

1-1-2014

Predictors of Post Foster Care Functioning: Assessing Emotional Intelligence in Foster Alumni

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**PREDICTORS OF POST FOSTER CARE FUNCTIONING: ASSESSING
EMOTIONAL INTELLIGENCE IN FOSTER ALUMNI**

by

Nicole E. Englebert, M.S.

A Dissertation Presented to the School of Psychology
of Nova Southeastern University
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

NOVA SOUTHEASTERN UNIVERSITY

2014

DISSERTATION APPROVAL SHEET

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ACKNOWLEDGEMENTS

This study was funded by a Quality of Life (QOL) Faculty Community-Based Applied Research Grant from Nova Southeastern University. I would like to thank the QOL Grant Council for their support in funding this project. I would also like to thank the community foster village and the foster village counselor for their support in this research. This project would not have been possible without their support.

Next, I would like to thank my committee for their support, guidance, and feedback throughout the dissertation process. First, I would like to thank Thomas Kennedy, Ph.D. and Alex Edmonds, Ph.D. As lead investigators on the QOL grant, they built the theoretical foundation for this study and provided me with the opportunity to act as a co-investigator on the grant. Next, I would like to thank my chairperson, Christian DeLucia, Ph.D. As my onsite supervisor and chairperson, he devoted much time and effort to assist with the research design and oversaw all research efforts. His statistical background and expertise guided the analyses and interpretation of the results. Last, I would like to thank Diana Formoso, Ph.D. for her valuable feedback. Her clinical and theoretical input guided the design of this project and helped guide the conceptualization of the results. I am grateful for all of their support.

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ABSTRACT

This study examined factors predictive of post foster care outcomes, with a particular focus on Emotional Intelligence (EI). EI was conceptualized using Bar-On's mixed model approach. Central study questions examined whether EI offered incremental prediction of several meaningful outcomes, over and above other contextual and individual variables. Outcomes included educational attainment, income level, various domains of Quality of Life (QOL), and mental health functioning. Twenty one foster alumni participated in the study. Correlational and hierarchical regression analyses were performed. Predictor variables were organized into four blocks and entered using a hierarchical method in the following order: contextual foster care factors, transitional factors, general intelligence (IQ) and EI. Given the small sample size, relevant effect size estimates were used to interpret effects. Results of correlational analyses indicated that EI was meaningfully positively correlated with post-care educational attainment, income, personal growth, marital and extramarital relations, job characteristics and IQ. EI was inversely correlated with depression and anxiety. The results of hierarchical regression analyses indicated that EI was the most robust predictor of post foster care outcomes—including annual income, educational attainment, personal growth, job characteristics, extra-marital, marital and extended family relations, depression and anxiety over and above contextual foster care factors, transitional factors, and IQ. Given the study's small sample size, results are regarded as tentative and in need of subsequent replication. Despite relevant limitation, EI is considered an important construct worthy of further study in the foster care population.

Keywords: Emotional Intelligence, foster alumni, foster care, Quality of Life, Intelligence, maltreatment

CHAPTER I

Statement of the Problem

About 783,000 children in the United States are served in the foster care system every year, with an estimated 496,000 children living in formal, state-sanctioned foster care on a given day (United States Department of Health and Human Services, 2008). Overall, the purpose of foster care is to provide a safe and suitable, temporary living arrangement for children under the age of 18 who encounter difficult circumstances prior to placement as a prelude to reunification with a biological caretaker or adoption (Blatt, 2000). Unfortunately, adoption is estimated to occur in only about 9 to 13% of cases each year (Blatt, 2000; Center for Life and Science Policy, 2006; United States Department of Health and Human Services, 2008). The remaining foster care children are placed for long periods of time. Ultimately, some children may never be adopted and are forced to age out of the foster care system. Approximately 20,000 to 27,000 adolescents age out of foster care each year. Many foster care young adults struggle during the transition to independence and post foster care (Casey Family Programs, 2009; Child Welfare League of America, 2005; United States Department of Health and Human Services, 2008).

Although foster care strives to enhance and ensure the well-being of foster children and diminish foster youth problems, foster alumni rate poorly compared to similarly aged adults in the general population (see Table 1; Pecora, Kessler, O'Brien, White, Williams, Hiripi, et al., 2006; United States Census Bureau, 2007).

Table 1

Foster Care and General Population Outcomes

<u>Outcome</u>	<u>Foster Care Alumni (%)</u>	<u>General Population (%)</u>
High School Degree	84.8	87.3
Bachelor's Degree	2.7	24.4
Employment Rate	80.1	95.0
Poverty Rate	33.2	13.3

Note. Foster care alumni percentages from “Educational and employment outcomes of adults formerly in foster care: Results from the Northwest Foster Care Alumni Study,” by Pecora, et al., 2006, *Children and Youth Services Review*, 28, 1459-1481. General Population percentages from “*Income, Earnings, and Poverty Data From the 2006 American Community Survey*,” by Webster, B. H., & Alemayehu, B., 2007, American Community Survey Reports. Washington DC, U.S. Government Printing Office, Copyright 2007 by the United States Census Bureau.

With respect to education, research suggests that anywhere from 16% to 33% of foster care alumni do not receive a diploma or GED (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). Although 40% of foster care alumni receive some education beyond high school, it is estimated that only 2% of alumni complete a bachelor's degree or higher. With respect to employment, foster care alumni are less likely to be employed than other similarly aged youth in the general population. Foster alumni who are employed earn low wages. For example, Courtney et al. (2001) found 39% of foster care alumni were unemployed 12 to 18 months after transitioning out of care, and the 61% of alumni who were employed averaged a weekly salary ranging from \$54.00 to \$613.00, suggesting few alumni earn livable wages (Courtney & Dworsky, 2006; The Urban Institute, University of California Berkeley & University of North Carolina Chapel Hill, 2008). Thus, it is not surprising that one in six foster alumni is in need of government financial assistance (Courtney & Dworsky, 2006; Pecora et al., 2006).

With respect to the criminal justice system, national data report incarceration rates for foster alumni are considerably higher than the incarceration rates for similarly aged individuals in the general population. Approximately one in four men and one in 10 women are incarcerated at least once after foster care discharge (Child Welfare League of America, 2005), whereas, one in 54 men 18 years old or older and one in 265 women 35 to 39 years old in the general population are incarcerated at any given time in The United States (National Institute of Justice, 2012).

Poor post foster care outcomes suggest the foster system's efforts to promote healthy psychosocial functioning throughout a foster child's lifetime are not reaching a portion of foster care youth. Although the complex psychosocial challenges that predispose foster youth at risk of poor outcomes during foster care are well documented (Blatt, 2000), the factors that contribute to eventual long-term healthy psychosocial post-care functioning are less well researched. This pilot investigation extended beyond previous foster care research to assess the contextual and individual level factors associated with and predictive of post foster care outcomes and Quality of Life (QOL) in a sample of foster care alumni. Given that foster children are at risk for disruptions in emotional functioning and little is known about the impact of emotional functioning on post-care outcomes, emphasis was placed on post-care emotional functioning via the concept of Emotional Intelligence (EI; Salovey & Mayer, 1990). EI has never been measured or researched within the foster care population. This is unfortunate as EI is generally accepted as a predictor of "general life success" separate from general

intelligence (Van Rooy & Viswesvaran, 2004). Specifically, this study piloted the assessment of EI in a foster care alumni population to assess whether emotional functioning is related to the variability in post-care outcomes. With supportive findings, future research could further investigate the role of EI in the foster care population and lead to targeted interventions to improve foster alumni outcomes.

Emotional Intelligence

EI is categorized into three general models which include: Ability Models, Trait Models, and Mixed Models (Bar-On & Parker, 2000; Zeidner, Roberts, & Matthews, 2008). Ability models conceptualize emotional functioning purely as a cognitive ability that is considered a standard intelligence (Mayer, Salovey, & Caruso, 2000; Mayer, Salovey, & Caruso, 2004). Trait models theorize EI explicitly as an emotion-related personality domain (Goleman, 1995; Petrides & Furnham, 2001; Petrides & Furnham, 2003). The mixed model (Bar-On, 2004) recognizes that EI is a multifaceted domain of intelligence; both ability and personality dispositions are included within the mixed model as facilitators of emotional and social expression and competence (Matthews, Zeidner, & Roberts, 2007; Mayer et al., 2000; Mayer et al., 2004).

According to the mixed model conceptualization, EI is defined “as a cross-section of interrelated emotional and social competencies, skills, and facilitators that determine how well we understand and express ourselves, understand others and relate with them, and cope with daily demands, challenges, and pressures” (Bar-On, 1997, p.14). According to Bar-On (2004), EI is comprised of five conceptual components,

each includes subcomponent abilities (Conte, 2005), that describe and predict emotionally and socially intelligent behavior (Bar-On, 2006). The first component is intrapersonal functioning which includes subcomponents of self-regard, emotional self-awareness, assertiveness, independence, and self-actualization. The second component assesses interpersonal skills including empathy, social responsibility, and interpersonal relationships. The third component, the stress management domain, assesses stress tolerance and impulse control. The fourth component assesses adaptability and measures reality testing, flexibility, and problem solving. Last, the general mood content scale assesses optimism and happiness.

Emotional Development

Per the mixed model conceptualization, although a child's biological predisposition, temperament, and personality account for some individual differences in emotional development, a child's social and familial environment also impact emotional development. Parenting styles and the caregiving environment can significantly impact a child's emotional skills and emotional attitudes, communication, trust, empathy, and need for validation (Greenberg, 2007). Emotional development begins in infancy (Saarni, 2000 as cited in Zeidner, Matthews, Roberts, & MacCann, 2003). Emotional development and regulation abilities continue to develop throughout childhood and adolescence (Lewis & Stieben, 2004) with advancement in using the social environment for emotional regulation and recognizing and managing one's feelings (Matthews et al., 2007). At a young age, a child experiences a wide range of emotions and begins to

observe other's emotions while forming bonds and attachments with caregivers. With supportive parenting, modeling and guidance, children learn to control emotional expression over time, manage their own feelings and respond to other's feelings. Children also gain confidence, learn to control their feelings and form secure attachments over time. A sense of security and predictability in a child's environment stimulates the child's ability and confidence in managing emotions and behaviors in challenging situations as they grow. As children become older they begin to develop self-worth, rely on strategies to help them cope with their emotions and learn more about how their actions impact other's emotions. Unlike personality and cognitive intelligence, which remain stable over age, EI increases with age (Bar-On, 2004; Bar-On 2006; Van Roy, Alonso, & Viswesvaran, 2005) as children become less dependent on caregivers (Denham, 1998; Fabes & Eisenberg, 1992) and peaks in adulthood between 35 to 44 years old (Derksen, Kramer, & Katzko, 2002).

Foster Care Risk Factors

Unfortunately, foster children are particularly vulnerable to deficits in EI because they experience disruptions in the caregiving and social environment and are predisposed to contextual risk factors that are associated with lingering emotional deficits. Little is known about how disruptions in a foster youth's environment and the associated individual, EI deficits impact post foster care functioning and QOL.

Maltreatment

Unfortunately, maltreatment is common prior to foster care placement. In fact, safety allegations are the most common reason for foster care placement, interruptions in support, and placement changes (Pecora et al., 2006). Estimates report between 76% and 94% of foster care children experience some form of maltreatment by their birth family (Courtney et al., 2001; Lawrence, Carlson, & Egeland, 2006; Pecora et al., 2006). Sadly, 14% of these foster children experience multiple forms of maltreatment (United States Department of Health and Human Services Administration on Children, Youth and Families, 2009). Although foster care aims to provide a safe and stable environment, about one-third of foster care alumni also allege maltreatment during foster care (Pecora et al., 2006).

Maltreatment can have a significant impact on individual physical, behavioral, and psychological functioning. Maltreatment during infancy or early childhood is known to have an impact on brain development and can impact cognitive, language, and socioemotional development and mental health functioning. The extreme emotions associated with child maltreatment are related to deficits in emotional development, specifically the areas of emotional understanding and regulation. For example, deficits in emotional understanding were identified in a sample of sixty 3 to 5-year-old maltreated children, even after controlling for age, intelligence, and executive functioning abilities (Pears & Fisher, 2005). Similarly, 80% of 139 maltreated children ages 4 to 6 years old had emotion regulation problems, whereas 37% of children

without maltreatment histories had emotion regulation difficulties (Maughan & Cicchetti, 2002). In severe circumstances, maltreatment may even lead to lifelong impairments secondary to physical trauma and have associated lifelong emotional impacts (Center for Disease Control and Prevention, 2012). Children who are victims of maltreatment are at an increased risk for health conditions, substance use, low academic achievement, delinquency, teen pregnancy, criminal behavior, and difficulties maintaining healthy relationships in adulthood (Center for Disease Control and Prevention, 2012). Unfortunately, research has not evaluated the impact maltreatment and the associated emotional effects have on post-care functioning and QOL.

Placement Changes

Placement instability is also a well-known contextual risk factor that can negatively impact foster care youth. Unstable environments created by multiple foster care placements and prolonged foster care involvement may be detrimental to a foster child's long-term functioning and emotional health (Thorpe & Swart, 1992). The foster care system attempts to minimize or prevent placement changes, but placement changes are inevitable. On average, foster care alumni report experiencing between four to six foster placements, and nearly one-third of alumni experience eight or more placements during foster care (Courtney et al., 2001; Pecora et al., 2006). When the urgency of removal from a home sets limits on the process of choosing the most appropriate foster home, children are often placed temporarily with the system's intention to change placements (Quinton, Rushton, Dance, & Mayes, 1998). Placement changes may also

occur to resolve behavioral difficulties or to separate problematic siblings, reunify a child and biological parents, siblings, or relatives, or re-enter the foster care system following reunification failure. Reunification failures occur in 16% of cases, and it is worth noting that 10% of foster children have had two or more reunification failures (Barth, Weigensberg, Fisher, Fetrow, & Green, 2008). Because each placement change requires a child to adjust to new familial living arrangements and changes in social networks this may force a child to leave previous community, social, and educational support systems. For instance, when a child changes placements, he or she may subsequently change schools and live in a different community and neighborhood and consequently this could interrupt academic progress. Unfortunately, almost one third of foster care alumni report 10 or more school placement changes beyond elementary school (Pecora et al., 2006).

Unfortunately, the number of placements a foster care child experiences is directly related to individual, emotional needs (Sullivan & van Zyl, 2008). With each move, foster children are exposed to feelings of rejection and loss of family, friends, school, community, belongings, and surroundings. These feelings and experiences may further lead to greater uncertainty of stability within a foster home and within social networks. Ultimately, this may lead to poor adaptations and much difficulty emotionally attaching to support networks later in life (Lawrence et al., 2006). Though research suggests there are long-term implications of multiple foster care placements,

research has not focused on what impact placement changes and the associated emotional effects have on post-care functioning and QOL.

Transition to Independence

Furthermore, foster care children are especially vulnerable during the transition to independence. They often lack the financial and emotional support necessary for the transition (Courtney et al., 2001; Courtney & Dworsky, 2006; Dworsky, 2008; Pecora et al., 2006). Youth who spend their adolescence in foster care are often unable to access the same supports as youth in the general population who transition from home.

