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Adjustment Differences in Teenage Children: Foster Care versus Group Homes

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Adjustment Differences in Teenage Children: Foster Care versus Group Homes

By

Torrie Katya Ward, MSW

MSW Clinical Research Paper

Presented to the Faculty of the

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St Catherine University and the University of St. Thomas

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in Partial fulfillment of the Requirement for the Degree of

Master of Social Work

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The clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University Of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time from to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

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Abstract

The number of adolescents who are in the social welfare system is growing yearly due to a variety of family circumstances such as inadequate care for the adolescents, physical or mental abuse, and drug use or charges of some type. The purpose of this study was to explore the adjustment differences with adolescents who have been placed in foster care versus group homes. Using the qualitative design, six social work volunteers were interviewed regarding their general knowledge about the struggles of teenagers in foster care or group homes. Data were analyzed using both inductive and deductive approaches in which categories were first developed from the interview responses and then were linked to literature review. The findings indicate that out of foster care and group homes, therapeutic foster care is the most cost effective placement for teens. Group homes were found to have stricter rules and more expensive than foster care placement. In the foster care and group home settings, adolescence had a harder time adjusting to structure/rules. They also had a harder time accepting support by pushing away from the caregivers. With set rules/guidelines, support from foster from foster families or group homes therapist along with staff, made it easier for the adolescence to adjust knowing the rules and boundaries. If these teens did not receive any emotional support from their settings or have hope for a better future, they can end up in multiple placements.

The number of adolescents who are in the social welfare system is growing yearly due to a variety of family circumstances such as inadequate care for the adolescents, physical or mental abuse, and drug use or charges of some type (Strack, Anderson, Graham, & Tomoyasu, 2007). According to Jewell, Brown, Smith, and Thompson (2010) study, approximately 510,000 adolescents in 2006 were placed in foster care with at least three or more different placements within two to three years (Jewell et al., 2010). A third of the youth, half of which were females, had reported that they left home due to report of abuse. Females, white and African American, were twice as likely to leave home due to some form of abuse. Thirty-eight percent of the youth reported being forced out of the house and half of the students mentioned there was drug use within family. Some of the youth reported that they were experiencing alcohol and drug use and were often times forced into sex or used sex for survival in exchange for food and money when they were homeless (Strack et al, 2007).

There is limited research on whether group homes or foster care placements are a better choice for the adolescents. Having so many adolescents in out of home placements has an impact on how they develop and how they view family systems in the society. Each placement has its pros and cons with most of the articles reviewed stating that foster care is a better choice due to adolescents being able to form closer relationships with the new caregivers (Strack et al., 2007). The literature review will examine previous research that looks into the struggles some adolescents experience while living at home such as abuse or chemical use. The previous research will also compare the different behaviors teenagers display who are placed in an out of home setting such as foster care or a group home due to inadequate living conditions at home. In teenagers struggles such as

behavioral issues, chemical use, and school performance can be seen due to the response of their new placement. The adjustment differences can be seen through the structure such as rules/guidelines of the placement, school behavior, cultural differences, and policies that can impact adolescents who are placed in a foster care system or a group home.

Adolescents: A Vulnerable Population

Adolescents in foster care and in group homes are a vulnerable population and through the literature review along with conducting interviews from social work professionals, a better understanding of what these adolescents are going through can be gained. In order to gain equal rights for vulnerable populations there are three important documents created and written that work towards social justice. The Declaration of Human Rights which was created by the United Nations to promote peace, equal right, and better living conditions for all, then the Code of Ethics created by National Association of Social Workers (NASW), and finally Social Work for Justice: Ten Principles.

The NASW Code of Ethics was written to promote and enhance the human well-being for all through seven core values: service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. The two core values that apply to adolescents in foster care and group homes are the social justice along with the dignity and worth of the person. These two values support the adolescents' well-being by making sure they understand the struggles they might be experiencing which could be shown through behavioral issues or chemical use. It is also important for

these teenagers to know what their future outcomes are and might be after being placed in foster care or a group home setting (Code of Ethics, 2008). In order to help these teenagers understand why they might react physically to an altercation or might use chemical substance to cope with past trauma, social justice for these teenagers must be addressed. The social justice principles that apply to this vulnerable population are priority for the poor and vulnerable along with solidarity. The priority for the poor and vulnerable challenges the human dignity of all people making sure the needs of these teenagers are met and the services are provided. Applying solidarity, social workers could look at the adolescents as each other's keepers no matter what racial, ethnic, economic, and ideological differences they are (School of Social Work, 2006). The success for families and individuals comes from their own achievements. Through all three of the documents, equal rights through social justice and equality for all adolescents are given but are not always guaranteed. Social workers work towards improving social justice for all.

Literature Review

The literature review suggests that foster adolescents struggle while they are in the child protection system. Some of the common struggles are related to behavior, mental health, setting boundaries, and knowing the truth about their future outcomes. The articles generally discussed young adolescents and teenagers who have been through the child protection system (Shaw & Good, 2008). Adolescents who are exposed to foster care or group homes have greater risks of having mental health issues such as anxiety, depression, and chemical use in the future due to neglect they have experienced from their biological parents (Bruskas, 2008). Many teens who turn eighteen are age out of the

welfare system and the foster care facilities. They are left with very little knowledge, money, and social support about the “real world.” Many of the adolescents will experience or commit some type of criminal act due to not being able to function on their own independently. It may be difficult for them to find keep a job due to emotional problems that they are facing and not having any support from parents or foster caregivers (Bruskas, 2010).

Adolescents who have been placed under other caretakers have reported that their new environment gave them more opportunities, services, and support but they still reported missing their birth parents and that it was hard to adjust to their new home (Dunn, Culhane, & Taussig, 2010). One difficulty or challenge that many adolescents have when adjusting to their new home was the loss of freedom. Adolescents are placed with families who are more structured and have stricter rules or guidelines that are followed in the household. With more structure, adolescents were able to form closer relationships with the caregiver making their living and adjustment experiences better while in foster care (Dunn et al., 2010).

Placements

There two main placements for teens whose needs haven't been addressed at home or need more guidance for behavioral problems. There is the foster care placement or a group home placement. In foster care placement, there is the traditional setting or more of a treatment environment. If the teens' needs are not being met in the regular foster care placement, then they can part of the Treatment Foster Care (TFC) which could also be called intensive or therapeutic foster care (Redding, Fried, & Britner, 2000). This

type of placement focuses more on the teen's emotional and behavioral issues that haven't been addressed. The permanence of the placement for the adolescent depends on the stability of the foster home in order to have positive outcomes in the placement. The foster families practice different types of therapeutic skills with teens that have been provided by the therapists. Although there is a risk of the teenager not being able to adjust their new environment through this placement can cause these teens to be placed somewhere else. TFC has less restriction and is more cost effective than residential psychiatric placements (Redding et al., 2000). The second common placement is the group home setting.

Group homes can be: residential, serve a purpose of a half-way home, sometimes can be used as an emergency shelter, self-contained, or a staff secure placement (Ryan, Marshall, Herz, & Hernandez, 2007). A residential group home setting is used as a last resort in a group home setting with teenagers. The group homes work with multiple social services such as child welfare, juvenile system, and with mental health professionals. The facilities usually hold less teens than the residential placements. Group homes are more strict than foster are but less strict than the residential facilities, inpatient clinics, and less strict than the juvenile centers. Group homes have secure staff, but they are not a locked facility. The group homes have staff that manage and monitor the homes at all times making this type of a setting one of the most expensive settings. The cost of the group home setting is six to ten times more than a foster care setting. The welfare system looks at multiple options and placements to make sure the environments for the teens are less restrictive and more cost effective (Ryan et al., 2007).

