. The first three values, three, six and nine months, reflect an average. Three months was used to reflect less than six months in care. Six months was used to reflect six months in care. Nine months was used to reflect six months to a year in care.

Overall scores were computed for each study measure: ACLSA, POB and CWB. Descriptive statistics were obtained using Statistical Package for the Social Sciences (SPSS), Version 13: A description of the sample including sample size, measures of central tendency (mean and median) and measures of dispersion (standard error, standard deviation, variance and range) was provided.

One hundred fifty nine youth completed the ACLSA. Possible scores ranged from 18 to 54. Lower scores reflected a “not like me” response which signified lower life skill self-efficacy. The mean score was 48.36; a median of 50 was found. The standard deviation was 6.80 with a standard error of .54 and variance of 46.28 (see Table 1).

One hundred fifty eight youth completed the POB. Possible scores ranged between 32 to 96 with a mean of 82.59 and median of 86. A low perception of barriers score reflected the perception of more barriers, while a high score reflected the perception of few barriers. The standard deviation was 11.86, the standard error was .94 and 140.73 variance.

Finally, one hundred fifty six youth completed the CWB. Like the POB, the possible scores ranged from 32 to 96. The reverse was true regarding an interpretation of the scores. Lower scores reflected high coping-efficacy while high scores were associated with low coping-efficacy. The mean was 42.30; the median was 36. The standard deviation was 17.42, the standard error was 1.39, and the variance was 303.40 (see Table 1).

Table 1

*Descriptive Statistics for Life Skills Self-Efficacy (ACLSA), Perception of Barriers (POB) and Coping-Efficacy (CWB)*

Variable	N	Mean	SE	Median	Standard Deviation	Variance	Range
ACLSA	159	48.36	.54	50.00	6.80	46.28	36.00
POB	158	82.59	.94	86.00	11.86	140.73	55.00
CWB	156	42.30	1.39	36.00	17.42	303.40	52.00

#### *Data Analysis for Hypotheses*

Each of the three hypotheses was reviewed, followed by a delineation of the statistical analysis that was used for the gathered data. The results of the analysis conclude the examination of each hypothesis.

#### *Correlation between perception of barriers and ACLSA scores*

##### *Hypothesis One*

1. There will be a relationship between the perceptions of barriers and ACLSA scores of youth in care transitioning to adulthood. Youth who perceive many barriers will have low self-efficacy scores; those who perceive no or few barriers will have high self-efficacy scores.

A Pearson Product moment correlation coefficient was derived to examine the relationship between the perception of barriers and ACLSA scores. Consistent with research reported in the professional literature, the correlational coefficient was found to have a statistically significant positive relationship of  $p=.246$  at  $p<.01$ . The results indicate an expectation that persons who perceived many barriers possess low levels of

life-skill self-efficacy. Those who perceive few barriers, possess high levels of life-skill self-efficacy. Overwhelmingly, youth participating in this study perceived few barriers and reported high life-skills self-efficacy. The null hypothesis was rejected; the hypothesis was accepted.

### *Correlation between coping-efficacy and ACLSA scores*

#### *Hypothesis Two*

2. There will be a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood. Youth with high levels of coping-efficacy will have high ACLSA scores; those with lower levels of coping-efficacy will have lower ACLSA scores.

A Pearson Product moment correlation coefficient was derived to examine the relationship between perception of barriers and ACLSA scores. Again, consistent with previous research, the correlational coefficient was found to have a statistically significant negative relationship of  $p=-.239$  at  $p<.01$ . Results indicate that persons with high levels of coping-efficacy will also have high levels of life-skills self-efficacy. Older foster care youth participating in this study reported high levels of coping-efficacy and life-skills self-efficacy. Again the null hypothesis was rejected and the hypothesis was accepted.

### *Correlation between perception of barriers and coping-efficacy scores*

Although a hypothesis was not generated prior to data collection, the researcher tested the relationship between perception of barriers (POB) and coping-efficacy (CWB) scores.

