MENTORSHIP PROGRAMS: FOSTERING RESILIENCE IN AT-RISK YOUTH IN THE FOSTER CARE SYSTEM

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Masters of Science in Clinical Psychology

by

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Dedication

Mentorship Programs: Fostering Resilience in At-Risk Youth in the Foster Care System

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To my darling Ayla Alexis, who is, and shall always remain, in my heart. To my friends and family who have lent supportive shoulders on which I leaned. To Jack kitty, who ever so helpfully sat on my keyboard as I attempted to write, and Star Baby, who kept my spirits up with her tail wags and unconditional love. To the mentors in my life who have both held me and allowed me to stand on their shoulders. And last, but never least, the love of my life, my best friend and soul mate, Alan. Your kindness, support, and love foster resilience in me.

Abstract

Mentorship Programs: Fostering Resilience in At-Risk Youth in the Foster Care System

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The most common reasons for youth to be placed in foster care are experiences of physical, emotional, sexual, or psychological abuse, and/or neglect. Due to this maltreatment, children in foster care are vulnerable in the areas of emotional, behavioral, neurobiological, and social realms and are at increased risk for negative outcomes in these areas. Because of the severe early childhood trauma they have experienced, this can lead to a disordered attachment style, and as such they will have an increased physiological reactivity during an attachment task with their caregivers. Early trauma and disorganized attachment style lead this population to experience difficulties in many behavioral aspects, such as the ability to regulate emotions in the context of environmental stress. This can cause challenges with the secondary caregivers, and can lead to an unsupportive experience by well-meaning caregivers. However, resilience can lead to a repair in the behavior. Resilience can be learned and nurtured. The role of a supportive mentor can build resilience and lead to a reduction in future pathology of the youth within the foster care system.

Keywords: attachment, foster care, foster caregivers, foster care youth, holding, internal objects, intervention, introjection, maltreatment, mentorship, natural mentoring, parenting, projection, projective identification, psychosocial adjustment, resilience, trauma

TABLE OF CONTENTS

Chapter 1: Introduction

Problem Statement

In 2013 there were an estimated 402,378 children in foster care (i.e., a kin or non-kin family home other than the biological parent) and 23,396 adolescents aging out of foster care in the United States (AFCARS, 2013). The most common reasons for children to be placed in foster care are experiences of physical, emotional, sexual, or psychological abuse, and/or neglect. Due to this maltreatment, children in foster care are vulnerable in the areas of emotional, behavioral, neurobiological, and social realms and are at increased risk for negative outcomes in these areas.

The goal of this integrative literature review is to explore the role of resilience among this vulnerable population and how risk and protective factors, specifically formal mentoring, interact to predict resilient functioning.

Elevated levels of behavioral problems among foster children have been shown to predict elevated stress among caregivers. Foster children with backgrounds of neglect and/or disordered attachment have shown increased physiological reactivity during an attachment task with their caregivers. This indicates that the quality of relationships with current caregivers might be compromised by experiences of prior neglect. Thus there is an impediment with the children's abilities to regulate emotions in the context of environmental stress (Hurd & Zimmerman, 2014).

The pain of feelings of worthlessness that are borne by foster children are projected into foster families and then mirrored back into the children, for example, when they are removed or transferred from one home to another. The internal identity of the mentor, regularly restored by the external reality of companionship, is needed to metabolize this projection rather than either

collapsing into it or evacuating it back into the child, foster family, or the agency/consultant (Keller, 2008).

An important starting point in examining early adverse influences is to recognize that not all children experience negative outcomes; some show limited or relatively minor negative effects. What explains this difference in adaptation? The essence of adaptation in the context of adversity is captured by the scientific field of resiliency research (Rutter, 2012). Resilience is not merely characterized by the absence of psychopathology but is the dynamic process that enables the individual to successfully adapt to severe adversity over the life course. Resilience encompasses both the process of preventing or attenuating health disturbance after adversity, and the process of swift recovery from adversity-related mentally ill health states (Rutten et al., 2013). It is recognized as a developmental feature that captures individual differences in adaptation to specific risk contexts or developmental hazards, including maltreatment and foster care placement (Rutter, 2012). Resilience is not a fixed attribute, but rather a process defined as reduced vulnerability to environmental risk experiences, the overcoming of a stress or adversity, or a relatively good outcome despite risk experiences (Rutter, 2012).

Statement of the Research Questions

After synthesizing the areas of resilience, mentorship, and the vulnerabilities of foster children, the present study is designed to answer the following questions:

1. Does mentorship lead to more resilient children within the foster care system?

2. For at-risk youth populations such as foster youth who demonstrate increased resilience, how does resilience manifest?

3. Is mentoring associated with improved behavioral, attitudinal, relational, and motivational outcomes?

Chapter 2: Methodology

Sources and Methods of Relevant Literature Research

A comprehensive search of articles (to November 2015) was conducted to identify articles examining resilience, mentor, and protégé outcomes, specifically targeted toward at-risk youth in foster care.

The research design is a secondary review of the existing literature. This author collected information of data and literature, including journal articles and book chapters, from various databases and search engines through the library services at the Notre Dame de Namur University (NDNU). The gathered resources and materials were reviewed and analyzed for the purpose of the critique. In addition, this author examined various websites related to foster children and mentorship programs, and sought out and consulted with professors and professionals who have experiences working with foster youth and involvement in mentoring programs.

The databases for journals were chosen by topics in the areas of psychology and social work. Under those topics, research was gathered from the specific databases: PsychlNFO, PsychArticles, PEPweb, National Institutes of Health, and Google Scholar. In order to find quality data, this author ensured that: (1) the full article was available and complete, (2) articles were from peer-reviewed journals, and (3) at times, parameters were placed around the years of publication to obtain articles that were updated and current. All reference lists from the collected articles and books were also examined to locate relevant sources for this study. Various edited books were utilized, as well as journals.

Keywords included: attachment; foster care; foster caregivers; foster care youth; holding, internal objects; intervention; introjection; maltreatment, mentorship; natural mentoring; parenting; projection; projective identification; psychosocial adjustment; resilience; trauma.

Purpose of the Study

Within the population of foster youth, the resources available to them are primarily social workers, who typically visit monthly for an hour. Foster parents provide support, but it can be limited due to stressors such as the number of children living in the household and the particular needs of the foster youth in their care. The foster youth likely had prolonged hostility, neglect, or indifference in their primary, proximal relationships, which profoundly impairs the chances of resilient adaptation with the foster parent (Luthar & Brown, 2007). In turn, because of this resistance to adapt, the foster parent(s) may feel frustration toward the foster child and not be able to provide the emotional support that is needed.

Much of the literature speaks to what foster children suffer both physically and psychologically. Some of the literature speaks to the resilience of this at-risk population; however, not much is covered on how or if resilience can be learned. The purpose of reviewing mentoring programs—which are inherently strength-based—is to correlate mentorship with the building of resilience. The trauma endured by foster children and how this affects attachment was also examined. This author discusses the stress caused by this early childhood trauma, then discusses the benefits of mentorship and how mentors could be a source for foster children to learn resilience. Resilience is often believed to be something one is born with. The common myth is that one either has it or does not. Through a marriage of the literature on at-risk foster youth's trauma and the benefits of mentorship, this author intends to demonstrate that resilience can be developed.

The most significant contribution of this study is a better understanding of mentoring relationship characteristics and processes that may influence emerging adulthood outcomes among foster youth populations.

Organization of the Study

This study presents to the reader a literature review on the positive effect of mentorship on foster youth. Chapter 3 consists of a discussion and definition of the stress caused by early childhood trauma as well as: (a) a brief presentation on the most common pathos of this population and (b) an in-depth presentation of the neurological reasons for the presented pathos. Chapter 4 (a) explores an in-depth presentation of attachment issues within this population and (b) presents internal objects as related to early trauma and the role of external objects (e.g. birth parents, foster parents and mentors). Chapter 5 defines and delineates the various resilience theories. The Development Systems Models (Lee, Cheung, & Kwong, 2012) are included. Chapter 6 discusses the current models of mentorship programs. Chapter 7 concludes by discussing the results and outcomes of successes or failures of interventions and programs, and as presenting a summary and discussion of the study.

Approach

The general approach to assessing the impact of having a mentor to build resilience in at-risk foster youth involved an exploration of literature on the effects of mentoring of youth in general. Data from Friends for Youth, a San Mateo County mentoring program; Boys and Girls Club of America; Child Welfare Information Gateway data; and other mentorship programs were explored. Specifically, the data reviewed took into account at-risk youth and both the positive and negative outcomes associated with mentorship. Literature on resiliency and the effect on the reduction of future pathology were synthesized. The Rhodes socio-motivational model of

mentoring was examined, as well as the topics of attachment, parental acceptance-rejection, social support, adult development, and provocation of abused and neglected youth.

