



# In their own words: Overcoming barriers during the transition to adulthood for youth with disabilities who experienced foster care



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## ABSTRACT

The transition to adulthood can be especially challenging for youth who experience the foster care system. These challenges are magnified for youth with disabilities, who account for at least 40–47% of all children in foster care (Powers et al., 2012). In order to move from a deficit-based to a strength-based approach, this qualitative study focused on understanding the lived experience of transitioning to adulthood for alumni of foster care with disabilities. Semi-structured interviews were conducted with seven young adults who had exited care over a six-month time period. Participants described their journeys from foster care to independence and articulated a vision for a successful adulthood. Key themes that emerged included a desire for stability and personal fulfillment in adult life. Participants also identified common barriers encountered including unmet mental health needs and lack of disability awareness or the implications of mental health diagnosis. Personal strengths that helped overcome those barriers included resilience, advocacy, and self-determination.

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## 1. Introduction

The transition to adulthood is a challenging process for individuals with and without disabilities (Halpern, 1994; Samuels, 2015). For youth who age out of foster care, this transition can be especially difficult. More than 24,000 young adults emancipate (or “age out”) of foster care each year in the United States (U.S. Department of Health and Human Services, 2015). Youth who age out of foster care often have an abrupt transition from being supported within a system to being completely on their own; this leads to significant risks of negative outcomes including; underemployment, low educational attainment, homelessness, early parenthood, involvement with the justice system, and mental health issues (Daining & DePanfilis, 2007).

The Casey National Alumni Study reported that household income levels of young adults who had transitioned out of foster care were 35% lower than young adults in the general population and that one in five had experienced at least one night of homelessness (Pecora et al., 2003). In a study of 659 young adults previously in foster care, Pecora et al. (2006) found that post-secondary completion rates were low, one-third were living below the poverty line, one-third had no health insurance, and more than one in five had experienced homelessness.

Data from one of the largest studies of youth that experienced foster care, the Midwest Study, demonstrated that by age 25 or 26 one-fifth of the participants were still without a high school diploma or GED, and whereas 40% had completed at least one year of college, only 8% persisted to obtain a post-secondary degree at either a 2- or 4-year college (Courtney et al., 2011).

At least 40 to 47% of all children in foster care also have an identified disability, magnifying the challenges of the transition to adulthood. (Powers et al., 2012) Youth with disabilities that have been in foster care are less likely to be employed, graduate from high school, or have social support than youth without disabilities that experience foster care (Geenen, Powers, Hogansen, & Pittman, 2007). For youth in foster care with a primary disability label of emotional disturbance the outcomes are especially bleak. For this group, one study found that the high school graduation rate was 16% and 18% of students left school due to incarceration (Smithgall, Gladden, Yang, & Goerge, 2005).

Geenen and Powers (2007) conducted focus groups with youth in foster care, child welfare professionals, education professionals, Independent Living Program (ILP) staff, foster parents and other key stakeholders. Focus group interviews revealed that barriers to services and instability of placements were exacerbated for youth with disabilities in foster care compared to those in care without disabilities. Participants also reported that youth in foster care who received special education services weren't adequately taught basic or academic skills needed for adulthood (i.e., diminishing competence). Additionally, parents and

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professionals reported being worried that youth would not be able to access adult disability services once they aged out of the foster care system (Geenen & Powers, 2007).

Although there is a growing body of literature about the transition to adulthood for youth with disabilities and those who experience foster care, there is a minimal research on the transition experiences of youth in foster care who identify as having a disability (Geenen et al., 2007). The research that is available suggests that youth with disabilities in foster care have lower educational achievement and are at greater risk of poor transition outcomes than youth in foster care that are not eligible for special education (Quest, Fullerton, Geenen, & Powers, 2012). Several of the seminal studies seeking to understand transition outcomes for youth in foster care excluded those with disabilities. During recruitment, the Midwest Evaluation study excluded those with development disabilities, severe mental illness, and those incarcerated or in a psychiatric hospital (Courtney et al., 2005).

This study is unique because it provides a platform for young adults with disabilities that experienced foster care (YADFC) to describe from their perspective what helped them during the transition to adulthood. Additionally, what constitutes a “successful adulthood” is defined by these young adults in their own words. This may be particularly informative as service providers may postulate what success means to youth and create transition plans based on conventional goals, rather than what youth want for themselves. This paper intends to fill a critical gap in the literature to help professionals understand what facilitates a successful transition to adulthood for YADFC. The study was guided by two primary research questions.

- (1) What are the lived experiences of young adults with disabilities that have experienced foster care as they transition to adulthood?
- (2) How do young adults with disabilities define a successful adulthood?

## 2. Methods

We used a qualitative case study approach to provide an opportunity for YADFC to describe in their own words their transition to adulthood after leaving foster care. Additionally, we invited participants to define what successful adulthood meant for them. This approach was selected because it created a methodological framework for participants to share their experiences and for researchers to understand individuals' inner perspectives (Brantlinger, Jimenez, Klinger, Pugach, & Richardson, 2005; Patton, 2015). We use the evidence imparted by the participants as the foundation for analysis since “what could be truer, after all, than a subject's own account of what he or she has lived through?” (Scott, 1991). We strove to maintain “empathetic neutrality” during the study to authentically understand the participants' experiences and perspectives without judgment, thus building rapport and trust (Patton, 2015).

