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Development, Feasibility, and Piloting of a Novel Natural Mentoring Intervention for Older Youth in Foster Care

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ABSTRACT

Aging out of foster care is associated with deleterious emerging adulthood outcomes. The enduring presence of a caring adult, such as a natural mentor, can improve outcomes for emancipating foster youth. Caring Adults 'R' Everywhere (C.A.R.E.) is a novel, child welfare-based intervention designed to facilitate natural mentor relationships among aging-out youth. Our aims were to test the feasibility of implementing C.A.R.E. and the feasibility of conducting a randomized controlled study with older foster youth. Twenty-four foster youth aged 18–20.5 years were recruited and randomly assigned to the intervention ($n = 12$) or control groups ($n = 12$). Ten natural mentors were identified and contacted for participation in the intervention and study. Process-oriented qualitative data and quantitative pre- and postintervention outcome data were collected and analyzed. Utilizing a controlled rigorous design, the findings highlight the positive experience of both the intervention youth and their natural mentors with C.A.R.E. Overall, results support the continued refinement, delivery, and rigorous testing of C.A.R.E. with great promise for programmatically supporting natural mentor relationships among youth aging out of foster care.

KEYWORDS

Foster care; natural mentoring; aging out; emerging adulthood; child welfare intervention; feasibility study

This article describes the development and piloting of a novel, natural mentoring intervention program for older youth in foster care at imminent risk of aging out of the child welfare system. These youth represent roughly 1 in 10 child welfare exits from out-of-home care in the United States each year (USDHHS, 2014). As a result, these youth also often lack opportunities to build human capital and social resources and, compared with others their age, are at heightened risk for a number of adverse emerging adulthood outcomes, including unemployment, low educational attainment, reliance on public assistance, emotional and behavioral health problems, poor physical health, homelessness, unplanned pregnancy, and criminal justice involvement (Courtney & Dworsky, 2006; Dworsky & Courtney, 2010; Dworsky, Napolitano & Courtney, 2013; Hook & Courtney, 2011; McMillen & Raghavan, 2009; Pecora et al., 2006; Vaughn, Shook, & McMillen, 2008).

These poor outcomes suggest the need for services to prepare youth in child welfare supervised out-of-home care for the transition to adulthood. As a result, the Foster Care Independence Act of 1999 (FCIA, 1999)

was passed in the United States giving states more funding and greater flexibility in supporting youth in out-of-home care transitioning to independence. The FCIA also required evaluation of such services to determine the effects of the programs funded under the policy, and results showed little effect on outcomes associated with a positive transition to adulthood (Courtney, Zinn, Johnson, & Malm, 2011; Courtney, Zinn, Koralek, & Bess, 2011; U.S. Department of Health and Human Services, 2008a, 2008b). In addition to the FCIA, the Fostering Connections to Success and Increasing Adoptions Act of 2008 (Fostering Connections, 2008) was passed to improve the transition to adulthood among youth who age out of care in the United States. In fact, one reason for Fostering Connections was the realization that FCIA was not doing enough to address the negative outcomes experienced by youth who age out of care. As such, Fostering Connections allows states to provide federally funded foster care to youth up to age 21, given that such a youth is enrolled in school or a vocational program, is employed, or is unable to fulfill these requirements due

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to a medical condition. This option is intended to help facilitate a longer period of support for youth up to age 21.

Despite both FCIA and Fostering Connections, youth in the United States continue to emancipate from the child welfare system without legally binding relationships to caring adults and with inadequate independent living skills (Greeson, Garcia, Kim, Thompson, & Courtney, 2015; Greeson, Garcia, Kim, & Courtney, 2015). As a result, these youth also continue to face deleterious emerging adulthood outcomes. On average, for every young person who ages out, taxpayers and communities pay \$300,000 in social costs over that person's lifetime. With approximately 26,000 young people aging out each year, this amounts to nearly \$8 billion in total annual costs (Jim Casey Youth Opportunities Initiative, 2012).

Research indicates that the enduring presence of a caring, supportive adult, such as a natural mentor, can positively alter the life course trajectories of youth aging out of foster care (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Britner, Randall, & Ahrens, 2013; Greeson, Usher, & Grinstein-Weiss, 2010; Thompson, Greeson, & Brunsink, 2016). Yet, child welfare programming for older youth in foster care, including the federally sanctioned independent living program, continues to prioritize preparation for independence over relational connectedness and social support development (Samuels & Pryce, 2008). A growing body of research supports a reconceptualization of independent to *interdependent* living, suggesting that marginalized young people do far better when supported by natural mentors, or nonparental caring adults from within youth's naturally occurring social networks, such as neighbors, coaches, relatives, and religious leaders (Britner et al., 2013). Usually these relationships involve an adult who is already known to the youth and whose presence in the youth's life grows over time as they celebrate the youth's successes and overcome challenges together. In this way, they can come to be permanent relationships, even if a court has not legally declared it so.