Terminology and Definition

Attachment. The term "attachment" is most often used to refer to the relationship between an infant or young child and the infant or child's parent. This is typically the mother or preferred caregiver. The theoretical basis of most of the attachment research is that secure attachment in infancy will predict good social and emotional outcomes. However, attachment theory is continually evolving in light of new research, and the importance of attachment to developmental issues in middle childhood and adolescence, such as a child's independent involvement in life experiences beyond the home (at school, with peers, and in the community), is also recognized (NSW Department of Community Services, 2006).

Foster youth. Foster children range in age from newborn to 18 of age in most states. In some states, such as California, foster care has been extended to the age of 21. Foster children are those who have been removed from their homes due to abuse or neglect. Foster parents can be from any age group or ethnic background, married or single, gay or straight, with or without children, homeowners or renters. If possible, a child will be placed with a suitable and available extended family member. This is known as kinship care. Children can be placed in foster homes for a few weeks to as long as one year, depending on the type of care the foster parents are trained to provide. The goal of foster care is to safely return children to their birth families and when that's not possible, find a permanent home for the children (County of San Mateo Human Services, 2015). While this goal is what most hope for, it doesn't often come to fruition, thus resulting in multiple challenging relationship experiences for the child within the foster care system.

Resilience. Many definitions of resilience require specification of an identified risk or challenge to which an individual is subjected, followed by some defined measure of positive outcome (Alvord & Grados, 2005). There are three critical conditions in the study of resilience: (i) growing up in distressing life conditions and demanding societal conditions that are considered significant threats or severe difficulties, (ii) the availability of protective factors, including internal assets and external resources that may be associated with minimizing the effects of risk factors, and (iii) the attainment of positive adaptation despite experiences of significant adversity (Lee, Cheung, & Kwong, 2012). It should also be noted that resilience is not a one-dimensional attribute that persons either have or do not have. It implies the possession of multiple skills, in varying degrees, that help individuals to cope (Alvord & Grados, 2005).

Mentorship. Mentorship may find its roots as far back as the Neanderthals who practiced allo-parenting, in which individuals who are not the biological parents assume some of the caregiving responsibilities for a child. Allo-parenting was important for the survival of the hunter-gatherer society, and may have led to the longer life-span of the species (DuBois & Karcher, 2014). The first mention of mentorship in literature was in Homer's Odyssey. While Homer was fighting in the Trojan War, his trusted advisor Mentor took care of Homer's son, Telemachus (Story of "Mentor", n.d.). The word "Mentor" evolved to mean trusted advisor, friend, teacher, and wise person. History offers many examples of helpful mentoring relationships, such as Socrates and Plato, Hayden and Beethoven, and Freud and Jung. Mentoring is a fundamental form of human development where one person invests time, energy, and personal know-how in assisting the growth and ability of another person. There are formal mentorships, such as the Boys and Girls Club of America where a youth and volunteer adult are

paired, as well as natural mentors. Natural mentors may include extended family members, neighbors, teachers, and coaches.

Limitations

The author is aware of the limitations inherent in the use of secondary data and literature; based on the dependency of the original researchers' perspectives and documentation. Yet, for the purpose of this integrative literature review, it is appropriate to evaluate and critique the existing literature and synthesize a new conceptual model and knowledge of the topic to spark formulation of a future research design with a more in-depth focus on the subject matter.

Exclusions

While the author recognizes the importance of studying foster-adoptees, to maintain a practical scope for this literature review, foster-adoptees were not included.

Chapter 3: Stress and Trauma

> *Children are not slates from which the past can be rubbed by a duster or sponge, but human beings who carry their previous experiences with them and whose behaviour in the present is profoundly affected by what has gone before (Bowlby, 1951, p. 114).*

Early Childhood Trauma

In Beyond the Pleasure Principle, Freud (1920) delineated fright, fear, and anxiety. He stated that each is capable of clear distinction in their relation to danger. "'Anxiety' describes a particular state of expecting the danger or preparing for it, even though it may be an unknown one and 'Fear' requires a definite object of which to be afraid" (p. 12). "Fright" is a state experienced when one runs into danger without being prepared for it. Freud (1920) did not believe that anxiety could produce a traumatic neurosis. He found anxiety to be something that could protect one against fright and fright-neuroses. In this instance Freud was referring to accidents and war; however, his theory can also encompass the repeated trauma of abuse and neglect. In early childhood trauma, a child is in a state of fear—fear of the adult to whom she or he is reliant upon. This caregiver is the definite object to which Freud referred. A child who suffers from early repeated trauma is constantly in a state of expecting and preparing for danger. This is the anxiety to which Freud referred. In this chapter, this author will explore early childhood trauma and the effects on attachment and relationships between children within the foster care system and their caregivers. The protection that anxiety may or may not allow for will be explored.

What is trauma? Freud (1920) defined "traumatic" experiences as any excitations from outside which are powerful enough to break through the protective shield. External trauma is "bound to provoke a disturbance on a large scale in one's energy and to set in motion every possible defensive measure" (Freud, 1920, p. 29). When experiencing trauma, the mind is

flooded with stimuli. "One must then master the amounts of stimuli which have broken in and bind them, in the psychical sense, so that they can then be disposed of" (Freud, 1920, p. 30). One of the ways in which this stimuli can be "disposed of" is projective identification, which will be explored in Chapter 4.

Complex psychological trauma, as defined by Courtois and Ford (2009) "results from severe stressors that are repetitive or prolonged, involve harm or abandonment by caregivers, and occur at developmentally vulnerable times such as childhood or adolescence" (p. 13).

Complex trauma differs from trauma in that it is likely to be chronic, on-going, and repeated. It is also endured at a time of life when the cognitive capacity of the brain is not yet fully developed and is therefore unable to process the events involved in the trauma as they unfold (Caw & Sebba, 2013). Complex trauma impacts the normal trajectory of development and affects the emerging structure of the brain. Because of their dependency needs, children and young people are particularly vulnerable to complex trauma. Complex trauma is invariably inflicted on children by those who claim to care for them. This is often parents, caregivers, or other adults in positions of trust or authority (Caw & Sebba, 2013).

When deprived of maternal care, a child's development almost always suffers, whether physically, intellectually, socially, or all three (Bowlby, 1952). This deprivation may be physical, but it may also be emotional. Bowlby (1952) thought future pathology, while not certain, was not easily overcome, although he was not clear why some children succumbed and some did not.

To understand how this pathology may occur, we must look at how stress and trauma affect the brain's development.

Brain Development—Stress and Trauma

Because it is a time of great opportunity as well as a time of susceptibility, the first years of life are the most critically vulnerable time period for the development of the brain structure. The brain develops in stages from the most vital levels and builds on each step through continually more complex levels of development. If any of the foundational stages are faulty in development, the impact is particularly pronounced and lasting, interfering with the brain's healthy growth and functioning throughout life, even if the individual is exposed to healthier environments later in life (Klebanov & Travis, 2014).

The brain develops through a complex interaction of genetics and experience. The initial genetic encoding for the human brain involves a basic set of instructions for the connection of nerve cells. Experience modifies and shapes those circuits so that the individual's brain adapts to his or her environment. Neural circuits group to form mental functions such as vision, language, or emotional response, to name a few. Neural circuits are plastic during sensitive time periods. During these formative periods, they are particularly responsive to environmental influence. Once a neural circuit has matured and passed the critical stage of plasticity, the potential for modification becomes limited. At this stage, a circuit undergoes a process called myelination, which involves the growth of a sheath of protective tissue. The young developing brain consists of many areas of plasticity. During the time period of plasticity, the brain develops more connections than is necessary (Klebanov & Travis, 2014). Myelination is most active during the first year of life and slows down between years one and two; however, recent research finds that it continues for up to a child's sixth year (Deoni, Dean, Remer, Dirks & O'Muircheartaigh, 2015). As part of the myelination process, the brain prunes those formed connections which it determines to be superfluous or unneeded. Therefore, if the pruning takes place in a healthy

manner without negative interference, it leads to efficient neural connections and brain functioning. However, as mentioned above, this early brain plasticity can also lead to vulnerability. While the brain is particularly receptive to learning, especially the appropriate materials that impact the currently sensitive neural connections, it is also particularly receptive to stress in the environment (Klebanov & Travis, 2014). Witnessing domestic violence or experiencing maltreatment, whether physical, sexual or from neglect, are all stressors in the child's environment. During the sensitive periods, these environmental stressors will impact the neural circuits in the brain, and alter the way in which the circuits develop. These changes can have an enduring impact, lasting into adulthood (Klebanov & Travis, 2014).

The chronic stress of abuse and neglect may produce elevated baseline levels of hormones and abnormal daily rhythms of hormone release (Siegel, 2012). The limbic system, otherwise known as the "emotional brain," includes the amygdala, septum, cingulate, and hippocampus, and is common to all mammals. The limbic system primarily controls emotional response, including aggression. The limbic system is involved in three primary functions: (1) the appraisal of emotional stimuli, (2) the initiation of emotional responses (e.g., the "fight-or-flight" response), and (3) shutting down reactivity after external stressors subside (and restoring the nervous system and body to a state of homeostasis) (Preston, O'Neal, & Talaga, 2013).