### 2.1. Participant demographics

Purposeful sampling was used to locate potential participants that made a “successful transition” as defined by transition literature (i.e., had completed one year of post-secondary education or a consecutive year of employment); this approach was taken because the bulk of extant literature addresses the barriers and poor adult outcomes of this population and we wanted learn from young adults who were able to overcome those barriers. All participants were referred for the study by professionals (e.g., social workers, independent living specialists, university staff, and youth advocates) working with the target population. Inclusion criteria for this study was communicated to the referral sources as: (a) received special education or were identified as having a disability, (b) graduated from high school or received a GED, (c) were in foster care for more than 6 months during high school, (d) were between the ages of 18–24. While not all participants met every inclusion category, they were accepted into the study because the referral source believed they had “successfully transitioned”. By broadening the inclusion criteria, potential bias based on a preconceived idea of successful adulthood was reduced. After receiving the referral, interested individuals contacted the researcher by phone or email to ask questions and/or set up a time for the interview. All interviews were conducted in a private office in a community building that provides social services or at the participant's university, based on participant's preferences.

Seven young adults participated in the study. The average age was twenty-one; five identified as female and two identified as male. All participants in the study identified as having a disability and five received special education services. One participant did not disclose the length of time she was in care, for the remaining six participants the length of time in care ranged from four to nineteen years. At the time of the interview, three were in a post-secondary program, two had completed associate's degrees of which one had transferred to four-year university, one was working towards her GED (this was not disclosed during the phone screening), and one participant was not currently engaged in an educational program. Three of the participants were employed. Two participants identified as African American, three identified as Native American and Caucasian, and two identified as Caucasian (see Table 1).

### 2.2. Study procedures

Young adults ( $N = 7$ ) shared their personal narratives of high school experiences and transition to adulthood through semi-structured interviews. Each participant was interviewed twice by the lead author and interviews generally lasted 60–90 min. Two interview sessions were scheduled to provide the opportunity for the researcher to ask follow up questions, to allow the participant ample time to answer questions, and to reduce the possibility of participant fatigue from a long interview. The interview protocol included questions about a) experiences in high

**Table 1**  
Self-reported demographic characteristics of participants.

| Participant | Gender | Ethnicity        | Age | Years in foster care | Disability      | Diploma/GED |
|-------------|--------|------------------|-----|----------------------|-----------------|-------------|
| Mona        | F      | African American | 21  | 16                   | SLD/ED          | Diploma     |
| Tammi       | F      | African American | 22  | N/D                  | Epilepsy/ADHD   | Diploma     |
| Manny       | F      | Native/Caucasian | 19  | 4                    | PTSD            | GED         |
| Sandra      | F      | Native/Caucasian | 19  | 4                    | SLD             | N/A         |
| Matt        | M      | Caucasian        | 19  | 4                    | SLD, depression | Diploma     |
| DD          | F      | Native/Caucasian | 22  | 19                   | MH              | Diploma     |
| Rex         | M      | Caucasian        | 23  | 11                   | ADHD/BP         | Diploma     |

Notes. Attention deficit and hyperactivity disorder (ADHD), emotional disturbance (ED), mental health (MH), specific learning disability (SLD), post-traumatic stress disorder (PTSD), bipolar disorder (BP).

school, b) placement changes, c) disability diagnosis, d) barriers encountered during the transition to employment or post-secondary education settings, and e) services and support that were the most helpful in overcoming barriers. The participants were also asked about how they defined being “successful” as adults.

### 2.3. Data analysis

We uploaded interview transcripts to NVIVO 10 for analysis. We then read each transcript in its entirety without any preconceived agenda to gain a sense of it as a complete picture. Next, each transcript was re-read looking for themes that were shared across interviews; this began to shape the framework for analysis. We created initial codes based on the research questions, such as “disability”, “special education”, “foster care”, “barriers” or “strengths.” Open coding, also known as line-by-line coding, was conducted to identify connections between participant’s perceptions and initial codes. We compared and delineated commonalities between interviews and utilized memo writing to keep track of the patterns that were beginning to form (Miles, Huberman, & Saldaña, 2013). During our analysis, we sought to understand the lived experience of the young adults interviewed without any preconceived notions skewing the analysis; we remained open to the theoretical possibilities emerging from the data (Charmaz, 2006). After completing our initial analysis, we conducted another round of focused coding to facilitate decision-making about which of the themes emerging in the first round of coding provided the strongest framework for categorizing the data (Charmaz, 2006).

The final phase of analysis included member checking with the participants. Member checking occurred either in person or via email, based on participant’s preferences. Member checking consisted of the researcher asking specific questions about data that was unclear from the interviews, for example the number of placement and school changes. In addition, the key findings were presented to the participants and their feedback was solicited (Anfara, Brown, & Mangione, 2002). Participants paid particular attention to their individual profiles and reported they were excited to see their “stories” being shared and hoped these data would be helpful to other young adults in similar situations.

## 3. Results

In this section we present our findings organized by the research questions. First, we provide individual narratives that describe the lived experience of the YADFC as they transitioned out of foster care to independent adulthood. These narratives provide the young adults, who often do not have a forum to share their experiences, a platform for their life stories to be heard. The participant profiles also expose the uniqueness and complexity of each youths’ journey into adulthood. Next, we report common experiences shared across participants including barriers faced and strengths possessed. These common themes include participants’ visions for a “successful” adulthood to help promote an understanding of the goals, hopes, and dreams they were striving to achieve.

