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## Overcoming the odds : perceived parental self-efficacy in young mothers transitioning out of the foster care system

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Katharine Whipple  
Overcoming the Odds: Perceived  
Parental Self-Efficacy in Young  
Mothers Transitioning Out of the  
Foster Care System

### **ABSTRACT**

This qualitative study explored how young mothers developed a sense of perceived parental self-efficacy, after transitioning out of the foster care system. The bulk of literature on young mothers and youth transitioning out of the foster care system focuses on risk factors, while this study focuses on how the strengths and resilience of transitioning young mothers supports them in developing self-efficacy despite facing immense obstacles. This study interviewed 12 transitioned mothers in the San Francisco Bay Area. Using convenience sampling, study participants were primarily African American and Christian. Through examining the individual experiences of these transitioned young mothers, this study found a number of salient themes supporting mothers in developing self-efficacy. These themes included participants having faith or belief in something bigger than themselves, having belief in themselves and positive self regard, and experiencing unconditional love in their relationships with their children.

**OVERCOMING THE ODDS:  
PERCEIVED PARENTAL SELF-EFFICACY IN YOUNG MOTHERS  
TRANSITIONING OUT OF THE FOSTER CARE SYSTEM**

A project based upon independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

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2012

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## **CHAPTER I**

### **Introduction**

According to the United States Department of Health and Human Services, in 2009, there were 423,773 youth in the foster care system, and 29,471 aged out or emancipated from foster. Outcome data for youth aging out of the foster care system are outdated and very few studies have been conducted, but the studies that have been conducted show both immense obstacles and significant disadvantages for this population (Casey Family Foundation, 2010). According to limited research about foster children who had aged out of the system (Cook, 1994), only about half had completed high school, a little less than half had jobs, only about 40 percent had held a job for at least 1 year, 25 percent of the youths had been homeless for at least one night, and fewer than 1 in 5 were completely self-supporting. Of the girls who had aged out of the foster care system, 60 percent became pregnant within 2 years of aging out (Cook, 1994). Additionally, emancipated foster youth often face many barriers once they gain their independence: lack of services, lack of access to information, lack of resources, few advocates, estrangement from family, unemployment, limited education, poverty, substance abuse, mental health challenges, homelessness, and incarceration (California Mental Health Directors Association, 2007). On a national level, 80 percent of emancipated foster youth are unable to be fully self-sufficient within 4 years of leaving care (Honoring Emancipated Youth, 2010). In California, only one-third of the counties provide services specifically for transitional age youth (California Mental Health Directors Association, 2007), even though 45 percent of emancipated youth are unemployed, 30

percent are on welfare, and 1 in 4 are homeless. California's emancipated youth also have higher rates of developmental delays and higher rates of incarceration than the general population (Honoring Emancipated Youth, 2010). Two-thirds of female foster youth in California become mothers within 5 years of emancipating from foster care (Needell, B., Cuccaro-Alamin, S., Brookhart, A., Jackman, W. & Shlonsky, A., 2002). This qualitative study will focus specifically on exploring the experiences of young mothers who are transitioning out of the foster care system because these mothers are influenced by the dual risk factors of being an emancipated or transitioning foster youth and of being a young mother.

In addition to having aged out, there are similar and additional risks associated with being a young mother (as compared to mature mothers). These risk factors include: less education, difficulty acquiring and maintaining work, more susceptibility to financial insecurity, and more overall stressors (Letoumeau, Stewart & Bamfather, 2004). More specifically to a young mother's sense of competence, experimental studies suggest young mothers, as compared to older mothers, are less confident in their ability to raise children, have less desire to raise a child, and tend to have fewer parenting skills, especially in regards to developmental expectations of children (Bomstein & Putnick, 2007). Other literature suggests similar risk factors such as behavioral and health related problems (Schwartz, McRoy & Downs, 2004), regressed identity development (Kools, 1997), higher rates of depression and poor attachment and development outcomes in their children (Long, 2009). Because of the many risk factors associated with transitioned youth and young mothers, I am curious about how a history in the foster care system and the process of aging out, influences a young mother's perceived self-efficacy as a mother.

The above research suggests the immense difficulties and barriers transitioning young mothers face, while demonstrating the need for current research on this population to better

inform, prevent, and support this demographic. There is little research on the protective factors, specifically regarding the strengths and resilience, for young mothers who have aged out of the foster care system. However, current research on young mothers suggests that certain protective factors, although relatively unexplored, appear to contribute to strengths and resiliency in young mothers and their children. These protective factors include religiosity (Carothers, Borkowski, Lefever, & Whitman, 2005) and forms of social or family support, including patterns of father involvement and romantic relationships (Borkowski, Farris, Whitman, Carothers, Weed & Keogh, 2007). In the research that explores risk factors for young mothers, certain protective factors appeared to attribute to resilience, including expanding social support, reducing maternal stress, developing self-efficacy (Romo & Nadeem, 2007), interpersonal conflict resolution (Barth & Schinke, 1984), and school involvement (Letoumeau, Stewart & Bamfather, 2004). Protective factors for transitional age youth were more seldom studied, some factors included sense of competence, goals for the future, social support and involvement in community service (Hass & Graydon, 2009). Some research shows that the extension of care for foster youth beyond 18 years old to 21 years old could be a protective factor for transitioning young mothers (Dworsky & Courtney, 2010). Because of the limited research on protective factors for transitioning young mothers, this exploratory study intends to expand our understanding of this population.

In order to clarify specific terms for the purpose of this study, “emancipated” describes youth who were in the foster care system and have transitioned from court-supervised placement to independence (Honoring Emancipated Youth, 2009). The term “aged out” is also used to describe foster youth who have emancipated by turning 18. However, as of a change in federal legislation with the Fostering Connections to Success and Increasing Adoptions Act of 2008, a foster youth can emancipate at 18 or voluntarily agree to remain in foster care up to their 21<sup>st</sup>



birthday in order to continue to be eligible for services. As a result, emancipated foster youth refers to any youth in foster care who has emancipated from the foster care system between 18 and 21. Additionally, “transitional youth” describes youth between 16 and 24, who are either in court-placement preparing for emancipation from foster care or have emancipated and are adjusting to their new independence (Honoring Emancipated Youth, 2009). This study will explore the experiences of transitioning young mothers who became pregnant between 16 and 21 but are currently 18 to 24 years old and have either emancipated or are transitioning from the foster care system.

Lastly for this study, perceived parental efficacy will be defined in order to reduce term confusion, by distinguishing perceived parental self-efficacy from parental confidence, parental self-esteem and parental competence. As elaborated on further in the literature review, the preceding terms are often used interchangeably in medical and psychological literature, causing confusion of both the definition and measurement of self-efficacy (De Montigny & Lacharité, 2004). As a result of term confusion, this study will attempt to use a concise definition of perceived parental self-efficacy in order to contribute to research specifically focused on perceived parental self-efficacy. This study will use Albert Bandura’s (1997) definition of perceived self-efficacy as its foundation, which is the “beliefs one holds in one’s capabilities to organize and execute the courses of actions required to produce given attainments” (p. 3). In order to further break down this definition, this study will explore De Montigny and Lacharité’s (2004) four attributes of perceived self-efficacy: personal beliefs/judgment, capabilities/power, actions which are organized and executed to produce results, and situation-specific tasks. As a result, perceived parental self-efficacy will be defined as “beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child” (p. 390).

Ultimately, this study hopes to more fully explore protective factors that contribute to strengths and resilience by exploring a transitioning mother's sense of parental self-efficacy. This study hopes to further inform prevention and treatment programs for transitioning young mothers, in regards to developing perceived parental self-efficacy so that social workers can better support the unique challenges of transitioned mothers by harnessing their strengths. Developing more effective support and interventions for transitioned mother is essential in meeting the needs of this vulnerable population. The study will address the following question: What factors contribute to the development of perceived parental self-efficacy in young mothers who are transitioning out of the foster care system?

## **CHAPTER II**

### **Literature Review**

Because of limited research and literature specifically exploring young mothers who have transitioned out of foster care and their development of parental self-efficacy, this literature review will focus on literature that juxtaposes the literature on young mothers, foster care youth, emancipated young adults and self-efficacy. Both attachment theory and self-efficacy theory frame the theoretical discussions and empirical studies of the majority of literature reviewed. Attachment theory was most commonly used to explore the experiences of both teen mothers and foster care youth (current and aged out), while self-efficacy theory was more often used to explore outcomes for such populations. Empirical studies were typically small in sample size as they were more applicable directly to transitioned mothers, and larger in sample size when focused on larger population trends, such as the prevalence of teen pregnancy or significant risk factors for young mothers. A range of quantitative methods and measures were used, but qualitative methods were less commonly used. The literature review has been broken down into three sections: attachment theory, self-efficacy theory, and existing empirical research.

#### **Attachment Theory**

Many studies use attachment theory as the primary framework to study teen mothers and foster care youth. According to John Bowlby (1988), attachment theory emphasizes the importance of intimate bonds for adaptive human functioning. Attachment theory is grounded in the assumption that the attachment an infant makes to a primary caregiver in the first year of life

informs later attachments (Corsini, 2002). An infant develops either secure or insecure attachments to a primary caregiver. Individuals who are secure in their attachments establish the caregiver as a secure base from which they feel both safe and supported in exploring the world around them (Bowlby, 1988). If a child does not have a caregiver who functions as a secure base, children develop strategies to cope with discomfort and stress on their own. Through Mary Ainsworth's study, the Strange Situation in 1970, established four different patterns of attachment were established: secure, avoidant, ambivalent, and disorganized. The Strange Situation study determined a child's attachment by observing separation anxiety, through an infant's response to a caregiver, when the child was left alone with a stranger and also when the child was reunited with the caregiver (Corsini, 2002). Upon reunification, children who sought proximity with a caregiver and resumed exploring their environment were considered securely attached. Children with an avoidant attachment style did not become upset when the caregiver left and did not seek proximity when the caregiver returned. Children with an ambivalent/resistant attachment style became upset when the caregiver left, but did not calm when caregiver returned (Berzoff, Flanagan & Hertz, 2007). Main and Hesse (1990) describe disorganized attachment as the fourth style of attachment, in which a caregiver frightens the infant, often associated with maltreatment, and therefore becomes the source of both fear and comfort for the child. Both Bowlby and Ainsworth believe an individual's earliest attachment styles create the foundation of 'internal working models' for future attachment. From childhood through adulthood, these internal working models function as unconscious templates informing an individual's interpersonal expectations and behavior in intimate relationships, including friends, romantic partners, children, and therapists (Berzoff, et. al. 2007). Consequently, attachment theory is useful as a lens to better understand the unique history of attachment for

foster youth and the experience of young mothers developing attachment patterns with their own children.