A Pearson Product moment correlation coefficient was derived. The POB and CWB scores were found to have a statistically significant negative relationship of  $p=-.300$  at  $p<.01$ . Results indicate an expectation that youth who perceived many barriers will have low coping-efficacy. Those with high coping-efficacy will perceive few barriers. Most older youth in foster care participating in this study, perceived few barriers and possessed high levels of coping-efficacy.

*Relationships between ACLSA scores and a linear combination of scores (perception of barriers, coping-efficacy, age, gender, education and time in foster care)*

*Hypothesis Three*

3. There will be a relationship between the ACLSA scores and a linear combination of scores on perception of barriers, coping-efficacy, age, gender and time in foster care.

A stepwise block regression procedure was used to determine size and direction of relationships between ACLSA score, the measures in this study (the perception of barriers scale and coping with barriers scale) and contextual factors (age, gender and time in foster care). Each measure contained multiple items that were transformed into an overall score for each participant. Perception of Barrier and Coping-Efficacy scores were used as predictors of ACLSA. Age, gender and time were entered as the first block of the stepwise block regression procedure. Scores for the perception of barriers and coping-efficacy were entered in the second block of the stepwise regression procedure.

Table 2

*Stepwise Block Regression Analysis for Variables Predicting ACLSAscores*

Variable	<i>B</i>	<i>SEB</i>	Beta	<i>R</i> Square Change	<i>F</i> Change	<i>T</i>	<i>p</i>
Gender	4.052	1.310	.254			3.093	.002
Time	.047	.024	.161			1.986	.049
Perception of Barriers (POB)	.153	.048	.257	.063	10.255	3.202	.002
Coping with Barriers (CWB)	-.071	.035	-.173	.025	4.138	-2.034	.044

All variables except age (gender, time, perception of barriers and coping-efficacy) approached significance at the  $p < .05$  level. The statistical significance found in these relationships agrees with previous research findings. The variables accounted for 17.9% of the shared variance ( $R^2 = .179$ ,  $F(4, 136) = 4.138$ ,  $p = .044$ ). The results indicate a relationship between contextual factors (gender and length of time in foster care) and the perception of barriers and level of coping-efficacy. The gender of the participant and length of time in foster care impact whether or not barriers are perceived and the level of coping-efficacy. The null hypothesis is rejected; the hypothesis is accepted (Table 5).

Finally, although a hypothesis was not formulated for the relationship between perception of barriers, coping-efficacy and participation in the Chafee Educational Voucher Program; as well as the relationship between race/ethnicity, life skill self-efficacy, perception of barriers and coping-efficacy prior to data collection, a Pearson Product moment correlation coefficient was derived to examine the aforementioned

relationships from the data that was collected. No statistically significant relationship was found between coping-efficacy and participation in the Chafee Educational Voucher Program. A statistically significant negative relationship of  $p=.251$  at  $p<.05$  was found between the perception of barriers and participation in the Chafee Educational Voucher Program. As indicated in the results, older foster care youth in the Chafee Educational Voucher Program reported high levels of coping-efficacy.

Likewise race/ethnicity was found to have a significant relationship ( $p=.187$  at  $p<.05$ ) only with coping-efficacy. The results indicate that there is a relationship between the participant's race/ethnicity and the level of coping-efficacy. No statistically significant relationship was found between race/ethnicity, life skills self-efficacy and the perception of barriers. Additionally, a relationship was found between race/ethnicity and participation in the Chafee Educational Voucher Program.

## Chapter Five

### *Discussion*

#### *Review of Results*

The research questions examined in this study explored relationships between life skill self-efficacy (ACLSA), perception of barriers (POB), coping-efficacy (CWB) and a linear combination of scores on perception of barriers, coping-efficacy, age, gender and time in foster care. The following research hypotheses were proposed:

1. There will be a relationship between the perceptions of barriers and ACLSA scores of youth in care transitioning to adulthood. Youth who perceive many barriers will have low self-efficacy scores; those who perceive no or few barriers will have high self-efficacy scores.
2. There will be a relationship between levels of coping-efficacy and ACLSA scores of youth in care transitioning to adulthood. Youth with high levels of coping efficacy will have high ACLSA scores, those with lower levels of coping-efficacy will have lower ACLSA scores.
3. There will be a relationship between the ACLSA scores and a linear combination of scores on perception of barriers, coping-efficacy, age, gender, education and time in foster care.

