

SOCIAL AND PSYCHOLOGICAL IMPLICATIONS OF
PLACEMENT INSTABILITY AMONG FORMER FOSTER YOUTH

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
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Myra Dina Lopez
June 2016

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ABSTRACT

The purpose of this study was to demonstrate the social and psychological implications created by unstable placements and trauma experienced by former foster youth. The participants of the study were recruited from college campuses via Extended Opportunity Program and Services liaisons as well as the Guardian Scholar Program liaisons. The sample included individuals that identified as former foster youth and individuals that identified as never being in foster care. The findings indicated the social and psychological differences among former foster youth that resided in unstable living arrangements as compared to youth that were not in foster care.

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DEDICATION

This research project is dedicated to all children who become a part of the foster care system.

“We must do the things we think we cannot do. The future belongs to those who believe in the beauty of their dreams.” Eleanor Roosevelt (1884-1962), Humanitarian, U.N. Delegate

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CHAPTER ONE

INTRODUCTION

Every year hundreds of thousands of children enter the foster care system due to problems of abuse or neglect in their homes. Many of these children are unable to reunify with their parents and are subject to placement instability while in the foster care system. The U.S. Federal Adoption and Safe Families Act (ASFA) was put in place to promote permanency by accelerating the timelines for filing Termination of Parental Rights (TPR) petitions to a specified number of months children spent in foster care (Simmel, 2012). Unfortunately, it appears the opposite has occurred since many children end up in long term foster care in numerous foster placements. The lack of placement stability for foster children has significant negative impacts on their social and psychological well being.

Problem Statement

It is reported approximately 700,000 children enter the foster care system every year. Children entering foster care have been removed from the care of their parents or caregivers due to problems of abuse, neglect, and/or abandonment. Many of these children come from households impacted by substance abuse and/or domestic violence. Some have experienced poverty and violence in their communities. Others have been separated from their parents or caregivers due to incarceration (Stott, 2002). When children enter foster care, many who are unable to reunify with their families are faced with long stays in the

foster care system. Some of these children age out of foster care without ever attaining a permanent home (Akin et al., 2011). Since the enactment of the U.S. federal Adoption and Safe Families Act (ASFA) in 1997, permanency has been the focus for children in out of home care. The act emphasized the need for children in foster care to have safe and permanent homes and that permanency should support children's and youths' optimal well-being (Simmel, 2012). Although this act was put in place to promote permanency it appears the opposite has occurred.

The Adoption and Safe Families Act (ASFA) accelerated the timelines for filing Termination of Parental Rights (TPR) petitions to a specified number of months children spent in foster care such as 15 months in a 22 month time period, regardless of the age of the child, whether or not an adoptive home was available or if there was permanency plan option for the child. An underlying principle for accelerating the filing of Termination of Parental Rights (TPR) petitions was to promote adoption which is basis of the Adoption and Safe Families Act (ASFA) legislation.

A lack of permanency affects foster youth within several areas of their lives. The domains which are affected are social as well as psychological. The lack of a permanent home has resulted in many foster youth suffering from identity confusion as well as problems of low self-esteem (Stott, 2002). The theorist Maslow, who believed human beings have certain needs which have to be met, provides valuable and informative insight by way of providing an understanding of how a lack of permanency can affect a child. A critical period in

a person's life is considered adolescence, during this period a person that receives love and is provided with stable relationships will have a health form of self-esteem, identity of self and will develop a sense of belonging (Tao, et al., 2013). According to "Maslow's Hierarchy of Needs" every person has basic requirements which consist of physiological needs, the need to be safe as well as the need to belong and be loved. Also a person needs self-actualization and self-esteem (Huitt, 2007). The physiological need of every person consists of water and food. The second human need is safety which involves keeping out of harm's way. Belongingness and love involves acceptance and love from others. The next human need is self-esteem needs which indicate humans have the basic need to gain approval and to be recognized. The last human need is self-actualization or the need to be aware of one's potential (Huitt, 2007). Foster youth who experience placement instability are unable to achieve all of the aforementioned needs.

Placement instability has been identified as a significant barrier to foster youths' academic success. It can be disruptive to a youth's connections with others and can interfere with the attainment of independent living skills (Stott, 2002). Other problems linked to a lack of placement stability include an increase in school drop-out rates, substance abuse, juvenile arrests and incarceration rates, mental health care needs, and social network disruption. This problem is important to address since research indicates youth who emancipate from the foster care system most commonly at age 18 are likely to experience negative

life outcomes including involvement in illegal activity, substance abuse, unemployment, and homelessness (Tao, et al., 2013).

The problem that was addressed by the study highlighted the effects and challenges caused by unstable placements among foster youth. It was essential to research this issue because children are impacted throughout their life span and challenges are created that filter through from their micro system into their macro system. This study served to promote awareness of the harmful effects that a lack of stability created for a child. Social workers were helped by the study by being more mindful of their placement choices for youth who are entering the foster care system. The study also promoted awareness of the social and psychological issues that foster children exhibit as a result of experiencing multiple placement changes or instability once they emancipated from the foster care system. This study was conducted with the assistance of numerous colleges within San Bernardino County including California State University San Bernardino, Barstow Community College and Chaffey College. Colleges from other counties were utilized in the collection of data as well which include Riverside City College and its affiliated campuses located in Moreno Valley and Norco. Also, the former foster youth was included for the Purpose of the Study.

Purpose of the Study

The purpose of the study was to compare the social and psychological attributes of former foster youth who experienced placement instability as compared to non-foster youth. This study investigated the correlation between

social and psychological deficiencies among these population groups. Children who are unable to obtain permanency and experience placement instability are those that are not adopted or able to establish legal guardianship (LG) with their caregivers. These children, the majority of whom are adolescents, end up in long term foster care (LTFC) until they age out of the foster care system or emancipate at the age of 18.

A youth's teenage years are noted to be a significant time for the development of their identity, self-esteem, and sense of belonging. This is accomplished through the youth's formation of loving and stable relationships (Tao, et al., 2013). It is reported adolescents in foster care experience a greater number of foster placement changes than younger children in foster care.

Mental health problems have been identified as the strongest predictor of long term foster care (LTFC) and contribute to the inability of child welfare agencies in obtaining secure permanent foster care placement for youth. This is evidenced by children with mental health problems experiencing more placement changes than children who do not suffer from these problems (Akin et al., 2011).