Literature Review

Research suggests that natural mentoring relationships may serve protectively and enhance resilience for foster youth who have been exposed to familial maltreatment, out-of-home care, and living instability (Thompson et al., 2016). Although many experiences associated

with child welfare involvement place older foster youth at greater risk for a host of poorer well-being outcomes than their peers in the general population (Courtney & Dworsky, 2006), the presence of natural mentors may ameliorate some of this risk (Greeson, 2013). Indeed, several quantitative studies have found that adolescents in out-of-home care who have a natural mentor demonstrate more adaptive functioning than those who do not. For example, one study, which used longitudinal data from nine quarterly interviews with 339 adolescent foster youth transitioning out of care in Missouri, found that at the age of 18.5 or 19, natural mentoring was associated with fewer depressive symptoms, lower levels of stress, and higher life satisfaction (Munson & McMillen, 2009). Another study used mixed methods (i.e., surveys and open-ended interview questions) to explore supportive adult relationships among 96 older adolescent youth who had been in foster care in the northeastern United States (Collins, Spencer, & Ward, 2010). The presence of a natural mentor was significantly associated with an increased likelihood of having a GED as well as a decreased likelihood of experiencing homelessness after leaving care.

Studies also suggest that the benefits associated with natural mentoring during adolescence may extend into young adulthood for former foster youth. Ahrens, DuBois, Richardson, Fan, and Lozano (2008) and Greeson, Usher, and Grinstein-Weiss (2010) conducted secondary data analyses using Wave 3 of the National Longitudinal Study of Adolescent Health, a large, nationally representative study. Youth in grades 7 through 12 ($n = 90,118$) were initially recruited for this study and were subsequently interviewed 6 years later during Wave 3 ($n = 15,197$). Ahrens and colleagues (2008) included individuals who reported ever being in foster care ($n = 310$). Six years into the longitudinal study, mentored young people formerly in out-of-home care had better physical health, were less likely to report suicidal ideation or to have received a sexually transmitted infection, and displayed fewer aggressive behaviors. Using the same data set, Greeson and colleagues (2010) compared former foster and nonfoster participants who reported having a natural mentor anytime since age 14 ($n = 8,151$). The roles fulfilled by natural mentors described as "like a parent," "role model," and providing "guidance/advice" were associated with having increased income expectations and asset ownership for both foster and nonfoster participants.

A number of qualitative studies have explored foster youth's perceptions of their natural mentoring relationships, including aspects and components they consider to be essential (Thompson et al., 2016). For example, Ahrens and colleagues (2011) interviewed 23 former foster youths aged 18–25 in order to better understand how both positive and negative natural mentoring relationships function. Youth reported fears of being hurt and limitations in their natural mentors' interpersonal skills as barriers to forming quality natural mentoring relationships. Conversely, youth reported shared interests and patience from the adult mentor as facilitators of effective natural mentoring. Youth also identified categories of support provided by their natural mentors, including guidance/advice, emotional support, instrumental/tangible support, and parent-like support. Another study by Munson, Smalling, Spencer, Scott, and Tracy (2010) investigated the relational qualities that foster youth identify in their non-kin natural mentors. They interviewed 189 foster youths from Missouri who reported the presence of a natural mentor, and youth identified personality qualities (e.g., funny, honest, kind), understanding, and common interests as important mentor qualities. Likewise, important relationship qualities that were identified included trust, empathy, authenticity, consistency, longevity, and respect. Greeson and Bowen (2008) corroborated these findings in a small study with seven adolescent foster youth. Youth reported that important natural mentoring relationship characteristics include trust, love and care, and like a parent/child.

Although the aforementioned studies suggest that natural mentors may serve protectively for foster youth and alumni, youth continue to emancipate from foster care without natural mentoring relationships. In fact, roughly half of all former foster youth do not have enduring relationships with caring, supportive adults (Ahrens et al., 2008; Greeson et al., 2010). Lenz-Rashid (2009) conducted interviews and focus groups with 27 young adults who had aged out of foster care in California and found that youth report a general lack of support from child welfare workers in establishing connections with natural mentors while in care. Another study found that though child welfare case workers and supervisors believe that natural mentoring relationships are important for youth aging out of care, child welfare professionals report significant barriers in facilitating such relationships (Greeson, Thompson, Evans-Chase, & Ali, 2015). These barriers include their

time-limited relationships (e.g., case work turnover) as well as competing responsibilities and duties that often take priority. Although researchers and practitioners acknowledge the benefits of natural mentoring for youth in foster care (Britner et al., 2013; Greeson et al., 2015), there is a dearth of theoretically supported, research-informed interventions available to assist foster youth with the establishment of these critical relationships. One exception is Caring Adults 'R' Everywhere (C.A.R.E.), which is a novel child welfare-based natural mentoring intervention designed to support interdependence among older youth at risk of aging out of care. The present study significantly contributes to the literature by describing a feasibility pilot study of C.A.R.E.