Courtney et al. (2001) found that foster alumni commonly felt unprepared for how to obtain a job, live alone, manage money, secure housing, and obtain health information. Strikingly, Pecora et al. (2006) similarly found that only one third of 479 foster care alumni served in the northwest between 1988 and 1998 reported leaving foster care with resources such as a driver's license, cash, or dishes and utensils. As such, the transition period is likely challenging for foster alumni and little is known about how the ease of this transition or support during this transition impacts foster alumni post-care.

Emotional Risks

Although the foster care system attempts to identify and eliminate or reduce the number of contextual and transitional risk factors foster children experience, unfortunately, not all risk factors can be simply reduced or eliminated. Furthermore, the mere removal or reduction of risk factors does not necessarily eliminate or alleviate the emotional aftermath. Each experienced risk factor predisposes a foster child at risk of

lingering individual effects that can make a child increasingly vulnerable to difficulties later in adulthood (Bruskas, 2008). For example, the court ordered decision to remove a child from a chaotic environment may be in the best interest of the child's immediate well-being, but the separation from a primary caregiver and the reasons for initial placement render the child at risk of long-term emotional and attachment difficulties (Bowlby, 1958; Courtney et al., 2001; Kerker & Dore, 2006). It is unknown how lingering emotional effects impact post-care functioning.

Foster Care Protective Factors

In attempt to protect foster children from further vulnerability, the foster care system has focused on identifying and increasing the number of protective contextual and transitional factors foster children experience to counteract risk and the lingering emotional effects. Benzies and Mychasiuk (2009) categorized foster care protective factors based on The Socio-Ecological Theoretical Model of Development (Bronfenbrenner, 1979), which considers the complex interplay between community, family, and individual levels to promote healthy functioning and development. The model suggests post foster care functioning can be optimized when protective factors from all three levels are strengthened. Each interactive level interplays with another, and each level impacts functioning on other levels— such that individual functioning can impact one's familial functioning and vice versa (O'Leary, 1998).

Community Protective Factors

Foster services aim to provide stability in the community setting as this serves to protect foster children from adversity by maintaining consistency in social networks and familiarity with the community. It is suggested that community involvement and access to community resources and supports, such as education, enrichment programs, supportive services, mentorship programs and activities, serve to protect at-risk youth. Children involved in community services perform better in school, are more able to adapt to adversities and demonstrate fewer behavioral problems (Benzies & Mychasiuk, 2009). Hass and Graydon (2009) surveyed 44 “successful” foster alumni who successfully completed post-secondary education, successfully completed a vocational program or had a junior standing in a four-year institution to further understand what societal factors promote “successful” functioning. Of these individuals, 70% of foster care alumni had someone who supported them outside the foster care home, 62% identified that they had a mentor in the community (i.e., teacher, church member, social worker) and 84% agreed that they had a friend similar in age who cared for them. It is important to note that these data were not compared to “unsuccessful” foster alumni. Nonetheless, findings suggested that the majority of successful foster alums have support from at least one critical support network.

Familial Protective Factors

Foster care services also aim to provide a stable familial foster environment to protect foster care children by providing a secure, supportive, and stimulating learning

environment. Familial protective factors include: (a) stable family structure, (b) parental/partner relationship stability, (c) family cohesion, (d) supportive parent-child interaction, (e) stimulating environment, (f) social support within the familial network, (g) positive familial influences, (h) stable and adequate familial income, and (i) adequate housing (Benzies & Mychasiuk, 2009). More specifically, nurturing and involved foster parenting predicts positive adjustment with regards to school performance, self-confidence and peer relationships and is associated with lower levels of antisocial behavior and emotional distress (Conger & Conger, 2002). Denuwelaere and Bracke (2007) researched the impact 96 foster families had on foster care children and further supported the concept that foster care parental support, especially support from the foster father, was significantly related to fewer emotional symptoms in foster care children and associated with a foster child's self-efficacy. Stimulating learning environments and parents' ability to provide cognitive stimulation in the familial setting are predictive of cognitive and language developmental outcomes (Serbin & Karp 2004 as cited in Benzies & Mychasiak, 2009; Yeung et al. 2002 as cited in Benzies & Mychasiuk, 2009).

Individual Protective Factors

Foster care services attempt to intervene at the individual level primarily through support via community and familial levels of care and offer counseling to improve individual functioning to protect foster care children from vulnerabilities.

Benzies & Mychasiuk (2009) identified a number of individual protective factors which

include: (a) an internal locus of control, (b) an ability to control emotional/behavioral responses, (c) the presence of belief systems such as an optimistic view, (d) self-efficacy, (e) effective coping skills, (f) increased education or skills training, (g) health, (h) “easy temperament,” and (i) female gender. To be more specific, children who exhibit an internal locus of control and “easy temperaments,” defined as children who are able to adjust easily to new situations or schedules and are easy going, are less affected by crisis and less vulnerable to maltreatment or unhealthy attachment interactions (Juby & Rycraft 2004 & Flores et al. 2005 as cited in Benzies & Mychasiuk, 2009). Furthermore, sociability combined with a strong sense of independence and optimistic view of personal experiences, despite experiences of suffering, are noted to contribute to resilience, or the ability to overcome negative life experiences. Children who are able to regulate their emotions are more likely to engage in positive social relationships and exhibit cognitive and socioemotional competence as compared to children who are unable to regulate their emotions (Alvord & Grados 2005 as cited in Benzies & Mychasiuk, 2009).

Impact of Risk and Protective Factors

Unfortunately, research neglects to identify what impact contextual and individual protective factors have on post foster care functioning and QOL as well. It is evident that although protective interventions target environmental and familial risks factors, lingering emotional effects remain. For example, eliminating maltreatment exposure, reducing the number of foster placements and easing the transition to

independence can reduce the risk of exposure to further vulnerabilities, but the lingering emotional impacts of these experiences are not as easily targeted. Unfortunately, the emotional impact of these experiences remains a lifelong risk factor that is not well researched.

The Socio-Ecological Theoretical Model of Development suggests community and familial factors may not completely account for the total variance in post foster care outcomes. Emotional factors, such like EI, also likely have an impact on post care outcomes. It is possible that differences in EI could account for the variance in post foster care outcomes. To date, no emphasis has been placed on the impact of EI, above contextual factors, on post foster care outcomes. This may explain why a portion of foster care alumni continue to struggle post-care despite community and familial interventions. The Socioecological Model implies that enhancement of individual, emotional functioning could optimize functioning on all three interactive levels and subsequently improve post foster care outcomes (Bronfenbrenner, 1979).

Emotional Intelligence as a Protective Factor

In fact, EI incorporates many concepts that might be particularly salient in the foster care population (e.g., interpersonal and intrapersonal emotional skills, stress management and adaptability). EI is associated with a variety of personal growth outcomes that foster alumni tend to struggle in, such as well-being (Bar-On, 2005; Furnham & Christoforou, 2007), educational achievement (Bar-On & Parker, 2000; Parker et al., 2004) and workplace performance (Caremeli, 2003; Lopes et al., 2006).

Furthermore, it is important to note that EI has been distinguished as a predictor of “general life success,” defined by the general literature as successful academic performance, workplace performance and positive well-being, separate from general intelligence (Van Rooy & Viswesvaran, 2004).

Furthermore, theorists consider EI separate from general mental abilities in determining successful functioning. For example, in a sample of 873 adults, the divergent validity of scores on the Bar-On Emotional Quotient Inventory (EQ-i) and General Adult Mental Ability (GAMA) yielded consistently low correlations between the two instruments (e.g., $r = .08$). Overlapping variance between the two constructs did not exceed 2%. In another study, the EQ-i also yielded a low correlation ($r = .12$) with the Wechsler Adult Intelligence Scale (Bar-On, 2000). Age related differences of the two instruments also suggest EI and GAMA are distinct constructs (Derksen et al., 2002). A meta-analysis including 10 studies ($n > 5,000$) also suggested that no more than 4% of the variance of EQ-i scores could be explained by general (cognitive) intelligence (Van Rooy & Viswesvaran, 2004). These findings suggest foster alumni’s “success” is not only predicted by IQ but other factors, such as EI, and suggests strong emotional skills could serve to protect foster alumni from vulnerabilities throughout one’s lifetime (Fredrickson, 2001).

Emotional Intelligence and academic performance. For instance, EI has been found moderately positively correlated with student GPA ($r = .41$). A sample of 667 American high school students completed the Bar-On Emotional Quotient Inventory:

Youth Version (EQ-i:YV) (Bar-On & Parker, 2000) at the beginning of the school year. At the end of the school year their academic grades were averaged, and they were placed into successful (students with grades above the 80th percentile), unsuccessful (students with grades below the 20th percentile) and average (students with grades between the 20th and 80th percentiles) groups. When students of each academic achievement level were compared, academic success was found to be significantly associated with total EI [$F(2,643) = 19.97, p < 0.001$]. Furthermore, students in the top academic group had higher levels of EI Interpersonal [$F(2,643) = 15.35, p < 0.001$], Adaptability [$F(2,643) = 15.08, p < 0.001$] and Stress Management [$F(2,643) = 13.62, p < 0.001$] abilities than the other two groups. Students in the “average” academic group also had higher scores on these variables compared to students in the “unsuccessful” academic group (Parker et al., 2004).

Another study examining academic performance of a sample of 650 British 11th grade students found EI moderated the relationship between cognitive ability and academic performance (Petrides, Frederickson, & Furnham, 2004). EI was a positive predictor of academic performance for students with low IQ scores. However, as a student’s IQ increased, the impact of EI diminished, suggesting that in terms of academic performance, individuals with lower IQ’s might benefit more from EI abilities than those individuals with higher IQ. In addition, the study found EI was negatively associated with unauthorized school absences and expulsions from school. In addition, Qualter, Whiteley, Hutchinson, and Pope (2007) assessed adolescents who recently

transitioned into high school and found students who had high and average EI (scores between 62.92 and 74.92, 49.33 and 62.9, respectively) received significantly fewer teacher concerns about effort, amount of home study and behavior than students with low EI (scores between 36.75 and 49.32).

Emotional Intelligence and performance in the work place. Research also suggests EI is positively associated with occupational performance, which is another area of weakness for foster alumni. Carmeli (2003) studied a sample of 98 senior managers who completed a variety of measures assessing EI, job performance, work behavior and work attitude related to commitment.. Overall job performance was measured via a questionnaire which assessed one's ability to get along with others, ability to complete tasks on time, quality of performance and achievement of work goals. Results found that senior managers who displayed high EI reported better job performance ($r = 0.32$) than senior managers who displayed low EI. EI also was significantly related to job satisfaction ($r = 0.32$) and career commitment ($r = 0.34$). In another sample of 44 analysts and clerical/administrative staff of a United States based insurance company, the MSCEIT total EI score correlated with company rank, higher merit increases and rated contribution to positivity within the work environment after controlling for various personality and demographic variables ($r = 0.25$ to 0.45 ; Lopes et al., 2006).

Emotional Intelligence and psychological well-being. Subjective well-being, defined as a subjective state that emerges from a feeling of satisfaction with oneself,

one's interpersonal relationships and one's occupation and financial situation, is also positively associated with EI. It is implied that individuals who have high EI are emotionally aware and able to regulate emotions in a way that supports well-being (Furnham & Christoforou, 2007) by defending themselves from pressure, managing stress and allowing them to lessen the impact of negative life events and stressors (Furnham & Petrides, 2003). Bar-On (2005) studied a large North American sample ($n= 3,571$) and found a high correlation between subjective well-being and EI ($r = 0.76$). Gallagher and Vella-Brodrick (2008) further found EI was significantly positively associated with one's satisfaction with life after controlling for personality and sociodemographic variables ($r = .41$). Reciprocally, research consistently identifies EI is negatively correlated with an inability to identify and describe emotions (Austin, Saklofske, & Egan, 2005), psychopathology, hopelessness and neuroticism (Bar-On, 1997; Furnham & Christoforou, 2007; Hemmati, Mills, & Krone, 2004).

In summary, though it is well known that EI is associated with academic, employment, and well-being outcomes, research regrets to examine the impact of EI on post foster care functioning. Given that EI is modifiable, research is warranted to determine if EI accounts for the variance, above other factors, in post foster care outcomes. If so, future interventions targeted to improve EI could serve to improve post foster care functioning.

Study Objectives

This study expanded on foster care risk and resiliency research to identify the contextual and individual factors that are predictive of post foster care functioning. Secondly, this study piloted the assessment of EI to evaluate if EI, above other contextual and individual predictors variables, predicts post foster care outcomes. Contextual variables used in this study included: the total number of foster care placements experienced, the total number of years in foster care, maltreatment during foster care, perceived social and emotional support during the transition to independence, and the perceived ease of the transition to independence. Individual variables used in this study included: general intelligence (IQ) and EI (EQ). Outcome variables included yearly income, educational attainment, QOL variables and mental health symptoms post foster care. For the purpose of this study, the QOL variables that were examined included: Material Well-being, Personal Growth, Marital Relations, Extended Family Relations, Extramarital Relations and Job Characteristics. This pilot investigation is intended to guide future research and interventions targeted to improve post foster care outcomes.

Research Questions and Hypotheses

Research question 1. The first research question expanded on prior EI research findings to examine the concept of EI in the foster care population to determine if EI is separate from IQ as research suggests and preliminarily investigate EI development in foster alumni. As research suggests (Bar-On, 2004; Derksen et al., 2002; Van Rooy &

Viswesvaran, 2004), it was predicted that EI and IQ would be unrelated (e.g., a non-significant correlation or correlation between EI and IQ of .15 or smaller). Second, this study preliminarily examined EI development in the foster alumni population. Prior research findings suggest EI increases with age (Bar-On, 2004; Bar-On 2006; Van Roy et al., 2005). Thus, it was hypothesized that age would be positively associated with EI, suggesting that older foster alumni would score higher on EI.

Research question 2. The second research question examined the relationship between contextual and individual foster care variables and post foster care outcomes. Specifically, this study aimed to highlight the relationship between EI and post foster care outcomes. Moderate to large positive associations between EI and post foster care income, educational attainment and QOL were predicted. For example, it was hypothesized that participants who exhibit higher EI would also report higher educational attainment post foster care. In contrast, EI was predicted to be inversely related to mental health symptoms, such that foster alumni who exhibit higher EI scores were expected to report fewer mental health symptoms.

Research question 3. The third research question expanded beyond research question 2 to examine the contextual and individual predictors of post foster care income, educational attainment, QOL and mental health outcomes. Specifically, this study examined the contextual and individual factors that collectively and individually predict post foster care functioning. This study focused on the unique contributions of foster care factors, transitional factors, IQ, and EI in predicting post foster care

functioning. It was predicted that EI would predict a significant and/or meaningful proportion of the variance in post foster care income, education, QOL and mental health outcomes above and beyond contextual foster care factors, transitional support and ease during the transition to independence and IQ. For example, it was hypothesized that EI would significantly predict the variance in yearly post foster care income above and beyond contextual foster care variables, transitional support and ease, and IQ. These findings hope to highlight the predictive value of EI on post foster care outcomes above and beyond other powerful predictor variables.