**Table 2**  
Self-reported current status of interview participants.

| Participant | Post-secondary ed.     | Employment   | Housing                |
|-------------|------------------------|--------------|------------------------|
| Mona        | AA, pursuing bachelors | Employed     | Apartment              |
| Tammi       | AA                     | Not employed | Apartment              |
| Manny       | Pursuing bachelors     | Employed     | Apartment              |
| Sandra      | N/A                    | Not employed | Apartment              |
| Matt        | N/A                    | Not employed | Apartment w/bio family |
| DD          | Pursuing AA            | Employed     | Apartment              |
| Rex         | Pursuing bachelors     | Not employed | Dorm                   |

### 3.1. Participant profiles

In this section, we introduce each participant by sharing part of their life history including time in foster care and early post-school experiences with education and employment. Each profile is unique but there were also commonalities across participants. Adding to the complexity of their time in foster care, all seven participants experienced many placement changes. Only three of the young adults were in the same placement throughout high school. Two participants were adopted, however one adoption did not occur until adulthood and one failed and the youth was returned to care. Five of the participants received special education services during high school. Three participants became pregnant while still in high school and none of the participants returned to their birth homes before “aging out” of foster care. Four of the participants experienced homelessness between leaving high school and the time of the interviews. Table 2 contains educational, employment, and housing status of participants at the time of the study.

#### 3.1.1. Mona

Mona seemed to speak freely and had a contagious laugh. She was enthusiastic and animated throughout both interviews. Mona was in foster care for sixteen years and had been in multiple placement types including group and foster homes; kinship care, and a psychiatric children’s hospital. Mona used a wheelchair but did not reference it or disclose additional information about why it was needed, until we began talking about school services that she received. She then reported that she was born with cerebral palsy and was later diagnosed with multiple sclerosis. She attributes a failed adoption at age ten to her ongoing medical problems. Mona experienced homelessness for a year during high school. As she explains it, the family member that she had been living with “decided that she wasn’t going to help me after I turned 18.” Her sister was also homeless and living in the Northwest so she relocated to be nearer to her; she believed there would be more social services available. Mona received her associate’s degree in family studies and had recently transferred from a community college to a large four-year university where she plans to pursue a master’s degree in social work. She started a new job a week before the first interview.

#### 3.1.2. Tammi

Tammi seemed enthusiastic about the opportunity to share her story; she describes herself as “talkative” and social. Tammi did not report her total length in foster care. She began living with her foster mom, who she refers to as “mom” when she was nine. Tammi attended the same high school for all four years and said her “mom” was very involved in her education. Tammi was not diagnosed with epilepsy until her senior year of high school. Her description of the event follows,

that right there – that ruined my life. I always say that was a mid-life crisis, even though people are like, you are not even mid-age. You are only seventeen, but still, that was when I was getting ready to get my license. I was about to graduate high school. I would have had a car, and then all of a sudden that happened.

In spite of this, she graduated from high school on time and started at a technical college. Tammi earned a certificate of completion for Child Development Associate and achieved her goal of working with children. She was later fired from her job at the daycare, she believed it was because she “had a seizure at work.” Tammi has been out of work since, she opened a “case with the equal employment place, but they denied it.” She recently had an interview at another day care center and was told that she was “a great candidate but if you had a seizure at work, what would I tell the parents?” Tammi reported that she has not received information about her rights as a person with a disability. Her neurologist recommended that she contact the Division of Vocational Rehabilitation (DVR), but she had not yet had an appointment with

them. She was living on her own for the past two years but her “mom” has asked her to return home because she worried about her living independently with epilepsy. Tammi was babysitting for friends and family while continuing to look for stable employment. She has not given up on her dream to work with children.

### 3.1.3. Manny

Manny presented as a very strong and determined young woman. Manny reported being in foster care for four years. Although she did not identify as having bipolar disorder she reported that she was on a 504 plan in junior high “by reason of bipolar disorder.” She was also on psychotropic medications which she stated left her with “permanent brain damage and occasional myoclonic seizures.” Manny said after a change in psychiatrists she was told, “You were diagnosed with depression and anxiety and PTSD, but you were never diagnosed with bipolar so I don’t know why they were treating you for it.” She stopped taking psychotropic medication in 2008 when she got off of probation for legal issues that occurred when she was a minor.

Manny had five placements while in care, including kinship care and a home for teen parents. Manny had an “extremely long runaway history” and ran away for a month after she entered care. She says, “I ran away at the age of thirteen, I kept running away. Manny re-entered foster care at age fifteen when her son was four days old. They stayed together during their time in care; he was three at the time of the interview and she was his primary provider. She earned a GED and chose to enter extended foster care so that she could receive support until she was 21.

She was still employed at the non-profit that advocates for youth in foster care and said that she can “totally see herself there in 30 years.”

### 3.1.4. Sandra

Sandra seemed more reserved than the other participants, however once the interviews began she was very candid in her responses. She was in foster care for four years, in group homes and foster home placements. Sandra attended four different high schools and by senior year had only obtained six credits. She became a parent in her senior year of high school and said, “When I was pregnant, my foster mom put it in my head that I didn’t have to go get my GED, I didn’t have to work, and she would take care of me and the baby.” At that point she dropped out of school and began working on her GED. When she turned eighteen she left the placement because she believed her foster mother was being unethical and she reported her to the state licensing agency. At that point, Sandra left the placement and became homeless. Her son was born a few months later and she began living in transitional housing that provided supportive services to women, eighteen years and older, who are pregnant and/or parenting and homeless. At the time of the interview, Sandra’s son was nineteen months old and lived primarily with his father. She had recently qualified for Section 8 housing – once she finds an apartment, her son will begin living with her. She had one test to go to complete the GED and upon completion planned to attend a community college, where she hoped to become a paramedic.

### 3.1.5. Matt

Matt was not very animated during the interview, however he seemed to speak freely and did not hesitate in answering any of the questions. He reported that he was in foster care for the previous four years, had multiple placement types and was involved with the juvenile justice system. He went to his first group home at the age of eight and says he “went home once, but just for a couple of weeks but I acted up again, so they shipped me out. Other than that, I was in a group home or foster care for my whole life.” Matt also spent some time in “juvie” because of behaviors that occurred in foster and group homes. During the interview, he disclosed that he has “anger, bipolar, ADHD, and one other I can’t think of” and that he takes medication for all of these diagnoses.