According to Robst, Armstrong, & Dollard (2011), adolescents who are placed in group homes tend to have more serious problems than those who are placed with foster families. Youth who have been placed in group homes usually have more serious psychiatric, emotional, and behavioral problems than those adolescents who have been placed in foster families. Older youth and those who have been in and out of care were more likely to be placed in group homes. Youth who were court ordered were more likely to be placed in group homes as well versus being placed with a foster family. The youth who were placed in group homes tend to have more delinquency problems; more time spent in jail, and were more likely to commit violent offences. There hasn't been an agreement on whether foster care families or group homes have better outcomes for adolescents, although some studies suggest that adolescents who have been placed with foster families had better outcomes because of the relationships build between the foster family and the teen (Robst et al., 2011).

Although there were no race or gender differences that significantly impacted why adolescents were placed in foster care or group homes, one study had provided evidence that boys who were in group homes had higher rates of criminal behavior. Adolescents who have been exposed to harsh environments and conditions are left with emotional scars that stay with them throughout their teenage and into early adulthood lives (Shaw & Good, 2008). The transition from biological parents into foster care systems is very traumatic for adolescents not knowing what is happening to their parents or to them. Adolescents are exposed and become vulnerable to their surrounding environments (Bruskas, 2010). Foster parents and group homes who are committed to the adolescents and not the money they will benefit from by taking in this child will show

better support and care for this child or adolescents. By having more positive outcomes, adolescents learn to trust and the tension is reduced between the child and the caregiver (Johnson, Harden, Meisch, & Vick, 2008). The article also discussed how adolescents who were placed in foster care families had better outcomes than those who were placed in group homes. The findings of better outcomes for youth were more favorable towards foster care than towards group homes (Robst et al., 2011).

Structure

Structure can be the rules and guidelines that the foster care families and the group homes provide for the teenagers who have been placed there. According to Bruskas (2010), there are many adolescents who need help with their transition from out of home placement to foster care. Additional support from health professionals and from the new placements is needed for these adolescents while they go through critical mental and physical changes in their childhood (Bruskas, 2010). Adolescents need both support and structure in their life. Often times adolescents who are placed in foster care or group homes settings came from families lacking structure within the family setting. There were no boundaries set such a rules and adolescents were reported to sabotage the environment intentionally to prove to their biological parents that they are not worthy. Not knowing the new structured boundaries or rules set by their new care givers such a foster families or group homes, adolescents would test those same boundaries with them. The teens test to see how far they can push these caregivers before they would give up on them (Bruskas, 2010).

Adolescents who were placed in group home setting had reported that communication between staff and the adolescents was poor. They also had stated that staff support was not often available (Green & Ellis, 2007). The article also discussed how having fewer adolescents placed in group home setting could increase better developmental care because the staff would be able to care for more of their needs. According to the Green and Ellis (2007) study, adolescents who were placed in group homes had experienced the most influence in their life from the quality of the care that they received from the staff. Although the communication between the staff and the youth was poor, youth in group homes reported that the overall satisfaction with group home services and the structure of them was good (Green & Ellis, 2007).

An important factor studied in relation to group homes was peer contagion of how behaviors of some of the adolescents in care affected the other adolescents in care. The study by Lee and Thompson (2008), suggests that through the social learning theory, adolescents would learn bad behaviors by observing other adolescents living in the same home. Peer contagion has been found in other settings of adolescents' lives such as friendship groups, schools, social groups, and sports (Lee & Thompson, 2008). Most of the adolescents who are placed in group homes had some type of a behavioral problem prior to new placement. There has been very little research and evidence stating that group homes have identified if youth have been more susceptible to peer contagion however through one study, researchers found that white males were more likely to be susceptible to peer contagion. Although adolescents in foster care face many problems such as behavioral issues, group homes have shown to reduce and control some of those issues (Lee & Thompson, 2008).

Trauma

Many foster care and group home teenage children had experienced trauma with their biological families before being placed in other settings. Often times these teens have a single parental figure, usually the mother, low economic status, and sometimes drug involvement of some sort is common with the families. These teen might have experienced neglect while growing up due to the single parent trying to make ends meet by working long hours. Some teens experience abuse while in the care of their biological parent(s) and other children can experience abuse from their mother's/father's significant other. The traumas these teens have experienced are neglect and physical abuse. The teenagers who have experienced early trauma in their lives can grow up kind hearted, but with a bad temper. They could also have experiences with self-destructive behaviors, get in trouble with the law, and experience drug use (Mallon, 2011).

Mentalizing

Mentalization is being aware of your own state of mind, thoughts, and feelings. Individuals often times mentalize to understand their emotions and to make sense of the behaviors. Individuals should be able to mentalize naturally and if they are not able to then serious problems with relationships could occur. Problems with family, friends, and with spouses could occur if the individuals are unable to mentalize the needs of significant others by continuous misinterpretation of their feelings (Allen, Fonagy, & Bateman, 2008). Teenage children learn how to mentalize or understand their emotions by having the adult/care giver understand their emotional needs and respond appropriately throughout their lives.

There are benefits to mentalization when emotions are understood (Allen et al., 2008). One of the benefits of healthy mentalizing is having a satisfying and rewarding relationship with others. Another benefit is being able to influence those who are close to you with your ideas and views in a respectful way without forcing the needs. Being able to understand your state of mind, thoughts, and feelings is important in the relationship with others along with understanding yourself. Mentalizing emotions is important, but could be difficult for some individuals who are unable to regulate their state of mind. If emotions are not regulated, it becomes difficult to form secure attachments in childhood which could affect the children and teens in their future years to come (Allen et al., 2008).

Educational Performance

The stress and pressure from families, friends, school, work, and other environments have an impact on the adolescents' performance in school. When the teens are not being productive or are not functioning during the school day, a social worker may become involved to find out what issues are impacting the child (Johnson, Harden, Meisch, & Vick, 2008). If adolescents experience constant moving from foster home to foster home, they often fall behind in the learning and there are a number of obstacles that could arise in their education. Some of the obstacles include attendance, grades, being unable to comprehend school materials, or behavior. Studies have also shown that foster adolescents fall behind on graduating or earning a general educational development credential (GED) after they drop out of school or do not pass their classes (Bruskas, 2008). Adolescents who have been mistreated and neglected throughout their years have experienced fear and confusion. Removal from the home traumatizes adolescents

especially not knowing what is going to happen to their parents or themselves (Bruskas, 2010). Other influences such as culture can also impact the daily functioning of children as well as their school work.

Cultural Differences

Within the foster care system, African American adolescents are the second largest group next to Caucasians (Jewell, Brown, Smith, & Thompson, 2010). African American adolescents are more likely to be placed in the foster care system and tend to stay in the system longer. “This is especially true for African American infants, whose risk of placement was nearly 3 times that of white infants in 2005” (Lery & Wulczyn, 2007, p.3). According to Lery and Wulczyn’s (2007) study, African American adolescents make up fifteen percent of the population of all adolescents living in out of home placements in America. Across the foster care system, 37 percent of adolescents placed are African American making it the highest percentage across race. White adolescents are the second highest with a total of 38 percent, Hispanic/Latino make up 9 percent of the adolescents who are placed in foster care, and other race category makes up 6 percent of adolescents. The factors that contribute to high African American placements in foster care system are poverty, single female run households, not owning a home, frequent moving, and no post-secondary education for parents (Lery & Wulczyn, 2007).