It is of note to explain the functioning of some elements of the limbic system. The hippocampus is the center of emotion, memory, and the autonomic nervous system (ANS). The ANS regulates the functions of internal organs (the viscera) such as the heart, stomach, and intestines. The ANS is part of the peripheral nervous system and it also controls some of the muscles within the body. The amygdala is an almond-shaped set of neurons that plays a key role in the processing of emotions. The amygdala has the capacity to register, perceive, and analyze

sensory data also. However, the appraisal of environmental stressors at the level of the amygdala is crude. This brain structure is able to engage in gross pattern recognition, and if such patterns resemble objects or events previously associated with danger, neuronal impulses exiting the amygdala elicit a "fight-or-flight" response (independent of the cerebral cortex). Since perception at the amygdala level is often rapid, crude, and inexact, there are many false alarms (for example, misperceiving a piece of rope as a snake). However, this primitive fear-appraisal system is believed to be adaptive and ultimately aids or facilitates survival (Preston et al., 2013).

High levels of stress, such as that from the trauma of abuse and neglect, block hippocampal functioning. Excessive and chronic exposure to stress hormones may lead to neuronal death in this region, possibly decreasing hippocampal volume as well as altering the function of the hippocampus (Klebanov & Travis, 2014; Siegel, 2012). Early childhood maltreatment may directly affect the structure and epigenetic regulation of circuits that link bodily response to brain function: the ANS, the hypothalamic-pituitary-adrenal (HPA) axis, and the neuro-immune process. These ingrained ways in which adverse childhood experiences are "remembered" may explain the markedly increased risk for medical illness in adults with histories of childhood abuse and dysfunctional home environments (Siegel, 2012).

Recent findings outlined by Klebanov & Travis (2014) found that children exposed to early trauma may develop post-traumatic stress disorder (PTSD). People with PTSD stemming from childhood trauma have abnormalities of the medial prefrontal cortex; youth with PTSD may have decreased total brain tissue and cerebral gray matter volumes. The stress response system, which includes the activation of various parts of the brain in preparation for a fight or flight response, includes the release of cortisol. Prolonged and/or excessive impact to the stress

response system, such as that which occurs through continuing abuse or neglect, can lead to subclinical or full PTSD, which affects brain functioning (Klebanov & Travis, 2014).

As discussed above, child abuse causes disturbances in the limbic system, and also may lead to deficient development of the left brain hemisphere, as well as a smaller corpus callosum which leads to deficient integration of the left and right hemispheres. The corpus callosum is responsible for communication between the left and right brain hemispheres. Since research strongly suggests that the right hemisphere plays a critical role in the perception and expression of emotion, particularly negative emotion, deficient integration of the right and left hemispheres could result in the misperception of affect and a state of internal confusion or inconsistency (Klebanov & Travis, 2014). Child mistreatment can also lead to hemispheric asymmetry. The left hemisphere, the part of the brain responsible for logical and analytical reasoning, suffers a particular impact. In one recent Harvard study, scientists using MRI technology proved that the left side of the hippocampus is damaged more than the right side in those who have been mistreated in childhood. This indicates that individuals who are mistreated as children may have limitations in areas involving logical reasoning. In line with those findings, research has shown that early abuse may prevent the development of normal left cortical dominance (Klebanov & Travis, 2014).

Additionally, trauma in childhood has been shown to impact the prefrontal cortex, which is the region of the brain responsible for planning, complex cognitive behaviors, personality expression, decision making, and moderating correct social behavior. This impact to the prefrontal cortex has been linked to post-traumatic stress symptoms as well as increased cortisol secretion. As mentioned previously, multiple areas of the brain are impacted in the process of increased cortisol secretion, including excessive activation of the stress response. The effects of

severe neglect or abuse early in life can alter brain functioning in more or less permanent ways (Klebanov & Travis, 2014; Preston et al., 2013).

Moreover, psychological abuse and neglect have also been shown to lead to the following psychiatric problems: personality disorders such as borderline personality disorder; eating disorders; mood disorders such as depression; schizophrenia; somatoform and psychosomatic disorders such as fibromyalgia and chronic fatigue syndrome; dissociative disorders; and physical abnormalities in brain function (Klebanov & Travis, 2014, p. 386). The age at which the trauma of repeated child abuse occurs plays a crucial role in our understanding of psychological importance. Very early, severe, recurring child abuse often not only results in primary symptoms of PTSD but may also interfere significantly with fundamental personality development. The outcome may be coexisting PTSD and borderline or other severe personality disorder (Preston et al., 2013).

Coping with Stress

Although harsh early environments lead to decreases in neural networks and brain size, beneficial early interventions result in the enrichment of networks among neurons and an increase in brain size. Physical changes in the brain, in turn, can have substantive implications for either exacerbating or reducing vulnerability to future psychopathology (Luthar & Brown, 2007). Modern neuroscience has now clearly established the phenomenon of neural plasticity, in which there is structural and functional reorganization of the brain in response to environmental inputs. These environmental inputs can be emotional and behavioral regulation skills involved in children's daily interactions in their social environment. These skills provide an important set of resources on which children can draw when attempting to cope with stress (Compas, Smith, Saltzman, Thomsen & Wadsworth, 2001).

Neurobiological research provides evidence that the availability of supportive, sensitive, and responsive caregivers during infancy and childhood is critical in buffering the individual, and the developing HPA-axis, from the negative effects of adversity and stress (Luthar & Brown, 2007).

"Natural experiments" among humans corroborate the critical importance of the early environment, as seen in findings on Romanian orphans reassessed at the ages of 6 and 11 years. Studies found that if institutional development lasted longer than the first six months of life, there were substantial psychological and behavioral ill effects at both assessments several years later, suggesting damage to underlying biological systems. Other evidence suggests that this sensitive period can last up to one year of life, and even through early childhood, with adolescence representing another sensitive developmental period, given major physiological changes and substantial reorganization and maturation of the brain (Luthar & Brown, 2007).

In the Adverse Childhood Experiences (ACE) study, over 17,000 Kaiser Permanente members voluntarily participated in a study to determine how stressful or traumatic experiences during childhood affect adult health. The type of stress that results when a child experiences ACEs may become toxic when there is a strong, recurrent, or prolonged activation of the body's stress response systems in the absence of the shielding protection of a supportive, adult relationship. The biological response to this toxic stress can last a lifetime. Researchers have found many of the most common adult life-threatening health conditions, including heart disease, obesity, alcoholism, and drug use, are directly related to childhood adversity. Youth who have experienced ACEs are more likely to have learning and behavioral issues and are at higher risk for early initiation of sexual activity and adolescent pregnancy. These effects can be magnified through generations if the traumatic experiences are not addressed (Dowd, 2014).

Attachment and Stress

Preston et al. (2013) reported that studies with birds, dogs, and monkeys show that infants will strongly seek out attachments even with abusive parents, especially under stress. This behavioral pattern, seen so strongly in other species, may provide some understanding of the common human tendency for abused children to cling to and gravitate toward abusive parents. Severe stress during infancy and childhood often results in an increased need for attachment and protection. Since it is seen across diverse species, this may reflect an underlying neurobiologicallymediated reaction pattern.

Conversely, when the traumatic experience has occurred early in life, another consequence may be inadequate attachment and bonding. This may be especially true if the nature of the trauma was profound neglect (Preston et al., 2013). One common consequence of inadequate or insecure attachment is poor affective regulation. Children learn to regulate their behavior by anticipating their caregivers' responses to them. This interaction allows them to construct what Bowlby (1980) called "internal working models." A child's internal working models are defined by the internalization of the affective and cognitive characteristics of their primary relationships. Because early experiences occur in the context of a developing brain, neural development and social interaction are inextricably intertwined (van der Kolk, 2005). Studies with monkeys have revealed that isolated, neglected infants often develop persistent aggressive and self-destructive behaviors (such as biting) and, in general, impaired abilities for emotional regulation. This may account for both chronic emotional arousal and an increased vulnerability to later traumatic life events (van der Kolk, 2005; Preston et al., 2013).

In the case of children within the foster care system, caregivers may find themselves attempting to respond empathetically to a child who has poor affect regulation. However,

because of early attachment-related issues, often the more love that is offered by the foster caregiver, the more rejecting the child becomes. In fact, according to Caw and Sebba (2013), all attachment-related issues seem to lead to arousal and aggression, none of which appears to make sense to well-meaning others, especially new caregivers.

