

Youth Leaving Care: An Interpretive Description of Hope in Challenging Transition

By

Rachel King

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Department of Educational Psychology

University of Alberta

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Abstract

This study investigates the experience of hope for emerging adults who demonstrate resilience in the transition from government care to independent living. Hope is a complex emotional construct that has been shown to be important in supporting positive developmental outcomes; however, there is little previous research about the role of hope in the transition out of government care. The purpose of this research is to: (a) enhance understanding of the role of hope in the transition from government care; (b) seek implications from the research to facilitate resilience and successful transition for youth transitioning from care; (c) highlight implications for practically enhancing hope in ways beneficial to the youth; and (d) inform advocacy for reducing barriers to hope for this population. Thorne's (2008) interpretive description methodology was used, undergirded by a constructivist philosophical stance. Life chart guided, individual, in-depth interviews were used to explicate the experience of hope throughout the transition from care for participants. Data analysis was informed by constant comparison (Lincoln & Guba, 1985), nested within Thorne, Kirkham, and O'Flynn-Magee's (2004) flexible, four-component model of analysis. The findings of this study expand our understandings of hope in transition by revealing that hope appears to follow a cyclical process for youth leaving care consisting of: (a) building hope; (b) envisioning hope; (c) hope threatened; (d) hope hardiness; and (e) re-building hope.

Preface

This thesis is an original work by Rachel King. The research project, of which this thesis is a part, received research ethics approval from the University of Alberta Research Ethics Board.

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This project would not have been possible without the willingness of my research participants to share their time and their stories. This research is from them and for them. I sincerely hope that this research allows us opportunities to better support the maintenance of hope in the tricky transition out of care for future youth navigating the transition.

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Chapter 1: Introduction

Foster children do not stay children forever. When youth leave the care of the government and become independent, they face a number of personal and systemic barriers, often leading to poor outcomes. Even the statement “leaving care” implies a loss of protection and safety, which is often associated with the transition to independence for these youth. Hope has been shown to be important in an individual’s ability to envision “a future in which they wish to participate” (Jevne, 1994), even in the face of circumstances which make a positive future more difficult to obtain. The current study explicates the experience of hope in the transition from government care. This transition happens when youth come of age in government care and must learn skills to support themselves financially and functionally, independent of governmental supports. Specifically, this study seeks to better understand the experience of hope for emerging adults who demonstrate resilience in their transition from care to independent living. Although this study is specific in its aims to better understand hope for post-transition youth who demonstrate resilience, it is also undergirded by larger questions about what our societal obligations to these emerging adults should be. This study was designed with the specific aim of informing counselling psychologists’ practice with youth transitioning from government care.

Statement of the Problem

The transition from care increases vulnerability to a range of negative outcomes. Research demonstrates a higher likelihood for youth formerly in care to drop out of high school (Courtney, Dworsky, Cusick, Havilcek, Perez, & Keller, 2007), fail to engage in post-secondary education, have difficulty maintaining employment (Stewart, Kum, Barth, & Duncan, 2014), face homelessness, become dependent on drugs and alcohol (Jones,

2011), be diagnosed with mental health problems (Zlotnick, Tam, & Soman, 2012), and face early parenthood (Courtney et al., 2007). While these difficulties often originate in childhood disruption and deprivation, the transition from care can provide a unique opportunity to support youth to live positive, productive adult lives. Unfortunately, more often, youth struggle to successfully transition to adulthood. A main determinant of poor adult outcomes is the existence of systemic barriers facing emerging adults during the transition from care. The expectations for adult functioning come earlier for these youth than for the majority of the population who increasingly “boomerang” in and out of parental care and support (Mitchell, 2007). Instead, former foster youth are required to take on adult roles at the age of eighteen (sometimes earlier), with ongoing government support conditional on specific behaviour (described further in the literature review) and ending completely at the age of 24 in Alberta (Human Services Alberta, 2014).

Failure to successfully transition into independence for these youth is both personally and socially devastating. In a study of former foster youth, one participant highlighted his feelings of abandonment by the system in the following quote: “It’s really unrealistic and all of the sudden you’re 18 and say ‘Ok, bye’. And we have no resources to go back to. We have nothing to fall back on at all because they said that you’re a grown up now and we can’t take care of you, or we don’t want to. And I count that to be the most difficult thing for me.” (McMillen, Rideout, Fisher, & Tucker, 1999, pp. 477). More broadly, there are societal implications in this failure to support youth in successful transition: many rely on welfare throughout their lives (Mallon, 1998), become involved with the criminal justice system (Courtney et al., 2007), and are significantly more likely to have their own children taken into the care of the government (Renner & Slack, 2006). Clearly, the transition from care is a difficult one. There are widespread implications for

both the development of the emerging adults who age out of care as well as for society as a whole.

Interestingly, when asked what advice they would have for youth about to embark on the transition from care, former foster youth most frequently warned of the hardships and difficulties associated with the transition, but also strongly advised perseverance in the face of adversity (Barth, 1990). This offers some insight into their own experiences of the transition as difficult, but also as a time at which it is possible to access one's internal resources, and to be tenacious in their hopes for their own future. Although there are a myriad of factors that interact to determine how an individual navigates the transition out of care, one important, internal aspect appears to be hope.

In psychology, there is an increasing appreciation of the fundamental importance of hope in overcoming adversity. Research over the past few decades has consistently demonstrated that hope offers a respite from stress (Dufault & Martocchio, 1985; Folkman, 2013), and allows individuals to maintain a positive orientation to their future in the face of uncertainty and difficulty (Petit, 2004). Developmentally, hope has been described as important during major life transitions (Benzein, Saveman, & Norberg, 2000). Understanding the experience of hope through the transition from care, and how hope might support a youth's capacity to seek a positive future for her or himself will allow us to better understand how youth are able to demonstrate resilience in the transition from care.

Purpose of the Study

This applied research study sought to present an understanding of the experience of hope for emerging adults who demonstrate resilience in their transition from government care. This study focused specifically on those individuals who demonstrated

resilience, in order to better understand the experience of hope for youth who are ultimately successful in their transition from care. A goal of the study was to generate some practical implications for how to promote greater hope and more resilience; to inform counselling psychologists as to how hope, a vital ingredient in engaging with one's future, is experienced during the transition from care for emerging adults who demonstrate resilience. I sought to produce useful recommendations for how to support hope throughout the transition from care, both in advocating for greater systemic supports to bolster hope, as well as in personal and interpersonal interventions designed to highlight and nurture already existing hope.

Research Questions

In this research I asked the question: "What is the experience of hope for emerging adults who demonstrate resilience in their transition from government care?" Further, given the findings I produced, I explored how counselling psychologists might effectively intervene to promote hope for youth transitioning out of government care.

Definitions

In presenting the guiding question of this study, it is important to define key terms in order to ensure clear communication and understanding regarding the aims of the study.

Government Care. Government care is an umbrella term to refer to living arrangements provided by the government when a child or youth has been removed from their family of origin home. Government care could include foster care, emergency housing supervised by government employees, or group care. This study focused on the transition out of care within the context of Alberta. In this province, government care is overseen by the Ministry of Human Services, and more specifically the organization

known as Children's Services, representing the government, with the director of Children's Services claiming responsibility as the caregiver (Enhancement Policy Manual, 2011).

Permanent Guardianship Order. Participants in this study were in care for at least two years prior to their eighteenth birthday. For the purposes of this study, "in care" was operationally defined as having been under a Permanent Guardianship Order (PGO). A PGO is a Court order which appoints sole guardianship of a child or adolescent to the director of Children's Services (Child, Youth and Family Enhancement Act, R.S.A., 2000). A PGO is granted when the Court finds that the survival, security, or development of a child are not sufficiently protected by his or her guardian. A PGO differs from a Temporary Guardianship Order (TGO) in that the Court has determined the possibility of the child or youth being returned to their guardian is unlikely.

Supported Independent Living programs. Supported Independent Living (SIL) programs are government funded community-based programs which provide financial, housing, and independent living skill support to young people between the ages of 15 and 24. These programs are designed to support the acquisition of independent living skills for youth transitioning out of the care of the government.

Emerging Adult. The participants in this study are understood to be "emerging adults" (Arnett, 2007), a transitional developmental period between adolescence and adulthood. Although the concept remains contested in the human development literature, emerging adulthood is commonly defined in the literature as between the ages of 18 and 29 (Arnett, 2014). Throughout this document, participants will be referred to as "emerging adults," "youth," "individuals," or "participants."

Jurisdiction of focus. In terms of jurisdictional focus, this study will specifically

focus on the transition from care in Alberta. Within Canada, there are significant regional differences in policy as child and youth protection falls under provincial and territorial jurisdiction.

Resilience. Resilience is broadly defined by the capacity to experience environmental risks normally associated with poorer outcomes, and to avoid the negative trajectory associated with those risks by maintaining age-appropriate functioning, often supported by protective factors (Fergus & Zimmerman, 2005).

Demonstrating resilience. The participants in this study are described as “demonstrating resilience” in their transition from care. This term was purposefully selected as an acknowledgement that resilience, and indeed transition from care, is ongoing. The resilience demonstrated by the participants is a snapshot in time. However, “demonstrating resilience” does suggest a capacity to be successful in several aspects of functioning. Therefore, the definition of “demonstrating resilience” allowed for individuals to be selected whose transition demonstrates promise, including such indicators as work or educational attainment, and avoidance of substance dependence, homelessness, early parenthood and criminal involvement. These criteria are drawn from Daining and DePanfilis’ (2007) research scale for resilience in the transition from care. Because the selection criteria of “demonstrating resilience” is being defined by functional outcomes such as avoidance of criminal involvement and educational attainment, I have chosen an outcome-oriented resilience scale. The composite score of these domains is calculated by coding each item on a scale of 0-2, with 2 indicating more favourable outcomes, resulting in a total composite resilience score of 0-12. Coding was completed in compliance with the original model. A significant proportion (67%) of the original sample attained a score of 7 or higher on the scale, which the authors identified as

demonstrating “moderately high resilience”. The median score on the scale was 8. For the purpose of this study, individuals with a score of 9 or above on Dainig and DePanfilis’ (2007) scale were understood as “demonstrating resilience”.

Hope. A singular definition of hope has not yet emerged in the research literature (Webb, 2007). For the purpose of this research, I define hope as “a process of anticipation that involves the interaction of thinking, feeling, acting, and relating, and that is directed towards a future fulfillment that is personally meaningful” (Stephenson, 1991). This definition highlights the multi-faceted nature of hope that has consistently emerged in qualitative studies (Dufault & Martocchio, 1985; Scioli, Ricci, Nyugen, & Scioli, 2011). This understanding of hope is germane to an exploration of hope with vulnerable emerging adults. Additionally, personal definitions of hope elicited from study participants align with Stephenson’s definition. Their conceptions of hope, drawn from their experience in the transition out of care are provided in full in the Findings section.

Use of Qualitative Research Methods

This research is qualitative in nature as “qualitative research seeks to answer questions that cannot be answered through quantification” (Camic, Rhodes, & Yardley, 2003, pp. 15) by explicating the experiences of participants in a context-specific setting (Denzin & Lincoln, 2000). Interpretive description (Thorne, 2008) was used as a methodological framework in order to produce qualitative research which informs counselling psychology practice. Further, this research is undergirded by the philosophical perspectives of constructivism and interpretivism.

I completed seven individual, semi-structured research interviews. Each interview began with the participant visually plotting important past life events pertinent to hope in their transition out of care. Employing interpretive description methodology (Thorne,

2008), I drew from the qualitative literature to determine the data analysis strategies that best addressed the research question. Ultimately, data analysis was driven primarily by Thorne, Kirkham, and O’Flynn-Magee’s (2004) flexible, four-component model of data analysis, and informed by Lincoln and Guba’s (1985) constant comparative analysis. These methods were used to co-construct an understanding of the experience of hope during the transition from care for youth that demonstrate resilience. I deemed interpretive description as appropriate for the current study. Interpretive description was developed for research that intends to improve clinical practice and it is a methodology useful for explicating participants’ experiences of a phenomenon in such a way that the findings will be useful in an applied sense for my profession, counselling psychology.

Theoretical Forestructure

In order to sufficiently ground an interpretive description study, Thorne (2008) suggests that the researcher present a theoretical forestructure in order to explicitly position the researcher within the key ideas that have informed the genesis of the research. Theoretical forestructure makes explicit the concepts underlying the study, including: the researcher’s previous clinical experience, the researcher’s personal relationship to theoretical concepts and research approach, and the broader discipline “as theory” (Thorne, 2008, pp. 68). Thorne argues that the theoretical forestructure invariably informs the execution and analysis of a research study, and suggests that researchers thoughtfully engage with it prior to collecting data. In this section, I present the theoretical forestructure relevant to myself as a researcher, as well as the theoretical forestructure of counselling psychology as a discipline.

Researcher as instrument. John Creswell (2007) emphasizes the role of the researcher as the primary instrument in qualitative inquiry whose “own background

shapes their interpretations and they position themselves in the research to acknowledge how their interpretation flows from their personal, cultural, and historical experiences” (p. 208). As the primary researcher on this project, my own understandings and socio-cultural context inform the implementation of this research as well as the ultimate research findings. Therefore, it is important to claim my position within the research explicitly.

I first came to this research topic when I was working with youth transitioning out of the care of the government seven years ago, and I have maintained a strong desire to conduct an in-depth research project on the transition from care since that time. The current project is my dissertation for a PhD in Counselling Psychology, a fundamental aspect of my larger training to become a Registered Psychologist. My master’s thesis examined the experience of hope for early adolescent girls and their transition into adolescence. This project maintains foci on both hope and transition, but changes focus to examine the experience of hope for emerging adults who demonstrate resilience in their transition out of government care.

I was raised in an upper middle-class family in a suburban community and received extended family support, living with my parents up to the age of 23. Coming from a family of professionals imbued with a Protestant work ethic, I believed for much of my developing life that one’s circumstances were a result of her or his own actions and hard work. This view was challenged in a visceral way when I began my work with former foster youth. Indeed, when I was first working with youth younger than myself helping to support their independent living skills, I was still living with my parents and benefiting from their financial support. This contrast caused some amount of conflict for me personally. The strength exhibited by the youth with whom I was working was

particularly highlighted in the contrast between my circumstances and their circumstances. I was struck by the capacity of many youth to successfully meet their goals despite longstanding adversity in their own lives and systemic barriers to their success. For example, the housing allowance provided was so little that it was only feasible to find a rental unit in neighbourhoods which were emblematic of the life which these youth were working to avoid, often filled with drugs, gangs, and domestic violence. While these youth may have lacked fundamental opportunities, they showed a remarkable tenacity of hope for the future.

As I embarked on my PhD research, it became clear to me that I wanted to better understand the mechanisms of this hope and to discover how hope could be supportive for youth to be resilient in their transitions. My readings on the subject of high-risk youth and hope, together with my master's research, led me to believe that hope is indeed important and supportive of positive outcomes for marginalized youth, and moreover for the developmental processes of youth more generally. Additionally, I found that literature on the determinants of resilience includes a hopeful disposition. However, there had not yet been a well-executed, in depth study of how hope is experienced during the transition out of care for emerging adults that demonstrate resilience. My primary aim in conducting this research was to better understand, as a counselling psychologist, the experience of hope for youth who demonstrate resilience in the process of transitioning from care. I acknowledge that my own previously established belief that hope is important in the process of transition has likely impacted this study, and it is important for myself, as well as the readers of this research, to be aware of this belief.

A researcher also brings her own worldview and understandings about knowledge to the research question. This research is informed by my own identification as a

constructivist researcher. Even prior to entering graduate school, I found myself drawn to research which focused on the contextualized and personal experiences of individuals, and which attempted to elicit deeper meanings from these experiences. In my understanding, qualitative, constructivist research is consistent with the ideographic nature of counselling psychology as a discipline. Further, it is my personal view that our perspectives on any one experience are shaped by our histories and the individual lens through which we see the world. While I came to this research with previously held ideas about the importance of hope in transition, the youth who took part in this study provided perspectives that led to a rich and nuanced understanding of the process of hope informing resilience. Ultimately, the findings are a co-construction between myself and the research participants. Findings are grounded in the participants' experiences and personal contexts, as informed by my theoretical understandings and broader disciplinary influences. It is my hope that, ultimately, this construction will be helpful for counselling psychologists working with youth and emerging adults undergoing the transition out of care.

Finally, as a constructivist I am aware that it is impossible to fully divorce the process of analysis from the individual conducting it, and so I acknowledge my own important and inextricable role in the conduct and interpretation of this study. Throughout this document, I will use the first person to refer to myself as the researcher, with the intention of being transparent about my own place in the research.

The discipline of counselling psychology “as theory.” An interpretive description study must frame an inquiry by examining the broader influences of the discipline in which the researcher is situated (Thorne, 2008), as the wider understandings held by the discipline inevitably impact both the research question and how the researcher engages

with the research and analyzes the data. By explicating these influences and making connections between the larger discipline and the specific research question, the researcher is able to provide a context for the audience, as well as enhancing credibility. Thorne (2008) suggests that the overarching question guiding psychology as a discipline is “Why do individuals think, feel, and act as they do?” Counselling psychology is a specialization within the larger discipline of psychology which is more specifically interested in human processes and individual growth (Strawbridge & Woolfe, 2003). The three core values identified in the Canadian approach to counselling psychology include: (a) understanding the client as his or her own agent of change and the client’s own resources together with the therapeutic relationship as the primary agents of change; (b) a client-centered approach to assessment and intervention activities; and (c) sensitivity to diverse socio-cultural factors (Bedi et al., 2011). Practically, counselling psychologists intervene to reduce barriers to personal growth (Rogers, 1957), and bolster personal internal attributes and resources to assist growth (Fredrickson, 1998; Sincaroe, Borgen, Daniluk, Kassan, Long, & Nicol, 2011).

Counselling psychology as a discipline has also highlighted the importance of positive emotions and internal resources (Lopez & Edwards, 2008). The particular focus on hope in this study is informed by an ever-broadening literature on the importance of hope and a growing understanding of the nature of hope in change processes (Larsen, Edey, & Lemay, 2007). In 1959, prominent psychiatrist Karl Menninger addressed the American Psychological Association and decried the lack of research on hope, lamenting “our shelves are bare...the journals are silent.” He claimed hope to be fundamentally important in human change processes. Since then, hope research has proliferated, along with our understandings of how hope functions, particularly for individuals in difficult

circumstances (Cutcliffe & Kaye, 2002; Scioli & Biller, 2011).

My disciplinary perspective clearly informs the specific aspects of the transition from care that I focus on in this research. Counselling psychology takes a developmental rather than categorical approach (Sinacore et al., 2011), and focuses on personal resources which are subject to change (Woolfe, 1990). This stands in contrast to the focus of intervention in other helping disciplines such as social work's focus on external resources (Coady & Lehman, 2007), or clinical psychology's focus on diagnosis and remediation, housed within a bio-medical model (Woolfe, 1990). As the focus of a counselling psychology dissertation, hope is an appropriate focus due to its internal, changeable nature, which suggests it is a promising avenue of intervention for counselling psychologists working with youth in transition. Further, constructivist conceptions of knowledge and reality comprise a major tradition within counselling psychology (Morrow, 2005; Neimeyer, 1995; Winter, 2003). Therefore, I argue that constructivist-informed methodology is also consistent with the discipline of counselling psychology.

Finally, important to the aims of this research, counselling psychology as a profession claims a commitment to social justice (Fouad, Gerstein, & Toporek, 2006), which is grounded in cross-cultural practice (Sue, Carter, Casas, Fouad, Ivey, & Jensen, 1998). Indeed, the origins of the discipline of counselling psychology include a deep attention to social justice (Vera & Speight, 2003). That social justice is not universally acknowledged as a core principle of our discipline suggests that the disciplinary focus has been more on individual remediation with less attention paid to the social justice principles underlying counselling psychology (Vera & Speight, 2007). Social justice expands the professional activities of a counselling psychologist from individual, direct

intervention to community level advocacy, prevention, and outreach (Vera & Speight, 2003). The goal of advocacy is to promote equity and to remove systemic barriers to success for marginalized populations. Therefore, when working with marginalized populations, such as youth and emerging adults transitioning from government care, advocacy allows counselling psychologists to engage critical social change, which is not possible on an individual level. Ethically, advocacy and social justice are subsumed under the fourth ethical principle of Responsibility to Society (CPA, 2000), making them ethical imperatives for counselling psychologists engaged with marginalized groups. Therefore, another possible use for the findings of this study is to advocate for and move towards structural change which will promote social justice and decrease barriers to hope for these emerging adults. In recognizing the importance of social justice within the broader theoretical framework of counselling psychology, particularly when working with marginalized individuals, this dissertation seeks to address both the intervention and the social action aspects of the discipline. This action is in alignment with the mandate of counselling psychology as a discipline.

To situate the current study, I have outlined theoretical forestructure including my theoretical allegiances, and the broader discipline of counselling psychology “as theory”. This forestructure has informed the aims, implementation, and analysis of this research. I now move to discussing the research literature which draws together important fields of research which inform this work.

Chapter 2: Literature Review

This chapter contains a review of the existing literature in order to provide background for this research study. First, I discuss the larger concepts which undergird this research: hope and resilience. I provide an overview of theory on both constructs and discuss the literature which informs the relationship between hope and resilience. I then discuss the research literature on emerging adulthood, experiences in government care, the transition from care, and how these experiences relate to hope and resilience. This literature has informed the current research question: “What is the experience of hope for emerging adults who demonstrate resilience in their transition from government care?”

Hope as a Concept

This section presents foundational theories and definitions of hope, which are important in grounding a study of hope in human processes. Hope is understood as an integral concept in a myriad of disciplines, including counselling psychology. In theories of change, client hope is estimated to account for up to 15% of client change in psychotherapy (Lambert, 1992). Indeed, hope is thought to impact several aspects of life across the lifespan (Hinds, 1984). Hope research has proliferated in recent years, although as a concept, consensus across disciplines remains elusive. In part, this is due to the complexity of hope as expressed by the Christian philosopher Macquarrie: “we shall try to grasp the nature of human hope as a universal phenomenon, one which appears in many forms and has many objects from the most trivial to the most profound” (1978, p. 2). Although there are several academic definitions of hope, colloquially hope is often understood as a concept which allows individuals to “imagine a future in which they would wish to participate” (Jevne, 1994, p. 8).

In a philosophical analysis, Petit (2004) argued for the necessity of two basic criteria in order for hope to be present. The situation in question must be uncertain in outcome, and the hoping individual must identify a desired outcome. He argues that when both of these criteria are fulfilled, hope allows for an individual to have a stable relationship to an uncertain future event. Even when evidence is largely to the contrary, an individual can choose to hope for their desired outcome, knowing that the situation is still uncertain. Below I outline three seminal theories of hope that I consider most germane to this research: Carl Snyder's goal-centric theory of hope, Dufault and Martocchio's (1985) multi-dimensional model of hope, and Scioli and colleagues' (2011) four channels of hope.

Snyder's Hope Theory

The most frequently employed theoretical framework of hope within psychological research is that of Carl Snyder (1995) who asserted that hope is a cognitive-behavioural process consisting of one's agency towards goals and the pathways available for reaching those goals. He posits that hope consists of desired goals, one's ability to develop pathways to those goals, and the agency to motivate oneself to move towards them (Snyder, 2002). Not surprisingly, Snyder came upon the study of hope through research aimed at understanding goal-driven behaviour. He ultimately suggested that hope is the best mechanism by which goal-based behaviour can be understood. However, his conception of hope has been criticized as being reductionist (Webb, 2007). Indeed, while hope may be integral to the setting and achievement of goals, and goals may be an important aspect of hope, qualitative research suggests that hope is a more multi-faceted and personal construct (Dufault & Martocchio, 1985; Morse & Doberneck, 1995). Nevertheless, the import of Snyder's theory should not be undermined. Because of its

straightforward structure, it is easily operationalized and has been adapted to empirical hope scales. These scales have been widely used to establish the importance of hope in a myriad of human processes (Snyder, 1996). Therefore, I argue that, in understanding hope as a concept, Snyder's understanding of hope plays a helpful role when taken in concert with a broader lens that includes other aspects of hope.

Spheres and Dimensions of Hope

Another important theoretical grounding in the area of hope is Dufault and Martocchio's (1985) work. Their theory is based on two studies of hope in elderly cancer patients and terminally ill adults, and is now understood as foundational in almost all multi-faceted understandings of hope (a ubiquitous conceptualization in health research) (Elliot, 1995). They found that hope consisted of two spheres: generalized hope - hope for one's overall future; and particularized hope - hope for specific outcomes or goals. Within both of these spheres, Dufault and Martocchio further differentiated six dimensions of hope: affiliative hope, contextual hope, affective hope, cognitive hope, behavioural hope, and temporal hope.

In their research, these same dimensions appeared across participants suggesting that they are common and important aspects of hope, particularly in times of stress or hardship. Their dimensions of cognitive and behavioural hope, particularly within the particularized sphere, correspond with Snyder's model of hope. Beyond that, their model indicates that, based on the identified spheres and dimensions, there are multiple potential avenues for hope to be maintained, even during times of difficulty. Indeed, based on their research, Dufault and Martocchio assert that hope is always present, simply changing in form. For the current study, Dufault and Martocchio's model informs an understanding of hope as a multi-dimensional construct which draws from several aspects of an

individual's identity.

Channels of Hope

Yet another more recent theoretical model of hope, arising from the discipline of psychology, is that of Scioli, Ricci, Nyugen, and Scioli (2011). They suggest that hope is a personal construct which consist of four "channels," all differing in strength depending on an individual's orientation to their hope, and their circumstances. These four channels include: mastery, attachment, survival, and spirituality. Mastery hope includes higher goals, skill development or expression, and empowerment beliefs. Attachment hope, which is similar to the affiliative dimension of hope in Dufault and Martocchio's (1985) model, arises from interpersonal experiences and encompasses basic trust and openness. Survival hope is related to an individual's capacity to feel safe and to self-regulate. Finally, spiritual hope is not necessarily religious in nature, but encapsulates an individual's broader understandings about the world and how they attribute meaning. The four channels explicated in Scioli's model are all informed by developmental experiences (including social supports, cultural endowments, and individual traits). These experiences either nurture or challenge biological imperatives of hope (e.g. to survive, to connect).

Because hope, according to Scioli and colleagues, is informed by both biological foundation and developmental experience it is likely uniquely experienced for youth formerly in care. Additionally, the survival channel is particularly pertinent to the study of youth transitioning from care. Survival as a component of hope highlights the importance of hope, even in the context of darkness or difficulty. In this model, hope acts as the force which allows an individual to cope. Finally, because circumstances can change significantly during the period of transition, Scioli's flexible model is useful in conceptualizing hope in that it allows for certain facets of hope to take precedence

depending on the current circumstances and needs. This supports the concept that there might be multiple, parallel processes of hope.

An Integrative Understanding of Hope

While there is no consensus on a single definition of hope, the above understandings have informed the direction of the current project. As will be discussed later, the findings of this research have strong connections to each of these theories, while also describing important components which are potentially unique for youth leaving care. Rather than pitting theories against one another for dominance, I have adopted an integrative approach which acknowledges the unique and important contributions of the prominent hope theories. Ultimately, “hope is a process of anticipation that involves the interaction of thinking, acting, feeling, and relating, and is directed toward a future fulfillment that is personally meaningful” (Stephenson, 1991). All aspects of this definition were ultimately important to the understanding of hope co-constructed in this project. While this definition comprises a tentative understanding of hope which undergirded implementation of this research, it was also important for me to be open to experiences of hope described by participants which differed from or expanded upon these aspects.

Resilience as a Concept

This section will present prominent models of resilience, relevant critiques, and the definition of resilience ultimately adopted for this study. All theoretical conceptions of resilience share the understanding that for resilience to be present, an individual must first (a) be exposed to conditions which are risk factors for poor outcomes, and (b) have protective factors which establish adaptive functioning in the face of those conditions (Fergus & Zimmerman, 2005; Fletcher & Sarkar, 2013). Fergus and Zimmerman (2005)

have suggested that resilience is tied to process and is defined by the capacity to avoid negative trajectories associated with risks. They further assert that protective factors can be either *assets* or *resources*. Assets are internal characteristics which allow an individual to be more adaptable and steadfast in the face of challenge. Resources are positive supporting factors which are external to the individual him or herself.

Within this framework, hope can be understood as an asset which is bolstered by a range of resources. This is consistent with research on hope in the face of adversity. Internal experiences of hope are important to resilient outcomes, and hope is supported by external factors such as social support (Dufault & Martocchio, 1985; Horton & Wallhandler, 2001). Resilience is not a trait that resides within an individual (Sandler, Wolchik, Davis, Haine, & Ayers, 2003) but rather the outcome of a process an individual goes through in facing a situation, and the outcome of that process is determined to be resilient. Ultimately, resilience is defined by behaviour rather than cognition or emotion. Examining hope as an aspect of resilience allows us to access cognitive, emotional, and internal aspects of an individual's experience in becoming resilient. Importantly, every key theory of hope has cognitive and/or emotional foundations (e.g., Dufault & Martocchio, 1985; Scioli et al., 2011; Snyder, 1997).

Returning to a specific focus on resilience, there are three dominant models of resilience (Fergus & Zimmerman, 2005), which include the compensatory model, the protective model, and the challenge model. The first, the compensatory model is defined by the balance of protective factors with risk factors, leading to the individual maintaining average functioning despite vulnerability, due to sufficient presence of protective factors (Zimmerman & Arunkumar, 1994). In the compensatory model, the protective factors do not act directly on the risk factors, but rather both act directly on the

individual resulting in a balance. The second theoretical approach to resilience, the protective model, is one in which protective factors act directly on risk factors in order to diminish their impact on the life of the individual, moderating the relationship between risk factors and outcomes (Luthar, Cicchetti, & Becker, 2000).

The third model, the challenge model (Garmezy, Masten, & Tellegen, 1984), is developmental in nature and conceptualizes resilience as a process. This model presents resilience as the result of the capacity of the individual to respond to risk factors. In the challenge model, the relationship between risk factors and resilience is curvilinear, in that both low and high levels of risk factors are associated with poor outcomes whereas moderate levels of risk factors are associated with better outcomes. The rationale behind this model is one of capacity building, and posits that some exposure to difficult experiences can build an individual's coping responses, a type of inoculation, whereas too much exposure could be overwhelming.

In both the compensatory and the protective model, hope would be understood as a protective factor. In the third model, hope may be understood as an internal resource which would increase the capacity of the individual to respond to risk factors. All three of these models are similar in that they identify resilience as the outcome of a process, most often determined by certain objective criteria of functioning. Ultimately, in order to define resilient individuals for this study, I drew on Daining and DePanfilis' (2007) work on resilience in youth transitioning from care which uses objective outcome criteria. They identify six domains of functioning which are developmentally salient to resilience in the transition out of government care. The domains include: educational attainment, employment history, and avoidance of drug use, early parenthood, homelessness, and criminal involvement. These specific domains of functioning provided an anchor point

for identifying emerging adults who can be understood to demonstrate resilience in the transition from care specifically. By using objective criteria to identify youth who demonstrate resilience, I was better able to understand the experience of hope throughout the “negotiation between the individual and their environment” (Ungar, 2002) which ultimately results in resilient outcomes. It also provided a practical means to address selection criteria for this study.