African American adolescents tend to feel more isolated from the society versus other races and ethnicities in the United States due to cultures differences, stereotypes, and discrimination (Jewell, Brown, Smith, & Thompson, 2010). To help adolescents feel

less isolated from the society and their cultural background, African American families have been taking in foster adolescents. Families who are African American who take in foster adolescents of the same cultural backgrounds have found the social workers to be less competent. The areas that were lacking competency in social workers were the struggles and the barriers of these different races and ethnicities. African American families who became foster families received less reimbursement for taking in foster adolescents, and their homes often times did not meet safety requirements (Jewell et al., 2010). Besides African American families facing barriers in fostering adolescents, there are other cross cultural difficulties that adolescents face. Another cultural struggle in the foster care system is the transracial difficulties that families and adolescents face.

Some of the studies have shown that Caucasian families who take in an African American child pay less attention to the emotional well-being of the child and how it may impact them in the social interaction with the society (Jewell et al., 2010). Of all the cultural differences, African American adolescents tend to experience more discrimination, hostility, stronger emotional reactions to the media, and stereotypes. Due to many of these influences on the adolescents, they tend to have a harder time coping with these stressors resulting in a harder time adjusting to their new placement. African American adolescents tend to have more behavioral problems due to difficulties adjusting to their new placement (Jewell et al., 2010). Although some researchers suggest that there is not a significant impact, other researchers say that is a controversial topic. Health professionals need to look into interracial placements and how that impacts the adolescents psychologically, their identity, self-esteem, and overall well-being (Jewell et al., 2010).

Policy and Programs

According to Robst, Armstrong, Dollard, (2011), teens who have been placed in foster care or groups homes had similar outcomes. One study suggests that adolescents who had formed close relationships to their foster care parents had a better experience and outcomes in the foster care system. Increasing the adolescents' comfort and building a relationship improved their experience (Dunn et al., 2010). Although there are findings on positive outcomes of the foster care system, there were also positive outcomes in group home settings. Robst et al., (2011) study suggests that group home settings have more structure such as rules and guidelines for adolescents versus foster care settings. Although the adolescent who were placed in group home settings had more serious psychological, behavioral, and emotional problems most of the teens were placed in this setting before being placed in foster care. Due to the high cost of placement and treatment for these adolescents, most of the states do not require research to suggest which placement has better outcomes. There are minimum guidelines set for each placement which results in inadequate answers for which placement is better for teens. Out of foster care and group homes, foster care setting is the most common placement for adolescents. (Robst et al., 2011).

Bruskas (2010) discusses how there should be better understanding of what adolescents in child protection are going through when placed in group homes or in foster care (Bruskas, 2010). They also need to be educated about what happened to their parents and what their future outcomes can be. Not knowing what happened to their families stressed the adolescents and left them confused. Additionally there should be also assessments done to test the adolescents for mental illnesses and developmental

comprehension when placed in group homes or in foster care families (Bruskas, 2010). There needs to be additional research conducted on foster care versus group homes to see which one has better benefits for the adolescents. There has been models and programs that have been useful and found effective while working with these vulnerable youth such as evidence based research which most of the state funded facilities do not use. Most of the states follow the minimum guidelines that have been established by the government for requirements (Robst et al., 2011).

Research Question

By looking at the struggles and the needs of foster adolescents, this research question can be explored: In the view of social workers who are working with adolescents in placement, what are the adjustment differences with adolescents who are placed in foster care families versus group homes?

Conceptual Framework

Theoretical Lenses

The theoretical lens that applies to the research is the Systems Theory which looks at the relationships between individuals with organizations and community and Erik Erikson's Developmental Theory. Systems Theory helps to understand the benefits and structure of the foster care system itself and how it affects the youth. The Developmental Theory looks at the developmental stages of adolescents. Through this theory, the psychosocial development of the adolescents who are placed in foster care settings versus group home can be further explored. The teenagers go through many

developmental changes in their physical and mental health. Through the adolescent stage, teenagers experience group identity versus alienation when building their peer groups in school and in the community. In this stage, teens try to make connections with their peer groups finding out who they are and who they belong to. The peer groups do not replace the bond or relationship teenagers have with their parents. The groups help build more meaningful relationships with peers by adapting communication skills, building trust, leadership, status, and social approval to help meet their personal needs they may not be receiving elsewhere. During this stage teens try to develop their identity which could be jeopardized with negative outside influences. Teens could experience alienation, not being able to fit or belong to a peer group, resulting in the lack of meeting persona needs. The lack of acceptance can become negative outcomes of alienation. With unhealthy living situations at home, those developmental processes can be altered negatively (Newman & Newman, 1999), (Vimont, 2012). Violence, dysfunctional families, and poverty can all impact teens and their development. The teens can become more vulnerable and involved in risky behaviors such as the use of drugs and alcohol. If the social workers are aware of how different circumstances can impact these teens at home, in school, in the community, and the society then better preventative strategies can be used. Social workers should be aware of the Systems Theory and Developmental Theory in order to help the teens address their struggles and use the theory as a prevention tool (Newman & Newman, 1999), (Vimont, 2012).

Professional Lenses

Although I do not have any previous professional experience working with foster adolescents who have been placed in a family or a group home, through the 2013-2014

internship I have gained a better understanding of adolescents who have been placed at North Education Center Alternative (NECA). NECA located in New Hope, Minnesota enrolls students who are of: multiple races and ethnicities, diagnosed or undiagnosed mental health, pregnancy or seeking for onsite day care for the child, homeless or placed in an out of home setting, parole/on probation, finishing credits, among other reason.

Working as an intern with these students gave me a better understanding of what some of the struggles these teens go through while living at home or in a different setting. One of the struggles seen with youth who are homeless or have had multiple placements of care during their school years is the impact on their school work and attendance. The teens at the school often times tried to challenge the staff at the school to see if we would follow through with the rules which often led into verbal altercations. There were also many other behaviors that seen in the students as physical violence among peers, drug or alcohol use for recreation or coping methods, and sometimes promiscuity. Poverty was very common among these students as well as hunger. Through the previous studies and literature reviews conducted on teens who struggle at home or in their new placements will be further explored to find the barriers and challenges these teenagers face with their families, in schools, in their new placements, and in the community.

Personal Lenses

There are personal lenses that have an impact on the study of foster care adolescents who have been place with a family versus a group home. The personal bias is that I have been through the child protection system as a child myself. The group home, as I see it, is another name with less stigma, for an orphanage. I eventually was adopted at the age of 10 from Perm, Russia, and had many experiences and influences from this

group home for adolescents have shaped me into a better person I am today. As an individual with personal experience in a group home (orphanage), this gave me opportunities and taught me skills such as reading and writing, basic house cleaning chores, and any other activities that could further our skills and knowledge in. The placement had strict rules and discipline with school work, chores, and extra-curricular activities. All of us were fed, clothed, provided with school supplies went on camping trips, among other things. I may have a bias towards this type of an organization.

Throughout the United States, there have been many individuals who I have met through the foster care system who were placed with families. These individuals have been bounced back and forth from families who had an unpleasant experience, but then there are those who have had great mentors as well. Through this research, questions about feasibility and benefits can be answered for other social workers, families, communities, and myself about the best placement choice for these adolescents.

Methods

Research Design

This research project is a qualitative study collecting data from social workers that have their Licensed Clinical Social Worker (LCSW) licensure. The social workers also had to have experience working with teens that have been placed in foster care or group home settings. A qualitative interview in the form of a questionnaire was chosen to identify the adjustment differences in adolescents who have been placed in foster care or in group homes. The interview used open-ended questions to encourage more discussion with social workers' experiences working with teens who have been placed in foster care or group homes. The questions allowed the participants to express their knowledge and

their viewpoint on teenagers in the two different settings. The interviews allowed for further exploration in the foster care and group home settings, the struggles seen in teens, and the outcomes of each placement.