Present Study

As part of its Pipeline Up to Stable Housing planning grant funded by the Children's Bureau (#HHS-2013-ACF-ACYF-CA-0636), the local Department of Human Services (DHS), and the Achieving Independence Center (AIC), the city's one-stop self-sufficiency program for foster youth transitioning to independence partnered with the developer of C.A.R.E. to pilot the intervention for feasibility between September 2014 and September 2015. This pilot represents a significant contribution to the literature, as studies to date have not yet investigated the feasibility of programmatically supporting natural mentoring relationships among youth in foster care. Indeed, this pilot is the first to investigate an intervention designed to cultivate and encourage such relationships among older foster youth and highlights the barriers and facilitators of programmatically supporting natural mentoring among youth in foster care. This study also represents a significant contribution to the practice community, as child welfare practitioners are responsible for securing permanent relationships for youth in foster care, and yet, practitioners do not have theoretically supported, research-informed interventions targeting the establishment of permanent adult relationships for aging-out youth. Indeed, C.A.R.E. is designed to support practitioners in their effort to achieve permanent relationships for one of the most vulnerable groups of youth in care—those who age out without legally binding, permanent familial connections.

This article describes the development of C.A.R.E., justifies its core components specifically for youth in foster care, lays out the conceptual framework and

theory of change undergirding C.A.R.E., and presents findings from a pilot study testing the feasibility of C.A.R.E. among a sample of foster youth at risk of aging out of care. This study lays the foundation for a future effectiveness study and represents a key step toward the development of an evidence-based natural mentoring intervention for youth in foster care, which currently does not exist. Such an intervention holds promise as a supportive tool for child welfare practitioners seeking to secure permanent adult relationships for youth in foster care.

Development and Description of C.A.R.E.

C.A.R.E. is designed to help older youth in foster care identify caring, nonparental adults in their lives and then facilitate and nurture those relationships over a course of 12 weeks. C.A.R.E. is for older youth in out-of-home care who are between the ages of 18 and 20.5 years with the permanency goal of long-term foster care/APPLA (Another Planned Permanent Living Arrangement) and who, as a result of APPLA, are anticipated to age out of care when they turn 21. The present study utilized a universal recruitment strategy targeting youth who were (a) registered with the AIC, (b) English speaking, and (c) placed in out-of-home care in the city where the study took place. C.A.R.E. was piloted in Philadelphia County for this feasibility study and involved a research partnership between the University, the local DHS, the AIC, and the local non-profit Valley Youth House, which operates the AIC as a subcontractor to DHS. The partnership with the local DHS had been developed and nurtured for 2 years prior to initiation of C.A.R.E. through a series of collaborative focus group studies related to refinement of the original C.A.R.E. concept. In addition, one of the research team members was a prior subcontracted employee of the local DHS in the Division of Performance Management & Accountability and was able to facilitate during the planning phase of the study.

Key Stakeholder Feedback and Program Refinement

In keeping with the science of intervention development (Fraser & Galinsky, 2010), prior to study implementation, the original C.A.R.E. concept and first iteration of the treatment manual were reviewed and vetted by key stakeholders for feedback on both the components of the intervention as well as their general attitudes and beliefs about implementation of a child

welfare-based natural mentoring intervention for older youth in foster care. The key stakeholder groups were local child welfare professionals and older youth in foster care. Two qualitative focus group studies were conducted between July 2013 and March 2014, one with each key stakeholder group. Eleven focus groups were conducted with a total of 37 participants. Overall, both stakeholder groups were cautiously optimistic about the implementation of a natural mentoring intervention for older youth in foster care and supported the intervention's key components (Greeson, Thompson, Ali, & Wenger, 2015; Greeson, Thompson, Evans-Chase, & Ali, 2015). Some minor modifications were made to the first iteration of the treatment manual according to key stakeholder feedback, such as referring to foster youth as "youth in care" throughout the manual. More substantial modifications were made according to the principal investigator's evolution in thinking since the first iteration and her continued learning about natural mentoring, supportive adult relationships, and trauma-informed practices with youth. For example, the natural mentor training module was added with a focus on teaching natural mentors how to be *trauma informed* in mentoring youth in care.¹

Intervention Components

C.A.R.E. is an innovative practice model for engaging child welfare agencies in natural mentoring and is both theory driven and research based. C.A.R.E. heeds the call by Ahrens et al. (2011) to examine the influence of having adult mentors more formally incorporated into service delivery during youth's transition out of foster care. It is also responsive to the recommendation in the latest *Handbook on Youth Mentoring* (Britner et al., 2013) by recognizing the potential support that natural mentors provide for youth exiting foster care. Moreover, the *Handbook* recommends that child welfare agencies systematically rally and include natural mentors in the transition-planning process for older youth at risk of aging out of foster care.