Theoretical Ties Between Resilience and Hope

Hope and resilience are frequently tied in the research literature, and at times even used interchangeably (Brooks, 1994). Hope has been shown to act as a buffer for various psychosocial stressors for youth (Lagace-Seguin & d’Entermont, 2012). Furthermore, hope has been identified as one of the internal factors that promote resilience in youth (Drapeau, Saint-Jacques, Lepine, Begin, & Bernard, 2007; Gilman & O’Bryan, 2014), and youth report that hope is helpful in periods of difficulty (King, 2013). Vulnerable youth who defined themselves as more resilient (as self-reported on the Resilience Scale; Wagnald & Young, 1993) were less likely to be hopeless than their peers who did not self-identify as resilient (Rew, Taylor-Seehafer, Thomas, & Tockey, 2001). Further supporting this notion, there is an association between higher levels of hope and outcome measures associated with resilience such as educational attainment, emotional well-being, school completion, and ability to maintain a job (Schmid, Phelps, Kiely, Napolitano, Boyd, & Lerner, 2011). Studies are emerging in disparate research literatures identifying hope as an important process factor in supporting resilience, including: for parents of children with intellectual disabilities (Lloyd & Hastings, 2009), for adolescent girls attending college in India (Kirmani, Sharma, Anas, & Sanam, 2015), for individuals suffering from PTSD and their families (Wu, 2011), and for older adults (Ong, Edwards,

& Bergeman, 2006).

Conceptually, there are links between hope and resilience, which suggest an important relationship. Various dimensions of hope have been identified as supporting resilient outcomes. First, goal setting and attainment have been linked to resilient outcomes across multiple studies using Carl Snyder's (1996) Hope Scale and Children's Hope Scale (1997). This research has demonstrated the cognitive-behavioural dimension of hope as an independent variable impacting psychological well-being and educational attainment (Gilman, Dooley, & Florell, 2006), as well as a protective factor for adolescents living in chronically stressful situations, which allows them to cope in healthy ways (Roesch, Duangado, Vaughn, Aldridge, & Villodas, 2010). Second, the dimension of basic survival and desire to live (Scioli et al., 2011) can be tied to resilient outcomes for youth. Barowsky, Ireland, and Resnick (2009) found in a longitudinal study that vulnerable youth who did not anticipate living into adulthood (low hope) were more likely to engage in high-risk behavior with higher instances of substance abuse, teenage pregnancy, AIDs acquisition, and failing to graduate high school. Furthermore, hope weakens the relationship between rumination and suicidal ideation in youth (Tucker et al., 2013), with both desire for survival and hope found to be supportive of "suicidal resilience" (Rutter, Freedenthal, & Osman, 2008).

Third, attachment and relationships, which are supportive of hope (Dufault & Martocchio, 1985; Scioli et al., 2011), have also been established and well-replicated in the resilience literature as resources that help to support resilient outcomes (Crosnoe & Elder, 2004; Olsson, Bond, Burns, Vella-Brodrick, & Sawyer, 2003; Rutter, 2013; Svanberg, 1998). Fourth, the emotional experience of hope (Dufault & Martocchio, 1985), tied to positive emotional experiences more generally, is important to well-being

as explicated in Fredrickson's (2013) "broaden and build" theory. This theory suggests that positive emotions broaden and expand cognition and behavioural options, allowing for more flexible responses to difficult situations, and in research a faster return to positive self-appraisal in the face of difficulty (Johnson, Gooding, Wood, & Tarrier, 2010). Finally, spiritual engagement is an important element to maintaining hope (Scioli et al., 2011) and also seems to have strong ties to the capacity to be resilient in the face of: difficulties adjusting to adolescence (Kim, & Esquivel, 2011), developmental adversity (Wright, Masten, & Narayan, 2013), childhood trauma (Glenn, 2014), and intimate partner violence (Ivan, Barnett-Queen, Mssick, & Gurrola, 2015). Overall, the above research suggests an important tie between hope and resilience.

The Context of the Transition from Care

The process of transitioning out of care and into independent living has been described as "risky, complex, stigmatized and fast-tracked" (Abel & Fitzgerald, 2008, p. 365). While growing numbers of young adults in Canada have an extended reliance on familial support, sometimes into their late-twenties (Kins, Beyers, Soenens, & Vansteenkiste, 2009), youth transitioning out of the care of the government in Alberta are expected to attain independence between the ages of 16 and 24 (Child, Youth, and Family Enhancement Act, 2017). Legal governmental support obligations end at age 18 (Human Service Alberta, 2014). Youth aging out of government care have fewer natural supports than their non-foster counterparts and have almost all experienced some form of trauma or developmental disruption (Twedde, 2007; Kendrick, 1998). Youth who successfully navigate the transition from care can be said to demonstrate resilience based on the previous discussion on resilience. Unfortunately, for many former foster youth, resilience is not the outcome. Instead, research reflects poorer outcomes on almost every

dimension, including: early parenthood, subsequent loss of custody, homelessness, reliance on social assistance, incarceration, and low rates of educational attainment (Wickrama, Merton, & Elder, 2005).

This section of the literature review addresses three main streams of literature, all foundational in understanding the experience of hope during the transition out of care for emerging adults who demonstrate resilience. First, I discuss the circumstances commonly faced by youth in the foster care system. Next, I discuss a normative transition to adulthood from a developmental perspective, and specific challenges related to the transition out of care. Finally, I discuss the importance of hope and resilience for vulnerable youth, and the relevance of these constructs to youth transitioning from care.

Statistics on Youth Transitioning from Care

It is difficult to determine precisely how many youth transition out of care into independent living in Canada each year, as the statistics are reported by neither the Federal government, nor the government of Alberta. However, it is clear that the cohort is growing year over year. The proportion of Child Welfare investigations per 1000 Canadian children has been steadily increasing since 1998 (Trocmé et al, 2010). In the most recent reporting in 2008, there were 39.16 investigations per 1000 children nationally (total number: 235,842), and of these investigations, 85,440 were found to be substantiated. When possible, family of origin placement is maintained with some supports or Children's Services follow up (Trocmé et al., 2010). In 48% of government investigations, there have been previous reports and investigations of maltreatment for that child or family (Trocmé et al., 2010). The mandate for family reunification can lead to children and youth being apprehended and subsequently returned to a dangerous home multiple times (Maluccio, Abramczyk, & Thomlison, 1996). Youth who have re-entered

the foster system more than three times are at substantially higher risk for juvenile incarceration (Johnson-Reid & Barth, 2000).

Ultimately, a large number of children and youth are taken into the custody of the government in Canada. In 2008, 10,886 children were taken out of the family home and placed in group or foster care (Trocme et al., 2010). Many of these children are initially taken into care pursuant to a TGO until it is apparent that there is no chance of them returning to parental or family care, at which point, a Court may grant PGO, which in Alberta expires on each youth's eighteenth birthday. It can be expected that a large proportion of children who enter into a PGO and are not officially adopted will continue in the system until they age out of care.

Race and Government Care

Children from differing demographic groups (e.g., race, culture, socio-economic status) face differing levels of intervention by government agencies. In Canada, Indigenous children are twice as likely to be taken into care as their Caucasian counterparts, and Children's Services complaints involving Indigenous families are more often classified to be "suspect" or "substantiated" (Trocme, Knoke, & Blackstock, 2004). Analysis of the reasons for bringing children into care (Fallon et al., 2010) indicates that this bias in Indigenous children's entry to care is accounted for by several factors including type of maltreatment (e.g. physical abuse, neglect, sexual abuse), family characteristics (e.g. primary caregiver age and sex, primary caregiver's relationship to child, primary caregiver risk factors, number of family moves, and type of housing), and socio-economic status. In addition to the racial disparity within care, race can also be understood as a factor in the transition out of care. Indigenous youth face greater barriers to employment, and are disproportionately targeted by police (Brown, Higgitt, Wingert,

Miller, & Morrisette, 2005). Indigenous youth who are homeless point to their early experiences of poverty and involvement in the foster care system as systemic determinants to their homelessness (Baskin, 2007). Igelhart and Becerra (2002) suggest that by understanding race not as a discrete category, but as a series of interactive characteristics impacting how a youth operates in their world and how others in their world regard them, we can better understand how race holds implications for development of adult identity. In this research with individuals previously in care, I have aimed to remain cognizant of socio-cultural factors which both influence and impact their experience of transition. Throughout this project, I have followed guidelines for culturally sensitive research practices (Papadopoulos & Lees, 2002), with a particular awareness of Indigenous cultural contexts (Pidgeon & Cox, 2002).

Risk Factors Associated with Transitioning from Care

Individuals who age out of the foster care system have poorer outcomes on a range of social, economic, and health factors (Courtney et al., 2001). These outcomes can be understood as originating at the intersection between: (a) childhood developmental challenges in the family-of-origin and in care, and (b) the difficulty of the transition once that youth has left care. The difficulties of the transition to adulthood from government care begin long before the transition itself. The developmental deficit begins to be laid in early childhood and can be further exacerbated by experiences in care throughout childhood and adolescence. Therefore, the experiences a youth has had leading up to their transition will have a great impact on their ability to transition smoothly (Daining & DePanfilis, 2007). Often, healthy development can be understood as a process, with each stage building upon the strengths of the last, while the inverse can be true for deficit. This has been observed across developmental areas and in sociological discourse has been

termed “The Matthew Effect,” a reference to Christian scripture, which is colloquially summarized thusly: the rich get richer and the poor get poorer (Bakermans-Kranenburg, IJzendoorn, & Bradley, 2005). This section will briefly discuss common experiences of children and youth prior to entering care, in care itself, and in the transition to adulthood, as well as the implications that these experiences may have on development.

Early Childhood Mistreatment and Neglect

Early in life, children who eventually enter the foster care system are significantly more likely than the general population to experience maltreatment in their family of origin home, including: neglect, exposure to violence, sexual or physical abuse, and exposure to illicit drug use (Tyler, 2006). These circumstances are often experienced in the family-of-origin home and may necessitate the government intervention which leads to the child being taken into care. Attachment theory posits that the neural development during early childhood can be greatly impacted by environmental circumstances (Schoore, 2005). The relationships formed with caregivers during this time can organize an individual’s response to close others into adulthood and beyond. Youth in the foster care system demonstrate attachment difficulties at much greater levels than their peers (Tarren-Sweeney, 2008). Recent research on attachment suggests that individuals who face abuse and neglect during their formative years do not adequately develop basic executive functioning skills such as emotional regulation and planning for the future (Colvert et al., 2008). Furthermore, youth who face adverse childhood experiences are more likely to continue to face environmental threats to well-being throughout development, and even into emerging adulthood (Reuben et al., 2016). Obviously, these deficits have implications for transitioning, as well as for facilitating hope for the future. Recent research has shown that adverse childhood experiences are antecedents to lower

hope later in life (Munoz et al., 2018). Further, in emerging adulthood, attachment difficulties have been shown to negatively impact social support development and personal adjustment (Larose & Bernier, 2001).

Stein (2006) argues that attachment is one of the important theoretical frameworks for understanding the difficulties in the transition from care. Because a secure attachment can act as a base for healthy adult development, youth who experienced abuse or neglect in their early childhood begin at a deficit, particularly with respect to skills such as emotional regulation and relationship development. Research has demonstrated that youth with disorganized attachment patterns more often fail to successfully transition from government care (Penzerro & Lein, 1995). In one of the only studies on care-leavers and attachment, Downes (1992) found that many young people with insecure attachment styles had difficulty facilitating social support, asking for help, or maintaining relationships, which negatively impacted their transition from care. Furthermore, in the absence of therapy, these attachment issues continue to perpetuate into later adulthood (Downes, 1992). Important for youth who begin parenting at a young age, attachment difficulties in a mother often perpetuate in her relationship with her child, and a large proportion of children with mothers who were insecurely attached are themselves insecurely attached (Beebe, 2002). This puts these young parents at risk for difficulty parenting and for cross-generational intervention from Children's Services. Ultimately, the experiences in early childhood can have a long-lasting impact on skills pertinent to the transition from care.

Institutional Impacts

While the removal of a child from the family home is intended to protect them from the circumstances described above, many children and youth face continued difficulty

within the foster care system. The impact of an institutional upbringing comes with its own difficulties. In a longitudinal study examining the impact of entry into government care, pre and post measures suggested that externalizing and behavioural difficulties increased after children were placed in care and that these impacts were maintained over time (Lawrence, Carlson, & Egeland, 2006). This suggests that entry into care can exacerbate existing problems. The increase in problem behaviours associated with living in care may relate to the loss of natural supports (including cultural supports important to identity) as well as the disruption in important attachment relationships. Further, youth in care showed higher internalizing difficulties, such as anxiety and depression, compared to their peers who had experienced maltreatment in the family home but were not taken into care (Laurence, Carlson, & Egeland, 2006). While the foster care system is designed to protect children from harmful circumstances, there are a host of challenges faced by children and youth within the system, which I have conceptualized to fall into two general categories: (a) lack of normative supports or opportunities, and (b) additional harmful experiences such as active abuse.

First, lack of support and opportunity can undermine developmental processes and deprive youth of supports. Multiple placements, often geographically disparate, in which the youth has little to no input result in an inability to maintain a stable educational trajectory at one school, or long-term community relationships. Further, while strong sibling relationships have been shown to be a protective factor for youth in care, siblings are often unable to live together, or even maintain regular contact (Herrick & Piccus, 2005). Secondly, children and youth in care are at greater risk of experiencing additional abuse. Many youth report having experienced physical, sexual, and emotional abuse during their foster placements either at the hands of their caretakers or their peers

(Courtney, Skyles, Miranda, Zinn, Howard, & George, 2005). Additionally, disconnection from cultural resources or supports can erode a sense of personal identity and pride (Bruskas, 2008). This importance is underscored by the inclusion of cultural sensitivity and incorporation of a child or youth's culture of origin in daily life as an important competency for successful foster parenting (Cuddeback, 2006).

The foster care system does not provide a homogenous experience, and there are significant differences across provinces as well as for each individual child depending on their placement. Some children and youth are never placed in foster homes but rather live in group care for a number of years. Certain youth will have stable foster care placements, whereas others will be moved a number of times. Newton and colleagues (2000) reported that youth face up to fifteen separate moves during their time in care and that higher numbers of placements were associated with problem behaviours, suggesting disruption to the developmental process. In a representative sample of Canadian children in foster care, more than two thirds had been in at least two placements (Chapman, Wall, & Barth, 2004). The significant challenges faced by youth prior to their transition out of care may contribute to their struggles during transition, and any research of the experience of transition must take into account these potential developmental influences.

Difficulties in the Transition to Adulthood

The poor outcomes repeatedly documented for adults who previously transitioned out of foster care (Courtney et al, 2007; Hook & Courtney, 2011; Pecora et al., 2006), have prompted a growing body of research which looks specifically at experiences of youth after leaving care. The transition out of care, consisting of the time period directly following a youth leaving care and including their entire transition to independent living, appears to be both vital and vulnerable. Underlying the difficulties specific to youth in

care, these youth must also navigate the normative challenges related to the transition into adulthood. This section first outlines the challenges inherent in normative transitions to adulthood, and then more specifically addresses the barriers commonly faced by youth leaving government care during this period of transition.

Normative Development in Emerging Adulthood

The transition to adulthood, even for non-vulnerable individuals, is a complex developmental process. Early developmental theories depict adulthood as an age-defined period, with straightforward developmental challenges primarily concerned with establishing stable relationships and acquisition of adult roles (Parsons, 1942). This is reflected in our legal conceptions of adulthood which assign adult rights and responsibilities at the age of eighteen or nineteen, including the right to vote, marry, and consume alcohol. Erik Erikson (1968) was the first to identify this time period as more transitional than categorical in nature. He suggested that in industrialized societies, there was as a period of “prolonged adolescence” which preceded young adulthood, characterized as a time of experimentation with multiple adult roles. He did not see this period as a separable developmental stage, but rather as an extension of adolescence granted by way of a “psychosocial moratorium” (Erikson, 1968, pp. 144). This moratorium provided a time in which adult expectations were not enforced upon the young person by others or by the larger society. In a similar theoretical vein, Levinson (1978) used retrospective interviews with adult men to identify what he describes as the “novice phase” (p. 71), a time of instability prior to developing a solid and predictable life structure. Of note, both Erikson and Levinson’s works have been critiqued for their exclusion of female experiences of adult development, which has been described as more complex due to the importance of relationship building and the centrality of the

reproductive role (Barnett & Baruch, 1978; Sands, 1996). Further, for both males and females, capacity to engage in a period of psychosocial moratorium requires financial and social privilege, which is not available to all emerging adults (Woodhouse, 2001). For instance, youth who must work full-time in order to meet their basic needs, have less flexibility to experiment with identity development. In part, lack of psychosocial moratorium, along with the premature assumption of adult responsibility may contribute to difficulty for youth exiting the foster care system.

Building on earlier theories, Arnett (2007; 2014) has re-conceptualized the period between 18 and 29 in industrialized societies such as Canada, as a unique developmental stage termed “emerging adulthood,” a period distinct from both late adolescence and adulthood proper. Importantly, Arnett (2015) has presented evidence supporting emerging adulthood as a life stage which is consistent across social classes, and thereby is also applicable to marginalized individuals. According to Arnett, emerging adulthood is not simply a transition from one life stage to another, but rather a distinct life period within itself, with transitional qualities. Further, it holds important implications for the remainder of adult life, as it is a time integral to development of adult roles and identity. Positive function in emerging adulthood is important both during emerging adulthood itself, and beyond. Well-being in emerging adulthood has been linked to lower levels of risk taking behaviours and more positive psychological functioning (Schwartz, Donnellan, Ravert, Luyckx, & Zamboanga, 2012). Longitudinally, Roisman, Masten, Coatsworth, and Tellegen, (2004), followed a large normative sample of individuals through emerging adulthood and into adulthood proper, finding that successful resolution of salient developmental tasks in emerging adulthood (e.g., conduct, academic attainment, relationship development, and work competence) was predictive of ongoing

adult success. Clearly the developmental period of emerging adulthood is fundamentally important to adult outcomes, in part by establishing important trajectories such as career (Murphy, Blustein, Bohlig, & Platt, 2010; Roisman et al., 2004), lifestyle or identity (Schwartz, Zamboanga, Luyckx, Meca, & Ritchie, 2013; Roisman et al., 2004), and ongoing intimate relationships (Barry, Madsen, Nelson, Carroll, & Badger, 2009; Roisman et al., 2004; Schulman & Connolly, 2013).

Developmental tasks of emerging adulthood. While early on, Erikson (1956) identified the establishment of relationships as an important component of the developmental stage of what Arnett later termed early adulthood (19-35), various researchers and theorists have identified a list of additional important developmental tasks. Arnett subsumes these tasks under the cognitive, emotional, and behavioural domains (Arnett & Taber, 1994). He describes the cognitive changes of emerging adulthood as reflecting a shift from logical problem solving to the capacity to integrate emotional, relational, and behavioural information into thinking and decision making. This more complex style of thinking is important for making real life decisions that have emotional impact and is an extension of the more rigid and logical approach to thinking employed in Piaget's (1958) formal operational stage which precedes it. The emotional changes Arnett lists reflect a growing autonomy from parents as well as the establishment of significant relationships, particularly romantic relationships. The behavioural changes include an increasing capacity to comply with social rules and conventions, as well as more fully developed executive functioning skills, particularly impulse control.

Other researchers and theorists have emphasized identity development as an additional task of emerging adulthood. Côté (2006) argues that key aspects of the process of identity development occur in emerging adulthood, rather than identity being cemented

in adolescence. Involvement in foster care has been shown to have a negative impact on identity development for adolescents (Kools, 1997), suggesting that the foundation for adult development of identity may be precarious for some youth. In particular, emerging adults can struggle to develop a strong sense of self, given: (a) the large number of choices available to them (e.g., identity, relationships, and career), and (b) the decreased support and structure associated with these choices (Côté & Levine, 2002). In particular, the tasks of *individualization* and *agency* appear to be ongoing well into the mid-twenties. Individualization is the capacity to create a coherent, unique sense of self by developing personal and professional relationships, seeking educational advancements, and planning for the future (Schwartz, Côté, & Arnett, 2005). Individualization is supported by identity related “agency”, which the authors describe as a sense of responsibility for one’s choices and the belief in one’s ability to determine their life course. This type of agency is largely involved in choosing the life course one would like to adopt rather than following the path of least resistance. Youth who transition to adulthood from unstable backgrounds can struggle with identity confusion. This identity confusion can be exacerbated for youth who are disconnected from cultural resources (Bruskas, 2008). Healthy, supportive parenting in adolescence has been found to be related to identity resolution at the age of 26 as rated by the extent to which retrospective “difficult incident narratives” are integrated into personal identity (Dumas, Lawford, Tieu & Pratt, 2009).

Neurological changes in emerging adulthood. The emergence of the developmental tasks described herein correspond with neurological evidence regarding changes in the brain during emerging adulthood. The brain continues to undergo synaptic pruning (destruction of under-utilized brain pathways leading to more neural efficiency) and myelinization (coating of neurons in grey matter which facilitates faster inter-neural

communication) well into emerging adulthood, particularly in the frontal lobe, an area of the brain responsible for decision-making and executive function (Bechara, Tranel, & Damasio, 2000). Geidd (2004), in a longitudinal MRI study, found that the dorsal lateral prefrontal cortex does not fully develop until the early to mid-twenties. Therefore, the skills associated with these neurological changes, including nuanced decision making, emotional regulation, and coherent sense of self are not fully formed prior to emerging adulthood, but rather develop throughout this time period. This, in part, is why emerging adulthood can be defined as both a separate and a transitional time period. For example, several studies have found evidence suggesting that youth in emerging adulthood are more likely than older adults to act in emotionally protective and reactive ways, particularly when attachment or safety is threatened (Arnett, 2001). This would suggest that the capacity to integrate emotional responses into logical reasoning and cognitive decision making is forming, but not formed, during this life period.

Role acquisition in emerging adulthood. Finally, emerging adulthood involves the acquisition of adult roles. A longitudinal study of individuals between the ages of 17 to 27 found that there is significant variation in patterns of the assumption of adult roles during emerging adulthood (Cohen et al., 2003). Some young adults remained fairly constant in low-demand roles with significant parental support, while others transitioned into adult roles early and returned to more dependent roles at least once during the time period studied. Finally, another cohort tended to follow the more expected, slow and steady acquisition of adult roles. Overall, most study participants were seen to shift between independence and dependence during emerging adulthood. This ongoing exchange allows for the transference of more and more complex skills, a process known as scaffolding. The lack of ongoing parental support for youth exiting government care

has implications for this developmental process, specifically: “The absence of strong social scaffolding in the lives of foster youth aging out of care is no doubt a critical predictor of poor post-foster care outcomes” (Avery & Freundlich, p. 253).

These significant developmental shifts during emerging adulthood, coupled with the disadvantage faced by youth with a background in care suggest that individuals leaving care and embarking on this stage of life are usually “developmentally unprepared to assume full adult roles and responsibilities” (Avery & Fruendlich, 2009, p. 248). In the next section, I will discuss specific research which supports this assertion.

Research Specific to the Transition from Care

While youth with strong family support can delay the transition to adulthood into their mid-twenties, resulting in an extended adolescence, youth in care are expected to transition much earlier. A youth’s eighteenth birthday is, in systemic terms, the point at which a youth is no longer under a PGO, but rather becomes his or her own guardian. This is often referred to colloquially as “aging out” of the system (Reid & Dudding, 2006). In order to retain services, these youth must maintain steady employment or school attendance while simultaneously managing their finances, nutrition, housework, and sometimes childcare (Office of the Child and Youth Advocate, 2013). Alberta youth report living with constant uncertainty that their services may be suddenly withdrawn, and in many cases, youth were not informed as to what services they were entitled to. Furthermore, youth transitioning out of government care tend to have fewer positive interpersonal supports and are more likely to be in abusive relationships (Reilly, 2003). Lack of preparation, early transition, and high expectations all contribute to poor outcomes. As previously described, former foster youth experience poorer outcomes on almost every measured dimension, including: early pregnancies, subsequent loss of

custody, homelessness, mental health difficulties, difficulty maintaining a job, reliance on social assistance, incarceration, and low rates of educational attainment (Courtney & Dworsky, 2005; Munro, Stein, & Ward, 2005; Rutman, Hubberstey, Barlow, & Brown, 2005; Stewart, Kum, Barth, & Duncan, 2014; Tweddle, 2005; Wickrama, Merton, & Elder, 2005; Zlotnick, Tam, & Soman, 2012).

Beyond statistics, several studies have described and examined the difficulties faced by youth during this transition. When youth are asked to report recurrent difficulties over the year following their discharge from care, their responses included: lack of money, difficulty finding employment, difficulty obtaining housing or transportation, and troubled or lost relationships with family (Courtney et al., 2001; Office of the Child and Youth Advocate, 2013). Because of the permanent nature of family ties, once youth are no longer under the care of the government and restrictions to contact are no longer enforced, intense family contact often resumes (Collins, Paris, & Ward, 2008). Unfortunately, the nature of this contact is not always supportive for the youth, and many youth struggle to set healthy boundaries and risk being taken advantage of economically and emotionally. For example, youth who are living independently and receiving financial assistance for their transition can be vulnerable to financial opportunism from parents or siblings who themselves are in precarious living circumstances. Further, youth who faced abuse from their parents or siblings prior to apprehension by the government may be at risk for returning to similar abusive patterns upon resumption of contact. Ultimately, supporting parents or siblings materially and/or emotionally can become an additional obstacle to successful transition. Furthermore, the influence of peers during the transition to adulthood is extensive, and many youth emerging from the foster care system have troubled peer connections that arise from the

development of relationships with other disadvantaged youth. Influences of negative peer relationships on at-risk youth have been shown to be significant in impacting adult outcomes (Rankin, & Quane, 2002), as well as negatively impacting career exploration, even when controlling for academic performance (Creed, Tilbury, Buys, & Crawford, 2011).

A qualitative study which gathered perspectives on the transition out of care from former foster youth, alumni, foster parents, and transition workers (Geenen & Powers, 2007) found that one of the major challenges for youth leaving care relates to self-determination. The participants described a paradox in which youth are not encouraged to practice self-determination while in care, and then are expected to have a range of skills and significant self-determination directly following their transition. Samuels and Pryce (2008), in a longitudinal mixed-methods study of youth leaving care identified in resilient youth an attitude of “survivalist self-determination.” This survivalist self-determination arose from youth experiences of premature independence, the developmental implications of growing up without parents, and a pride associated with rejecting dependence on others. The concept of self-determination is certainly consistent with larger cultural beliefs about the importance of freedom in individuals transitioning to adulthood (Hurrelmann, 1990); however, for some youth this distinct lack of structure can lead to anxiety and avoidance of life tasks such as choosing an occupation or pursuing further education (Mortimer, Zimmer-Gembeck, Holmes, & Shanahan, 2002). Mortimer and colleagues noted that the lack of structure in transitions for youth without stable family supports had an amplified impact on those youth, and those youth ultimately required more internal resources to be successful than their less vulnerable peers (Collins, 2001).

Supports for the transition. While the transition presents significant challenges,

and youth facing this transition have been referred to as “on their own without a net” (Osgood, 2005, p. 1), there is a growing assertion that the age of cut off does not in and of itself negate society’s obligation to these youth (Avery & Freundlich, 2008). Increasingly, transition supports are being offered to youth to increase their chance of successful transition. In particular, financial support may be extended to the age of the 24 in Alberta under various “Support and Financial Agreements,” extended in three-month increments, although there are often behavioural conditions associated with this support, and availability of support is certainly not universal (Reid, 2006). Further supports can be made available in the form of transitions programming, include Supported Independent Living (SIL) programs, which have been shown to positively impact outcomes (Rashid, 2004). Alberta youth have described a frustrating dialectic in which continued government support is contingent on their being neither too successful (negating the need for support), nor too problematic in their behaviour (conveying that the support is not being effective) (Office of the Child and Youth Advocate, 2013). Osgood, Foster and Courtney (2010) found that many youth who could benefit from support programs are excluded due to rigid eligibility criteria, such as the requirement that youth not use drugs, live with their significant other, or conversely that youth must have a criminal record to be eligible. Osgood and colleagues identified that the youth must fit into narrowly defined eligibility criteria for the programs that do exist, rather than programs meeting the needs of the youth who require services. Many former foster youth have identified transition programming as fundamentally important to feeling supported and prepared for their transition to adulthood (Office of the Child and Youth Advocate, 2013).

Much of the focus of independent living programs has been on concrete skills. However, in a policy study from England, Broad (1999) found that workers supporting

youth transitioning from care felt that policies aimed towards supporting youth in the face of social justice (poverty, racism, structural inequalities) and social welfare (poor parenting, lack of secure attachment) issues would be more beneficial than supporting youth in the area of “technical skill” needed for the transition. This support would be more relational and ongoing in nature and would include an element of advocacy. Youth report they want supportive, ongoing relationships provided along with financial stability that allows the youth to feel secure in their physical safety and their capacity to meet their basic needs (Office of the Child and Youth Advocate, 2013). Clearly the supports available to youth play a significant role in their capacity to be resilient in their transition from care.

Resilience in the Transition to Adulthood

In this section, I will discuss research specifically on resilience in vulnerable youth, and youth transitioning from care.

Resilience in Vulnerable Youth

There is a broad literature on resilience in youth living in vulnerable contexts (formerly “high-risk” youth). Much of this research has sought to identify separable factors that contribute to or threaten resilience. This body of research is situated in a quantitative, nomothetic research framework (Brendtro & Larson, 2004). Factors contributing to resilience in youth, which have been consistently identified, include: academic achievement (Bryant, Schulenberg, O’Malley, Bachman & Johnston, 2003), intellectual potential (Masten, 2001), social supports, family supports (Armstrong, Birnie-Lefcovitch, & Ungar, 2005), and social status with peers (Prinstein, Boergers, & Spirito, 2001). While this research has informed our understandings about resilience in vulnerable youth, it is often divorced from practical implications about how to better

promote resilience with youth who do not have access to these external factors.

In a promising vein, research also points to a host of internal factors, or assets, which help to promote resilience in vulnerable youth. For example, Dumont and Provost (1998) found that resilient adolescents had higher self-esteem compared to their non-resilient peers. Further, resilient adolescents had better coping mechanisms and problem-solving skills than both their non-resilient peers and their well-functioning peers who had not been exposed to adversity. Multiple researchers have found that an internal locus of control, or a belief in one's own ability to influence their world in a meaningful way, is common to individuals demonstrating resilience (Baron, Eisman, Scuello, Veyzer, & Lieberman, 1996; Luthar, 1991; Werner, 1993). Further underlining the importance of internal factors in resilience, Chicago youth deemed to be resilient through quantitative measures completed autobiographical essays identifying internal factors as most important in their capacity to be resilient. The youth further indicated that these internal factors were supported by external factors such as support from family or teachers (Smokowski, Reynolds, & Bezruczko, 1999). Specifically, participants identified perseverance, determination, and awareness as important personal traits. Most pertinent to this research, hope as an internal trait has been repeatedly found to be important in resilience for youth at risk (Drapeau et al., 2007; Gilman & O'Bryan, 2014; Rew et al., 2001). Clearly, internal assets, and specifically hope, are important in promoting resilience for vulnerable youth.