Sample

Licensed social workers in Hennepin County, Minnesota were interviewed for this qualitative research project. A total of 8-10 interviews were planned; half of the social workers will be those who have experience working with foster families and half will be with those who have group home experience. A total of 6 interviews were collected. The social workers were found by searching different agencies in the Hennepin County through internet or the resources that have been collected through my internship. There was only one social worker chosen and interviewed from each agency that participated in the study in order to keep the information diverse. The social workers provided information on different social problems teenagers experience and struggle with while trying to adjust to the different settings they were placed in. They did not disclose any information that was personal to any foster care teen, but general information on their experience working with foster care systems versus group homes. By sharing general information, there were no ethical guidelines or boundaries that were broken and confidentiality was kept.

Protection of Human Subjects

Prior to the interview, social workers were contact through the emails. Social workers were asked to participate in the research study about the adjustment differences with adolescents who have been placed in foster care settings versus group homes. The

social workers were informed that the interviews were optional, they had nothing to gain or lose from the interviews, and that the evidence would be destroyed after the final research paper was written in May of 2014. The social workers had to agree to the interview by signing the consent form. The interviewees were also informed that the interviews would be an audio taped which could take 30-45 minutes. If the social workers were not able to interview, an electronic copy of the survey was send out as an option. The interviewees who wanted electronic copies of the questionnaire were asked to fill it out and email research back to the University of St Thomas email. If this option of interviewing was used, the electronic copy of the questionnaire will be deleted off the email to protect confidentiality of the social worker. The social workers were also notified that the interviews would be presented in the final project presentation in May 2014 and there would be no names used due to confidentiality. The consent form was reviewed by Karen T. Carlson, course professor along with other staff. The consent form was developed based on the template provided by the University of St Thomas University Institutional Review Board (IRB). After the social workers agreed to participate in the study, there were approximately 9 questions were asked during the interview that were approved by the research advisor and the IRB of University of St Thomas prior to conducting the interview. Each question was designed to be open-ended to make the conversation flow and to avoid short answers from the interviewee. The interviews lasted anywhere from 25-40 minutes and were audio recorded. The electronic copy of the questions took anywhere from 15-20 minutes.

Data Collection

The interview questions were developed to help answer the main question that asked about the experiences and adjustment differences with foster care teenagers versus group home. The first set of questions asked the interviewees about their position and the second set of questions about their experiences with foster care or group homes. The questions varied depending on whether the social worker was from a foster care agency or a group home. Through the interview process, the question about experiences and adjustment differences could were answered. The questions below were asked during the interviews:

1. How long have you been in the social work field?
2. What is your role in the agency?
3. What does your agency offer for services?
4. What lead you to work with teenagers?
5. Could you describe to me a contract of an agreement for parents or individuals who take in a foster teen/ agreement in group homes?
6. In your experience, what are the common struggles among teenage foster children who have been placed with families/ group homes?
7. In your experience, what are some common struggles with parents/ group homes who take in teenagers?
8. In your experience, how do you inform or educate foster teens about coping with their struggles of being placed with families/group homes?
9. In your experience, how do the teenagers learn to adjust to their new environment?

Setting

The setting of the interview depended on the social worker's work setting, foster care office or group home office, preference. If the interview was not able to be conducted at the work setting of these social workers, other interview locations could have been chosen. If the interview was an electronic questionnaire, then the setting was any location that the social workers had access to a computer and internet. Two interviews were in person, one at a school and one at a chosen location by the social workers. The other four interviews were electronic copies and the settings were unknown.

Content Analysis

After the interviews were conducted, they were transcribed on the personal computer, and were saved under a secure location. The interviews were later examined to identify words, phrases, and eventually themes using grounded theory. After transcribing one foster care interview and one group home interview, themes were identified and coded into a list. The information collected from the two interviews were used to find themes and sub-themes in last four interviews. After all six of the interviews were transcribed and coded, the results were compared from the literature after the data is collected from the interviews of social workers who work with foster families or group homes and compared to literature review. All themes from the interviews were contributed in the research of this study. After the data was collected from the interviews of social workers in Hennepin County, it was coded into themes and compared to literature review themes. Through the interviews, questions about struggles and adjustment differences could be answered and better knowledge about what teenagers experience through difference placements can be gained. The subjects and questions that the interviewees were asked provided guidance to identify themes. All of the

documentation will be destroyed and the participants were notified about this information in the consent forms (Berg & Lune, 2012).

Findings

Demographics

A total of six professionals were interviewed for this study; 4 females and 2 males. There were four social workers who had experience working with foster care teens and two social workers who had experience working in a group home setting. The two face to face interviews with social workers, one setting was at a school and one was at another setting. The majority of the professionals didn't have a lot of experience working with foster care or group home teens, only two social workers had six to twenty years of experience working in the social work field. Four out of six social workers had worked in each field for one to two years. Three professionals out of six currently work in their setting with teenagers and three have had some previous experience in these fields. Although the social work sample of the interviewees was small, interesting information was collected. Through the demographics of six professionals who were interviewed, questions about their role in the field were answered in both foster care and group home settings. Other questions such as: what services are offered in the agency, interest in the field, experiences of adolescents in both settings, training offered for foster families and group homes, contract agreement with foster families and group homes, the struggles in foster care or group home placements, educating adolescents about their struggles in each placement, and questions about how adolescent learn to adjust in each placement.

Foster Care

Social Worker Role. The participants of this study were school social workers, worked in an adoption agency, or worked in a group home setting. Below are quotes from the participants:

“I am contracted with the school district and my role is school social worker, primarily high school...been here for 6 years.”

“I work in an adoption agency, been here for a year...we find homes for foster kids.”

“I have been in the social work field for over 20 years.”

Services Offered in Agencies. The services provided through school and foster care system were support, intakes, assessments, mental health treatments to make sure the teens were receiving help and the families were involved. Below are quotes from the social workers:

“The main services are just support for families in crisis or families having issues outside of school but they are brought into school. So I always look at my role as anything that causes a student to not be productive within the school...not being productive would be my business so if something is going on at home causing the kid in school not to be functioning to their full potential then I kind of make it my business to get involved trying to help that family out to relieve the stress or pressure from the kid; that way the kid could do better in school.”

“I offered services such as intakes, assessments, placement of the child/teen, and trainings.”

“We provide foster care based comprehensive mental health treatment program. Our program is a unique and effective program called the Child and Adolescent Treatment Program. The Treatment Team consisting of the foster parents and professional staff are the heartbeat of the program. The comprehensive services that are coordinated with the team is a sensational methodology in helping children, teens and their families.”

Interest in the Field. The foster care social workers got involved in the foster care because working with teens was an option for a job. The other social workers said that the job was rewarding and they could see change in teens. Below are the quotes:

“Over the years, I have found out that working with kids is much more enjoyable and rewarding. It also could be less of a burnout and you can see change in teens over time.”

“I worked in the adoption agency for a year, there was an opening and I applied.”

“Teens have vitality, and great potential to heal, change, grow, and thrive. They are exciting, interesting, likeable, loveable, deserving young people with potential, hopefulness, and capacity to realize their strengths and dreams.”