It has been reported that foster children demonstrate disorders that are in the psychological arena more than non-foster children in society (Fernandez 2007). In addition, there is a higher probability of mental illness among children in the foster care as compared to children outside of the foster care system (Dunleavy, M., and Leon, S. C., 2011). It is reported that foster youth with behavior problems who experience difficulties with forming relationships with their foster families can lead to increased rates of disruption. Studies have

reported a link between indicators of attachment problems and disruption with behavioral problems during early adolescence being a strong predictor of subsequent foster placement disruption (Leathers, 2006).

This study utilized a survey tool to gather information from former foster youth young adults and non-foster youth young adults from local community colleges within San Bernardino and Riverside counties as aforementioned. Quantitative data was collected using the survey from both population groups that were surveyed in the research study. This was completed in an effort to uncover whether there were differences in social and psychological well being between these groups (former foster youth young adults and non-foster youth young adults). Both population groups were provided with closed ended questions. The rationale for utilizing closed ended questions was to be able to code the data and enter it in the SPSS system. The survey also included questions related to reasons for foster care placement and relocation. This provided a better understanding of how to help develop programs and services that may rehabilitate social and psychological deficiencies among former foster youth young adults. This research study intended to give social workers and service providers a better understanding of how placement disruptions affect children. It was anticipated that this study would encourage social workers to place foster youth in foster homes that would have a high likelihood of retaining the child in their care.

Significance of the Project for Social Work

This study was significant to social work practice in that the results may be used to provide insight to social workers and agencies that may help create modalities to assist foster youth in the overcoming of psychological and social deficiencies. It may also enable better case management in addressing behavioral and mental health issues. The information could be incorporated into a training program that will provide insight to foster parents of the issues of the foster youth which may in turn led to less instability of placement. This study may also lead to further investigation into this problem and encourage the development of programs that will promote the mental and social wellness of the youth.

The goal of Adoption and Safe Families Act (ASFA) is to support stability and permanency for children and youth in out of home care by placing them into secure, life-long family settings. It is reported the current focus of child welfare services is towards adoptive placements when family reunification seemed unlikely.

On or about the year 2000, numerous child welfare agencies throughout the United States set in motion efforts to secure legal permanence for pre-adolescent and adolescent youth in foster care whose birth families failed to reunify with them (Frey et al., 2008).

San Diego County's study of children in out of home foster care placements determined that the longer a child remained in out of home foster care, the greater the number of placement disruptions. Another significant finding

in this study was a link between behavioral problems and increased likelihood of foster care placement disruptions (Simmel, 2012).

CHAPTER TWO

LITERATURE REVIEW

Introduction

The literature review discusses the challenges faced by foster youth resulting from placement instability. These challenges include academic difficulties and disruptions to a foster youth's educational attainment. Also discussed are the different life experiences faced by foster children and children who are not a part of the foster care system. Stressors that were caused by substitute care providers or foster parents were explored. The psychosocial stages that occurred throughout an individual's developmental stages were introduced as well as its contribution to a child's inability to cope if these stages were not successfully completed.

The chapter also touches on the importance of informing individuals of the negative effects that a lack of permanency may have on foster youth. Additionally how these effects impact a foster youths' ability to maintain long term relationships.

Unstable Housing

Campbell's (2002) research on foster youth identified some common social and psychological traits. Several foster families participated in an experimental placement of families of different races. All of the children that participated were part African-American. All families reported that there was a

common issue among the children, which included social and emotional withdrawal as well as problems with attention span, low self-esteem, and challenges regarding academics (Campbell, 2002). Clausen and Meltzer pointed out foster children demonstrated psychological disorders more than other children in society (as cited by Elizabeth Fernandez, 2007). Also, Dunleavy and Leon reported that foster youth were diagnosed with mental illnesses far more than youth in the general population. Some of the more common disorders that foster youth were diagnosed with were antisocial behaviors such as aggression and defiance (Dunleavy, and Leon, 2011).

Research has consistently demonstrated that foster children with behavioral problems including oppositional behavior, fighting, and stealing, experience a greater number of placements than other children. The stress of parenting a youth with behavioral problems may directly affect a caregiver's commitment to providing care, since youth with behavioral problems require more time and energy to parent and cause increased levels of stress to the foster parent.

As a result of these issues, foster parents may decide that the personal costs of continuing care for foster youth outweigh the potential benefits to themselves and the youth. Behavior problems may also indirectly affect placement stability due to the potential inability of foster parents to capacity to handle challenging behaviors (Leathers, 2006).

The research indicates more needs to be done with regards to resiliency of the children. Knowledge and tools will provide structure for the caregivers,

teachers, foster parents and people in the social system to implement. People are better equipped to handle and guide foster children with problems when informed about the impact(s) the lack of permanency may have on a child. Another article presented research from various sources which suggested foster care youth suffer more psychological maladjustment than other children in society (Marcus, 1991).

Erikson's Theory of Psychosocial Development

Erik Erikson's Theory of Psychosocial Development contains several stages which occur throughout childhood. Each stage presents its characteristic crises, while successful coping increases resiliency. It may prove to be challenging or impossible for the foster child to complete or transition into the next stage of psychosocial development if they are not grounded in a home.

The first stage of psychosocial development that will occur is between birth and 18 months with Trust versus Basic Mistrust. This stage is followed by Autonomy versus Shame and Doubt which occurs between the ages of 18 months to three years. During this stage of psychosocial development children are learning independence. The next stage occurs at the ages three to six years and is known as Initiative versus Guilt. During this stage of psychosocial development children are learning how to make independent choices. In the stage of Industry versus Inferiority, which occurs from ages six to 12 years of age, children achieving success is crucial. The last stage is Identity versus Role Confusion and occurs from ages 12 to 18 years of age. Adolescents will develop

their identity and find who they are in this stage (Zastrow and Ashman, 2013).

The psychosocial developmental stages that occur during the life of a child are greatly impacted by the lack of stable housing or a permanent home.