Resilience in the Transition from Care

Following from research on resilience in vulnerable youth more generally, here I discuss research on youth and emerging adults transitioning from care specifically. Employing factor analysis, Daining and DePanfilis (2007) found a relationship between

resilience in the transition from care and several individual characteristics including: gender, age of leaving care, stress level, social supports, and spiritual supports. The fact that these external factors have such an impact on resilience can help to dispel the myth, often perpetuated in everyday discourse, that resilience is simply a matter of “mind over matter”. Resilience was calculated as a composite based on ratings of educational participation, employment history, avoidance of early parenthood, homelessness, drug use, and criminal activity. As may be predicted, youth who had less perceived stress, more supports, and who left care at an older age were more likely to be resilient. Another important factor which has been evidenced over multiple studies (both qualitative and quantitative) is the type of systemic or institutional support available for youth through their transition. Supported Independent Living programs can be integral in supporting resilience in youth leaving care. Indeed, calls to further expand support for independent living skills into the pre-transition stage and the post-transition stage have been made (Igelhart & Becerra, 2002).

Past qualitative research also provides an in-depth and contextualized perspective on how youth may be able to maintain resilience during their transition to adulthood. At least one ongoing, stable relationship has been identified as an important aspect in maintaining resilience in the transition out of care (Geenen & Powers, 2007). For example, while knowing how to balance a cheque book is a concrete skill that may be helpful, even more impactful in success for youth can be knowing that when they have a cheque book in front of them, there is someone they can call for advice. Further, Arsenault and Domene (2018) conducted a study on aspects of life in care that supported and challenged youth’s mental health. Youth identified several aspects as supportive of mental health including supportive peer relationships, personal coping strategies (e.g,

listening to music, deep breathing), positive relationships with residential staff, experiences of freedom and independence, and contact with supports outside of the residential care system such as school or family.

Unfortunately, resilience in transition from care has become a societal expectation, rather than being viewed as an exception (Masten, 2001). One criticism of resilience research is that we can focus on resilience to the point of being blind to the challenges which youth are facing. It is important to clarify that while resilience is an important avenue of study and can help us learn to support youth towards more success, it must be accompanied by systemic changes which can help to reduce the necessity for resilience in the first place. Equally important to promoting resilience in the face of adversity, is working to reduce the adversity faced by youth within and directly following involvement with the foster care system. Understanding the experience of hope throughout transition from care for emerging adults who demonstrate resilience will help inform counselling psychologists to advocate for supports and conditions which promote more robust hope for former foster youth.

Importance of Hope in Development

Research of hope in human development has been limited but has begun to paint a compelling picture of the impact of hope on positive development. Brackney and Westman (1992) found that university students were more likely to have advanced through later stages of psychosocial development if they had higher hope. Benzein, Saveman and Norburg (2000) explicated developmental aspects of hope using retrospective interviews with healthy non-religious adults. These interviews consistently revealed that hope was particularly important during major life transitions, and specifically identified in the transition to adulthood. Participants described the

importance of hope in decision making related to marriage, career, and educational attainment. Hope was also described as particularly relevant when transitioning through a difficult situation, a notion that is clearly relevant in the context of resilience in the transition from care. This research suggests that individuals identify hope as important in the transition to adulthood, and in difficult transitions in general.

Hope in Vulnerable Youth and Emerging Adults

In Hughes et al.'s (2010) study on the level of hope and service satisfaction for homeless youth, hope was found to be significantly related to level of need. Youth in more dire circumstances had both lower hope and lower service satisfaction. This suggests that hope is impacted by contextual factors, indicating that youth who have more supports and fewer needs may be more empowered to hope for their futures. This complex relationship between vulnerability, hope, and resilience may be better understood in the current project.

According to Nalkur (2009), in a study on hope in Tanzanian street youth, former street youth, and school youth, both personal agency and context (living situation, level of supports) appear to shape hopefulness. Street youth (in unstable environments) tended to avoid claiming hopes in order to guard against disappointment and would more often attribute their successes to luck or external factors. By contrast, youth in more stable circumstances (former street youth and school youth) attributed successes to internal resources and saw themselves as agentic in their level of hope. Similarly, different themes arose as more pertinent to hope for the different groups. For street youth, connection and assistance were more supportive of hope. For school youth and former street youth, personal success was more supportive of hope. This is consistent with Scioli et al.'s (2011) model of hope which suggests that the dominant channel of hope will be

determined by personal context and environment. In Scioli's model, the hope of street youth would likely draw more on hope relating to survival or attachment, and the former street youth and school youth would draw on hope relating to mastery.

Hope in the transition from care. There is a distinct lack of research regarding hope for youth who are transitioning out of government care. The vast majority of studies examine more concrete attainments and external supports as important for resilience, rather than internal processes which may contribute to resilient outcomes. However, both the importance of internal process in resilience, and the importance of hope in supporting positive outcomes for high-risk youth, suggest that this is an important area of study. Courtney and colleagues (2001) reported that in a cohort of 17 to 18 year-old American youth preparing to leave care, 92% felt "fairly optimistic" or "very optimistic" about their future hopes and goals. The study followed the same youth post-transition and found that of the originally stated goals including achieving a college education, a small percentage of youth were successful, although the authors did not report on the participants' level of hope or optimism at that later time period.

In a relevant and noteworthy development, a doctoral dissertation examined the experiences of hope for youth transitioning out of government care in the United States (Croce, 2014). Findings explicated that former foster youth identified hope as important throughout their transition from care. Additionally, Croce found that youth developed an identity of themselves as a person who had the capacity to thrive against the odds, which resulted in a sense of gratitude for difficult experiences faced within care. However, there were some methodological and conceptual difficulties with the study. The author asserted that there was very little literature regarding hope itself as a factor in positive coping, a highly disputable claim given the wealth of published research on the topic. Additionally,

the study claimed to use grounded theory methodology, but produced discrete categorical findings lacking process descriptions.

Finally, Croce's study focused broadly on hope in the transition from care, not for resilient youth specifically. While her research is an important first step, there may be important distinctions in the experience of hope for youth who demonstrate resilience in the transition, as opposed youth who have less resilient outcomes. Importantly, Nalkur's (2009) research demonstrated that the experience of hope is different for more stable youth than for higher needs youth, suggesting that youth who demonstrate resilience in the transition from care may have a unique experience of hope compared to their less resilient counterparts. Croce's dissertation is another piece of evidence that hope and the transition from care is an important focus of study. Building from this foundation, it is hoped that the current research study contributes significantly to understandings of the experience of hope in the transition from care for youth who demonstrate resilience.

Summary

Our current understandings of the transition to adulthood suggest that this process is not straightforward, and for most youth consists of a long period of transition rather than a singular event occurring at the age of 18. Most youth do best in their transition when they have ongoing familial support, and the transition to adulthood is challenging even for youth without the deficits which youth emerging from the foster care system have often accrued. Former foster youth are commonly expected to transition earlier and with fewer supports than their often better-equipped peers. There is growing evidence for the importance of hope as supportive of resilient outcomes for youth facing the difficult transition out of care. Ultimately, while these areas of literature inform our understandings of this difficult transition, the current study has sought to move beyond

previous literature to examine the experiences of hope for emerging adults who demonstrate resilience in the transition from care, within the context of the participants' lives and experiences.

Chapter 3: Methodology

In this chapter I describe the approach to inquiry I adopted for this study, situate it within the larger constructivist theoretical framework which informs it, and present the more specific methods which guided this inquiry through data collection and analysis. I also present specific criteria for trustworthiness and credibility, and illustrate how these criteria have been addressed in the execution of this research. Finally, I discuss the ethical considerations relevant to this research study, including key Canadian Psychological Association (CPA) standards, and how they were addressed.

Theoretical Framework

In qualitative research, there are a range of methodological choices available, depending on the stance of the researcher and the aims of the research. In order to maintain methodological consistency, philosophical and theoretical underpinnings of a research study must be explicated and adequately described (Stern, 1994). Criticisms of qualitative research suggest a “muddling” of theoretical perspectives (Becker, 1993), and therefore it is important for qualitative research in general, and this research specifically, to be situated in a specific methodological tradition, with theoretical consistency.

Sociologist Michael Crotty (1998) argues that it is important to be explicit in one’s justification for choosing a particular set of methods, and that this must be a reflexive process which continues throughout the research project. Crotty provides a framework for these decisions which includes: (a) the philosophical paradigm (epistemological and ontological assumptions) undergirding the study, (b) the theoretical paradigm, which frames the choice of research methodology, (c) the research methodology itself, which guides (d) the specific methods used. Each level is more

specific than the last and should be informed by the broader theoretical understandings claimed for the research, ultimately leading to a cohesive methodology which is consistent with the research question and the researcher's own worldview.

Metaphorically, this structure can be understood as a matryoshka (Russian nesting doll), with each decision encompassing the resultant decisions within it. In the following section, I use Crotty's framework to explicate the methodological and theoretical perspectives used to respond to the question: "What is the experience of hope for emerging adults who demonstrate resilience in their transition from government care?"

Research paradigm. This study is grounded in a constructivist paradigm. The decision to begin with a constructivist framework was informed, in large measure, by my own orientation as a constructivist researcher. Aligning the framework with my own worldview allows a conceptual consistency between the methodology and myself as an instrument of the research, enhancing credibility (Krauss, 2005).

Ontology. Ontology is the philosophy which defines the nature of reality (Guba & Lincoln, 1994). Ontologically, constructivist perspectives posit that there is no one reality, but rather that there are multiple, valid constructions of reality, which itself is intangible (Bogdan & Biklen, 1998). These constructions are by their very nature subjective and cannot be understood as truth in isolation, but rather must be seen holistically within the context of an individual's experiences and understandings, the wider social context, and the researcher's own experiences and understandings (Harre, 1998). Furthermore, multiple constructions are not necessarily convergent, but rather can diverge - "there are as many constructions as there are people to construct them" (Lincoln & Guba, 1994, p. 239).

Epistemology. Crotty (1998) states that epistemology is the fundamental basis of a research study, as a “theory of knowledge that defines what kind of knowledge is possible and legitimate” (p. 42). From a constructivist perspective, the knowledge which is generated by research is understood to be bound within the contexts of time and space. Knowledge is not final, but rather a working hypothesis incorporating a collection of ideographic experiences while acknowledging the differences between them (Thorne, 2008). This knowledge is always composed of multiple truths or realities, as held by the multiple individuals involved in the research and as interpreted by the researcher herself. Knowledge is produced as a result of the relationship between the inquirer and the participants, which is interrelated, leading to the co-construction of knowledge. This co-construction is ultimately guided by the researcher but informed by the perspectives and constructions of the participants, allowing the result of the research to extend beyond simple description to incorporate larger patterns of knowledge. Ultimately this process leads to greater understanding and enhanced applicability of research to applied settings.

Constructivism in the current study. In terms of the study focus, the constructivist worldview aligns with the key philosophical understandings of the content of this research (i.e. hope itself), as well as the discipline within which the research is situated (i.e. counselling psychology). According to an interdisciplinary review of hope theory, “the mode in which [hope] manifests at any particular time, in any particular culture, within any particular group is the result of a complex process of social mediation” (Webb, 2007, p. 67), suggesting that approaching the study of hope from a constructivist lens is consistent with the socially mediated nature of hope itself. Beyond hope itself, the discipline of counselling psychology aligns with the epistemological assumptions claimed by constructivism. Ensuring this goodness of fit with the larger

discipline allows for research findings to be related to the larger field of study. Morrow (2005) suggests that constructivism is a natural paradigmatic choice for counselling psychologists given (a) it's alignment with the tentative, subjective worldview employed in applied counselling, and (b) that the overwhelming majority of research studies emerging from the counselling psychology discipline claim constructivist roots.

Theoretical perspectives. Within Crotty's (1998) framework for qualitative research, one's theoretical perspective is drawn from the overarching philosophical assumptions upon which the study is based and informs the selection of methodology and ultimately the research methods employed. The theoretical perspective used in the current study was interpretivism, which is consistent with a constructivist paradigm, and which some scholars argue underlies all qualitative research (Draper, 2004). Interpretivism, as a theoretical perspective is so aligned with the constructivist paradigm that many researchers now refer to them jointly as the constructivist-interpretivist perspective (Ponterotto, 2005). However, in the interest of making research decisions explicit, here I justify each choice separately. Interpretivism posits that the researcher must go beyond simple description and is actively involved in interpreting the findings of the research through her own perspective and history.

A concept central to interpretivism is hermeneutics (Gadamer, 2008; Heidegger, 1982), a research tradition which suggests that the societal and historical context are integral aspect of interpreting texts (in this case interview transcripts and field notes), and that the interpretation made will be informed by the lens through which the researcher is viewing the phenomenon of study. Etymologically, hermeneutics is derived from Greek mythology. According to myth, the ancient Greek god Hermes acted as a messenger between the Gods and humanity (Ihde, 1980). Hermeneutics situates the researcher as a

translator of sorts, attempting to understand “something that is in some way strange, separated in time or place, or outside of one’s experience, with the purpose of rendering it familiar, present, and intelligible” (Palmer, 1969, pp. 12-13). In the case of this research, I am fundamentally separated from the experience of transitioning from care as an emerging adult. Despite this separation, I have attempted to understand the experiences of these youth through their own words in order to communicate it effectively to other counselling psychologists and helping professionals.

Hermeneutics is helpful in facilitating a “fusion of horizons” (Gadamer, 2008) in which the viewpoint of the researcher is aligned with that of the participant so as to see from the participants’ perspective while also retaining the researcher’s particular lens. Practically, interpretation is facilitated by using the hermeneutic circle as a tool (McLeod, 2000). The hermeneutic circle can be conceptualized as a spiral which is constantly moving between the particular details of the research and the broader societal and cultural contexts and implications. It is by engaging in both the parts and the whole that the researcher is able to integrate multiple perspectives with her own knowledge and provide a comprehensive understanding, comprehensible to the reader (McLeod, 2000). In this research, the hermeneutic circle was employed in an iterative fashion by moving between the interview transcripts themselves, field notes from the research, clinical knowledge I developed from working in the field of transition support, research on transitions in development, and the larger field of counselling psychology. Throughout, I have sought to maintain awareness of my own place as interpreter and the potential impact of my previous experiences and socio-cultural understandings on my interpretations.

Interpretive Description Methodology

Guided by the ontological, epistemological, and theoretical paradigms underlying this research, the specific methodology that will be used is interpretive description (Thorne, 2008). Interpretive description is characterized by its purpose - creation of knowledge relevant and useful to applied disciplines - while drawing on a range of research techniques chosen in accordance with the specific research question (Thorne, 2008). This methodological flexibility is supported by Norman Denzin and Yvonna Lincoln's (2000) concept of the qualitative researcher as *bricoleur*. As bricoleur, the qualitative researcher employs various methods of data collection and analysis in a cohesive, disciplined attempt to answer a particular research question. In this case, interpretive description was employed to understand the experience of hope for emerging adults who demonstrate resilience in their transition from government care. It is a suitable methodology for this study because, within it, the researcher seeks to provide research-informed direction for applied work, rather than developing abstract description or theory (as is the goal in more traditional qualitative methodologies such as Grounded Theory). Interpretive description is therefore a method well-suited to inform counselling psychologists working in the field with youth transitioning from care. Interpretive description can act as a framework within which the researcher can choose specific methods relevant to her research question and disciplinary background, so long as those methods are theoretically consistent with the larger research paradigm chosen.

The epistemological and ontological assumptions of the constructivist worldview are consistent with the aims of an interpretive description study. Thorne (2008) explicitly claims a set of philosophical assumptions for interpretive description which align with both constructivism and interpretivism. Interpretive description allows the researcher to

acknowledge “the constructed and contextual nature of human experience that at the same time allows for shared realities” (Thorne, et al., 2004, p. 5). Further, Thorne (2008) describes the relationship between researcher and the individual who is being researched as interactional, allows that multiple constructions of reality exist, and rejects a single definitive “truth.” A review of research studies with an interpretive description approach reveals that the majority claim constructivist-interpretivist underpinnings (Hunt, 2009).

The outcome of an interpretive description study is to provide a description of a complex phenomenon while acknowledging and allowing for the inherent interpretive role of the researcher (Thorne, 2008). This allows the researcher to “attend to the subjective experience of individuals while drawing on lessons from the broader patterns within the phenomenon under study” (Oliver, 2011). Interpretive description tends to produce detailed descriptions of experiences which are interpreted through the theoretical lens of the discipline in which the research is situated. Interpretive description avoids what Margaret Sandelowski (2000) termed the “tyranny of method,” in which the method is so prescribed that the research itself must be manipulated to adhere to it, truncating important applied research in favour of methodological rigour.

Some have described interpretive description as a methodology specific to the nursing profession (Sandelowski, 2000). However, since its introduction by nurse researcher, Sally Thorne and her colleagues (Thorne, Kirkham, & MacDonald-Emes, 1997), several disciplines with an applied focus (e.g., sports psychology, counselling psychology, hospitality, physiotherapy) have utilized this methodology. Thorne herself (2008) claims that interpretive description should be utilized widely in all of the applied disciplines. Within counselling psychology, interpretive description has previously been used to elucidate such topics as the use of meditation in counselling practice (Wiley,

2010), identity changes in the transition out of elite sports (Muscat, 2010), ethical issues facing therapists with a personal history of eating disorders (Williams & Haverkamp, 2015), counselling utilization experiences among adults in methadone maintenance treatment (Pickett & Domene, 2014), and the experiences of early adolescent girls in sport (Clark, Spence, & Holt, 2011). This suggests a precedent and a utility for engaging with this methodology within the counselling discipline.

Study Design

The specific methods used in the current study were chosen in accordance with the research question, as required by interpretive description methodology (Thorne, 2008). Therefore, methods were selected in order to best explicate the experience of hope for emerging adults who demonstrate resilience in their transition from government care. The following section will describe the methods which will be employed in this research.

Sampling and Recruitment

A purposive (sometimes known as purposeful) sampling strategy was used in this study, a choice which is consistent with previous interpretive description research (Thorne, 2008; Thorne, Kirkham, & O’Flynn-Magee, 2008). Purposive sampling is defined by a deliberate attempt to recruit participants who can contribute meaningfully to the research question (Merriam, 2002), in this case how hope was experienced through resilient transitions out of care. Purposive selection is assisted in two ways, first by actively seeking diversity in the sample, and secondly by engaging “key informants” (Thorne, 2008, p. 91) as research participants.

In regards to key informants, it is important to seek informants who are “everyday philosophers” (Gubrium, 1988), who have the capacity to observe and reflect on their experiences. Seeking key informants, where possible, strengthens the quality of data

collected and enhances the thoughtfulness of the research. This choice is supported by the broader field of qualitative research, within which guidelines suggest that the selection of “good” informants is defined by their capacity to “be articulate, reflective, and willing to share with the interviewer” (Morse, 1991, p. 127). Finally, participant selection was based on the following inclusion criteria for the study.

1. The participant was under a PGO for at least two years prior to the transition to independence.
2. The participant has been post-transition (no longer with an active Support and Financial Agreement) for at least six months and no more than five years.
3. The participant is currently between the ages of 18 and 29 years old.
4. The participant demonstrated resilience in their transition from care as defined by Daining and DePanfilis’ (2007) six domains of functioning, identified as relevant to the transition from care. Each item was coded on a scale of 0-2, with 2 indicating more favourable outcomes, resulting in a total composite resilience score of 0-12. Coding was completed in compliance with the original model (see Daining & DePanfilis, 2007). A score of 9 was understood as demonstrating resilience. This cutoff served to ensure that participants exhibited significant resilience and were atypical from the average transitioning individual, a method known as extreme case sampling (Onwugbuzie, & Leech, 2007) The specific criteria included:

- (a) educational participation;
- (b) employment;
- (c) avoidance of early parenthood;
- (d) avoidance of criminal activity;

- (e) avoidance of homelessness, and;
- (d) avoidance of drug use.

Participants were recruited through the Chimo Youth Retreat Centre (CYRC) SOLO Supported Independent Living Program in Edmonton, Alberta, and Boys and Girls Club Big Brothers Big Sisters (BGCBBBS). Both agencies work with youth leaving care to support them in various capacities and both agreed to partner in this research, after being approached by me during the conceptualization stage of the study. I made contact with the Director of CYRC and was invited to a staff meeting where I presented the specific criteria sought for inclusion in the study. Co-ordinators then advertised the opportunity to individuals who they believe met these criteria. I also followed up with several current and past staff members in subsequent e-mails and phone calls to encourage broader recruitment.

After exhausting my contacts within the two agencies listed, I applied to the REB with an amendment and requesting permission to recruit through snowball sampling, a method which draws on the extant participant pool to refer on others who may meet criteria for the study. Snowball sampling is frequently used within qualitative research, particularly in later stages of the study. From a constructivist perspective, snowball sampling allows for a unique method of social knowledge which is emergent, political, and interactional (Noy, 2008). I contacted participants letting them know that if they chose to, they could refer other former foster youth who were resilient in their own transitions. Informed consent was stressed in these conversations and participants were told that there was absolutely no pressure or expectation that they refer other potential participants.

Interested youth were contacted by me for a brief telephone interview to ensure they met inclusion criteria. A total of 10 youth were referred to me. I was ultimately able to get in contact with eight of them, and of those eight, seven met criteria for inclusion in the study. Unfortunately, one youth who was interviewed, while he met the objective criteria laid out for inclusion in the study, was not living independently at the time of interview but rather had been adopted in adulthood. In my attempt to operationalize criteria for youth who had been resilient in the transition from care, I inadvertently screened this young man as appropriate for this study. It was after I met with him that I determined he had experienced a very different transition from care than those youth who transitioned into independence, and ultimately I did not include his interview in the analysis. Those youth who did not meet criteria upon phone interview were thanked for their time and provided an opportunity to ask questions about the reason they did not meet criteria. For example, one young lady who lived out of her family home from the age of fifteen did not meet criteria for the study because she was at no time under a PGO in Children's Services. Those who did meet criteria were provided the opportunity to participate in the research. Interested youth were offered a Tim Horton's gift card (\$25 value) in remuneration for their time. The gift card was provided to the youth at the conclusion of the first interview.

Sample size. Qualitative research literature does not provide specific guidelines for how many participants are sufficient (Morrow, 2005), although there are articles dedicated to the subject which suggest various cutoffs (e.g. Pollio, Henley, & Thompson, 1997). Thorne (2008) indicates that it is important for a researcher to enter into a study with both an upper limit and a lower limit of participants which will satisfy her research question and allow her to pay sufficient attention to the ideographic, context-laden nature

of each participant's experience. This is consistent with Sandelowski's (1995) conclusion that a sample size in qualitative research must be small enough to ensure depth and attention to the individual case, while remaining large enough to provide new insights and textured, varied data. Some researchers suggest that as few as three to five transcripts are sufficient to ensure situational diversity (Pollio et al., 1997). Thorne (2008) states that the majority of studies within an interpretive description framework will have between five and thirty participants. She advises that the number of participants be sufficient to produce a "thick" description. A thick description should include "accounts of the context, the research methods and the examples of raw data so that readers can consider their interpretations" (Houghton, Dymna, & Shaw, 2013; p. 13). Seven youth were interviewed for this study and six youth were included in the final analysis. I believe this ensures a multiplicity of voices, while retaining context for individual participants. Too large a number of participants can make it prohibitive to adequately examine detailed, ideographic elements and contextual elements fully.

The challenges I faced in participant recruitment may have several causes. First, while a great number of youth transition from care each year, there are fewer youth who meet criteria for "demonstrating resilience", and of those, there are a limited number who continue to be in touch with the referral agencies post-transition. Furthermore, because front line staff at both CYRC and BBBSBGC were responsible for providing participant referrals, they had limited time and energy to devote to recruitment activities above and beyond their caseloads. Finally, at the time this research was proposed, I was under the impression that the previous age limit of 22 applied to Supported Independent Living programming. However, in Alberta there was a recent legislative change which extends support to the age of 24 (Child, Youth, & Family Enhancement Act, 2017). This resulted

in fewer youth leaving SIL programs around the time that I was recruiting for this study. I explored, together with members of my supervisory committee, whether it would be appropriate to amend the inclusion criteria to include youth still connected with SIL services, but living largely independently. Ultimately, due to considerations regarding methodological consistency and rigor, I chose to maintain the initial inclusion criteria. Therefore, several months were dedicated to recruiting participants. Using an iterative process and moving between analysis and data collection, I ultimately decided after consulting with my committee that I would suspend active recruitment at six participants, and would accept new referrals but would not actively recruit further participants.

Data Collection

The following section will detail the procedures proposed for data collection. Data collection included both research interviews and field notes.

Interviews. The primary means of data collection was one-on-one, in-depth interviews with individual participants. Each interview lasted between one and three hours. Interviews were conducted, where possible, at the participants' home, consistent with the values of naturalistic inquiry (Lincoln & Guba, 1985). Interviewing in the participant's home grounded the interviewee in his or her post-transition experience of "home" and provided me, as the researcher, with additional observational information (recorded in field notes) regarding the experience of independent living for that participant. Four participants were interviewed at home and two participants were interviewed at Chimo Youth Retreat Centre's Supported Independent Living office. In order to ensure my own safety as a researcher entering the homes of participants, I adhered to the guidelines advanced by Patterson, Gregory, and Thorne (1999). They note that very rarely do research participants themselves pose a threat, but rather their

environment may. In terms of assessment, I visited and assessed the locations in the daylight prior to the scheduled interview, taking note of safety concerns and exits. I also used preventative strategies such as sharing my location with a third party with a plan to check in following the interview. I also prepared to identify and respond to a threat. Due to my clinical work, I am always up to date on my non-violent de-escalation training.

In addition to semi-structured interview questions (see Appendix A for interview guide), a life chart approach was employed. Life chart interviews were originally used to chart the process of psychopathology parallel to life events (Lyketsos, Nestadt, Cwi, & Heitoff, 1994), and have since been adapted to chart other processes, such as exposure to adversity (Gest, Reed, & Masten, 1999), and resilience in pre and post-migration contexts for post-secondary students (Wong, 2013). Life chart interviews have previously been used in transition research with emerging adults (Cohen, Kasen, Chen, Hartmark & Gordon, 2002), suggesting goodness of fit with the current study. Traditionally, the life chart uses age-linked personal landmarks (such as birthdays, major events, moves) to plot life events and the phenomenon of interest, in order to describe them in parallel. In this case, the phenomenon of interest is hope. For this research, participants were asked to plot important life events (as chosen by the participant), from the time they first realized they would have to transition to adulthood, to the present. Participants were then asked to plot their hope alongside those important life events, with no requirements as to how hope was represented. They were provided with a large artist's pad of paper as well as pens, pencils, and pencil crayons. Participants chose to plot their hope in various ways including by representing it quantitatively (on a scale from one to ten), using various shades or colours to represent levels of hope, plotting hope as though on a line graph, and representing hope in images. Participants were asked to plot this life chart with the

support of the researcher directly prior to the interview so as to reduce the demands of research participation.

Life chart approaches allow the broader interview to be grounded in the participants' life experiences and to elicit "there and then" experiences, which allow for recollection of past events in an emotionally salient way. In this study, the life charts reflect how hope changed for the participant through the transition from care, and provided a conversational starting point which elicited memories of hope within the transition. They also provided the interviewer with prompts to further explicate the relationship between hope and the transition from care in the interview (e.g., "I notice that there seemed to be a large shift in your hope after you moved into your apartment. Could you say more about that?").

Following the initial interview, participants were invited to participate in follow-up interviews to further clarify their perspectives. Follow-up interviews were flexible in length, although they typically were approximately twenty minutes and did not exceed one hour. Within one month following the initial interview, participants were invited to review their research transcripts. Once transcripts had been e-mailed to them, participants clarified any mistakes in the transcript either on the phone with the researcher or via e-mail. At this point, participants were also given the opportunity to identify any information or section of the interview that they felt uncomfortable with being publicly shared in the final document. One participant chose to do so with a small section of her transcript, which she worried would depict her negatively. The retraction did not impact any section of the transcript which was coded for analysis. All participants reviewed their transcripts and either provided feedback or noted that they had no concerns about

the transcription or the content of the conversation. Some participants clarified words or phrases that had been mis-transcribed.

All participants were then asked to participate in a short follow-up interview. This interview was conducted by phone. First, they were provided the opportunity to contribute any additional insights that arose following the initial interview. Secondly, I asked clarifying questions about material in the initial interview, as well as follow up questions which had arisen from my own reading of the transcripts (see Appendix B). All participants completed the initial follow-up interview. A second follow-up interview was offered after initial, tentative data-analysis was completed. The second interview consisted of a member-check (Hoffart, 1991) and served as one aspect of trustworthiness built into the study. Member-checks involve the participant reading the initial themes arising from analysis and providing their feedback as to whether the analysis is congruent with his or her experience (see Appendix C). Four participants chose to participate in member checks and all provided enthusiastic support for the initial findings. Some small clarifications were made by two participants. One participant also chose to further rescind a small portion of her transcript. Specifically, she asked me to remove two sections of transcript in which she was discussing her relationship with another individual. Neither of these sections of transcript were relevant to the substance of the analysis. While I retained final decision-making authority over analysis, the member-check process increased rigour (Lincoln & Guba, 1985), and provided additional insight to inform my findings. It was a practical step to ensure a true co-construction of findings between myself as researcher and the participants.

I acknowledge that Sally Thorne (2008) has advised against member checks (Thorne & Darbyshire, 2005), warning that they can lead to bias for interpretations of the

data which cast participants in an overly positive light. I have chosen to engage in member checks, despite Thorne's position, for two important reasons. First, the method of data analysis chosen to inform this project, Lincoln and Guba's (1985) constant comparative analysis, specifically calls for member checking as the final step of analysis. Second, member checks provided an opportunity for participants to rescind any portions of their transcript that they are uncomfortable with after the fact, in accordance with ethical obligations explored later in this chapter. Constructivist researchers in the counselling psychology discipline generally acknowledge that, particularly in research with marginalized populations, it is important to take additional steps to avoid exploitation within the research process (Ponterotto, 2002). Given the relative power imbalance between myself as a Ph.D. candidate in my early thirties and my participants, I had to be mindful of providing them multiple opportunities to discuss any discomfort associated with the research process. Member checks allowed participants have a voice in how their data was used. I worked to guard against potential positive bias in findings by understanding participant feedback as additional information which broadened my perspective in analysis, while retaining control, as researcher, over interpretive decisions.

Conducting the research interviews. The central tenets of interviewing, such as rapport building, asking open-ended questions, and active listening culminating in a "conversation with purpose" (Dexter, 1970, p. 123), are all facets which parallel the applied work of counselling psychologists. Importantly, because of the similarities between interviewing and counselling, I paid careful attention to maintaining appropriate boundaries (Haverkamp, 2005), in order to maintain focus on the elicitation of participant experiences and to avoid intervention with the participants. For example, rather than offering validation or reframing a negative belief about him or herself that a participant

disclosed in the course of an interview, I sought to understand that thought or experience but not change it. In terms of rapport building, I used many of the skills I developed in working with this population during my four years at Chimo Youth Retreat Centre. Specifically, I engaged with the participant in his or her style of speech, attempting to mirror their language use and tone. In addition, in some interviews I self-disclosed in a targeted and appropriate manner about my own experiences of transition to adulthood and of working at CYRC, in order to develop a relational trust.

Field notes. Field notes comprised an additional source of data. Field notes were written at the conclusion of each interview as well as during time spent at the referral site as a researcher. Though they varied, in general my field notes consisted of descriptions of the physical space in which the interview was conducted, such as notes about the decor and location of the participants' home. For example, one participant's interview took place on her front steps, so that she could smoke throughout our conversation, and another in her kitchen while her three small children came in and out. These contextual observations allowed additional richness in the data. I also noted non-verbal participant behaviour both before and during the interview (such as eye rolls, laughter, or tears), which helped to contextualize the transcripts arising from the interviews. Field notes were taken both during and directly after each encounter. I found it less distracting to the interview process to jot down short observations during the interview and then to sit down after the interview to write longer descriptions of the physical space and my immediate responses to the interview. I made sure to write all field notes prior to discussing the encounter with any colleague or member of my supervisory committee so as to avoid adding additional layers of interpretation to the experiences recorded (Emerson et al., 1995).