Chapter 4: Attachment and Projective Identification

Attachment Theory

An attachment may be defined as an affectional tie that one person or animal forms between himself and another specific one—a tie that binds them together in space and endures over time (Ainsworth & Bell, 1970, p. 50). Attachment theory was introduced by the psychoanalyst and psychiatrist John Bowlby in the 1960s and 1970s. Bowlby's observations of infants in a nursery during the Second World War and his reflections on the behavior of delinquent boys led him to formulate what is known as attachment theory. Bowlby's student, Mary Ainsworth, gave this theory empirical and scientific accuracy with her Strange Situation Test (Ainsworth & Bell, 1970). With this test, Ainsworth brought clarity to Bowlby's three different attachment styles: secure, insecure ambivalent, and insecure avoidant. Attachment theory has been added to over the years, with the concept of a disorganized attachment style coming into existence in the 1990s. This form of attachment is thought to most accurately reflect the style of those children and adults who may have an attachment disorder (Caw & Sebba, 2013).

Attachment theory suggests that a child's subsequent development and capacity to form relationships will be influenced by his or her early experience. As such, this theory has important implications for children growing up in substitute care. A securely attached child is likely to grow up believing that she is lovable, that other people can be trusted to take care of her and that the world is a safe place to be (Caw & Sebba, 2013). Children who live in foster homes share a disruption of their early relationships with a loss of or separation from their biological families. Most of these children and young people will have experienced inadequate parenting early in their lives, and many will have had to cope with multiple placements following removal

from their family (Golding, 2007). These children may have insecure attachment styles and as such grow up feeling unlovable, that other people cannot be trusted, and that the world is an unsafe and frightening place to inhabit (Caw & Sebba, 2013). Bowlby (1944) discussed the emotional influences within the home and how they affect the development of the child's object relationships. A mother's conscious and unconscious attitudes were taken into account in Bowlby's studies. In discussions with the mothers, they revealed that their apparent love for their child was only one aspect of their feelings about the child. Unconsciously, they often felt an intense, though perhaps unadmitted, dislike and rejection of their child. Bowlby's enquiries found a remarkable proportion of these children had, for one reason or another, not lived securely in one home all their lives but had spent long periods away from home (Bowlby, 1944).

From an early age, disturbances of development may follow separation from a child's primary caregiver. However, adverse results can be partially avoided during the first year of life by children being mothered by a substitute. The child may seek this substitute. Seeking proximity to an attachment figure is a specific behavior that becomes highly activated when there is no attachment figure (mother, father, or other primary caregiver) available. The absence of attachment figures is sensed as increasing the risk of danger, and it triggers feelings of fear (Bowlby, 1952; Bowlby, 2010). Although the importance of the primary attachment relationship has been known for many years, it has only recently been recognized that in order to avoid emotional neglect, babies and toddlers always need access to someone they love, an established secondary attachment figure, whenever their primary attachment figure is not available (Bowlby, 2010).

The long-term after-effects on children of traumatic experiences can sometimes be devastating. The immediate after-effects most commonly observed are (a) a hostile reaction to

the mother on her return, which sometimes takes the form of a refusal to recognize her; (b) an excessive demandingness toward the mother or substitute mother, in which intense possessiveness is combined with intolerance, frustration, acute jealousy, and violent temper tantrums; (c) a cheerful but shallow attachment to any adult within the child's orbit; and (d) an apathetic withdrawal from all emotional entanglements, combined with monotonous rocking of the body and sometimes head banging (Bowlby, 1952). Furthermore, Ainsworth and Bell (1970) articulate ambivalent and avoidant stances of children returning home after brief separations from their caregiver. Separation heightens aggressive behavior of this kind as well as attachment behavior, and predisposes the child toward angry outbursts upon minimal provocation. The child can be ambivalent and rejecting. Avoidance responses such as looking away and turning away may be detachment in the making and so constitute a primitive kind of defense. As is expected, the origins of a child's behavior will lie in personal histories of rejection and abuse. Children experiencing abuse and neglect may well develop ways of coping which, whilst adaptive in the environments in which they developed, present problems in the homes in which they are placed. For example, in an emotionally turbulent family, it may pay to keep a low profile in order to avoid attracting hostile attention. If one "learns" not to expect kindness, love, consistency, and good physical care, one can minimize one's disappointments and perhaps come to see oneself as unlovable or unlovely (Macdonald & Turner, 2005).

In the case of children within the foster care system, attachment theory can guide the understanding of the effects of early abuse, neglect, separation, and loss on the child's ability to form healthy attachments with caregivers, such as foster parents. The child's subsequent behavior after being separated from her or his parents, along with the abuse or neglect they have most likely experienced by their birth parents, will heavily influence how they relate to the

substitute or foster parent(s). The caregivers may find themselves caught up in enactments of past traumas and abuses. A child can hold so tightly to their ways of relating to abusive and neglectful birth parents that a foster parent may find themselves pushed into taking the role of abusive or neglectful parent despite their usual ways of relating to children or the ways that they would ideally want to relate to the child (Golding, 2007). This enactment involves the psychic process of projective identification, which will be explored later in this chapter. Furthermore, because children in the foster care system have often experienced an early history of deprivation, trauma, neglect, and abuse, the consequences of these experiences can lead them to struggle in their relationships, experience cognitive-processing impairments, and be unable to regulate their emotions adequately. The latter can make them particularly difficult to care for, as their unprocessed emotions are expressed messily and loudly via their behavior (Caw & Sebba, 2013), further exacerbating the caregiver's experience of projective identification.

Faced with repeated rejections and placement moves, young people within the foster care system invariably act to protect their already delicate self-esteems and invest less with each repeated attempt of foster care home placements. The end result is that foster children are far more likely than the rest of the childhood population to experience mental health difficulties, become homeless, misuse drugs or alcohol, engage in offending behavior, and find themselves in prison (Caw & Sebba, 2013). With each placement breakdown, children are likely to experience more rejection and to develop ever more defensive ways of managing an unpredictable world. They are less likely to establish intimate relationships with subsequent carergivers, and more likely to exhibit behaviors which keep carergivers (and others) at arm's length. Such maladaptive attempts at self-protection increase the risk of problems developing within the placement, and children's challenging behavior often leads to more rejection (Macdonald &

Turner, 2005). When attachment issues are predominant, caregivers may not be well equipped to face the challenges that these young people present to them. Challenges related to attachment may include the child's social competence, resilience, emotional regulation, self-reflective capacity, and executive functioning. Placements can be especially challenging when caregivers lack sufficient training to handle the often confusing dramas that are played out in their own homes (Caw & Sebba, 2013). In some circumstances, children can behave in ways that become self-fulfilling prophesies; for example, believing that you are unlovable and that everyone rejects you can eventually lead to patterns of increasingly "testing" behaviors that can defeat the most determined caregiver (Macdonald & Turner, 2005).

Children and young people who are not brought up by adults who can attend to and sufficiently meet their needs will find ways of managing situations in the best way they can. Those who endure unmet needs as well as being abused, harmed, and/or not protected by those who look after them will add further strategies to promote their physical and psychic survival. This can mean that children and young people with insecure attachment styles or a disorganized attachment style use extreme forms of behavior for self-protection (Caw & Sebba, 2013).

As noted previously, one's brain is molded by one's environment. Heavily traumatic experiences lead to certain neural networks being privileged over other ones in order to ensure survival. However, once removed from danger, these neural networks continue to operate (Caw & Sebba, 2013). Some ways this may be seen in the behavior of children within the foster system are a compulsive need to control others, oppositional and defiant behavior, intense lying even when caught in the act, a lack of eye contact, indiscriminately charming and friendly behavior, easily replaced relationships, lack of empathy, poor understanding of cause and effect, poor communication skills, pervasive shame, all-or-nothing thinking, habitual disassociation, or

hyper-arousal and vigilance. The damage done to their developing neural networks, combined with the experience of repeated trauma and stress, will leave them in a position of being either hyper-vigilant or disassociated (Caw & Sebba, 2013; van der Kolk, 2005).

Attachment theory posits that when aroused or stressed, children seek proximity to their caregiver. If the caregiver can offer comfort and soothing, then the child's emotions will be regulated and they can return to their play and exploratory behavior (Ainsworth & Bell, 1970). However, when the source of the arousal is their caregiver, this places them in a psychological dilemma. The child must seek necessary comfort and security from the very source of his or her distress. In this situation children are unable to modulate their arousal, which causes a breakdown in their capacity to process, integrate, and categorize what is happening. At the core of traumatic stress is a breakdown in the capacity to regulate internal states (Caw & Sebba, 2013; van der Kolk, 2005).

What this means in practice for caregivers is that they are parenting children and young people who have reduced capacity to manage stress, possess poor self-regulation skills, and are more likely to feel emotionally aroused than their securely attached and non-traumatized peers (van der Kolk, 2005). Hyper-alert to the possibility of the repetition of traumatic events, they are unable to make use of their cognitive or emotional perceptions but instead respond to imagined threats, rapidly utilizing their fight/flight/freeze stress responses. Very low levels of stress are required to set off the stress response. This means they exhibit extreme reactions to what may appear to be minor events. They are primed for survival mode and are unable to make use of the soothing, containing care of caregivers to regulate their emotions (Caw & Sebba, 2013). Thus, as van der Kolk (2005) stated: "Many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress" (p. 403).