CHAPTER II

Method

Participants

Quantitative data collected from a Quality of Life Grant funded, IRB approved study, “Exploring the Relationship between Factors of Emotional and General Intelligence and the Quality of Life of Foster Care Alumni,” (Kennedy, Edmonds, & Englebert, 2010) were examined. Participants were recruited from a community based “foster village” in South Florida, which consisted of multiple group-like foster homes within a neighborhood setting. Foster homes consisted of 2 consistent foster parents who rotated shifts throughout the week. These foster parents resided at the foster home for their shifts. Foster children placed into this setting were placed with the intention to remain until adoption or emancipation. Eligible participants included foster care alumni ages 18 and above who aged out of the foster village. Fifty individuals were eligible for the study. Of eligible foster care alumni, 21 voluntarily participated in the study, and 17 completed the study in its entirety, for an overall response rate of 34%. One participant left during the administration of the study and did not return to complete the study due to scheduling conflicts, and two participants were unable to complete the online administration of one of the measures due to Internet network difficulties during the administration. Of the 29 participants who either declined participation or did not return the foster village support counselor’s messages, three participants identified

moving out of state as an obstacle to participation; the reasons the remaining 26 participants who declined participation are unknown.

Participants were 11 men and 10 women aged 18 to 27 years old ($M = 20$, $SD = 2.26$). Of 20 participants who reported their race, 11 participants were Black or African American and constituted 55% of the sample, two were Hispanic or Latino constituting 10% of the sample, and seven were “bi-racial” or “other” constituting 35% of the sample. No participants were Caucasian, Asian or Pacific Islander, or American Indian. The age at which participants were initially placed into foster care ranged from 0 to 17 years old. The average age at foster care placement was 9 years old ($N = 19$; $SD = 5.66$; see Figure 1).

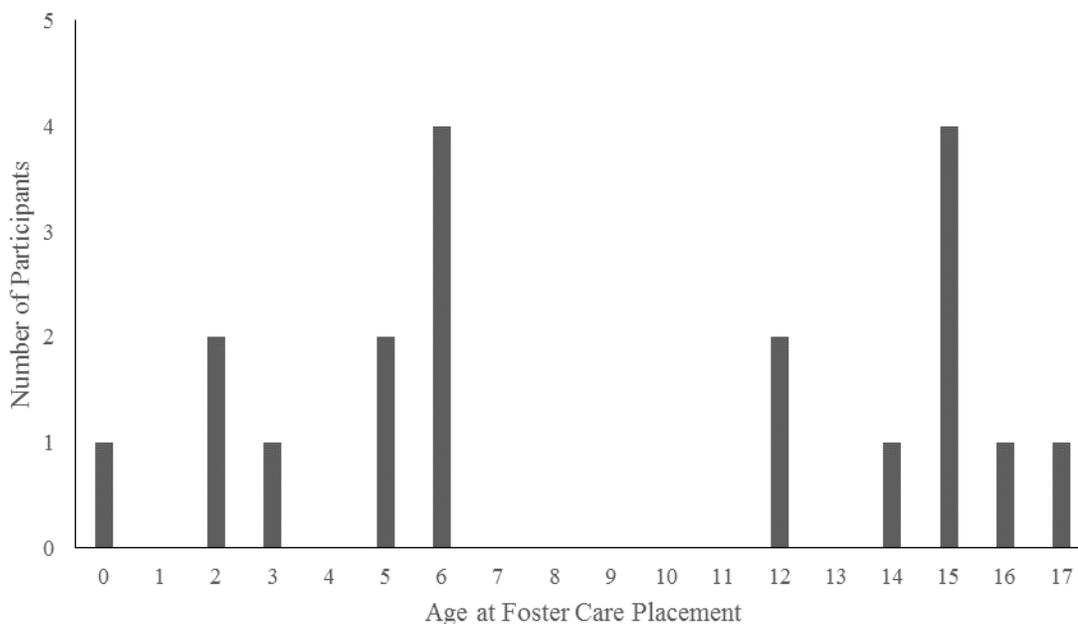


Figure 1. Participant's ages at foster care placement ($N = 19$).

Foster alumni reported an average of approximately five ($N = 19$; $SD = 4.85$) total foster care placements throughout foster care, with one participant experiencing only one foster care placement and another participant who reported a total of 20 foster care placements at the maximum (see Figure 2).

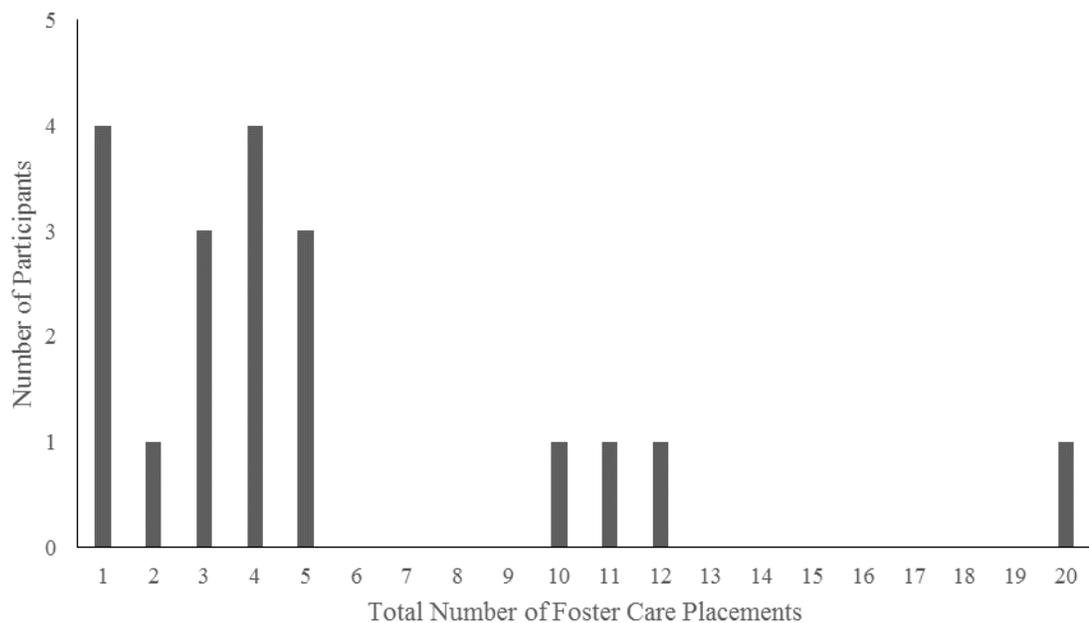


Figure 2. Participant's total number of foster care placements ($N = 19$).

Participants averaged 7.9 years in foster care ($N = 19$; $SD = 5.56$). The reported minimum length of stay in foster care was half a year and the maximum was 18 years (see Figure 3).

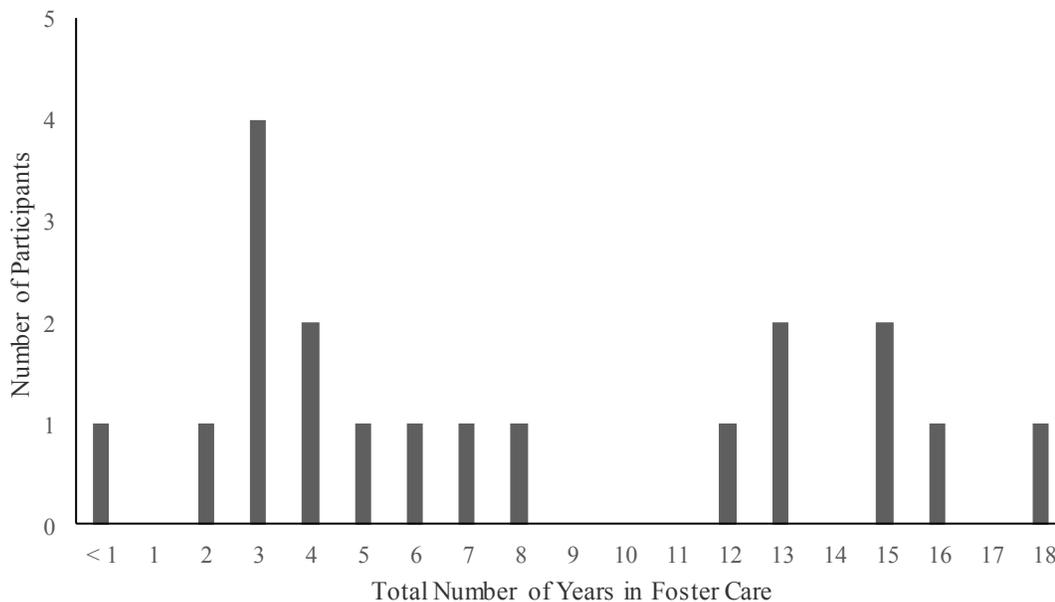


Figure 3. Participant's total length of stay in foster care (N =19).

Of 20 participants, 11 reported a history of maltreatment during foster care.

Participants' post foster care characteristics and perceptions about their transitions are detailed in Table 2.

Table 2

Participant Characteristics and Perceptions about Transition to Independence (N = 20)

Variable	<i>n</i>	%
Highest level of education		
10 th grade	2	10
11 th grade	3	15
12 th grade	11	45
1 year of college	2	10
Technical/2 year degree	1	5
College/4 year degree	1	5
Income		
No income	4	20
Child Net only	9	45
\$1 to \$10,000 annually	2	10
\$10,001-\$20,000 annually	3	15
\$20,001-\$30,000 annually	2	10
Amount of perceived emotional support during transition		
None	3	15
Minimal	1	5
Small	4	20
Moderate	3	15
Large	4	20
Tremendous	5	25
Amount of perceived social support during transition		
None	2	10
Minimal	0	0
Small	4	20
Moderate	4	20
Large	6	30
Tremendous	4	20
Ease of transition to independence		
Very easy	1	5
Somewhat easy	2	10
Not Difficult/easy	5	25
Somewhat difficult	9	45
Difficult	3	15

Note. FC = Foster care. No. = number.

The median level of education achieved at study administration was 12th grade, with five alumni who did not graduate high school and four who went on to attain more education beyond high school. The average annual income was \$14,480.10 ($N=20$; $SD = \$9,499.74$), which included ChildNet stipends (\$1,135 per month). Income ranged from a minimum of \$0.00 annually to a maximum of \$30,000 annually. With regard to participants' transition to independence, three participants reported no emotional support and two participants reported no social support during their transition to independence. Furthermore, 60% ($N= 20$) of foster alumni reported their transition to independence was somewhat to very difficult.

Measures

Bar-On's Emotional Quotient Inventory (EQ-i). EI was assessed via the Emotional Quotient Inventory (EQ-i), which was developed by Reuven Bar-On (1997). The EQ-i is a self-report measure for adults, 16 years old and older, designed to assess the personal and social applications of EI (Conte, 2005; Kunnanatt, 2004). The EQ-i consists of 133 questions and employs a 5-point Likert response scale ranging from "very seldom or not true of me" to "very often true of me or true of me." The measure is made up of five composite scales which make up an overall summative scale, the Emotional Quotient (EQ). Composite scales of the EQ-i include: (a) Intrapersonal (associated with awareness of one's own feelings and positivity), (b) Interpersonal (interpersonal and social skills), (c) Adaptability (ability to cope with everyday problems), (d) Stress Management, and (e) General Mood (measured by happiness and

optimism). For the purpose of this study, only the overall summative scale (EQ) was included in analyses. Scores are based on a mean of 100 and standard deviation of 15. Average to above average EQ scores on the EQ-i suggest that the respondent was effective in emotional and social functioning. On the other hand, low EQ scores suggest the possible existence of emotional, social and/or behavioral problems. The EQ-i adjusts scale scores based on two validity indices, the Positive Impression and Negative Impression indexes which reduced the effects of response bias (Bar-On, 2006). This test was administered and scored via the publisher's online program.

Normative data for the EQ-i were derived from nearly 4,000 North American subjects ranging widely in age, race, and ethnicity. EQ scores correlated higher with other measures of emotional social intelligence (36% degree of domain overlap) than personality and cognitive based measures (4% & 15% degree of overlap, respectively; Bar-On, 2004; Bar-On, 2006; Van Rooy & Viswesvaran, 2004; Van Rooy, Viswesvaran, & Pluta, 2005). The overall test re-test reliability of the EQ-i was $r = .72$ for males ($n = 73$) and $r = .80$ ($n = 279$) for females at six months (Bar-On, 2004). The overall internal consistency of the EQ-i was reported excellent with an alpha coefficient of .97 (Bar-On, 1997).

The overall internal consistency of the EQ-i for this study was $\alpha = .90$, which is comparable to Bar-On's reported findings. Cronbach's alpha reliability coefficients for each subscale of the Bar-On EQ-i were calculated to assess the measure's internal consistency at the subscale level (see Table 3).

Table 3

Bar-On EQ-i Reliability Analysis

Subscale	N	# of items	α
Self-Regard	18	9	.848
Emotional Self-Awareness	18	8	.606
Assertiveness	18	6	.293
Independence	17	7	.680
Self-Actualization	18	9	.738
Empathy	18	8	.828
Social Responsibility	18	9	.809
Interpersonal Relationship	18	11	.742
Stress Tolerance	17	9	.650
Impulse Control	18	9	.772
Reality Testing	18	10	.477
Flexibility	17	8	.723
Problem Solving	18	8	.608
Optimism	18	8	.789
Happiness	17	9	.701

Note. Min = minimum; Max = maximum

Alpha reliability scores ranged from poor to adequate, ranging from $\alpha = .29$ to $.85$.

Analysis of the intercorrelations among EQ-i subscales are presented in Table 4.

Table 4

Intercorrelations, Means, and Standard Deviations Among EQ-i Subscales

Variable	1	2	3	4	5	6	7	8	9	10	11	12	13
1. Self-Regard	–												
2. Emotional Self-Awareness	.68**	–											
3. Independence	.04	.03	–										
4. Self-Actualization	.70**	.60**	.30	–									
5. Empathy	.68**	.64**	-.01	.69**	–								
6. Social Responsibility	.66**	.65**	-.09	.69**	.95**	–							
7. Interpersonal Relationship	.75**	.75**	-.17	.66**	.75**	.80**	–						
8. Stress Tolerance	.69**	.46	.15	.70**	.78**	.68**	.60*	–					
9. Impulse Control	.22	.03	.43	.45	.09	.13	.12	.23	–				
10. Flexibility	.39	.46	.50*	.46	.47	.46	.42	.58**	.40	–			
11. Problem Solving	.57*	.50*	.13	.73**	.61*	.56*	.56*	.67**	.03	.36	–		
12. Optimism	.80**	.63**	.16	.86**	.84**	.81**	.73**	.84**	.10	.40	.76**	–	
13. Happiness	.55*	.53*	-.08	.49*	.58*	.62**	.81**	.45	.13	.22	.25	.57*	–
<i>M</i>	105.22	102.50	107.47	99.00	93.78	96.44	98.11	102.83	111.06	103.83	98.94	93.06	21.43
<i>SD</i>	15.66	8.61	14.28	16.90	26.66	23.06	17.45	13.28	13.58	16.59	15.95	96.00	16.96

Note. * $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

N= 18 for all variables except Independence for which is N=17.

Moderate to strong correlations were found for many of the subscales. Intercorrelations between each composite scale were also assessed (see Table 5).

Table 5

Intercorrelations, Means, and Standard Deviations Among EQ-i Composite Scales and Total EQ-i

Composite	1	2	3	4	5
1. Intrapersonal	–				
2. Interpersonal	.69**	–			
3. Adaptability	.66**	.59*	–		
4. Stress Management	.63**	.54*	.66**	–	
5. General Mood	.74**	.88**	.52*	.54*	–
EQ	.93**	.86**	.84**	.76**	.85**
<i>M</i>	103.22	96.83	100.44	108.50	94.22
<i>SD</i>	13.60	22.09	13.20	12.00	18.41

Note. * $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

N= 18.