The addition of field notes allows for expanded variety and insights in the data set (Erickson, 1986; Morrow, 2005). Furthermore, field notes helped to record the context for each participant's interview by detailing the circumstances and settings, thereby situating the data analysis in the encounters with each participant (Hall & Callery, 2001). This is consistent with a naturalistic orientation to research (Lincoln & Guba, 1985) as advocated by Thorne (2008). Field notes were taken in a manner consistent with the direction of Emerson, Fretz, and Shaw (1995), and did not follow a prescribed structure, consistent with a constructivist orientation (Mulhall, 2003). The unstructured nature of field notes is consistent with the work of Anne Mulhall (2003), who is widely referenced in qualitative research and has written extensively about taking field notes for the purposes of interpretive or naturalistic research. Initially, field notes were examined for larger patterns to inform the process of data collection and analysis. Additionally, field notes were added to the larger data set prior to analysis and contributed to the interpretation in order to avoid naive use of interview data as described by Sandelowski (2004). A naive use of interviews is the assumption that the data yielded from an interview necessarily reveals an individual's authentic experience, rather than one perspective of many which the participant may hold about that experience. The use of field notes can also be understood as a contribution to crystallization (Richardson, 2000), a process within which the researcher takes care to seek information from multiple sources, not to validate truthfulness, but rather to elucidate multiple constructions and perspectives, together forming the data analysis.

Data Analysis

Primarily, data analysis was guided by Thorne, Kirkham, and O-Flynn-Magee's (2004) flexible, four-component model. Their model lays out the four analytic processes

which they argue are integral in transforming raw data into an interpretive description analysis. First, they argue that the researcher must engage with the theoretical forestructure informing the project, while at the same time seeking knowledge from participants that will move understandings beyond the extant theoretical forestructure. They argue that by engaging with the theoretical forestructure, the researcher will move beyond description to provide “interpretations which will illuminate the phenomenon under investigation in a new and meaningful manner” (Thorne et al., 2004, pp. 5). Second, they indicate that the researcher question initial patterns and interpretations arising in early readings of the data, in order to avoid either “fitting” the data-analysis to pre-existing theoretical structures, or rigidly describing the data without reference to theory. Third, they advise the researcher engage in an established analytic process (in this case the constant comparative approach, described below) which will yield “constructed truths” (Thorne et al., 2004, p. 6). In this process, Thorne and colleagues warn against rigid adherence to methodological steps. Instead they advise an iterative process throughout analysis, moving between smaller pieces of data, and the larger gestalt of the data set. Finally, the researcher concludes the data analysis by envisioning and producing research findings which can communicate meaningful, applied knowledge to practitioners working in the field and to other researchers (Thorne et al., 2008). I have adhered to this four-component model throughout data analysis, returning to it with each new research decision.

Data-analysis processes for this study have also been informed by Lincoln and Guba’s (1985) constant comparative approach to data analysis, a method originally developed for grounded theory studies (Glaser & Strauss, 1965; Dye, Schatz, Rosenberg, & Coleman, 2000). Constant comparative methods are frequently used for analysis in

interpretive description studies (Thorne, 2008) and Lincoln and Guba's approach to constant comparative analysis was chosen specifically to support and provide structure to the analysis as guided by Thorne and colleagues (2004). Thorne (2008) identifies the utility of borrowing a structured approach such as constant comparative analysis for beginning researchers but warns against uncritical reliance on such structure. Therefore, I utilized the constant comparative structure as a means of thoughtfully engaging with Thorne's interpretive description analysis.

Borrowing the structure of constant comparative analysis provided a useful addition in guiding this research. Constant comparative analysis focuses largely on examining what is *between* pieces of data and comparing each piece of data against others to determine where similarities and differences lie which may be relevant to the research question. Traditionally, the result of constant comparative analysis has been to explicate fundamental human social processes in Grounded Theory research (Glaser & Strauss, 1965). Constant comparative methods are now used more broadly in qualitative research and are appropriate for use in interpretive description studies as they "develop ways of understanding human phenomena within the context in which they are experienced" (p. 69) and are appropriate for use in interpretive description studies (Thorne, 2000). Lincoln and Guba's approach to constant comparative analysis (based on Glaser and Strauss' original 1967 model) was chosen for this study, because it is grounded in the naturalistic perspectives which undergird interpretive description. Grove (1988) compared Lincoln and Guba's (1985) approach to constant comparative analysis with Glaser and Strauss' (1965) original model and found that aspects of it are additive, particularly in relation to inductive reasoning (reasoning from specific incidents to larger concepts) and coherence in concepts. While he warns that aspects of their model could

become overly mechanistic, it is generally understood to be an appropriate guide to use for studies moving beyond a traditional grounded theory methodology (Fram, 2013). Further, the addition of Thorne and colleagues' (2008) flexible model, works to address the mechanistic slant in Lincoln and Guba's approach. The following section lays out the analytic structure of Lincoln and Guba's constant comparative approach, and how it was used in the current study.

Analytic steps. The first step in the analysis was reading transcripts holistically and recording naive impressions and process research notes on themes which appeared initially evident. It was important to record these first impressions in order to ensure they did not inadvertently eclipse important pieces of data that run counter to those first impressions (Thorne, 2008). I sought to engage with all aspects of the data and was intentional in seeking out that which was contrary to or different from my own initial assumptions. During my initial reading of the transcripts, I found I had to pause several times in the course of each transcript to record connections I thought may later become important. By writing down these interpretive ideas, I was able to let them go, knowing I could come back to them, and re-focus on reading the transcripts in an open and curious manner.

Following the initial close readings of transcripts, the transcripts were coded (known as 'unitized' by Lincoln and Guba) in order to identify the smallest discrete pieces of useful data, known as "meaning units" (Lincoln & Guba, 1985). Coding is an essential step in most forms of qualitative data analysis (Jasper, 1994). Although the traditional constant comparative methods found in grounded theory prescribe a more complex coding strategy including open, axial, and selective coding, in this research the more generic open coding strategy was used, as advocated by Thorne (2008). The coding

strategy used in accordance with Lincoln and Guba (1985) was to code all existing data prior to beginning to sort those codes into categories or compare them to one another. One code may consist of as little as a phrase or as much as a paragraph, and may be summarized with a code or label. Initially, I identified over one thousand distinct codes across all research transcripts. This data was managed with the computer assisted qualitative data analysis software Atlas.TI (Leninger, 1994).

Once each of the codes had been identified, the next stage of data analysis involved categorizing the meaning units, what Lincoln and Guba (1985) term the categorization stage. First, codes were categorized in provisional categories based on intuitive links identified by myself as the researcher. Those codes which did not appear to fit in a category were coded together as “miscellaneous.” The miscellaneous codes were reviewed often as they often became relevant to categories as the analysis unfolded. Each category was given an initial name, which sought to capture the gestalt, or overall theme of the codes represented in that category. I then attempted to label categories which appeared to be substantive with more specific, names which could be inclusive of all relevant codes, and I established provisional rules for inclusion in each substantive category. The process of sorting, in accordance with the new provisional rules and comparing against the various categories continued, with attention paid to any overlap or omission. Several categories were re-categorized, removed, or added during this process in order to conceptualize the distinct phenomenon being represented in the findings. Finally, the inclusion criteria became firmer and I began to examine relationships between and among categories. The overriding question for me during this stage of data analysis was “how do these concepts relate to one another, or not?”

Once categorization was complete, I moved towards looking for larger patterns in the data and linking the data in new ways by examining relationships between concepts, proposing new categories, and examining the implications of proposed categories on the larger analysis. This was, in many ways the “sense making” stage of analysis. While I began with a provisional understanding of how the categories related to one another, I had to go back to the original transcripts to understand the context of the quotes and better refine the process of hope during the transition out of care. Finally, my last step was to determine whether data processing could be suspended using the following four criteria laid out by Lincoln and Guba (1985) that: (a) the originally identified codes are exhausted, (b) categories appear saturated, in that only small changes are made to the conceptual framework of the category with the addition of new data, (c) a sense of integration is felt by the researcher, and (d) overextension occurs, in which there are few additions to viable categories. I reached this stage after I was able to identify how the larger categories fit together, and sub-categories reflected similar ideas across additional transcripts, with relatively few changes being made. I then completed a final data review, checking initial units against rules for inclusion, and checking categories for overlap, relationships, and ambiguities or exclusions.

The final stage in data analysis was member checking, a process which also contributed to the credibility and trustworthiness of the research (Lincoln & Guba, 1985). Member checking, described in an earlier section of this document, involved taking the analysis back to participants and ensuring that they see the findings as reasonably representative of their experiences.

Credibility and Trustworthiness

One of the hallmarks of credibility in a qualitative research study, is that the researcher is aware and actively endeavouring to achieve credibility in her findings throughout each phase of the research. Establishing credibility is a process grounded in the theoretical paradigm underlying the research, with the guiding question, “Is this methodological choice appropriate and defensible within the author’s stated paradigmatic framework?” (Haverkamp & Young, 2007, p. 269). Further, are the methods and analysis similarly consistent with the theoretical paradigm undergirding the research? These questions allow a shift away from rigid positivistic criteria for credibility and towards questions which seek to establish a goodness of fit between the researcher herself, the topic, and the methods employed. Thorne (2008) states that this is important with interpretive description not only for the purpose of scientific rigour, but also because the methods are designed to produce applied findings which can be implemented in practice, and therefore they have the capacity to impact lives beyond the research project itself. In this section I will outline how I sought to implement and establish trustworthiness and credibility within this interpretive description study.

Thorne (2008) lays out criteria for establishing credibility in an interpretive description study, designed to “distinguish mediocrity from excellence” (Thorne, 2008, pp. 221). She outlines nine important criteria. First, *epistemological integrity* requires that the research has been conducted with a strong, explicit, and congruent epistemological framework. I sought epistemological integrity by explicating the theoretical framework for this research in my candidacy proposal before embarking upon it. My candidacy defense gave me an opportunity to discuss the consistency of the theoretical framework, the research question, and my own worldview with my committee members. Explicating

the broader epistemological assumptions underlying my research decisions before embarking on data collection allowed me to remain congruent throughout data collection and analysis, and to be aware of the assumptions I had to return to when making research decisions. Second, *representative credibility* requires that any broader theoretical claims made in the findings are consistent with the population sampled and the manner in which the phenomenon was studied. In this research, representative credibility has been sought by presenting findings as *a shared* experience of hope in the transition from care within the context of my participants' experiences, rather than claiming to have explicated *the* experience of hope in the transition from care. Making modest knowledge claims does not undermine the practical usefulness of this research and it avoids assuming a generalizability which is not consistent with my constructivist assumptions. Third, *analytic logic* requires the logical analytic process to be transparent and reported to the degree that the reader is able to confirm or reject the strength of the analysis as credible (Morse, 1994). For the purpose of analytic logic, an audit trail was created on Atlas.TI during analysis (Leninger, 1994), which included my emergent research decisions, assumptions, interpretations, and conflicts as well as how those conflicts were resolved. Within the document itself, I have attempted to explicate the analytic process in sufficient detail for another researcher to understand how the findings were derived. Fourth, *interpretive authority* seeks trustworthiness in the researcher's interpretations, and requires that the conclusions made move beyond the researcher's own biases and assumptions, and are supported by the data at hand. Interpretive authority does not require, however, that the researcher bracket her pre-existing understandings as it is accepted that these understandings naturally inform the process of research and construction of research findings. Ensuring interpretive authority included two distinct

and important aspects: (a) that my own background and biases are shared in sufficient detail for the reader to determine whether they had significant bearing on the findings, and (b) that the interpretations made are accompanied with significant supporting data, in this case quotes from interviews, to suggest that they have grounding outside of my experience as the researcher.

Thorne's (2008) fifth criteria, *moral defensibility*, is more abstract and requires that the researcher justify, beyond traditional ethical considerations, why the knowledge is necessary to the field and what the purpose of the knowledge will be, once obtained. Moral defensibility is particularly important when working in marginalized communities, such as in this study. I argue that the knowledge acquired in this study has a clear purpose of informing counselling psychologists working with youth in their transition from care and advocating for better systemic support. Sixth, *disciplinary relevance* (Thorne, 2008) is important in order to ensure that the knowledge sought makes a relevant contribution to the larger discipline of counselling psychology and is suitable for exploration by myself as a counselling psychologist in training. Within my research, I have made links between this study and the larger discipline, explicating the importance of better understanding hope in this population for counselling psychologists.

Seventh, the criteria of *pragmatic obligation* requires that the researcher be aware of the applied nature of the research and the very real possibility that the findings will be implemented in practice without further verification. I have attempted to communicate an understanding of this obligation throughout this document, as interpretive description seeks to provide findings useful to practitioners. I have also sought to be tentative in describing practical implications of the findings so that they can be used only when contextually appropriate. Eighth, *contextual awareness* requires that the researcher be

intentional about the culture and worldviews which inform her own understandings and I have displayed this awareness by articulating my findings as particular to this culture and time. Furthermore, I have sought to identify my own culturally informed ideas within the analysis and discussion of the findings, while also incorporating the cultural context of the participants in this reporting. Finally, the ninth criteria is *probable truth*, which requires that the findings be presented in such a way that they represent the most probable truth that can be obtained through this research at this time. Here, I caveat my findings by suggesting that they are not an ultimate truth, but rather that they represent the best knowledge we have at this point to represent the experience of hope in transition from care.

In conducting this research, I chose to include an additional three credibility criteria all delineated by Morrow (2005) for use in counselling psychology research with a constructivist lens. I believe the following have provided useful additions to Thorne's (2008) criteria specific to interpretive description methodology. Given that interpretive description research is explicitly situated within the broader disciplinary field, it is important to include credibility criteria specific to counselling psychology. Including these additional criteria increases consistency with broader research expectations of the discipline and ensures ultimate applicability of research findings to the field of counselling psychology. While Morrow provides a host of credibility criteria, the following three seem most helpfully differentiated from Thorne's nine criteria listed above. First, Morrow suggests that it is important to ensure participant experiences are understood deeply rather than superficially, what Guba and Lincoln (1994) refer to as *verstehen*. Therefore, I sought to understand the perspectives of the research participants in a complex manner and engaged in follow up interviews where necessary to supplement

the understandings I developed in the course of data analysis. Supportive of this is another requirement of Morrow's, which he terms *particularity*. Particularity requires that the research "[does] justice to the integrity of unique cases" (Patton, 2002, p. 546), which helps to enhance the depth of understanding, and provides important contextual information. Particularity has been addressed in this research by providing contextual information about participants alongside quotes in the Findings section. Lastly, Morrow (2005) stresses the mutual construction of meaning within the research, so that the findings reflect a meaning co-constructed through interaction between the participants' experiences and the researcher's expertise and interpretive experience. This co-construction has been reflected in the member checks employed, as described in the methods section. Additionally, I have sought to thoughtfully integrate the participants' voices through generous use of quotations in the findings, so as to ensure that the findings are a multi-voiced construal of hope in the transition out of care.

Ethical Considerations

This study was approved by University of Alberta Human Research Ethics Board (REB). Furthermore, as an emerging researcher and professional, I have an obligation to assess and plan for potential ethical considerations. In doing so, I have adhered to the Ethical Conduct of Research Involving Humans, 2nd Ed. (Canadian Institutes of Health Research, 2010), as well as the Canadian Code of Ethics for Psychologists (CPA, 2000). Because I am a provisionally registered psychologist with the College of Alberta Psychologists, I must adhere to the ethical guidelines of my profession in any professional activity, including research.

First, ensuring "Respect for the Dignity of Persons" (CPA, 2000) is of primary importance in both ethical codes, and requires that the researcher protect the capacity of

all individuals involved in the study to operate under their own free will and make free, informed choices about all aspects of their involvement in the research (Truscott & Crook, 2013). In accordance with this principle, all participants were involved in a process of informed consent throughout the research. Consent was also ensured by providing participants with a full explanation of the study as possible, including its purpose, the nature of their involvement, and any possible risks. All participants signed a consent form prior to engaging in this research, and because informed consent is a process, rather than an event (Truscott & Crook, 2013), participants could withdraw their consent at any time during the interviews. At the outset of all interviews, participants were informed that although they had consented to participate in the study, they were by no means obligated to answer questions they felt uncomfortable answering, and that they could end the interview at any time for any reason. Additionally, I informed participants of the boundaries of when and how they could withdraw consent for their information to be used and they were given the opportunity to do so at multiple points in the research process.

Another important element of Respect for the Dignity of Persons involves ensuring that participants' personal data is collected and maintained in a confidential manner. In this research, I took this duty very seriously and sought to ensure confidentiality of the participants' experiences and histories at all times. I discussed the concept of confidentiality fully with the participants during the process of informed consent, answering any questions that they had. Potentially identifying details such as the city or neighbourhood in which they live, the schools they attended, or the names of loved ones or support workers were anonymized in the transcripts as well as in the final document. While I present the timelines of hope in their raw form alongside the findings,

I took care to anonymize potentially identifying details in each timeline (e.g. removing names of specific institutions or programs and replacing them with a general description). Additionally, participants were provided with the opportunity to choose a pseudonym for the research, a common standard in qualitative research (Orb, Eisenhauer, & Wynaden, 2001). Several participants chose to forgo a pseudonym and use their own first names in the final document of this research project. I felt that it was important to allow participants to make a decision, informed by all potential implications, regarding the use of their own name in this research document. First, this allows them to retain ownership over their own story of resilience, which they have been generous enough to share. Secondly, allowing this free and informed decision is in accordance with Respect for Dignity of Persons as it respects the agency of participants.

Another important principle is that of “Responsible Caring” (CPA, 2000), which includes the concepts of avoiding harm (non-maleficence) and promoting well-being (beneficence). Most qualitative research has been found to include very little risk to participants (Corbin & Morse, 2003), and can even be experienced as beneficial to participants (Turner, 2005). Indeed, participants in this research all noted that they experienced the interviews as positive and hopeful conversations. That said, there were discussions of threats to hope in each interview, and at times difficult emotions arose for participants. For example, at one point when talking about a past relationship, one participant noted that he had not realized how many strong emotions were still tied to those memories. I paid careful attention to participants’ affect during the interview. When participants expressed strong emotions during the interview, or when we were discussing a topic which could elicit distressing emotions, I paused the interview to conduct a brief check-in. Participants were always given the opportunity to take a break or debrief with

me about how the conversation had impacted them. I then asked for them to let me know if they felt comfortable continuing the interview. In one interview, the theme of suicidal ideation arose, in the context of past times of hopelessness. I checked in with the participant at the end of the interview to enquire if this was an ongoing concern, and to let them know about available resources. The participant stated he no longer had suicidal thoughts, and that he knew what to do to keep himself safe if they did re-occur. Further, a list of contacts (Appendix D), which include low-cost counselling centres and the distress line, was offered to participants following their interview.

Chapter 4: Findings

The six young adults that participated in this study were extremely generous in sharing their time and their experiences. It was their contribution which made it possible for this understanding of hope in the transition from care to be developed. Each of them had different experiences while in care, and a unique story of transition. At one point during each interview, I asked the participants to describe what hope meant to them. I have included each of their answers in full to provide context for their individual understandings of hope.

Anna¹: Anna is a married mother of three in her late-twenties who is planning to return to school after a period of working retail jobs. She had extended involvement in foster care during her childhood and was involved in a supported independent living program during her transition from care. To her, hope means: “Just keep swimming. In the words of Dory. Quite literally. Just keep going. Just keep swimming. She had a lot of hope for an animated character, so yeah. Just keep going. Just keep walking. There we go, we're humans. We'll just keep walking.”

Cody: Cody is a young man in his mid-twenties who is engaged to be married and lives with his fiancée in an apartment in Edmonton. He completed his Social Work degree and now works on the front lines with children and youth in care. As an adolescent he was placed in a residential program for youth with behavioural difficulties and ultimately transitioned from care with the help of a supported independent living program. To him,

¹ Participants were all given the opportunity to choose a pseudonym. Some youth chose to use their own names and others are referred to by pseudonyms of their choosing.

hope means: “I guess a sense or a belief that things will be different or better... in the future.”

Jesse: Jesse is a young man in his early twenties. He transitioned out of care with a supported independent living program and works full time at an auto repair shop. He maintains contact with the transitions agency and if he could go back to school, he would hope to pursue a degree in Social Work to help kids like himself. To him, hope means: “Just something that, like, you don’t realize, you don’t realize it, you don’t realize you hope for anything. I didn’t realize I was hoping for half of this stuff, but now talking about it, I’m like, that makes hella sense. You don’t realize it but hope is always there, even if it’s hoping to go home early. You still hope. So, if you’re hoping to go home early, you’re gonna work twice as hard so you can go home early. It’s always there with everything you do. You know you may not always think about it, but it’s there. I was like, “I don’t know what I’m gonna talk about, I don’t know if hope is even in my story” but now I’m like hope is always there. Even if you’re at the lowest point, you’re still hoping for something. It’s just a feeling that is there that never goes away. You may think it does; it never goes away.”

Miranda: Miranda is a young woman in her mid-twenties who at the time of this interview was living in a home with male roommates. She is in the process of completing degrees in Social Work and Child and Youth Work. Her time in care was punctuated by over a dozen different foster homes. She transitioned from care with the support of a supported independent living program. To her, hope means: “Just awareness and having something that you’re striving towards. Having an aspiration. Doesn’t matter how big or

small it is. Hope is just knowing that there's a reason to keep going, regardless of your day to day circumstances, as long as there's an end game. There's something that you're striving for that once you get to that point where you think you've achieved what you initially started for, you'll have grown. So you're gonna want more. Or if not more, something slightly different. Or you're gonna want to make an improvement. So regardless of where you are there's always hope. And regardless of how often you're defeated, a defeat is just a learning experience. And while it's painful, like I said, just feel that pain, have it validated, allow your pain to be validated and then move on when you're ready. You know, a lot of people have a hard time holding on to hope if they've experienced a lot of trauma, but trauma isn't something that you just move on from and you forget about one day. It's just something that you carry with you your whole life. And it doesn't often make a lot of people stronger, it destroys people but you just need to know - I've seen grief destroy a lot of people's hope. And it breaks my heart. Everybody just has, like when there's an experience of grief or loss, the whole world gives you advice for getting over that, when what you should do is just feel that but don't let it fester. Feel it, move on with your daily life and don't ignore your grief and your pain. When you ignore it, there's no - there's no room for hope there and it's really difficult to move on. In those circumstances you just move on when it stops consuming your thoughts all day, every day... And that's what hope is there for. Hope doesn't mean that you're happy all the time and everything is magical and okay. Hope just means having something that you're going on for."

Stephen: Stephen is a young man in his early twenties. He lives alone in an apartment and at the time of this interview had close relationships with his girlfriend and his siblings. He is strongly involved in advocacy efforts related to supporting youth in care. Stephen's

transition out of care involved the support of several youth workers and he moved into his first independent placement when he was just 16 years old. To him, hope means: “It means, um, oi, I want to say a belief in the future, but it’s not really a belief at that point, like when I’m feeling very hopeful, I’m feeling just hopeful in general. It would be knowing, I guess knowing slash believing in the future. Knowing slash believing in the future of yourself. For yourself. A defined sense of belief in oneself.”

Yu Sheng: Yu Sheng is a young man in his early twenties. He is a tradesperson in Northern Alberta and at the time of our interview, he was temporarily displaced by a wildfire. He transitioned from care with the support of a supported independent living program. To him, hope means, “Hope just means, to me, what I can expect in the future like should I, it means to me like I can have, you know, be free of any pain or suffering. It means that I can be happy.”

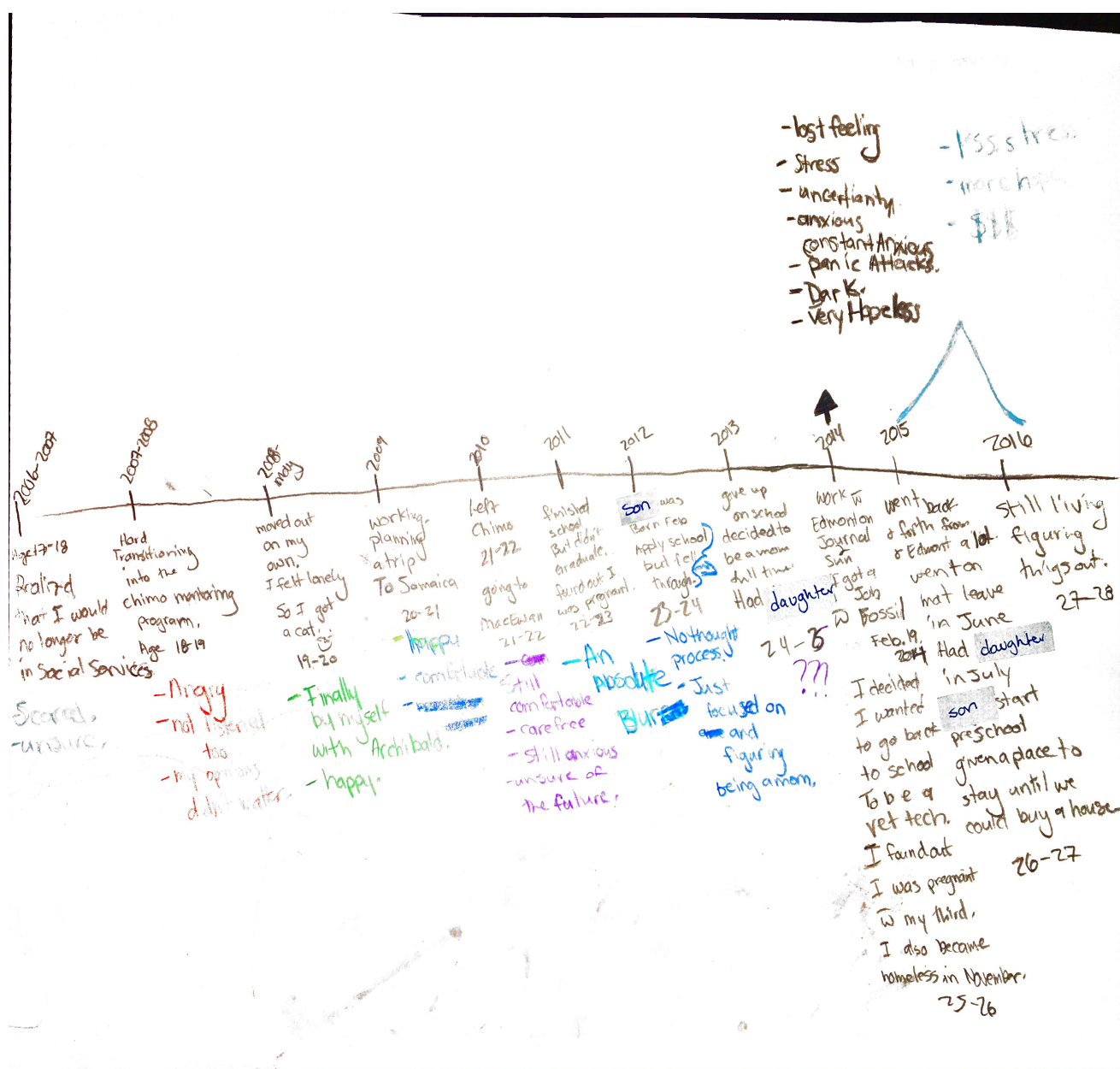


Figure 1. Anna's timeline of hope in the transition from care.

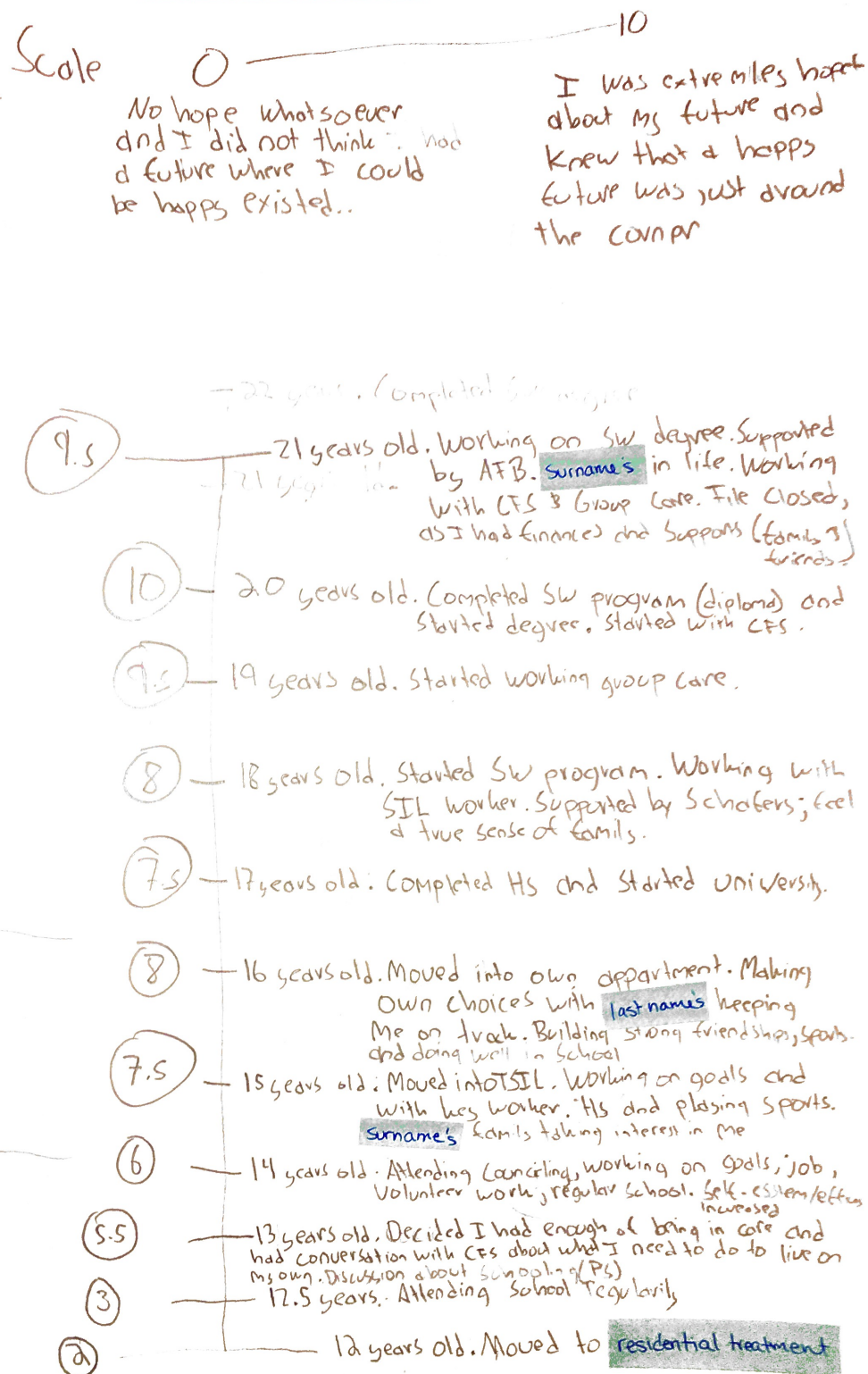


Figure 2. Cody's timeline of hope in the transition from care.