The Social Effects of Placement Instability

Placement instability also permeates the learning environment. A foster child's education is affected due to the frequent relocation. They experience a lack of consistency and academic continuity when moving from school to school, as they are relocated during their foster youth placement. Quite often, before graduation from high school occurs, foster children will have attended several different high schools. Classes are disrupted when placement occurs during the middle of the school year and when there are lapses in class reassignment. Unfortunately, the educational study plan is affected by the lack of consistency. The educational plan is often altered when a child is transferred to a new school by their new counselors. It is unlikely that their new counselors will be familiar with the child's ability, social history and background (Vacca, 2008). Maltreatment may also cause the foster child to fail school and have deviant peer association as well as cause drug abuse problems (Pears et. al., 2013).

It has been found young adults who have emancipated out of the foster care system struggle during early adulthood due to the lack of a permanent home that enables them to form relational permanence and ecological permanence. According to Stott and Gustavsson (2009), relational permanence is the development of long term relationships with parental figures and includes

continued contact with siblings, extended family members, and friends.

Ecological permanence or physical permanence is identified as stability in the youth's mezzo and macro systems including their neighborhood and religious communities and schools. It also encompasses stability in customs, values, traditions, and culture (Stott and Gustavsson, 2009).

Studies have found challenges faced in young adulthood by former foster youth include lack of a high school diploma, high rates of unemployment, homelessness, criminal activity, substance abuse, and early child bearing. Furthermore, a significant number of this population group reports suffering from health and mental health problems (Stott and Gustavsson, 2009).

It is reported one of the primary goals of the child welfare system is to establish legal permanence or a legal relationship between the youth and their caretaker. Unfortunately the pursuit of legal permanence for foster youth often results in frequent moves and disruptions in relational and ecological permanence. It has been determined one of the most common reasons for moving children and youth to different foster homes is in an attempt to meet the child welfare agencies' goals of moving children into placements that have the potential for legal permanence. Many studies have shown foster youth develop self-protecting coping mechanisms that hinder the development of new relationships since they become distrustful of relationships and distance themselves emotionally from caregivers. This in turn results in placement breakdown (Stott and Gustavsson, 2009).

Theories Guiding Conceptualization

Research indicates that youth who have experienced abuse, neglect and/or abandonment by their parents or caregivers are likely to face significant obstacles in forming and maintaining relationships. Evidence from attachment theory indicates that youth who have experienced abuse or neglect early on while in the care of parents/caregivers may be unable to attain a sense of security and trust in their relationships with new caregivers.

Close observation of interactions between mothers and their infants has found that infants develop different behaviors in response to variations in the care that they receive. A secure attachment is observed in children that receive attentive responses to their needs by the parent or caregiver. Youth who are securely attached perceive themselves as worthy of care and see others as trustworthy. There are many correlations between the infancy attachment period and successful adjustment in later life of child and through adulthood.

On other hand, parenting that is neglectful to an infant's needs results in an attachment style that is insecure. These types of youth view themselves in an unworthy manner which creates in them an inability to view trust in a healthy way. Youth who have been abused or neglected are more likely to have insecure attachments in early childhood. Insecure attachment has been associated with increased risk for mental health illness and relational difficulties throughout their lifespan.

Furthermore, children who experience abuse, neglect, and/or abandonment from caregiver tend to have difficulties bonding and developing

secure attachment with caregivers. It is also discovered that abused children act out more aggressively than children that have not been exposed to abuse. The use of aggressive strategies among mistreated children poses to be strenuous in forming secure connections and belonging among the children and their foster families (Frey et al., 2008).

Summary

As hundreds of thousands of new children enter the foster care system it is important that social workers, agencies, foster parents, educators, and community members are aware of the influence a stable home can provide for a child. As discussed, a lack of stability can result in significant social and psychological barriers to children as they interact with others on a daily basis. It impacts their ability to form relationships, develop trust in others and respect for authority, and a sense of belonging. Many lose faith in the foster care system which was developed to rescue them from safety threats present in their abusive and neglectful home environments. Often times it results in loss of connection with significant persons in their life and limited support systems which results in poor life outcomes.

CHAPTER THREE

METHODS

Introduction

This section outlines the methods utilized in this research study in an effort to determine the negative social and psychological implications unstable housing creates on former foster youth. The methodology used consisted of quantitative research methods. The design of our study consisted of a survey tool that was developed for the purpose of obtaining evidence to answer our research question of how unstable housing negatively impacts former foster youth both socially and psychologically.

The survey tool also incorporated the Adverse Childhood Experience (ACE) questionnaire. The limitations of the study included a limited availability of participants due to the specific population group being studied. The sample consisted of a total of 85 participants that consisted of former foster youth that emancipated from the foster care system as well as adults that were raised outside of foster care. The intent was to complete a comparison of these two population groups to determine the social and psychological implications that unstable housing has on former foster youth.

Participants completed the survey tool via the internet through the Qualtrics website. All participants were assured that all information would remain confidential and properly disposed of upon the completion of the research study.

All participants were provided with informed consent forms prior to introducing the survey tool and a debriefing statement once the survey was completed.

Study Design

The purpose of our study is to explore the negative social and psychological implications that unstable housing creates on former foster youth. The study was completed using quantitative research methods in an effort to make the sample more representative and increase its generalizability. The design of our study consisted of a survey tool that was developed for the purpose of obtaining evidence to answer our research question of how unstable housing negatively impacts former foster youth socially and psychologically. By utilizing a survey tool we were able to gather data within a short amount of time. The internet was utilized for distribution of the surveys via a link to the Qualtrics website that allowed the survey to be completed at the participant's convenience. It also allowed for confidentiality and the freedom for the participant to respond candidly.

Sampling

The sample consisted of a total of 85 respondents, with 29 of those identifying as former foster youth that were emancipated from the foster care system. The remainder of the participant sample was raised outside of foster care. This population was selected in order to compare the social and psychological implications that unstable housing has on former foster youth. The

Adverse Childhood Experiences of non-foster youth adults were compared to the experiences of former foster adults.

Data Collection and Instruments

In an effort to answer our research question the demographic information of the participants was collected and a survey tool was created to answer the research study question. The survey tool incorporated the Adverse Childhood Experience (ACE) questionnaire. The ACE consists of 10 questions regarding distinct incidences of child abuse and/ or neglect. Each question selected is assigned 1 point. Once the ACE questionnaire is completed, the points are added for a score. The ACE Score can range from 0 to 10. It is noted that the higher the score, the greater the exposure to child abuse and/ or neglect and the greater the risk of negative outcomes for the individual (“G.E.A.R. Parent Network,” n.d.). Also included in the survey tool are signs and symptoms of common mental health disorders which were obtained from NAMI: National Alliance on Mental Illness website.