Moderate to high correlations existed among each composite scale ($r = .52, p < .05$ to $r = .88, p < .01$). Each EQ-i composite scale correlated highly with total EQ ($r = .76$ to $r = .93, p < .01$; see Table 5).

Kaufman Brief Intelligence Test, Second Edition (KBIT-2). The Kaufman Brief Intelligence Test (KBIT-2), a brief measure of verbal knowledge (Expressive Vocabulary) and nonverbal reasoning (Matrices), measured general intelligence (IQ). The KBIT-2 was normed on 2,022 subjects, ages 4 to 90-years-old. The KBIT-2 verbal and nonverbal domains were administered and the Full Scale IQ standard score (typical population: $M = 100, SD = 15$) for each participant was calculated. KBIT-2 scores correlate highly with other IQ tests. For instance, research reported a strong positive correlation between the KBIT-2 Full Scale IQ Composite Score and the Wechsler Adult

Intelligence Scale-III (WAIS-III) Full Scale IQ was $r = .89$ (Kaufman & Kaufman, 2004).

The Quality of Life Questionnaire (QLQ). Post foster care QOL was measured by The Quality of Life Questionnaire (QLQ), a self-report measure that assessed overall subjective well-being (Evans & Cope, 1989). The QLQ consists of 192 items presented in true/false format (Keyser & Sweetland, 1994) and is comprised of 15 content scales which assess five major domains of QOL which included: General Well-Being, Interpersonal Relations, Organizational Activity, Occupational Activity and Leisure and Recreational Activity. Scores were interpreted at the individual content scale level as the manual advises this is the most “useful way” of interpreting the QLQ (Evans & Cope, 1989). For the purpose of this study a variety of content scales were excluded in the analyses as many domains were deemed irrelevant for the foster population studied. Relevant QLQ included in the analyses included Material Well-Being, Personal Growth, Marital Relations, Extended Family Relations, Extramarital Relations and Job Characteristics.

Higher scores on each scale suggest higher levels of the QOL concept. Each scale concept is defined by the QLQ manual. High scorers on the Material Well-Being Scale consider their “living accommodations to be economical and acceptable, neighborhood to be well maintained and income to meet their needs;” whereas, low scorers report “their income limits their ability to purchase basic necessities” or report they live in less than desirable neighborhoods. Individuals who score high on the Personal Growth Scale are considered to be “secure and even-tempered, have a sense of

humor and have attainable goals that can be modified” unlike individuals who score low on this domain who are considered “uncomfortable with many of their personal characteristics and have difficulty with personal expression, interpersonal communication, problem solving and future goals.” The Marital Relations Scale measured an individual’s relationship with his or her partner or significant other. High scorers report “open communication, expression and consideration of feelings, efficient problem solving, shared responsibilities, good sexual relations and reasonable independence,” with their partner. Low scorers report “poor communication and unresolved disagreements” with their partner. The Extended Family Relations Scale measured the relationship with extended family and relatives. High scorers on this scale report more meaningful interactions with relatives than low scorers. The Extramarital Relations Scale measured an individual’s ability to actively seek social interactions and maintain friendships. High scorers in this domain report better social interactions than low scorers who might have difficulty maintaining friendships. Individuals who score high on the Job Characteristics Scale report their job is interesting, varies and is challenging, whereas individuals who score low find their work dull and unchallenging (Evans & Cope, 1989).

Research suggests the QLQ has favorable psychometric properties. Subscale and total scores on this measure correlate moderately with other measures of QOL (Evans, Burns, Lidkea, & Shatford, 1980; Garrett, 1983; Keyser & Sweetland, 1994; Kramer & Conoley, 1992). The QLQ has good test-retest reliability, with correlations between the QLQ domains and total QOL ranging from .77 to .89. Research provides

support for the multidimensionality of the QLQ measure, as low to moderate correlations among scales have been reported (correlations not exceeding .30) and all correlate moderately with the QLQ total score ($r = .41$ to $.64$; Keyser & Sweetland, 1994).

The internal consistency of the QLQ content scales included in this study were examined via the Kuder–Richardson formula (see Table 6).

Table 6

Quality of Life Reliability Analysis

<u>QOL subscales</u>	<u>N</u>	<u>(K-R 20)</u>
Material Well-Being	17	.600
Personal Growth	20	.586
Marital Relations	18	.688
Extended Family Relations	20	.562
Extra-Marital Relations	18	.790
Job Characteristics	20	.524

Note. $n = 12$.

K-R 20 = Kuder–Richardson formula.

The internal consistency of the individual content scales (Material Well-Being, Personal Growth, Marital Relations, Extended Family Relations, Extra-Marital Relations, and Job Characteristics) ranged from poor to good .52 to .79. Thus, results for Personal Growth, Extended Family Relations, and Job Characteristics should be interpreted cautiously. Intercorrelations among QLQ subscales included in this study are reported in Table 7.

Table 7

Bivariate Correlations between Outcome Variables

	1	2	3	4	5	6	7	8	9	10	11
1. Income	–										
2. Education	.57*	–									
3. Material Well-Being	.34	.19	–								
4. Personal Growth	.02	.41	.04	–							
5. Marital Relations	-.03	-.08	.61**	.81**	–						
6. Extended Family Relations	-.005	.18	.25	.09	.39	–					
7. Extramarital Relations	-.016	-.05	.27	.72**	.75**	.38	–				
8. Job Characteristics	.18	-.13	.16	.50*	.30	-.16	.60**	–			
9. Anxiety	-.38	-.06	-.22	-.31	-.40	-.05	-.34	-.20	–		
10. Depression	-.35	.007	-.33	-.12	-.13	-.03	-.12	-.08	.76**	–	
11. Distress	.09	-.07	-.17	-.06	.03	.02	-.18	-.05	.31	.25	–

Note. N = 20.

* $p < .05$ (two-tailed). ** $p < .01$ (two-tailed).

A significant, strong positive correlation existed between Personal Growth and with Marital Relations ($r = .81, p < .01$) and Extramarital Relations ($r = .72, p < .01$), respectively. Also, a significant, moderate positive correlation existed between Personal Growth and Job Characteristics ($r = .50, p < .05$). There was also a significant, strong positive correlation between Extramarital Relations and Marital Relations ($r = .75, p < .01$) and a significant, moderate positive correlation between Extramarital Relations and Job Characteristics ($r = .60, p < .01$). No other significant correlations among QLQ content scales were found.

The Symptom Checklist-90-Revised (SCL-90-R). Mental health symptoms were measured by the SCL-90-R, which assesses subjective experiences of psychological symptoms within a 7 day period from test administration (Buckelew, Burk, Brownlee-Duffeck, Frank, & DeGood, 1988). The measure consists of 90 items and employs a 5-point Likert scale of distress ranging from 0 “not at all” to 4 “extremely.” T-values between 60 and 70 indicate a clinically registered mental burden. T-values between 70 and 80 indicate a high to very high mental burden (Derogatis, 1994; Derogatis, 2000). Of nine scale dimensions, two scales, Depression and Anxiety Scales, and one of three global indices, the Positive Symptom Distress Index (PSDI), were used to measure mental health post-foster care. The PSDI provided information about the intensity of the responses representing mental burden.

Multiple studies have investigated the validity of the SCL-90-R. Although the divergent validity of the nine clinical subscales has been questioned (Groth-Marnat,

2009), both the Minnesota Multiphasic Personality Inventory (MMPI) and General Health Questionnaire (GHQ) measures converge and diverge with expected dimensions of the SCL-90-R (Derogates, 1994; Schmitz, Kruse, Heckrath, Alberti, & Tress, 1999). The internal consistency of the SCL-90-R Depression and Anxiety Subscales in this study were examined ($N=19$). Cronbach's alphas ranged from good (Depression $\alpha = .86$) to excellent (Anxiety $\alpha = .90$). Intercorrelational analysis found the Depression and Anxiety Subscales were highly correlated ($r = .76, p < .01$). Scores on the Positive Symptom Distress Index (PSDI) were moderately (yet not significantly) correlated with scores on the Depression ($r = .25, p = .29$) and Anxiety ($r = .31, p = .19$) Subscales.

Foster Care Interview. Information from a historical interview with each participant assessed demographic information and risk and protective contextual factors specific to the foster care population. The interview questions were compiled from a review of foster care literature and studies measuring risk and resiliency in foster care. General demographic information (date of birth) and general information about participants' pre, during, and post foster care experience were obtained. Questions were asked in a single response and yes/no format. Questions included (a) date of birth; (b) gender; (c) ethnicity; (d) age at first foster care placement; (e) the total number of foster care placements experienced; (f) maltreatment history during foster care; (g) current annual income; and (h) highest level of education attained. Questions which assessed the transition to independence were also measured. Participants' perceived amount of social and emotional support were measured separately via a 6 point Likert

scale which ranged from “none” to a “tremendous amount.” The participant’s perceived ease of transition to independence was evaluated via a 5 point Likert scale; response options ranged from “very difficult” to “very easy.”

Procedure

A foster village support counselor contacted eligible foster care alumni and informed them about the opportunity to voluntarily participate in the study. Each foster care alumni was offered a \$50 gift card to either a local grocery store or local discount department store for completion of the study. After electing to complete the study, each participant scheduled an individual, three hour appointment to complete the study at the foster village community center. Initially, each participant signed an informed consent form (see Appendix) and was informed that he or she could withdraw from the study at any time. Participants were informed that they could refuse to answer any questions throughout the study; even so, if they attempted to complete the study, they were informed they would still receive the gift card.

Measures were administered by a master’s level psychology graduate student and completed in the following order: Bar-On EQ-i, K-BIT-2, QLQ, SCL-90-R, and a demographic and historical questionnaire via a brief interview. Each participant was assigned a subject number, and any contact/identifying information (although not requested) was destroyed. Participants completed part of the administration (EQ-i) via the confidential online version of the assessment (Bar-on, 1997), which was professionally scored by the product’s scoring service. Participant’s subject numbers

were entered into the online program as an identifier. After completing the measures and the interview, participants received the \$50 gift card. All participants completed the measures within a two to three hour time period. Participants were offered the supervising psychologist's contact information if they should have any questions or concerns following the study administration. The foster village support counselor was also available to participants after the study administration and informally met with them after the study. The trained master's level psychology graduate student scored the remainder of the measures following the assessment supervised by trained psychologists. Due to transportation difficulties three participants required special arrangements, and the study was administered at their home with the support counselor from the foster village present.

Analyses

Statistical analysis was conducted using IBM SPSS Statistics[®] version 20 statistical software and Excel 2013. Descriptive statistics including means and standard deviations were reported for each assessment and the foster care interview. As part of a reliability analysis, alpha coefficients and the K-R 20 were reported to evaluate the internal consistency of each questionnaire. A series of bivariate correlation analyses were conducted to assess the relationships between contextual and individual variables and post foster care outcome variables, which included annual income, educational attainment, transitional factors, QOL and mental health outcomes. Multiple regression

analyses were conducted to evaluate variables associated with post foster care annual income, educational attainment, transitional factors, QOL and mental health outcomes.

Given the current study's smaller sample size, lack of statistical significance could indicate either a small and trivial effect or a moderate and meaningful effect that would be statistically significant in the context of a larger sample study. As such, the p -value for all analyses was set to $p < .05$, but given the limited sample size, effect size estimates were reported and correlations were analyzed via Cohen's effect size guidelines. Relevant effect size estimates were used to interpret effects. For example, correlations larger than $|.30|$ were interpreted regardless of level of statistical significance.

CHAPTER III

Results

Instrument Descriptive Statistics

Descriptive statistics are presented for each measure in Table 8.

Table 8

Instrument Descriptive Statistics

Variable	N	<i>M</i>	<i>SD</i>	Variance	Min.	Max.	Skewness	Kurtosis
EQ	18	101.00	15.85	251.29	69	131	-.27	.03
KBIT-2 IQ	21	88.86	8.41	70.73	70	107	.10	.57
Material Well-Being	20	33.90	13.53	182.94	16	58	.27	-.77
Personal Growth	20	47.30	9.21	84.75	30	64	.23	-.32
Marital Relations	20	46.10	9.17	83.99	34	62	.51	-.88
Extended Family Relations	20	47.40	8.19	66.99	30	56	-.84	.99
Extramarital Relations	20	48.00	11.50	132.21	26	66	-.49	-.60
Job Characteristics	20	50.20	7.68	58.91	34	60	-.57	-.77
SCL-R-90 Depression	20	60.35	12.19	148.66	35	80	-.42	-.01
SCL-R-90 Anxiety	20	55.10	12.90	166.62	37	80	.28	-.50
SCL-R-90 PSDI	20	64.05	7.73	49.74	49	80	-.13	-.25

On the KBIT-2, the average IQ score was within the low average range ($M = 88.86$, $SD = 8.41$). The lowest IQ score fell within the borderline IQ range ($IQ = 70$) and the highest score fell within the average range ($IQ = 107$). On the EQ-i, the average EQ score was within the average range ($M = 101.00$, $SD = 15.85$). The lowest EQ score was within the low range ($EQ = 69$) and the highest score was within the superior range ($EQ = 131$).

Scores for QLQ subscales suggest that scores fell within the average range, or within normal limits, except for the Material Well-Being Scale. Scores for Personal Growth, Marital Relations, Extended Family Relations, Extramarital Relations, and Job Characteristics were within the average range. The Material Well-Being Scale average

score was within the “much below average” range. Skewness and kurtosis fell between -1 and 1, suggesting subscales approximated a normal distribution.

Descriptive statistics for SCL-R-90 scales ranged on all three scales from the within “normal limits” range, which indicated typical functioning, to “clinically significant,” which indicated very high mental burden (Maximum T-scores = 80). Average scores on the Depression and Positive Symptom Distress Scales were within the “clinically significant” range compared to the normative population. In contrast, the average anxiety score was within normal limits compared to the normative population. Standard deviations for all three subscales suggested that scores ranged from within normal limits to clinically significant mental burden (Min. = 35; Max. = 80).

Primary Analyses

Correlational analyses. Bivariate correlation analyses were conducted to answer research question 1, which hypothesized that the relationship between EI and IQ is nonsignificant and older foster alumni exhibit higher EI scores. Counter to the original prediction, the correlation between EQ and IQ was moderate in size ($r = .43, p = .08$). In contrast to predictions and prior research, foster alumni age was not meaningfully correlated with EQ, $r(16) = -.08, p = .37$ (one-tailed) suggesting that older alumni did not exhibit higher EI than younger alumni.

Bivariate correlation analyses examined the correlations between foster care contextual and individual factors and post foster care outcomes (see Table 9).