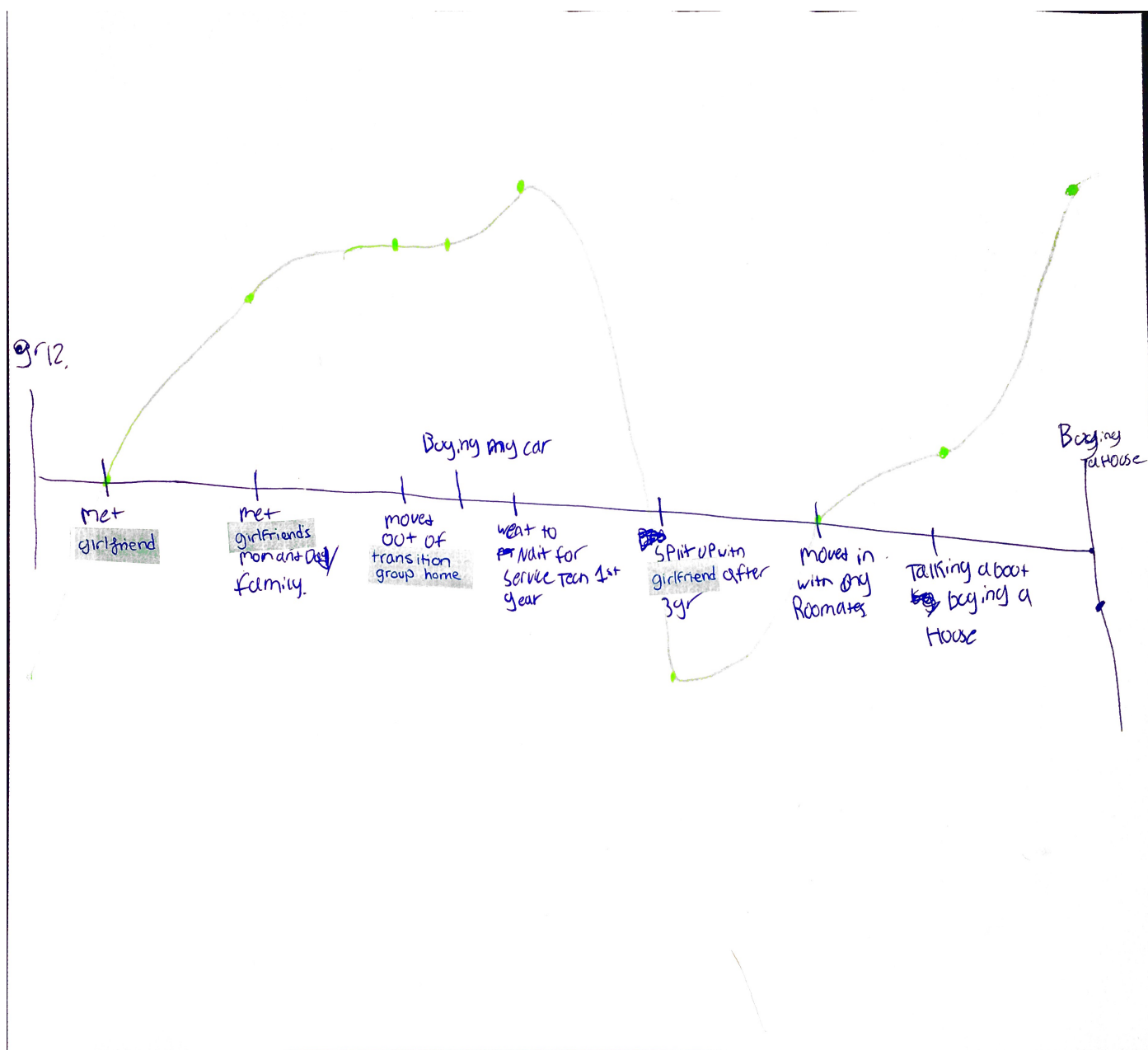


Figure 3. Jesse's timeline of hope in the transition from care.

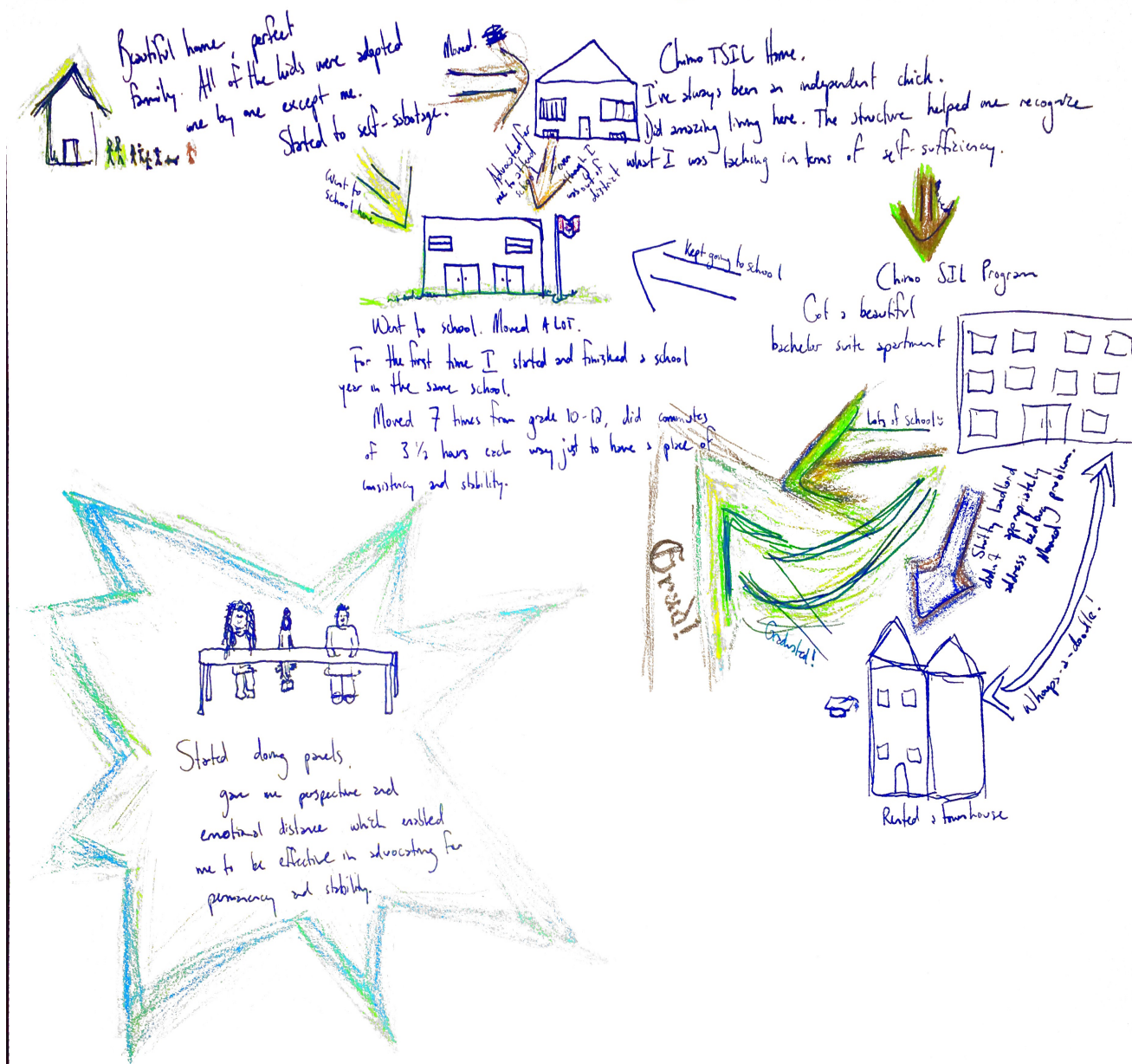


Figure 4. Miranda's timeline of hope in the transition from care.

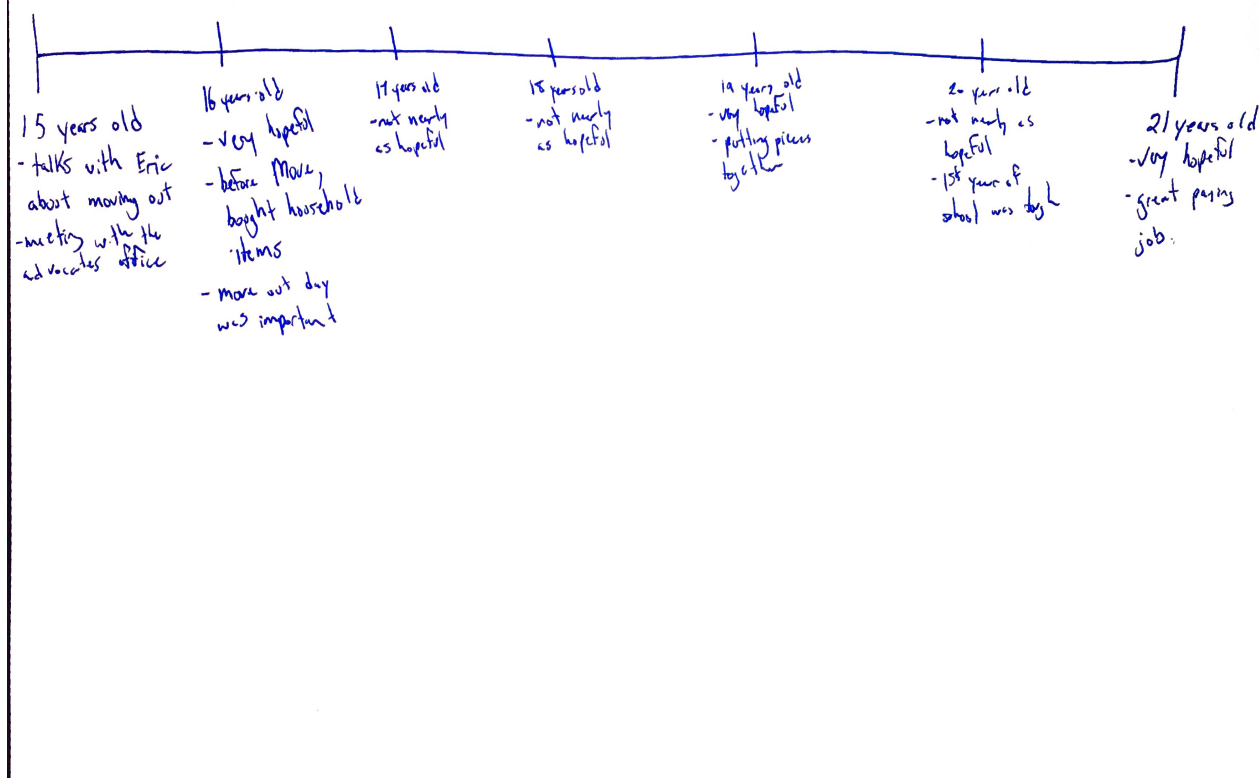


Figure 5. Stephen's timeline of hope in the transition from care.

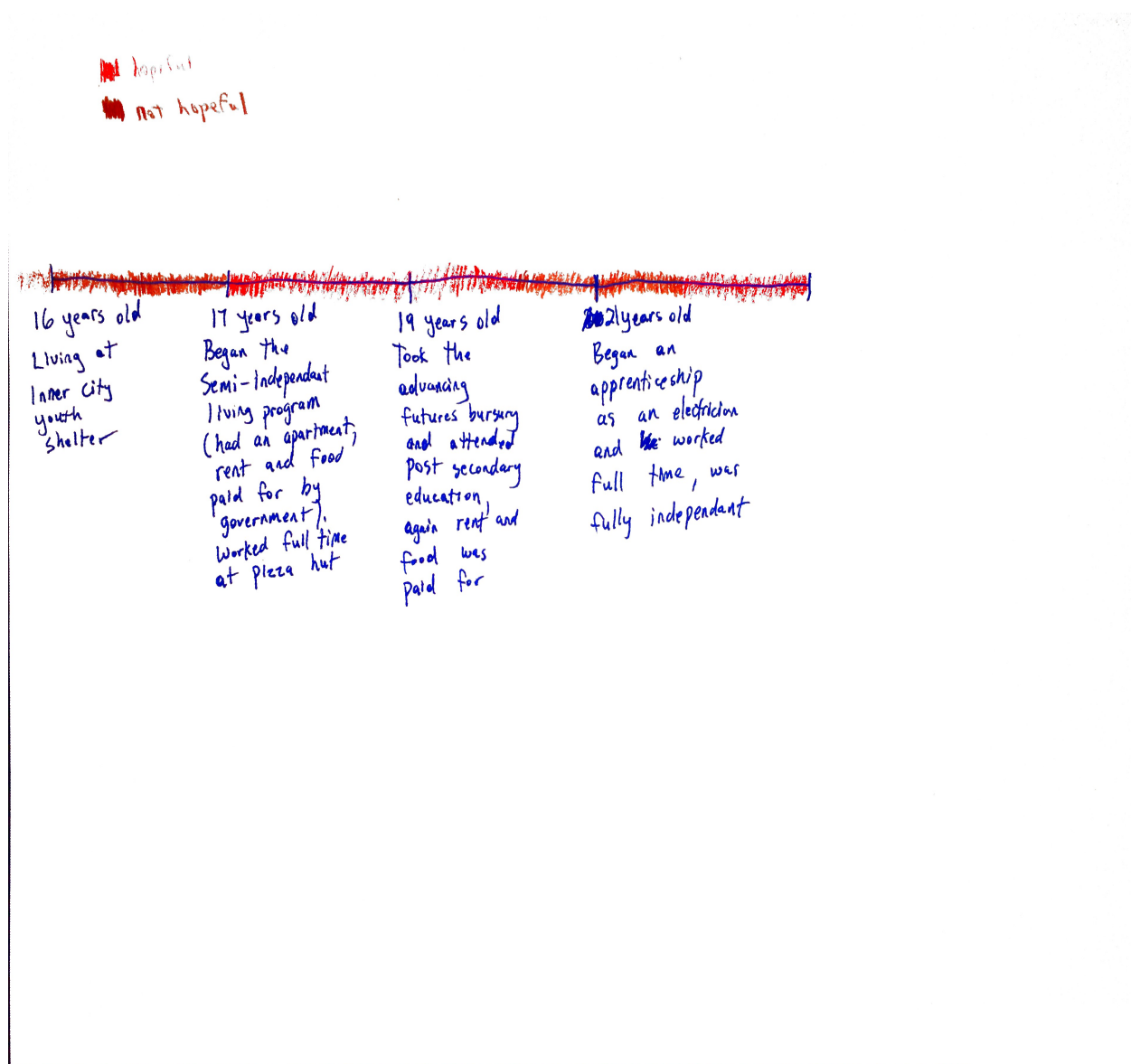


Figure 6. Yu Sheng's timeline of hope in the transition from care.

- Table 1
- *Findings*

Theme	Subthemes
Important to Transition	
Cyclical Hope	
Building Hope	Pre-Transition: Low Hope
	Awareness
	Control
	Scaffolding Hope
	Enacting Hope
	Achievement
	Envisioning Hope
Hope Threatened	Barriers to Hope
	Challenges to Hope
	Survival Hope
	Rebuilding Hope

Hope Hardiness (Maintaining Hope in
the Face of Barriers)

Supports

Multiple Hopes

Drawing Resilience from the Past

Positive, Intentional Self-Talk

Important to Transition

One clear consensus across the interviews was that hope was, and is, important to the success these young adults achieved in transition. Participants described hope as “vital” and “fundamental”, stating that it allowed them to take action towards their desired future. As Miranda stated in her interview, without hope, “you’re just drifting, and if you’re just drifting you’re going to be passive and never take an active role in your own life. If there’s no hope, there’s nothing to keep going for.”

Cyclical Hope

Overall, the picture that emerged of hope during the transition out of care was that hope was cyclical. While participants generally described hope as constantly present (“there’s always hope”), there were still a great deal of “ups and downs” in terms of level of hope, reflecting that hope is not static, but rather changes throughout the transition. The cycle of hope involves two separate and opposite processes. First, a process of building hope. Second, the process of threatening hope. Ultimately, most participants described that hope became stronger throughout the transition from care. However, they experienced challenges or threats to hope within that overall process. These challenges were ultimately acknowledged and became part of a cycle towards hope once again. Many things protected participants from losing hope altogether during times of hope challenged, including: supports from others, having multiple hopes, the capacity to recall past times of resilience, and positive, intentional self-talk. The cyclical nature of hope

was reflected in each of participant's timelines, and Jesse summarized it in the following quote: "There's a lot of stuff that gets you down and then you realize that it gets good. Then you realize like, okay, you can do this. But when something happens, it scares you. You don't know if you can do this or not. So then you sit there and think, if you can't do this, you can't do this. It's just like, well, you *have* to 'cause no one's gonna look after you."

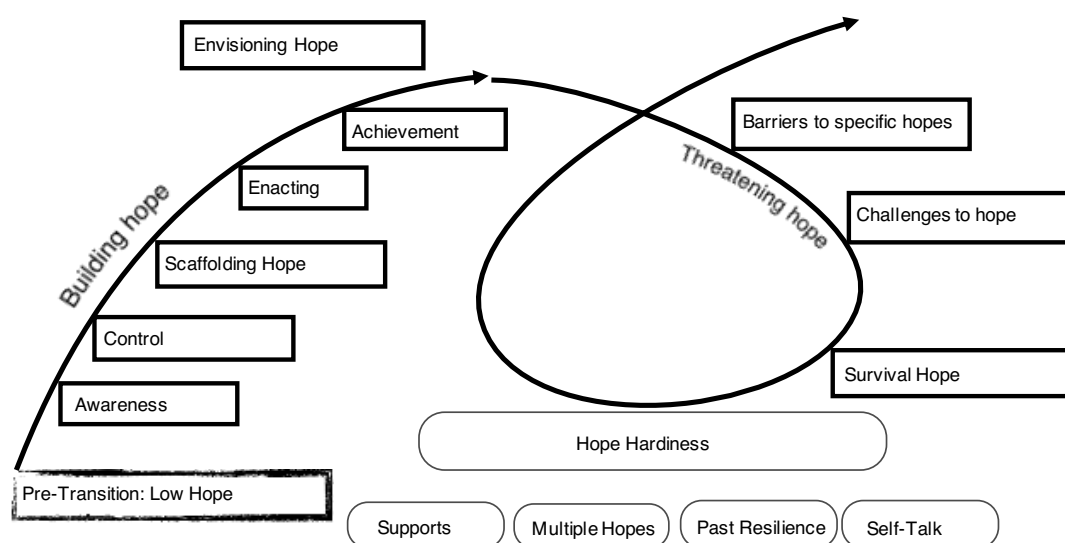


Figure 7. Model of hope in the transition from care

Building Hope

The young adults in this study described a process of building hope. They entered the transition with various levels of support and confidence, however they all moved towards higher hope throughout the transition. Cody described the ultimate outcome of building hope throughout the transition, and the impact that had on his confidence for himself: "When I was younger, like I [was] hopeful but I still [didn't] have enough to know that I have a real good chance at achieving a lot of it. Now that's not the case. Now I know my hopes will be done. It's just a matter of when. It's not a matter of if, but when I was younger it was." The process of building hope had several elements and began

with low hope in the pre-transition stage. Coming from this beginning place of low hope, youth described building hope over time by developing an awareness of what is, increasing control over their own future, taking action towards their hoped-for future, and achieving desired outcomes. Ultimately, this process allowed youth to envision hope for themselves and to develop a path forward. Importantly, while this process was individual, it was not done in isolation. Throughout the process of building hope, youth also described important attachment relationships that helped them to scaffold a hopeful future, which they then had to take personal action towards, as explained further in *Scaffolding Hope*.

Pre-transition: low hope. Prior to entering the transition, most participants described experiencing low hope for their future. Across all six timelines, the pre-transition stage is marked by low hope. This lack of hope took the form of either despair or complete disinterest in the future (living solely for the present moment, and for what feels good). Before beginning the transition from care, Cody described feeling so hopeless that he attempted suicide multiple times, and his only remaining hope was that “something would step in preventing me from wanting to do it but I just I continually had nothing. So, not completely hopeless but not far from it.” Part of what participants described as difficult pre-transition was the complete lack of control they felt over their own lives. For example, Stephen recalls being separated from his brothers and not being in control of when he saw them. Miranda described repeated rejections from foster families and abuse and neglect within some homes. The hopelessness experienced during the pre-transition stage can be understood as a natural reaction to the circumstances youth were facing. As Cody noted, “I didn’t really have a lot of things going right, either. Like a lot of stuff to be hopeful about. Because you have to have good things in your life to be

hopeful already. If you have nothing, it's very tough. It's very tough to be hopeful." His words are a reminder that building hope was a process that went beyond simply choosing to be hopeful, and required youth to have, and build on, positive, hopeful experiences.

Awareness. While hope is often colloquially described as a "Pollyanna" or pie-in-the-sky phenomenon, the hope described by these youth was grounded in difficult realities. Indeed, one of the first steps to building hope was to become aware of the unwanted aspects of one's life, and to be conscious of what is - even if that awareness presents a reality that is far from what is wanted. By grounding themselves in reality, youth were able to see the next necessary step towards where they wanted to go. It also provided significant motivation. Having this awareness allowed youth to see the life they did not want. Indeed, at times this awareness of difficulties and injustices, either past or present, prompted anger which acted as a motivating force: "After my support system kind of just bailed on me, I had the mindset of, just fuck it. Fuck you. Fuck all of you. I'm gonna be so damn successful." Acknowledging where they came from pushed youth forward to where they wanted to go, and participants frequently discussed the idea of overcoming their difficult pasts as hopeful.

One important aspect of awareness was seeing others living in ways that were not congruent with what the youth wanted for themselves - what Stephen termed "role model[s] for mistakes." Reverse role models ranged from other youth sharing the same group home, to the youth's parents or other family members. Jesse reflected on how during his first few days in the transition program, his parents acted as reverse role models for him: "I don't want to be what my parents are, right? So I had to change something. So the first few days - few weeks it was like really reflecting on like I can't - I gotta change something because I'll end up not liking who I am in the future."

Youth also talked about their awareness as dialectic - seeing both the good and the bad. This dialectic is described by Cody: “hope that it was possible but not that it was going to be easy, like preparing for the worst.” Some youth found that they maintained a vigilance of identifying the worst-case scenario in order to keep themselves safe, while at the same time maintaining an orientation of hope. Stephen, who grew up in a rough neighbourhood, described how acknowledging both the good and the bad allowed him to navigate situations: “If I were to walk down 107 Ave I’d automatically assume that somebody would stab me. That’s a negative thought right there. But you can’t be like ‘Oh nothing bad is going to happen’ and that’s a positive thought, ‘I’m gonna be safe’, you know, ‘I’ll just walk in the store and mind my own business.’ But you know it’s kind of like a safety. It’s a guard I guess. Just to know when I put myself in a situation and I see a situation I put myself in the negative and then I tune it to the positive.” This tenacious realism grounded the process of building hope in the youth’s current circumstances.

Control. One of the most hopeful aspects of the transition from care was the experience of increasing control over one’s own future. As one youth described it, “Once I felt that I started controlling my path I got a lot more hopeful, because then I felt like there was a connection between what I’m doing and what I’m reaping. Where I didn’t necessarily see that before. I was more, probably when I was 12 or so, I was a little bit more fate. Like shit has just happened to me and it’s not good. So I had no reason to think anything good is going to happen to me in the future. But once I started getting some self-efficacy and started seeing a relationship between... that I could actually control things, then I started feeling better.” Physically moving out of care was often a defining moment related to this new sense of control, and hope, for youth. The more that youth were agentic in their own lives, the more hopeful action they were able to take. Hope also

allowed youth to feel control through choosing a direction for their life and moving towards it, rather than simply being at the mercy of the system: “And where hope ties in is - hope is striving for something greater. Or at the very least, just knowing that things are going to be okay and taking steps to ensure that that happens. Hope means that you give a crap. There’s too many kids that age out of the system and they never get out of that victim mentality and I don’t blame them, because it’s - it’s fair. It’s very fair to see yourself as a victim all your life. But it’s very hard to see yourself as a victim if you have hope.”

Control was particularly important in the context of growing up in care: “Because I was overlooked so much, I had no confidence in the system and as soon as I realized that I would be provided with resources to finally have control over my life, I was over the moon. It meant everything to me.” This was a common sentiment, with Yu Sheng discussing the importance of not just having to passively hope for good things, “like you’re rolling a dice or something” but rather “having some control and having enough confidence to know that I can control the situation somehow”. One aspect of control that stood out was self-sufficiency. Miranda described a poster of Batman she drew on the wall of her apartment while in the transitions program, with the caption ‘You’re like batman. You don’t need parents’. When reviewing this document, Miranda noted that she had realized since our initial interview that “even Batman had Alfred. Everyone needs somebody”. Her correction highlights an important point. Youth continually sought and needed support systems during the transition from care. However, they also described finding it empowering to know they could meet their own needs if they had to, and often described finding it difficult to rely fully on others. Anna described this complicated dynamic and how it arose from her time in care: “You need to work on you, because

you're not going to survive if you're focusing on everybody else. Which is why a lot of foster kids are selfish. Myself included. You have this mentality of just you. You need to get through this, because they're not going to help you. That was my experience with foster care.”

Scaffolding Hope. The process of building hope, while personal, also occurred in relationship with others - one youth referred to his friends and family as a “circle... a hope generator”. Youth described using others, often role models or caring adults, to scaffold their hope. When others were able to hold hope for the youth, this opened up possibilities for them to develop a more robust hope for themselves.

One very important aspect of these relationships appeared to be genuineness on the part of the other. If the youth felt genuine interest from someone, then the support was simply more meaningful. This genuineness could be signalled in various ways. Participants described the importance of “surround[ing] yourself by good people that care for you because they care for you, not because they’re paid to.” Miranda identified instances where this authenticity was important, including with her transition worker: “Because she spoke to me without condescending, because she spoke to me the same way I spoke to her – with honesty, no nonsense, a lot of humour, and open-minded reflections on many different topics – she helped me recognize that my feelings were valid, my fears and hurt were valid, and that knowing myself so well at a young age was not egotistical, it was rare and genuine... Just having her in my life brought out the best in me, and I drew a lot of my hope and resilience from our interactions.” It seems that being seen and acknowledged by someone who is invested in the young person was in and of itself important for scaffolding hope. Indeed, it suggested to youth that they were a person worth being genuine with, or investing in.

Another way to signal authenticity appeared to be a worker going above and beyond, “sticking his neck out for me,” and even breaking protocol by sharing his or her personal phone number or being willing to maintain a relationship after the professional relationship was terminated. Miranda described maintaining her contract with Children’s Services without financial support simply to be able to have the emotional support of her social worker, and then being happily surprised to find her social worker offered to stay in touch after she aged out of care. Finally, it was important for youth to feel like important others were personally invested in their future. For example, Stephen described an instance of telling the director of his agency that he was choosing between going back to school or taking a promotion at the retail store he worked for: “He grabbed my hand and said, ‘Go to school’. And that was a pretty big moment because, yeah... it was a really big moment. He just grabbed my hand, looked me in the eyes - go to school. I’d never seen [him] act like that before... It just showed that he really wanted me to go to school and get a degree. I was like I gotta do this not just for myself but for the people that believe in me and so - it becomes more than just doing it for yourself.” As Stephen’s quote suggests, personal investment from important others in the youth’s future also appears to work as a motivation, because youth wanted to make the important other’s in their lives proud.

Scaffolding hope was achieved through a few different processes. First, important others would identify that there *was* a hopeful future for the youth - that they believed in them. For instance, Stephen said of his long-time role model that “It’s when other people, like adults, like Eric or the Advocate at the time have hope for you as a kid, that’s really what sparks a youth feeling hopeful for themselves”. Secondly, important others would identify individual strengths that the youth had which made them capable and likely to

succeed in one way or another. Yu Sheng identified this as vital to his hope for himself: “the thing that gave me the most hope was my social worker telling me that, ‘you’re doing very, very, very well and I hardly ever get someone like you. Very happy you’re not a trouble maker, you’re really easy to work with, makes my job real easy’. And when she told me all these great things about me it really encouraged me and...it gave me a lot of confidence”.

Building from a strengths-focused perspective, rather than exclusively identifying challenges seemed to be very important. Seeing their own strengths identified by important others allowed youth a foundation from which to build. There was a sense that they already had the tools they needed to be successful. Conversely, Stephen described an experience with his social worker when he was skipping a lot of school that was not helpful, because they did not bring in a strengths focus: “They weren’t really supporting. They weren’t supporting at all, they were just... I’m trying to remember at the conference they were trying to tell people that’s not the way to do things. Just talk to them, don’t just tell them - every time the kid is there you don’t just lay ‘em out, especially when they’re not feeling very confident in themselves to begin with, right? You gotta tell them about the positives.” Finally, scaffolding took place when important others would lend specific hopes to the youth. For instance, Cody had teachers identify that he was a good support to younger students and that he might be able to help other kids one day: “I had key worker there who had these conversations with me. That pointed out that I was good at this stuff. He pointed out that maybe I should have a Plan B other than living on welfare and playing video games. That maybe I could accomplish a little bit more and why.” Planting this initial seed was important to lay the groundwork for Cody’s ultimate future as a social worker.

Enacting Hope. For participants, hope appeared to naturally compel positive action, and taking action was a big aspect of building hope. In this way, hope was a “driving force” that allowed youth to move towards their hoped-for future, whether large or small. Jesse describes the active nature of hope: “You don’t realize it but hope is always there, even if it’s like hoping to go home early. You still hope. So if you’re hoping to go home early, you’re gonna work twice as hard so you can go home early. It’s always there with everything you do.” Therefore, hope is not a passive orientation to the future, but rather intentionally enacted in the real world. Miranda highlights this distinction: “Hope is when you take an active role in your life, you strive for greater things, you’re not passive. You have aspirations. The lack of hope just means you settle for what you get and there’s no full potential there. You’re just getting by. You’re just passive.” Hopes enacted tended to be related to personally meaningful hopes. For example, Stephen describes regularly taking an hour-long bus ride to visit his younger brother in a foster home across town when he first moved out on his own. This concrete action supported his hope of maintaining a strong relationship with his brother.

Enacted hope was also strongly tied to making choices. As Anna suggests, hope is necessary but not sufficient without action: “I guess for me, there is hope, but you also have to make the right choices. So if you’re going out to drink, and you become an alcoholic, or you get into drugs, those aren’t necessarily the right choices to put you on the right path.”

Most often, this was framed as making positive choices that will lead to a better future, as Stephen discusses here: “I always I tell my brothers this too sometimes when they are feeling like skipping school or something. Like every decision that you make now isn’t just affecting you. Like I said before it’s good for your people surrounding you

feeling pride in you and stuff and not letting them down. But it's also like, I would say, like you guys are going to have kids at some point, you know? Every decision you make now depends on your future family. And that's a big deal because how much do you want to take your family on vacations or do you just want to be broke and living on 107 avenue, right? Everything that you decide on now is going to dictate how your kids grow up so, like, do you want to put them through the same shit that we went through, or do you wanna elevate them and support them and give them a great house and stuff."

Several participants also spoke of sacrifices inherent in choosing a path forward in the transition out of care. When they made one choice, they were naturally giving up other options. Often these sacrifices came in the form of giving up current comfort, ease, fun, or gratification for long term goals. As Cody reflected, "So it is very possible but there is a lot of sacrifice in those years. Stuff I missed out on. You had to pick and choose what you want. I could have had a lot more fun in this time if I would have delayed it." There was consistently a sense that this sacrifice was necessary for them to be successful in ways that it would not be for their non-care peers.