The demographic information collected included the age, ethnicity, level of education, marital status, employment status, religious preference, annual income, and household composition of each participant.

The dependent variable was identified as the social and psychological behaviors exhibited by former foster youth. The independent variable was identified as unstable housing experienced by former foster youth. The dependent variable was measured via a social and psychological behavior

checklist that was created by the researchers. This checklist consisted of the following: experiencing difficulty forming and/or maintaining friendships, anxiety, depression, social withdrawal, anger outbursts, poor grades, criminal behavior and interactions with the legal system, substance abuse, self-mutilation, and suicide ideation. Both population groups of non-foster youth adults and former foster youth adults were provided with the social and psychological behavior checklist to complete. The dependent variables of non-foster youth adults were compared to the dependent variables of former foster youth adults. The independent variable was measured by obtaining the number of placements experienced by former foster youth while in the foster care system.

A participant was selected at random to pilot or pre-test the survey tool. The strengths of the survey tool were its short length and simplicity and its accessibility. The limitations of the survey tool was the difficult subject matter related to issues of childhood abuse and/or neglect and symptoms of mental health illness that were included in the checklist caused discomfort for participants. This resulted in inaccurate or missing information provided.

Procedures

We obtained our sample of participants at local colleges within San Bernardino and Riverside counties. Young adults that were formerly in foster care were identified with the assistance of the colleges' Extended Opportunity Program (EOP) liaison as well as the Guardian Scholar Program liaison. Another means for obtaining participants was through posting flyers about the research

study that contained a link to the survey tool at college campuses and requesting interested persons complete the survey. Prior to posting our flyers, we obtained permission from the appropriate college campus staff and then posted the flyers in designated areas throughout the college campuses. Flyers containing the survey link were also provided to the Extended Opportunity Program liaison as well as the Guardian Scholar Program liaison so that they could distribute these to former foster youth. Those who volunteered to participate were entered in a drawing to win a \$50 Visa gift card.

Protection of Human Subjects

Participants were provided with the survey tool via an internet link to the Qualtrics website that was listed on a flyer along with information regarding our research study. All participants were assured that all information would remain confidential and properly disposed of or shredded upon the completion of the research study. They were advised that all of the data gathered including any identifying information such as age, ethnicity, marital status and educational level will be stored in Qualtrics and deleted upon completion of the research project. The link provided on fliers further guaranteed anonymity. All participants were provided with informed consent forms prior to introducing the survey tool and a debriefing statement was provided upon completion of the survey. The debriefing statement included the names and contact information of the faculty affiliated with the study as well as the researchers contact information.

Data Analysis

The quantitative procedure that was utilized to answer the research question followed the generic steps of the positivistic or quantitative research approach. The concepts utilized included a lack of stable housing among foster youth in the foster care system and the negative impacts on social and psychological growth as compared to non-former foster care youth. It was hypothesized that young adults who were non former foster care youth did not experience the social and psychological challenges that their former foster youth counterparts faced. The following steps were followed to complete the research study: The first step was the identification of the problem or the social and psychological effects of placement instability among foster youth. The second step was the identification of the variables utilized in the research study. The variables used were the social and psychological behaviors exhibited by former foster youth as compared to non-foster youth and the number of moves experienced by the former foster youth and non-former foster youth. The causal, correlational and interpretive relationships were examined among the variables. The third step of study design involved the creation of a survey tool that was utilized to obtain information from the participants in an effort to answer the research question. The fourth step involved data collection or the distribution of the surveys to the research participants. The fifth step involved analyzing the data collected for the variables, determining their relationship and meaning, and drawing conclusions about the research question.

Summary

The methods chapter discussed the research study design, sampling methods, data collection strategies and instruments used, procedures for the recruitment of participants and collection of data, the protection of human subjects and data analysis.

CHAPTER FOUR

RESULTS

Introduction

This section presents the data obtained from the survey tool. It includes a description of the demographics of the participants, key variables, and the inferential statistics. To conclude this chapter, the findings of the study are summarized.

Presentation of the Findings

Demographics

The study was comprised of 85 participants (Please refer to Table 1). The ages of the participants ranged in age from 18 to 65 years old. The mean age of the participants was 30.88. The minimum age was 18 years old and the maximum age was 65 years old. Nearly half of the participants were Hispanic or Latino (43%), followed by White (34.9%), Black or African American (7%), and Asian /Pacific Islander (5.8%). It was found 8.1% of participants reported belonging to a race Other than those listed.

Table1. Demographic Characteristics of Participants

Variable	Frequency (N)	Percentage (%)
Age		
18	5	5
19	9	9
20	1	1
21	5	5
22	3	3
24	1	1
26	2	2
27	5	5
28	3	3
29	3	3
30	3	3
31	1	1
32	4	4
33	4	4
34	8	8
35	4	4
36	6	6
37	3	3
40	1	1
41	2	2
42	6	6
43	1	1
45	1	1
46	1	1
48	1	1
50	1	1
65	1	1
Mean Age:	30.88	
Minimum Age:	18	
Maximum Age:	65	
Race		
Black or African American	6	7
Hispanic or Latino	37	43
Asian /Pacific Islander	5	5.8
Other	7	8.1
White	30	34.9
Total Number of Participants=85		

Additional demographic information was obtained from the participants including highest level of education completed, marital status, employment status, and religious preference. When asked about their level of education, it was found that 15.1% were high school graduates, had a diploma, GED or the equivalent, 24.4% reported having some college credit but no degree, 4.7% reported having trade, technical, and/ or vocational training, 5.8% reported having an Associate's degree, 20.9% had a Bachelor's degree, and 27.9% had a Master's degree. Regarding marital status, 46.5% identified as being single, 38.45% reported they were married, and 15.1% reported being divorced. Regarding employment status, 64% reported being employed for wages, 3.5% reported being self-employed, 4.7% identified as a home maker, 25.6% identified as students, and 2.3% reported that they were unable to work.