Repetition and Re-enactment

Freud (1920) first described the compulsion to repeat actions and behaviors, whether those actions were positive or negative, or "pleasurable" or "unpleasurable." Specifically in regards to children he wrote,

> in the case of children's play we seemed to see that children repeat unpleasurable experiences for the additional reason that they can master a powerful impression far more thoroughly by being active than they could by merely experiencing it passively. (p. 23)

With each repetition, the child strengthens the mastery they are in search of. For pleasurable experiences, it is the same. Freud used the example of a child being told an enjoyable story. Afterwards the child will insist on hearing it over and over again rather than a new one; and furthermore will demand that the story be read identically to the first time it was read. The child will go so far as to correct the narrator if the repetition is different from the first read. Further, the narrator may indeed have been guilty of altering the story or way in which it was read, in the hope of gaining fresh approval (Freud, 1920). Freud explained that the compulsion to repeat "unpleasurable" past experiences brings satisfaction to instinctual impulses which have been repressed (Freud, 1920).

In the case of caregivers, as they work to establish safety and support for their charge, they find themselves repeatedly destabilized by the behaviors they encounter (Caw & Sebba, 2013). Much like Freud's example, the foster parents work to alter the narrative of abuse and neglect, yet are met with resistance on the part of the child. The child who has experienced infantile or childhood trauma from neglect or abuse originated by the family of origin is still held under the powerful effects of their experience. Despite the efforts of the caregivers to change the narrative, the child looks for ways to create parallel situations and relationships to redo, undo, repair, and master the residue of painful affects, distorted cognitions, and fantasies generated by

childhood rejections, disappointments, losses, deprivations, frustrations, hurts, over-stimulations, seductions, and overindulgences (Herman, 2005). The affects may include and are not limited to guilt, shame, jealousy, rage, being hurtful, and experiencing anxiety and/or depression. These repetitions or re-enactments are based on the early pervasive patterns of parent-child and child-parent mutual regulations and interactions, which, along with the emotions associated with them, become internalized, structuralized, imprinted images of self-other interactions. These become the templates for organizing, motivating, and giving meaning to current relationships. Therefore the child will re-enact or repeat these behaviors with the caregivers. The patterns are largely unconscious and deeply ingrained, and exert a strong force in determining more intimate relationships (Herman, 2005). Moreover, a child in the foster system will act upon their beliefs and expectations that caregivers are a potential source of harm. The children and adolescents will continue to engage in the behaviors they utilized to promote their survival in previous abusive situations (Caw & Sebba, 2013). In the past, these destructive behaviors were needed to keep them safe. For the foster child, new relationships are as much a source of threat to them as previous ones, for what they have learnt is that other people are not to be trusted to behave predictably or in ways that will keep them safe. The child will work to alienate the foster caregiver as a way to protect themselves from what they imagine will be further harm (Caw & Sebba, 2013).

Ways in which children who have been abused and neglected avoid disappointment may be keeping a low profile in a violent family, learning not to expect nurture and warmth, and seeing oneself as unlovable and undeserving (Macdonald & Turner, 2005). These are also a way of arriving at some kind of understanding as to why they have received the treatment they have

(Macdonald & Turner 2005). Even when placed in a foster home where there is good quality care, warmth, and support, these adaptive strategies do not disappear.

Thus the cycle begins. The foster child's behavior, while used as a means of self-protection, leads them to disengage from the care, nurturing, and warmth the foster parents offer. The experience can be exacerbated when the caregivers aren't prepared for the strong feelings that can be induced by looking after children who have been traumatized by neglect and abuse. They experience rejection from the child and, in turn, subconsciously reject the child. Being unaware of this repetition, caregivers and foster children become locked in a vicious cycle (Caw & Sebba, 2013). The end result may be the foster caregiver asking to have the child placed elsewhere, thereby further solidifying the child's belief that he or she is unlovable and unwanted. In worst cases, the foster parents may respond in ways that they would not typically behave, such as by abusing the child in their charge.

Within the psychological realm, the process that leads caregivers to want to reject their foster child in the way that they feel rejected by the child is known as "projective identification," which the next section will explore (Caw & Sebba, 2013; Ogden 1979).

Projective Identification

Projective identification is an interpersonal fantasy process in which one individual projects an unwanted part of self into another person, who responds by identifying with and taking that part on (Ogden, 1979). This fantasy is a wish to rid oneself of a part of the self, because that part is a threat to the self from within, or because one feels that the part is in danger of attack by other aspects of the self and must be safeguarded by being held inside a protective person (Ogden, 1979). The recipient of this "part" feels some identification and a pressure to think, feel, and behave in a manner congruent with the projection. This pressure is real, and is a

way of not only evacuating unwanted parts of self, but also of communication between projector and recipient. Projective identification does not exist where there is no interaction between projector and object (Ogden, 1979), meaning that projective identification needs a dyad to exist. The receiver of the projected feelings unconsciously processes these feelings, then they are reinternalized by the projector (Ogden, 1979).

Projective identification is a normal and essential part of development in a child's experience with his or her parents. The child learns that his or her parents can safely and securely be relied upon to contain and process the child's emotions (Ogden, 1979). The synthesis between the loved and hated aspects of the complete object gives rise to feelings of mourning and guilt which imply vital advances in the infant's emotional and intellectual life. This is also a crucial juncture for the choice of neurosis or psychosis, depending on how the projections are received and managed (Klein, 1946).

As early as 1915, Freud was beginning to formulate the idea of projective unconscious. As Freud (1915) stated:

> It is a very remarkable thing that the *Ucs* [unconscious] of one human being can react upon that of another, without passing through the *Cs* [conscious]. This deserves closer investigation, especially with a view to finding out whether preconscious activity can be excluded as playing a part in it; but, descriptively speaking, the fact is incontestable. (p. 194)

Later, Freud discussed the origin of projection as that of a defense against internal stimuli that brought too much "unpleasure" (Freud, 1920). Melanie Klein (1946) built upon this when she discussed the projection of a predominantly hostile inner world which, ruled by persecutory fears, leads to the introjection—a taking back—of a hostile external world. "The introjection of a distorted and hostile external world reinforces the projection of a hostile inner world" (Klein, 1946, p. 103). Bion (1959) demonstrated how projective identification can be used as a method

of communication by the individual, who puts undigested parts of his experience and inner world into the object (the mother) as a way of getting them understood and returned in a more manageable form.

Klein (1946) described the splitting off and getting rid of unwanted parts of the self that cause anxiety or pain; projecting the self or parts of the self into an object to dominate and control it and thus avoid any feelings of being separate; getting into an object to take over its capacities and make them its own; invading in order to damage or destroy the object. As a child develops, these projections lessen, and he becomes more able to tolerate his ambivalence, his love and hate and dependence on objects, moving toward what Klein described as the depressive position. If the child has a supportive environment, and if the mother is able to tolerate and contain the child's projections, the mother will intuitively understand and be able to stand the infant's feelings. Bion (1959) expanded upon this element of Klein's work, suggesting the importance of the mother's being able to be used as a container by the infant, and linking this with the process of communication in childhood and with the positive use of the countertransference in analysis (Sandler, 1988, p 66).

Projective identification occurs because unwanted elements from the client, in this case the child, are projected out. The recipient of these feelings can internalize these unwanted feelings and either resolve them, or act out impulsively by returning the unwanted feelings in the same form. Ogden (1959) explained that "when the patient strove to rid himself of fears of death which were felt to be too powerful for his personality to contain he split off his fears and put them into me" (p. 312). In this way, projective identification is a defensive maneuver as well as a communication. A child's balance is primarily maintained by the projecting out of parts of the

self. If the person on the receiving end is open to what is going on and able to bear the projection, a powerful method of gaining understanding occurs (Sandler, 1988).

Conclusion

An important goal for children is to make sense of the past and resolve their feelings about it, via a lived experience of being understood, held in mind, and cared for, so that a more resilient sense of self can develop and be taken into the future (Schofield & Beek, 2006). The resolving of feelings takes place through repetition and re-enactment.

Even though the optimal window for development of our brains is within the first three years of life, the brain does remain plastic across one's lifetime. This means that the possibility for new neural networks to be laid down remains ever present. Through the communication of projective identification, it is "possible for traumatized children and adolescents to learn new ways of being in the world" (Caw & Sebba, 2013, p. 114).

Chapter 5: Resilience

Resiliency is arguably the most important psychological phenomena occurring in childhood; without it, many children would struggle to make it into adulthood with the chronic adversity they encounter on a daily basis (Cecchet & Thoburn, 2014). In the literature on resilience among children and adults, a review of almost half a century of research led to the conclusion that resilience rests on relationships. Prolonged hostility, neglect, or indifference in primary, proximal relationships profoundly impairs the chances of resilient adaptation (Luthar & Brown, 2007). Conversely, strong relationships with those in one's proximal circle serve vital protective processes, for children as well as adults (Luthar & Brown, 2007).