Achievement. As a result of enacting hope, participants described achievements such as doing well in school, getting a driver's license, developing healthy relationships, being hired, or being promoted. Achievements played an important role in building hope. Regardless of whether their achievements were large or small, they could act as a stepping stone towards a hoped-for future. Participants reported that when they were successful with something specific, it contributed to their larger overall hopefulness for the future. Interestingly, when a hoped-for outcome was obtained, such as Yu Sheng achieving his journeyman's certification, it was no longer related to his hope, but instead acted as a stepping stone to future hopes. The achieved hopes seemed to become a new

baseline of success from which these youth could build. Stephen described how when he moved out at 15 the idea of having his feet in the carpet of his own apartment was strongly connected to a sense of hope, and how this shifted after the hope had been achieved: “And I remember when I was 15 that was one of my goals and when it finally happened it was like ‘Yeah! Feet are in the carpet - it’s awesome’. This is home. You know? And uh, nowadays it’s like, ‘Fuck, the carpet needs to get cleaned.’ It’s weird how that perspective changes.” The sense of accomplishment, while it does not continue to produce hopeful feelings, led to a stronger belief in possible future accomplishment.

Cody describes how achievements in grades, inspired by an engaged teacher, provided him a basis for hope: “After a little while, I had a little glimmer, like I started getting above 50. I started getting 60’s. I even got a few 70’s when I was in my modules. Unfortunately, that was short lived. But then I went to [youth detention centre]. So I had that little bit of hopeful experience to carry on.” Clearly, while Cody’s achievements themselves were transitory, they helped him develop an identity as someone who was able to be successful. Jesse describes the importance of achievement, together with awareness: “Even if it’s you get a job. You had nothing before, you take that from that experience. Don’t think it’s a waste of time, you have nothing to continue on, but you have something as small as getting a job or having money in the bank or able to afford a slurpee. Something that small, you can look back and still take that you had nothing there.” It is clear that the achievements do not need to be large to be significant, they simply need to be a clear step forward from where the youth was before.

Envisioning hope. The process of building hope helped to establish a sense of security for participants. When their basic needs were met, they had experienced achievements, and they had some control over their futures, participants were able to

envision hope. Envisioning hope meant participants imagining hopeful possibilities for the future, even the distant future. The time perspective of youth when they are envisioning hope is longer, allowing them to see farther into their future and to look for hopeful possibilities. Youth described hopes to buy a home, start their own business, get married, and have children. These possibilities are also expanded, and youth can look beyond what they have seen for themselves previously. Miranda frequently discussed her frustration at the expectations for former youth in care being so low, and particularly about the disappointment she feels about youth not being supported or encouraged to achieve beyond simply subsisting. She concluded at one point, “So, you don’t have to dream huge, just don’t settle. Fuck settling. If you settle there’s no hope, it’s just complacency.” Times of envisioning hope were occupied with empowered desire for a positive future, which focused on flourishing, rather than simply existing or surviving. Stephen described his experience of this state: “It feels good to feel like you’re an unstoppable force... like, whatever you do it’s gonna happen.” Other participants used the term “driving force.” During times of envisioning hope, youth would often generate goals and ambitions for themselves and strongly invest in the futures they were hoping for. The actual content of what was hoped for varied greatly. Sometimes the term envisioning hope was literal, and participants described actually visualizing their desired future and dwelling on a mental picture. For instance, Anna described in detail the “pretty house up the hill... [with a] big for sale sign on the front of it”, that she hoped to one day be able to buy for her family.

A common experience when envisioning hope was that participants often hoped for larger systemic changes in the foster care system, or hoped to bring about change for other youth facing similar circumstances. Indeed, two participants had pursued careers in

social work, and two others expressed a desire to do so given the opportunity. This suggests that when these youth envisioned a hopeful future, it was one in which not just their lives would be different, but indeed the system that had defined their childhood and/or adolescence would be different. Miranda talked about, “enacting real changes that can prevent some of the more difficult experiences of my life from happening to another kid.” The idea of breaking the cycle in their families and communities came up again and again. Stephen spoke about his grandmother’s experience in the residential school system and how “it’s a generation after generation thing”. He described making the decision when he was 15 to end the cycle of involvement in care. Cody discussed his hopes for impacting the system, “So I’m hopeful, to climb in Children's Services and so I can have more influence in helping shape the system in hopefully a way that, still helps kids in care that are in care that need the support.”

Ultimately, envisioning hope was the hopeful state produced by the process of building hope, and in this state, participants were able to imagine positive possibilities for the future.

Hope Threatened

Within the cyclical hope described by participants, the opposing force to building hope was the process of hope threatened. All participants described points during their transition when their hope was threatened to various extents. Therefore, while overall the transition from care was a hopeful process, it was not linear. These times of threatened hope were often related to barriers to specific hopes held by the youth or more broad challenges to the youth’s hope for themselves. Barriers to specific hopes tended to be less damaging to overall hope for the self. Youth were, at times, able to be persistent in the face of barriers. This was largely due to the use of hope resilience strategies used by the

youth, described in the following category. When hope was threatened for youth, they experienced a state I have termed survival hope, in which hope was still present, but was more short-term focused, and often simply served to help youth “keep going” through a difficult time. Ultimately, youth were able to re-build hope after these periods of hope threatened using the same mechanisms described in the building hope process.

Barriers to specific hopes. Youth described times when circumstances stood in the way, either temporarily or permanently, to achieving a specific hope or goal. One participant called these “roadblocks” to hope. Ultimately, barriers to hope made it more difficult for participants to realize a particular hope they were holding. Most commonly, the barriers to hope were practical circumstances (adversity, lack of financial support, lack of social support). For example, Anna described a barrier to her hope of becoming a veterinary technician while trying to raise her three children: “Who’s going to watch the kids while you’re at school like 7 hours a day? Plus, I have field work to do. Who’s going to be watching the kids while I have to go to a swine farm to do my work, or a cattle farm, you know what I mean?”. Without childcare or the financial means to purchase childcare (the barrier), she is unable to pursue her schooling (the hope).

A common barrier to hope was a lack of financial support, or lack of financial security. For example, Miranda reflected on a time where she was unable to complete an assignment for her foods class because her power had been cut off. Frequently, youth mentioned that they found it difficult to pursue certain hopes given the uncertainty around their funding from Children’s Services. This topic brought up significant emotion for Cody: “Just knowing that I couldn’t have done anything else, and that they’re still trying to fuck me. It drove me mad. It always kept me on that heightened level of I don’t know if this is permanent...There’s nothing I can do. If I’m doing really bad, they’re

going to get rid of me. If I'm doing really good, they're going to get rid of me. So what should I be doing?" This uncertainty appeared to undermine the control that youth felt over their lives, and stood in the way of them planning into the long-term, acting as a barrier to a number of specific hopes. Another common barrier was the lack of parental support for youth transitioning from care. While youth in care have many similar struggles as their non-care peers, they have fewer resources to overcome those struggles. As Yu Sheng described, "even people who aren't in group care, they're the same way but they have their parents, they live with their parents...you know they always have their parents to lean on, whereas someone like me, or someone who's in care, doesn't have those parents to lean on."

Often, while barriers to hope led to a lower hope around that particular outcome, youth were still able to maintain hope for themselves in general. As Miranda distinguished, when discussing a barrier to hope: "I lost a lot of optimism [for that particular outcome]. But I didn't lose any hope". How youth responded to barriers to hope varied depending on the particular circumstances. In some instances, a barrier to hope served as a temporary obstacle to attainment of that particular hope, but youth remained consistent in their action towards that hope. For example, Stephen faced several barriers in his attempt to move into his own apartment at the age of 16, a move which was significantly related to hope for him. When his social worker and foster mother were not supportive of this hope, he initially felt "hopeless", but persisted to contact the Children's Advocate who supported him in convincing his social worker to give him an opportunity. He then describes how he ran into more barriers in his push for independence: "[My worker was] like, 'well if you can find your own apartment you can do it'. And I was like okay. And yet that was pretty tough too (laugh). There were times in there that I wasn't

very hopeful. [Landlords are] like, ‘how old are you?’ and I’m like ‘agh’. No. That was the one question I didn’t like. Like, ‘uh... 16’.” Ultimately, Stephen persisted and found a landlord willing to rent to him. The very real barriers faced by youth as a direct result of their age, their status in care, and at times their race or culture stood in between the youth and specific hopes held for themselves.

It is important to note, that while youth were at times able to be persistent despite barriers, the more barriers they faced, the more difficult that persistence became. In some cases, when barriers to hope became overwhelming, they could have a significant impact on the participants’ overall hope for themselves. Anna described her state when she realized that she did not have a pathway forward to go back to school, despite many attempts: “Lost. And I was really, as my husband says, woe is me. I was pretty down on myself, because I wanted to be something and do something. I felt like everything was telling me no.” When barriers reduced the youths’ sense of hope for their future in general, the barriers became a challenge to the youths’ overall hope.

Challenges to hope. Challenges to hope arose when a participants’ general sense of hope for their future was threatened. While barriers to hope tended to stand in between a youth and a specific hoped-for outcome, challenges to hope were typically more personal and pervasive in nature, resulting in the youth feeling less hope for themselves overall. When hope was challenged, youth were less able to imagine that they would go on to have a positive future. When hope was challenged, youth described isolating from others, wanting to “curl up in a ball”, feeling apathetic, and at times even being self-destructive. One major challenge to hope was childhood disruption and deprivation. Miranda described seeing this challenge hope for other youth in care:

You know, a lot of people have a hard time holding on to hope if they’ve experienced a lot of trauma but trauma isn’t something that you just move

on from and you forget about one day. It's just something that you carry with you your whole life. And it doesn't often make a lot of people stronger, it destroys people...I've seen grief destroy a lot of people's hope.

Challenged hope was closer to hopelessness, and when hope was challenged one youth expressed: "I did not think a future where I could be happy existed".

Challenges to hope were often tied to an individual's identity, and constituted deeper threats to the self as a person capable of hope. For example, Yu Sheng often mentioned the racism and ageism he faced when he was apprenticing as an electrician, and how at the time, the experience "shattered" his hope, and led to a period of depression. He found that the bullying he experienced from his co-workers caused him to be wary of his ability to be effective in the workplace, or even to be accepted by others and treated with respect. While ultimately, he was able to endure the bullying, he described finding it difficult to even get out of bed during that period, and losing his sense of control over his own life.

Premature responsibility. One common challenge to hope was the premature responsibility associated with transitioning out of care. The young adults I interviewed were all aware that they were being asked to take on responsibilities unusual for someone of their age. Yu Sheng discussed how when he first moved out his hope was extremely high, but shortly after moving into his own apartment, he realized how difficult it would be to live up to the many expectations of him, including keeping a job, maintaining a home, and pursuing school. When asked if it had an impact on his hope for himself, he replied, "Yeah it did, because it was like, 'oh well maybe this isn't as easy as I thought.' And it sort of hurt my confidence so it then turned maybe hopeless. It lowered my standards for what to hope for." Similarly, Cody noted that when he first entered University, he found his hope challenged. He described feeling like an imposter and

worrying that others would discover that he grew up in care. Added to this, the academic burden of classes, particularly at the young age of 16 meant that he was not initially able to maintain the grades he had achieved in high school. Overall, he summarized the experience by saying: “There were some challenges. It made me question my future and whether not I can do this.”

Relationships. Hope was also challenged within relationships, or due to a lack of strong relationships. When youth made contact with others who were not really engaged in them, or genuine in their care, it could constitute a challenge of hope. Stephen described feeling like he was “just another stop in the day” for his caseworker, and Miranda felt unnecessarily kept at a distance. “I’ve met too many people who would not give me a shred of information about their personal life”, she said. “Like not even a favourite colour. Where I’ve just tried to get to know group home staff or foster parents or social workers and they wouldn’t give me an inch. And that broke my heart”.

During the transition, most of the participants described a period of loneliness which acted as a challenge to hope. Miranda described how loneliness challenged her hope: “Loneliness was hard. Because I felt like, being so isolated and going from a home with live in staff, they’re there around the clock, to living in an apartment and only having a caseworker physically visit my home space once a month and only to visit with me every two weeks it was so minimal. I was really, really lonely.” What she describes is the opposite to scaffolding hope: she did not have important others around her to hold hope for her. Jesse described a similar challenge, following the loss of his relationship with his girlfriend: “So that, you know, not having that pillar, not having that hope that somebody is hoping that wants you to succeed. So not just having your hope but having

somebody else's hope, having that stripped away, that was, you know, pretty hard on me especially."

Survival Hope. In most cases, even during times of threatened hope, youth did not express a complete lack of hope, but rather described hope as the force that allowed them to keep going, despite their current difficulties. During these periods, participants described their hope as focused on day-to-day survival, and being much more short term than when they were in the state of envisioning hope. Ultimately, survival hope was the state that participants experienced to different degrees during the process of hope threatened. Anna reflected on a period of survival hope during her transition: "I don't even know where my hope was there...I think I was just trying to get through the day-by-day, and just focusing." Therefore, hope is present, but changes in form. Survival hope tends to be less future focused and more immediate. It compels the youth to keep going, even when things are difficult or uncertain. As Miranda found: "Hope is just knowing that there's a reason to keep going, regardless of your day-to-day circumstances, as long as there's an end game." During periods of survival hope, youth were less likely to envision a positive future, but were still able to maintain general hope that "things would turn out okay".

During times of survival hope, for some youth a single hope for the future would sustain their ability to keep moving forward. For example, Jesse described a period of time during which he was hoping to get back together with his ex-girlfriend. He later reflected: "Even if you're hoping for the wrong thing, you're still hoping for something." Having even a single hope kept hope alive. Because times of low hope tend to be times where youth feel less control over their circumstances, hope is often more passive and vague rather than active and specific. When Yu Sheng recalled a period of survival hope

he stated: “It’s out of my control and I can just hope for the best... but I’m not very hopeful.” Even this single, passive hope (hoping for the best) still signified that hope was present. Ultimately, survival hope was vital in youth being able to come through periods of difficulty and be motivated to continue moving forward, even if the path forward was not currently clear.

Re-building Hope. Following periods of survival hope, participants described re-building their hope. This process followed the same trajectory as building hope (awareness, control, scaffolding hope, achievement, envisioning hope). Times of low hope appeared to serve an important function in the overall cyclical process of hope. During times of survival hope, youth would be once again reminded of what they did not want for themselves (awareness). Several participants described the importance of awareness of threatened hope, with Stephen describing it as, “your brain trying to fight back and saying ‘what the fuck are you doing? Let’s go live life, you have one life to live.’” His personal experience which prompted the process of re-building hope was when his father would show up at his apartment intoxicated, and either bang on the door or break in through the balcony: “My Dad pulling the last straw out just kind of ignited me. And uh, my goals. I guess I started thinking about bigger things. I guess maybe some people don’t get that last straw. Maybe I’m just short tempered (laugh).” Jesse expanded even further on the importance of hopelessness in the cycle of hope during the transition out of care. He pointed out that awareness of hopelessness or threatened hope was an important marker that hope was present and possible: “If you didn’t hope for anything, and then you’re in a hopeless situation, you wouldn’t know the difference. You would have a wall up or your feelings would be just shut down... you may not even be upset. Because you’d had nothing to hope for or you had nothing to live for.” Therefore, as in

building hope, awareness was the first step. After Jesse went through a difficult time following a break-up, he eventually sought to re-build his hope: “So it was definitely a low point. But then you just, you know, you eventually you gotta say that enough’s enough. Again after, how long ever it was you start hoping and start realizing that you’re gonna have to find something else. Find a new pillar or a new source of connection or somebody else that has the same interests or you know, helps you through stuff.”

Over time, participants described hope becoming more robust, so that they were better able to re-build hope following periods of survival hope. As the cycle continued, eventually hope would be less vulnerable to challenge, and it would be re-built to an even stronger state. This may explain why, while hope is cyclical and vulnerable to threat, overall the process of transitioning from care was a hopeful one.

Hope Hardiness

Youth acknowledged they had personal characteristics which allowed them to be persistent in their hope despite barriers to hope, and that this resilience was not necessarily simple, nor available to all individuals in their circumstance. Stephen discussed this disparity when talking about the barriers he faced during the transition from care: “I always wondered why does some of the system make it so difficult for people? Like it was difficult for me - I can only imagine how difficult it would be for some other kids, you know?”

When youth discussed how they were able to maintain hope, or regain hope, certain attitudes or circumstances arose consistently across interviews. Each of these factors contributed to youth having more hardy or robust hope. Specifically, youth described that they had access to supports, they were able to produce multiple hopes for the future, they reflected on past successes or resilience, and they used positive, intentional self-talk.

Supports. When hope was challenged for youth, they returned to one of the original sources of building hope: relationship with others. Every participant mentioned at least one, but usually several individuals in their lives who they could turn to when they became disillusioned with the transition from care. Having these supports allowed youth to maintain their hope. Supports were important in two ways.

First, having a strong support system allowed youth to feel less alone, and gave them confidence that they would have someone to turn to if they were not able to support themselves. For Yu Sheng, his sister was integral in his success, because, “she was there and she gave me a lot of hope because she was someone I could always rely on. I could tell her things and I’ve known her since I was born. Right? And...I knew that she’d never let me down and I could fall on her if I - if I needed.” Having a support system that he could trust to be there when things got difficult provided hope. Therefore, supports made it less likely that youth would lose hope in the first place.

Secondly when youth did lose hope, they used their support system to scaffold their hope back up again. When asked how he regained hope in the face of an obstacle, Stephen highlighted the importance of relationships: “People putting me out there I guess and supporting me, believing in me, empowering me... Find someone who’s not raggin’ on you, when you mess up. Find someone that’s like ‘Oh what happened?’ [curious tone] you know? Um, not like ‘What happened?’ [accusatory tone], but like ‘What happened? How can I help you? Want to go for coffee, or?’ ...Just find that one person who’s like that and hold on to them. Don’t push them.” Several young adults found that simply having someone who was willing to listen and act as a support allowed them to regain hope and belief in themselves. Cody stated his main piece of advice for other youth entering the transition would be: “Surround yourself with good people that want what’s

best for you because they'll help keep you on track. So if you start veering off, they will remind you of the things that you have to be hopeful for." This quote suggests that supports were not accidental. Rather, it was important to choose relationships that would provide support, and actively maintain support throughout the transition.

Multiple Hopes. An important protective factor against youth losing hope, even in the face of obstacles, was that youth could generate multiple hopes for the future. When multiple, different hopes were held by the youth, they were less vulnerable when barriers to a particular hope arose. For example, when Anna's hope was challenged with multiple barriers to her pursuing her schooling, she made an internal decision to refocus her hope on parenting her children: "That's when I just decided to be a Mom." Multiple hopes could be held in different domains, as Cody describes: "Yeah so if I had a fight with [my closest supports], I had my friends. Or even my relationship at the time gave me a lot of hope I guess and then my own personal progress. Like my progress with my own goals. Like I'm in University, I'm actually doing it more or less."

Youth could also have multiple hopes in the same area. For example, one could hope to attain one job, and also have other, alternative jobs that they hoped to do.

Miranda described engaging in this process deliberately when choosing her career path:

And that's why I know I need to do Social Work and Child and Youth Care, because if it turns out that 23-year-old me overestimated her abilities and her capacity and her patience, then I can still work with seniors or babies or in a daycare or work with like, the criminal justice system. I can do a million things with Social Work and Child and Youth Care so I'm preparing myself for just in case my idealism is just that. It's just idealistic and I've made a terrible decision, there's a whole body of work out there for me and I can do that. So it's like always taking realistic steps in my life, while being hopeful that I'm gonna be so good at what I do.

When youth are entirely invested in one particular hope, a barrier to that hope can easily challenge the youth's capacity to envision a positive future for themselves. For example,

at one point, Jesse had constructed his entire hoped-for future life around his relationship with his girlfriend. When he thought of his future, all of his hopes were related to, “just the relationship, that was the relationship for three years”. Without having hopes grounded outside of the relationship, when the relationship came to an end, Jesse went through a difficult period of depression and hopelessness, before he was able to rebuild a new understanding of hope for himself. It is clear that multiple hopes could provide an important safety net for the youth in the study, contributing to their overall hope hardiness. Stephen summarized how this safety net allowed him to be resilient in the face of rejection or disappointment: “If people just reject you, you can take it. Like alright whatever, I’ll just move onto the next thing and then I’ll just do that.”

Drawing Resilience from the Past. During times of challenged hope, or when barriers to hope arose, youth would engage in a process of mining the past for personal memories that would support their hope. Two main types of memories appeared to be helpful. First, youth would recall times in the past that they had been through something similarly difficult and survived (past resilience). Secondly, they would recall times that things had been better than they currently were (past positive memories). Jesse described using two objects to remind him of his past resilience - a cross given to him by an old friend when he was going through a difficult time, and a promise ring from his former relationship. He used these reminders of his past resilience to give him a sense of security and hope for the future: “If I ever feel unhopeful or stressed or don’t know what to do, and [I’m] scared or [I] think it’s gonna be, go bad, [I’m] gonna lose everything. [I] just kind of look at them or do something with them. Like I look at the cross or look at the ring and [I] realize [I] went through it already. I know I’ll be okay. I know I’ll be okay because I’ve gone through lots of stuff.” Similarly, having the experience that bad

situations won't last forever allowed youth to maintain hope during times of difficulty. Yu Sheng explained how knowing through personal experience that bad times would eventually end allowed him to endure difficulties such as bullying at work or living in a youth shelter: "Knowing that it's not going to be forever. I guess this is like a recurring thing. I know that I can get out of it eventually. It might be a horrible situation but eventually I'll get away from it." This awareness of the temporary nature of struggle in itself inspired hope, because hope could be held for a difficult time to end, or for things to improve. Miranda reflected on how remembering positive times in her past allowed her to maintain hope: "So regardless of, because I had a very difficult time where I was sad all the time, but hope never left because you always know that better things are coming."

Positive, Intentional Self-Talk. Another important hope hardiness tool was when youth engaged in positive, intentional self-talk to encourage themselves to persevere. This strategy was tied to self-reliance and personal control, which was an important theme for several youth. Youth were able to act as their own supports by having a more positive internal dialogue, reminding themselves of their personal strengths, and by gathering hopeful reminders or quotes that they would use as encouragers. Anna described why using positive self-talk was important by contrasting two different ways of relating to oneself in the transition out of care. First, she noted: "If you're constantly belittling yourself and saying that you're nothing, that you only think of the negatives, then clearly you're not going to have a very positive transition out of foster care." She then expanded: "Just have a positive mindset. Like, you're going to have times when you're like, bummed out, because being in care is an absolute bum. It's just such a bummer. Just keep going forward and just keep being positive. However that may be." Positive internal dialogue would serve as a form of personal leadership, in which youth

could make a decision about how they wanted to frame their current experiences. Yu Sheng stated that he always had a thought “in the back of my mind like, ‘everything is going to be okay’”.

Another aspect of positive intentional self-talk was for youth to remind themselves of their personal strengths. For example, Miranda was able to identify about herself, “I’m really smart, I’m very smart. And I knew that I could make good choices for myself and that I would be successful as long as other people and things didn’t keep screwing it up for me,” which was related to hope for her. Yu Sheng reflected on how he would always remind himself he was “capable”. Cody saw his “stubbornness” as an asset that allowed him to persevere.

Lastly, gathering hopeful reminders or quotes was important to bolstering hope resilience. Stephen frequently used the strategy of drawing on inspirational quotes for motivation and hope, a practice which he learned from his Opa, who before his death had written Stephen several cards containing inspirational quotes. Stephen gave several examples of quotes that helped him to feel hopeful, including: “A positive future cannot emerge from a mind of anger and despair”; “The Gods put sweat before success”; and “It’s better to fight for something than live for nothing”. He described putting these quotes up on his bathroom mirror, using them as a screen saver on his phone, or simply repeating them to himself. Similarly, Miranda found a lot of hope in a quote from the novelist Tom Robbins which read, “It’s never too late to have a happy childhood.” Miranda described often turning to literature during periods of loneliness in her transition, and finding hope in texts ranging from philosophy to literature. This capacity to seek out hopeful ideas, even during times of challenged hope, served to reinforce resilience.

Conclusion

Ultimately, youth in this study identified hope as a nuanced process which was an important aspect of their capacity to be resilient in the transition from care. Five main themes were identified. First, hope was found to be important to the transition, an opinion universal across all youth interviewed for this study. Secondly, hope in the transition was found to be a cyclical process (Cyclical hope), which included the elements of Building hope, Hope threatened, and Hope hardiness. Each of these elements had associated sub-themes which describe the shared experiences of youth in this study and describe how hope was maintained despite barriers faced in the transition from care.

Chapter 5: Discussion

The aim of my study was to better understand the role of hope in resilient transitions from government care and into independence. The main question posed in this research was, “What is the experience of hope for emerging adults who demonstrate resilience in the transition from care?” In order to answer this question, I used the best resource possible for understanding this phenomenon, the youth themselves. Six former youth in care who demonstrated resilience in their transition were interviewed in a semi-structured fashion, supported by the creation of timelines of hope in transition. Five main themes arose delineating participant’s experiences of hope, and these themes were interrelated, leading to an overall process of hope in transition. The five themes include: (1) Cyclical hope; (2) Important to transition; (3) Building hope; (4) Hope threatened; and (5) Hope hardiness. While I came to the research with a belief that hope is important in both resilience and development, I was also open to developing new understandings based on interviews with participants. Ultimately, the data supported my initial assumption as I found that participants perceived hope to be a major influence on their ability to be resilient in the transition from care. Each participant described the process of hope to be important in sustaining them during periods of difficulty and in propelling them towards a positive future during times of success. That said, I was able to learn new information about the nuances and processes underlying hope for the participants, which revealed that despite its importance, hope in the transition is not a straightforward process. Indeed, youth may need their hope supported in different ways at different times in their transition, which will be discussed further in this chapter.

The exact process of hope identified in this research appears to be unique in extant hope literature, but the themes and sub-themes have important connections to well-

established research, both qualitative and quantitative. I will discuss how the findings I have presented link to hope literature and resilience literature, as well as literature on the transition from care and emerging adulthood. Furthermore, given that hope appears to be important in resilience for multiple challenges across the lifespan, it may be that the process delineated in these findings is at work in other populations as well.

Many of the connections to previous research I explore in this chapter suggest that the ways hope is experienced by these youth formerly in care is connected to previously published hope research. The consistency suggests some stability in the construct of hope and provides support for both these findings and previously published literature. This study also adds to our current understandings of hope, resilience, and transition. Certain aspects of the findings offer new or previously unpublished insights.

I will begin this discussion by outlining links to previous research and novel contributions in each theme and sub theme. Throughout the discussion, I will also highlight implications for practice for those in the helping professions working with youth leaving care. Because this study uses an Interpretive Description methodology (Thorne, 2008), practical implications are an important aspect of the overall research aim. For myself as a researcher, it was important to make these findings applicable and to translate the experiences of youth in this study into language which helping professionals can access and readily use. While the core focus of a dissertation is to contribute to our field of knowledge, as a counselling psychologist, I am also invested in ensuring that the findings make a concrete impact. Finally, I will discuss the limitations of this research and directions for future research.

Discussion of Key Findings and Implications for Practice

In this section, I discuss the main findings of this research in relation to previous theory and research. I discuss both convergence and divergence from previous literature, and by doing so highlight the unique contributions of the current study to our understanding of hope in the transition from care. Further, I attempt to highlight what the current findings mean to the field of counselling psychology. This discussion of my findings draws from a review of the relevant literature, the findings themselves, and the raw data from which the findings have been drawn. In the data analysis model guiding this research (Thorne, Kirkham, & O-Flynn-Magee, 2004) the fourth step is to interpret research findings in the context of the larger disciplinary field in order to communicate meaningful and applied knowledge to practitioners. Ultimately, while my interpretation of the findings is outlined in the Findings section, this Discussion section allows me to present the practical implications of that interpretation, in the context of the larger research base.

Cyclical Hope

Cyclical hope was an overarching theme that brought together the two opposing and complementary processes of building hope and hope threatened. Participants described a complex dialectic in which hope was both variable and constant. That is, while they never experienced the complete absence of hope, they found their hope significantly threatened at different times during their transition from care. This cyclical hope is reflected in all participant timelines at least once through their retrospective account of hope in transition. Previous hope scholarship has also highlighted the processual nature of hope (Benzein, Saveman, & Norberg, 2000). The cyclical process of

hope articulated by participants in this study has not yet been identified in the research literature.

While quantitative and qualitative hope research tends to look at hope differently, findings from both research paradigms often support or lattice one another's findings by providing both inductive and deductive data. By coming at different angles, with unique research methodology, the two research disciplines build a robust understanding of hope. From one side, quantitative research is able to empirically show the importance of hope and identify the correlates of hopefulness. From the other side, qualitative research can produce inductive theories and lend nuance, interpretation and description to already established quantitative findings.

It is important to determine whether the cyclical hope described by participants in the current study parallels past longitudinal quantitative hope findings with similar populations. Unfortunately, while existing longitudinal studies of hope in relation to other constructs offer some interesting insights, there has yet to be a longitudinal research study of the experience of hope itself against which to compare these findings. There is some research which informs the experience of hope over time for adolescents. Of note, Marques, Lopez, and Mitchell (2013) found that hope significantly predicted life satisfaction in 15-19 year-olds over the course of a year, as measured by the Snyder Children's Hope Scale (1997). Their sample consisted of a general sample of students enrolled in Grade 10 or 11 in public high-schools in Northern Portugal. Interestingly in relation to the current findings, they did not observe significant changes in the level of hope over three administrations (1, 6, and 12 months). The steady, rather than cyclical, hope reflected in their findings may be in part explained by the fact that they are measuring a discrete cognitive-behavioural dimension of hope. However, the lack of

consistency of hope over time in the current study may also support Nalkur's (2009) research which found that hope is experienced differently for youth who are marginalized in comparison to normally developing youth. Clearly, a general school cohort such as was used in Marques and colleagues' research would experience fewer threats to hope than a group of emerging adults transitioning from care.

Another longitudinal research study looked at adolescents who are under significant, life-threatening stress for long periods of time. Braun-Lewensohn and Sagy (2010) saw that hope declined precipitously over three years for adolescents living in Sderot, Israel under violent political strain with ongoing missile attacks. This extreme example of psychosocial stress during adolescent development suggests that the experience of hope over time interacts with one's environment.

One explanation for the disparity between the current findings which show cyclical hope and both longitudinal studies which show steady and steadily declining hope, respectively, is the importance of context. The challenges faced by the emerging adults in this study, alongside the relatively stable socio-political context of Western Canada, likely impacted their experience of hope, which they report is nuanced and cyclical. Their description of hope in the transition out of care is a context-laden experience, with specific mechanisms involved in building hope, threatening hope, and hope hardiness. Furthermore, perhaps the very strength of this study rests on presenting findings that are unusual in comparison to other groups of adolescents. I sought to understand the experience of hope for a very unique group of adolescents – youth who are eventually resilient in their transition from care. If their experience of hope truly is unique from other adolescents, such as a Portuguese high school sample or Israeli

adolescents under military siege, this may support the unique and important role of hope in the transition from care.

Another consideration is that in contrast to the basic and cognitive-behavioural conceptualization of hope undergirding Carl Snyder's (1997) hope scale, the hope described by participants in this study is far ranging. Both longitudinal studies I have referenced employ Snyder's (1997) scale, which may have a fundamentally different understanding of hope than what was captured in participants' descriptions in this study. For example, I would argue that when participants are describing experiences such as envisioning hope and survival hope, they are not necessarily saying they have "more" or "less" hope. Indeed, intense hope is frequently tied to times of struggle or perseverance (Duggleby, Williams, Wright, & Bollinger, 2009; Frankl, 1985). Therefore, a quantitative scale may not capture the nuance of the different hope-states described by participants. If this is the case, perhaps cyclical hope such as what is described in the current study may be experienced in multiple ways for broader populations of adolescents.