Social and Psychological Characteristics of Former Foster Youth

Since the focus of our study was on former foster youth, we will present the findings regarding the social and psychological issues of this population. In order to determine the social and psychological effects on former foster youth due to placement instability, participants were asked if they were ever in foster care. It was found that 29 (33.7%) of participants identified as former foster youth. These participants were asked about their experiences in foster care, including difficulties in education, symptoms of mental health illness, and criminal behavior. When asked whether they reconciled with their biological family none reported that they had. It was found that 8.1% were adopted while in foster care.

When asked if they lived in a group home, 11.6% reported having been in this type of placement.

Regarding difficulties in education, 7 (24.1%) reported being suspended or expelled, 8 (27.6%) responded that they had substance abuse difficulties while in school, 10 (34.5%) reported that they had learning difficulties in school.

Regarding substance usage, 16 (55.2%) reported drug and/or alcohol use and 7 (24.1%) reported daily use. It was found that 6 (20.7%) used once a month followed by 4 (13.8%) using weekly.

Regarding criminal history, 21 (72.4%) respondents reported they had never been arrested while 6 (20.7%) disclosed history of arrest.

Among the questions asked to participants several were addressing the biological, psychological, and social experiences of the individual (Please refer to Table 2). In reference to biological occurrences, the following were reported: hyperactive behavior presented 8 (27.6%), frequent nightmares 16 (55.2%), disobedience and aggression 15 (51.7%), temper tantrums 11 (37.9%), changes in sleeping habits, feeling tired or low energy 20 (69%), change in eating habits 16 (55.2%), abuse of substances 12 (41.4%), and multiple physical ailments 12 (41.4%).

In reference to psychological occurrences the following were discovered among former foster youth: excessive worrying or fear 22 (75.9%), feeling excessively sad/low 23 (79.3%) , confused thinking or problems concentrating or learning 17 (58.6%), extreme mood changes 7 (24.1%), prolonged or strong feelings or irritability or anger 13 (44.8%), intense fear of weight gain or concern

with appearance 13 (44.8%), difficulty understanding or relating to people 16 (55.2%), inability to cope with daily activities, problems, or stress 12 (41.4%), difficulty perceiving reality (delusions or hallucinations) 4 (13.8%), and thinking about suicide 17 (58.6%).

In reference to social incidences the following was found: avoiding friends or social activities 16 (55.2%).

Table 2. Presenting Mental Health Symptoms of Former Foster Youth

Variable	Frequency (N)	Percentage (%)
Hyperactive behavior	8	27.6
Frequent nightmares	16	55.2
Frequent disobedience or aggression	15	51.7
Frequent temper tantrums	11	37.9
Excessive worrying or fear	22	75.9
Feeling excessively sad/low	23	79.3
Confused thinking or problems concentrating and learning	17	58.6
Extreme mood changes (“highs” or feelings of euphoria)	7	24.1
Prolonged or strong feelings of irritability or anger	13	44.8
Avoiding friends and social activities	16	55.2
Intense fear of weight gain or concern with appearance	13	44.8
Difficulties understanding or relating to other people	16	55.2
Changes in sleeping habits or feeling tired or low energy	20	69.0
Changes in eating habits (increased or lack of appetite)	16	55.2
Inability to cope with daily activities, problems and stress	12	41.4
Difficulty perceiving reality (delusions or hallucinations)	4	13.8
Abuse of substances such as alcohol or drugs	12	41.4
Thinking about suicide	17	58.6
Multiple physical ailments (headaches, stomach aches, chronic aches and pains)	12	41.4

Table 3. Adverse Childhood Experience (ACE) Score among Former Foster Youth (+) and Non Foster Youth (-)

<u>Variable</u> ACE Score	Former Foster Youth (+) Frequency (N)	Former Foster Youth(+) Percent (%)	Non Foster Youth (-) Frequency (N)	Non Foster Youth (-) Percent (%)
0	1	3.4	12	1.8
1	2	13.8	10	1.8
2	4	3.4	5	1.8
3	3	6.9	10	3.6
4	3	10.3	5	7.1
5	5	17.2	5	8.9
6	3	10.3	4	8.9
7	2	10.3	2	17.9
8	1	13.8	1	8.9
9	4	6.9	1	17.9
10	1	3.4	1	21.4

Regarding the Adverse Childhood Experiences (ACE) scores, it was found that former foster youth participants have a wider range of ACE scores while the majority of non-former foster youth participants have less negative experiences (Please refer to Table 3). As noted on Table 3, 12 (1.8%) of non-former foster youth participants reported having 0 Adverse Childhood Experiences compared to 1 (3.4%) participant who identified as a former foster youth. The mean ACE score for former foster youth was 5.29. Non-foster youth were found to have a mean ACE score of 2.73.

Inferential Statistics:

Because of the relatively small sample size, we did few inferential statistics to look at the differences in reported social and psychological concerns. It is noted, however, that the rates of reported negative social and psychological

issues were almost all higher for former foster youth. A t-test examining the difference in ACE scores was completed. This test was significant $t(81)=4.47$, $p<.0005$. The mean ACE score for former foster youth was 5.29 and the mean score for non-foster youth was 2.73.

Summary

This chapter provided the data that was gathered from the survey tool, the demographic information of the participants, key variables of the study, and the inferential statistics.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter discusses the results and key findings of the study. Also discussed are the strengths and limitations of the study. This is followed by recommendations for social work practice, policy, and research. The chapter concludes with an overview of the study and closing remarks from the researchers.

Discussion

The study focused on the negative effects that a lack of placement stability created on the social and psychological well being of former foster youth within the counties of San Bernardino and Riverside. Research has examined the negative outcomes that former foster youth experience following a stint in foster care that is characterized with placements instability. As discussed in Chapter One, placement instability among foster youth has been linked to an increase in school dropout rates, substance abuse, juvenile arrests and incarceration rates as well as an increase in mental health care needs and social network disruptions (Stott, 2002, and Tao, et al., 2013). Furthermore, it was found that children in foster care have a higher probability of mental illness as compared to children raised outside of the foster care system (Fernandez, 2007 and Dunleavy, M., and Leon, S.C., 2011). Our study found the participants who

identified as former foster youth reported experiencing many of the aforementioned problems.