As a freshman, he was placed in a group home that remained stable until he finished high school. Matt graduated high school with a standard diploma and said then they “shipped me home.” He was not currently engaged with school or work and reported this was due to manifestations of his disability; he received SSI and has begun accessing service through DVR and an Independent Living Program (ILP). He said as a child he wanted to join the military but was told by a member of the National Guard that he was not eligible because of the medications he takes. Matt said that he “can’t even be a cop because of anger issues, depression and stuff like that.” He also reported, “no one talked to me about college, but I am thinking about not this year but next year, I am probably going to start going to college. I had a rough time in all my school years; that I didn’t want to pop right back in school for a year or two.” At the time of the interview, Matt was living with his biological family, but seeking housing assistance so that he could have his own apartment.

### 3.1.6. DD

DD seemed eager to tell her story and said that she has done so for events and as a film project. She was in and out of foster care while growing up and estimates her total length in care was nineteen years. She disclosed a history of mental health concerns and additional diagnoses including ADHD, depression, and anxiety. After her junior year in high school she was in a steady foster care placement with the woman, she calls “mom” throughout the interviews. She entered this home with less than ten high school credits and was disengaged from school. DD reported that her “mom” was a strong advocate and motivated her by making her feel she was part of a “family.” With the support of her foster mother and DD’s determination she was able to make up the necessary credits and graduate on time with her class.

However, DD’s transition to adulthood was still tumultuous. She was accepted to a four-year university and moved on to campus in a town away from her “mom.” During her first term she struggled and experienced mental health challenges. She eventually dropped out and returned to living with her “mom.” She then enrolled at a community college, struggled and eventually dropped out again. At this time, her “mom” was forced to move due to financial issues and DD was “not invited”. DD floated between living with friends, “couch surfing” and living in her car. She experienced severe depression. She said, “it got so bad that I was ready to cut myself... I called [mom], because that was always my safety plan. If ever in doubt, call [mom], so I did. I called [mom], immediately she picked me up.” Her mom’s living situation had improved and there was room for her. She credited her mom for saving her life. Her “mom” adopted her at age twenty-one. The adoption was a major turning point in her life because she had better access to mental health services along with the willingness to receive them. At the time of the interview, DD was living on her own again, a sophomore at a community college, and had been working for one year. DD planned to transfer next year to a four-year university to pursue a bachelor’s degree.

### 3.1.7. Rex

Rex was articulate and demonstrated personal insight and self-awareness throughout the interviews. He was in foster care for eleven years. He says he remembers “at least 15 different homes” before his final placement, which began at age nine. Rex was homeschooled by his foster parents whom he then referred to as “mom and dad.” He said the family members were Quaker Christians and that he did not have access to the Internet and rarely “left the campus.” Rex shared that he sensed that the family was trying to protect him however; he stated that in his personal opinion this lifestyle “made transitioning – even though I was prepared for college – my first year was completely overwhelming.”

Rex graduated early from high school, moved out and began taking classes at a nearby community college. His relationship with his foster parents “deteriorated really, really, really quickly” and he is no longer



in contact with them. He made several other attempts at various community colleges, spent time staying with friends, and eventually ended up on the street. Within a day of being on the street his biological aunt found out he was homeless and offered to take him in. He said at that point he was “really broken” and his aunt knew it. He said they had “many honest conversations about where I was as a person, how stable I was.” Through the conversations he realized he was in school because he felt like it was what he was “supposed to be doing” and he needed time to “build [his] life again” before going back to school. When he felt ready, Rex resumed his academic career at a community college and then transferred to a four-year university where he was a junior at the time of the interview. Rex was scheduled to study abroad the next year and was pursuing a career in international policy making.

### 3.2. Common experiences

This section begins by describing themes that emerged during analysis of the participants' stories describing their path to independence as adults. Next we report the barriers to successful transition that were commonly identified by participants. Finally, we describe the themes that emerged from the data as participants described what helped them overcome barriers they encountered while working towards their adult goals.

#### 3.2.1. Visions of a successful adulthood

This section presents the participants' perception of a successful adulthood and cultivates understanding of goals, hopes and dreams they were working to achieve. The main themes that emerged in the young adults' responses were stability and personal fulfillment.

#### 3.2.2. Stability

Youth with disabilities in foster care often experience frequent school changes and placement instability (Harwick, Tyre, Beisse, & Thomas, 2015; National Council on Disability, 2008). For these participants, who often had multiple placements during their childhoods, creating stability in adulthood emerged as a salient theme. When asked what was important to her Mona replied, “stability, because I have never really had stability.” Rex said,

Success is that every day, everything is tied up that needed to be done that day and I get a good amount of sleep and then I start the next day. I have more good days than bad days, and that I'm more stable than unstable, and that I just keep pressing forward. There doesn't become a point where I just fall apart.

Participants also shared the lifestyles they would like to achieve and described their perceptions about financial stability. Almost all participants discussed their future career and desired pay when asked to describe what successful adult life looks like for them. Mona wanted to work with young children as either a counselor or psychiatrist and hopes to make enough money that she doesn't need to “struggle.” Rex wanted to work in international policy in Paris or London and earn enough “to pay the bills.” Sandra wanted to have “a good career going.” Tammi aspired to be employed someplace that provided benefits and “a good amount of pay” where she didn't “have to keep jumping from job to job, or one job that [she] can stick with and stay there.” Matt said that he would like a “good paying job” and that he would be content with one that does or does not require college. DD said that ultimately she would like to have a job that “pays a lot of money and I don't have to do much work.”