The process of Cyclical Hope does have important ties to previous theories of hope. Benzein, Saveman & Norberg (2000) studied non-religious Swedes and asked them about their experiences of hope over their lifetimes. Participants in that study retrospectively reported that hope was related to the life process and that "hope was experienced in relation to new phases in life" (p. 312) such as transitions.

Implications. In terms of implications for practice, cyclical hope provides a birds-eye view of how hope might change in this population over time. Therefore, practitioners should not see hope or the development of resilience as a linear process. We should not only allow for times of challenged hope, but indeed expect them as an aspect

of developing robust hope. This may allow helping professionals to maintain their own hope for the youth through times when youth hope is challenged, or youth are in a state survival hope. Furthermore, there may be different ways to intervene to support hope at different times in the hope process. This will be explored further in the categories of building hope and hope threatened.

Safeguarding professionals' hope. One common difficulty for psychologists, social workers, and other professionals working with youth in care is burnout (Barford & Whelton, 2010). Yet in the current study, the capacity of workers to hold hope for youth was found to be an important aspect of scaffolding youth hope. This finding echoes previous qualitative research with helping professionals working with marginalized clients, which found that the capacity of professionals to hold hope themselves is vital to offering hope for their clients (Flesaker & Larsen, 2010). However, burnout impacts the capacity to maintain hope for our clients (McCarter, 2007). Therefore, it may be helpful for professionals to keep in mind that building hope in the transition is not a linear process. When youth appear to be losing hope, which can contribute to burnout in helping professionals, it may simply be part of the larger overall process of hope. Therefore, it may be prudent for professionals not to align themselves too strongly with markers of “progress” or “regression” (Joseph, 1989), but rather be willing to be present and supportive during both times of envisioning hope and survival hope. If this awareness allows helping professionals to maintain a hopeful orientation to a youth’s future, the process of scaffolding youth hope can begin anew.

Building Hope

Building hope was the process described by participants in which their hope grew over time during the transition. Despite periods of hope threatened and times of survival

hope, the overall process of transition showed that participants became more hopeful, with more robust hope, over time. Marques and Gallagher (2017) have examined hope across the developmental life span and found that in a large sample of Portuguese individuals, hope was significantly higher in emerging adulthood than it was in adolescence. The overall upwards trajectory for youth in the current study aligns with Marques and Gallagher's finding. However, this may not be the process for all youth transitioning from care. Indeed, the definition of resilience is facing adversity and maintaining age-appropriate functioning (Fergus and Zimmerman, 2005). This suggests it is because youth in this study have been able to be resilient that their long-term hope trajectory mirrors that of the general population, despite barriers and threats to hope during the transition. The youth in this study were selected because they demonstrated resilience. Building hope had several important components. First there was low hope in the pre-transition phase. Hope was then built through: awareness, control, scaffolding hope, enacting hope, and achievement. Ultimately, this process of hope led to participants experiencing a state of envisioning hope. While each aspect of this process has been identified in previous research, the overarching process of building hope is a unique finding. I will discuss each aspect of the process and identify associated implications for practice.

Pre-transition: low hope. Participants described the pre-transition period as a time of low hope. In interviews, pre-transition was defined as the period of time during which youth were aware they would have to transition from care, and before they had formally begun to transition. The finding of low hope during this stage is supported by previous research, which found multiple aspects of living in care had a negative impact on youth well-being and orientation to the future. Kools (1997) identified that factors

such as lack of individual consideration and respect, a focus on deviance and pathology, and discontinuity of staff (multiple caregivers with different approaches) meant that youth's actions were not met with compensatory rewards or privileges, but rather that there was unstable system of rewards. As one youth in Kools' study described, "At home they don't lock up the knives. At home they don't tell you you can't listen to the radio - if you're good". This lack of correlation between action and outcome may discourage agentic behaviour and reward ambivalent carelessness.

The pre-transition low hope described by participants may also have ties to the psychological construct of learned helplessness (Maier & Seligman, 1976). Learned helplessness describes a phenomenon, first identified in dogs, wherein when punishment is apparently arbitrary (i.e., not linked to the behaviour of the individual) over time, that individual becomes helpless and fails to take further action (Seligman, 1972). What, then, allows these youth to move towards building hope when they begin the transition, rather than remaining helpless and hopeless? Research by Abramson, Seligman, and Teasdale (1978) sheds some light on potential explanations. They found that the impact of learned helplessness depends on the attribution the individual makes regarding the circumstances that perpetuated their experience of learned helplessness. They found that attributions which are specific, unstable, and external were less likely to result in chronic helplessness. If, for example, the attribution of youth was specific (just within the context of care, or in a particular group home or foster home), unstable (not always or not forever), and external (not due to the youth themselves, but due to their status as an individual in care), they would be less likely to feel helpless. If the attribution is to the system rather than to the individual, youth may remain helpless while those external circumstances are in place, but also be able to maintain a hopeful orientation in the

absence of those circumstances. Previous research has identified that hope is related to transitions such as beginning a new program, or escaping a difficult life situation (Benzein, Saveman, & Norberg, 2000), which aligns with the increase of hope participants report upon formally beginning the transition from care.

Implications. There are important implications for practice related to the low hope experienced in the pre-transition stage by these subsequently resilient and hope hardy youth. First, this finding suggests that youth do not need to have a stable hopeful disposition or personality, which Snyder (2000) would term “trait hope” in order to ultimately be resilient. Rather, youth such as Cody with his suicidal behaviour or Yu Sheng and Jesse with their complete lack of future orientation are ultimately able to build hope for their futures, where hope did not previously thrive. Therefore, even youth who have had difficulties maintaining hope during childhood and adolescence have the possibility to be extremely successful in transition programs, given the right scaffolding and opportunities to build hope for themselves.

Interestingly, previous research (Courtney, Dworsky, Cusick, Havlicek, Perez, & Keller, 2001) reports a large majority (92%) of youth preparing to leave care in the Midwestern United States felt between fairly and very optimistic regarding their hopes and goals, with only a small subset being eventually successful. Initially this may appear to contradict the finding that youth experience low hope pre-transition. However, attention should be paid to Bruininks and Malle’s (2005) research which differentiates optimism from hope, arguing that they are separate constructs with unique impacts. While they both focus on future desired outcomes, hope is oriented towards outcomes which are uncertain in nature, are specific, and are personally meaningful, whereas optimism is oriented towards outcomes that are general and are associated with less

uncertainty. Hope, then tends to inspire continued work towards those outcomes, whereas optimism, while a positive experience, can perpetuate complacency. When hopeful, one moves towards the desired outcome, despite uncertainty - a very active and agentic orientation. Indeed, given the low rate of success for participants in Courtney and colleagues' (2001) research compared to the resilience and eventual thriving of youth in this study, being overly optimistic during the pre-transition stage may not be supportive of building hope. For youth in this study, building hope was partially fueled by awareness of difficulty, as I will discuss next.

Awareness. Participants reported that awareness of their current circumstances, both good and bad, was important to the process of building hope. Awareness has long been a staple of counselling psychology. Various theorists posit that increasing awareness is an important factor in motivating positive change and personal growth, most notably Carl Rogers (1995) and Abraham Maslow (2013). Furthermore, clinical research shows strong relationships between awareness and improvement (Castonguay, 2007; Jinks, 1999), with more recent inclusion of mindfulness-based perspectives promoting the importance of awareness (Kabat-Zinn, 2003). The experiences of youth in this study echo the importance of awareness as an important aspect of growth. In Benzein, Saveman and Norberg's (2000) description of hope in healthy non-religious Swedes, they delineate a process of hope which is also preceded by awareness. In their model "awareness releases energy and activates thoughts and feelings, enabling the person to make good and meaningful choices." One major difference between their description of awareness and the awareness described by the emerging adults in this study is that Benzein and colleagues exclusively refer to awareness of "one's possibilities in life." In the current

research awareness is instead an experience of acknowledging both the good and the bad, in the past, present, and future.

In their seminal study on hope and fear DECharms and Dave (1965) showed that young men with high hope for success and high fear of failure tend to be more successful in a game of basketball and tend to take relatively more risks in order to achieve that athletic success as compared to those with just high hope or high fear. While very basic in comparison to the subject matter at hand, this suggests that while the hope for success is important, fear of failure is also important. Perhaps awareness – of both good and bad – experienced by participants allowed them to hope for their future, while safeguarding against threats to the future they hope for. Therefore, hope is grounded in the knowledge of, as Benzein and colleagues (2000) put it “positive possibilities for the future”, but also in the knowledge of negative possibilities. This may be why when Yu Cheng looked around him at other youth living in a youth shelter, he was able to see that he did not want to similarly fall into addiction and poverty. While not a positive possibility, it still played a role in inspiring his hope and motivating his eventual success. Perhaps because of this fear of failure, awareness also appeared to serve the purpose of maintaining safety. Given that youth in this study had all had negative (and in many cases unsafe) experiences when growing up, maintaining awareness of negative aspects of their communities, families, and interpersonal relationships allowed them to protect and preserve their hopes for themselves. For example, when Stephen quietly moved apartments because his father kept showing up to his home inebriated, he displayed a desire to protect his future so as to avoid being evicted or taken advantage of.

An important motivational aspect of awareness described by participants was that awareness prompted an emotional reaction, such as disgust or anger. Emotion research

suggests that strong emotions tend to produce action urges or action tendencies which drive one to take decisive action (Carver, Sutton, & Scheier, 2000). For example, the action urge related to anger is to take action to change an unjust situation, and the action urge for disgust is to move away from the person or thing we find disgusting (Linehan, 1993). Therefore, given that awareness prompts emotions, it can also be expected to prompt action in response to those emotions.

Ultimately, awareness appeared to act as a motivating force for youth when they were aware of what they did not want, which led them to identify and then move towards what they did want. This parallels Gottfredson's (1981) developmental theory in the field of early career research. She posits that the decision-making process often begins with a process of circumscription in which youth differentiate the jobs that are tolerable or realistic to them from those that are incongruent with their sense of self or their self-identified abilities and social class. This process parallels the development of self-concept and as self-concept crystallizes, preferences for occupations become narrower and more defined. This then allows youth to explore the remaining career options available to them and identify where to go, after having identified where they cannot or do not want to go. Overall, these findings may suggest that a common cognitive, decision making process occurs for individuals at this stage of development, which leads from what is unwanted and moves towards what is hoped for, in conjunction with self-concept development.

The importance of dialectical awareness (being aware of both the good and the bad) also aligns with the research discussed above which differentiates hope from optimism (Bruininks and Malle, 2005). Optimism is more likely to be related to a positive expectancy than hope. Hope is grounded in reality and invested in outcomes that are uncertain but personally meaningful. Given the importance of dialectic awareness,

participants seem clear that realism, and not optimism is what allows them to move towards resilience. The dialectical awareness described by participants suggests that our understandings of hope should perhaps be expanded, particularly for youth from marginalized backgrounds. Hope is not simply what we are moving towards, but also what we are moving away from. As Benzein's (2000) research highlights, transitions away from a particularly difficult situation tend to be associated with hope. Indeed, anecdotally, when I asked a class of undergraduate and graduate students to write narratives of hope, they most often wrote narratives of a difficult time of struggle, sometimes the most difficult time in their life, and how hope was essential in navigating through that struggle, as well as moving out of it. This observation is echoed by my dissertation supervisor, Dr. Denise Larsen who observed a similar phenomenon teaching students in the same course over a period of ten years (Larsen, personal communication, February, 2016).

Implications. In terms of practice implications, this dialectical awareness suggests that exploring with youth what is wanted and unwanted about certain future trajectories may help support them to consolidate hopes for the future. One strategy that may be useful in exploring this with youth is Motivational Interviewing (Miller & Rollnick, 2012). In this therapeutic technique, often used for substance use counselling, a respectful and curious tone is taken, and the pros and cons of various choices are examined in a collaborative nature. This pre-empts any potential defensiveness, which can be a common disruption to relationships with professionals (Byers & Lutz, 2015).

One potentially troubling implication of this finding is that lifestyle choices common to youth leaving care may make it more difficult for them to develop awareness. A significant proportion of youth leaving care self-medicate with drugs and alcohol.

Narandorf and McMillon (2010) found that youth leaving care had higher rates of substance use disorder than their same-aged peers, and that "leaving care was associated with steeper substance use, with a time increased vulnerability the year after leaving care" (p. 119). According to physician and prominent theorist Gabor Mate (2010), one primary use of drugs and alcohol is to numb pain and awareness of difficulty. Indeed, in a study of adolescent marijuana users, motivations for use often related to relief from stress, anxiety, or "physical and psychological discomfort" (Bottorf, Johnson, Moffat, & Mulvogue, 2009). Participants in the current study describe awareness as integral in the development of their hope. If uncomfortable emotions are numbed during the transition from care or preceding the transition from care, this awareness may be more difficult to cultivate. It may be important to intervene with youth leaving care to support practices such as mindfulness or yoga, both of which have been shown in research to improve awareness of body states, emotions, and experiences. Indeed, the willingness to experience uncomfortable negative emotions, rather than suppress them is important in several psychotherapeutic orientations including psychodynamic (Shedler, 2010), emotion-focused therapy (Greenberg, 2011), and dialectical behaviour therapy (Linehan, 1996), suggesting that it is related to personal growth and positive change processes.

Control. Youth described feeling an increased sense of control over the circumstances of their lives. This was a major aspect of participants' experience of building hope. Previous scholars have highlighted the importance of agency to hope (Benzein, Saveman, & Norberg 2000; Snyder, 2002), and the centrality of personal control to agency (Smith, Kohn, Savage-Stevens, Finch, Ingate, & Lim, 2000). The current finding also links to research by Schwartz and colleagues (Schwartz, Côté, & Arnett, 2005) which identifies agency as a central component of development in

emerging adulthood. Emerging adults are developmentally seeking more independent experiences, individuation from family or guardian driven systems, and an ability to determine the trajectory of their lives. Previous research has documented that lack of autonomy contributes to adolescent depression (Allen, Hauser, Eickholt, Bell, & O'Connor, 1994), and lack of personal control is associated with lessened hope (Brackney & Westman, 1992). While youth who live with their parents are often awarded growing levels of independence throughout adolescence (Wray-Lake, Crouter, & McHale, 2010), youth in care have little autonomy pre-transition in terms of determining the direction for their life (Scannapieco, Connel-Carrick, & Painter, 2007). Indeed, in Arsenault and Domene's (2018) study of youth in residential care prior to embarking on the transition from care, they found that youth commonly endorsed the desire for an increased sense of autonomy and independence.

The lifting of external control and the sudden opportunity for autonomy in youth leaving care opens up important possibilities. The interaction between this sudden increase in personal control and youth's developmental stage appears to contribute significantly to building hope. It is possible that the significance of personal control would not be as strong in similarly vulnerable populations at different developmental stages.

It is important to note that the agencies participants were recruited from, together with Children's Services, matched this increased control with financial resources that supported youth to be able to care for their needs and make decisions related to their hopes. For example, bursary opportunities and an independent living stipend allowed youth to pursue post-secondary schooling while living independently. If control was total, without commensurate supports, youth might feel overwhelmed and overburdened with

their sudden independence. Indeed, inconsistency regarding funding was one of the threats to hope mentioned by multiple youth, which will be discussed later. Therefore, practically, it is important for youth to have the material support to make positive decisions when given the autonomy to do so.

Implications. Given the importance of control in building hope, finding ways to materially involve youth earlier in their own care and eventually in the transition process may lead to more pre-transition hope and may build more robust hopeful attitudes. Indeed, increased personal control and influence in decision making is something youth and children in care express is important to them (Cashmore, 2002). Fortunately, in best-practice there has been a significant shift away from a paternalistic approach in which decisions are made for adolescents in-care and towards a collaborative approach in which youth are involved in making decisions pertinent to their own futures (Reid & Dudding, 2006). Underlying this shift is the recognition that allowing youth and children to have input on the goals they are working towards will substantially increase their motivation to be invested in those goals (Casey Family Programs, 2001). Cashmore's (2002) research indicated that important aspects of implementation included: opportunity and choice in ways to participate; access to relevant information; the availability of a trusted advocate; supporting policy and legislation; and processes in place which actively elicit feedback from children and youth regarding whether they are, in fact, being consulted in relation to major decisions.

Unfortunately, best practice is not always common practice. Even when jurisdictions put policy in place requiring consultation of youth and increasing their control (Reid & Dudding, 2006) many of Cashmore's (2002) other conditions are not met. For example, a report tabled by the Child and Youth Advocate in Alberta (2013)

reported that transition planning was often mechanistic, focused on forms and paperwork, and unrelated to goals youth were personally invested in. Indeed, despite policy dictating that every youth leaving care be actively involved in transitions planning, some youth reported that they had never seen their transition plan or had a single conversation with their worker about transitioning. In the report, youth identified that they do want meaningful involvement in decisions related to their care and ultimate transition. Individuals involved in the care of youth and emerging adults transitioning from care should understand that involving youth in decisions about their future is an important avenue of building hope and empowering youth in the long term (Kaplan, Skolnik, & Turnball, 2009).

Lastly, beyond these care related decisions, counselling psychologists should seek to increase a sense of control for youth in the therapeutic context. This aligns with our professional ethic of Respect for Dignity of Persons, which dictates that we should safeguard and promote autonomy with our clients (CPA, 2000). However, given the current findings, it would also be an important aspect of moving clients toward hope and promoting positive action towards personally meaningful goals. Indeed, Selekman in his 2008 book on brief therapy with difficult adolescents notes that increasing choice in therapy with adolescents increases their commitment to change. Clinicians should strive to reduce the power differential in the therapeutic relationship and provide youth with choices regarding the content, direction, and structure of therapy.

Scaffolding hope. Participants described the importance of others in their lives holding and offering hope to them. This aligns with the large majority of hope theory and research which indicates hope is relational in nature (e.g., Dufault & Martocchio, 1985; Erikson, 1964; Farran et al., 1995, Horton & Wallander, 2001, Shorey et al., 2003,

Snyder, Hoza, et al., 1997). Findings in the current study suggest that hope was both built within relationships and experienced within relationships, often with helping professionals or role models. These findings are further supported by recent quantitative research which found that mentoring relationships had a significant and positive impact on hope for Israeli youth on the verge of leaving care (Sulimani-Aidan, 2018).

Participants described at length the qualities of relationships that helped to facilitate their personal hope. First, genuine interest on the part of the other was described as vital. Also cherished by youth were indications that the relationship was unique in nature (the individual was taking a special interest in them) and that the individual was personally invested in the youth's outcome. One signal of investment was that the individual would break protocol or "stick their neck out" for youth. This is consistent with recent research on youth experiences of the transition from care, in which youth noted that it was important to have workers willing to go the extra mile (Liabo, McKenna, Ingold, & Roberts, 2017). For professionals building supportive relationships with youth leaving care, it may be important to consider how to signal genuine care and investment to that particular youth as an important component in building a hope engendering relationship. For example, participants in the study mentioned the importance of self-disclosure. Therefore, disclosing details of one's own life and experiences may help facilitate a genuine and trusting relationship with youth.

Youth identified their hope was nurtured in interactions with important others who (a) convey belief the youth has a positive future in store, (b) identify specific strengths of the youth, and (c) lend specific hopes they hold for the youth. Past mentoring and child and youth care literature has identified the importance of a strength-based approach (Bender, Thompson, McManus, Lantry, & Flynn, 2007; McCollum & Trepper,

2001). However, supports themselves holding hope for the youth and lending specific hopes has, as of yet, only been identified in hope research circles (LeMay, Larsen, & Jevne, 2008). The current findings reinforce the potential utility of hope-focused interventions.

Implications. One important practical aspect of scaffolding hope may involve supporting youth to envision possibilities for their future through modelling that process. The very nature of hope requires creativity, as we are called to imagine what may be, but does not yet exist (Lynch, 1974). Hope involves imagining beyond what is happening now (awareness) and towards what may be possible later (envisioning hope). The strong ties between imagining and hope suggest that cultivating conversations with youth focused on what you imagine for them may allow them to engage in a similar kind of imagining for themselves. Lynch (1974) refers to this exercise as “imagining with” the other. These conversations can be a way of both conveying your own hope for the youth and lending specific hopes.

Hopeful and tentative language may be an important component of these types of conversations. LeMay, Larsen, and Jevne (2008) identify that hopeful language includes phrases such as “I wonder” (e.g., “I wonder what sorts of experiences you’ll have in college”), inviting the other to enter into a creative and imaginative state about positive possibilities. Additionally, LeMay and colleagues note that the terms “yet” (e.g., “you haven’t found a job that you like *yet*”), and “when” (e.g., “*when* you find the right apartment...”) may be used for hope-focused conversations. The presumptive tone conveys that, even if the youth cannot *yet* hope for themselves, the professional already holds hope for them. Given the current findings, creative engagement may be an important aspect of scaffolding hope. The tentative nature of hopeful language is also

important, given Nalkur's (2009) research that sharing one's hope can be a very vulnerable experience for marginalized youth.

Enacting hope. Hope, as described by participants in this study, involved taking action towards hoped-for possible futures. Most hope theories include an active element of hoping (Snyder, 1997; Benzein, Saveman, & Norberg, 2000; Dufault & Martocchio, 1985). In particular, there are strong ties to two previous hope theories. First, Benzein and colleague's (2000) research with adult Swedes found that one important aspect of hope was hope related to doing. The doing aspects of hope in Benzein's theory included the discrete actions taken towards specific hoped-for outcomes. These actions in turn generated more hope and created a positive feedback loop which supported hope for the self more broadly (hope related to being). Therefore, it appears that action is fed by hope and also feeds into hope. Secondly, enacting hope also relates to Carl Snyder's (2002) hope theory which is a very active and behavioural perspective on hope looking at the "will" to move forward and the "ways" to approach goals.

Youth identified that taking action towards hope sometimes involved risk and sacrifice. From an existential perspective: "alternatives exclude" (Grendel, 2015). As youth moved toward future possibilities, they also abandoned other possibilities, resulting in a narrowing array of future actions. Furthermore, successfully moving forward along one path (e.g. schooling) requires abandoning other potentially more enjoyable options at multiple junctures (e.g. partying, sleeping in, etc.). Not only must youth make difficult choices, but they must make them over and over again. This suggests that hope must be somewhat strong in order to invest in one possible future over several others, some of which may be more appealing in the moment. This dilemma is labelled by existential psychologists as the dilemma of freedom and responsibility: "Decision invariably

involves renunciation: for every yes there must be a no, each decision eliminating or killing other options (the root of the word *decide* means “slay,” as in homicide or suicide)” (Yalom, 1991, p. 10; Yalom, 1980). Yu Sheng described this dilemma when he spoke of having changed his career path once using his scholarship. He noted that when he was being severely bullied at work, he was not able to change programs again, otherwise he would lose his scholarship. As such he felt he had no option other than to endure abuse from his co-workers, resulting in a period of survival hope. He had made a decision regarding which educational path to pursue, and it left him with limited choices. The circumstance he found himself in ultimately challenged his hope in the short-term but he persevered in order that he could be successful in the long-term.

Similarly, youth were aware that in order to pursue their hopes, they had to make sacrifices not required of non-care youth. Therefore, taking action towards personal hopes involved more sacrifice and less latitude for experimentation, as would be common for most emerging adults (Arnett, 2007). Indeed, opposition to Arnett’s theory of emerging adulthood has arisen in developmental literature. Côté and Bynner (2008) question Arnett’s conceptualization of exploration as the defining feature of emerging adulthood. They note that the population transitioning to adulthood is heterogenous and that for marginalized youth, opportunities for true exploration and identity formation are few. As one former youth in care noted in a study by the Office of the Child and Youth Advocate in Alberta (2013): “Being in care you have a limited amount of time to figure out what you want to do. When you have parents, you can try things out and come home if it doesn’t work out” (p. 15). Côté and Bynner note that youth with diminished social and economic opportunities may display a pattern of trial and error decision making. With fewer guiding pathways to adult roles, youth and young adults transitioning from

care are left to resort to personal agency as the primary tool of finding pathways to guide occupational and relational goals. This trial and error approach often constitutes an attempt to secure adult status and resources as soon as possible, fraught by fear of failure and desire for security. Based on participants' descriptions in this study, hope appears to be a fundamental aspect of propelling them through these difficult choices, particularly in motivating them to seek long term rewards by sacrificing short term pleasure. This is long-term focused hope enacted in the transition. Jesse's comment regarding his own insecurities about his ability to be successful in the transition is apt: "It's just like, well, you *have* to 'cause no ones gonna look after you." The current findings certainly support a more nuanced understanding of emerging adulthood for youth leaving care, in which taking action requires difficult and high-stakes choices.

Achievement. Achievements of various forms acted as fuel for participants' hopes. This further aligns with Benzien's (2000) research, and the idea that taking hopeful action results in hoped-for outcomes, facilitating a positive feedback loop. The process of building hope relies on this positive feedback loop to continually advance towards uncertain yet desired outcomes. Achievements were transitory in nature, and participants no longer associated already realized achievements with hope. However, the process of achieving acted as fuel for future hopes, as well as for the youth's understanding of her or himself as someone for whom hope is possible. Reflecting on one's achievement appears to suggest the possibility that other hoped for states or outcomes can be attained in the future as well.

One important element of achievement noted by participants was that achievements did not have to be major, but rather they simply had to represent growth or improvement. For example, Cody noted that initially getting marks in the 50s was

hopeful which led to an increase in hopeful action and towards the achievement of then getting marks in the 60s, and eventually the 70s. Jesse noted that even getting a job and having enough money to buy a slurpee can be hopeful in the context of previously having nothing. The important, and unique, relationship between hope and achievement has been elucidated in previous research. For example, several studies have established that hope is a better predictor of objective academic performance than intelligence, optimism, personality, and previous performance (Curry, Snyder, Cook, Ruby, & Rehm, 1997; Day, Hanson, Maltby, Proctor, & Wood, 2010; Snyder, Shorey, Cheavens, Pulvers, Adams, & Wilkund, 2002).

Hope Threatened

There was an opposite process to building hope, which was the process of hope threatened. As discussed previously, the transition from care is not an easy one, and there were certainly events and circumstances in participants' lives that constituted threats to their hopes. While I expected to find times of hope challenged, I did not expect to find them to be so integral in the process of participants' hope and the role of hope in transition. The process of hope threatened appears to play an integral role in resilience and in the ongoing renewal of hope in participants' lives. The idea of difficulty as an important aspect of engagement, movement, and hope is certainly not new. Mary Oliver's (2014) poem "The Fourth Sign of the Zodiac", a reflection on motivating purposeful living, asks the reader:

"Do you need a prod?

Do you need a little darkness to get you going?"

That is, despite the important foundation of building hope, it is not exclusively positivity and success that are involved in the process of hope. As Farran, Herth, and Popovich

(1995) in their book entitled *Hope and Hopelessness: Critical Clinical Constructs* suggest, hope and hopelessness may be a “necessary dialectic”. Participants in the current study emphasized the utility of threatened hope in two major ways. First, they note that experiencing threatened hope highlighted the very presence of hope. That which is not present cannot be threatened. Secondly, threatened hope was important in signaling that things are not as the youth would like them to be (similar to awareness of what is not wanted) and prompting youth to re-engage in hope. Therefore, while times of threatened hope were unpleasant, they also served important functions.

One question raised by the current findings is whether Farran, Herth, and Popovich (1995) were describing true hopelessness, as they term it, or if instead threatened hope would be a better way of understanding the “not hope” experience. Cody makes the point that true hopelessness would mean no more reason to live and he described a liminal space of “not hopelessness... but not far from it”. This experience was echoed by other participants suggesting that they did not experience a true absence of hope, but rather a time where hope-is-less.

Hope and positive psychology. Participant experiences of hope threatened, together with the important functions it appears to serve, supports the assertion that perhaps hope does not completely fit within the paradigm of positive psychology (Lomas & Ivztan, 2016) contrary to what Seligman and Csikszentmihalyi (2014) have asserted. Indeed, recent scholarship has proposed that a simplistic positive or negative view of psychological constructs is not supportive of well-being in relationships or flourishing in life. McNulty and Fincham (2012) have argued that it is important to see psychological processes as contextual and to measure well-being over time, given the inevitable ups and downs in life. In this view, experiences of hope threatened are not exclusively negative

experiences, but rather adaptive responses to situational or intrapersonal crises. This is not to discount the importance of hope, but perhaps to argue as Farran and her colleagues (1995) do that times of challenged hope are an imperative aspect of broader hopeful living. Indeed, perhaps hope threatened is as important a process to resilience over time as building hope.

Barriers to specific hopes and challenges to hope. Two different types of threats to hope were identified in the analysis, and the distinction between barriers to specific hopes and challenges to hope may hold important implications for practice and research. There was a distinctly different tone in the participants' discussion of barriers to specific hopes versus challenges to hope. Barriers to specific hopes constituted a threat to hope related to what Benzein and colleagues (2000) term hope related to doing. These barriers appear to threaten youth's capacity to envision themselves as attaining a specific hoped-for outcome, resulting in threats to hope that are temporary or specific in nature. By contrast, challenges to hope were understood as threatening to hope related to being (Benzein, Saveman, & Norberg, 2000). Participants described feeling less hopeful for themselves generally and more apathetic or even self-destructive in the face of challenges to hope. Challenges to hope were described as a more fundamental threat to hope for the self. In other words, challenges to hope meant not just that *what* I want will be difficult to achieve because of my circumstances, but rather *who* I am means that it will be more difficult to have the life that I want. In Snyder's (1997) model, barriers to specific hopes would relate to the pathways component of hope and would require that youth are able to seek out alternate pathways to a goal. Given that the impact of challenges to hope appears to negatively impact the broader sense of forward-movement or agency that youth experience, it would appear that these challenges to hope relate more closely to the

agency dimension of Snyderian hope. Importantly, participants described that when multiple barriers to hope arose, they could eventually constitute a challenge to hope, reducing the youth's overall sense of hopefulness for the future.

Besides the impact on youths' hope, what largely differentiates barriers from challenges is the nature of the threat to hope. Barriers to hope were more external in nature and involved circumstances that participants faced outside of themselves (e.g. lack of financial resources, difficulty finding a willing landlord, being rejected from a job or educational program). While these barriers constituted frustrating and hope threatening experiences, they did not reflect on the youth's sense of self. However, challenges to hope related to aspects of life that are strongly tied to identity such as close relationships or unchosen, unchangeable aspects of the self (race, care status). In terms of relationships, the more central the relationship was to the identity, the more challenging to hope it was. Here it is helpful to remember that, for adolescents, "identity is formed, delimited, and constrained within ongoing relationships" (Kroger, 2007, p. 6).

Diversity research speaks to why certain circumstances or events would have a more significant impact on one's sense of hope for the self and would constitute a challenge to hope rather than a barrier to specific hopes. Researchers at Johns Hopkins University have differentiated dimensions of identity which are most permanent and visible (e.g. age, gender identity or expression, race/ethnicity, national origin, and gender) from those which are acquired and change over a life time (e.g., income, appearance, work experience, education, political belief) (Diversity Leadership Council, 2011). Based on the current findings, I would suggest that the most hope threatening experiences are ones in which youth face *challenges* to hope which relate to the more permanent and visible aspects of their identity, versus *barriers* to hope which are more

often related to aspects of the self that are acquired and changeable. While in the interviews with study participants challenges to hope related to sexual or gender identity did not arise, those would most likely constitute similar challenges to hope for LGBTQ+ youth transitioning from care. As participants identified, care status could also contribute to challenged hope, particularly in contexts where youth anticipated being judged as less-than for being a youth in care. This unchangeable aspect of their identity, so tied to their developmental journey, became challenging when youth interpreted it as identity related and negative.