In regards to placement stability, it was found that none of the 29 participants who identified as former foster youth reconciled or reunified with their biological family. It was found that 11.6% reported having lived in a group home while 8.1% were adopted while in foster care.

As noted in Chapter One, research has found that former foster youth experience negative life outcomes such as engaging in criminal behavior, substance use disorders, unemployment, and homelessness (Tao, et al., 2013). Our study found more than half of former foster youth reported having difficulties in the social areas of their life with, 51.7% engaging in substance usage, 27.6% disclosing substance abuse difficulties while in school, 24.1 % reported having a history of suspensions and/ or expulsions from school and 20.7% reported having criminal arrest history.

Regarding psychological difficulties, over half of former foster youth participants reported experiencing excessive worrying or fear at 75.9%, feeling excessively sad or low at 79.3%, experiencing confused thinking or problems concentrating or learning at a rate of 58.6%, disclosed having difficulty understanding or relating to people at 55.2%, and having thoughts of suicide at 58.6%. Other psychological difficulties reported included reports of extreme mood changes at 24.1%, having an intense fear of weight gain or concern with appearance at 44.8%, as well as an inability to cope with daily activities, problems or stress at 41.4%.

Our study found that the proportion of psychological and social effects on former foster youth were higher with virtually every negative psychological and social outcome being present. Additionally, it was found that former foster youth had a wider range of ACE scores and the majority of non-former foster youth participants had less negative ACE scores. The t test completed demonstrated that the ACE scores between these two samples of participants are significantly different.

The findings of the study were consistent with the previous research completed examining the effects that a lack of permanency creates for children in foster care. It was noted in the research that a lack of permanency affects foster youth in the social and psychological domains of their lives. Many experience identity confusion as well as problems of self-esteem (Stott, 2002). Placement stability has also been identified as a significant barrier to a foster youth's academic success. Additionally, it was found that mental health problems contribute to the inability of child welfare agencies to secure permanent foster care placements for youth (Akin et al., 2011).

It is important to acknowledge the recent implementation of mandatory mental health screenings for children that enter into the foster care system as well as the implementation of extended foster care by child welfare agencies. These services have been put in place in an effort to address problems of mental health illness among foster youth and to promote stability for youth who have emancipated from the foster care system. Although these services may result in

long term positive changes in these areas, the results of our study suggest that the same negative effects are still prevalent among former foster youth.

We chose not to test for significance on the negative effects that a lack of placement stability created on the social and psychological well being of former foster since the sample size of participants who identified as former foster youth was relatively small.

Limitations

One of the limitations encountered in this study was the availability and participation of former foster youth, which presented as an inequitable comparison between former foster youth and non-foster youth. The total of both sample populations equaled 85 while 29 participants were former foster youth and 56 were non-foster youth. This was potentially due to the population size of enrollments of former foster youth in the colleges within San Bernardino and Riverside counties. The majority of the sample size was obtained within the two counties. There was a flyer posted at each college which contained the survey link.

An evident obstacle was the reluctance of the former foster youth populations participation as there apparent by the large number of surveys started and uncompleted by that specific population. There was feedback from certain former foster youth that commented on the intensity of the questions.

Another limitation that surfaced in the study was the level of education among the non-foster youth and the former foster youth, it appeared that both

populations had degrees, although there was a vast difference between the two populations. The non-foster youth population reported 21 of the participants had Master's degree and 15 had Bachelor's degree, while the majority of the former foster youth population reported having some college education but no degree. The total number of former foster youth that had degrees was as follows; 3 participants had Bachelor's degrees and 3 participants had Master's degrees.

The final limitation noted was the different counties that were used to gather the data. There was no possible way to know which county the participant was located in due to the anonymity of the participants and the privacy policy implemented in this survey. As previously mentioned, there were several colleges that permitted the survey to be posted on campus within the San Bernardino and Riverside counties.

Recommendations for Social Work Practice, Policy and Research

It is imperative that social workers receive training on Eric Erickson's Stages of Development as well as attachment theory while working with foster youth and determining the best placement for a child. Having knowledge of the aforementioned theories may facilitate placement of a child into a home that is equipped to nurture specific deficiencies related to unsuccessful completion of developmental stages as a result of problems of abuse and/or neglect. It is important for social workers to be aware of the negative effects that the lack of

stability creates within the child, therefore placement decisions should be made with such in mind.

Social workers that have familiarity with the theories and developmental stages discussed may potentially assist in developing modalities for training programs as discussed previously in Chapter One.

These training programs may facilitate the placement of foster youth which may potentially avoid some of the effects that foster youth experience due to frequent placement changes. Having knowledge of attachment theory and the problems created for a child due to having insecure attachment can help a social worker in choosing the most appropriate placement for a child and limit the frequency of foster home placements.

The former foster youth that has experienced frequent placements may potentially be at risk for the following: poverty, oppression, lack of education, higher incarceration rates, inadequate support systems, coping abilities, substance abuse, mental health issues and behavioral issues. Children that display combativeness and theft tend to be relocated more frequently than other children. It has been discovered that there is a direct correlation between frequency of placement and behavioral problems. Behavioral problems also affect other areas of the foster youth's life.

It is reported that behavior problems can cause foster children to experience difficulties with forming relationships with their foster families which can lead to increased rates of disruption. Studies have reported a link between indicators of attachment problems and disruption with behavioral problems during

early adolescence being a strong predictor of subsequent foster placement disruption (Leathers, 2006). Adolescence is a critical period during which loving and stable relationships are necessary for building a youth's self-esteem, identity and sense of belonging (Tao et al., 2013). Erickson's Developmental Stages (as discussed in Chapter Two) are unsuccessfully completed when a child is continuously relocated from foster home to foster home.

Although behavioral issues are cause for frequent placement there is another presenting factor that poses just as challenging for permanent placing among foster youth. Mental health problems have been identified as the strongest predictor of long term foster care (LTFC) and contribute to the inability of child welfare agencies in obtaining secure permanent foster care placement for youth. This is evidenced by children with mental health problems experiencing more placement changes than children who do not suffer from these problems (Akin et al., 2011).