The type of housing desired varied by participants but most expressed the desire for housing stability and to live independently (i.e., not with relatives). Most participants envision living with their significant others and/or children. Rex was the exception in wanting to live alone. Mona said that she would like to own a house or townhouse but is aware that it is often harder to find ADA

accessible housing, therefore she is willing to settle for an apartment. Rex discussed how aesthetics were important to him and that he would like to find an affordable apartment abroad in an older brick building, because he likes to live somewhere that has its own story. Sandra would like to relocate but said she feels she should stay close to her son's father so they can maintain their relationship. She said that her family told her it “is not bad to be on Section 8” but she would like to instead move into her own house with a yard for her son because she wants him to be able to spend a lot of time outside. Tammi wanted to continue living independently in her own apartment and be near family. She is comfortable receiving housing assistance if it is necessary and said, “I know not everybody is perfect, you can't always do for yourself and somebody needs help here and there.” DD wanted to have a house or condominium with a yard next to a park or the beach. Matt said he would like to live with his girlfriend in their own apartment that was clean and “organized.” He would like the apartment complex to have a weight room, nice grounds, and a pool.

#### 3.2.3. Personal fulfillment

Another theme that emerged was the desire for personal fulfillment, however how that was defined varied between the individuals. This was not unexpected as “personal fulfillment does not always correspond to the achievement of financial or career success, as commonly defined (Halpern, 1993). Mona expressed that it was important for her to have a career where she felt she is working to make people's lives better; she is also open to having more children. DD identified as polyamorous and a “city girl”, so an environment that is conducive to her life style was important to her. Sandra expressed a desire to be a good role model for her son by finishing school and generally doing well in life. Matt wanted to have what he needs; even if it isn't everything that he necessarily wanted. Tammi wanted her health to improve, to have deep connections with her family, and to be able to be independent. Her ability to work with children was really important to her, she said “...little kids seem to have this little thing on me, they make me laugh. If I am in a bad mood or something, and I see a little kid, I'll just smile.” Rex identified as a “foodie” and desired work life balance.

#### 3.2.4. Barriers

Two themes related to barriers encountered during their transition emerged throughout the interviews: mental health needs and understanding of disability and/or mental health needs.

#### 3.2.5. Mental health needs

Although we did not ask specific questions about mental health challenges or use this as inclusion criteria for the sample, it is notable that mental health emerged as a common theme. Five out of seven young adults interviewed identified as having mental health needs. Youth transitioning out of foster care often experience mental health challenges due to previous trauma, placement instability, and separation from family (Geenen et al., 2015). Many participants of this study had to overcome mental health challenges before they were able to succeed in post-secondary education and/or employment – some were continuing to develop effective coping strategies. DD reported that she did not receive appropriate mental health services until she was twenty-one; after her adoption. When asked if this was due to accessibility or her readiness to receive support she replied, “maybe both, for sure the fact that it was accessible, because even if I was ready for it, I didn't have access to it, so it didn't matter.” It was not until she “hit rock bottom” and was suicidal that she reached back out to her foster mother saying,

I was just literally going through the paces. All I know is I don't want to die, but I want to, so whatever you are going to tell me to do, I'm going to do it, and I don't care, I am going to do it. I just don't want to die but I do want to die. It is that weird, suicide.

Similarly, Rex went undiagnosed for bipolar disorder until he was in his early twenties. He said that even after the diagnosis no one really explained to him what it meant and learning about the diagnosis became a “personal journey.” He realized that his tendency was to look for escape when he felt “trapped” and that many of his moves and changes of college programs were a result of this. He reported that he was working with a counselor before going abroad to make sure that this decision was not him trying to escape but rather him going to learn. Mona identified as having emotional disturbance on the demographic form but did not elaborate on her mental health issues during the interviews beyond saying that she was placed in a psychiatric children’s hospital at one point.

During the interviews, Matt focused on issues related to anger and behaviors, which were the reason behind him being placed in foster care, he reported that at age eight he went home but “almost killed [his] mom.” He also reported that he was frequently suspended and had an emergency expulsion after shattering another student’s nose and causing bleeding of his eye. When asked what the other suspensions were for he said he could not remember them all because there were so many but they were often for “calling people names, little things.” Matt said that he was still on medication and received counseling twice per week. He said that he didn’t find the counseling helpful and that he just went to get his “meds,” because the medication helped.

### 3.2.6. Impact of disability or mental health diagnosis

Many of the participants did not fully understand their disability or mental health diagnosis or how it would impact them as an adult. Manny said she felt like her psychiatrist “just kept giving [her] more and more medications... to make [her] too tired to actually be able to be angry or something.” She said that although she felt like she could talk to the psychiatrist she also felt her mother did “a lot of convincing” of the psychiatrist. The psychiatrist told her she “had bipolar”, but she later learned that was not the actual diagnosis. Matt said that no one ever talked to him about his disability and mental health labels and that he hasn’t done his own research because he “never had time.” He said he did try to talk with his mother about it but she told him to talk to the doctor. He said he didn’t feel the need to hide his disabilities anymore, but did in high school. Mona said she used to try to hide that she was in special education classes because she thought if people found out they would think you were “special or something.” She said no one ever really talked to her about her disability labels but she did talk about it with her peers. She said they talked about how they would get frustrated because people thought they were “dumb” but “that’s not the case, there’s one-billion reasons why you can be in special ed...” She shared how she found it particularly frustrating when a teacher that knew she had dyslexia would ask her to stand and read aloud in front of the class. Mona also shared how she had to change her career plans after her health worsened and she began using a wheelchair in her senior year. She said she had wanted to be a nurse but after looking into the physical demands, she decided it was not possible. She said making the change in plans “wasn’t super hard, I was kind of sad that I can’t be a nurse. I knew I wanted to help people but there’s other ways to help people...”