Many foster children who are separated from their parents and enter the foster system appear to be impacted by disruptions in their attachments to primary caregivers, but further research is needed to better understand the long-term emotional effects of these early separations. Studies focused on permanency planning for children in foster care emphasize the importance of the child-parent bond and the need for professionals to assess the impact on a child's attachment when considering removing children from their parents (Grigsby, 1994). Attachment theory regularly serves as the foundation for assertions regarding the negative implications of separating young children from parents and the negative consequences of placing children in multiple placements in foster care (Schwartz, McRoy & Downs, 2004). The negative implications associated with multiple foster care placements include poor academic achievement and behavioral and health-related problems (Schwartz et al., 2004). Additional implications include difficulty acquiring and maintaining work, more susceptibility to financial insecurity, and more overall stressors (Letoumeau, Stewart & Bamfather, 2004). Additionally, research shows that adolescents who have felt abandoned by their family are more likely to get pregnant (Ramashwar, 2008), offering an explanation for the high pregnancy rates in transitioned and transitioning foster youth. Although there is a large body of literature on such risk factors for foster youth, there has been much less research on the impact of living in foster homes and group homes on attachment patterns or autonomy in adolescence and adulthood (Gavazzi, M., Alford, K. A., & McKenry, P. C., 1996). Although attachment theory has informed studies on the risk factors for foster care youth as they relate to early attachment, additional research on transitioned youth is needed to better understand correlations between disruptions in early attachments and

adult attachment patterns for this population in order to explore patterns of resilience in how some youth are able to shift from insecure to secure attachment styles.

The attachment patterns of adolescent mothers transitioning out of foster care also influence the style of attachment they develop with their children. Attachment patterns are influenced by the developmental changes of adolescence. Attachment with peers and romantic partners become central to attachment, which are informed by the secure or insecure attachment an individual may have developed with their parents (Allen, J. P., & Land, D., 1999). Through the development of self-identity in adolescence, the experience of attachment shifts from receiving care to a more reciprocal exchange of both giving and receiving care. Foster care was found to have a negative impact on identity development as a result of the devaluation of the adolescent's self by others based on stereotypical views of foster children (Kools, 1997).

Additionally, research shows a relationship between adolescents with insecure attachments with their parents to a number of negative outcomes, including hard drug use, criminal activity (Allen, J. P., & Land, D., 1999) and increased likelihood for unsafe sexual practices (Feeney, J. A., Peterson, C., Gallois, C., & Terry, D. J. 2000). Navigating attachments with peers and romantic partners during adolescence is challenging when early attachments are insecure, but this appears to become further complicated when adolescents have a history in the foster care system and when they become mothers. While young mothers are evolving their attachments to caregivers and are developing new attachments with peers and romantic partners, they are also asked to develop new attachments with their infants, creating an intergenerational transmission of attachment patterns (Schwartz, McRoy & Downs, 2004). Many studies indicate that young mothers compared to older mothers, experience a higher rate of depression, less education and employment skills, higher incidences of financial insecurity, fewer parenting skills, as well as

less desire and confidence in their ability to raise children (Bomstein & Putnick, 2007; Letoumeau, Stewart & Bamfather, 2004; Long, 2009). These stressors increase the potential of disorganized attachment and the possibility for poor child outcomes (Long, 2009). Consequently, insecure attachment patterns, developmental changes of adolescence and the process of self-identification influence a young mother's attachment to their child and subsequently the child's attachment to the mother.

Although there is a plethora of research on risk factors for young mothers and their children as a result of stressors and insecure attachment, many studies also suggests that attachment patterns can shift throughout a lifetime. Research suggests reparative attachment relationships as an adult with romantic partners, therapists, or other helping professionals, have the potential to shift insecure attachments patterns to become more secure attachment patterns. Romantic partners can also shift attachment style if an individual's partner can be established as a secure base (Basham, 2007). Therapists can also serve as a secure base for individuals (Berzoff, Flanagan & Hertz, 2007). Some research shows that the extension of care for foster youth beyond 18 years old to 21 years old could be a protective factor for transitioning young mothers (Dworsky & Courtney, 2010). Extended care potentially could allow for transitioning youth to develop longer term positive relationships with support staff, expanding their support systems and shifting the common pattern of tenuous adult relationships (Schwartz, McRoy & Downs, 2004). Developing self-efficacy has also been seen as a protective factor for young mothers (Romo & Nadeem, 2007). Correlations have also been made between separation anxiety, a key element in determining secure and insecure attachment, and maternal parenting self-efficacy (Hsu & Sung, 2007). As a result, this study focuses on expanding the literature on

the strengths and resilience of transitioned young mothers by using attachment theory as a lens to explore the development of perceived parental self-efficacy in transitioned young mothers.

Although attachment theory appears to be the preferred way in which to explore the experiences of transitioned young mothers and is one of the main focuses of this literary review, there are other theories beyond the scope of this study that would be helpful in understanding transitioned youth and efficacy as young mothers, such as social learning theory. Comparing self-efficacy and attachment patterns is also beyond the scope of this study; however this study will use attachment theory as a theoretical framework with which to ground the research as it creates a context in which self-efficacy can be assessed.

### **Self-Efficacy Theory**

Self-efficacy theory is commonly used as a way of exploring and measuring possible outcomes for young mothers and in identifying potential barriers towards the development of self-efficacy. According to Albert Bandura's self-efficacy theory, self-efficacy is one's individually held perceptions and beliefs about one's own ability to successfully perform a given behavior and how such beliefs affect how individuals think, act and feel (Bandura, 1982). Self-efficacy theory also describes efficacy as a potential indicator for initiation of behaviors, effort put forth and the duration of efforts are maintained despite resistance or obstacles (Bandura, 1977). Research has shown a relationship between self-efficacy and behavioral change (Bandura, A., Adams, N. E., & Beyer, J. 1977) as well as self-efficacy as a means to mediate anxiety (Bandura, A., & Adams, N. E., 1977). Social science, social exchange, and self-regulation theories as well as neuroscience have also been used to frame studies concerning the development of self-efficacy. These theories and neuroscience have been used to demonstrate the importance of individually driven goal setting in developing self-efficacy (Scarborough, Lewis,



& Kulkarni, 2010; Griffin 1998). For young mothers, completing high school and engaging in goal setting appear to be two factors contributing to the development of self-efficacy in general (Romo & Nadeem, 2007; Scarborough, Lewis, & Kulkarni, 2010). Although limited research based on small sample sizes demands further support of these assertions, self-efficacy research illustrates that there are likely specific factors that contribute to the development of self-efficacy in young mothers.

Self-efficacy research regarding the development of perceived parental self-efficacy tends to illustrate a positive correlation between maternal self-efficacy and mother-child attunement. The literature indicates that the degree of perceived parental self-efficacy correlates with the nature of mother-infant relationship, infant behavior, and maternal depression and coping mechanisms (Hsu & Sung 2008). Research shows with lower efficacy there are higher rates of depression and lower levels of self-esteem (Wells-Parker, Miller, & Topping, 1990). However, many studies show that with higher levels of parental self-efficacy, mothers feel better able and are better able to be attuned to the infant and therefore have a greater capacity to handle an infant's more challenging behavior (Donovan, 1981; Donovan & Leavitt, 1985; Donovan, Leavitt, & Walsh, 1990; Leerkes & Crockenberg, 2002, as cited in Hsu & Sung 2008). A mother's sense of efficacy in her role as a parent correlates with a mother's strength in actively coping with the financial and emotional stressors attributed to this role (Wells-Parker, Miller, & Topping, 1990). A mother's confidence in her ability to parent a child is central to a mother's adaptation to motherhood and adjustment to parenting in each phase of childhood (Williams, T. M., Joy, L. A., Travis, L., & Gotowiec, A., 1987). Although many studies show a correlation between maternal self-efficacy and a decrease in separation anxiety, attributed to attunement, it should be noted that some studies have shown only a moderate correlation between parental self-

efficacy and positive parenting (Donovan, Leavitt, & Taylor, 2005). Similar studies have also shown that there is a subtle correlation between too much parental self-efficacy and maladaptive behavior in children (Donovan, Leavitt, & Taylor, 2005). Consequently, perceived parental self-efficacy appears to influence attachment with one's child, but the extent to which and the significance of parental self-efficacy in establishing positive parenting skills and avoiding a child's maladaptive behavior needs to be further studied. Additionally, research does not clearly address if a mother's early attachment with caregivers influences a mother's parental self-efficacy or if there are unique factors that either inhibit or bolster perceived parental self-efficacy in young mothers with histories in the foster care system.

Interpreting and comparing research on self-efficacy proves challenging because significant term confusion persists throughout self-efficacy literature. Self-efficacy, self-confidence and self-competence are all used interchangeably to describe both similar and different aspects of parental perspective, beliefs, capacities and abilities. Term confusion across medical and psychological disciplines causes confusion of both the definition and measurement of self-efficacy (De Montigny & Lacharité, 2004), resulting in a body of literature and research studies where conclusions are drawn using different measurements and definitions. Parental confidence, sense of confidence, or self-confidence focuses on the strengths of one's beliefs (De Montigny et. al., 2004), whereas self-efficacy focuses on both "affirmation of capability and strength of that belief" as it relates to a specific situation (Bandura 1997, p. 382). Additionally, perceived parental competence is the "judgment that others hold about the parent's ability to do something" (Pearsall & Hanks 1998, p. 374 as cited in De Montigny et. al., 2004). Although fundamentally similar to perceived parental competence, perceived parental self-efficacy focuses on the parent's own judgment of their ability as opposed to an outside perspective. Moreover,

self-efficacy focuses on the integration of skills as opposed to the number of skills (De Montigny et. al., 2004). It's clear perceived self-efficacy, parental confidence and parental competence have subtly different meaning and should not be used interchangeably. Thus, this study only uses words such as confidence and competence as they relate to perceived parental self-efficacy and provides a concise definition in order to contribute to research specifically focused on perceived parental self-efficacy.

As previously stated in the introduction, this study will use Albert Bandura's (1997, p. 3) definition of perceived self-efficacy as its foundation, which is the "beliefs one holds in one's capabilities to organize and execute the courses of actions required to produce given attainments." In order to further break down this definition, this study will explore De Montigny and Lacharité's (2004, p. 390) four attributes of perceived self-efficacy: Personal beliefs/judgment, capabilities/power, actions which are organized and executed to produce results, and situation-specific tasks. Perceived parental self-efficacy will be defined as "beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" (De Montigny et. al., 2004).