Table 9

Bivariate Correlations between Predictor Variables and Outcome Variables

	Income	Education	Material Well-Being	Personal Growth	Marital Relations	Extended Family Relations	Extramarital Relations	Job Characteristics	Anxiety	Depression	Distress
Total number of placements	-.19	-.09	-.45*	.000	-.18	-.60**	-.42*	-.14	.55**	.47*	.51*
Total years in foster care	-.004	.18	-.15	-.08	-.34	-.10	-.14	-.09	.55**	.42*	.28
Maltreatment During Foster Care	-.12	.26	-.45*	-.09	.01	-.17	-.09	-.03	.28	.41*	.54**
Transitional emotional support	.17	.24	.44*	.26	.10	.26	.36	.07	-.20	-.27	-.15
Transitional social support	-.05	.09	.42*	.20	.22	.37	.45*	-.03	-.23	-.07	-.16
Transitional ease	.40*	.51	.48*	.23	.23	.009	.32	.51*	-.12	-.14	-.06
IQ	-.05	.27	.03	.36	.38*	-.06	.36	.34	.30	.56**	-.05
EQ	.50*	.42	.27	.64**	.60**	.12	.66**	.50*	-.35	-.31	-.09

Note. N = 19 for total number of placements and years in foster care.

N = 20 for maltreatment during foster care, transitional emotional support, transitional social support, transitional ease and IQ.

N = 17 for EQ.

* $p < .05$ (one-tailed). ** $p < .01$ (one-tailed).

Significant or moderate to large correlations ($r \geq .30$) were predicted between EI and post foster care outcomes. Consistent with predictions, EQ was largely positively correlated with post foster care income ($r = .50, p = .04$) and moderately positively correlated with the highest level of education foster alumni attained post foster care ($r = .42, p = .09$), which suggests that foster alumni who report higher EQ also report higher yearly income and educational attainment post foster care, respectively. EQ was largely positively correlated with the following post foster care QOL variables: Personal Growth ($r = .64, p = .006$), Marital Relations ($r = .60, p = .01$), Extramarital Relations ($r = .66, p = .004$), and Job Characteristics ($r = .50, p = .04$). In contrast to predictions, the correlations between EQ and Material Well-Being ($r = .27, p = .29$) and Extended Family Relations ($r = .12, p = .64$) were smaller and nonsignificant. As predicted, analyses revealed moderate, but nonsignificant inverse correlations between EQ and post foster care Anxiety ($r = -.35, p = .16$) and Depression ($r = -.31, p = .22$), which suggests that foster alumni who report higher EI also report lower levels of anxiety and depressed symptoms, respectively. Contrary to predictions, EQ and post foster care distress were unrelated (PSDI; $r = -.09, p = .74$).

Hierarchical regression analyses. A series of hierarchical multiple regression analyses were conducted to identify the predictors of post foster care annual income, educational attainment, QOL, and mental health outcomes (see Tables 10 through 20). Regressions evaluated the hypothesis that EI predicts post foster care outcomes above and beyond contextual foster care factors, transitional factors, and IQ.

Variables were entered into the regression analysis in four blocks. Blocks were ordered based on theory. Contextual factors were entered into the regression equation

first as they are considered unchangeable. Block one included contextual foster care variables: the total years in foster care, the total number of foster care placements, and maltreatment during foster care. These contextual foster care factors were entered into the regression equation first as they are experienced first throughout the foster care experience. Block two included variables related to the foster alumni's transition to independence: emotional support, transitional social support, and perceived transitional ease. Transitional factors were entered into the regression model second as these factors are experienced after other foster care contextual factors. Individual factors were entered next into the regression equation. Block three included general intelligence (IQ). Block four included EI (EQ). Individual factors were entered last to see what impact they have over and above contextual factors. EQ was specifically entered last as this study specifically questioned EI's contribution to each model, especially because EI, to some extent, is modifiable and could serve to guide future interventions.

Given the smaller sample size, the following heuristics were used to guide the interpretation of results. The first block was considered meaningful if it accounted for a minimum of 10% of outcome variance. The second block was considered meaningful if it accounted for a minimum of 6% of incremental outcome variance. The third and fourth blocks were considered meaningful if they accounted for 2% of incremental outcome variance. For individual predictors, semi-partial correlations accounting for a minimum of 2% of outcome variance were deemed meaningful.

Income. Contextual foster care factors, which were entered on the first block, did not predict a meaningful amount of the variance in yearly income post foster care

($R^2 = .02$). Transitional factors, which were entered on the second predictor block, accounted for approximately 11% of incremental outcome variance, suggesting a meaningful contribution. Similarly, IQ accounted for approximately 4% of outcome variance, over and above contextual and transitional factors, suggesting a meaningful contribution. Finally, EQ accounted for approximately 16% of incremental variance, suggesting a meaningful contribution as had been predicted. Among individual predictors, transitional ease ($r_s^2 = .045$) and EQ ($r_s^2 = .155$) were both positively associated with income. IQ, however, was negatively associated with income ($r_s^2 = .084$). See Table 10 for the final regression model.

Table 10

A Hierarchical Regression Model Predicting Post Foster Care Annual Income from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r _s ²
Block 1: Contextual Foster Care				
Factors:				
	$F(3, 12) = .08, p = .968, R^2 = .020$			
Total years in foster care	- 196.589	693.085	.785	.008
Total number of foster placements	190.611	924.770	.843	.004
Maltreatment during foster care	- 673.023	8809.696	.941	< .001
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .37, p = .775, \Delta R^2 = \underline{.108}$			
Transitional emotional support	158.804	2997.216	.959	< .001
Transitional social support	- 420.269	2976.494	.892	.002
Transitional ease	2853.328	4184.596	.517	<u>.045</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .38, p = .554, \Delta R^2 = \underline{.040}$			
IQ	- 463.943	498.816	.382	<u>.084</u>
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = 1.61, p = .245, \Delta R^2 = \underline{.155}$			
EQ	270.848	213.518	.245	<u>.155</u>

Note. Note. Full model was not statically significant, $F(8, 7) = .42, p = .877, R^2 = .324$.

All coefficients are from the final model.

Meaningful findings are underlined.

Education. Contextual foster care factors, which were entered on the first block, accounted for approximately 13% of the variance in educational attainment post foster care, suggesting a meaningful contribution. Transitional factors, which were entered on the second block, accounted for an additional 20% of the outcome variance over and above contextual foster factors, which also suggests a meaningful contribution. Surprisingly, IQ, which was entered on the third block, did not account for a meaningful amount of the incremental outcome variance ($R^2 = .004$). As predicted, EQ, which was entered on the last block, accounted for approximately 2.3% of incremental variance in educational attainment post foster care, suggesting a meaningful contribution. Among individual predictors, maltreatment during foster care ($r_s^2 = .030$), transitional ease ($r_s^2 = .039$), and EQ ($r_s^2 = .023$) were positively associated with educational attainment post foster care. See Table 11 for the final regression model.

Table 11

A Hierarchical Regression Model Predicting Post Foster Care Educational Attainment from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r _s ²
Block 1: Contextual Foster Care				
Factors:				
	$F(3, 12) = .58, p = .638, R^2 = \underline{.127}$			
Total years in foster care	-.020	.087	.827	.005
Total number of foster placements	-.013	.116	.914	.001
Maltreatment during foster care	.632	1.109	.587	<u>.030</u>
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .91, p = .474, \Delta R^2 = \underline{.203}$			
Transitional emotional support	.112	.377	.776	.008
Transitional social support	-.029	.375	.941	< .001
Transitional ease	.345	.527	.534	<u>.039</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .05, p = .835, \Delta R^2 = .004$			
IQ	.005	.063	.940	< .001
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = .25, p = .635, \Delta R^2 = \underline{.023}$			
EQ	.013	.027	.635	<u>.023</u>

Note. Full model was not statically significant, $F(8, 7) = .49, p = .834, R^2 = .357$.

All coefficients are from the final model.

Meaningful findings are underlined.

Material Well-Being. Contextual foster care factors were entered into the hierarchical equation first and predicted approximately 39% of the variance in Material Well-Being post foster care, suggesting a meaningful contribution. Transitional factors, which were entered on the second block, predicted about 21% of the incremental outcome variance, suggesting a meaningful contribution. IQ, which was entered on the third block, predicted about 2% of the incremental outcome variance, which also suggests a small but meaningful contribution. EQ was entered on the fourth block. Contrary to predictions, EQ was not a meaningful predictor of incremental variance in Material Well-Being post foster care ($R^2 = .002$). Among individual predictors included in the final model, the total number of foster care placements ($r_s^2 = .040$) was negatively associated with post foster care Material Well-Being. Transitional social support ($r_s^2 = .063$) was positively associated with Material Well-Being post foster care. See Table 12 for the final regression model.

Table 12

A Hierarchical Regression Model Predicting Post Foster Care Material Well-Being from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r _s ²
Block 1: Contextual Foster Care				
Factors:				
	$F(3, 12) = 2.53, p = .106, R^2 = \underline{.387}$			
Total years in foster care	.395	.701	.591	.017
Total number of foster placements	-.807	.935	.417	<u>.040</u>
Maltreatment during foster care	-5.045	8.908	.589	.017
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = 1.60, p = .256, \Delta R^2 = \underline{.213}$			
Transitional emotional support	.021	3.031	.995	< .001
Transitional social support	3.244	3.010	.317	<u>.063</u>
Transitional ease	2.170	4.231	.624	.014
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .44, p = .528, \Delta R^2 = .021$			
IQ	.281	.504	.595	.017
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = .03, p = .866, \Delta R^2 = .002$			
EQ	.038	.216	.866	.002

Note. Full model was not statically significant, $F(8, 7) = 1.45, p = .320, R^2 = .623$.

All coefficients are from the final model.

Meaningful findings are underlined.

Personal Growth. Contextual foster care factors, which were entered on the first block, did not predict a meaningful amount of the variance in Personal Growth post foster care ($R^2 = .009$). Transitional factors, which were entered on the second block, predicted 21% of incremental outcome variance, which suggests a meaningful contribution. IQ, which was entered on the third block, predicted 3.2% of the incremental variance in Personal Growth post foster care, suggesting a meaningful contribution. EQ, which was entered on the last block, predicted approximately 30% of incremental outcome variance. As predicted, this suggests EQ predicted a meaningful amount of the variance over and above the other variables entered into the equation. Among individual predictors, transitional emotional support ($r_s^2 = .024$) and EQ ($r_s^2 = .299$) were positively associated with Personal Growth post foster care. See Table 13 for the final regression model.

Table 13

A Hierarchical Regression Model Predicting Post Foster Care Personal Growth from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r_s^2
Block 1: Contextual Foster Care Factors:				
$F(3, 12) = .04, p = .99, R^2 = .009$				
Total years in foster care	-.02	.09	.83	.002
Total number of foster placements	-.01	.12	.91	.010
Maltreatment during foster care	.63	1.11	.59	.011
Block 2: Transitional Factors:				
$\Delta F(3, 9) = .81, p = .52, \Delta R^2 = .210$				
Transitional emotional support	.11	.38	.78	<u>.024</u>
Transitional social support	-.03	.38	.94	< .001
Transitional ease	.35	.53	.53	< .001
Block 3: General Intelligence:				
$\Delta F(1, 8) = .34, p = .57, \Delta R^2 = .032$				
IQ	.005	.06	.94	.002
Block 4: Emotional Intelligence:				
$\Delta F(1, 7) = 4.67, p = .07, \Delta R^2 = .299$				
EQ	.01	.03	.64	<u>.299</u>

Note. Full model was not statically significant, $F(8, 7) = 1.07, p = .469, R^2 = .742$.

All coefficients are from the final model.

Meaningful findings are underlined.

Marital Relations. Contextual foster care factors, which were entered on the first block, predicted approximately 19% of the variance in post foster care marital relations, which was a meaningful contribution. Transitional factors, which were entered on the second block, predicted about 8% of incremental outcome variance. IQ, which was entered in the third block, also predicted 8% of the outcome variance over and above contextual and transitional factors. This finding suggests both transitional factors and IQ meaningfully contributed to the incremental variance in post foster care Marital Relations. EQ was entered last and as predicted, accounted for approximately 22% of incremental outcome variance, which suggests a meaningful contribution. Among individual level predictors, transitional ease ($r_s^2 = .020$), IQ ($r_s^2 = .027$), and EQ ($r_s^2 = .215$) were positively associated with Marital Relations post foster care. Total years in foster care ($r_s^2 = .051$) was negatively associated with Marital Relations post foster care. See Table 14 for the final regression model.

Table 14

A Hierarchical Regression Model Predicting Post Foster Care Marital Relations from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r_s^2
Block 1: Contextual Foster Care Factors:				
	$F(3, 12) = .92, p = .463, R^2 = \underline{.186}$			
Total years in foster care	-.552	.609	.395	<u>.051</u>
Total number of foster placements	-.290	.813	.732	.008
Maltreatment during foster care	3.906	7.743	.629	.016
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .34, p = .800, \Delta R^2 = \underline{.082}$			
Transitional emotional support	.694	2.634	.800	.004
Transitional social support	1.093	2.616	.688	.011
Transitional ease	-2.087	3.678	.588	<u>.020</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .99, p = .348, \Delta R^2 = \underline{.081}$			
IQ	.287	.438	.534	<u>.027</u>
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = 3.45, p = .106, \Delta R^2 = \underline{.215}$			
EQ	.348	.188	.106	<u>.215</u>

Note. Full model was not statically significant, $F(8, 7) = 1.13, p = .443, R^2 = .564$.

All coefficients are from the final model.

Meaningful findings are underlined.

Extended Family Relations. Contextual foster care factors, which were entered on the first block, predicted a meaningful amount of the variance in Extended Family Relations post foster care ($R^2 = .371$). Transitional factors, which were entered in the second block, did not predict a meaningful amount of the incremental variance in Extended Family Relations post foster care ($R^2 = .025$). IQ, which was entered on the next block, accounted for a meaningful amount of the incremental variance ($R^2 = .022$). EQ, entered last, accounted for 5% of incremental variance. As predicted, this finding suggests a meaningful contribution. Among individual predictors, the total number of foster placements ($r_s^2 = .196$) and transitional ease ($r_s^2 = .059$) were negatively associated with Extended Family Relations post foster care. EQ ($r_s^2 = .052$) was positively associated with post foster care Extended Family Relations. See Table 15 for the final regression model.

Table 15

A Hierarchical Regression Model Predicting Post Foster Care Extended Family Relations from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r_s^2
Block 1: Contextual Foster Care Factors:				
	$F(3, 12) = 2.36, p = .122, R^2 = \underline{.371}$			
Total years in foster care	.224	.592	.717	.011
Total number of foster placements	- 1.270	.789	.152	<u>.196</u>
Maltreatment during foster care	2.770	7.520	.723	.011
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .12, p = .945, \Delta R^2 = .025$			
Transitional emotional support	.478	2.558	.857	.003
Transitional social support	.560	2.541	.832	.004
Transitional ease	- 3.149	3.572	.407	<u>.059</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .30, p = .601, \Delta R^2 = \underline{.022}$			
IQ	.135	.426	.761	.008
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = .69, p = .435, \Delta R^2 = \underline{.052}$			
EQ	.151	.182	.435	<u>.052</u>

Note. Full model was not statically significant, $F(8, 7) = .77, p = .639, R^2 = .469$.

All coefficients are from the final model.

Meaningful findings are underlined.

Extramarital Relations. Contextual foster care factors, which were entered on the first block, predicted approximately 34% of the variance in Extramarital Relations post foster care, suggesting a meaningful contribution. Transitional factors, entered on the second block, predicted an additional 9% of the variance over and above contextual foster care factors, also suggesting a meaningful contribution. Similarly, IQ predicted 5% of incremental variance, also a meaningful contribution. Last, EQ accounted for an additional 33% of the variance over and above contextual foster care factors, transitional factors, and IQ. This finding is consistent with predictions and suggests EQ is a meaningful predictor of Extramarital Relations post foster care above these other factors. In fact, the final model was statistically significant ($R^2 = .814$). Among individual predictors, the total number of foster care placements ($r_s^2 = .152$) and transitional ease ($r_s^2 = .021$) were negatively associated with Extramarital Relations post foster care. Whereas, maltreatment ($r_s^2 = .038$) and EQ ($r_s^2 = .333$) were positively associated with post foster care Extramarital Relations. See Table 16 for the final regression model.