Sandra also talked about not wanting her friends to know she was receiving special education services. She said in middle school she “kept it a secret and refused to go.” She was told that if “you are not going to go, you will go to the principal’s office, because you need to be in that class.” It wasn’t until high school that she became aware that she could use the additional support. Tammi said that she was embarrassed to go to the classroom where she would receive special education services because “I knew that people knew that, oh, yeah, that is a smaller class, but it wasn’t like a retarded class or anything. But, sometimes I would feel embarrassed, oh, I got to sneak in the classroom.”

### 3.3. Strengths

This section describes three key themes that emerged from the data about the internal strengths that contributed to the participants’ ability to overcome the barriers faced during their transition to adulthood. These strengths included resilience, advocacy and self-determination.

#### 3.3.1. Resilience

The concept of resilience appears frequently in literature about the transition to adulthood for youth in foster care (Geenen et al., 2015; Quest, Fullerton, Geenen, & Powers, 2012; Samuels & Pryce, 2008). Several participants in this study, described their experience of “hitting rock bottom” but were resilient enough to recover and also seemed proud of their ability to survive and overcome the obstacles they faced. Mona, Tammi, Manny, DD and Rex reported traits relative to being resilient. As demonstrated in their participant profiles, these young adults repeatedly overcame difficulties and although they all reported times when they struggled with depression, homelessness or other major life challenges they recovered and moved forward. Rex even says that if he didn’t have his “RESILIENT” tattoo he “wouldn’t remember [he] could go through a lot.” He stated,

I feel like one of the strongest things that ties us all together is our willpower. When you are in foster care, a lot of things can be taken away from you, but if you are strong willed and if you are adaptable, you will get through it. If you use that willpower to benefit yourself, you will get through higher education and you will fight against the statistics that are put against you. Most people who find out that I am in foster care, always start with, I’m sorry, it must have been so tough. It is, but it is not, it is a different kind of tough. If you are in an intact family, yeah, you can’t understand it. If you have had an abusive father, if you have had an abusive mother, if you have had a family member die, if you have had racism towards your family, if you have had poverty – all of that is tough. The difference is that all of us who are trying to get through it, who are trying to become the next Bill Gates or whatever, is we weren’t the ones that are not going to accept what we were given. We were the ones that were going to fight it, whether hurt, or whether it took years to get to fruition, we weren’t going to sit there and allow it, because we weren’t in a place where everything was okay.

As demonstrated in the previous quotes, Rex demonstrated insight and the ability for reflection about his life experiences. DD and Mona did as well. In both interviews, DD was frank about contributing to many of her own challenges by refusing the help she was offered. She reflected, “Until I am ready to change something, literally, the same person every year, different people in different years could be saying the exact same thing to me, and it wouldn’t matter.” Her willingness to share this insight demonstrated both resilience and personal growth.

Mona demonstrated resilience as well. An example is found in her perseverance and resourcefulness during her senior year in high school. She moved across country and started at new school late in the year. At the time she was homeless and wasn’t sleeping well, so often did not attend school. She stayed in shelters and “rode busses up and down” all night. She said it was often three days where she rode the busses all night that she didn’t go to school because she wasn’t able to shower and the teachers got upset if she fell asleep in class, however she attended if she had a presentation or knew something important was happening in one of her classes. She was hospitalized during her senior year and “ended up in a wheelchair.” Against these odds she successfully graduated and went to community college, where she earned an associate’s degree.

#### 3.3.2. Self-determination

Another characteristic that emerged as a theme during the interviews was that of self-determination. Several participants

demonstrated the ability to make independent decisions and manage basic living skills even at an early age. DD and Manny out of necessity learned to be autonomous early in childhood, a factor related to self-determination. Manny shared that by the time she was eight she learned to do “a lot of things on [her] own” because her bio-mom would leave her home alone for a “couple days at a time.” When DD was in elementary school she would buy groceries, pick up her “mom’s check from the mail” and use it to pay rent. DD shared throughout the interviews that when she decided she was ready to do something she made it happen. As an example of this she discussed when she decided to graduate from high school, began counseling, and taking medication for mental health issues. None of these were possible until she decided she was ready.

Rex described how he built self-determination. He identified his earlier tendency to want to “escape” but said that at his current university things are different. He shared,

I've really decided that I'm actually going to build something and I am going to stay here and complete. I'm not here just until I get sick of here and then I move. I'm staying here. There are things I don't like about this school and there are things that bug me about having to be graded on things but all of that aside, I can't keep moving. I really can't. I am 23 and need to start building something.

Tammi said after she was diagnosed with epilepsy her “mom” told her that getting her own place was going to be hard. Tammi responded, “Hey, I’m ready.”

### 3.3.3. Advocacy

Being an advocate for self or others was also a common theme. Some participants provided examples of how they learned to advocate for better services for themselves, while others shared examples of using their self advocacy skills on behalf of other individuals or important causes. Manny demonstrated strong self-advocacy skills throughout the interviews, sharing that she “had to fight” to keep her son with her during her time in foster care, and that she made the decision to no longer take psychotropic medications and that she is “doing so much better than [she] ever did on the medications.” Manny also navigated the complexities of the changes to the extended foster care law so that she could remain in foster care until she was twenty-one and still live independently. Her work with a youth driven advocacy program that promotes policy changes to benefit youth in foster care, provided the opportunity to be an advocate for others as well. Rex previously worked with the same organization and advocated for improved access to social workers, for youth in foster care. During his time working with the organization he attended sessions at the state legislature and “marched on the capital” to try to change legislative policies around youth in foster care.

Sandra shared a story about a math teacher that was “impatient with kids,” she said the teacher called a student ‘dyslexic,’ in front of the class, for doing a problem wrong. Sandra seemed to have a sense of pride as she said “I kind of advocated for him.” She said she asked the teacher why he would call a student a dyslexic without explaining to him what the word meant. She got into trouble for challenging the teacher but explained the situation to her special education teacher, who in return advocated for her.