### **Existing Empirical Research**

The empirical literature reviewed involves diverse research studies conducted on young mothers, young mothers with foster care history and parental self-efficacy, because few studies have been conducted specifically on transitioning young mothers and the development of self-efficacy. Through studies varied between qualitative and quantitative studies, the majority of studies used quantitative methods (Thompson, Bender, Lewis & Watkins 2007; Hsu & Sung 2007; Bomstein & Putnick, 2007; Dworsky & Courtney 2010) or mixed methods (Schwartz, McRoy, & Downs, 2004) using various types of behavioral scales in combination with fixed

approaches, such as questionnaires which typically correlate variables. Qualitative methods were less commonly used. While some studies were longitudinal (Hsu & Sung 2007), many were one point in time studies (Schwartz, McRoy, & Downs, 2004; Thompson, Bender, Lewis & Watkins 2007; Bomstein & Putnick, 2007; Dworsky & Courtney 2010). Empirical studies that specifically studied transitioned mothers and the development of maternal self-efficacy were typically small in sample size, around 25 participants (Schwartz, McRoy, & Downs, 2004; Hsu & Sung 2007; Griffin 1998) and while those focused on larger population trends, such as the prevalence of teen pregnancy or significant risk factors for young mothers and foster care youth were larger in sample size, around 100 or more participants (Thompson, Bender, Lewis & Watkins 2007; Bomstein & Putnick, 2007; Dworsky & Courtney 2010). Every race and ethnic group was not represented in research studies, multiple research studies primarily focused on Caucasian, African American and Hispanic mothers (Thompson, Bender, Lewis & Watkins 2007; Schwartz, McRoy, & Downs, 2004, Dworsky & Courtney 2010), while other studies focus on European-American mothers (Hsu & Sung 2007; Bomstein & Putnick, 2007). There are no other known strictly qualitative studies.

The results of empirical research on young mothers and foster youth offers a lens from which transitioning young mothers can be viewed. Comparative research that focused particularly on young European-American mothers and mature European-American mothers, found that maternal age is a significant factor in determining risk and protective factors for mothers. Young mothers are more vulnerable across the board (Bomstein & Putnick, 2007). This vulnerability of young mothers appears to be further exacerbated by the high pregnancy rates in foster care youth. Longitudinal and correlational research that focused particularly on foster youth, found foster youth to have an increased likelihood of pregnancy and have established a

correlation between teen pregnancy and foster care placement history (Dworsky & Courtney 2010). Additional research found the increased likelihood of young motherhood in homeless youth was associated with feeling abandoned by one's family, being raised by a single mother, with dropping out of school, being an ethnic minority, and experiencing maternal emotional abuse (Thompson et al., 2007). Because of the high rates of pregnancy, high incidence of periods of homelessness, high drop out rates, and a sense of abandonment from family in aged out foster youth, such findings illustrate the increased vulnerability of transitioning young mothers and the need for further research to better understand such phenomena.

In the few studies on transitioned mothers, participants were participating in transitional living programs. Many studies acknowledged difficulty accessing and recruiting youth who aged out of foster care because of their transient life styles unless they were involved in transitional living programs. When young mothers are studied in transitional living programs, they are often considered to be homeless during their participation. Research shows the majority of young mothers involved in transitional living programs had insecure attachments to caregivers with few positive adult attachments, illustrating a lack of a support system, while faced with immense obstacles in trying to care for a child without the resources to do so, while simultaneously attempting to find and maintain work, complete school and find more permanent housing (Schwartz, McRoy, & Downs, 2004). Similar research suggests fostering positive attachment through reparative relationships while in transitional living programs could help create resiliency to such immense obstacles amongst young mothers (Schwartz, McRoy, & Downs, 2004). Consequently, these results illustrate possible risk factors for transitioned mothers, while offering few protective factors or strengths.

Although limited in number, some studies focused on strengths and resilience in young mothers and transitioning foster youth. Many studies indicate protective factors, which include religiosity (Carothers, Borkowski, Lefever, & Whitman, 2005) and forms of social or family support (Schwartz, McRoy, & Downs, 2004), including patterns of father involvement and romantic relationships (Borkowski, Farris, Whitman, Carothers, Weed & Keogh, 2007). Protective factors for transitional age youth are more seldom studied. Some studies found sense of competence, goals for the future, social support and involvement in community service contributed to resilience (Hass & Graydon, 2009). In the studies exploring risk factors for young mothers, certain protective factors appeared to contribute to resilience, including expanding social support, reducing maternal stress, developing self-efficacy (Romo & Nadeem, 2007), interpersonal conflict resolution (Barth & Schinke, 1984) and school involvement (Letoumeau, Stewart & Bamfather, 2004). Empirical studies on protective factors that contribute to strengths and resilience in transitioned young mothers are far more limited than research conducted on risk factors, necessitating more research on this population.

Research reviewed on self-efficacy focused on the development of self-efficacy in young mothers, but did not focus on young mothers with a history in foster care. Studies conducted specifically on self-efficacy often incorporated the use of self-efficacy scales. Numerous studies have incorporated and validated the use of the Parenting Sense of Competence Scale (PSOC) as a useful standardized measure for self-efficacy (Gilmore & Cuskelly 2009). Some studies using the PSOC scale found self-efficacy buffers separation anxiety because of increased attunement between mother and child, and therefore relates self-efficacy to positive attachment (Hsu & Sung 2007; Griffin 1998). Alternately, some research has used the Self Perception of Parental Role as a scale to measure feelings of competence in parenting (Bomstein & Putnick, 2007). Neither

scale clearly differentiates the definition of self-efficacy from self-competence or self-perception, but still uses the scale to measure self-efficacy. No studies were found which observed parental self-efficacy without the use of a standardized scale nor were any studies found that clearly distinguished self-efficacy from similar terms.

The empirical studies reviewed contain bias and omission in their research on young mothers, foster youth and self-efficacy. The research pertaining specifically to young mothers in transitional living programs and development of maternal efficacy are difficult to generalize due to small sample sizes (Schwartz, McRoy, & Downs, 2004; Hsu & Sung 2007). Larger sample studies focusing on the increased vulnerability of young mothers only studied European-American women (Bomstein & Putnick, 2007), limiting generalizability to other races and ethnicities, especially regarding different parenting styles and therefore overlooking differing risk and protective factors across cultures. Certain ethnicities and races were left out completely, such as Asian Americans. Parental self-efficacy studies were also limited to European-American women, but additionally women in the sample were married, employed and had no complications with their births (Hsu & Sung 2007). This has limited applicability to transitioning young mothers, considering the additional variables and immense obstacles they face. Some studies were further limited by their geographic focus, limiting generalizability to other parts of the United States (Dworsky & Courtney 2010). As a result, the biases and omissions of these studies will need to be carefully considered in their implications on the proposed study.

The theoretical and empirical literature reviewed demonstrates both strengths and limitations of previous research, influencing the development of the proposed study. Research on young mothers and foster care youth illustrates attachment theory as the common lens to examine and uncover risk factors and protective factors for this population. As a result,

attachment theory and self-efficacy theory will be the assumptions that ground the results of the proposed study. Based on research reviewed, heightened self-efficacy appears to be positively correlated with attachment, but its relevance in developing protective factors in transitioning young mothers, considering their unique vulnerabilities, needs substantiated support. Further research will be important in evaluating more thoroughly conflicting views and limitations of self-efficacy. The limited research in general on young mothers who have also aged out of the foster care system and the plethora of research on risk factors as opposed to protective factors and effective interventions, illustrates a need for the proposed study. The proposed study will attempt to fill some of the gaps in the current empirical literature by focusing on individual experiences of transitioning young mothers through qualitative interviews as opposed to quantitative methods and standardized scales. This study's findings will expand the understanding of transitioning young mothers as a way to inform further research, while identifying protective factors for transitioning young mothers instead of focusing primarily on risk factors.



## **CHAPTER III**

### **Methodology**

#### **Research Purpose and Question**

The purpose of this study was to explore the personal experiences of young mothers who were transitioning out of the foster care system in order to gain a better understanding of their resilience and strengths, specifically in developing a sense of parental self-efficacy. This study addressed the following question: What factors contribute to the development of perceived parental self-efficacy in young mothers transitioning out of the foster care system? As the literature review indicates, there was limited research specifically on transitioning young mothers, creating a significant need for further studies especially because of the immense obstacles faced by young mothers with a history in the foster care system. Ultimately, this study was intended to help social workers better understand the individual experiences of transitioning young mothers, and subsequently inform further research, practice interventions and the development of related programs.

#### **Research Method and Design**

A qualitative study was used in order to draw from personal experiences to explore the specific factors that support young mothers with a history in the foster care system, in developing parental self-efficacy. The methods relied on the use of open-ended interview questions to inform a feed back loop between both the researcher and the participant, as well as questions with flexible variables (Rubin & Babbie 2010). My intention was to explore actual experiences

of transitioning young mothers who appeared to have significant barriers to self-sufficiency and meeting their basic needs in order to reveal both themes and factors that facilitate resiliency and enhance the belief in one's capabilities as a mother. As shown in the empirical literature, there had been few purely qualitative method studies with flexible variables where individual narratives were the primary focus. There were few studies on transitioning young mothers in particular. Consequently, this study filled a gap in the current empirical research by focusing on the individual experiences of transitioning young mothers, in their own words, as a means to better understand the needs and strengths of this population.

Additionally, this study offered a unique way of understanding perceived parental self-efficacy through individual experiences, as opposed to the more common use of parenting self-efficacy scales in the research reviewed. Perceived parental self-efficacy was defined as "beliefs or judgments a parent holds of their capabilities to organize and execute a set of tasks related to parenting a child" (De Montigny et. al., 2004), exploring four specific aspects: personal beliefs/judgment, capabilities/power, actions which are organized and executed to produce results, and situation-specific tasks. Ultimately, this qualitative study sought to offer an evolving understanding of transitioning young mothers through the lens of parental self-efficacy, offering insights into how to better serve this population, which in return, further informed social work practice.

### **Sample**

A nonprobability sample selection model was used, where individuals were chosen from various programs. Unfortunately, this type of convenience sampling limited the diversity in experience of the sample because it focused on transitioning young mothers who were accessible because they were already participating in programs and receiving services. Those transitioning

mothers who were not receiving services were not interviewed. The study attempted to establish a racially and ethnically diverse sample of participants, but convenience sampling also limited the diversity of participants both racially and ethnically. This study interviewed 15 transitioning young mothers in the San Francisco Bay Area, but only 12 met all criteria to participate.

Participants were 18 to 24 year old women who had emancipated or were transitioning out of the foster care system. The women were mothers with their children in their physical custody, and who had given birth to their first child when they were between 16 and 21 years old. This study primarily focused on the particular experiences of transitioning young mothers who had children during late adolescence in order to limit some of the developmental variables between different stages of adolescence. The majority of women had children under 4 years old, which allowed for a focus on mothers with similar years of parenting experience.