Conclusions

In summation, this study examined the social and psychological attributes of former foster youth who experienced placement instability as compared to non-foster youth. Unfortunately, the sample sizes of former foster youth and non-foster youth were not equivalent and an accurate comparison between the two population groups could not be completed. Furthermore, it was found that several of the surveys were not completed by the former foster youth population. Although the sample size of participants who identified as former foster youth

was small, our research concluded that this population group experienced placement instability and there were significant social, behavioral and mental health problems prevalent among them with nearly every negative psychological and social outcome being present. Furthermore, it was found that former foster youth had a wider range of ACE scores and the majority of non-former foster youth participants had less negative ACE scores. The t test completed demonstrated that the ACE scores between these two samples of participants are significantly different. It is clear that the outcomes of placement instability on former foster youth need to be further researched as well as the causes of placement instability within child welfare system. Presently, mandatory mental health screenings for children that enter into the foster care system as well extended foster care are in practice. As previously mentioned, although these services may result in long term positive changes in these areas, the results of our study suggest that the same negative effects are still prevalent among former foster youth.

APPENDIX A
QUESTIONNAIRE

Former Foster Youth Questionnaire

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you or ever hit you so hard that you had marks or were injured?

Yes No

2. Did a parent or other adult in the household often or very often swear at you, insult you, put you down, or humiliate you, or act in a way that made you afraid that you might be physically hurt?

Yes No

3. Did an adult or person at least 5 years older than you ever touch or fondle you or have you touch their body in a sexual way or attempt or actually have oral, anal, or vaginal intercourse with you?

Yes No

4. Did you often or very often feel that no one in your family loved you or thought you were important or special or your family didn't look out for each other, feel close to each other, or support each other?

Yes No

5. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you or your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Yes No

6. Were your parents ever separated or divorced?

Yes No

7. Was your parent or caregiver often or very often pushed, grabbed, slapped, or had something thrown at her or sometimes, often, or very often kicked, bitten, hit with a fist, or hit with something hard or ever repeatedly hit at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

Yes No

10. Did a household member go to prison?

Yes No

("G.E.A.R. Parent Network," n.d.)

11. While you were growing up, during the first 18 years of life, were you ever removed from the care of your parents or caregivers?

Yes No

If NO, please skip to question # 23

*****Please answer the following questions ONLY if you were formerly in foster care*****

12. What were the circumstances surrounding your removal from your natural birth parents or guardians?

13. While in foster care, what type of placement were you in as a foster youth?

- a. Relative
- b. Foster Family Home
- c. Group Home
- d. Other: _____

14. How long were you in the foster care system?

15. While in foster care, how many foster homes/ placements were you in?

16. While in foster care, why were moved from your foster home/ placement?

Please circle all that apply

- a. Language barrier
- b. Run away
- c. Caregiver request or 7 day notice to move out
- d. Abuse/ neglect by caregiver
- e. Your request to be moved
- f. Other, please specify _____

17. Did you have academic problems in school?

18. While in foster care did you ever have thoughts of suicide?

19. While in foster care was it your desire to be adopted?

20. While in the foster care, were you employed?

21. Were you ever reconciled or reunited with your family of origin (biological family)?

If yes explain relationships after reunification

22. On a scale of a 1-10 (10 being the best) what is your experience with the foster care system.

1 2 3 4 5 6 7 8 9 10

23. Did you have difficulties in school? Circle all that apply

- a. suspended or expelled
- b. substance abuse
- c. learning difficulties
- d. bullying
- e. truancy
- f. other, please specify

24. Did you use drugs or alcohol?

If so what type _____

What was the frequency of drug or alcohol use:

daily weekly monthly other

25. Were you ever arrested?

What was your age at the time of your arrest? What were the circumstances of your arrest/ charges?

Growing up did you have any close friends?

26. Growing up did you have difficulty making friends or maintaining friendships?

27. As a young child, did you ever experience any of the following? Circle all that apply.

Changes in school performance

Excessive worry or anxiety, for instance fighting to avoid bed or school

Hyperactive behavior

Frequent nightmares

Frequent disobedience or aggression

Frequent temper tantrums

28. Have you ever been diagnosed with a mental illness?

29. Growing up did you ever experience any of the following: Circle all that apply:

“Excessive worrying or fear”

“Feeling excessively sad or low”

“Confused thinking or problems concentrating and learning”

“Extreme mood changes, including uncontrollable ‘highs’ or feelings of euphoria”

“Prolonged or strong feelings of irritability or anger”

“Avoiding friends and social activities”

“Difficulties understanding or relating to other people”

“Changes in sleeping habits or feeling tired and low energy”

“Changes in eating habits such as increased hunger or lack of appetite”

“Changes in sex drive”

“Difficulty perceiving reality (delusions or hallucinations, in which a person experiences and senses things that don't exist in objective reality)”

“Inability to perceive changes in one’s own feelings, behavior or personality (“lack of insight” or anosognosia)”

“Abuse of substances like alcohol or drugs”

“Multiple physical ailments without obvious causes (such as headaches, stomach aches, vague and ongoing ‘aches and pains’)”

“Thinking about suicide”

“Inability to carry out daily activities or handle daily problems and stress”

“An intense fear of weight gain or concern with appearance (mostly in adolescents)”

(“Know the Warning Signs,” n.d.)

30. Have you ever had problems with anger, depression or anxiety? If so explain_____

31. Growing up did you have a mentor that you went to for advice or support?

32. If divorced or separated please indicate number of times and indicate which.

1_____ 2_____ 3_____

33. Do you have difficulty finding or maintaining employment?

APPENDIX B
INFORMED CONSENT



College of Social and Behavioral Sciences
School of Social Work

HUMAN SUBJECT INFORMED CONSENT

The study you will be participating in is designed to explore the psychological and social affects related to experiences of a lack of permanency among foster youth as compared to youth who were raised in stable home environments. The study is being conducted by Master of Social Work students at California State University, San Bernardino, Carolina Morales and Myra Lopez, under the supervision of Carolyn McAllister, Ph. D, Assistant Professor of Social Work at California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino.

This study consists of a series of questions **regarding children’s behavior in regards to relations between the lack of permanency and psychological and social behavior**. You will be given one questionnaire and asked to rate your experience. The questionnaire will require approximately 30 minutes of your time to complete. There may be minimal discomfort experienced while completing this survey. The results will be reported anonymously in-group form only. A report of the results will be available via the Pfau Library link on the California State University website after June 2016.