## 4. Discussion

These interviews with YADFC provide new insights into the realities of transitioning to adulthood after foster care. Additionally, strategies used to make the transition to adulthood and successfully “beat the odds” offer new knowledge and the foundation for a strengths based approach to transition planning for this population. Overall, we found that young adults with disabilities transitioning out of foster care hoped to achieve stability and personal fulfillment as independent adults. Although participants were referred to the study based on providers’ perception of their “successful” transition outcomes, they still faced many

barriers including mental health needs and challenges related to the impact of their disabilities. These young adults also demonstrated a number of individual attributes that facilitated their ability to cope with the complex demands of adulthood including advocacy, self-determination, and resilience.

### 4.1. Limitations

This study has several limitations. Professionals were unable to identify an adequate number of males to balance the participant pool by gender, therefore it is unknown if themes would be similar if more males were included in the study. Another limitation to the study is that all participants were living in the same geographic region. Therefore, results may not be consistent with experiences of YADFC in other states since systems impacting youth (e.g., school systems and Children’s Administration) differ due to specific state laws. Additionally, this study did not collect longitudinal data, which would have provided more in-depth knowledge of the participants’ experiences, perceived barriers, and the supports they experienced as most helpful over time.

### 4.2. Strengths and barriers

Despite these limitations, the interview data revealed key findings that help provide a more in-depth understanding of the needs of this population.

#### 4.2.1. Stability

The findings from this study are consistent with extant literature demonstrating that homelessness is prevalent for youth that experience the foster care system (Courtney et al., 2011; Pecora et al., 2006). Even in this small study of young adults doing comparatively well, four of seven participants experienced homelessness at some point after leaving the foster care system; many articulated the desire for stability as adults. Besides the lack of housing, there are many other implications of time spent on the streets, in shelters, or couch surfing. In the short term, youth homelessness is linked to lower academic achievement, health problems, higher risk of experiencing violence and trauma, and subsequent psychological concerns (Edidin, Ganim, Hunter, & Karnik, 2012). Edidin et al. (2012), report that research is unclear about whether impaired cognitive functioning observed in homeless youth preceded homelessness or if it persists after individuals gain stable housing; they suggest more research is needed in this area.

#### 4.2.2. Personal fulfillment

Most of the young adults interviewed focused on personal fulfillment over material needs or desires. The majority of young adults did not state that successful adulthood required materialistic gains such as a large house or expensive cars. Instead, most interview participants described a modest lifestyle and a career outside the corporate world where they could be of service to others. Personal fulfillment contributes to overall quality of life and has been described as including: a) happiness, b) satisfaction, and c) a sense of general well-being (Halpern, 1994). It is important for service providers and educators to include the subjective nature of personal fulfillment during informal transition assessments and elicit from the youth what they believe will generate happiness, satisfaction, and a sense of general well-being in their adult lives.

#### 4.2.3. Mental health needs

The challenges of mental health needs must be addressed in order to improve quality of life for YADFC. Notably, five out of seven young adults interviewed identified as having mental health needs. Previous studies have found that individuals who transitioned from out-of-home care were at greater risk of mental health problems than those that had not been in out-of-home care and those young adults that experienced homelessness, who were alumni of foster care, were more likely to have



mental health needs. (Daining & DePanfilis, 2007). This aligns with the findings from the present study as three of five participants who disclosed mental health needs also experienced homelessness. The need for appropriate and effective intervention in this domain is critical. A recent study, by Geenen et al. (2015), tested the Better Futures model, an intervention for youth in foster care with mental health issues. The encouraging results of their study showed that with appropriate and targeted intervention youth can have improved transition outcomes including postsecondary participation, self-determination, and mental health empowerment.

#### 4.2.4. Impact of disability and mental health diagnosis

Another challenge experienced by many of the participants, lack of disability awareness or implications of mental health diagnosis, parallels mental health needs but focuses on the need for education around disability and mental health diagnosis. Many participants shared that they did not understand their disability diagnosis, and were not knowledgeable about transition plans on their IEPs. However, they were often aware of the stigmatization associated with disability. This is consistent with a study by Ferri and Connor (2010) who found that girls with disabilities reported trying to hide that they received special education services. Ferri and Connor (2010), propose that girls with disabilities may not be aware of how they can form an “acceptable identity” and therefore hide their need for special education services to maintain social status. This is an important consideration as identity development is a critical function as young people prepare for the transition to adulthood (Lindstrom, Harwick, Poppen, & Doren, 2012) and may be even more challenging for young women with disabilities that experienced foster care.

Involving youth in setting transition goals is required by IDEA and helps youth understand their disability diagnosis and the accommodations and modifications that may contribute to their success later in life. Parental involvement in developing transition services, goals and objectives strongly correlates with a successful transition to adulthood (Trainor, 2008); but this layer of support is often not available to youth in care since they often lack a consistent parental figure. Therefore, it is important for youth to have a clear understanding of disability limitations or accommodations required so they can articulate their needs and make a plan to succeed either academically or in the workplace (Lindstrom et al., 2012).

### 4.3. Implications for practice

Greater awareness is needed about the unique challenges faced by and appropriate interventions, services, and supports for youth and young adults with disabilities that experience foster care.