After receiving permission to conduct research on human subjects from the Smith College School for Social Work Human Subjects Review Board, three programs which offer services and support for emancipating foster youth in various parts of the Bay Area were contacted to find willing participants: Beyond Emancipation in San Leandro, First Place for Youth in Oakland and Independent Life Skills Program of San Francisco (Refer to Appendix A for HSR Approval Letter). All three programs gave written permission to recruit participants (Refer to Appendices B, C, and D for Approval Letters). Research fliers were distributed at each program and I attended program meetings to recruit volunteers (Refer to Appendix E for Recruitment Flier). All participants that met sample criteria were asked to participate on a voluntary basis and gave written consent agreeing to participation (Refer to Appendix F for Informed Consent form).

Transitional Living programs and Independent Life Skills programs were the ideal recruitment location because there was an in-place support system for anything that could have been emotionally stressful in an interview. However, because participating in the interview could be emotionally difficult and expose individual vulnerabilities, all participants were given lists of mental health referrals (Refer to Appendix G for Mental Health Referrals). Additionally, recruitment from programs posed risks to anonymity and confidentiality, of which participants were informed of beforehand, because other program members likely knew who was involved in the study. Sample bias was unavoidable by those who were accessible through programs and by those who chose to participate as opposed to those who declined participation. Participants were further distinguished from the larger population because of their involvement in supportive programs, in comparison to those transitioning young mothers who lacked all outside support and are therefore more difficult to access and recruit.

### **Data Collection Methods**

In this study, I collected both demographic and qualitative data through qualitative interviews. The demographic data I gathered included: Current age, age at first pregnancy, race/ethnicity, age of first child, number of children, number of placements in foster care, presence of complications with pregnancy/birth, whether pregnancy was planned, education completed, currently or recently employed, and time living independently. I collected qualitative data through 45-minute qualitative interviews in order to better understand the experiences of transitioning young mothers as they related to their sense of self-efficacy through the narrative of the individual. I explored their experiences through questions similar to the following open-ended questions:

- Describe the perfect mother. For example, what is the ideal parent like in your eyes?

- Describe your child.
- Describe your relationship with your daughter/son.
- Describe your relationship with the child's father.
- Tell me about what it's like for you to be a parent? Describe to me how you see yourself as a mother.
- What are you most grateful for and what is your biggest fear as it relates to parenting?
- Describe your greatest challenges as a parent and how you address them?
- Tell me about your greatest successes and strengths as a parent.
- Tell me about how you learned to be a parent.
- Tell me about how you address the daily tasks of being a parent, while meeting both yours and your child's needs, such as school, food, shelter and employment? Possible probes: Do you tend to get things done on your own? Describe the community supports you have, such as programs with which you're involved.

- Tell me about who supports you in parenting now and in the past? (i.e a partner, family or friends). Tell me about who is part of your support system.
- Tell me more about what your goals are for the future.
- If you were to give advice to a mother with similar experiences or history to your own, what advice would you give to get by day by day?

Some version of these questions was asked through in-person interviews, and responses were unstructured and open. I used an interview guide in attempts to maintain consistency among interviews (Refer to Appendix H Interview Guide). Interviews were conducted within the transitional living programs, as permission was granted, or in a private location at Oakland Children's Hospital (Refer to Appendix I for Permission Letter). The interviews were audio-recorded and were subsequently transcribed. Notes were also taken during interviews.

At the beginning of the interview the participant was informed verbally regarding all aspects of informed consent, including their rights and expectations. Childcare was provided during interviews upon request. All participants were given a \$15 gift card for participation immediately following the review of the consent. Participants were informed that they could refuse to answer any questions or choose to end participation in the study at anytime during interview, and they would still maintain their compensation. Participants were informed that they could withdraw at anytime before April 31, 2012, and data would be immediately destroyed. All identifying information, such as signed informed consents, details and descriptors, were kept separately from other data, in a secure, locked location, so that connections could not be made between the two. Quotes or vignettes were disguised, avoiding the use of identifiers with quotes.

Participants were informed all data, notes and audio recordings would be kept for 3 years to comply with federal regulations.

Additionally, qualitative interviews pose specific methodological weaknesses, which I attempted to address. I attempted to reduce respondent bias by explaining the study thoroughly to reduce withholding and encourage participants to skip questions they felt uncomfortable in answering. I tried to reduce the impact of my presence as an unknown researcher by building rapport in casual conversation at the beginning of the interview. The interviews were conducted and data collected as consistently as possible to avoid creating information bias through data collection. Additionally, by having my thesis advisor review transcribed interviews with the identifying information removed, I attempted to avoid my personal biases in coding qualitative data based on my characteristics as an interviewer. Examples of this could include overemphasizing strengths and overlooking weaknesses or making too significant of a connection between particular variables.

### **Data Analysis**

All qualitative interviews were audio-taped and additional notes were taken during the interviews by researcher. Demographic data was analyzed using descriptive statistics. A transcriber, who signed a confidentiality agreement, and I manually transcribed all of the audiotapes, in order to develop data summaries and gather quotations from the transcribed data (Refer to Appendix J for Transcriber Confidentiality Agreement). Open coding was used in order to name and categorize phenomena through examination of the transcribed interviews and notes (Rubin & Babbie 2010) in order to reduce the content of the narrative in a manageable way. Both content and thematic analysis was used in developing codes. Open coding considered common themes, manifest and latent content, and references to attachment or self-efficacy

theory. As a result, the codes were not standardized units, but evolved rather from my examination and questioning of the data. Memoing was also used, in order to identify code meanings, theoretical ideas, hypotheses, and thoughts on connections in data gathered (Rubin & Babbie 2010). Coding and memoing was used in order to determine patterns in participant interviews. The patterns were further explored to analyze their frequency, magnitude, structures, processes, causes and consequences (Rubin & Babbie 2010). Lastly, a constant comparative method was utilized, causing concepts and working hypothesis to evolve throughout research by comparing later observations to earlier observations as more interviews were conducted (Rubin & Babbie 2010). Because I conducted the interviews and analyzed the data, data debriefing with my thesis advisor was essential in reducing personal bias based on how I personally perceived the data.



## **CHAPTER IV**

### **Findings**

The major findings from the qualitative interviews of this study revealed many factors contribute to the development of perceived parental self-efficacy in young mothers transitioning out of foster care. Three factors were most salient: belief in something bigger than oneself, belief in one's own abilities to be both a mother and an independent adult, and experiencing unconditional love in relationship with one's child. Participant responses to each interview question were analyzed for common themes. The common factors and themes were established and analyzed through the lens of the four attributes of De Montigny and Lacharité's (2004) definition of perceived parental self efficacy: Personal beliefs and judgments, capabilities and power, actions which are organized and executed to produce results and lastly, situation specific tasks.

### **Descriptive Data and Statistics**

Participants ranged in age and in years parenting. All participants were between 20 and 24 years old and had their first child between 16 and 21 years old. Their children ranged in age from 9 months to 6 years old. Although the majority of mothers only had one child, 3 mothers had 2 children and 1 mother had 3 children (only the youngest was in her custody). The majority of mothers said their first pregnancies were not planned, with the exception of 2, both of whom had their first child after turning 18.

Recruitment utilized convenience sampling, and as a result the study's generalizability was limited by its lack of racial and ethnic diversity. The majority of participants in the study were African American, however 3 identified as mixed race and one participant was Caucasian. Nearly all participants identified as Christian, with only one as Baptist. There were 2 participants who did not identify with a particular religion, but referenced faith in something bigger than themselves at some point in their interview. Faith was a strong theme among all of the participants as a form of motivation, but further research would be needed to generalize this to a more diverse sampling.

The participants entered the foster system at a range of ages with a significant range in the number of foster placements they experienced. Five participants entered foster care as an infant when they were younger than 8 months old; four participants entered as a teenager between 13 and 16; and two participants entered at 6 and 8 years old (one participant did not disclose when she entered). All participants emancipated from the foster care system after their 18th birthday. One participant initially emancipated at 16, but in less than a year was involved in a transitional living program and continues to be program dependent at age 22. The number of foster care placements participants experienced ranged significantly from 1 placement to 26. The significant range in age in which participants entered the foster care system and number of placements created additional variables, necessitating further research.

Participants defied statistics on young mothers and transitional youth in terms of the amount of education they had completed, but were in congruence with statistics on this demographic in their difficulty attaining and maintaining employment. Although research shows transitioning young mothers tend to have less education than their peers without histories in the foster care system, 7 of the 12 mothers interviewed completed or were enrolled in their first year

of college, 3 mothers acquired their GED and had clear education goals, and only one mother had only finished the 11th grade. The majority of mothers were unemployed at the time of the interviews and many identified financial insecurity as their primary concern. The four employed mothers held part-time or temporary work, with only one mother working 2 part-time jobs. The limited demographic data collected offers potential correlations, but necessitates further research with fewer variables in order to better inform research on transitioning young mothers.

### **Inferential Data**

**Personal beliefs and judgments:** The personal beliefs and judgments participants held regarding what an ideal mother was and how they compared to this ideal appeared to influence their perceived parental self-efficacy. Participants described the perfect mother as someone who is “reliable,” “responsible,” “caring,” “attentive,” “patient,” “able to discipline,” and “always there.” One participant described the perfect mother as someone who prioritizes self-care so she can take care of her children. Many identified that “there is no perfect mother,” but that every parent has her own way of parenting and learns through personal experiences. However, two participants described themselves as perfect mothers. The majority of transitioning mothers referenced their own mothers and identified wanting to be the “opposite,” “better than,” or simply the mother they never had. One participant said:

That's kinda really a hard, question for me, but I think that, a mother who, you know, just takes care of the responsibilities that she has as a mother and stays by that child's side regardless, but I don't know 'cause, you know, even though my foster mom's there for me, it's--I never had that real motherly things, so now that I deal with my son, it's just so strong, it's like, I wanna be what I didn't have comin' up, you know, so I just think that a ideal mother should be someone who takes on the responsibility that she has no matter

what the circumstances is, you know, and just do what you have to do for the child for the sake of the child.

When participants described what it felt like to be mothers, almost every participant described being a mother as “hard” with significant “ups and downs.” Those who did not use “hard” to describe their experience described feeling “overwhelmed,” “stressed,” and “frustrated” by the responsibility of being a mother. Although most participants identified not regretting becoming a mother and labeled their child as their motivation, there was a stark contrast between the positive ways they described the ideal mother and the significant challenges they felt as a parent.