The survey is **entirely anonymous**. There will be no identifying information required on the survey. All questions will be given a numerical code and responses to the questions will be identified only by the code.

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 6/16/16 VOID AFTER 6/30/16
IRBS CHAIR

909.537.5501

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College of Social and Behavioral Sciences
School of Social Work

Please understand that your participation in this study is **completely voluntary** and you may choose to decline any questions without penalty that you are uncomfortable answering. If you have any questions or concerns about this study, please feel free to contact Dr. McAllister at (909) 537- 5559.

I agree to participate in this study and am at least 18 years old.

Sign with an "X" only

Date

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 6/18/16 VOID AFTER 6/18/16
IRB CHAIR

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APPENDIX C
DEBRIEFING STATEMENT



College of Social and Behavioral Sciences
School of Social Work

DEBRIEFING STATEMENT

The purpose of this study was to explore the psychological and social effects related to the lack of permanency among foster youth. The research question was *how does the lack of permanency among foster youth affect them psychologically and socially?*

In order to identify the psychological and social effects of a lack of permanency among foster youth, surveys were conducted with former foster youth in the counties of San Bernardino and Riverside.

A positive aspect of participation in the study is promoting awareness of the psychological and social problems that foster youth face resulting from the lack of having a permanent home. Increased awareness may cause foster parents to be more supportive of the needs of the foster youth in their care. A report of the results will be available on the Pfau Library link on California State University website after June 2016.

If you have any questions or concerns regarding this study or your participation in this study, please contact the faculty advisor Carolyn McAllister at (909) 537-5559 or via email cmallis@csusb.edu.

909.537.5501

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APPENDIX D
DEMOGRAPHICS

Demographic Survey

1. What is your age? _____

2. Ethnicity origin (or Race): Please specify your ethnicity. Check all that apply.
 - White

 - Hispanic or Latino

 - Black or African American

 - Native American or American Indian

 - Asian /Pacific Islander

 - Other

3. What is the highest degree or level of school you have completed? If currently enrolled, highest degree received.
 - No schooling completed

 - Elementary school to 8th grade

 - Some high school, no diploma

 - High school graduate, diploma or the equivalent (for example: GED)

 - Some college credit, no degree

 - Trade/technical/vocational training

 - Associate degree

 - Bachelor's degree

 - Master's degree

4. Marital Status: What is your marital status?

Single, never married

Married or domestic partnership

Widowed

Divorced

Separated

5. What is your professional or Employment Status: Are you currently...?

Employed for wages

Self-employed

A homemaker

A student

Military

Unable to work

6. What is your religious preference?

Jewish

Roman Catholic

Christian Scientist

Muslim

Seventh-Day Adventist

Protestant

Mormon

Something else (please specify)

None

7. What is your total annual income before taxes? _____
8. Household Composition: Including yourself, how many people live within your household? _____
9. Are there any children under the age of eighteen years currently living in your household?

Yes

No

APPENDIX E
PARTICIPANT RECRUITMENT FLYER

Foster Care Placement Stability Research Study

Would you like to help us make a potential difference in the foster care system? A research study involving **former foster youth** is now being conducted by Master of Social Work* students Carolina Morales and Myra Lopez. We are seeking participants who were former foster youth as well as non-former foster youth to take an **anonymous** online survey via *Qualtrics* that will take approximately 20-minutes to complete. Interested participants may respond to either one of these links:
https://csusb.az1.qualtrics.com/SE/?SID=SV_b28uSKrNXuaVmvz



Thank you for your interest!

**This study has been approved by the School of Social Work Sub-Committee of the Institutional Review Board of California State University, San Bernardino (#SW1550). This study is being conducted under the supervision of Carolyn McAllister, Ph. D, Assistant Professor of Social Work at California State University, San Bernardino.*

APPENDIX F:
Institutional Review Board Form

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
SCHOOL OF SOCIAL WORK
Institutional Review Board Sub-Committee

Researcher(s) Cavallina, M. & R. ...
Proposal Title Placement of ...
... for youth
SW 1550

Your proposal has been reviewed by the School of Social Work Sub-Committee of Institutional Review Board. The decisions and advice of those faculty are given be

Proposal is:

- approved
- to be resubmitted with revisions listed below
- to be forwarded to the campus IRB for review

Revisions that must be made before proposal can be approved:

- faculty signature missing
- missing informed consent debriefing statement
- revisions needed in informed consent debriefing
- data collection instruments missing
- agency approval letter missing
- CITI missing
- revisions in design needed (specified below)

Committee Chair Signature

6/10/15
Date

APPENDIX G:
Agency Letter of Support



BARSTOW
COMMUNITY COLLEGE

May 20, 2015

Myra Lopez and/or Carolina Morales
California State University, San Bernardino
School of Social Work
5500 University Parkway
San Bernardino, CA 92407

Dear Mrs. Lopez and/or Ms. Morales,

This letter serves to confirm our willingness to assist you with your proposed research study called, "Social and Psychological Implications of Placement Instability among Former Foster Youth." Barstow Community College has reviewed the proposal for the study and upon appropriate Human Subjects approval Barstow Community College is willing to allow you to recruit young adult students on our campus who are former foster youth for the purpose of participating in the proposed research study. It is our understanding that you will be collecting data related to the social and psychological outcomes experienced by young adults who were formerly in foster care.

Please feel free to contact Stephen B. Eaton at (760) 252-2411 extension 7224 if additional information is required or if you have any questions or concerns.

Respectfully,

A handwritten signature in blue ink that reads "Stephen B. Eaton".

Stephen B. Eaton, Ed. S.

Vice President of Academic Affairs

2700 Barstow Road • Barstow, CA 92311
(760) 252-2411 • Fax (760) 252-1875 • www.barstow.edu

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ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Myra Dina Lopez

Assisted By: Carolina Farias Morales

2. Data Entry and Analysis:

Team Effort: Myra Dina Lopez and Carolina Morales

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Team Effort: Myra Dina Lopez and Carolina Morales

b. Methods

Team Effort: Myra Dina Lopez and Carolina Morales

c. Results

Team Effort: Myra Dina Lopez and Carolina Morales

d. Discussion

Team Effort: Myra Dina Lopez and Carolina Morales