#### 4.3.1. Stability

As this study identified, stability is a perceived by participants as an essential element of a successful adulthood, and youth in care must understand what is required and have the necessary resources and supports to achieve their desired lifestyles. Therefore, continuing to provide a safety net, including financial support, during young adulthood is crucial to improving post-school outcomes for this population. In order to create this safety net, providers can help youth access available services and understand how the services can be useful to them. Services and programs also need to be high quality. For example, independent living programs and life skills programs should tailor their teaching to the personally meaningful goals of the youth. This requires providers to set aside any preconceived biases about the direction they envision for the youth's life, being aware of cultural considerations as warranted. Additionally, social workers and foster parents should educate youth in their care about the benefits of Extended Foster Care and how it can serve as a safety net by providing financial assistance and bolstering stability ([childwelfare.gov](http://childwelfare.gov)). This may help ease the youth's concerns about remaining “in the system.”

#### 4.3.2. Personal fulfillment and building strengths

Utilizing a quality of life framework for transition planning, including working towards personal fulfillment, will help preserve the person-centered approach that is demonstrated to lead to improved long term outcomes (Cobb & Alwell, 2009; Halpern, 1994). To facilitate this, educators, social workers, and caregivers need to be advocates for youth in foster care during the special education process (e.g., transition planning meetings, goal setting, re-evaluations) so that the student's transition services in both systems (educational and child welfare) are based on the youth's needs, strengths, preferences and interests.

This study identified resilience, self-determination, and advocacy as strengths that helped participants overcome significant barriers. In a study by Samuels and Pryce (2008), many participants used the expression “what doesn't kill you makes you stronger”; the researchers reported that instead of identifying as victims the youth “constructed their life stories as testimonies of survival against all odds” (Samuels & Pryce, 2008). By honoring the resilience that enabled YADFC to overcome difficult experiences, professionals can help youth identify their strengths instead of only being able to identify their deficits.

Systems that are created to “protect” youth in foster care often hinder the very opportunities that are required to build self-determination and youth/young adults may experience learned helplessness (Quest, Fullerton, Geenen, & Powers, 2012; Geenen et al., 2007). For example, important life decisions are often made for youth in foster care, not by them; they receive little information about their rights or opportunities to exercise them; and there is scant opportunity to take risks or control of their lives while in a supported environment (Geenen et al., 2007). Participants, in our study, who discussed behaviors that imply self-determination experienced the most positive transition outcomes. This is not surprising since previous research indicates a positive relationship between self determination and improved transition outcomes (Powers et al., 2012; Walker et al., 2011; Trainor, 2008). Additionally, self advocacy skills are linked to increased self determination and successful transition to adulthood for youth with disabilities (Martin, Marshall, & Sale, 2004; Köhler, 1996). Therefore, it is important to teach youth the self-determination and self-advocacy skills they need to succeed. There are many published curricula available such as ChoiceMaker Self-Determination Curriculum ([ou.edu](http://ou.edu)) & ME! Lessons for Teaching Self ([ou.edu](http://ou.edu)) and Strong Teens ([strongkids.uoregon.edu](http://strongkids.uoregon.edu)). Intervening in these areas is recommended.

#### 4.3.3. Disability and mental health diagnosis

Progress towards improved disability and mental health services can be achieved through better interagency collaboration and communication between systems; as well as through ongoing training for professionals to keep abreast of services and supports available and changes to laws impacting youth in foster care with and without disabilities. Student-centered planning has been demonstrated to improve transition outcomes for youth with disabilities (Geenen & Powers, 2007; Agran, Cain, & Cavin, 2002; Benz, Lindstrom, & Yovanoff, 2000). Utilizing student-centered planning with youth with disabilities in foster care would assist in aligning transition planning efforts by multiple systems (Harwick et al., 2015). For example, it may be helpful to assist youth in creating their own transition plan with personally meaningful goals that the adults in the youth's life (e.g. special educators, social workers, mental health counselors, and ILP staff) use to drive their work as part of the support team. Student-centered planning used as a holistic case management approach would reduce the tendency of agencies to work at cross purposes (when goals are not aligned) or to recommend inappropriate services or supports because crucial information from one system or institution has not been transferred to another. Institutional/system transitions (i.e., when the youth moves from one institution or system to another) are plagued by bureaucratic and legal barriers that often result in the loss of necessary services (Davis, 2003); therefore, youth



must be taught how to navigate the transition from child-serving to adult-serving agencies.

#### 4.3.4. Implications for future research

This study fills an important gap in the existing literature about the transition to adulthood for youth with disabilities that experienced foster care. Findings also confirm barriers reported in the existing literature (Geenen et al., 2015; Quest, Fullerton, Geenen, & Powers, 2012; Courtney et al., 2011; Pecora et al., 2003) However, due to the relatively small sample size, the few male participants, the short time frame in which the interviews occurred, and the confinement to a specific geographic location, more research is needed to fully understand factors that may correlate with the successful transition to adulthood for young adults with disabilities that experience foster care. Continued research about the double jeopardy of disability and foster care as well as development and testing of effective interventions for this population would contribute to further knowledge about improving outcomes for young adults with disabilities that experience foster care.

Additionally, a study with a balance of gender would be useful in understanding the role of gender in influencing transition outcomes for youth with disabilities that experience foster care. Additional research devoted to the transition to adulthood for males with disabilities that experienced foster care would also contribute to the larger body of supports needed for youth with disabilities that experienced foster care.

## 5. Conclusion

This study examined the lived experience of young adults with disabilities who experienced the foster care system to gain greater understanding of their transition to adulthood. Findings contribute to the growing body of literature about the experiences of youth in the foster care system that have a disability diagnosis or mental health concerns. Of importance when serving these young adults is to help them access mental health services when needed and provide education so they understand their disability and/or mental health diagnosis and its implications for their lives as adults. Furthermore, preparing them for adult living must include the skills and access to resources necessary to maintain stability, especially regarding housing. Finally, so this population can experience personal fulfillment in their adult lives, it is essential that providers focus on building their strengths and successes, which may include being strong advocates, resilient, and self-determined.

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