Experiences of Adolescents. The social workers pointed out that teens struggle in school and in their daily lives because of the lack of support, finances, bullying, drug or alcohol use, unsafe/unstable environments, mental health, broken relationships, among other stressors. Below are some quotes from the social workers:

“I think a lot of it is support ...where kids don't have, you know, the mom-dad support system that a lot kids do have... a lot of single family homes or families that have a lot of stress, usually to do with drugs or alcohol. Sometimes financial, where it's unemployment that causes struggles for the kids. A lot of times also the underlying just developmental things that kids go through with bullying and picking on each other and the hierarchy to establish, you know, who is cool and who is not...I am going to put you in your place...no you are not...that kind of stuff so I get involved with that who's being mean to who and parents calling.”

“These teens come from terrible environments or have previous history as far as abuse goes or just not much structure to their lives.”

“Well, family foster care is MUCH different than group homes. Struggles may be briefly summarized to include: adjusting to another family life; routines, roles, relationships, rules, missing family and home; even if home and family are stressors; kids miss family and home. Mental health issues, history of family dysfunction, compromised relationship capacity, behaviors, are (some of the) issues teen foster children present.”

Training for Foster Care. The social workers had said that there is required training for foster families in order to become licensed. Below are two quotes from the participants:

“The foster care parents and the potential parents have to go through trainings in order to be licensed foster care providers.”

“But they do normally they sent foster parents to I think it's a one or two day training to go through and there is a level of continuing education that they need. Sometimes they send home a DVD. The DVDs cover information on child development...they do offer quite a bit of training for foster parents which I thought was really good...because taking a teenager who grew up in a very dysfunctional family is very challenging if you wouldn't have that background or know anything about that.”

Contract Agreement with Foster Care. The social workers described the contract agreement with the foster families and the teens along with the county. There are

expectations from the state where the foster families are the guardians of the teen along with the new expectations from the foster family with their teen. Below are the quotes:

“There are specific state expectations for all foster parents and our program adds to that list and includes things like team membership, shared agreed to approach with individual clients and specific logistics agreements such as provision of allowance, support for school extra curriculum involvement, individualized parenting approach and therapeutic work to meet the unique child’s needs.”

“It is a contract that you form between the county families services...some cases they get awarded to state where state is the guardian. The state is going to give up its guardianship to a family to take this kid in so there's a lot of paperwork that you have to go through. And a lot of it has to do with your history...medical history...health history a lot of drug controlled, substances, and alcohol history. If you had alcoholics in your family or distant relatives...foster parents could be asked about that. There's a lot of questions about that...what type of parenting your parents did to you and foster parents mark “not applicable...or applicable.” The foster family signs the contract basically with the county saying that you are taking that child and that you are going to raise him or her.”

Struggles in the Placement of Adolescents. The social workers had mentioned that it is a struggle to find placement for teens because foster families prefer to take in younger children who they could possibly adopt in the future. Teens also struggle in their new placements or with their new foster care families because of the dynamics or the new boundaries that have been set. There is also the struggle of teens testing the new rules and boundaries set by the foster parents. Some foster families are not ready to take in or might have not been a good fit for the child which could lead to more stress on the teen and the foster families. Below are three quotes:

“It is a struggle for teenagers because most people want to accept young children or children under fourth grade, so finding placements for teens is nearly impossible. If people find out there is behavioral issues or they have had some type of a sexual offense, it puts a lot more restrictions on placement of the teen. Struggles with foster parents...learning each other’s dynamics. Adjusting to rules and I think a positive aspect of that is foster parents typically give them love which they haven’t experienced or felt before.”

“I think it's setting boundaries because these kids coming in are going to intentionally try to sabotage their environment. They try prove they are not worthy and by doing nothing to sabotage “see I told you I suck” that kind of thing

has to become the biggest struggle between foster parents and teenagers. They test and push boundaries because they continually will try to sabotage just to set themselves up see 'see you don't love me'... It takes long time to feel safe.”
 “Parental approach does not work for all kids, too high expectations, past success in parenting doesn't always lead to current parenting success with SED children/youth, tolerance, understanding of bio parents who have contributed to problem development in the child, frustrations with the limitations of 'the system' who makes decisions supposedly representing the best interests of the child, push for permanence may lead to poor decision making or pressure on the care taking family (aka foster parents being asked to adopt when perhaps they don't really want to but also want to help the child).”

Educating Adolescents. A few ways of informing the foster teens or educating them about their future is by having support groups, have the family involved, individual or group therapy, setting boundaries, following through with responsibilities, offer and build opportunities along with support. Below are three quotes from the social workers:

“As far as education goes...we try to help them to cope with their struggles by having them join support groups...family decision making...sometimes we have guardians or guardian ad litem be part of support groups to help educate teens, foster parents are invited as well. They sit down and it could be a half hour meeting or it could take many hours to go over and see what each person wants to work on...so that's a way to help cope. Most of the time there is therapy available for these teens and multiple programs available through either children welfare or protection. There are also self-groups which helps bring in the teens together and only having the social worker there...no foster parents...no real parents and they just work on independent living skills.”

“I think setting really strong boundaries and following through with them on the values the foster family... responsibilities.”

“We work with kids' families and work toward reunification. They are most often happy enough /accepting to be in family foster care while they work on their issues. We provide a safe and compassionate place and caring staff to allow, invite kids to share their feelings, and to feel heard and respected and nurtured during this tough time in their lives. We strive to build in lighter moments, age appropriate positive childhood opportunities, nurturing care providers and staff, who offer care, support with limits, and parenting that helps them thrive.”

Learning to Adjustment. Foster care teens can learn to adjust to their new environment by staying in one environment, explaining the new expectations and

boundaries, show love, forgiveness, and be supportive. Below are three quotes from the social workers:

“Learning to adjust to their environment, it’s not an easy process for them. Typically if they can stay in one environment it is easier instead of bouncing back and forth. As far as learning goes...they have to sit down with their foster parents. The foster parents have to explain what their expectations are...what they want...they have a little bit of a background as to what the child has been through so they can help accommodate them more.”

“Am I think that setting boundaries and structure of consistency, love, and forgiveness. The biggest problem with kids who's been bounced around is learning what works and what doesn't work. A lot of stuff is more just and excuse because they think nobody cares. But I think the biggest thing is accepting the new expectations.”

“Consistent respectful, nurturing professionals supporting foster parents meeting their needs helps kids adjust to their new living situation. Engaging with their families so that kids don’t feel so disconnected from family as they participate in weekly family therapy with their family, go on home visits, have phone contact with parents, and see foster parents and parents working together to help the child.”

The following interviews are from social workers working in group home settings.

Group Homes

Social Worker Role. The group home social workers began their work when there was a position open and learned that they enjoy working with kids. Below are two quotes from the social workers:

“I was a director of group homes for thirteen years.”

“I worked in a group home for two years as a therapist, through the group home learned to work with kids and enjoyed it.”

Services Offered in Agencies. Some services offered at group homes are assessments, individual/group therapy, skill building, relationship building, and support.

Below are two quotes:

“Outdoor/indoor team building, individuals/family therapy, anger management classes, relationship building skills, and work with families to help with multiple struggles...school, work, family issues.”

“Intakes, assessments, individuals/group therapy, support is offered.”

Interest in Field. The social workers got involved with group homes for personal reasons and with simply a suggestion from someone else. Below are the quotes:

“The interest in the field was due to personal history and family. In high school I looked at myself as a trouble maker...and watching horrible movies about teen behavior that scarred me.”

“Someone had mentioned to me there was a position opened in a group home, applied, ended up working there for 2 years, and learned that I enjoy working with kids.”