C.A.R.E. is designed to facilitate and support the development of growth-fostering relationships among older foster youth and their self-selected natural mentors. There are several important differences between natural and formal mentoring interventions. One of the primary differences concerns how the match between youth and natural mentor comes to be. With formal/programmatic mentors, an external entity, like Big

Brothers Big Sisters, makes the match between the youth and an unfamiliar, volunteer adult mentor. However, with natural mentoring, the two individuals find each other and the relationship proceeds fluidly, often over an extended period, potentiating a strong bond between the youth and his or her natural mentor. The definition of *natural mentoring* rightly suggests that such relationships evolve in an organic way. Even so, their growth and development can potentially be facilitated and nurtured by the child welfare system, which is charged with protecting foster youth, ensuring their safety, securing permanent relationships, and promoting their well-being.

C.A.R.E. is 12 weeks and is delivered by an interventionist with a Master of Social Work degree. Prior to enrollment in C.A.R.E., the interventionist meets individually with the youth in an effort to identify an appropriate natural mentor. Once the natural mentors have been screened and approved, they undergo a trauma-informed training to better understand adolescent development, the role of trauma and loss in the lives of youth in foster care, the importance of self-care, the need for clear boundary setting, and the expectations associated with being a natural mentor.

During the 12-week intervention period (#3 in the list to follow), which follows the preintervention work and natural mentor training, youth and their natural mentors participate in a variety of structured group activities as well as supportive one-on-one sessions with the interventionist designed to strengthen bonds and clarify expectations surrounding the natural mentoring relationship. Natural mentors are expected to meet with youth on a weekly basis outside of the program's activities for at least 2 hours and, during this time, provide hands-on, coached life skills training (e.g., budgeting, cooking, apartment searching) as well as opportunities for engagement in activities in the community. At the end of the 12 weeks, there is a formal dinner/graduation for all of the youth and their natural mentors, during which each pair celebrates the development of their relationship. After-care sessions are available as needed for the youth and their natural mentors to further support and sustain the relationships over time. C.A.R.E. is manualized and progresses as follows:

1. Preintervention work
 - a. Assessing youth's permanent connections
 - b. Screening and background checking natural mentors

2. Training natural mentors (lasts approximately 6 to 8 hours)
 - a. Icebreaker/introductions
 - b. Adolescent development
 - c. Understanding how the child welfare system works
 - d. Trauma-informed natural mentoring
 - e. Practices of effective natural mentors
 - f. What should we do?
 - g. Establishing and maintaining boundaries
 - h. Wrap-up
3. Facilitating development of growth-fostering relationships between youth in care and their natural mentors
 - a. Orientation to C.A.R.E. for youth & natural mentors
 - b. Permanency pact (developed by FosterClub, n.d.)
 - c. Weekly supervision of dyads
 - d. Separate monthly informal support groups for youth and natural mentors
 - e. Group field trip(s)
 - f. Casey life skills
 - g. Affect regulation training/mindfulness (using Koru, developed by Rogers & Maytan, 2012)
 - h. Video portraits
 - i. celebration
4. After care/booster sessions

A conceptual framework for C.A.R.E. is shown in [Figure 1](#). The effect of C.A.R.E. on distal outcomes related to the life course is mediated by an effect on proximal outcome variables, including noncognitive abilities, prosocial developmental outcomes, and health risk behaviors. [Figure 1](#) also reflects the hypothesis that the effect of C.A.R.E. on proximal outcomes will be explained, in part, by the development of a growth-fostering relationship with a natural mentor. Hence, successful development of the natural mentoring relationship is anticipated to be the critical ingredient underlying C.A.R.E.'s efficacy on older foster youth's successful transition to adulthood.

[Figure 2](#) shows the theory of change that undergirds C.A.R.E.'s practice approach in child welfare settings (Greeson, 2013). Most significantly, C.A.R.E. uses the natural mentoring relationship as the mechanism for teaching independent living skills, just as youth in the general population learn how to open a bank account, fix meals, ask for help, apply for a job, fill out a rental