A Pearson-Product moment correlation coefficient was derived to examine the relationship between ACLSA score and perception of barriers for hypothesis one.

Statistical significance was found ( $p = .246$ ,  $p < .05$ ) consistent with previous research found in the professional literature. Participants who perceived many barriers had lower



ACLSA scores than those who perceived fewer barriers. Most youth participants perceived few barriers and had high ACLSA scores.

Likewise, a Pearson Product moment correlation coefficient was derived for hypothesis two. The relationship between ACLSA and coping-efficacy was examined. Again, as reported in previous research, statistical significance was found ( $p = -.239, p < .05$ ). High levels of coping-efficacy were associated with high ACLSA scores, low levels of coping-efficacy were associated with low ACLSA scores. The older foster care youth participating in this study reported high levels of coping-efficacy with high ACLSA scores.

A stepwise block regression analysis procedure was conducted for hypothesis three. In the first block, age, gender and time in foster care were used as control variables for ACLSA score. The second block consisted of perception of barriers and coping-efficacy scores. All variables except age were statistically significant at  $p < .05$  level,  $R^2 = .179, F(4,136) = 4.138, p = .044$ . Again, these statistically significant results were consistent with previous research in the professional literature. A relationship was found between gender, time, the perception of barriers and coping-efficacy.

Finally, additional relationships were examined from the collected data. Pearson Product moment correlation coefficients were derived for relationships between perception of barriers and coping-efficacy and perception of barriers, coping-efficacy and participation in the Chafee Educational Voucher Program; as well as the relationship between race/ethnicity, life skill self-efficacy, perception of barriers and coping-efficacy prior to data collection. A statistically significant relationship was found between perception of barriers and coping-efficacy ( $p = -.300, p < .05$ ). Youth who perceived

many barriers had low coping-efficacy, those who perceived fewer barriers had higher levels of coping efficacy. Most participants in this study reported few barriers and high levels of coping-efficacy.

A statistically significant relationship was found between the perception of barriers and participation in the Chafee Educational Voucher Program ( $p = -.251, p < .05$ ). Youth, in this study, who participated in the Chafee Educational Voucher Program perceived fewer barriers. Race/ethnicity was reported as an indicator for the level of coping-self-efficacy. A statistically significant relationship was found between race/ethnicity and coping self-efficacy ( $p = .202, p < .05$ ).

#### *Limitations of the Study*

A review of the study's limitations is integral to a discussion of the research findings. Since foster care youth are considered a "vulnerable population", youth under the age of 18 were not available to participate in this study. This study was limited to a population of older youth in care, aged 18 and over, who were accessible to the researcher and willing to volunteer to complete the study instruments.

In most instances, youth were identified by child welfare administrators. Many participants were enrolled in the Chafee Education and Training Vouchers Program (a population of foster care youth who have achieved some level of educational success) and may possess atypical characteristics compared to youth generally found in foster care. The use of older foster care youth who were volunteers identified by child welfare administrators limits the generalizability of the sample to the target population. Characteristics of the sample may not represent the target population as a whole (Gall, Borg & Gall, 1996).

The study is limited by the use of a non-experimental, correlational research design which can not yield a clear cause and effect. It is impossible to control for all extraneous variables so the results may be influenced by factors other than those measured.

### *Discussion of Results*

The purpose of this study was to investigate whether the perception of barriers and coping-efficacy were related to the acquisition of life skills self-efficacy needed for the transition to adulthood of older youth in foster care. Like past studies, and due to the need for child welfare officials to protect youth in foster care, this study was small in scope, exploratory, nonrandom although not agency specific. Youth under the age of 18 were considered to be a “vulnerable population” and deemed ineligible for participation in this study by many child welfare officials. Older youth (aged 18-24), nationwide, were invited to participate. It was not possible to obtain a comparison group. Likert scale measures were used to obtain participant responses.

This study expands the existent knowledge base on under-represented, disadvantaged populations. The issues of youth in foster care are rarely the focus of studies of career development and vocational psychology. Social cognitive career theory (SCCT) and its constructs, self-efficacy, the perception of barriers and coping-efficacy, provided a theoretical basis to better understand the successful vs unsuccessful transition to adulthood process of youth in the foster care population. Outcomes of youth aging out of the foster care system, who are seemingly successful in the transition to adulthood process, were reported.