Resilience as successful adaptation relies on operative responses to environmental challenges and ultimate resistance to the damaging effects of stress (Wu et al., 2013). "Improving the understanding of the links between genetics, environmental impact, and gene-environment interactions with developmental psychology and biology is essential for explaining the neurobiological and psychological foundations of resilience" (Rutten et al., 2013, p. 3). Multiple interacting factors, including genetics, epigenetics, developmental environment, psychosocial factors, neurochemicals, and functional neural circuitry, play critical roles in developing and modulating resilience in an integrated way (Wu et al., 2013).

Genetic and Epigenetic Factors

Genetic, epigenetic, and neurochemical factors contribute significantly to resilient responses to stress and trauma. Alterations in genes that regulate HPA-axis functions play an important role in shaping resilience. Specific alterations to HPA-axis genes have been found to interact with early life stress to predict susceptibility to psychiatric illnesses in adults (Wu et al., 2013). Epigenetics refers to functional modifications to the genome without change in the DNA

sequence. Epigenetic differences can be a consequence of exposure to stress-related factors during critical periods of development (Wu et al., 2013, p. 3). These factors are important because while experiences play a large part in resilience strength building, one may have more to overcome due to genetically inherited responses to stress.

Developmental and Psychological Factors

As discussed in previous chapters, severe adverse events in childhood can negatively affect the development of stress response systems. In some instances this can cause long-lasting damage. Feder (as referenced by Wu et al., 2013) found that prenatal stress and childhood trauma have been linked to a hyperactive HPA axis with linked risk of negative effects of chronic hypercortisolemia later in life. Certain factors play major roles in determining whether a childhood traumatic event will lead to vulnerability or instead, to resilience. One of these factors is the degree of control that the person has over the stressor (Wu et al., 2013). Incidents of early uncontrollable stress can lead to "learned helplessness," where a person is conditioned to believe that they are unable to change the circumstances of their situation. When a person develops an adaptive stress response and a higher-than-average resilience to negative effects of ensuing, uncontrollable stressors, it is called "stress inoculation." Stress inoculation is a form of protection against later stressors (Rutter, 2012; Wu et al., 2013).

Characteristics such as a high level of intellectual functioning, efficient self-regulation, active coping styles, optimism, and secure attachment were observed in youth who had faced adverse situations and settings yet did not succumb to the adverse impact of extreme stress. Other psychological factors in resilience include: cognitive functioning, social support, humor, altruism, trait mindfulness, physical exercise, and having a moral compass (Wu et al., 2013).

Resilience Models

Resilience theories and approaches generally emphasize assets and resources as the focus for change. These theories stress that while internal assets may be especially critical to development, external factors also play a large role (Fergus & Zimmerman, 2005).

Three main models of resilience have been identified by researchers—compensatory, protective, and challenge (Fergus & Zimmerman, 2005). Other models include protective-stabilizing and protective-reactive (Zolkoski & Bullock, 2012).

A compensatory model is defined when a promotive factor counteracts or operates in the opposite direction of a risk factor. A compensatory model therefore involves a direct effect of a promotive factor on an outcome (Fergus & Zimmerman, 2005). A compensatory factor neutralizes exposure to risk. There is no interaction with a risk factor; instead, it has a direct and independent influence on the outcome (Zolkoski & Bullock, 2012). For example, youth living in poverty are more likely to commit violent behavior than youth not living in poverty, but adults monitoring the behavior may assist in negating the negative effects of poverty (Fergus & Zimmerman, 2005). The compensating variable of the monitoring adult would predict less delinquency, psychopathology, and/or drug use (Zolkoski & Bullock, 2012).

Assets or resources moderate or reduce the effects of a risk on a negative outcome in the protective factor model. A protective model exists if, for example, the relationship between poverty and violent behavior is reduced for youth with high levels of parental support. In this example, parental support operates as a protective factor because it moderates the effects of poverty on violent behavior (Fergus & Zimmerman, 2005, p. 402). For internal protective factors, Smith (as referenced by Lee, Cheung, & Kwong, 2012) summarized research findings and found that self-efficacy, optimism, perceptions of control, and active coping are associated

with better health. Longitudinal studies found that about half to two-thirds of children with resilience could overcome their initial traumatic life experiences (Werner, 2005). For external protective factors, such as family and community, theorists have suggested that people who do not have a functional social support system are more vulnerable to external stresses (Lee, Cheung, & Kwong, 2012; Werner, 2005).

The challenge model posits that when a youth has continued exposure to adversity, their capacity to thrive despite risks increases as they mature (Zolkoski & Bullock, 2012). Children exposed to moderate levels of risk are challenged with enough of the risk factor to learn how to overcome it but are not exposed to so much of it that overcoming it is impossible. There must be the right balance of risk. Too little conflict within the home, for example, may not prepare a child with an opportunity to learn how to cope with or solve interpersonal conflicts outside of the family. Too much conflict may be incapacitating and lead youth to feel hopeless and distressed. Therefore, a moderate amount of conflict may provide youth with enough exposure to learn from the development and resolution of the conflict. The youth learn through either vicarious experience or modeling (Fergus & Zimmerman, 2005).

In the protective factor model, also known as the immunity-versus-vulnerability model, there is a conditional relationship between stress and personal attributes with respect to adaptation (Zolkoski & Bullock, 2012). Personal characteristics can diminish or increase the impact of stress as a variable. Protective factors can interact with risk factors to reduce the likelihood of negative outcomes. For example, for youth with high levels of parental or community support, the relationship between poverty and violent behavior is reduced (Fergus & Zimmerman, 2005).

The protective-stabilizing model refers to occurrences when a protective factor aids in neutralizing the effects of risk (Luthar & Cicchetti, 2000). When the protective factor is absent, higher levels of risk are linked with higher levels of a negative outcome. When the protective factor is present, there is no relationship between the risk and outcome. For example, children who have minimal parental support (risk factor) and do not have an adult mentor (protective factor) may exhibit delinquent behaviors (outcome); however, youth with a non-parental adult mentor may not exhibit negative behaviors (Fergus & Zimmerman, 2005; Zolkoski & Bullock, 2012).

In the protective-reactive model, the connection between the risk and outcome is stronger when the protective factor is not present. Fergus and Zimmerman (2005) explain that youth who abuse drugs may be more likely to engage in risky sexual behavior. However, this relationship may be more diminished among those exposed to comprehensive sexual education in their schools than among youth not receiving this education. While the protective factor (education) does not completely remove the association between the risk (drug use) and the outcome (risky sexual behavior), the correlation can be diminished (Zolkoski & Bullock, 2012).

Research

Lee, Cheung, & Kwong (2012) discuss the latest intervention developments of resilience research. This research is built from evidence gathered in three waves, along with a newer, fourth wave. The crux of the research points to an integration of biological, psychological, and social perspectives.

The first wave identifies the correlation and characteristics of good adaptation among children and adolescents who appear to develop well despite genetic or environmental risks. The second wave uncovers processes and regulatory systems that explain how protective factors

work. The third wave promotes resilience through prevention, intervention, and policy as a result of the related rise of prevention science which emphasizes the importance of promoting competence as a strategy (Lee, Cheung, & Kwong, 2012).

The latest, or fourth ,wave of research implements a systems perspective. It implements advanced technologies of measurement and analysis of multiple levels of functioning. The fourth wave focuses on gene-environment interactions as well as the development of adaptive systems (Lee, Cheung, & Kwong, 2012). In a review by Masten and Obradovi´c as referenced by Lee et. al. (2012), the following fundamental adaptive systems play a crucial role in resilience: (i) learning systems of the human brain (problem solving, information processing); (ii) attachment systems (affective processes); (iii) mastery motivation systems (self-efficacy processes); (iv) stress response systems (alarm and recovery processes); (v) self-regulation systems (emotion and behavior regulation); and other systems including family, school, and peer systems, as well as cultural and societal systems. Because of the crucial role it plays in the models of resilience for children and adolescents, research on psychological stress and ways of coping with stress attracts a lot of attention. Psychological and biological processes of response to and recovery from stress play a featured role in understanding how prolonged exposure to chronic stress exacts physical and emotional tolls (Lee, Cheung, & Kwong, 2012).