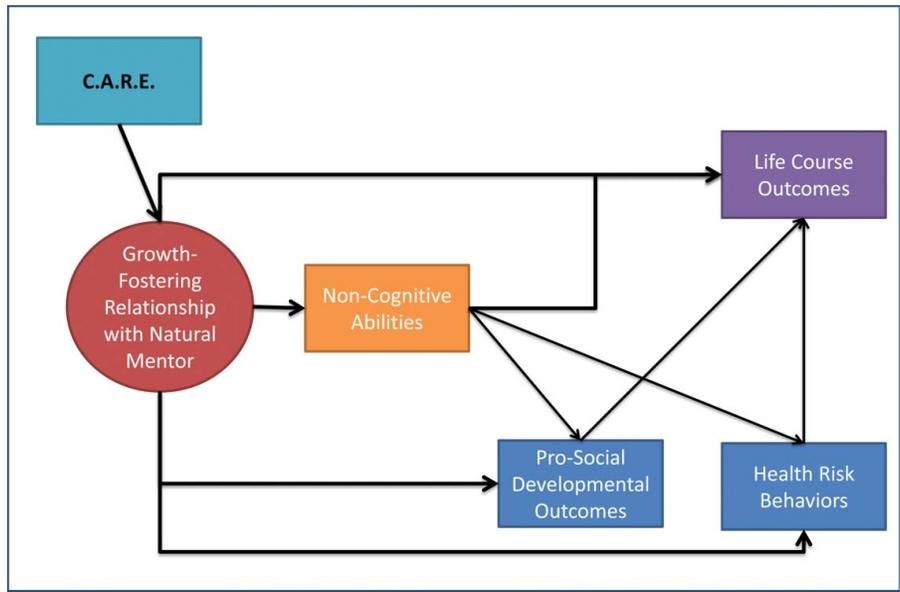


Figure 1. Conceptual framework for C.A.R.E.

application, and so on, from their parents/caregivers. Developmentally, an approach to teaching independent living skills that capitalizes on the emotional connection between the foster youth and his or her natural mentor is a better fit with how youth naturally learn such skills.

Participant Recruitment, Enrollment, and Assignment
Youth Participants

The C.A.R.E. interventionist, who was both a subcontracted employee of the local DHS and an IRB-

approved and trained member of the research team, conducted participant recruitment. As an affiliate of DHS, the C.A.R.E. interventionist had access to the DHS administrative database, which included child welfare, demographic, and contact information for all active participants at the AIC, the project site for this study. Initially, random sampling was attempted. First, DHS provided a comprehensive list of participants who met the eligibility criteria for this study (i.e., active with the AIC, presently in out-of-home care through the local DHS, permanency goal of APPLA,

Core Elements for C.A.R.E.

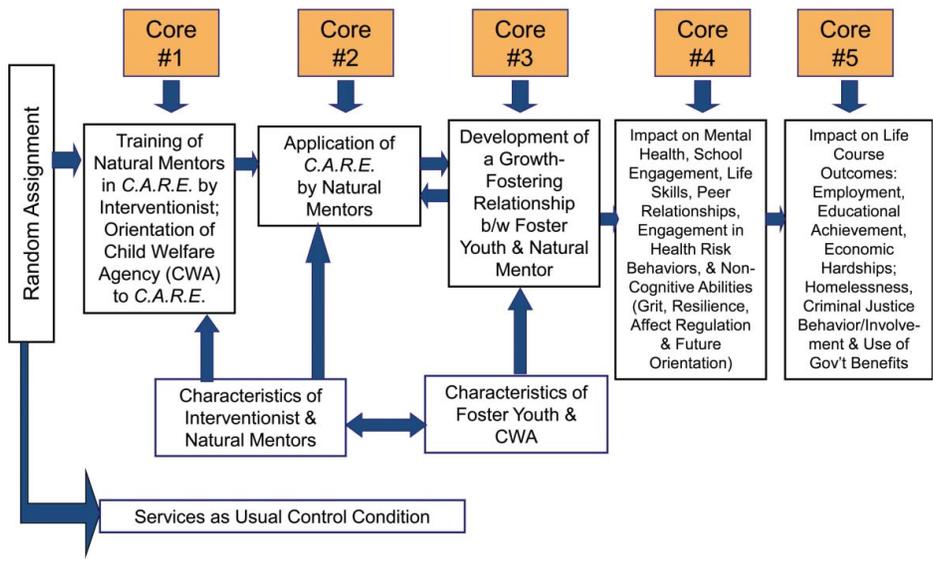


Figure 2. Theory of change for C.A.R.E. (Greeson, 2013).

aged 18–20.5). The list of participants was randomized, and the interventionist began at the top of the list, contacting eligible youth in the order in which they appeared to request their participation. However, due to the transient nature of the youth population for this study, their continuously changing phone numbers, and the variability in the extent to which the youth remained active with the AIC, random selection of a representative sample of all eligible participants was not possible. Because the purpose of the study was to test the feasibility of delivering the intervention as a randomized control trial (i.e., random assignment to an intervention or control group) rather than to test its efficacy and generalizability, we did not proceed with a random selection process. Instead, open recruitment was conducted via flyers and word of mouth, and all potentially eligible youth were invited to attend information sessions at the AIC about the study. The interventionist offered several information sessions at the AIC and explained both the C.A.R.E. intervention and the design of the research study, including the informed consent process and the youth's random assignment to either the intervention or control group. Eligible youth were enrolled in the study on a first-come first-served basis until 24 youth were enrolled in the study. Written consent was obtained from all youth participants, who were then blocked in groups of two and randomly assigned to either the C.A.R.E. intervention or services as usual via randomizer.org. Both groups continued to receive services as usual at the AIC, which consisted of both case management and classroom-based learning designed to promote life skills development. In addition to services as usual, the intervention group received the C.A.R.E. intervention.