The youth who participated in this study represented older youth in foster care (aged 18 - 23) from 14 states and the District of Columbia. Youth participants represented at least six racial/ethnic groups. Although racial/ethnic minority groups represent only 24.9% of the US population (US Census Bureau, 2000) and 64% of all American children in the child welfare system (Casey Family Program, 2005), 80% of the participants for this study were members of a racial/ethnic minority group.

Most participants had attained educational success and had at least a GED or high school diploma. Many youth, 43%, were currently enrolled in college or technical school. Seventy five percent of youth who participated in this study were female. Sixty nine percent of the youth participants reported living in a supportive environment with family of friends (33%), foster parents (24%) or adoptive parents (11%). Fewer than 22% reported living in group homes.

Consistent with previous research, statistically significant relationships were found between life skills self-efficacy (ACLSA), perception of barriers (POB) and coping-efficacy (CWB) scores. Youth who reported many perceived barriers indicated lower life skills self-efficacy and coping-efficacy scores, those who reported no or few barriers reported higher life skills self-efficacy and coping-efficacy scores. Most participants reported high levels of life skills self-efficacy and coping-efficacy.

Also consistent with the professional literature, with the exception of age, a relationship was found between life skills self-efficacy and a linear combination of scores on perception of barriers, coping-efficacy, gender and time. Specifically, a relationship was found between the perception of barriers, gender and time. Additionally, relationships were found between the perception of barriers and participation in the

Chafee Educational Voucher Program as well a relationship was found between race/ethnicity and coping-efficacy. Youth enrolled in the Chafee Educational Voucher Program reported fewer perceived barriers than youth who were not enrolled in the program. These youth had higher self-efficacy and coping-efficacy scores and reported perceiving fewer barriers.

Finally, a relationship was found between race/ethnicity and higher coping-efficacy. A relationship between ethnicity and coping with barriers (not the perception of barriers) was found. This may be because barriers were perceived but not deemed important when the youth possessed strong coping skills. Youth may have perceived that they could overcome whatever barriers were presented.

### *Implications*

The professional literature primarily reports the functioning of foster care youth who have not experienced educational success and have been further challenged by related consequences. These youth have not been successful in the transition to adulthood process. Little has been reported about youth in care who have been successful in the transition to adulthood process. Although youth in this study have not yet completed this transition they are youth who have completed high school or a GED, clearly they represent youth who have been thus far successful in this transition process. The results of this study can be used to better understand the successful and unsuccessful transition to adulthood of youth aging out of the foster care system.

There are no studies in the literature regarding the career development of youth in foster care. This researcher has identified Social Cognitive Career Theory (SCCT) as a theoretical basis for understanding the transition process for youth in foster care. This

theory examines self-efficacy and individual contextual factors to determine outcome expectations of youth in a given endeavor. This study specifically examined relationships between perception of barriers, coping-efficacy and life skills self-efficacy. Study results indicate that youth who perceive fewer barriers report higher levels coping-efficacy and score higher on the life skill self-efficacy assessment (ACLSA).

Brown & Lent (1996) suggest that a perception of barriers may result in lowered self-efficacy and eventual failure to maintain employment and self-sufficiency. However, a perception of barriers may not be as detrimental to those who exhibit high levels of self-efficacy and coping efficacy. Unexpectedly youth with lengthy stays in foster care reported higher levels of self-efficacy and coping-efficacy than some youth reporting shorter stays. Sixty nine percent of the youth in this study reported living in a supportive environment. The ability to overcome barriers and cope with stressful life events is associated with relationships and previous experiences (Browne, 2002; Lohman & Jarvis, 2000), a lengthy stay in foster care may have helped some foster care youth to develop a social support network. The presence of a social support network may provide the role modeling, verbal encouragement and environment for the development of positive physiological/emotional reactions (Bandura, 1996; 1997) youth in care may need to be more successful.