Implications. What participants shared about challenges and threats to hope may shed some light on how practitioners can assess and intervene when hope is threatened. Different strategies or interventions may be more pertinent for challenges to hope versus barriers to specific hopes. Overcoming barriers to specific hopes appeared to rely heavily on youth having multiple hopes which allowed them to move forward when one particular hope or goal was blocked. Further, youth described using positive, intentional self-talk when they were facing barriers to hope. Ultimately, barriers to specific hopes called for persistence and flexibility from youth in order to maintain or regain their hope.

In terms of challenges to hope, supports and drawing resilience from the past appeared particularly important. Both of these strategies re-resourced the youth to recall that while they were a person who was struggling with challenged hope, they were also a person who was able to connect, accomplish or endure in the past, which meant they could again. For practitioners working with youth struggling with threats to their hope, it may be helpful to first identify whether the threat is a challenge to hope or a barrier to a specific hope, which may provide some initial direction in terms of intervention.

States of Hope: Envisioning Hope and Survival Hope

The model of hope (*Fig. 7*) developed in this study describes two different states of hope: envisioning hope and survival hope. During periods where hope was building or hope was steady and robust, participants described that they were able to envision hope. Envisioning hope meant the youth had relative stability, a long-term future perspective, and more ambitious hopes for the self. Survival hope tended to emerge during times of threatened hope and was more day-to-day in nature, with a focus on enduring, or simply moving forward in life. During periods of survival hope, youth tended to be more restricted in how they were hoping, and would claim less ambitious hopes for their future. While envisioning hope and survival hope are represented in the model as discrete states experienced at the polarities of cyclical hope, they should not be understood as binary or dichotomous. In practical terms, both hope states rest on a continuum. An individual moves back and forth between the state of envisioning hope and survival hope. This conceptualization is echoed by Frarran, Herth, and Popovich (1995) who note: “hope and hopelessness are not absolute in their range, nor necessarily linear in their relationship; they can be fluid, transient, or intermittent” (p. 25). I will now explore implications from both states of hope.

Envisioning hope. One particularly interesting aspect of envisioning hope was that during periods of envisioning hope, participants almost universally held hope to influence the larger system of Child and Family Services. Previous scholarship on social justice pedagogy in urban development has argued that engaging marginalized youth in social justice to address the systems involved in their marginalization actually serves a developmental role (Camarota, 2011). Camarota argues that the process of developing critical consciousness allows youth an opportunity to transform their

understanding of the “self and his or her place or role in society” (p. 828). This shift in perspective supports an agentic understanding of the self in which one has possible avenues to impact the world around them.

This social justice youth development model (SJYD) may underlie a connection between the common goal for youth in this study to impact oppressive systems and their shared capacity to gain a greater sense of control and hope for the future. This model, and the common preoccupation of these ultimately resilient youth in this study suggests that engaging youth in promoting social justice related to the care system may in fact be an important factor in positive and resilient development. The three stages involved in cultivating social justice in youth development are (1) awareness of self; (2) awareness of community; and (3) global awareness. Both awareness of self and awareness of community pertain to the sub-theme of building hope: awareness. This awareness allows youth to understand their own situation and the community conditions that impede development. The third awareness - global awareness, or awareness of others - constitutes the capacity to feel compassion for the suffering of those impacted by similar systems that have impacted the youth but who are outside of the youth’s immediate acquaintance. Following from this awareness, youth are compelled to advocate for social justice and “aspire to a better world for all” (Camarota, 2011, p. 831). Several youth in this study indicated this level of awareness, including Miranda, who indicated that even making a difference on the level of an individual child would be a success. Or Cody, who seeks to transform the system of his upbringing by engaging as a social worker and seeking out positions of power within that system.

Hope scholars have identified a related phenomenon, termed “other-oriented hope” (Howell & Larsen, 2015), which expands the understanding of hope as a primarily

individualistic phenomenon to one which is community based and transactional. Indeed, hoping beyond the self may increase hope for the self. As Cammarota (2011) suggests, thinking of the self as capable of, and responsible for, impacting larger social inequalities suggests an empowered understanding of the self. The economic and social disadvantages faced by the youth can be seen as the result of oppressive systems, rather than individual failings (Pearrow & Pollack, 2009). This allows negative personal experiences to become transformed as fuel for social justice. This “may motivate young people to look for ways to learn or develop academically to acquire the theories and practices that facilitate the desired changes” (p. 841), perhaps by seeking higher education or professional credentials. Given the consistency of youth wanting to enact systemic change, individuals working with youth may want to engage youth in discussions around social justice, and particularly around how youth can have an impact on systems which have been involved in their own marginalization.

Survival hope. The relationship between hope and survival has previously been elucidated by Scioli and colleagues (2011), in their flexible four-component hope theory. They posit that one major aspect of hope, motivated biologically, is for survival. Survival also comes up elsewhere in the hope research literature. Benzein and colleagues (2000) discuss the importance of hope to literal survival. They note that “the experience of hope is of decisive importance, and without hope one might as well lie down and die” (p. 311). The term “survival hope” is not entirely divorced from the idea of basic survival. Indeed, Cody noted that his two suicide attempts as an adolescent were linked to a near loss of hope. Hopelessness is a strong and reliable predictor of suicidal behaviour (Klonsky, Kotov, Bakst, Rabinowitz & Bromet, 2012). Further, adolescents with low hope are significantly more likely to risk their lives impulsively through behaviours such as

driving drunk, using illicit drugs, or exposing oneself to a sexually transmitted disease without taking proper precautions (Barowsky, Ireland, and Resnick, 2009). Therefore, survival is perhaps an apt description of times in the participants' lives in which they were getting by "day to day".

One particularly important aspect of survival hope identified by participants was that it could be fueled by even one hope, such as Cody's description of hoping that something would stop him from wanting to kill himself. The importance of cultivating, rather than challenging any hope held by youth during periods of survival hope cannot be overstated. For example, Jesse astutely pointed out that, "even if you are hoping for the wrong thing you are still hoping for something." One difficulty that could potentially arise when youth are hoping for the "wrong thing" is that collaborative goal setting with workers, or even discussion of their hopes with helping professionals may become fraught when the worker disagrees with the hope held by the youth (Scannapieco, Connell-Carrick, & Painter, 2007). Simpson (2004) notes that hoping is vulnerable, in part, because when we hope, we are more sensitive to information related to that hope, such as other's assessment of whether that hope will be realized. Therefore, having one's hope discredited by a trusted other could be an extremely hope threatening experience in and of itself.

Hope literature has detailed the challenge that arises when a helping professional in a position of power either believes that a hope is unattainable or believes that a hope is not in the best interest of the client (Larsen, Stege, Edey, & Ewasiw, 2014; Snyder, Rand, King, Feldman, & Woodward, 2002). While this impasse was originally referred to as "false hope" (Snyder et al., 2002), privileging the helping professional's assessment of what is possible, Larsen and colleagues (2014) offered the alternate term "unshared

hope.” Given the vulnerable nature of hope (Simpson, 2004) in periods of survival hope, particularly when survival hope is being fueled only by a single hope, it is important for practitioners to be mindful of how they discuss that fragile hope with their client. Larsen and colleagues (2014) present suggestions for working with unshared hope in the psychotherapy session. They suggest that exploring multiple perspectives on a hope a client is holding, in order to support “informed hope” is an ethical approach to working with unshared hope. Discussing the uncertainty associated with any hope and exploring multiple potential outcomes may be important in order to avoid further challenges to hope if that hope is eventually not realized. At the same time, they note that no individual has the capacity to know all that is possible. Therefore, it is important to be humble in our own assessment of how possible a particular hope is, and not to discredit or invalidate an individual’s hope, particularly when that hope is personally meaningful. Furthermore, consistent with the current findings of the importance of multiple hopes, Larsen and colleagues suggest that practitioners work with clients to develop multiple hopes so as to build other possibilities with the client. Rather than proclaiming a youth’s hope as unrealistic and dictating they focus on alternatives, we can instead work towards informed hope and support them in focusing on *both* their initial hope *and* other hopes. I will speak more about the development of multiple hopes in the following section.

Hope Hardiness

The category of hope hardiness reflects the characteristics, attitudes and external factors to which participants attributed their capacity to maintain, or regain, hope despite difficulty. “Hardiness” literally means the capacity to thrive despite adverse experiences, and is also used in botany to refer to plants that grow despite barren or hostile conditions. Given that this research was conducted in a Northern Canadian city, I thought hardiness

was a fitting term for what participants were describing. Specifically, four sub-themes arose: (1) Supports; (2) Multiple Hopes; (3) Drawing Resilience from the Past; and (4) Positive, Intentional Self-Talk.

Supports. Previous research has well established that supports are important in the transition from care, and in resilient outcomes more generally (Collins, Spencer, & Ward, 2010; Dumont & Provost, 1999; Prati & Pietrantonio, 2009). Furthermore, the importance of relationships to maintaining hope is a consistent finding in the broader hope literature. This finding is not unique to this research, although it emphasizes the importance of relationships as bolsters, particularly during periods of difficulty or threatened hope. Long lasting and reliable relationships were characteristics which participants identified as important during times of survival. The longevity of supportive relationships may have important identity related implications. For example, after Jesse's hope-challenging break up he rekindled a friendship with an individual who had known him several years before. He reported that this friendship reminded him he had a life outside of his recently lost intimate partner relationship. Similarly, Yu Sheng referenced his sister as someone who had always been there and would always be there. If the current circumstances are challenging to a youth's understanding of themselves, supports who know them well may help the youth return to a sense of self that leaves more room for hope.

Multiple hopes. Youth described that hope hardiness was supported by the presence of multiple hopes in different domains of life – what could be understood as the “diversification of hope.” Previous hope research has identified that hope can be nurtured across different domains (Dufault & Martocchio, 1985), and that the capacity to see multiple pathways to a positive future promotes hopeful attitudes and better outcomes

(Curry, Snyder, Cook, Ruby, & Rehm, 1997; Farran & McCan, 1989; Snyder, 1997). The presence of multiple hopes appears to serve the purpose of inoculating against hopelessness in the face of threats of loss of specific hopes, particularly hopes which are central to the individual's understanding of their desired future. When a particular hope is not fulfilled, having other hopes across domains appears to allow the individual to reorient to hope.

Implications. In order to maintain hope hardiness, it may be important to support youth to develop a range of hopes for their futures. This can be done pre-emptively as well as in response to barriers or challenges to hope. The importance of having multiple hopes was demonstrated by several youth in this study who were able to recover relatively quickly when a specific hope was blocked, in part because they were able to access other hopes for themselves. As counterexample to this, Jesse described struggling after losing his long-term relationship when he realized that all of his hopes were related to the relationship in some way. He described having a difficult time moving forward, potentially both because the loss of the relationship was a challenge to hope, and also because he did not have other unrelated hopes he could turn to. Therefore, when working with youth it may be important not just to identify and discuss their primary hope, but also to support fostering multiple hopes for the future. Professionals can specifically target salient developmental tasks of emerging adulthood to “mine” for multiple hopes, including school, work, friendships, romantic relationships, and housing. If youth have not previously developed a range of hopes and they face a barrier or challenge to hope, development of alternative hopes may be an important part of the process of re-building hope.

Drawing resilience from the past. Participants discussed how they mined their past experiences during times of hope threatened and were able to identify past successes and past resilience to support their hope in the moment. The current finding mirrors Kaye Herth's (1990) research with terminally ill individuals, which found that engaging with uplifting memories was a hope-fostering strategy. While hope is often associated with the future, it appears to have important ties to the past as well. In her master's thesis, Jesse McElheran (2012) examined the relationship between hope and time perspectives, according to Zimbardo's Time Perspective Inventory (ZTPI; Zimbardo & Boyd, 1999). The ZTPI assesses how strongly individuals orient to five different time perspectives including Future, Past Positive, Past Negative, Present-Hedonic, and Present-Fatalistic. Despite hope's familiar association with a future orientation, McElheran's research found that a past positive time perspective was most strongly correlated with high hope. Therefore, reflecting positively on past experiences (whether positive or negative) is an important aspect of hope hardiness.

Participants in the current study were able to access hope by reminding themselves of their past success and resilience. From a narrative perspective (Murray, 2003), this may allow them to build hopeful identities through re-visiting their life narrative and accessing stories that, while not uniformly positive, showed them to be people capable of resilience. Several participants reminded themselves of challenges they had come through in the past in order to sustain their hope during periods of difficulty. For example, Miranda reflected on her time as a homeless teenager in a large urban centre. Despite this being an extremely difficult time in her life, she retold the story by focusing on what it said about her capacity for resilience and resourcefulness. For example, she spoke of collecting bottles for money and building a shelter in the river valley that stands to this

day. This suggests that negative past experiences can also act as fuel for hope when they are remembered in the context of resilience.

Implications. Practically, youth's hope hardiness can be bolstered by exploring their past. For youth that are not oriented to do so on their own, professionals can support them to mine their past for stories that reflect them as capable, strong, and hopeful. If youth are able to see this identity reflected in the mirror of their past, despite adversity, they may be more likely to be able to see themselves as capable in the future, despite potential adversity. In Smokowski, Reynolds, and Bezruczko's (1999) research on autobiographical essays of resilient teens, they highlight core themes found in the essays, which are consistent with the current findings. One theme was that teens told stories focusing on overcoming obstacles, in that they "acknowledged the difficulties that have marked their roads to maturity, but they also noted their persistence in wrestling with risk" (p. 435). Another important theme was the use of accomplishments or mastery experiences in the past to craft a positive future identity. Both of these themes are consistent with the current research and the importance of a past positive orientation. It also suggests that hope and resilience may have similar roots, and that hope may play a process role in nurturing resilient outcomes, or act as an "intervening process" (Smokowski et al., 1999) which leads to resilient outcomes despite adverse experiences. Indeed, hope has been shown to mediate the impact of relational and community support in positive outcomes for low-income youth (Ng, Lam, & Chan, 2017).

There are several practical suggestions in the literature for using a strengths-based approach to increase resilience. A four-step model using CBT-based interventions to build on past strengths includes looking at the past as a key component of generalizing from client specific strengths to the capacity to be resilient in a range of situations

(Padesky & Mooney, 2002). Lopez and Snyder (2003) suggest that initial assessment with therapy clients should include a thorough understanding of past strengths and successes, partially in order to draw forward a feeling of accomplishment that one has previously accomplished goals. Therefore, looking for successes in a youth's history, whether they are in the realm of education, sports, relationships, artistic or other pursuits may help to increase hope hardiness. If few past successes are available to draw upon, survival despite adversity can also be cast as a strength and an important success. Some therapists refer to this as the "immune system metaphor" (Scheel, Davis, & Henderson, 2013). Using this starting point, professionals may then explore with the youth how they managed to survive difficult times, eliciting strengths such as determination, a sense of humour, or the capacity to adapt quickly to their environment.

These approaches resource the individual from the outset, which may contribute to other important aspects of the building hope in the transition such as achievement, control, and scaffolding hope. For example, surviving adversity can be understood in itself as an achievement, as youth in this study have reflected. A longstanding intervention in counselling psychology is to highlight that an individual has survived something difficult, and that in itself displays strength (Flach, 1988). Feeling capable may also provide youth with a sense of control over their future, that they no longer have to rely (or rely completely) on systems that have failed them in the past. Finally, one aspect of scaffolding hope is to reflect to youth their strengths and positive characteristics. This could certainly be done by exploring a youth's past and commenting on how aspects of their story reflect specific strengths. This past-positive perspective can then increase hope for the future or move the individual towards re-building hope after a period of survival hope. While not all youth will naturally reflect on their past in a

resource-focused way, they can be supported to do so, which will in turn support their hope hardiness.

Positive, intentional self-talk. Participants described that their hope hardiness was also supported by positive, intentional self-talk. They not only used encouraging quotes or ways of talking to themselves, but they planned to do so by putting quotes or inspiring sentences on places where they would encounter them frequently such as the bathroom mirror or their phone background. The use of such intentionality is not new in the hope research literature. In Pamela Hinds' (1984) grounded theory study of adolescent hope, she found that one major component of hope was forced effort, which she defined as "the degree to which an adolescent tries to artificially take on a more positive view." Her study was conducted with two samples of youth, one of which was recovering from substance abuse and one was a high school cohort. Given the similar age under study in Hinds' study and the focus of the current study, it appears that a similar dynamic may be at play. That is, one way that youth engage with their hope appears to be intentional and positive self-talk.

Other research which speaks to this finding is the research around self-leadership which arose from management literature (Furtner & Rauthmann, 2011). Self-leadership involves three strategies: behavior reward strategies, natural reward strategies, and constructive thought patterns. Constructive thought patterns include visualizing successful performance, self-talk, and evaluating beliefs and assumptions. Constructive thought patterns promote motivation in the process of goal pursuit through control of habitual thinking patterns. It has been shown to positively impact individual levels of performance (Neck and Manz, 1992). One important aspect of positive, intentional self-talk as an aspect of hope hardiness is that it involves the relationship the youth has with

themselves, and therefore could be cultivated as a hope-supporting practice when supports are not available to youth.

Summary of Discussion of Key Findings and Implications

The above discussion highlights interesting aspects of the current findings in the context of research and practice. Ultimately, it appears that hope allowed participants to endure difficult circumstances while maintaining adaptive functioning, ultimately leading to more resilient outcomes. Participants' ability to maintain or regain hope was supported by four hope hardiness strategies. Hope was built and supported in the context of relationships, as well as drawn from internal attitudes or attributes. Ultimately, hope was described as a cyclical but constant presence in the lives of resilient youth throughout their transition from care. The process of hope threatened appeared to serve an important role as hope could be threatened by external circumstances, relationships, or threats to personal identity. Therefore, while hope allowed youth to achieve, and achievements further supported hope, hope was not simply the result of positive circumstances, but rather a function of the way that youth understood their circumstances.

I posit, based on the findings herein, that hope acts as an ongoing, multi-dimensional support, which changes over time and ultimately promotes resilient outcomes. Importantly, research has demonstrated that we can increase hope by intervening with vulnerable youth (McNeal et al., 2006). If we are looking to build resilience in youth and cannot immediately change their circumstances, a promising avenue is to highlight personal assets such as hope, while also advocating for systemic change. In this discussion, I have sought to reflect on the potential contributions of this research to the current field of literature. Perhaps more important to the aims of this

research, I have drawn from the findings some potential applications for practice, supported by additional research and practice literature.

Limitations of the Current Research

There are several limitations of this research, which should be kept in mind in the dissemination and application of these research findings. Although the model of the process of hope in transition presented in this document may appear to be final, I present it as a tentative and developing understanding based on a sample of 6 participants. My aim is that the present understanding of hope in the transition from care can be further explicated and improved over the course of future research. While this research constitutes an early understanding of the process of hope in the transition out of care, I do believe it is robust and trustworthy. The findings presented herein are supported across participant interviews and timelines of hope.

Pragmatic considerations and challenges recruiting participants led to a relatively small sample size of six participants. While I recruited from multiple agencies and was active in following up with multiple staff members over the course of the study, referrals were limited by a number of criteria (e.g., length of time in care, resilience factors, continued contact with transitions worker). The limitations of the small sample of participants are minimized by the use of multiple modes of data collection together with follow up interviews, from which rich and detailed findings could be produced. Findings should, however, be applied with caution. Readers should be mindful that while the findings represent the experiences of a diverse cohort of six former youth in care who have demonstrated resilience, they are in no way a final or exhaustive representation of hope for this population.

Accounts in the current study are retrospective in nature. While this was certainly by design, there may be artifacts of this retrospective lens within the data itself. Recall of specific information regarding an event or experience becomes more changed the longer after the experience it is recalled (Bradburn, Rips & Shevell, 1987). Furthermore, each time that a memory is accessed, it is re-formulated and new information can be stored, fundamentally changing the understanding of the recollection (Tourangeau, 1999). Some have characterized this as a fundamental threat to retrospective research designs (Hassan, 2006). However, Sandelowski (1999) makes the point that we cannot both experience an event and reflect upon that event at the same time. She argues that because qualitative researchers seek to understand the meaning participants have made of their experiences, interviewing retrospectively can actually increase the richness of data and capacity of participants to be articulate and reflective about their experience. She notes that particularly for research which is interested in understanding processes, it can be useful to have participants look back at the unfolding of events over time. Ultimately it is not possible to know whether the experiences relayed by participants in the current study are entirely “accurate” from a positivistic perspective. That said, from a constructive lens, exploring retrospective experiences provides the opportunity for participants to “ask new questions of old information” (Bluck, Alea, Habermas, & Rubin, 2005, p. 109) and make meaning of the overall experience of hope in the transition from care.

Future Research Directions

This study provides an important initial foray into the role of hope for resilient youth in the transition out of care. While the findings provide many answers about this experience for youth leaving care, they also leave more questions.

First, while the participants describe hope as a cyclical process, quantitative studies

of hope in adolescents over time have not found a similar pattern. It would be beneficial to conduct a longitudinal mixed-methods study of hope during the transition from care. This would allow us to understand the nuances of how hope is experienced with this population, alongside collecting quantitative data at multiple times through the transition. While a study of this nature would be a large undertaking, it would allow us to build on the current model of hope in resilient transition by providing a quantitative picture of resilience in relation to hope over time. This would provide an additional lens to further understand the cyclical hope described by participants in the current study.

Using both qualitative and quantitative methods would also allow us to understand whether there is a relationship between the experience of hope as described youth leaving care and the construct of hope as it is measured by discrete hope scales. The model of hope in the transition from care includes aspects which relate to more straightforward hope constructs such as Snyder's (1997) cognitive-behavioural hope scale. Certain subthemes such as achievement and enacting hope relate to the agency component of Snyder's scale, and others such as multiple hopes relate to the pathways component. That said, several aspects of participant hope are not reflected in Snyder's scale (e.g., drawing resilience from the past, survival hope, scaffolding hope, awareness). Therefore, Snyder's hope theory may be a necessary but perhaps not sufficient way of understanding hope in youth leaving care. The implication for hope research with emerging adults may be that some aspects of hope may be captured by current quantitative hope scales but that other aspects of hope, such as survival hope, may not. It would be beneficial to use multiple hope scales such as the Snyder hope scale (1997) and the multi-dimensional Herth Hope Scale (Herth, 1992). This would allow us to differentiate the construct of hope from the measure used, and assess whether Herth's more multi-dimensional measure would be

better able to capture the nuance in the experience of hope for youth transitioning from care.

Another benefit of a longitudinal mixed-methods study is that it could provide an opportunity to better understand whether the cyclical hope described in this study is a common process to all youth transitioning from care, or if youth who are ultimately resilient in the transition experience hope differently than their less resilient counterparts. Finally, it would help address the issue of retrospective self-report in the current study and would permit following the process of hope in the transition as it unfolded.

Secondly, the life chart approach to interviewing allowed for discovery of a process of hope in the transition from care to emerge. Given that hope is seen to be vital in times of transition (Benzein, Saveman, & Norberg, 2000), it would be beneficial to use a similar approach to interview other populations in transition. It is possible that the model of hope explicated in this research can be applied more broadly to other populations who are different in terms of developmental stage. Conversely, additional process models of hope may be generated for these other groups that would similarly inform professionals working with these populations. A better understanding of hope could be pertinent to several populations in transition such as adolescents transitioning into Junior High, the school-to-work transition for University graduates, and transitions from working to retirement.

Third, in relation to the current findings regarding hope hardiness strategies, it would be beneficial to better understand how hope hardiness strategies relate to the process of hope threatened. Specifically, it appears that youth turned to specific strategies when they experienced barriers to hope (e.g., multiple hopes and positive, intentional self-talk) and challenges to hope (e.g. supports and drawing resilience from the past).

However, given the small sample size and the fact that this was not the main focus of this research, this finding is not yet robust enough to make broad knowledge claims. It would be helpful to do intervention-based research to better understand *which* hope hardiness strategies are most helpful *when* and for *whom*. If this finding is validated by future research, it could provide an important guide for intervention wherein a youth's experience of hope threatened can be assessed and that assessment can inform the focus of intervention.

Fourth, all participants were unequivocal about the importance of hope in their resilience during the transition from care. Previous research has suggested that direct hope-focused interventions have a significant positive impact on both hope and well-being (Howell, Jacobson, & Larsen, 2015; Rustøen, Cooper, & Miaskowski 2011). While most impact is experienced directly following intervention, significant gains in hope maintain longitudinally as well, for as long as one year (Rustøen et al., 2011). This suggests that direct hope-focused interventions may increase hope for youth and emerging adults in the transition from care. This would allow us to intervene directly with hope during the transition from care, potentially on a group level. For example, Larsen and colleagues have published a hope and strengths group intervention for adults with chronic pain (Larsen, King, Stege, & Egeli, 2015) now known as the Strength, Hope and Resourcefulness Program (SHARP). This intervention has been adapted for clinical application with Parkinson's patients. Broadening this program of study to include a SHARP-type group adapted for youth transitioning from care would provide data on the impact of specific hope and strengths focused interventions. If we could establish an evidence-based intervention to increase hope for youth leaving care, such programming could be used in transitions programs throughout Canada.

Finally, given the low hope reported by participants during the pre-transition stage, it is imperative that we better understand the experience for youth preparing to leave care. It may be important in future research to further explore the qualitative experiences of hope for pre-transition youth to better understand how hope and optimism interplay during that developmental stage for youth leaving care.

Conclusion

The purpose of the current study was to understand the experience of hope for youth and emerging adults who were resilient in their transition from care. Emerging adults formerly in care who met objective criteria for resilient transition from care were interviewed. Each interview was supported by the creation of a life chart which plotted important life events alongside changes in participants' hope across time. Analysis resulted in the creation of five major themes with associated sub-themes. Participants all described hope as vital to their resilience during the transition to care and identified that it was important to transition. Ultimately, while hope was important throughout the process, it was cyclical. Participants then described a process of building hope which was supported by awareness, control, scaffolding hope in relationships, hope enacted, and achievement. The state achieved as a result of this process was the capacity to envision hope. Participants also described a process of hope threatened in which they faced barriers to specific hopes as well as challenges to their larger sense of hope for themselves. Hope threatened resulted in times of survival hope, a state in which participants were less ambitious in their hoping and more focused on sustaining hope through difficult times. Finally, participants were able to re-build hope after periods of hope threatened and the process of re-building hope mirrored the initial process of building hope, leading to an iterative hope cycle in which participants accessed both

envisioning hope and survival hope throughout their transition from care.

Initial findings and interpretations were elaborated upon the context of counselling psychology's larger disciplinary field of knowledge. Concrete and applied implications for counselling psychologists working with youth in care were developed. In addition, how the current model of hope relates to previous hope research was delineated, both convergently and divergently.

It is my hope that the findings and interpretations presented herein will be practically useful to supporting youth leaving care. These youth demonstrate the very nature of resilience and my interactions with each participant were inspiring to me. They demonstrated so much insight into their own processes of resilience, hope, and transition. Ultimately, these findings should provide options for professionals to engage future youth in similar hopeful processes, despite the difficulties inherent in the transition. This work also outlines how hope was threatened for youth during the transition from care, with the hope that, in line with the mandate of counselling psychology, we can advocate for better supports and fewer barriers for these youth. While resilience in the face of such adversity is commendable, it would be even more commendable on a societal level if youth leaving care did not have to be more resilient than their same-aged counterparts simply to transition successfully to adulthood. Beyond this dissertation, I hope to disseminate these research findings in ways that are accessible to front line staff working with youth day-to-day as well as counselling psychologists, supporting youth in transition. Finally, I hope that the current findings will spur future research both on the process of hope as well as on the importance of hope in resilience.

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Appendix A

The following interview questions are guiding questions designed to be used in a semi-structured interview. A semi-structured interview is flexible, and allows for questions to be adjusted based on what arises throughout the course of the interview. These interview questions will follow the creation of a life chart, which will ground the interview in the participants' past experiences.

Do you recall the first time you realized that you would have to transition from care? Can you tell me a little bit about that realization and what you expected of the transition from care at that time?

How would you describe your transition from care? Can you tell me any stories about that?

When you think about hope in your transition from care, I wonder what comes to mind for you?

- Is there a story that goes with that?
- Can you tell me a little bit about hope in that story?

What are some of the things you hope for now?

- Are those things different than what you hoped for when you first began your transition? How are they different or similar?
- How about during your transition when you were living on your own but you still had the support of a transition worker - how were your hopes similar or different then?

Does hope play a role in transition? If so, how?

Where does your hope come from?

In your transition, were there particular things or people that gave you hope?

I'd like to go through the life chart that we made together and talk a little bit about what hope looked like through this whole process?

- Guided exploration of how hope was plotted on the life chart, including major changes in hope and major events which seem tied to hope.

Were there times during the transition that you felt that you needed hope more, or that you had difficulty accessing your hope?

What aspects of the transition were challenging to your sense of hope?

- How did you maintain hope during that time/in the face of that obstacle?

Please tell me about a time during your transition that you were really hopeful.

How important do you think hope was for you to be successful in your transition from care?

Before we finish, is there anything that you feel is important to how you experienced hope during your transition that we haven't talked about yet?

What does hope mean to you?

We are about to wrap up this conversation. I'm wondering what this conversation was like for you? Does anything we've talked about stand out for you?

Appendix B

The following interview questions are guiding questions designed to be used in a semi-structured, follow-up interview. The follow-up interview will be informed by the transcript of the first interview, therefore, some of the questions are understood to be frameworks for content which will be pulled from interview transcripts arising from the first interview.

Since we spoke last time about hope in your transition out of care, have you had any other thoughts about your experience of hope?

Looking back at our last conversation, you mentioned _____. You seemed quite energized by this idea when you thought about hope. I wonder if you've had any further thoughts.

As I spend time with the transcript of our conversation, I realized that I may not fully understand your experience/thoughts about _____. I wonder if you could tell me about _____ and hope?

Appendix C

The following interview questions are guiding questions designed to be used in a semi-structured, member-checking interview.

As you read the transcript of our conversation/initial analysis, I wonder if what you might have felt you wanted to explain further?

I wonder what you might feel is a good representation of your experience?

I wonder if there is anything that you would change?

I wonder if there is anything that you feel is missing or would like to add?

Appendix D

List of Resources for Supportive Counselling Follow-up

The Support Network - Distress Line 24 Hours: 780-482-4357

Catholic Social Services - Sliding scale counselling: 780-420-1970

Cornerstone Counselling Centre - Sliding scale counselling: 780-482-6215

The Family Centre - Sliding scale counselling: 780-424-5580

University of Alberta Education Clinic - Low-cost counselling: 780-492-0962

Walk in Counselling Society of Edmonton - One session counselling: (780) 757-0900

Bent Arrow Traditional Healing Society - Indigenous based counselling: 780-481-3451

Native Counselling Services - Support for at-risk youth: 780-432-2141

Aboriginal Consulting Services - No-cost counselling and groups: 780-448-0378

Edmonton Mennonite Centre for Newcomers - Culturally sensitive counselling: 780-424-7709

Multicultural Healthbrokers Cooperative - Culturally relevant counselling: 780-423-1973

Pride Centre - Access to LGBTQ counselling services: 780.488.3234

IISMS - Resources and access to LGBTQ counselling services: 780-492-0772