Experiences of Adolescents. Some of the struggles seen in teens who have been placed in group homes are structure, shame, physical harm to self, mental health, lack of connection, and being separated from their families. Below are two quotes from the social workers discussing some of the common struggles of teens in group homes:

“The structure of home environment and separation from families were common. These kids had a lot of shame and thought of themselves as the bad kids. Other struggles were being in small spaces where they could learn bad habits from each other...learn things that they didn’t know before.”

“Some of the common struggles were running away, cutting, experiencing signs of depression/depressed, their family was too far away, and the lack of connection really bothered them.”

Training for Group Homes. There wasn’t any training mentioned for the social workers who work in the group homes. There was training with teens and parents to work towards reunification and visitation arrangements. Below is a quote from one of the social workers:

“There is reunification training with group home teens and parents, support groups, and anger management groups. There is also individuals and family therapy. Visitations are arranged with the social workers and the families along with follow ups.”

Contract Agreement in Group Homes. The contract agreements for teens who have been placed in group home were that they were assigned there or it was involuntary.

These teens stayed there anywhere from a few months to a couple years. Below are the quotes from two social workers:

“Timeframe...there is a contract of an agreement for these teens and they could stay in a group home setting for a few months or up to a year, maybe even two.”
 “The contract was that the teen was assigned there...required...involuntary.”

Struggles of Adolescent in Placement. The teens who are placed in a group home setting feel a lot of shame and often times blame themselves for what had happened. Below is a quote from one social worker discussing their experience working in a group home settings:

“Group home teens experience a lot of shame, thinking that it is their fault. They also learn bad habits from each other. There is a high recidivism rate for these teens...they are disconnected and some have little remorse for their actions.”

Educating Adolescence. Some of the ways to inform or educate group home teens about their struggles was to help build cohesiveness at the group home by building relationships and trust. There was a lot of one on one discussion, support, and books were provided to those who wanted or enjoyed reading books with stories similar to their.

Below are two quotes from the social workers:

“In group homes we try to build cohesiveness...form relationships and build trust. High structure is important; we want them to have a meaningful role in the placement and be part of one unit. There is some reality treatment where they educate these teens about what has happened and what their future outcomes could look like.”

“A lot of discussion and building relationships...give them book to read that told stories similar to theirs to let them know there are not alone and there are others who have gone through similar experiences...provided as much support as I could.”

Learning to Adjustment. Some of the ways that group home teens adjust to their new environment is by learning how to work with well with others, learn the new structure and rules, kept the teens busy and had a regular routine for them to follow, and

assigned chores/ assignments that could benefit and teach them skills. Below are two quotes from the social workers:

“Most teens learn how to work with each other, but a small minority of the group home youth that do not learn how to work with each other. The more you work with the family and the teen with school or jobs, seems to help. Some of these kids get lost in a group home setting so immediate help/therapy is used to help build relationships and structure into their lives.”

“They learned to adjust by learning the structure of the group homes...making sure that the rules were clear. Keeping the teens busy, getting them into routine, and having them involved in real life chores as possible. One on one time was also assigned with the teens to have with other staff/adults at the facilities. There were rewards and incentives build in for good behavior.”

Interpretation of Findings

Interviews

Through the interviews conducted by the social workers in the foster care and group home settings comparisons can be made. The social workers identified struggles in teens who have been placed in foster care and group homes such as: hard to find placement for older children/teens, boundary setting, being defiant and pushing limits, drug and alcohol playing a role, building relationships, parenting habits, parenting style, behavior, spirituality, shame, and self-blame. Mental health such as depression was identified by one social worker as a common diagnosis in teens. Most of the trauma that the social workers have identified was separation from family that these teens had experienced.

Social work role, services offered, interest in field. The social workers in the foster care and group home setting had different roles as social workers who worked with teens placed with foster families or group homes. The mental health professionals who have worked with the foster care teens in school setting, adoption agency, or multiple

child protection settings ranging one year to twenty years in the field. For the group home setting, the social workers were either therapists or social work directors working there for two to thirteen years in the setting. For the services offered in the foster care setting or group home setting were support for families, assessments, and mental health treatment for foster care teens. For teens who have been placed in group home settings, services such as assessments, individual/group therapy, skill building, relationship building, and support was offered. Support, assessments, and therapy was offered for services in both settings. When social workers were asked about the interest working with foster care teens their response was because there was a position available and working with teens was enjoyable along with being able to see change and growth in healing. The group home social workers' response to interest in working with teens was due to a position available, enjoyed working with teens, and due to personal reasons. In the foster care and in group home setting, the social workers had interest in the field due to a position available and enjoyed working with teens. The next three questions asked the social workers about some of the experiences adolescents go through in the foster care and group home setting, what training is provided in each setting, and what the contract agreement is with adolescents who are placed in each setting.

Experiences of adolescents, training provided, contract agreement. In the foster care setting, social workers mentioned adolescents struggle with the lack of support, finances, bullying, drug or alcohol use, unsafe/unstable environments, mental health, broken relationships, and other stressors. In the group home settings, adolescents struggle with structure such as rules and guidelines of the new placement, shame, physical harm to self, mental health, lack of connection with others, and being separated

from their families. In both foster care and group home settings adolescents have experiences with mental health and support or lack of connections with others. To help foster care families and group home settings, a variety of trainings or education can be done with the placement and teens. With foster care social workers mentioned foster parents go through training before they can become foster parents. With the group home setting, there is training towards reunification and visitation arrangements. Services such as support groups, anger management, individuals and group therapy are available. With foster care there is a training required before becoming certified parents and with group homes there is more training available for teens and their biological parents towards the possibility of reunification. In the foster care setting, the contract agreement with the parents and the teen in the new setting is an agreement with the county. The state also requires foster families to provide support to the students in school, involve teens in extracurricular activities, and have a therapeutic parental approach to meet the child's needs. In the group home setting, the contract agreement can be involuntary having the teen stay at the new setting anywhere from a few months to a couple years. In both of the settings it is an agreement with the county or state for the teen to be placed in either foster care or group homes. Group home settings seemed to have more time limits for teens, more short term, versus foster care setting where there isn't a specific time frame set for teenagers as long as the placement works out. After looking at the experiences of adolescents, the trainings provided, and the contract agreement between the two placements the final three questions can be further explored.

Struggles in the placement, education, learning to adjust. The final three questions social workers shared information about the struggles they see in each

placement, how adolescents are educated about their struggles, and how adolescents learn to adjust in their new setting. In the foster care setting, some of the struggles social workers identified that teens might be struggling with are not being placed in a setting because of their age or their previous behavioral issues. Other struggles such as not knowing the rules/guidelines of the new placement, too high of expectations do not always work well, having foster parents not always understanding their past living conditions and how it impact their decision making in their new placement, and the system can fail the students by finding a placement that may not be the best fit for the teen due to pressure from the child protection system. In the group home setting, teens experience a lot of shame and negative self-talk about their situation being their fault. There are also bad habits that could be learned in the group home settings due to having other teens placed there. With group homes, one social workers mentions that recidivism rate is high in this setting; there is a disconnection with others, and at times little remorse for their actions. With foster care teens struggle with having a placement, following new rules set by the foster parents, and high expectations set by the foster parents. In the group homes, teens experience shame and more negative self-talk about blaming themselves for their behaviors. Teens tend to learn more bad habits from other when placed in a group home setting, more disconnection, and at times less remorse for their actions. The social workers were asked how adolescents can be educated about their struggles in their new placements. The foster care social workers mentioned ways of educating the teens by helping them cope with their struggles, have family members and foster care parents involved in support groups and decision making, work towards reunification, having discussions about boundaries/rules of the new settings, and have

discussions about their values and responsibilities in the new settings. In the group home setting, social workers mentioned that teens are educated by building cohesiveness inside the building with staff and other teens, form relationships and trust, high structure of rules/guidelines, reality treatment about their struggles and their future outcomes, provide support, and books were provided for those who enjoyed reading with stories similar to theirs. With the foster families and group homes, teens were educated about their struggles through support and by going over the structure of the new placement such as the new rules and guidelines in the setting. The final question asked the social workers how they thought teens learned to adjust in their new setting. In the foster care setting, one social worker mentioned that it is not an easy process for these teens to adjust to their new setting. Another social worker mentioned having boundaries and structure in the setting was important along with consistency, love, forgiveness, showing respect, being nurturing towards the teens, and engage them into their daily family routines. In the group home setting teens learn to adjust by learning how to work well with others, building relationships, know the rules that have been established, keep the teens on a regular routine, assign daily chores, and keep them busy. With both foster care and group homes, teens learn to adjust to their new placement by knowing the structure/rules of the placement, engaging teens be part of daily chores/routines, and by being nurturing and caring with them. The social workers gave general knowledge about their work experience in the social work field and the common struggles teens face who have been placed with foster families or group homes.