#### *Implications for Counselors and Counselor Educators*

Outcome studies report that as a group, youth in care have lowered self-confidence and view their range of abilities and future options as limited (Cook, 1998; Figueroa, 2002; Kools, 1999, Mech, Lucy-Dobson & Spann-Hulseman, 1994; Nixon & Jones, 2000; Propp, Ortega & NewHeart, 2003). A perception of considerable barriers,

whether or not this perception is accurate, can result in eventual failure to maintain employment and self-sufficiency (Brown & Lent, 1996). Without a sense of competence, belief in oneself or an orientation towards the future, the ability to sustain independent living is threatened. Consequently, Independent Living Coordinators may be advised to consider a design which includes an assessment of SCCT and its constructs in future programming.

An individualized assessment of personal and conceptual factors that shape each youth's perceptions of past, present and future barriers may help counselors to better understand how to focus programming. It would be helpful to include an individualized assessment of each youth's level of coping-efficacy as well as perceptions of barriers regarding classism, racism, sexism, finances, social and emotional support, academic potential and educational aspiration and parenting issues. Youth may benefit from counseling focused on improving coping-efficacy as well as life skills training. Counselors may also want to consider teaching youth to realistically evaluate their perception of barriers and help them develop strategies to cope with past, present and future the barriers perceived.

The results of this study suggest that the development of a social support network, before emancipation and after professional involvement ends, is critical to reduce emotional and physical isolation and enhance client well-being (Peebles-Wilkins, 2003). Strategies to enhance the development of coping skills, and consequently higher levels of coping-efficacy, might include social skills training and exposure to pre-established community based networking resources.

It is important to have a diverse population of practitioners to provide counseling and other services to youth in care. Males have indicated in previous studies rating the influence of counselors, teachers and role models of the opposite sex (Chun, Baskin & Case, 1999; Witherspoon, Speight & Thomas, 1997) that counselors are of no help and that they are most influenced by same sex role models. Few males aging out of foster care participated in this study. This may be indicative of the fact that the child welfare system is predominated by direct service personnel who are white and female. More male counselors are needed to provide services to youth in foster care.

Finally, counselors and other health and human service professionals need to be allowed an opportunity to provide services to youth aging out of the foster care system and transitioning to adulthood. The numbers of youth aging out of the foster care system are growing. More practitioners are needed to provide effective services. Usually services provided to youth in care are limited to practitioners holding a degree in social work. While astute in their ability to provide good clinical care, social workers are limited in their knowledge and understanding of issues of career development and vocational psychology. Youth in care may benefit from services provided by counselors and other health and human service professionals if they are to realize a successful transition to adulthood.

#### *Recommendations for Future Research*

This study highlights the need for further study regarding the transition to adulthood of youth in foster care. There is need for further study of the perception of barriers and coping-efficacy in this population. The instruments used in this study were created for the general population. Some barriers perceived by youth in care may be



more specific to the foster care experience. It would be helpful to utilize qualitative research methods to ascertain specific barriers perceived by foster care youth.

Assessment instruments to test the perception of barriers and coping-efficacy of foster care youth need to be enhanced. Although not the original intention of this study, like many others, this became a retrospective study (Collins, 2001) of previously acquired life skill self-efficacy, perception of barriers and coping-efficacy. If successful transition outcomes are truly the intention of child welfare agencies, researchers will need to examine issues related to Social Cognitive Career Theory (self-efficacy, perception of barriers, coping-efficacy, outcome expectations and specific contextual factors) as they are occurring (prior to, during, and after the transition to adulthood). Empirical research examining these issues may be more effective in generating successful outcomes for more youth in care if it is expanded beyond specific agencies and includes foster care youth of various ages between 8 and 24 as well as non-foster care comparison groups of the same age.

### *Summary*

The purpose of this study was to investigate whether perception of barriers and coping-efficacy are related to the acquisition of life skills needed for the transition to adulthood of older youth in foster care. The results generated in this study are consistent with those previously found in the literature. The professional literature suggests youth who perceive no or fewer barriers are more successful in the transition process. They have higher life skills, self-efficacy and coping-efficacy, resulting in more confidence in their ability to overcome barriers when they are encountered.