Chapter 6: Mentorship

> *As a society, we must do a better job of talking about the positive attributes of young people. We believe that we must talk to our youth about what they should and can become, and not only about what they must avoid being. We should then act on our statements, and work with young people to promote their thriving (Lerner, Napolitano, Boyd, Mueller, & Callina, 2014, p. 18).*

Natural mentors are those in a youth's life who are non-parental adults. They may serve as educators and support figures promoting learning and competence, providing exposure to positive social norms, increasing a sense of efficacy and mattering, and helping youth realize their full potential. Natural mentors can include, but are not limited to, neighbors, teachers, coaches, older siblings, and church members (DuBois & Silverthorn, 2005). In this type of mentoring the adult that comes into a youth's life naturally develops an informal mentoring relationship with that young person (MENTOR, 2015). In formal mentorship, an organization such as a school, a community group, or a faith-based organization matches an adult with a young person with whom they develop a relationship in a structured manner through regular meetings and activities (MENTOR, 2015). Organized approaches to mentoring youth in the United States date back to reform-oriented initiatives in the juvenile court system more than a century ago. These efforts gave rise to Big Brothers Big Sisters of America (BBBSA), the most well-known and largest program of its kind. The past decade has witnessed a remarkable expansion of similarly focused programs that pair caring, adult volunteers with youth from at-risk backgrounds (Rhodes & DuBois, 2008). An estimated four and a half million youth are in formal one-to-one mentoring relationships in the United States, and funding and growth imperatives continue to fuel program expansion (MENTOR, 2014).

Qualities of Effective Mentorship Programs

In Rhodes' (2005) model of mentorship, several processes and conditions presumed to be important for understanding the effects of mentoring relationships on youth have been delineated. First, there must be mutual trust and empathy between the protégé and mentor. For this bond to form, youth and mentor must spend a consistent amount of time together over a significant period of time. Well-established mentoring relationships may contribute to positive youth outcomes through "three interacting developmental processes: social-emotional, cognitive, and identity-related" (Rhodes & DuBois, 2008, p 255). Positive social-emotional experiences with mentors can generalize, facilitating youth to interact with others more effectively. Similarly, mentoring relationships may affect a range of cognitive developmental processes. This aspect of the model is derived from theory and research that highlights the role of social support from adults in fostering cognitive gains during development. Through interactions with mentors, and positive modeling from the mentors, children and adolescents may develop and refine new, positive thought processes (Rhodes & DuBois, 2008). Lastly, in Rhodes' (2005) model, mentoring relationships also may facilitate identity development. Youth may generate ideas of what is possible for their future and ideas of what they might become, as well as what they may fear becoming. In general, relationships with mentors may open doors to resources, activities, or educational or occupational opportunities. Youth can create a construct of their sense of identity and future based on the experiences afforded to them by a positive mentor relationship (Rhodes & DuBois, 2008).

Modeling and Internalizing

Of important note is that for mentors' protective influence on risk behavior to be effective, the mentors need to model appropriate values and behaviors. When youth perceive

mentors to be engaged in problem behavior, they are more likely to model the same types of behavior themselves (Beam, Gil-Rivas, Greenberger, & Chen, as referenced by Rhodes & DuBois, 2008). When spending time with a mentor, youth come to know themselves through the eyes of the mentor. In secure attachment, the infant develops a sense of self by internalizing the experience of feeling known to the other. This is also a give-and-take process, as one comes to know oneself by witnessing "the impact of our subjective experience on the subjective experience of the other, and also by allowing their subjective experience to influence ours" (Caw & Sebba, 2013, p. 152). As the mentee affectively shares his or her experience of an event, the mentor allows herself to be impacted upon by the affect and to communicate this to the youth by reflecting back a verbal representation of what has been transmitted by the youth's affect. As the mentor internalizes the event and communicates back, a distancing effect is created which places the event in the past, and allows for a co-construction of new meaning. This co-construction will only resonate with the youth if the mentor has sufficiently understood and experienced the youth's original affect. In giving words to the protégée's communicated affect and experience, the mentor is aiding the youth's self-reflective capacity and the beginnings of insight into the youth's inner world. For the mentor, this allows a window into the youth's internal states and vulnerabilities. When this happens, the child or young person can integrate their mentor's perceptions of her and the mentor's perceptions of the trauma experiences she has shared. This can lead to "a new knowing of self and a resolution of previously unprocessed, raw traumatic memories" (Caw & Sebba, 2013. p. 152).

Identification and internalization, while similar, are two separate processes. In a mentorship relationship, identification is a modification of the youth's self-representation on the basis of the mentor as the ideal model. The protégé's temporary identification and imitation of

the mentor changes the character of the youth's self-image and may not be a lasting change in the youth's self-representation. Alternatively, a longer-lasting identification would manifest as organized changes in the youth's self-representation. The representation, in this case the mentor, used as a model in identification may, of course, be largely based on fantasy. A child may also identify with an ideal self. Sandler and Rosenblatt (1962) refer to this as the "identification with the ideal" (p. 137). The youth may construct an "ideal self" based on the mentor's example or teaching before the protégé is capable of changing the shape of the self to conform to the ideal. Identification is a normal process, and the basis for empathy (Sandler & Rosenblatt, 1962).

Internalization is the means by which aspects of need-gratifying relationships and functions provided for one individual (the protégée) by another (the mentor) are preserved by making them part of the self. Internalization is the main contributor to psychological development, occurring throughout the life cycle whenever relations with a significant other are disrupted or lost. Insight, memory, mental representations, and symbol formation are translated within the self-aspects of mentors. As the youth interacts with the mentor, the youth gradually builds a healthier mental apparatus, and assumes the functions originally supplied by the mentor (Moore & Fine, 2010).

Longitudinal research on natural mentoring relationships indicates that adolescents who report having an important non-parental adult in their lives tend to report greater psychological well-being, including self-esteem and life satisfaction. Meaningful mentoring relationships are thought to shape social-emotional, cognitive, and identity development in youth (Schwartz, Lowe & Rhodes, 2012; Haight & Jarjoura, 2013).

Interventions aimed at fostering strong ties between young people and the non-parental adults they experience in their everyday lives may hold promise for bolstering the psychological well-being of children in foster care. By promoting improved psychological well-being, natural mentoring relationships may help to prevent the onset of psychopathology among foster children (Hurd & Zimmerman, 2014).

A good mentor can help strengthen the protégé's attachment, impulse control, social abilities, and positive emotions, as well as planning and reflexivity. Additionally, a good mentor can help their protégé to gain more functional coping skills when they are faced with threats. The various ways in which this occurs is by (1) helping the protégé to change their way of coping from one based on lack of control and avoidance to one that is characterized by analyzing the situation before acting, (2) helping the protégé understand the internal meaning of the problem when it cannot be changed exteriorly, (3) being a resource of support to help solve the problem, (4) helping the protégé undertake concrete actions to make solving the problem possible. In all of these aspects, children in situations of social vulnerability have been shown to make significant gains after intervention (Richaud, 2013).

To support the development of an alliance between youth and mentor, it is imperative for the mentor to "hold" the relationship for as long as it may take. Because foster youth have often experienced multiple traumas resulting in deep-seated beliefs about themselves and others, they require, and deserve, ongoing treatment focused on their growth and healing. Due to this early and often frequent trauma, as well as interrupted and maladaptive approaches to relationships, it may be challenging for foster youth and mentors to form a social bond (Britner, Randall & Ahrens, 2014). Even prior to the first meeting, a model mentor will open their psychic space to hold the child for an indefinite time (Clausen, Ruff, Von Wiederhold & Heinemann, 2012).

Often foster youth will test the relationship to see if mentors will "stick around." Given their experience with previous relationships they may be reluctant to engage (Britner, Randall & Ahrens, 2014). A mentor who approaches the relationship much like an analyst approaches therapy, without time constraints or preconceived aims, can signal an interest in a mutually created relationship and goals. In this openness, the mentor shows willingness to invite the full participation of the child in the relationship (Clausen et al., 2012). When the youth understands that the mentor will stay, this can build upon repairing previous attachment inconsistencies. Furthermore, once trust is established, the mentor can act as a model and guide to help demonstrate ways of thinking and being to the mentee (Britner, Randall & Ahrens, 2014). According to Kupersmidt & Rhodes (2014), successful mentors exhibit the three behaviors of being trustworthy, empathetic, and authentic. Keeping in mind, and being sensitive to, the socioeconomic and cultural influences in youths' lives is another hallmark of a successful mentor. Regular contact has been indirectly linked to positive youth outcomes as it allows positive developments to take root in the mentoring relationship. Of note is that longer and stronger relationships are often mutually beneficial. Mentors, too, have something to gain from the relationship with their protégée. When mentors do not gain benefits, relationships are at greater risk for early termination. One-sided relationships drain mentors of enthusiasm and leave mentees feeling burdened by the imbalance. Alternatively, when mentees see that admired adults find it personally rewarding to spend time with them, they feel a new surge of self-worth and empowerment (Rhodes, 2006). It is generally accepted that the longer the match of mentor and protégée, the stronger the effects of the mentorship. Youth satisfaction in mentoring relationships doubled when comparing relationships of more than a year to less than a year. In a study conducted by The National Mentoring Partnership (MENTOR, 2014), researchers

discovered that 67% of young adults found their structured mentoring relationship very helpful if it lasted for a year or more versus 33% when the relationship lasted less than a year. Young people with longer mentoring relationships reported better outcomes than youth with shorter mentoring relationships in areas such as higher educational ambitions, sports participation, and leadership positions, as well as regular volunteering. 86% of young adults in relationships of more than a year versus 77% of those in relationships of a year or less planned to enroll in and graduate from college, participated in sports (77% versus 70%), held leadership positions (61% versus 50%), and regularly volunteered (61% versus 53%) (MENTOR, 2014).