Additionally, participants expressed beliefs in the importance of family, significant fears in losing their child, and described their child as their source of motivation. Most participants identified some family support, but felt they had less support than they needed. However, most identified resistance to making their support systems larger, which appeared to root from learning to depend only on themselves because everyone else left at some point. When asked about their relationships with their children, all the participants responded that they had very close, good relationships to their children, whom they loved a lot. The way in which some mothers described their children made it appear as if they were trying to create the family and unconditional love they did not feel as a child. One mother summed up this common sentiment in reference to what she was most grateful when she said,

My kids are gonna love me regardless of what anybody could tell my kids anything about me, but their love is always gonna be there for me, and my love is gonna be there for them, it's like no one can take that from me.

Another participant clearly illustrated the desire for family, when she told herself, “don't abort the baby 'cause you're gonna be alone.” Likely, in part due to this feeling of attachment and

unconditional love, the most salient fear of participants was to “have [their] child taken away” by Child Protective Services (CPS) and to “repeat history.” Although a few participants did not mention CPS directly, their fears still concerned their children getting hurt or financial instability by which they would not be able to support their children’s basic needs. Consequently, every mother identified providing a better life for her child as the major motivating factor in her life to get by day by day.

The majority of participants identified independence and “doing things on your own” as a personal strength. When participants were asked how they get by day by day, the majority proclaimed, “on my own.” They described a daily routine where they were solely responsible for all tasks or they described how they were solely responsible in creating a better life for their children. One participant said:

I do stuff on my own. I like to do stuff on my own, so that's how I can better myself as bein' a parent, but like if I need help, I will just ask for it, but I just like to do it on my own so I can be a better woman and not just askin' people all the time.

Many participants reported anything from having “a little bit of support,” “I support myself” to “I’m kinda distant from people.” The support systems consisted of boyfriends, foster mothers, professionals from transitional living programs, peers, pastors, and often one or two biological family members. The majority of transitional mothers reported more support when they were pregnant or had infants, and less support as their children grew older. The majority of mothers were single parents supporting their children on their own, often with government support. Four of the thirteen participants had boyfriends who were involved and supportive: two were the fathers of their second child, one was the biological father, and the other was not the father of a child. Although every participant wanted the father of her child to be more supportive in some

way, the majority of mothers appeared to believe it was more a mother's responsibility to take care of the child. Although all of the participants valued independence, their descriptions of their support systems, or lack of support, suggested a resistance to trust that they could count on others to always be there as a result of experience.

**Capabilities and power:** When participants were asked what advice they would give to a mother with a similar history and current situation to their own, the most salient sentiments were “always believe in yourself; you are your best motivation,” “do it for your child,” and “keep your faith.” As mentioned before, participants were highly motivated by the desire to be better mothers, give better lives to their children than the lives they had, and to maintain the unconditional love and families they created by keeping their children out of the foster care system. As a result, participants' advice on how to get through the hard times was often to focus on one's child. Every participant advised other mothers that, “if you can't do it for yourself, do it for your child,” or “just go for your kids.” One participant gave the following advice to other mothers based on her experience:

You don't want your child to be a statistic of what you went through, so, you know, improve it. Just take it day by day because it *is* hard, especially livin' in this society that we live in now...I just tell it to 'em to stay encouraged, stay strong, positive, and just through your dreams. Make sure that every step you take is getting you further into the dream that you want, your outcome, 'cause I believe that if I doin' somethin' that don't have nothin' to do with me, you know, goin' back to school or gettin' a job, then I can't do it. If I talkin' to somebody who in a gang business, drugs, I can't do it 'cause I'm takin' a risk that my baby might get taken or I be away from my son, and that's not what I want. I don't wanna do anything where I'm away from my son--anybody take me away from my

son, I love my son too much. I carry him ten months two days, and I--I can't do it. I love my baby, and I don't want him to ever, ever go through what I went through, and that's foster care, 'cause it hurts. If you hear the stories that's out here, it's just--everyone's story is different, but it's a tragedy. That's how I feel. It's a suffering situation and that they shouldn't have to go through that. Parents should've just been able to do what they needed to do to take care of them. If you couldn't carry 'em, you shouldn'ta had 'em, but I don't know. All I can say is I love my son, and I'll do whatever I need to do to make sure he's okay and he has everything he needs.

Every participant declared that her child or children were what she was most grateful for in life. Transitional mothers also believed it was essential to take motherhood “day by day,” “do your best,” “move through your dreams,” “have fun,” seek out “resources” and “don’t give up.” In order to maintain faith in their abilities to be mothers and to continue forward in the face of significant challenges, many participants turned to having faith that “God doesn’t give you something you can’t handle.” Those who did not directly identify with God identified with a “[belief] in something higher than yourself.” Consequently, the capabilities and power that participants embodied as they became mothers, especially in the face of challenges, were both a belief in their own capacities and an expression of faith.

**Actions organized and executed to produce results:** When participants were asked about their greatest successes as parents and their future goals, many acknowledged their “self-motivation” and their accomplishments in defying statistics. Participants described themselves as strong, determined, and devoted. Some of their greatest successes and strengths were identified as “being a mom,” “not giving up,” “conquerin’ my fears as a single mother,” and “prevail[ing] when many people said I couldn’t.” The majority of participants proclaimed their greatest

successes as, “doing my best [for my child],” “keeping [my child] around” in their care and “how far we’ve made it together,” just mother and child. Additional successes participants acknowledged in the face of adversity were graduating, living independently, and teaching their children to walk, talk, and spell. One participant said:

My greatest success is that I prevailed over many people that said I couldn't--I couldn't go to high school and have a child; I couldn't graduate and have a child; I couldn't get my own place. I'm so proud of myself for that, and my success is that I am in college. I don't have a job right now, but I did have a job, and I kept a job for over a year, you know, so that's it."

Regarding future goals to build on what was already accomplished, every participant prioritized continuing her education; many wanted to help other foster children through careers in law or social work, while others wanted to be nurses or go to cosmetology school. Many participants also established goals for financial and housing stability. Only one participant specified more children as one of her goals. The main goals established for their children were access to education and happiness. Through the identified strengths, successes and goals, participants illustrated organized actions taken toward being a parent under difficult circumstances.

**Situation specific tasks:** Participants reported learning how to parent from “instinct” and “personal experience,” from observing others with children, and from parenting classes and books. Nearly every participant declared she was “self-taught” and that being a parent came “naturally,” even if she had taken parenting classes. Only one participant mentioned that her mother helped her learn how to be a parent, while two participants specifically acknowledged their mothers’ “mistakes” as an influence to be a different kind of parent, declaring, “my mom did what I don’t wanna do.” One participant said:



Well, I taught myself how to be a parent. The only thing I mean, what made me be the parent that I am, is I watched everything. I watched, and I was goin' in my head, like, after [what] my mom did that I don't wanna do: She used drugs she beat us, she was never there for us. We never was able to go places, parks, none of that, so everything that I knew I wanted to do as a child, with my kids, I started while they're young so when they grow up, they'll know, you know, even though I was young and I seen my mom do all this, it never left my mind.

Many mentioned observing foster mothers or relatives caring for children or siblings, or had experience babysitting for children. Some believed parenting classes and books were really helpful, but the majority believed learning to be a parent was a process, “a learning experience the whole way” where they were “going day by day to succeed.”

Participants faced new challenges with every developmental year in their children’s lives. Each developmental milestone demanded new parenting skills, and divided attentions between caring for their children’s emotional and physical needs, and attending school, working, looking for employment and/or establishing housing. Participants reported various challenges with their children, often according to developmental stage, including “stubbornness,” “potty training,” “switching from the bottle,” discipline, “temper tantrums,” “spoiling,” establishing clear limits, and teaching their children morals and values. Participants identified some approaches they used to address challenges, such as time outs, setting limits, giving choices, “yelling,” ignoring and “explain[ing] things.” One participant said:

"I think it comes to you! I don't think you ever stop learning how to be a parent 'cause it's different every year. Different age, they get older, it's a learning experience the whole way."

As a result of taking it day by day, few participants felt as proficient as they wanted to be in their ability to manage their children's challenging behavior, but had the desire to learn how.

Although participants were not directly asked about how they comforted or nurtured their children, the majority of participants described their children and their relationship with their children as "loving." The majority of participants expressed concerns around economic instability and the difficulty in having enough time to balance their many responsibilities, especially as individuals who tended to do things independently. Some participants reported taking breaks from their educations because the demands on them were greater than they could manage. The majority of these mothers continued to be unemployed, due to difficulty finding work and affordable childcare. Although participants faced significant obstacles to self-sufficiency and emotional preparedness, their devotion to their children, motivation to provide a better life for their children, and faith that everything would work out appeared to propel them forward even in the most difficult times.

As previously mentioned, three themes were most salient and pervasive throughout the experiences of participants as significant sources of perceived parental self-efficacy: belief in oneself, experiencing unconditional love in one's relationship with a child and belief in something bigger than oneself. One participant's advice to other mothers was:

Keep a strong supportive system, stay patient, keep your head above water. Don't let the small stuff stress you out. Stay on top of your business 'cause it's all for your kids. The lights need to stay on, food needs to stay in the refrigerator, you need to have a job or go to school, and just stay empowered and motivated for your kids and yourself, too, and you gotta have self-esteem for yourself and them.

Self-sufficiency and providing both emotional and physical support for their children appeared to necessitate all three in order to overcome the overwhelming obstacles with which they were faced. Maintaining self-esteem and motivation for their children seemed to also necessitate faith in something bigger than themselves as well. One participant said:

I would say in the beginning to just know that things--that God doesn't give you somethin' you can't handle...that's my motto, He's not gonna give me nothin' that I'm not strong enough to handle; it's just gonna make me stronger with the struggles. If He blesses me with anything I ask Him for; I think that's my main motivation is sayin' that every day to myself.

Faith, belief in themselves, and belief in their children were the major motivating factors for participants to get by day by day, thus cultivating perceived parental self-efficacy.

### **My Bias**

My bias and personal perspectives influenced this study because my work with transitional age youth and young mothers led me to believe that there could be a correlation between attachment patterns and the development of parental self-efficacy. My research position both as a researcher and an analyst, was influenced by my social location as a highly educated white woman of middle class socioeconomic status. Although I was not directly analyzing attachment in this study, my beliefs and the grounding of this study in attachment theory could have influenced my findings. I also believed that self-efficacy was closely related to one's ability to become self-sufficient, and I was curious about connections between how developing perceived parental self-efficacy could influence transitioning young mothers' ability to become self-sufficient, especially as part of the population of young women who have "aged out" of the child welfare system. In addition, I believed that parental self-efficacy could have the potential to

positively influence parenting skills and styles, despite the limited research that suggested limited correlation. I also hoped to find correlations between variables and find influential themes and factors that contributed to the development of parental self-efficacy. I attempted to remain aware of this bias when analyzing the research, in order not to influence my findings. Lastly, because the majority of studies on aged out youth and young mothers focused on risk factors, I ultimately hoped to focus on positive factors that contributed to resiliency in this population.