Table 16

A Hierarchical Regression Model Predicting Post Foster Care Extramarital Relations from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r _s ²
Block 1: Contextual Foster Care				
Factors:				
	$F(3, 12) = 2.05, p = .160, R^2 = \underline{.339}$			
Total years in foster care	.252	.479	.614	.007
Total number of foster placements	- 1.530	.639	.048	<u>.152</u>
Maltreatment during foster care	7.259	6.085	.272	<u>.038</u>
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .48, p = .707, \Delta R^2 = \underline{.091}$			
Transitional emotional support	1.604	2.070	.464	.016
Transitional social support	.259	2.056	.903	< .001
Transitional ease	- 2.593	2.890	.399	<u>.021</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .81, p = .395, \Delta R^2 = \underline{.052}$			
IQ	.173	.345	.630	.007
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = 12.53, p = .009, \Delta R^2 = \underline{.332}$			
EQ	.522	.147	.009	<u>.333</u>

Note. Full model was statically significant, $F(8, 7) = 3.84, p = .047, R^2 = .814$.

All coefficients are from the final model.

Meaningful findings are underlined.

Job Characteristics. Contextual foster care factors, which were entered on the first block, did not meaningfully predict Job Characteristics post foster care ($R^2 = .056$). Transitional factors, which were entered on the second block, predicted approximately 43% of incremental outcome variance, suggesting a meaningful contribution. IQ, which was entered on the third block, did not predict a meaningful amount of incremental variance ($R^2 = .005$). Finally, EQ predicted approximately 7% of the incremental outcome variance, suggesting a meaningful contribution. Among individual predictors, the total number of foster care placements ($r_s^2 = .023$) and transitional social support ($r_s^2 = .038$) were negatively associated with Job Characteristics post foster care. Transitional ease ($r_s^2 = .109$) and EQ ($r_s^2 = .068$) were positively associated with post foster care Job Characteristics. See Table 17 for the final regression model.

Table 17

A Hierarchical Regression Model Predicting Post Foster Care Job Characteristics from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

v	b	se	p	r_s^2
Block 1: Contextual Foster Care				
Factors:				
$F(3, 12) = .24, p = .870, R^2 = .056$				
Total years in foster care	.232	.515	.666	.013
Total number of foster placements	-.417	.688	.563	<u>.023</u>
Maltreatment during foster care	-1.636	6.550	.810	<u>.004</u>
Block 2: Transitional Factors:				
$\Delta F(3, 9) = .249, p = .127, \Delta R^2 = .428$				
Transitional emotional support	-.163	2.229	.944	< .001
Transitional social support	-1.705	2.213	.466	<u>.038</u>
Transitional ease	4.085	3.111	.231	<u>.109</u>
Block 3: General Intelligence:				
$\Delta F(1, 8) = .08, p = .787, \Delta R^2 = .005$				
IQ	.007	.371	.984	< .001
Block 4: Emotional Intelligence:				
$\Delta F(1, 7) = 1.08, p = .334, \Delta R^2 = .068$				
EQ	.165	.159	.334	<u>.068</u>

Note. Full model was not statically significant, $F(8, 7) = 1.10, p = .457, R^2 = .557$.

All coefficients are from the final model.

Meaningful findings are underlined.

Anxiety. Contextual foster care factors, which were entered on the first block, predicted approximately 47% of the variance in anxiety post foster care, suggesting a meaningful contribution. Transitional factors, which were entered on the second block, predicted an additional 8% of the variance in anxiety post foster care, which also suggests a meaningful contribution. IQ, which was entered into the equation next, did not predict a meaningful amount of the incremental outcome variance ($R^2 = .010$). EQ, which was entered on the fourth block, predicted 6.5 % of the incremental variance in anxiety post foster care, suggesting a meaningful contribution as predicted. Among individual predictors in the final model, the total years in foster care ($r_s^2 = .145$) and IQ ($r_s^2 = .025$) were positively associated with anxiety post foster care. Transitional social support ($r_s^2 = .020$) and EQ ($r_s^2 = .065$) were negatively associated with anxiety post foster care. See Table 18 for the final regression model.

Table 18

A Hierarchical Regression Model Predicting Post Foster Care Anxiety from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r_s^2
Block 1: Contextual Foster Care Factors:				
	$F(3, 12) = 3.59, p = .046, R^2 = \underline{.473}$			
Total years in foster care	1.244	.752	.142	<u>.145</u>
Total number of foster placements	.404	1.003	.699	<u>.009</u>
Maltreatment during foster care	.359	9.559	.971	< .001
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .55, p = .664, \Delta R^2 = \underline{.081}$			
Transitional emotional support	-.350	3.252	.917	< .001
Transitional social support	-2.004	3.230	.555	<u>.020</u>
Transitional ease	-1.012	4.541	.830	<u>.003</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .18, p = .682, \Delta R^2 = .010$			
IQ	.371	.541	.515	<u>.025</u>
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = 1.22, p = .305, \Delta R^2 = \underline{.065}$			
EQ	-.256	.232	.305	<u>.065</u>

Note. Full model was not statically significant, $F(8, 7) = 1.48, p = .309, R^2 = .629$.

All coefficients are from the final model.

Meaningful findings are underlined.

Depression. Contextual foster care factors, which were entered on the first block, predicted 43% of the variance in depression symptoms post foster care, suggesting a meaningful contribution. Transitional factors, which were entered on the second block, predicted an additional 20% of the variance in Depression outcomes, also suggesting a meaningful contribution. IQ, which was entered on the third block, predicted 3% of the incremental outcome variance, which was a meaningful contribution. EQ, which was entered in the fourth block, predicted an additional 11% of the variance, suggesting EQ is a meaningful predictor of depression symptoms post foster care over and above contextual foster care factors, transitional factors, and IQ. Among individual predictors, the total years in foster care ($r_s^2 = .110$), transitional ease ($r_s^2 = .067$), and IQ ($r_s^2 = .063$) were positively associated with Depression scores post foster care. Transitional emotional support ($r_s^2 = .103$) and EQ ($r_s^2 = .112$) were negatively associated with Depression symptoms post foster care. See Table 19 for the final regression model.

Table 19

A Hierarchical Regression Model Predicting Post Foster Care Depression from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r_s^2
Block 1: Contextual Foster Care Factors:				
	$F(3, 12) = 3.02, p = .072, R^2 = \underline{.430}$			
Total years in foster care	.803	.434	.107	<u>.110</u>
Total number of foster placements	.100	.580	.867	.001
Maltreatment during foster care	1.063	5.522	.853	.001
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = 1.65, p = .246, \Delta R^2 = \underline{.202}$			
Transitional emotional support	- 3.366	1.879	.116	<u>.103</u>
Transitional social support	.431	1.866	.824	.002
Transitional ease	1.178	2.623	.667	<u>.067</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .72, p = .421, \Delta R^2 = \underline{.030}$			
IQ	.436	.313	.206	<u>.063</u>
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = 3.49, p = .104, \Delta R^2 = \underline{.112}$			
EQ	- .250	.134	.104	<u>.112</u>

Note. Full model was not statically significant, $F(8, 7) = 143.50, p = .082, R^2 = .775$.

All coefficients are from the final model.

Meaningful findings are underlined.

Distress. Contextual foster care factors, which were entered on the first block, predicted approximately 41% of the variance in distress symptoms post foster care, suggesting a meaningful contribution. Transitional factors, which were entered on the second block, predicted 7% of the incremental variance in distress symptoms post foster care, suggesting a meaningful contribution. IQ, entered into the equation third, predicted 4% of the incremental variance in distress symptoms post foster care, also suggesting a meaningful contribution. Whereas, EQ, which was entered on the last block, did not meaningfully predict post foster care distress symptoms which was counter to predictions ($R^2 = .001$). Among individual predictors, maltreatment during foster care ($r_s^2 = .212$) and transitional emotional support ($r_s^2 = .039$) were positively associated with Distress symptoms post foster care. Whereas, transitional social support ($r_s^2 = .029$) and IQ ($r_s^2 = .043$) were negatively associated with distress symptoms post foster care. See Table 20 for the final regression model.

Table 20

A Hierarchical Regression Model Predicting Post Foster Care Distress (PSDI) from Contextual Foster Care Factors, Transitional Factors, IQ, and EI

	b	se	p	r _s ²
Block 1: Contextual Foster Care Factors:				
	$F(3, 12) = 2.75, p = .089, R^2 = \underline{.408}$			
Total years in foster care	.096	.550	.867	.002
Total number of foster placements	.231	.734	.762	.007
Maltreatment during foster care	12.333	6.991	.121	<u>.212</u>
Block 2: Transitional Factors:				
	$\Delta F(3, 9) = .42, p = .743, \Delta R^2 = \underline{.073}$			
Transitional emotional support	1.802	2.378	.473	<u>.039</u>
Transitional social support	- 1.551	2.362	.532	<u>.029</u>
Transitional ease	- 1.232	3.321	.722	<u>.009</u>
Block 3: General Intelligence:				
	$\Delta F(1, 8) = .69, p = .429, \Delta R^2 = \underline{.041}$			
IQ	-.313	.396	.455	<u>.043</u>
Block 4: Emotional Intelligence:				
	$\Delta F(1, 7) = .02, p = .888, \Delta R^2 = .001$			
EQ	.025	.169	.888	.001

Note. Full model was not statically significant, $F(8, 7) = .96, p = .528, R^2 = .523$.

All coefficients are from the final model.

Meaningful findings are underlined.

In summary, regression findings are consistent with hypotheses as outcomes suggest EI predicted 9 out of 11 regression models, over and above contextual foster care factors, transitional factors, and IQ (with the exception of Material Well-Being and Distress). A summary of hierarchical regression block-related and individual-related predictor effects from the final regression models are provided in Tables 21 and 22.

Table 21

Summary of Block-Related Effects from Hierarchical Regression Models

Outcomes	Blocks			
	Contextual (R ²)	Transitional (ΔR ²)	IQ (ΔR ²)	EQ (ΔR ²)
Annual income	--	.11	.04	.16
Education	.13	.20	--	.02
Material Well-Being	.39	.22	.02	--
Personal Growth	--	.21	.03	.30
Marital Relations	.19	.08	.08	.22
Extended Family Relations	.37	--	.02	.05
Extramarital Relations	.34	.09	.05	.33
Job Characteristics	--	.43	--	.07
Anxiety	.47	.08	--	.07
Depression	.43	.20	.03	.11
Distress	.41	.07	.04	--

Note. IQ = Intelligence Quotient. EQ = Emotional Intelligence Quotient.

Table 22

Summary of Individual Predictor Effects from Hierarchical Regression Models

Outcomes	Total years in foster care	Total foster care placements	Maltreatment during foster care	Individual Predictors (r_s^2)			IQ	EQ
				Transitional emotional support	Transitional social support	Transitional ease		
Annual income	--	--	--	--	--	.05	(-).08	.16
Education	--	--	.03	--	--	.04	--	.02
Material Well-Being	--	(-).04	--	--	.06	--	--	--
Personal Growth	--	--	--	.02	--	--	--	.30
Marital Relations	(-).05	--	--	--	--	(-).02	.03	.22
Extended Family Relations	--	(-).20	--	--	--	(-).06	--	.05
Extramarital Relations	--	(-).15	.04	--	--	(-).02	--	.33
Job Characteristics	--	(-).02	--	--	(-).04	.11	--	.07
Anxiety	.15	--	--	--	(-).02	--	.03	(-).07
Depression	.11	--	--	(-).10	--	.07	.06	(-).11
Distress	--	--	.21	.04	(-).03	--	(-).04	--

CHAPTER IV

Discussion

This pilot study extended foster care risk and resiliency research to identify the factors associated with post foster care outcomes, with a particular focus on EI. Given that foster children are at risk of delays in emotional development, this study highlights the need to further investigate the impact emotional functioning has on post foster care outcomes to guide future research directed to improve post foster care outcomes. EI was conceptualized via Bar-On's mixed model of EI using the EQ-i (Bar-On, 1997; Bar-On, 2000). Post foster care outcomes that were predicted in this study included annual income, educational attainment, QOL outcomes (e.g., Material Well-Being, Personal Growth, Extramarital Relations, Extended Family Relations, Marital Relations, and Job Characteristics), and mental health symptoms (e.g., anxiety, depression, and distress).

Preliminary findings support Bronfenbrenner's (1979) Socio-Ecological Theoretical Model of Development, which suggests multiple contextual and individual factors likely contribute to post foster care functioning. Specifically, this study found that foster care contextual factors, transitional factors, IQ, and EI predicted between 32% and 82% of the variance in post foster care outcomes ($M = .58, SD = .16$). This supports the general assumption that functioning within each of these domains impacts post foster care outcomes.

Interestingly, this study introduces and highlights the importance of EI in the foster care population and the relative impact EI has as a predictor of post foster care outcomes. Preliminary findings suggest that, of the predictors included in the

regression analyses, EI was the most powerful predictor of post foster care outcomes. In fact, EI predicted 9 out of 11 post foster care outcomes (with the exception of Material Well-Being and Distress) and had the strongest average effect (.148) on post foster care outcomes. More specifically, EI was the largest predictor of annual income, personal growth, marital relations, extramarital relations and depression symptoms post foster care over and above important contextual factors, transitional factors, and IQ, which introduces EI's practical importance.

Moreover, although it is well known that contextual factors impact acute foster care functioning, the current study extends this literature to post foster care outcomes. This study found that second to EI, contextual factors accounted for the largest amount of variance in post foster care outcomes with an average effect of approximately .10, suggesting that the total years in foster care, number of foster care placements and maltreatment during foster care also predict post foster care functioning. As expected, these findings suggest that the foster care system's attempts to reduce the length of time foster children spend in the foster care system, the number of foster care placements experienced, and exposure to maltreatment have longer-term implications. For instance, foster care contextual factors predicted between 41 and 47% of the variance in foster alumni mental health symptoms post-care. This finding is comparable to the general foster care literature and suggests contextual factors are largely predictive of foster alumni mental health post foster care. Interestingly, this study found that of the contextual foster care factors included in each model, only one factor was predictive of each outcome (except for the Extramarital Relations model). For instance, maltreatment during foster care was predictive of distress post foster care, whereas the

total years in foster care and the number of foster care placements were not. This suggests there might be some specificity in terms of effects, an observation that could be tested more optimally in a larger-scale study of post-care placement.

IQ accounted for an average of 5% of the variance in post foster care outcomes. This is a relatively small contribution in comparison to EI and contextual factors. This suggests that IQ only predicts a small proportion of the variance in post foster care outcomes and other factors (i.e., EI and contextual factors) may be more important in determining post-care outcomes.

Transitional factors (social and emotional support and transitional ease) accounted for an average of 5% of the variance in post foster care outcomes. This is a relatively small contribution in comparison to EI and contextual factors. Though it was somewhat expected that IQ would contribute to a small amount of the variance in post care outcomes, it was expected that transitional factors would predict a larger percentage of post foster care outcomes.