Natural Mentor Participants

After randomization had occurred, the interventionist met with the 12 youth receiving C.A.R.E. to assist them with identifying potential natural mentors. To be eligible to participate in C.A.R.E. as a natural mentor, the adult had to be nominated by the youth as supportive and helpful, at least 18 years old, not a current parent or caregiver, not a paid provider of services, and at least 5 years older than the youth. To facilitate the identification of natural mentors, the interventionist (a) conducted semistructured individual interviews with the youth participants according to a script from the program manual, (b) utilized

mapping techniques, such as ecomaps, to help the youth visualize their social connections, and (c) referred youth for Family Findings as appropriate. After the youth had identified several supportive adults, the interventionist contacted the potential adults to gauge their interest in participating in C.A.R.E. Next, the interventionist met in person with interested adult participants and conducted an in-depth interview as well as criminal and child abuse clearances. After the adults were screened and approved, they were invited to attend a training for natural mentors and enroll in the intervention.

Intervention Delivery and Ongoing Training

C.A.R.E. was implemented by a master's-level social work interventionist with previous child welfare experience who was hired to work full time on the project. Prior to beginning C.A.R.E., the interventionist was trained in the C.A.R.E. model by the principal investigator and developer of C.A.R.E. The interventionist trained all the natural mentors and delivered all the intervention activities. He also assisted the research team with youth recruitment, consent procedures, and data collection. During the yearlong pilot, the interventionist had weekly check-in phone calls with the research team in order to plan activities, address any problems, and troubleshoot. He also completed and maintained all documentation pertaining to implementing C.A.R.E. and collecting process evaluation data.

Pilot Study Research Questions

After finalizing the second iteration of the treatment manual according to key stakeholder feedback, a mixed-methods randomized controlled pilot study of C.A.R.E. was conducted. The study was designed to address a number of questions. Feasibility questions focused on recruitment and engagement of foster youth, their random assignment, identification, recruitment, and training of natural mentors, and tolerance of the intervention and research protocol. Programmatic questions were also addressed in terms of staffing, engagement and participation of both youth and natural mentors, and sequence and length of intervention activities. Outcome data were collected at pre- and postintervention in order to assess how the youth would tolerate the online approach to data collection, length of survey, and our ability to locate

youth at postintervention, considering the transient nature of this population. In keeping with Fraser and Galinsky's (2010) steps in intervention development, our goal at this stage with the outcome data, therefore, was not to gauge efficacy or calculate effect sizes. Overall, our aims were to (a) test the feasibility of implementing C.A.R.E. as an intervention for older foster youth, and (b) test the feasibility of conducting a rigorous randomized controlled pilot study in a child welfare setting with older foster youth.

Methods

The present pilot study utilized a mixed-methods concurrent nested approach, which is a type of mixed-methods design whereby both quantitative and qualitative methods are concurrently employed, though priority is given to the method that is predominantly used to guide the study (Happ, Dabbs, Tate, Hricik, & Erlen, 2006). Because the purpose of this study was to test the feasibility rather than the efficacy of C.A.R.E., our study was primarily driven by qualitative inquiry. Thus, to investigate the feasibility of implementing C.A.R.E. among older foster youth, we collected qualitative, process-oriented data via participant evaluations, activity reports, supervision reports, sign-in sheets, weekly team meetings, and a comprehensive interview with the interventionist at the conclusion of C.A.R.E. In addition, we used a quantitative, randomized

design to collect pre- and postintervention survey data from youth participants randomly assigned to either an intervention group or a control group. The purpose in collecting these quantitative data was not to perform inferential statistics but rather to inform our second research question (i.e., is it feasible to conduct a rigorous randomized control trial in a child welfare setting with older foster youth?). Because our study was guided by qualitative inquiry, our sample size was not determined by a power analysis used for inferential statistical testing. Rather, we used a small sample for our pilot study so that we could better understand the facilitators and barriers of implementing the intervention (Fraser, Richman, Galinsky, & Day, 2009). Approval from the university's institutional review board (IRB) and the local city IRB was obtained to conduct this study.

Participants

Youth

Table 1 contains demographic information collected at baseline from the 24 youth who participated in this study, revealing there were few significant differences between youth from the control and intervention groups. Of the 12 intervention youth participants, 50% identified as female, and 100% identified as African American. Intervention participants' mean age was 18.8 ($SD = .83$), and a third of the youth had

Table 1. Demographic variables by group ($N = 24$).

Variable	Intervention youth ($n = 12$)		Control youth ($n = 12$)		Difference ^a
	N (or mean)	% (or SD)	N (or mean)	% (or SD)	
Female	6	50.0	6	50.0	
Age	18.83	.83	18.58	.67	
African American	12	100.0	12	100.0	
Hispanic	0	0.0	1	8.3	
Grade					
Ten	1	8.3	0	0.0	
Eleven	0	0.0	0	0.0	
Twelve	3	25.0	3	25.0	
Post high school	4	33.3	6	50.0	
Not in school	4	33.3	3	25.0	
Living situation					*
Biological parents	0	0.0	2	16.7	
Family members	3	25.0	0	0.0	
Foster parents	6	50.0	1	8.3	
Friends	1	8.3	0	0.0	
No one	2	16.7	5	41.7	
Other	0	0.0	4	33.3	
Ever in therapy	11	91.7	12	100.0	
Now in therapy	3	25.0	5	41.7	

^aChi-square test or t test was conducted to see whether there was a significant difference between youth in the intervention group and those in the control group ($p < .05$).