Discussion

The articles discuss two placements, their benefits, and their limitations. There is the traditional foster care or treatment setting. Treatment foster care is more therapeutic, less restrictive, and is more cost effective. Teens had positive outcomes while in foster care setting if there was stability in the setting (Redding et al., 2000). The second placement is group homes which can serve multiple purposes such as residential treatment, half-way home, shelter, self-contained, or a staff secure placement. Group homes are stricter than foster care, but are less strict than residential care. Residential group homes are used as a last resort for placement. The cost of group homes is six to ten times more than foster care (Ryan, et al., 2007). Out of the two placements, therapeutic foster care is less restrictive and is more cost effective for placing teens. With the two placements, structure is further discussed through literature review.

The social workers gave general information about the struggles adolescents experienced adjusting to their new placements in foster care or group homes. From the general information, themes were found in a foster care setting and in group home settings. With the set rules, guidelines, support from foster families or group home therapist along with staff, made it easier for the adolescents to adjust knowing the rules and boundaries (Bruskas, 2010). According to the Green and Ellis (2007) study, communication with staff in group homes was poor, but their overall satisfaction with group homes was good (Green & Ellis, 2007). Teens placed in group homes were more likely to be exposed to peer contagion than teens who were placed in foster care setting. The literature review suggests little evidence as to who is more susceptible to peer contagion, but one study mentioned white males were more likely to be exposed and learn bad behaviors (Lee & Thompson, 2008). One social worker through the interviews

had also mentioned exposure to peer contagion with teens who have been placed in group homes.

The literature review and the social workers discussed how adolescents experienced loss of freedom when adjusting to a new setting. Adolescents are placed with families or group homes where there is more structure and stricter rules or guidelines that are followed. The literature review and social workers suggest that with more structure, adolescents were able to form closer relationships with the caregiver making their living and adjustment experiences better while living with the foster family or living in a group home (Dunn et al., 2010).

Overall as shown in the literature review and social work interviews adolescence had a harder time adjusting to structure/rules. They also had a harder time accepting support by pushing away from the caregivers. By being placed in the foster home or a group home, they test their boundaries to see if they can trust these individuals who have taken them in. By pushing their limits too far in a foster care, families sometimes give up on them. By pushing their limits in a group home setting, the teens can be placed in another setting that is more strict and therapeutic (Bruskas, 2010), (Dunn et al., 2010). If these teens do not receive any emotional support from their setting or have hope for a better future, they can end up in multiple placements. The literature review and the social workers had mentioned that although each setting or placement is different, there are similarities seen in teens' behavior. The change is shown through reduction in harmful behaviors. The change in the teens can be seen if they understand the new rules, structure, receive therapy, and receive support. Change was also seen in teens if their shame and guilt was being addressed in the foster care setting or a group home setting. Social

workers had mentioned that the support that is given to these teens in either setting makes a huge difference in their adjustment to their new environment (Bruskas, 2010), (Dunn et al., 2010). Literature interviews can be compared to the social worker interviews and further explored to find differences and similarities.

Implication for Social Worker Practice

By collecting information from both literature review and interview with social workers, questions were answered about the struggles of foster care and group home teens that are and have been through the welfare system. Foster care and group homes are the most common placement for teenagers. The literature review had suggested that foster care was a preferred placement however through the researcher's lens, group homes were the preferred placement. Through the research and the interviews, structure and support emerged as the factors for better outcomes in foster care placements or group home settings. Structure and support must be implemented in each setting in order for these teens to have better outcomes and opportunities. It is not the placement that makes a difference in the teen's life, but whether if the setting has strong structure and support for this teen(s) that makes a difference in their permanency. The social workers also mentioned that individuals and group therapy is important in each setting in order to learn how to build better relationships and unity. Educating and having discussion with the teens about their struggles and their future outcomes was also found important to their future development.

Implication for Policy

From the literature review and the interviews, there are some possible policy changes that could be made for teens. Allowing the children to be in the foster care system or in a group homes until they are 21 could make a significant impact. The literature review had also mentioned that having children age out of the system making it difficult for them to learn independence. In the interviews, the social workers were not asked about the age cap for the teens to stay with the foster families or a group home setting. The article suggests that adolescents are not able to function properly on their own if they haven't learned independent skills such as working on chores at home. By increasing the age for these teens, it will give them more time to adjust to their new environment and figure out their future plans being independent.

Several social workers during the interviews mentioned that in the foster care setting and in a group home setting, teenagers should be a part of daily chores and be involved in everyday activities to help them build those independent skills for future. Skills such as washing dishes, working on laundry, cleaning, cooking, mowing, working on homework, among other things could help the teenagers feel part of the family or part of a whole unit. Keeping the teenagers busy with a schedule was suggested by the two group home social workers to help the teenagers function independently. Although it is not a requirement for these teens to participate in such activities, it is encouraged by the social workers. For a policy change, the age of the teens could possibly be extended along with creating more structured schedules for these teens to keep them involved in multiple activities throughout the day to keep them busy. It will help them build independent skills for future jobs and better living outcomes.

Implications for Research

The study had focused on common struggles of the teens that have been placed with a foster family or a group home setting. The common struggles with adjustment were explored along with how to educate the teens about their struggles and their future. The research did not focus on specific struggles, but on general struggles of all teenagers placed in those settings. The future research could explore more specific traumas that these teenagers have experienced throughout their lifetime, the specific methods used to help these teens cope and understand their struggles, what type of structures are implemented in each setting, and what type of support works best for these teens who have been placed in different settings.

Strengths and Limitations

The sample size for this qualitative study was small and limited. Out of the six social workers interviewed, two of the social workers had six or twenty years of experience working with foster care teens. With the group home setting, each social worker was there for one to two years. Due to busy schedules and limited time to interview, three out of six interviews were face to face and the other three were electronic copies. There was more information given through face to face interviews versus the electronic copies. Another limitation was the way the questions were asked. Although they were open ended questions, they had answered the majority of the questions, but they were too broad and similar to each other in some ways. The questions could have been further explored during the face to face interviews, but it was difficult to explore these questions in the electronic copies. More information could have been found with questions that were more specific, such exploring the trauma these teens have experienced.