Despite this finding, transitional factors should not be overlooked during the transition to independence as research suggests transitional factors such as extended foster care services, supportive resources and education, and financial assistance improve post foster care outcomes (Stern & Nakamura, 2012). This study did not specifically assess these transitional factors, however, suggesting that the relative importance of transitional factors might be underestimated. In fact, transitional factors positively predicted 43% of incremental variance in post foster care job characteristics above and beyond contextual factors, which were not meaningfully predictive of job characteristics. Specifically, the ease of the transition positively predicted 10% of the

variance in post-care job characteristics. This further highlights the importance of easing the transition to independence as transitional ease was positively associated with post foster care job characteristics. Transitional findings should be further evaluated in a larger sample.

There were a number of associations that were counterintuitive and may reflect some of the limitations of this study. For instance, counter to expectations, transitional ease was negatively associated with marital, extended family, and extramarital relations post foster care. Though it is possible that alumni who experienced an easier transition to independence relied less on relations with others post foster care or needed less support from these relations post foster care, it is also possible that transitional ease and support could have had a negative impact on post foster care relationships (i.e., failed reciprocity). For instance, foster alumni who receive help during their transition to independence may not be able to reciprocate the favor therein creating an imbalance in the social relationship and compromising future relationships. This effect should be replicated in a larger sample, however. Furthermore, transitional ease was entered into the regression equation after transitional emotional and social support. It is uncertain what impact this stepwise model (i.e., entering emotional support first, social support next, and transitional ease last) had on findings. Future research could group these variables together as there is likely a social component to transitional ease.

In contrast to prior research (Center for Disease Control and Prevention, 2012; Slade & Wissow, 2007) which reported that maltreatment is associated with poor academic performance and relational difficulties, maltreatment during foster care was positively predictive of educational attainment and extramarital social relations post

foster care. Though it is possible the subsample of foster alumni who were maltreated during foster care learned to rely more on these consistent, safe networks in their life, this finding could be a product of the current foster alumni participant population. Specifically, foster alumni evaluated in this study resided in a foster village setting rather than a foster home. It is possible that this setting placed more emphasis on overcoming trauma via socialization with peers and academic performance than some more common foster care settings. This finding should be further investigated in larger foster alumni populations as this could have implications for promoting the use of the foster village model of foster care.

In the present study, there was a moderate positive correlation between EQ and IQ. This finding was not consistent with the general literature on EI (Bar-On, 2000; Derksen et al., 2002; Van Rooy & Viswesvaran, 2004) and was not expected as the effects of EI were generally larger and more robust than IQ. EI has not been studied extensively in a foster care sample, however. Thus, this finding should be replicated in a larger sample. Furthermore, EI was unrelated to age as the general EI developmental literature suggests (Bar On, 2004; Bar On, 2006; Van Rooy et al., 2005). This finding should also be replicated in a larger scale study.

Limitations

The array of factors and the need for all-inclusive interventions highlights the complex nature of research in the foster care population. Traumatic experiences can sometimes result in severe distress but they can also result in positive psychological changes, defined by the literature as “post traumatic growth” (Zoellner & Maercker, 2006). Unfortunately, resiliency research is limited as it generally includes single risk

and protective factors (Zolkoski & Bullock, 2012) and cannot encompass all of the factors that likely impact foster alumni functioning throughout life and assess the interplay between these factors. For these reasons, it is difficult to compare one foster alumni's experience to another foster alumni's experience. Though this study attempted to quantify these experiences, future research should also include qualitative analyses to capture a richer perspective of some of these salient individual differences in the experience of and reaction to stressors and protective factors.

Furthermore, the definition personal post traumatic growth and resiliency may differ for different populations (Luthar, Cicchetti, & Becker, 2000; Zolkoski & Bullock, 2012) and depend on demographics like where an individual lives, socioeconomic status, gender, immigration status, culture and parental control (Gutman, Sameroff & Eccles, 2002; Zolkoski & Bullock, 2012). For the purpose of this study, personal growth post foster care was measured via financial, educational, QOL, and mental health outcomes. Because it is not possible to account for every possible variable that could relate to or account for post foster care financial, educational, QOL, and mental health outcomes in this study, there is likely a range of other factors that predict post foster care functioning that have not been identified in the literature thus far. For example, contextual foster care factors, transitional factors, IQ, and EQ predicted only a small to moderate proportion of the variance in post foster care annual income and educational outcomes. This finding suggests that other factors, not included in this study, are also likely predictive of income and educational outcomes post foster care.

Unfortunately, this study was largely limited by a small pool of eligible participants. Given the low response rate of 34% of eligible participants, the results

from this study may not necessarily represent the true sample of the foster alumni that were eligible for participation in this study and may not capture the true variance of possible findings.

The correlational nature of this pilot study meant that this study did not measure causal effects, but rather associations among variables. Therefore, a “statistically significant” or meaningful association does not establish a causal relationship (Kleinbaum, Kupper, Nizam, & Muller, 2008). Furthermore, a meaningful finding does not identify the direction of the association. For instance, a positive relationship between transitional ease and job characteristics does not necessarily identify transitional ease as the preceding factor determining positive job characteristics and vice versa. This finding only suggests those alumni who experience ease in their transition also report positive job characteristics. Furthermore, there are also likely other variables moderating the effects and this study could not examine these effects. For example, it is likely that EI acts as a moderator and strengthens the relationship between predictor variables and post foster care outcomes. For instance, it is possible that EI moderates the relationship between transitional factors (e.g., transitional ease) and post foster care social relationships. This study did not assess this concept, however. Future studies should examine whether EI strengthens relationships between predictors and outcomes.

Because of the small sample, decisions about ‘meaningful’ associations were based on effect size magnitude, rather than traditional statistical significance levels. Small sample studies create real obstacles to empirical research because of a lack of statistical power and because precision in the estimates of effects is lost. Consequently,

the results from the present study are regarded as preliminary and in need of replication. That said, very few studies have examined post foster care outcomes, so the current study helps to fill an important knowledge void in this important area.

Unfortunately, the results of this study may not necessarily generalize across all foster youth and alumni for a number of reasons related to the sample of participants studied. Participant recruitment took place within the context of a foster village foster care organization in Southern Florida. The foster care environment of the foster village likely differs from more common foster care programs (e.g., the foster village neighborhood setting, foster parents taking shifts, group-like model, etc.) and may not represent the living arrangements similar to other foster youth. Also, the racial profile of the participants in this study was quite limited by the small number of participants and may not represent all racial profiles of individuals in the foster care system. Furthermore, this study was limited to English speaking foster alumni only, which may have placed limits on the eligible participants. This was not formally monitored, however. Thus, results should be cautiously generalized to other foster care populations.

The assessments utilized in this study may also have had an impact on findings. EI as conceptualized via the Mixed Model of EI (Bar-On, 1997) shares variance with many of the outcomes assessed in the present study (e.g., motivation, goal achievement, interpersonal awareness, etc.). This offers a possible explanation for EI's dominance as a predictor of these outcomes and should be examined further in future work on EI and its correlates. Secondly, assessments specific to the foster care population that assess QOL are nonexistent. Thus, the QOL assessment, the QLQ, which was used in this

study, included subtests that were deemed irrelevant to the foster alumni population. Subsequently, a number of subscales were excluded from the study. Furthermore, subscales of the QLQ were found to have poor alpha coefficients, suggesting that internal consistency was lacking for foster alumni. Scales that were included in this study that had poor alphas included Personal Growth, Extended Family Relations, and Job Characteristics. Despite this finding, these subscales were included in the study so the results for these subscales should be interpreted with additional caution. Lastly, the majority of the assessments used in this study were based on subjective experiences and personal report. Additional work in this area might benefit from including collateral informants of foster care alumni experiences.

Conclusion

In conclusion, this preliminary study expanded on foster care research and found, that as Bronfenbrenner's Socio-Ecological Theory of Development (1979) suggests, multiple contextual, transitional, and individual factors likely predict post-foster care functioning, suggesting that the foster care system's efforts to improve acute socio-emotional functioning of foster youth also likely have long-term impacts on post-care functioning. Specific emphasis was placed on the predictive value of EI in determining post-care outcomes, as EI has not been studied in the foster care population. Interestingly, EI was one of the most robust factors in determining post foster care outcomes. This finding introduces the importance of EI in the foster population and confirms that future studies should further evaluate the role of EI in the foster care population and its predictive value in determining post-care outcomes such as income, educational, QOL and mental health outcomes. Given the limitations of this

study and some counterintuitive findings, replication of the findings in larger scale studies is warranted. Confirmatory results could have future implications for early identification of at risk youth and interventions targeted to improve post-care outcomes.

References

- Austin, E. J., Saklofske, D. H., & Egan, V. (2005). Personality, well-being and health correlates of trait emotional intelligence. *Personality and Individual Differences*, 38, 547-558. doi:10.1016/j.paid.2004.05.009
- Barth, R. P., Weigensberg, E. C., Fisher, P. A., Fetrow, B. & Green, R. L. (2008). Reentry of elementary aged children following reunification from foster care. *Children and Youth Services Review*, 30, 353-364. doi:10.1016/j.childyouth.2007.10.002
- Bar-On, R. (1997). *Emotional Quotient Inventory: Technical Manual*. Toronto, Canada: Multi-Health Systems.
- Bar-On, R. (2000). Emotional and social intelligence: Insights from the Emotional Quotient Inventory (EQ-i). In R. Bar-On, & J. D. A. Parker (Eds.), *Handbook of emotional intelligence* (pp. 363–388). San Francisco, CA: Jossey-Bass.
- Bar-On, R. (2004). The Bar-On Emotional Quotient Inventory (EQ-i): Rationale, description and psychometric properties. In G. Geher (Ed.), *Measuring emotional intelligence: Common ground and controversy*. Hauppauge, NY: Nova Science.
- Bar-On, R. (2006). The Bar-On Model of Emotional-Social Intelligence (ESI). *Psicothema*, 18, 13-25. Retrieved on April 6, 2012, from <http://156.35.33.98/reunido/index.php/PST/article/viewFile/8415/8279>
- Bar-On, R., & Parker, J. D. A. (2000). *The Bar-On Emotional Quotient Inventory. Youth Version (EQ-i:YV)*. Toronto, Canada: Multi-Health Systems.
- Benzies, K., & Mychasiuk, R. (2009). Fostering family resiliency: A review of the key protective factors. *Child & Family Social Work*, 14, 103-114. doi:10.1111/j.1365-2206.2008.00586.x
- Blatt, S. M. (2000). *A Guidebook for Raising Foster Children*. Westport, Connecticut: Bergin & Garvey.
- Bowlby, J. (1958). The nature of the child's tie to his mother. *International Journal of Psychoanalysis*, 39, 350-373.
- Bronfenbrenner, U. (1979). *The Ecology of Human Development: Experiments by Nature and Design*. Harvard University Press, Cambridge, MA.
- Bruskas, D. (2008). Children in Foster Care: A Vulnerable Population at Risk. *Journal of Child and Adolescent Psychiatric Nursing*, 21(2), 70-77. doi:10.1111/j.1744-6171.2008.00134.x

- Buckelew, S. P., Burk, J. P., Brownlee-Duffeck, M., Frank, R. G., & DeGood D. (1988). Cognitive and somatic aspects of depression among a rehabilitation sample: Reliability and validity of SCL-90-R research subscales. *Rehabilitation Psychology, 33*: 67-75.
- Carmeli, A. (2003). The relationship between emotional intelligence and work attitudes, behavior and outcomes. *Journal of Managerial Psychology, 18*(8), 788-813. doi:10.1108/02683940310511881
- Casey Family Programs. (2009). Foster Care by the Numbers. Retrieved April 3, 2009, from <http://www.casey.org>
- Center for Disease Control and Prevention. (2012, April). Child Maltreatment: Consequences. Retrieved July 23, 2013, from <http://www.cdc.gov/violenceprevention/childmaltreatment/consequences.html>
- Center for Life and Science Policy (2006). *Child Welfare in Florida*. Retrieved April 3, 2009, from http://www.clasp.org/publications/child_welfare_in_florida06.pdf
- Child Welfare League of America. (2005). Florida's Children 2005. Retrieved April 3, 2009, from <http://www.cwla.org/advocacy/Statefactsheets/statefactsheets05.htm>
- Conger, R. D., & Conger, K. J. (2002) Resilience in Midwestern families: Selected findings from the first decade of a prospective, longitudinal study. *Journal of Marriage and Family, 64*, 361–373. doi:10.1111/j.1741-3737.2002.00361.x
- Conte, J. M. (2005). A review and critique of emotional intelligence measures. *Journal of Organizational Behavior, 26*, 433-440. doi:10.1002/job.319
- Courtney, M. E., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the USA. *Child and Family Social Work, 11*, 209-219. doi:10.1111/j.1365-2206.2006.00433.x
- Courtney, M. E., Piliavin, I., Grogan-Kaylor, A., & Nesmith, A. (2001). Foster Youth Transitions to Adulthood: A Longitudinal View of Youth Leaving Care. *Child Welfare League of America, LXXX*(6), 685-711.
- Denham, S. A. (1998). *Emotional development in young children*. New York: Guilford Press.
- Denuwelaere, M., & Bracke, P. (2007). Support and Conflict in the Foster Family and Children's Well-Being: A comparison Between Foster and Birth Children. *Family Relations, 56*, 67-79. doi:10.1111/j.1741-3729.2007.00440.x

- Derksen, J., Kramer, I., & Katzko, M. (2002). Does a self-report measure for emotional intelligence assess something different than general intelligence? *Personality and Individual Differences*, *32*, 37-48. doi:10.1016/S0191-8869(01)00004-6
- Derogatis, L. R. (1994). *The SCL-90-R Symptom Checklist 90-R administration, scoring, and procedures manual, 3rd Edition*. Minneapolis, MN: National Computer Systems, Inc.
- Derogatis, L. R. (2000). Symptom Checklist-90-Revised. In Handbook of psychiatric measures. *American Psychiatric Association*: pp. 81-84. In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment* (2nd ed., pp. 679-724). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
- Dworsky, A. (2008). The Transition to Adulthood Among Youth “Aging Out” of Care: What Have We Learned? In D. Lindsey & A. Shlonsky (Eds.), *Child Welfare Research: Advances for Practice and Policy* (pp. 125-144). New York, New York: Oxford University Press.
- Evans, D. R., Burns, S. R., Lidkea, D. L., & Shatford, L. A. (1980). *The development of continuous measures of health behaviors* (Research Bulletin No 535). London, Ontario: The University of Western Ontario, Department of Psychology.
- Evans, D. R., & Cope, W. E. (1989). *Quality of Life Questionnaire Manual*. Toronto: Multi-Health Systems.
- Fabes, R. A., & Eisenberg, N. (1992). Young children’s coping with interpersonal anger. *Child Development*, *63*, 116-128. doi:10.2307/1130906
- Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*, 218-226. doi:10.1037/0003-066X.56.3.218
- Furnham, A., & Christoforou, I. (2007). Personality Traits, Emotional Intelligence, and Multiple Happiness. *North American Journal of Psychology*, *9*(3), 439-462.
- Furnham, A., & Petrides, K.V. (2003). Trait emotional intelligence and happiness. *Social Behavior and Personality*, *31*, 815-823. doi:10.2224/sbp.2003.31.8.815
- Gallagher, E. N., & Vella-Brodick, D. A. (2008). Social support and emotional intelligence as predictors of subjective well-being. *Personality and Individual Differences*, *44*, 1551-1561. doi:10.1016/j.paid.2008.01.011
- Garrett, O. J. (1983). *The role of cognitive appraisals, coping, life style well-being and magnitude of events as mediating the impact of a stressful life event*. Unpublished master’s thesis, The University of Western Ontario, London.