### **Limitations of Generalizability**

Although this study provided an understanding of the unique experiences and resilience of transitioning young mothers, giving voice to those whose voices are typically not heard, potentially informing both social work practice and program development, there were also limitations to this study and ethical concerns. This study was limited in its generalizability by its qualitative design and lack of full representativeness of the larger population of transitioned young mothers because of its narrow sample focus and size as well as lack of spiritual, ethnic and racial diversity. The study was further limited in its reliability by its sample of convenience, by limited access to the population, by the lack of prolonged engagement with participants, and by my own biases as the researcher. Some of these limitations I attempted to address through extensive recruiting, an audit trail and debriefing of data with my thesis advisor (with identifying information removed).

I also sought to reduce ethical concerns through attention to confidentiality, informed consent and providing resources to participants. I informed clients before participation in the interview about how confidentiality would be maintained and about any risks to confidentiality, such as anonymity issues regarding other program members knowing who was involved in the

study. Additionally, participants were informed and reminded of their options to withdraw from the study and/or refuse to answer questions. Lastly, the potential for emotional stress as a result of interview questions was strongly considered in the way questions were asked, and service referrals were provided to every participant. Consequently, many precautions were taken to both inform participants and secure their confidentiality to the best of my ability

## **CHAPTER V**

### **Discussion and Conclusions**

This small qualitative study in which 12 transitioned mothers were interviewed, of whom the majority of participants were Christian and African American, found three themes to be most salient and pervasive in the development of a sense of perceived parental self-efficacy: “Faith” and “[belief] in something higher than yourself,” belief in oneself and positive self regard, and experiencing unconditional love, especially through their relationships with their children. Most participants reported that providing both emotional and physical support for their children often required all three factors in order to overcome the overwhelming obstacles with which they were faced. Many participants reported poor attachments to their mothers, but strong attachments to their children. The extent of support systems varied, but self-sufficiency and autonomy were valued greatly by the majority of participants. Unlike the trend documented in the statistics for this population, the majority of mothers in this study had graduated from high school and were involved in higher education, with significant goals for the future. Faith, belief in themselves, and love for their children were the major factors that motivated participants to get by day by day, cultivating perceived parental self-efficacy. This study addressed a gap in the current research because it contributed to the small body of research that focuses on strengths and resiliency as opposed to risk factors for young mothers and transitional age foster youth.

## **Relevance of the Finding to Previous Research**

This study both confronted and supported the significant bulk of research on risk factors for this population. Contrary to the findings in Schwarts, McRoy, & Downs (2004), Bomstein & Putnick (2007), Letoumeau, Stewart & Bamfather (2004) and Long, (2009), which showed young mothers to have poor academic achievement and low education, every mother in this study had higher education goals and the majority of participants had graduated from high school and enrolled in their first year of college. However, in congruence with these studies, this study revealed that the majority of participants were unemployed and identified financial insecurity as one of their greatest concerns as parents. In further support of the findings of these studies on risk factors, this study identified that participants had significant life stressors, making it difficult to have enough time to balance their many responsibilities, especially as individuals who tended to do things independently. Similarly to the studies exploring risk factors for young mothers, certain protective factors appeared to contribute to resilience in this study as well, such as expanding social support, reducing maternal stress, developing self-efficacy (Romo & Nadeem, 2007), and school involvement (Letoumeau, Stewart & Bamfather, 2004). Transitional mothers in this study appeared to face many of the same risk factors as those previously studied, but unlike these studies, which focused on risk factors, this study also identified their strengths and resilience in the face of significant obstacles.

This study contributed to the limited research on protective factors for transitional young mothers. This study supports Carothers, Borkowski, Lefever, & Whitman's (2005) study, which identified religiosity as a protective factor, because every participant identified "belief in something bigger than yourself" as a motivating factor helping her to get by "day by day." Additionally, the findings from this study supported Schwarts, McRoy, & Downs' (2004) study,

which identified social and family support as another protective factor. Many participants reported anything from having “a little bit of support,” to “I support myself,” to “I’m kinda distant from people.” The support systems consisted of boyfriends, foster mothers, professionals from transitional living programs, peers, pastors, and often times one or two biological family members. Although Borkowski, Farris, Whitman, Carothers, Weed & Keogh (2007) specifically identified patterns of paternal involvement and romantic relationships as a protective factor, only four mothers in this study had the support of a significant other and some appeared to identify focusing on a romantic relationship as a hindrance in caring for their children.

### **Implications of the findings on Theoretic Framework**

**Attachment Theory:** Although it was beyond the scope of this exploratory study to assess the exact attachment styles of transitional young mothers to their own parents and to their children, or the impact of these attachment styles on perceived parental self-efficacy, this study further informed previous research. Schwartz, McRoy & Downs’s study (2004) found that disruptions in attachment caused by involvement in foster care impacted transitional young mothers’ relationship with their parents. Transitional mothers in this study alluded to possible disruptions in their own attachments, as reflected by one participant who stated in reference to her own role as a mother, “my mom did what I don’t wanna do.” Many studies showed that reparative relationships with romantic partners (Basham, 2007) and with support staff at transitional living programs (Schwartz, McRoy, & Downs, 2004) could shift attachment styles to more secure attachments. Even though attachment styles weren’t studied, support systems could have included reparative relationships, and transitional young mothers identified boyfriends, foster parents, professionals, peers, pastors, and family members as part of their support systems. However, further exploration of the attachment in relationships is needed in further research



because many participants also acknowledged doing things on their own and seldom depending on others, which potentially could be the result of disrupted attachment. Studies also found intergenerational transmission of insecure attachment styles created the potential for poor child outcomes (Long, 2009). Further research would need to be conducted to determine the nature of transitioned mothers' attachment with their children, but all participants described their children and their relationships to their children with positive adjectives, identified their children as their primary motivation, and many identified that their first experiences of unconditional love occurred as a result of becoming mothers. Because the majority of support for attachment research from this study is only inferential, further research on attachment and transitional mothers is needed.

**Self-Efficacy Theory:** This study contributed to research on self-efficacy, but due to the wide range of definitions used for self-efficacy among studies, the previous research did not use the concise definition used in this study. The findings of this study support Romo & Nadeem's, (2007) and Scarborough, Lewis, & Kulkarnie's (2010) studies, which indicated that completing high school and engaging in goal setting were two factors that contributed to the development of self-efficacy in general. The participants in this study illustrated parental self-efficacy through their ability to identify significant education goals for the future, with the majority already involved in their first year of college. Most participants were able to identify their strengths in their roles as mothers, identify clear goals for the future, and identify social supports, which supports the protective factors found in Hass & Graydon's (2009) study. Although this study did not correlate variables, this study still supports Wells-Parker, Miller, & Topping (1990) study, which found that a mother's sense of efficacy in her role as a parent correlates with a mother's strength in actively coping with stressors attributed to this role. Participants identified their

beliefs in their ability to be mothers was connected to their beliefs in something higher than themselves, that “God won’t give you something you can’t handle.” The majority of participants took parenting “day by day” and identified themselves with mostly positive adjectives when describing themselves as mothers, which contributes to the findings of Williams, Joy, Travis, & Gotowiec’s study (1987), where maternal confidence was correlated with parenting skills. Because this study did not measure the degree of perceived parental self-efficacy in participants and did not include dyad interactions, this study neither supported nor confronted Hsu & Sung’s study (2008), in which the degree of perceived parental self-efficacy correlated with the nature of mother-infant relationship, infant behavior, and maternal depression and coping mechanisms. This study supported previous research on self-efficacy, confirmed the importance of clear term definition for self-efficacy in future research, and explored personal experiences of self-efficacy without using a scale, in order to suggest directions for future research.

### **Implications of the Findings for Social Work Practice**

Although this study has limited generalizability, this study’s qualitative interviews provided a depth of understanding of transitioning young mothers that will have implications on social work practice. This study gave a voice to a group of marginalized women whose voices can directly inform social work practice with transitioning young mothers. In better understanding the unique needs and resiliency of transitioning young mothers through personal narratives, social workers can also gain insight into how to more effectively support this vulnerable population, thus enhancing a social worker’s compliance with the NASW Code of Ethics (2008), which demands service to “the vulnerable, oppressed and individuals living in poverty.” Ultimately, this study contributed to a gap in the larger body of research on young mothers and transitional age youth and encouraged further research specifically examining

transitioning young mothers, informing social work practice and more effective support, interventions and programs for transitioning young mothers, while revealing the need for more research.

### **Areas for Further Research**

This qualitative, exploratory study interviewing transitional young mothers conformed to previous research in some ways, but also contributed to a gap in research methodology as it revealed the significant need for more research on this population. Similar to previous studies with small sample sizes on young mothers (Schwartz, McRoy, & Downs, 2004; Hsu & Sung 2007), the findings of this study are difficult to generalize to the larger demographic of transitional young mothers. The geographic focus on the Bay Area limits generalizability to other parts of the United States, similar to Dworsky & Courtney's (2010) empirical study on transitional foster youth. This study contributed to the many one point in time research studies (Schwartz, McRoy, & Downs, 2004; Thompson, Bender, Lewis & Watkins 2007; Bomstein & Putnick, 2007; Dworsky & Courtney 2010). Although many research studies primarily focused on Caucasian, African American and Hispanic mothers (Thompson, Bender, Lewis & Watkins 2007; Schwartz, McRoy, & Downs, 2004, Dworsky & Courtney 2010) with other studies focusing only on European-American mothers (Hsu & Sung 2007; Bomstein & Putnick, 2007), participants in this study were primarily African American and Christian. This purely qualitative study allowed for the personal experiences of transitional young mothers to be explored in a new way, because previous research has consisted of quantitative studies (Thompson, Bender, Lewis & Watkins 2007; Hsu & Sung 2007; Bomstein & Putnick, 2007; Dworsky & Courtney 2010) or mixed methods (Schwartz, McRoy, & Downs, 2004). The methodology of this study filled a gap in research because it focused on the experiences of transitional foster youth, who were also

mothers as opposed to focusing on one or the other. It also focused on strengths versus risk factors, but more in depth empirical research on the resilience of this demographic is needed.