* $p < .05$; ** $p < .01$; *** $p < .001$.

graduated high school and were in a postsecondary educational program. Ninety-two percent of the intervention youth reported ever being in therapy, though only 25% reported that they were in therapy at the time of the baseline interview. Three quarters of the intervention youth lived with family members or foster parents at baseline, though all of the youth in this study were on extended foster care board extensions and had not achieved legal permanency. As such, all of the youth in this study were at imminent risk for aging out of foster care.

Natural Mentors

Ten of the 12 intervention youth identified adults as potential natural mentors. Two of the 10 identified adults were unable to serve as natural mentors, both citing busy schedules as the reason. One of the two unwilling adults was a former formal mentor, and one was a former caseworker. Both of the two adults were men. Of the eight identified adults who were willing to serve as natural mentors, seven were women. Five of the eight natural mentors were extended family members (i.e., grandmother, aunt, adult sister, former stepfather). One each was a former formal mentor, a former therapist, and a former teacher. Each of these three former professionals also participated in C.A.R.E., as did one youth's grandmother, and all four natural mentors who participated in C.A.R.E. were women. The remaining four natural mentors were unable or unwilling to participate in C.A.R.E. but still were committed to an informal supportive relationship with a youth outside of a program. The natural mentors who were unable to participate in C.A.R.E. were all extended family members.

Measurement

Qualitative

Qualitative, process-oriented data were collected in the form of participant evaluations, program activity documents, and interviews with the interventionist.

Participant Evaluations. Participant evaluations were distributed after each training module and at the conclusion of the training for natural mentors. The training evaluations assessed (a) the participant's satisfaction with and understanding of the training material, (b) new knowledge gained through the training, and (c) the participant's application of the new knowledge. Natural mentors were asked to rate aspects of the training using

four-point Likert scales ranging from *strongly agree* to *strongly disagree*. Examples include "The training provided new information that I did not already know" and "I can apply what I learned in today's training to my relationship with the youth I am mentoring."

Participant evaluations were also collected from youth following each of the mindfulness sessions. The evaluation form contained in Rogers and Mayton's (2012) *Mindfulness for the Next Generation* was utilized. In addition to soliciting general feedback, this form asks youth the following three open-ended questions: (a) What part of the class was most meaningful to you? (b) As a result of this class, what will you do differently in your life? (c) Was there anything you would have changed or added?

Program Activity Documents. In collaboration with the dyads, the interventionist completed program activity documents. Such documents included (a) structured supervision session forms, which captured comments from the interventionist, natural mentor, and youth; (b) structured activity reports, which documented information about the dyad's community time (e.g., type and frequency of contact, activities, goals, obstacles); and (c) permanency pacts. The structured supervision session forms captured narrative-style comments about each session from the interventionist, natural mentor, and youth as well as the agreed-upon plan of action before the next session. The structured activity reports documented information about the dyad's community time. This information included type and frequency of contact, activities in which the dyads participated, youth-directed goals and obstacles, and the degree to which youth were motivated to participate in an array of growth-focused activities, such as school attendance, time management skills, general attitude and outlook, and self-esteem. Finally, permanency pacts documented the formal agreements that the dyads developed to clarify the expectations surrounding their relationships (FosterClub, n.d.). These pacts are individualized contracts that the dyads completed together representing a pledge by the natural mentor to provide agreed-upon specific supports to the youth (e.g., emotional support, regular check-ins, cultural experiences, food/occasional meals, inclusion in social circle/community activities).

Interviews With the Interventionist. Weekly brief interviews were conducted throughout the study between the interventionist and the research team, during which time the interventionist provided

updates about each dyad so that progress could be tracked. In addition, the calls allowed the team to troubleshoot barriers in implementing the intervention and ensure that C.A.R.E. was being delivered with fidelity to the manual. At the conclusion of C.A.R.E., the research team conducted a 2-hour, semistructured comprehensive interview with the interventionist. Detailed information was gathered regarding each dyad's overall experiences with regard to C.A.R.E. as well as feedback from the interventionist delivering C.A.R.E. (e.g., perceptions related to preparation and training for C.A.R.E., observations about the natural mentoring relationships, overall reactions to C.A.R.E., feedback about the specific components of C.A.R.E.).

Quantitative. Quantitative data were collected in the form of an online survey comprising twelve validated and reliable instruments measuring noncognitive abilities, prosocial development, and youth/natural mentor relationship quality (see Table 2).