References

- Allen, J., Fonagy, P., & Bateman, A. (2008). Mentalizing in clinical practice. *American Psychiatric*.
- Berg, B.L., & Lune, H. (2012). Qualitative research methods for the social sciences. *PeachpitPress 8*: Sacramento, CA
- Bruskas, D. (2008). Adolescents in foster care: A vulnerable population at risk. *Journal of Child & Adolescent Psychiatric Nursing*, 21(2), 70-77. doi:10.1111/j.1744-6171.2008.00134.x
- Bruskas, D. (2010). Developmental health of infants and adolescents subsequent to foster care. *Journal of Child & Adolescent Psychiatric Nursing*, 23(4), 321-241. doi:10.1111/j.1744-6171.2010.00249
- Code of Ethics of the National Association of Social Workers. (2008). Retrieved from <http://www.socialworkers.org/pubs/code/code.asp>
- Dunn, D.M., Culhane, S. E., & Taussig, H.N. (2010) Adolescents' appraisals of their experiences in out-of-home care. *Adolescents and Youth Review* 32, 1324-1330. doi:10.1016/j.chilyouth.2010.05.011
- Green, R.S., & Ellis, P.T. (2007). Linking structure, process, and outcomes to improve group home services for foster you in California. *Evolution and Program Planning* 30, 307-317. doi:10.1016/j.evalprogplan.2007.01.013
- Groark, C.J., & McCall, R.B. (2011). Implementing changes in institutions to improve young adolescents' development. *Michigan Association for Infant Mental Health* 32 (5), 509-525. doi:10.1002/imhj.20310
- Jewell, J.D., Brown, D.L., Smith, G., & Thompson, R. (2010). Examining the influence of caregiver ethnicity on youth placed in out of home care: Ethnicity matters-for some. *Adolescents and Youth Review* 32, 1278-1284. doi:10.1016/j.chilyouth.2010.04.019
- Johnson, P.L., Harden, J.B., Meisch, D.A., & Vick, E.J. (2008). Measuring parenting among foster families: The development of the foster parent attitudes questionnaire (FPAQ). *ScienceDirect*. doi:10.1016/j.chilyouth.2007.12.015
- Lee, B. R., & Thompson, R. (2008). Examining externalizing behavior trajectories of youth in group homes: Is there evidence for peer contagion? *Springer Science+Business Media*, 37, 31-44. doi:10.1007/s10802-008-9254-4
- Lery, B., & Wulczyn, F. (2007). Racial disparities in foster care admission. *Chapin Hall Center for Adolescents at the University of Chicago*. ISSN: 1097-3125
- Mallon, G. P., D.S.W. (2011). From the editor: Trauma informed child welfare practice-remembering Robert. *Child Welfare*, 90(6), 7-10. Retrieved from <http://search.proquest.com/docview/1016363391?accountid=14756>

- McCrae, J.S., Lee, B.R., Barth, R.P., & Rauktis, M.E. (2008). Comparing three years of well-being outcomes for youth in group care and non-kinship foster care. *Child Welfare* 89, (2), 229-249
- Newman, B.M., & Newman, P.R. (1999). Development through life, a psychosocial approach. *An International Thomas Publishing Company* 7, 336-337
- Redding, R. E., Fried, C., & Britner, P.A. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parents selection and service delivery. *Journal of Child and Family Studies*, 9(4), 425-447
- Ryan, J. P., Marshall, J.M., & Hernandez, P.M. (2008). Juvenile delinquency in child welfare: Investigating group home effects. *Children and Youth Services Review*. doi: 10.1016/j.childyouth.2008.02.004
- Robst, J., Armstrong, M., & Dollard, N. (2011). Comparing outcomes for youth served in treatment foster care and treatment group care. *Springer Science+Business Media* 20, 696-705. doi:10.1007/s10826-011-9447-2
- School of Social Work. (2006). *Social Work for Social Justice: Ten Principles*. University of St Thomas & St Catherine University
- Shaw, E. & Good, S. (2008). Fact sheet: Vulnerable young adolescents. *Chapel Hill: University of North Carolina, FPG Child Development Institute, National Early Childhood Technical Assistance Center*.
- Sassi, B. R., (2013). In this issue/abstract thinking: Focusing on resilience. *Journal of the American Academy of Child & Adolescent Psychiatry*, 52(1). doi:10.1016/j.jaac.2012.10.014
- Strack, R.W., Anderson, K.K., Graham, C.M., & Tomoyasu, N. (2007). Race-gender differences in risk and protective factors among youth in residential group homes. *Child and Adolescent Social Work Journal*, 24(3), 261-283. doi:10.1007/s10560-007-0084-y
- Vimont, M. P. (2012). Developmental systems theory and youth assets: A primer for the social work researcher and practitioner. *Child Adolescent Social Work*, 29, 499-513. doi: 10.1007/s10560-012-0271-3

Appendix B. Informed Consent Form

CONSENT FORM UNIVERSITY OF ST. THOMAS GRSW 682 RESEARCH PROJECT

[Adjustment Differences with Adolescents]

I am conducting a study about teenagers who have been placed with foster care families versus group homes, their new environment, and their adjustment differences. I invite you to participate in this research. You were selected as a possible participant because of the field work you are in and your expertise in this field of practice. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by:

Torrie Ward, a graduate student at the School of Social Work, Catherine University/University of St. Thomas and supervised by Karen T. Carlson, MSW, LICSW (MN), PhD.

Background Information:

The purpose of this study is: What are the adjustment differences in children who are placed with foster care families versus group homes?

Procedures:

If you agree to be in this study, I will ask you to do the following things: The study will be performed by interview questions, a total of 9, which could take 30-45 minutes. I will use an audio tape to record the conversation which will then be transcribed onto paper and presented in class about my findings.

Risks and Benefits of Being in the Study:

The study has no risks.

The study has no direct benefits.

Confidentiality:

The records of this study will be kept confidential for the adjustment differences with adolescents study. I will keep the electronic copy of the transcript in a password protected file on my computer. I will delete any identifying information from the transcript. Findings from all of my interviews will be presented to my research class and to the University of St Thomas Institutional Review Board (IRB). The audio tape and transcript will be destroyed by May, 2014.

Voluntary Nature of the Study:

Your participation in this study is entirely voluntary. You may skip any questions you do not wish to answer and may stop the interview at any time. Your decision whether or not to participate will not affect your current or future relations with St.

Catherine University, the University of St. Thomas, or the School of Social Work. If you decide to participate, you are free to withdraw at any time without penalty. Should you decide to withdraw, data collected about you will not be used.

Contacts and Questions

My name is Torrie Ward. You may ask any questions you have now. If you have questions later, you may contact me at (507-530-7227) and Professor Karen T. Carlson (651-962-5867). You may also contact the University of St. Thomas Institutional Review Board at 651-962-5341 with any questions or concerns. You will be given a copy of this form to keep for your records.

Statement of Consent:

I have read the above information. My questions have been answered to my satisfaction.
I consent to participate in the study and to be audiotaped.

Signature of Study Participant Date

Print Name of Study Participant

Signature of Researcher Date

Appendix C . Interview Guide

Interview Protocol Project: What are the adjustment differences with children who have been placed with foster care families versus group homes?

Time of Interview:

Date:

Place:

Interviewer:

Interviewee:

Position of interviewee:

1. How long have you been in the social work field?

2. What is your role in the agency?

3. What does your agency offer for services?

4. What lead you to work with teenage children?

5. Could you describe to me a contract of an agreement for parents or individuals who take in a foster child/ agreement in group homes?

6. In your experience, what are the common struggles among teenage foster children who have been placed with families/ group homes?

7. In your experience, what are some common struggles with parents/ group homes who take in teenagers?

8. In your experience, how do you inform or educate foster children about coping with their struggles of being placed with families/group homes?

9. In your experience, how do the children learn to adjust to their new environment?

(Thank the individual for participating in this interview. Assure her or him of confidentiality of responses and potential future interviews.)