This study highlights the need for further research on how to both identify and foster strengths and resilience in transitional young mothers using fewer variables and larger, more diverse sample sizes to increase generalizability. For additional exploratory studies, the questions in interviews could have been asked more consistently; occasionally a question was accidentally omitted or worded slightly differently to different participants. There was a significant range in when participants entered the foster care system. Minimizing the divergence in this variable could reveal different strengths and resilience depending on whether participants entered as infants, in early/middle childhood, or as adolescents. Reducing other variables, such as the wide range in the age of their children, in the number of years each had been parenting, and in the number of children each had, could also produce new findings or possibly change existing findings. A comparison study on perceived parental self-efficacy focusing on resilience versus risk factors between young mothers and matured mothers and a study comparing the strengths, resilience, and self-efficacy of transitional youth who have children versus those who do not could present new factors to explore. More research on perceived parental self-efficacy is necessary where the term is clearly identified, as it was in this study. Studies focusing on possible correlations between attachment styles and the development of perceived parental self-efficacy could also inform services for transitional young mothers. Further longitudinal research on transitional young mothers that are geographically diverse in the United States, using large samples reflecting a diversity in spiritual, ethnic, and racial identities is necessary to substantiate the findings of this study.

Ultimately, this study promotes the need for empirical research focused on strengths and resilience of transitional mothers to inform both social work practice and program development. The transitioned mothers that participated in this study shared experiences that demonstrated tremendous courage, strength, resilience, and wisdom in the face of obstacles that the literature suggests should prevent them from becoming the self-sufficient, loving and attuned mothers that they had, in reality, become. Their life stories offer lessons in strength and resilience in the face of seemingly insurmountable odds, illuminating the need for further research so that the voices of these mothers can be heard and the wisdom gleaned from their experiences can be used to develop the supports transitioned young mothers truly need.

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## APPENDIX A

### HSR Approval Letter



---

School for Social Work  
Smith College  
Northampton, Massachusetts 01063  
T (413) 585-7950 F (413) 585-7994

December 6, 2011

Kate Whipple

Dear Kate,

Wow! Great work on the changes. You are hereby approved with one additional change, please put on the recruitment flyer (very attractive by the way) that they are not eligible if they are pregnant so maybe say in addition to the other bullets "- not currently pregnant" and just send that to Laura directly.

*Please note the following requirements:*

**Consent Forms:** All subjects should be given a copy of the consent form.

**Maintaining Data:** You must retain all data and other documents for at least three (3) years past completion of the research activity.

*In addition, these requirements may also be applicable:*

**Amendments:** If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

**Renewal:** You are required to apply for renewal of approval every year for as long as the study is active.

**Completion:** You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Sincerely,

A handwritten signature in black ink that reads 'David L. Burton'.

David L. Burton, M.S.W., Ph.D.  
Chair, Human Subjects Review Committee

CC: Cara Segal, Research Advisor

## APPENDIX B

### ILSP Approval Letter

#### City and County of San Francisco



*Edwin M. Lee, Mayor*

#### Human Services Agency

Department of Human Services  
Department of Aging and Adult Services

*Trent Rhorer, Executive Director*

November 9, 2011

Smith College  
School for Social Work  
Lilly Hall  
Northampton, MA 01063

To Whom It May Concern:

Independent Living Skills Program (ILSP) gives permission for Kate Whipple to locate her research in this agency. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by a Kate Whipple. ILSP will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Respectfully  
Arlene Hylton (*signed electronically*)  
Program Director  
San Francisco Independent Living Skills Program  
San Francisco Human Services Agency  
225 Valencia Street  
San Francisco, CA 94103  
[Arlene.Hylton@sfgov.org](mailto:Arlene.Hylton@sfgov.org)  
415 934-4202  
415 934-4228 fax

## APPENDIX C

### Beyond Emancipation Approval Letter



675 Hegenberger Rd, Ste 100  
Oakland, CA 94621  
510-667-7694 (main), 510-667-7639 (fax)  
www.beyondemancipation.org

Date: 11/8/11

Smith College  
School for Social Work  
Lilly Hall  
Northampton, MA 01063

To Whom It May Concern:

Beyond Emancipation gives permission for Kate Whipple to locate her research in this agency. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by Kate Whipple. Beyond Emancipation will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,

**Pamela Mack** (electronically signed)

Contact Information: Pamela Mack  
Name  
Director of Housing  
Title  
pmack@beyondemancipation.org  
Email  
510-667-7562  
Phone

**APPENDIX D**

**First Place for Youth Approval Letter**

Date: 11/15/11

Smith College  
School for Social Work  
Lilly Hall  
Northampton, MA 01063

To Whom It May Concern:

First Place for Youth gives permission for Kate Whipple to locate her research in this agency. We do not have a Human Subjects Review Board and, therefore, request that Smith College School for Social Work's (SSW) Human Subject Review Committee (HSR) perform a review of the research proposed by a Kate Whipple. First Place for Youth will abide by the standards related to the protection of all participants in the research approved by SSW HSR Committee.

Sincerely,



Contact Information: FOLOLA TAKAPU  
Name

COMMUNITY OUTREACH SPECIALIST  
Title

ftakapu@firstplaceforyouth.org  
Email

(508) 830-3630 ext. 244  
Phone

## APPENDIX E

### Recruitment Flier

**Are you a female emancipated foster youth,  
who wants to participate in research on  
parenting for a**

**~~\$15 CASH~~**

I am a graduate student from Smith College School for Social Work, looking for 15 research participants in the Bay Area for a study on parenting. The intention of this study is to understand your experiences of being a mother.

**In order to participate, you must be:**

- Female
- A mother, with your children in your care
- Transitioning or emancipated foster youth
- Currently between the ages of 18 & 24
- Gave birth to your first child when you were between 16 & 21
- Not currently pregnant

**Participation will consist of a one time  
confidential 1-hour interview**



## APPENDIX F

### Informed Consent Form

Dear Participant,

I am a graduate student at Smith College School for social work and I am doing a research study to explore the experiences of motherhood for young mothers who are transitioning from the foster care system for my master's thesis. Previous research studies have focused mostly on risks young mothers face and on evaluating interventions for young mothers transitioning from foster care. I hope to explore personal experiences in order to change social work practice. Through interviews this study will explore personal beliefs about parenting, parenting styles and feelings about being a mother. Through this study, I hope to uncover the personal stories and experiences of young mothers who are transitioning out of the foster care system in order to improve programs providing services for young mothers. I also hope this study will help social workers better support the unique challenges young mothers face by using a young mother's strengths. The findings from my research will be used for my master's thesis, for presentations and possibly for future publication.

#### Nature of Participation

You are being asked to participate in this study because you are an 18-24 old woman who has emancipated or is transitioning from the foster care system and are currently a mother with your child/children in your care, residing in the Bay Area either in transitional living programs or living independently. If you are pregnant, but do not have any other children in your care, you will not be asked to participate in the study. The interviews are estimated to take about 45 minutes, and you will be asked for an hour of your time. You can refuse to answer any question and you can choose to end participation in the study at anytime during the interview. If you need childcare during the interview, this can be arranged for free but you will need to let me know in advance, before the time of the interview. The interviews will occur within the program site with which you are participating, if permission is granted, or if you prefer in a private setting at Children's Hospital in Oakland. During the interview, questions will be asked about your life experiences and about your experiences as a mother. The questions will be similar to the following questions:

- Describe the perfect mother. For example, what is the ideal parent like in your eyes?
- Describe your child.
- Describe your relationship with your daughter/son.
- Describe your relationship with the child's father.
- Tell me about what it's like for you to be a parent? Describe to me how you see yourself as a mother.
- What are you most grateful for and what is your biggest fear as it relates to parenting?
- Describe your greatest challenges as a parent and how you address them?
- Tell me about your greatest successes and strengths as a parent.
- Tell me about how you learned to be a parent.
- Tell me about how you address the daily tasks of being a parent, while meeting both yours and your child's needs, such as school, food, shelter and employment? Possible probes: Do you tend to get things done on your own? Describe the community supports you have, such as programs with which you are involved.
- Tell me about who supports you in parenting now and in the past? (i.e. a partner, family or friends). Tell me about who is part of your support system.
- Tell me more about what your goals are for the future are.

Demographic data will also be collected, including current age, age at first pregnancy, sexual orientation, race/ethnicity, age of first child, number of children, number of placements in foster care, presence of complications with pregnancy/birth, whether pregnancy was planned, education completed, currently or recently employed, and time living independently. All interviews will be audio recorded and later transcribed.

Although my intention is to personally transcribe the interviews, in the case that a transcriber is used, he or she will be required to sign a confidentiality agreement before viewing any material to protect your confidentiality. I will also take notes during interviews. I will be doing the data analysis, and I will remove information that links you directly to your interview before my thesis advisor observes the gathered information.

**Risks and Benefits:**

Participating in the interview could be emotionally difficult, due to the personal nature of questions asked. As a result, many resources, including mental health referrals, are at the end of this form for additional support. Additionally, although I will take great care with your confidentiality, it is important to acknowledge that other members and staff of the program with which you are involved will likely know you are part of the study. If you prefer, we can do the interview at Oakland Children’s Hospital, in order to better protect your privacy. The interview may also allow for you to more deeply reflect on your role as a mother and will give you an opportunity to share your story and experiences in your own words. The experiences of mothers like you in this study could help change interventions and program for other mothers, so that social workers can better support young mothers with a history in the foster care system. For your participation, you will receive \$15 in cash, prior to the interview process.

**Confidentiality:**

All data collected from the interviews, including audio, transcriptions and informed consents, will be kept in a secure, locked place. Identifying information, such as signed informed consents or simply details and descriptors about you, will be kept separately from other interview data, also in a secure, locked location, so that connections cannot be made between you and the data. Only I will have access to identifiable information, such as your name. Although I have the intention of doing my own transcriptions, in the case that a transcriber is used to type the audio recording of the interview, he or she will be required to sign a confidentiality agreement to protect your privacy. Information shared with my research advisor or any other person will have the identified information removed. Your quotes or vignettes that are used in my thesis, presentations or publications, will be carefully disguised, avoiding the use of details that would connect you to the information. You can withdrawal at anytime before April 31, 2012 and data will be immediately destroyed, unless you give further permission. All data, notes and audio recordings, will be kept for 3 years to comply with federal regulations, after which data will continue to be kept in secure location or destroyed.

**Voluntary Nature of Participation:**

Your participation is voluntary. You may refuse to answer any questions during the interview. You can withdrawal from study anytime during the interview or anytime before April 31, 2012, when the thesis will be written. If you decide to leave, I will immediately destroy all materials related to you, unless you give further permission to use interview data in written form. Participation or declining participation in this study will not change or impact the services you are provided within the programs you are involved. If you have any further questions, or wish to withdrawal from the study please email me at **(personal information deleted by Laura H. Wyman, 11/30/12)**. If you have any questions about their rights or any aspects of this study please email me or call the Chair of Smith College School for Social Work Human Subjects Review Committee at (413) 585-7974.