### Consent to Participate in the Study

This study wants to know: Are there barriers to your living independently? If there are barriers, do you believe you can overcome them?, and How do your beliefs affect your ability to learn life skills for independent living?

Who Can Take This Study: Youth aging out of foster care (18 and over)

How the Study Works: There are five parts to this study. Part 1 asks if you want to take the study. Parts 2 - 4 ask questions about your skills, thoughts and feelings. Part 5 thanks you for taking the study and tells you how to get a thank you gift bag.

No harm will come to you if you take this study. You create a code to protect your identity. You choose if you want to take the study. You can refuse to answer any questions or stop taking the study at any time.

If you are unhappy with the study, contact Dr. Michael Deschenes at [mrdesc@wm.edu](mailto:mrdesc@wm.edu), Dr. Charles Gressard at [cfgres@wm.edu](mailto:cfgres@wm.edu) or Glenda Clare at [gsclar@wm.edu](mailto:gsclar@wm.edu)

If you want to take the study click “accept”. If you do not want to take the study click “not accept”

### Creation of Unique Identification Code

Please do not identify yourself by providing your name or address. Please create a code using letters and numbers. This code prevents the researcher from being able to identify you. Be sure to include letters and numbers in this code. Here are some questions that can assist you to create your unique code.

What is the first letter of your first name?  
 What is the first letter in the state of your birth?  
 What is your favorite number?  
 What is the first number in your current address?

Example: My code is “GN48”  
 The first letter of my first name is “G”  
 The first letter in the state of my birth is “N”  
 My favorite number is “4”  
 The first number in my current address is “8”

***Write down this code – It will be needed to get your gift bag***

What is your code?

Thank you for taking the time to participate in this study. It is my hope that information gathered in this study will be used to develop programming to help youth in care transition to adulthood.

**Ansell-Casey Life Skills Assessment, Short Form  
Version 4**

*These questions will ask you about what you know and can do.  
Do your best to answer all the questions.*

1. I am: ☐ female ☐ male      2. Current age: \_\_\_\_\_ 3. Grade in School: \_\_\_\_\_

**4. What is your race/ethnicity? Please mark all that apply to you**

- ☐ American Indian, Alaskan Native      ☐ Asian      ☐ Black, African-American
- ☐ Latin or Other Hispanic      ☐ Multi-Racial/ Multi-Ethnic      ☐ Other Race/Ethnicity
- ☐ White

5. Postal (zip) code of your home address : \_\_\_\_\_

**6. Mark the answer that best describes your living situation while in foster care. I currently live:**

- ☐ On my own (alone or sharing housing)      ☐ With my birth (biological) parents
- ☐ With my birth (biological) mother or father      ☐ With my adoptive parents
- ☐ With my foster parent(s) who are unrelated to me      ☐ With my relatives (not in foster care)
- ☐ With relatives who are also my foster parents      ☐ In a group home or residential facility
- ☐ In a juvenile detention or corrections facility      ☐ With a friend's family (not foster care)
- ☐ At a shelter or emergency housing      ☐ With my spouse, partner, boyfriend or girlfriend
- ☐ Other

7. How long have you been in this current living situation? \_\_\_\_ months \_\_\_\_ years

8. I have a Social Security Card: ☐ Yes ☐ No ☐ I don't know

9. I have a copy of my birth certificate: ☐ Yes ☐ No ☐ I don't know

10. I have a photo ID: ☐ Yes ☐ No ☐ I don't know

<i>Please mark the answer that describes you best:</i>	<u>Not like me</u>	<u>Somewhat like me</u>	<u>Very much like me</u>
11. I can arrange for new telephone service and utilities (such as gas, water, electricity).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can complete a rental agreement or lease.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I can calculate the start-up costs for new living arrangements (for instance; rental deposits, rent, utilities, furnishings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I can explain how to prevent pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I can explain two ways to prevent sexually transmitted diseases (STDs) such as HIV/AIDS and syphilis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I can explain what happens to your body if you smoke or chew tobacco, drink alcohol, or use illegal drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I can explain how I am feeling (like angry, happy, worried, or depressed).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I get help if my feelings bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I ask for help when I need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I am polite to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I show appreciation for things others do for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I respect other people's things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I get my work done on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get to school or work on time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I prepare for exams and presentations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I use things in the kitchen, like the microwave, electric mixer, and oven.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I fix meals for myself on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I store food so it doesn't spoil or go bad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Perception of Barriers Scale