Chapter 7: Summary and Discussion

The purpose of this literature review was to determine the relationship between mentorship and youth in the foster care system, and whether having a mentor would improve future pathology by building resilience. On the basis of theory, it was hypothesized that a positive mentorship experience will play a critical role in the healthy development of youth in the foster care system. In both cross-sectional and longitudinal studies, researchers have found more positive psychosocial outcomes among youth and young adults with natural mentoring relationships in comparison to their peers without these supportive relationships. Understanding the potential of mentoring relationships to protect against psychological distress and promote well-being during this time could be of great value. Relationships with mentors may establish a secure sense of attachment, allowing youth to experience a greater sense of acceptance and, consequently, experience greater satisfaction in future relationships.

Mentors and Attachment

Foster children need a warm, supportive holding environment to rebuild attachment and increase resilience, which will in turn lead to building better attachments. To create a mentorship program for those in the foster care system, or for those who are to become foster caregivers, first and foremost one must address the trauma. Because youth in the foster care system have suffered severe early childhood trauma in the form of either abuse, neglect, or both and because of the early trauma, neurologically their response to stress has been compromised, they are more susceptible and vulnerable to future pathology and physical ailments. Researchers have found many of the most common adult life-threatening health conditions, including obesity, heart disease, alcoholism, and drug use, are directly related to childhood adversity. A child who has been exposed to toxic stress is likely to have learning and behavioral issues and is at higher

risk for early initiation of sexual activity and adolescent pregnancy. These effects can be magnified through generations if the traumatic experiences are not addressed (Dowd, 2014). Furthermore, self-efficacy skills are often lacking. Due to the lack of or poor bonding with a parent, children in the foster care system may not have a secure attachment style. Some become anxious-ambivalent, never really trusting that others will care for them. They may test relationships by demanding reassurance. Others are anxious-avoidant, lacking trust in others. They act as if they don't need others, and therefore avoid getting close, reject comfort, and resist getting close as a defense mechanism. Neurologically, significant early neglect and abuse has substantial negative effects on the developing brain architecture as well as on the chemical and physiological systems associated with coping. In the case of mentorship, there is evidence that sensitive and responsive caregiving can substantially reduce these negative effects of severe trauma.

In order to begin to repair the trauma, children and adolescents in the foster care system need a warm, supportive environment to rebuild attachment and increase resilience. Attachment experiences in childhood influence future experiences with interpersonal behavior, relationship building, and the development of psychopathology (Noam, Malti & Karcher, 2014).

From an attachment perspective, mentorship can lead to a corrective emotional experience. Youth will test the relationship with the mentor, and in a successful mentorship relationship, the mentor will meet the youth where they are and not abandon the relationship as many others have done in the past. The mentor will model a positive relationship, thereby altering the youth's internal working model of relationships (Noam et al., 2014).

How is this different from what the caregiver has to offer the youth? Foster parents may well offer the same experience. Regardless of their initial and primary motivation, the majority

of people who become caregivers do so with the intention of making a positive difference to the lives of the children who enter their homes. Faced then with a display of destructive behaviors—lying, stealing, hitting, bed wetting and soiling, hurting pets, hoarding food, and running away, to name just a few—caregivers can quickly become disillusioned and encumbered (Caw & Sebba, 2013). Mentors, on the other hand, while involved and consistent in the youth's life, are removed from the day-to-day care. As such, while they do experience re-enactment from the foster youth, they are not as engrossed in the daily behaviors that the caregiver experiences. The distance of not being immersed on a daily basis may foster a distanced, but better perspective of the repetition.

Building Resilience

As rapport between a mentor and foster youth is built, so is trust. As delineated in previous chapters, building trust with a youth in the foster system can be a challenge. However, once trust is established, the mentor can model and help the youth form self-efficacy. Protective factors are "influences that modify, ameliorate, or alter a person's response to some environmental hazard that predisposes to a maladaptive outcome" (Rutter, 1985, p. 600). There are many components and factors within the resilience literature that speak to protective factors. These factors are intertwined and combine to reinforce resiliency (Alvord & Grados, 2005). For example, a child who can self-regulate is more likely to make friends. Making friends and connecting with others helps build resiliency, as does self-regulation. Proactive orientation is when one takes initiative in one's own life and believes in one's own success. This has been identified as a crucial characteristic defining resilience. Resilient individuals tend to take positive action in their lives, such as pursuing extra-curricular activities, participating in educational endeavors, and seeking out mentors. In the case of youth within the foster system,

they are likely to not seek mentorship. As they often lack self-regulation and self-esteem, they are not able to know how to reach out for resilience-building activities and lack inherent protective factors. It is key to note that resilience is not necessarily inherent, and can be taught. Children who survive and even thrive despite the trauma in their lives have adverse experiences that are counterbalanced with protective factors. Experienced together, protective factors and adverse events have the potential to foster resilience.

Seligman (2008) states that when people think adverse events are permanent and pervasive for long periods of time, they assume feelings of helplessness and hopelessness. Conversely, when they think that negative things are temporary, this attitude encourages resilience. The importance of a mentorship with youth who feel helpless and hopeless, is that the mentor holds the negative experience for the protégée. The mentor holds the experience for the youth, and internalizes and promotes a positive response and a way to appropriately respond to the negative experience. This is also where the trauma must be addressed. Is it the place of a mentor to address the trauma? As part of a larger program service for youth in foster care, informed mentors can help intervene for positive outcomes. To prevent poor outcomes for vulnerable adolescents, it is suggested that positive interventions start early during preadolescence and continue for an extended period of time in order to support youth throughout their adolescence and into early adulthood. Long-term involvement also allows youth to develop connections with mentors who become important role models and sources of support. As persons with whom youth have regular contact, mentors can play a vital role in the lives of youth by helping them to recognize and develop their assets and interests. A focus on personal strengths can help youth identify hobbies or activities they enjoy, which in turn can build self-esteem and a positive sense of self (Burt, 2002).

In creating a mentorship program for youth in the foster care system, it should not rest on the mentor alone to build resilience. Programs should be holistic, addressing the multiple needs of youth by networking with other service providers and/or institutions involved in the youth's lives. Possible components of a holistic program are: individual and group therapy, health care education and services, drug and alcohol abuse prevention, emergency assistance, employment readiness and training, and recreational activities (Burt, 2002).

One must proceed cautiously and thoughtfully when embarking on mentoring foster care youth. Some cautions include that of making poor matches with mentor and protégée. Making a poor match may be worse than the foster child not having a mentor at all. Because a personal relationship is at the heart of mentoring, inconsistencies and terminations can touch on the youth's vulnerabilities. Children and adolescents who have experienced unsatisfactory or rejecting caregiver relationships in the past may have fears and doubts about whether others will accept and support them. However ambiguous or minimal the signs, when youth sense that their mentoring relationships are not going well, they may readily perceive intentional rejection (Rhodes, 2002).

As foster youth are a widely varying group, with a variety of resources and strengths, no single kind of mentoring is likely to suit the needs of all. Mentoring should occur in conjunction with, and not a substitute for, other supportive resources and services (MENTOR, 2011).

Limitations and Recommendations for Future Scholarly Inquiry

Most maltreated children do not enter foster care. Lack of family data on foster youth who are engaged in mentoring programs limits the ability to test. There is little research on efficacy of mentoring programs for foster care youth. Resilience, as a developmental process, is most effectively studied over time. However, because little is known about what factors are

associated with favorable outcomes among youth transitioning from out-of-home care to adulthood, identification of factors that relate to resilience provides a foundation of knowledge that may direct future longitudinal studies. Another limitation is the limited mentorship programs specifically aimed at youth in the foster care system. Without many specific programs, there is not much to draw from for research. Much of the research looked at the foster population as a heterogeneous group.

Future studies of the nuances of trauma of the foster population, including socio-economic studies, race, ethnicity, and duration and type of trauma, would be helpful in differentiating the needs of the youth. Descriptive studies of individual programs as well as evaluations of those programs would be helpful for future recommendations. Longitudinal studies following emancipated foster youth who've experienced a mentor or positive role model in their lives would be recommended to follow through on resiliency research.

Conclusion

The present literature review makes a contribution to research on the positive effect of mentorship on youth in the foster care system. The synthesis of literature focuses on attachment and the neurological effect of early childhood trauma, as well as the effect of projective identification between the child and caregiver, as well as the mentor. This could be either a negative or positive experience. As the aspects of mentorship lead to more resilient children within the foster care system, there is hope that the detrimental effects of the trauma endured by the youth can be mitigated as resilience increases.

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