Thank you for your participation.

**YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE ABOVE INFORMATION AND THAT YOU HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE STUDY, YOUR PARTICIPATION, AND YOUR RIGHTS AND THAT YOU AGREE TO PARTICIPATE IN THE STUDY.**

Signature of Participant \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_

A copy of this consent form should be kept for your personal record. For any further questions, please email me at **(personal information deleted by Laura H. Wyman, 11/30/12)**.

## APPENDIX G

### Mental Health Referrals

#### San Francisco Mental Health Support and Counseling

##### 24-Hour Mental Health Information and Referral

- Narcotics Anonymous of San Francisco (415) 621-8600
- Alcoholics Anonymous (415) 674-1821
- California Youth Crisis Line (800) 843-5200
- San Francisco Suicide Prevention (415) 781-0500

##### San Francisco Mental Health Access

Referrals to mental health services for Medi-Cal and uninsured clients (888) 246-3333  
Hours: M-F 8:00-5:00 p.m.

##### Community Mental Health Services O.M.I. Family Center

Provides an outpatient mental health service to individuals and families. Services include assessment, general mental health services, medication support and case management. Sliding scale fee according to income. Medi-Cal also accepted.

1760 Ocean Ave (at Jules), San Francisco 94112  
(415) 452-2200

Hours: M-F 8:30-5 p.m. Call ahead for drop-in hours.

Eligibility: Un-insured and Medi-Cal clients 18-59 years old

Languages Spoken: English

Public Transport: MUNI: K-Ingleside

##### South of Market Mental Health Services Center

Provides an outpatient mental health service to individuals and families. Services include assessment, general mental health services, medication support and case management. Sliding scale fee according to income. Medi-Cal also accepted.

760 Harrison Street (between 3rd & 4th), San Francisco 94107  
(415) 836-1700

Hours: M-F 9-5 p.m. Drop-in hours M, T, Th, Fri 9-10:30 a.m.

Eligibility: Un-insured and Medi-Cal clients 18-59 years old

Languages Spoken: English, Spanish, Russian, Mandarin, and Cantonese

Public Transport: MUNI: 12, 30, 45

##### Sunset Mental Health Services

Provides outpatient mental health services, socialization, individual, couple, group, and family therapy, medication, and case management. Sliding scale fee according to income.

1990 41st Avenue (between Ortega and Pacheco), San Francisco 94116 (415) 753-7400

Hours: M-F 8:30-5 p.m.

Eligibility: Open to individuals and families ages 5 and up

Languages Spoken: English, Spanish, Chinese, Russian

Public Transport: N-Judah, 71, L

The above referral list came from page 39, of the following link from Honoring Emancipated Youth. If you want an electronic copy, it can be retrieved from: <http://www.heysf.org/main-menu/publications/hey-publications> (Click on HEY's Emancipation Resource Binder pdf at bottom of page). This link includes a wide range of additional resources in San Francisco.

##### For additional Resources in the Bay Area:

If you are looking for wide range of employment, housing, education, parenting and health referrals in the all of the bay area online, please go to the following website to find extensive resources, <http://taysf.lifeportal.com/>.

## **East Bay Mental Health Support and Counseling**

### **ACCESS - Alameda County Behavioral Health Care Services**

(800) 491-9099 [www.acbhcs.org](http://www.acbhcs.org)

### **Bay Area Children First**

1400 Shattuck St., Berkeley

(510) 883-9312 [www.baychild.org](http://www.baychild.org)

### **Sausal Creek Outpatient Stabilization Clinic**

Emergency evaluations, stabilization, psychiatric services,  
food, showers, a place to sleep for 23 hours and 59 minutes

2620 26th Ave., Oakland

(510) 437-2363

### **Family Education & Resource Center**

7200 Bancroft Ave., Ste. 269, Oakland

(888) 896-3372 [www.askferc.org](http://www.askferc.org)

### ***Mobile Clinical Case Management***

Youth up to 21 & Medi-Cal eligible

### **Fred Finch Youth Center – Transitions Program**

675 Hegenberger Rd., Ste. 100, Oakland

(510) 667-7811 [www.fredfinch.org](http://www.fredfinch.org)

### **Alternative Family Services**

111 Myrtle St., Ste. 102, Oakland

(510) 839-3800 [www.afs4kids.org](http://www.afs4kids.org)

### **STARS**

545 Estudillo Ave., San Leandro

(510) 352-9200 <http://starsinc.com>

### **Westcoast Children's Clinic**

3301 E. 12th St., Ste. 259, Oakland

(510) 269-9030 [www.westcoastcc.org](http://www.westcoastcc.org)

The above referral list came from pages 25-26, of the following link from Beyond Emancipation

[http://www.beyondemancipation.org/downloads/RYT\\_Winter-Spring2011.pdf](http://www.beyondemancipation.org/downloads/RYT_Winter-Spring2011.pdf). This link includes a wide range of additional resources in the East Bay. You can also contact Beyond Emancipation directly for more resources:

### **Beyond Emancipation**

675 Hegenberger Road, Suite 100

Oakland, CA 94621

Main: (510) 667-7694

Fax: (510) 667-7639

[beyondemancipation.org](http://beyondemancipation.org)

### **For additional Resources in the Bay Area:**

If you are looking for wide range of employment, housing, education, parenting and health referrals in the all of the bay area online, please go to the following website to find extensive resources, <http://taysf.lifeportal.com/>

**APPENDIX H**

**Interview Guide**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

Demographic Data:

Current age (18-24): \_\_\_\_\_

Gender: \_\_\_\_\_

Age at first pregnancy (16-21): \_\_\_\_\_

Age/Name of first child: \_\_\_\_\_

Number of children, ages and names: \_\_\_\_\_

Status in Foster care: Transitioning? Number of years and placements in foster care:

\_\_\_\_\_  
\_\_\_\_\_

Currently Pregnant: \_\_\_\_\_

Presence of complications with pregnancy/birth: \_\_\_\_\_

Whether pregnancy was planned: \_\_\_\_\_

Sexual orientation: \_\_\_\_\_

Race: \_\_\_\_\_

Ethnicity/Religion/Traditions: \_\_\_\_\_

Education completed: \_\_\_\_\_

Currently or recently employed: \_\_\_\_\_

Time living independently: \_\_\_\_\_

## QUESTIONS:

- Describe the perfect mother. For example, what is the ideal parent like in your eyes?
  
- Describe your child.
  
- Describe your relationship with your daughter/son.
  
- Describe your relationship with the child's father.
  
- Tell me about what it's like for you to be a parent? Describe to me how you see yourself as a mother.
  
- What are you most grateful for and what is your biggest fear as it relates to parenting?
  
- Describe your greatest challenges as a parent and how you address them?
  
- Tell me about your greatest successes and strengths as a parent.
  
- Tell me about how you learned to be a parent.
  
- Tell me about how you address the daily tasks of being a parent, while meeting both yours and your child's needs, such as school, food, shelter and employment? Possible probes: Do you tend to get things done on your own? Describe the community supports you have, such as programs with which you are involved.

- Tell me about who supports you in parenting now and in the past? (i.e a partner, family or friends). Tell me about who is part of your support system.
  
- Tell me more about what your goals are for the future are.
  
- If you were to give advice to a mother with similar experiences or history to your own, what advice would you give to get by day by day?

Anything else you feel like I should know about you or your experience parenting?

## APPENDIX I

### Oakland Children's Hospital Permission Letter



November 7, 2011

Smith College  
School for Social Work  
Tilly Hall  
Northampton, MA 01063

To Whom It May Concern:

Center for Child Protection (CCP) at Children's Hospital & Research Center Oakland gives permission for Kate Whipple to utilize private office space for individual interviews with participants in her study, during CCP work hours.

Sincerely,



Shelley Hamilton  
Manager, Center for Child Protection  
Children's Hospital & Research Center  
Oakland  
747 52nd Street  
Oakland CA 94609

(510) 428-3588 office  
(510) 450-5881 fax

747 Fifty Second Street • Oakland, CA 94609-1805  
(510) 428-3000  
[www.childrenshospitaloakland.org](http://www.childrenshospitaloakland.org)



## APPENDIX J

### Transcriber Confidentiality Form

### Volunteer or Professional Transcriber's Assurance of Research Confidentiality

#### STATEMENT OF POLICY:

This thesis project is firmly committed to the principle that research confidentiality must be protected. This principal holds whether or not any specific guarantee of confidentiality was given by respondents at the time of the interview. When guarantees have been given, they may impose additional requirements which are to be adhered to strictly.

#### PROCEDURES FOR MAINTAINING CONFIDENTIALITY:

1. All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.
2. A volunteer, or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. Depending on the study, the organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested may also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.
3. It is incumbent on volunteers and professional transcribers to treat information from and about research as privileged information, to be aware of what is confidential in regard to specific studies on which they work or about which they have knowledge, and to preserve the confidentiality of this information. Types of situations where confidentiality can often be compromised include conversations with friends and relatives, conversations with professional colleagues outside the project team, conversations with reporters and the media, and in the use of consultants for computer programs and data analysis.
4. Unless specifically instructed otherwise, a volunteer or professional transcriber upon encountering a respondent or information pertaining to a respondent that s/he knows personally, shall not disclose any knowledge of the respondent or any information pertaining to the respondent's testimony or his participation in this thesis project. In other words, volunteer and professional transcribers should not reveal any information or knowledge about or pertaining to a respondent's participation in this project.
5. Data containing personal identifiers shall be kept in a locked container or a locked room when not being used each working day in routine activities. Reasonable caution shall be exercised in limiting access to data to only those persons who are working on this thesis project and who have been instructed in the applicable confidentiality requirements for the project.
6. The researcher for this project, *Kate Whipple* shall be responsible for ensuring that all volunteer and professional transcribers involved in handling data are instructed in these procedures, have signed this pledge, and comply with these procedures throughout the duration of the project. At the end of the project, Kate Whipple shall arrange for proper storage or disposition of data, in accordance with federal guidelines and Human Subjects Review Committee policies at the Smith College School for Social Work.
7. *Kate Whipple* must ensure that procedures are established in this study to inform each respondent of the authority for the study, the purpose and use of the study, the voluntary nature of the study (where applicable), and the effects on the respondents, if any, of not responding.

**PLEDGE**

I hereby certify that I have carefully read and will cooperate fully with the above procedures. I will maintain the confidentiality of confidential information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, Kate Whipple for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

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Signature  
Linda Adams (Electronically Signed)

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Date  
January 17, 2012

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*Kate Whipple* (Electronically Signed)

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Date  
January 17, 2012