*Each of the statements below begins with, "In my future career, I will probably..." or a similar phrase. Please respond to each statement according to what you think (or guess) will be true for you.*

	<u>Agree</u>	<u>Not Sure</u>	<u>Disagree</u>
1. In my future career, I will probably be treated differently because of my sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. In my future career, I will probably be treated differently because of my ethnic/racial background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In my future career, I will probably experience negative comments about my sex (such as insults or rude jokes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. In my future career, I will probably experience negative comments about my racial/ethnic background (such as insults or rude jokes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. In my future career, I will probably have a harder time getting hired than people of the opposite sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. In my future career, I will probably have a harder time getting hired than people of other racial/ethnic backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In my future career, I will probably experience discrimination because of my sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In my future career, I will probably experience discrimination because of my racial/ethnic background.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In my future career, I will probably have difficulty finding quality daycare for my children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. In my future career, I will probably have difficulty getting time off when my children are sick.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. In my future career, I will probably have difficulty finding work that allows me to spend time with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*For each item below, finish the sentence with: "...currently a barrier to my educational aspiration." For example, Item 14 would read: "Money problems are ...currently a barrier to my educational aspirations"*

	<u>Agree</u>	<u>Not Sure</u>	<u>Disagree</u>
12. Money problems are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Family problems are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Not being smart enough is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Negative family attitudes about college are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Not fitting in at college is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Lack of support from teachers is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Not being prepared enough is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Not knowing how to study well is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Not having enough confidence is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Lack of support from friends to pursue my educational aspirations is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. My gender is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. People's attitudes about my gender are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My ethnic background is currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. People's attitudes about my ethnic background are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Childcare concerns are currently a barrier to my educational aspiration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| 27. Lack of support from my “significant other” to pursue education is currently a barrier to my educational aspiration. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. My desire to have children is currently a barrier to my educational aspiration.                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Relationship concerns are currently a barrier to my educational aspiration.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Having to work while I go to school is currently a barrier to my educational aspiration.                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Lack of role models or mentors is currently a barrier to my educational aspiration.                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Lack of financial support is currently a barrier to my educational aspiration.                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Coping with Barriers Scale**

*Please rate your degree of confidence that you could overcome each of the potential career barriers listed below.*

- |  | <b><u>Highly<br/>Confident</u></b> | <b><u>Not At All<br/>Confident</u></b> |
|--|------------------------------------|--|
| 1. Discrimination due to my gender.                                      | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 2. Discrimination due to my ethnicity.                                   | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 3. Negative comments about my sex (insults, jokes).                      | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 4. Negative comments about my racial/ethnic background (insults, jokes). | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 5. Difficulty finding quality daycare.                                   | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 6. Difficulty getting time off when my children are sick.                | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 7. Difficulty finding work that allows me to spend time with my family.  | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 8. Money problems  | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 9. Family problems   | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 10. Not being smart enough   | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 11. Negative family attitudes about college                              | <input type="checkbox"/>           | <input type="checkbox"/>               |
| 12. Not fitting in at college  | <input type="checkbox"/>           | <input type="checkbox"/>               |

13. Lack of support from teachers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Not being prepared enough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Not knowing how to study well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Not having enough confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Lack of support from friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. People's attitudes about my gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. My ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. People's attitudes about my ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Childcare concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Lack of support from my "significant other"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. My desire to have children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Relationship concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Having to work while I go to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Lack of role models or mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Lack of financial support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Finally, please indicate your level of agreement with the following four statements.*

	<b><u>Strongly Agree</u></b>	<b><u>Not Sure</u></b>	<b><u>Strongly Disagree</u></b>
29. In general, I think that there are many barriers facing me as I try to achieve my educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. In general, I think that I will be able to overcome any barriers that stand in the way of achieving my educational goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. In general, I think that there are many barriers facing me as I try to achieve my career goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. In general, I think that I will be able to overcome any barriers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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