- Goleman, D. P. (1995). *Emotional Intelligence: Why It Can Matter More Than IQ for Character, Health, and Lifelong Achievement*. New York: Bantam Books.
- Greenberg, L. S. (2007). Emotion Coming of Age. *Clinical Psychology Science and Practice, 14*, 414-421. doi:10.1111/j.1468-2850.2007.00101.x
- Groth-Marnat, G. (2009). *Handbook of Psychological Assessment* (5th Ed.). Hoboken, New Jersey: John Wiley & Sons, Inc.
- Gutman, L. M., Sameroff, A. J., & Eccles, J. S. (2002). The academic achievement of African American students during early adolescents. An examination of multiple risk, promotive, and protective factors. *American Journal of Community Psychology, 30*(3), 367-399.
- Hass, M., & Graydon, K. (2009). Sources of resiliency among successful foster youth. *Children and Youth Services Review, 31*, 457-463. doi:10.1016/j.chilyouth.2008.10.001
- Hemmati, T., Mills, J. F., & Kroner, D. G. (2004). The validity of the Bar-On emotional intelligence questionnaire in an offender population. *Personality and Individual Differences, 37*(4), 695-706. doi:10.1016/j.paid.2003.10.003
- Kaufman, A. S., & Kaufman, N. L. (2004). *Kaufman Brief Intelligence Test, Second Edition Test Manual*. Circle Pines, MN: American Guidance Service Publishing.
- Kerker, B. D., & Dore, M. M. (2006). Mental Health Needs and Treatment of Foster Youth: Barriers and Opportunities. *American Journal of Orthopsychiatry, 76*, 138-147. doi:10.1037/0002-9432.76.1.138
- Keyser, D. J., & Sweetland, R. C. (Eds.). (1994). *Test Critiques* (Vol. 5). Austin Texas: PRO-ED. Inc.
- Kleinbaum, D., Kupper, L., Nizam, A., & Muller, K. E. (2008). *Applied Regression Analysis and Other Multivariable Methods*. Belmont, California: The Thompson Corporation.
- Kramer, J. J., & Conoley, J. C. (Eds.). (1992). *The Eleventh Mental Measurements Yearbook*. Lincoln, Nebraska: The Buros Institute of Mental Measurements at The University of Nebraska.
- Kunnanatt, J. T. (2004). Emotional Intelligence: The New Science of Interpersonal Effectiveness. *Human Resource Development, 15*(4), 489-495. doi:10.1002/hrdq.1117

- Lawrence, C. R., Carlson, E. A., & Egeland, B. (2006). The impact of foster care on development. *Development and Psychopathology, 18*, 57-76. doi:10.1017/S0954579406060044
- Lewis, M. D., & Stieben, J. (2004). Emotion regulation in the brain: Conceptual issues and directions for developmental research. *Child Development, 71*, 107-118.
- Lopes, P. N., Cote, S., Grewal, D., Kadis, J., Gall, M., & Salovey, P. (2006). Emotional Intelligence and positive work outcomes. *Psicothema, 18*, 132-138.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*(3), 543-562.
- Matthews, G., Zeidner, M., & Roberts, R. D. (Eds.). (2007). *The Science of Emotional Intelligence: Knowns and Unknowns*. New York: Oxford University Press.
- Maughan, A., & Cicchetti, D. (2002). Impact of Child Maltreatment and Interadult Violence on Children's Emotion Regulation Abilities and Socioemotional Adjustment. *Child Development, 73*(5), 1525-1542.
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2000). Models of emotional intelligence. In R. J. Sternberg (Ed.), *Handbook of intelligence* (pp. 396-420). Cambridge, England: Cambridge University Press.
- Mayer, J. D., Salovey, P., & Caruso, D. R. (2004). Emotional Intelligence: Theory, Findings, and Implications. *Psychological Inquiry, 15*(3), 197-215.
- National Institute of Justice. (2012, June). U.S. Incarceration Rates by Race and Sex. Retrieved July 21, 2012, from <http://www.nij.gov/journals/270/criminal-records-figure2.htm>
- O'Leary, V. (1998). Strength in the face of adversity: individual and social thriving. *Journal of Social Issues, 54*, 425-446. doi:10.1111/j.1540-4560.1998.tb01228.x
- Pears, K. C., & Fisher, P. A. (2005). Emotion understanding and theory of mind among maltreated children in foster care: Evidence of deficits. *Development and Psychopathology, 17*, 47-65. doi:10.1017/S0954579405050030
- Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hiripi, E., et al. (2006). Educational and employment outcomes of adults formerly in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review, 28*, 1459-1481. doi:10.1016/j.childyouth.2006.04.003
- Petrides, K. V., Frederickson, N., & Furnham, A. (2004). The role of trait emotional intelligence in academic performance and deviant behavior at school.

Personality and Individual Differences, 36, 277-293. doi:10.1016/S0191-8869(03)00084-9

- Petrides, K. V., & Furnham, A. (2001). Trait emotional intelligence: Psychometric investigation with reference to established trait taxonomies. *European Journal of Personality*, 15, 425-448. doi:10.1002/per.416
- Petrides, K. V., & Furnham, A. (2003). Trait emotional intelligence: Behavioural validation in two studies of emotion recognition and reactivity to mood induction. *European Journal of Personality*, 17, 39-57. doi:10.1002/per.466
- Qualter, P., Whiteley, H. E., Hutchinson, J. M., & Pope, D. J. (2007). Supporting the development of Emotional Intelligence competencies to ease the transition from primary to high school. *Educational Psychology in Practice*, 23, 79-95. doi:10.1080/02667360601154584
- Quinton, D., Rushton, A., Dance, C., & Mayes, D. (1998). *Joining New Families: A Study of Adoption and Fostering in Middle Childhood*. New York, New York: John Wiley & Sons.
- Salovey, P., & Mayer, J. D. (1990). Emotional Intelligence. *Imagination, Cognition, and Personality*, 9, 185-211.
- Schmitz, N., Kruse, J., Heckrath, C., Alberti, L., & Tress, W. (1999). Diagnosing mental disorders in primary care: The General Health Questionnaire (GHQ) and the Symptom Check List (SCL-90-R) as screening instruments. *Social Psychiatry and Psychiatric Epidemiology*, 34(7), 360-366. doi:10.1007/s001270050156
- Slade, E. P., & Wissow, L. S. (2007). The influence of childhood maltreatment on adolescents' academic performance. *Economics of Education Review*, 26, 604-614.
- Stern, I. R., & Nakamura, L. (2012). *Improving Outcomes for Youth Transitioning Out of Foster Care*. Honolulu, HI: University of Hawai'i, Center on the Family. Retrieved August 3, 2014, from www.uhfamily.hawaii.edu
- Sullivan, D. J., & van Zyl, M. A. (2008). The well-being of children in foster care: Exploring physical and mental health needs. *Children and Youth Services Review*, 30, 774-786. doi:10.1016/j.childyouth.2007.12.005
- The Urban Institute, University of California Berkley, & University of North Carolina Chapel Hill. (2008). *Coming of Age: Employment Outcomes for Youth Who Age Out of Foster Care Through Their Middle Twenties* (pp. 1-83). Retrieved April 28, 2009, from <http://aspe.hhs.gov/hsp/08/fosteremp/>

- Thorpe, M. B., & Swart, G. T. (1992). Risk and Protective Factors Affecting Children in Foster Care: A Pilot Study of the Role of Siblings. *Canadian Journal of Psychiatry*, *37*, 616- 622.
- United States Census Bureau. (2007). 2007 Economic Census. Retrieved on January, 2012, from <http://www.census.gov/econ/census07/>:
- United States Department of Health and Human Services. (2008). The AFCARS report: Preliminary FY 2006 estimates as of January 2008. Retrieved on April 5, 2009, from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report14.htm
- United States Department of Health and Human Services, Administration on Children, Youth and Families. (2009). Child Maltreatment 2007. Washington, DC: U.S. Government Printing Office. Retrieved on April 5, 2009, from http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can
- Van Rooy, D. L., Alonso, A., & Viswesvaran, C. (2005). Group differences in emotion intelligence scores: Theoretical and practical implications. *Personality and Individual Differences*, *38*, 689-700. doi:10.1016/j.paid.2004.05.023
- Van Rooy, D. L., & Viswesvaran, C. (2004). Emotional Intelligence: A meta-analytic investigation of predictive validity and nomological net. *Journal of Vocational Behavior*, *65*, 71-95. doi:10.1016/S0001-8791(03)00076-9
- Van Rooy, D. L., Viswesvaran, C., & Pluta, P. (2005). A meta-analytic evaluation of construct validity: What is this thing called emotional intelligence? *Human Performance*, *18*, 445-462. doi:10.1207/s15327043hup1804_9
- Zeidner, M., Matthews, G., Roberts, R. D., & MacCann, C. (2003). Development of Emotional Intelligence: Towards a Multi-Level Investment Model. *Human Development*, *46*, 69-96. doi:10.1159/000068580
- Zeidner, M., Roberts, R. D., & Matthews, G. (2008). The Science of Emotional Intelligence: Current Consensus and Controversies. *European Psychologist*, *13*(1), 64-78. doi:10.1027/1016-9040.12.1.64
- Zoellner, T., & Maercker, A. (2006). Posttraumatic growth in clinical psychology – A critical review and introduction of a two component model. *Clinical Psychology Review*, *26*(5), 626-53. doi:10.1016/j.cpr.2006.01.008
- Zolkoski, S. M., & Bullock, L. M. (2012). Resilience in children and youth: A review. *Children and Youth Services Review*, *34*, 2295-2303. doi:10.1016/j.childyouth.2012.08.009

Appendix



NOVA SOUTHEASTERN
 Institutional Review Board
 Approval Date: 4/21/09
 Continuing Review Date: 12/10/10

Consent Form for Participation in the Research Study Entitled "Exploring the Relationship between Factors of Emotional and General Intelligence and the Success of Foster Care Alumni"

Funding Source: Quality of Life Grant.

IRB approval # **FSEHS11240808Exp.**

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What is the study about?

You are being asked to participate in a research study. This project involves exploring the success of individuals who have "aged out" of the foster care system. All individuals that were placed in SOS foster care and subsequently "aged out" were identified by SOS to participate in this study.

Foster care children often experience more adversity than non-foster care children as they move into adulthood and "age out" of the foster care system. This study will explore factors that may affect the "success" of young adults who have "aged out" of the foster care system.

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Why are you asking me?

We are asking you because you were a child who was placed in the SOS system of care and have since "aged out". You can provide us with information to better understand those factors that influence individuals who transition out of the foster care system.

What will I be doing if I agree to be in the study?

If you agree to participate, we will schedule a 3 hour session to complete five measures and a brief interview. This assessment will take place at SOS villages in one of their private rooms. Either Tom Kennedy or Nicole Englebert, the principal and co-investigator, will meet with you to provide an overview of the study, obtain consent, administer the measures and ask you a couple of questions during a brief interview.

You will complete the *BarOn Emotional Quotient Inventory (BarOn EQ-i)* administered by the trained clinician (Tom Kennedy or Nicole Englebert) (approximately 45 minutes). The *BarOn EQ-i* was made to gather information about emotional intelligence. This concept refers to how one can cope with life demands and pressures. The measure has 133 items and a 5-point response scale for each, ranging from 'Not True of Me' to 'True of Me'.

Upon completion of the *BarOn EQ-i*, there will be a 15 minute break, free beverages and snacks will be made available. Following the break, you will complete the *Kaufman Brief Intelligence Test (KBIT)* (approximately 15-30 minutes) which will be administered by the trained clinician. The test is divided into a measure of *verbal* thinking (Expressive Vocabulary and Definitions), and one of *nonverbal* thinking (Matrices). The Vocabulary subtest assesses verbal knowledge through pictures (Expressive Vocabulary) and definitions. The Matrices subtest examines the ability of an individual to recognize relationships and complete analogies through pictures and abstract designs.

You will complete the self administered *Quality of Life Questionnaire (QLQ)* (approximately 30 minutes). The *QLQ* was developed to assess the quality of an individual's life across a broad range of specific areas. The *QLQ* is a 192-item, self-report instrument that includes 15 subscales and a summative scale score.

Another 10 minute break will be offered upon completion of the measures. Next, you will complete the *Symptom Checklist-90-Revised (SCL-90-R)* (approximately 15-20 minutes) administered by the trained clinician. The *SCL-90-R* assesses psychological symptoms and their intensity.

Lastly, you will complete a questionnaire regarding your pre, during, and post foster care history and current status as well as demographic factors (approximately 10-15 minutes) which will be administered by the trained clinician.

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Finally, you will be asked four questions (approximately 5 minutes) regarding your (a) job status, (b) housing status, (c) secondary education and, (d) legal history.

What are the dangers to me?

You will not benefit from being in this study. We do not think you will be hurt by helping with this study. There may be minimal risks to you, including the loss of confidentiality. As a participant, your information will be kept confidential in data collection and data reporting procedures. Your data will not be linked to your name. You may experience some stress while completing the five instruments. To minimize this you will be given two breaks for refreshment, also you may leave the testing room at any time to use the bathroom or relax in the waiting room. Trained clinicians will administer the five measures and you may choose not to answer any of the questions or opt out of the session whenever you desire.

If you have any concerns about the risks or benefits of participating in this study, you may contact Tom Kennedy or the IRB office at the numbers indicated above.

Are there any benefits to me for taking part in this research study?

There are no direct benefits.

Will I get paid for being in the study? Will it cost me anything?

After completion of the five measures and brief interview, you will receive 50 dollar gift card for any lost time and transportation costs. If you do not complete the five instruments and the brief interview you will not receive the 50 dollar gift card.

How will you keep my information private?

All information obtained in this study is strictly confidential unless disclosure is required by law. If you decide to participate, all information will be stored by number only and will be kept confidential. The investigators will consider your records confidential to the extent permitted by law. All data will be stored in a locked file cabinet in the Principal Investigators office and will be kept for the length of the study plus 36 months. The IRB and other regulatory agents may review research records but must follow the same rules of confidentiality. The results of the study will be disseminated as group data without revealing the identity of any participant.

What if I want to leave the study?

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect your treatment at the SPS village in any way. If you choose to withdraw, your data which has been collected, will be kept for the length of the study plus 36 months.

Other Considerations:

If significant new information relating to the study becomes available which may relate

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to your willingness to continue to participate, this information will be provided to you by the investigators.

Voluntary Consent by Participant:

I have read the preceding consent form, or it has been read to me, and I fully understand the contents of this document and voluntarily consent to participate in the research study entitled "Exploring the Relationship between Factors of Emotional and General Intelligence and the Success of Foster Care Alumni". All of my questions concerning the research have been answered. I hereby agree to participate in this research study. If I have any questions in the future about this study they will be answered by Tom Kennedy. A copy of this form has been given to me. This consent ends at the conclusion of this study.

Participant's Signature:

Date: _____

Witness's Signature:

Date: _____


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