Noncognitive Abilities. Noncognitive abilities were operationalized using the constructs of grit, resilience, future expectations, mindfulness, and emotional regulation. Using the 12-item Grit Scale (Duckworth, Peterson, Matthews, & Kelly, 2007), youth were asked to respond to statements such as "I have overcome setbacks to conquer an important challenge" by selecting responses from a 5-point Likert scale ranging from *very much like me* to *not at all like me*. Resilience was measured using Ungar and Liebenberg's (2011) 12-item

Children and Youth Resilience Measure, and youth were asked to respond to statements such as "I know where to turn in my community for help" using a 5-point Likert scale ranging from *not at all* to *a lot*. Future expectations were measured using an adapted version of Huizinga and Esbensen's (1990) Perceived Future Opportunities scale. Youth were asked to respond to the likelihood that a series of 10 events would occur (i.e., low chance, medium chance, high chance), such as "graduating from high school," "getting what you really want out of life," and "having good friends you can count on." Mindfulness was measured using the 15-item Mindfulness Attention Awareness Scale (Brown, West, Loverich, & Biegel, 2011), which asks youth to respond to the frequency, ranging from *almost always* to *almost never*, of experiencing events such as "doing things without paying attention" and "doing jobs or tasks automatically without being aware of what I'm doing." Emotional regulation was measured using the Emotional Regulation Questionnaire (Gullone & Taffe, 2012), which consists of 10 statements to which participants respond using a 5-point Likert scale ranging from *strongly agree* to *strongly disagree*. Examples include "I control my feelings by not showing them" and "I control my feelings about things by changing the way I think about them." Finally, the 20-item Mental Health Index (Heubeck & Neill, 2000) was used to measure youth's general well-being, and youth responded to a series of questions such as "During the past month, have you been anxious or worried?" using a 6-point Likert scale ranging from *all of the time* to *none of the time*.

Prosocial Development. Prosocial development was operationalized using the constructs of prosocial behavior and peer relationships, sense of school membership, and life skills. Prosocial behavior and the quality of youth's peer relationships were measured using the Strengths and Difficulties Questionnaire (Goodman, Meltzer, & Bailey, 1998), which consists of 25 statements that youth rate as *not true*, *somewhat true*, or *certainly true*. Examples include "I am helpful if someone is hurt, upset or feeling ill" and "I have one good friend or more." Goodenow's (1993) 18-item Psychological Sense of School Membership was used to measure the degree to which youth felt connected to people within their school. Using a 5-point Likert scale ranging from *not at all true* to *completely true*, youth responded to a series of statements such as "Most teachers at my school are interested in me" and

Table 2. Standardized quantitative measures.

Scale	Developer
Noncognitive abilities 12-item Grit Scale	Duckworth, Peterson, Matthews, and Kelly, 2007
Mental Health Index Children and Youth Resilience Measure	Heubeck and Neill, 2000 Ungar and Liebenberg, 2011
Emotional Regulation Questionnaire	Gullone and Taffe, 2012
Mindfulness Attention Awareness Scale	Brown, West, Loverich, and Biegel, 2011
Perceived Future Opportunities	Huizinga and Esbensen, 1990
Prosocial Development Strengths & Difficulties Questionnaire	Goodman, Meltzer, and Bailey, 1998
Psychological Sense of School Membership	Goodenow, 1993
Ansell-Casey Life Skills Assessment	Nollan et al., 1997
Relationship Quality Youth Mentoring Survey Relational Health Indices	Harris and Nakkula, 2008 Liang et al., 2002

“People at my school are friendly to me.” The Ansell-Casey Life Skills Assessment (Nollan et al., 1997) was used to measure a number of skills across five domains (i.e., daily living, communication, self-care, work and study skills, and social relationships). Using a 5-point Likert scale ranging from *no* to *yes*, youth responded to statements such as “I can fix meals for myself on my own” and “I ask for help when I need it.”

Youth/Natural Mentor Relationship Quality. The quality of the youth/mentor dyadic relationship was measured using the Youth Mentoring Survey (YMS) and the Relational Health Indices (RHI). The YMS consists of 25 items that measure how youth feel about their mentors and 25 items that measure what youth do with their mentors (Harris & Nakkula, 2008). Using a series of varied Likert scales, youth respond to statements such as “My mentor and I are close (very good friends)” and “How often do you do activities that are really fun?” The six-item RHI (Liang et al., 2002) asks youth to respond to a series of statements such as “My mentor helps me even more than I ask or imagine” using a 5-point Likert scale ranging from *never* to *always*.

Data Collection

Qualitative

Qualitative data were continuously collected throughout the course of the study. For example, event-specific data were collected in the form of participant satisfaction evaluations (e.g., natural mentor training, mindfulness sessions) and program activity documents (e.g., permanency pact). Data pertaining to the ongoing activities of each dyad were regularly collected via weekly written reports (e.g., activity reports, supervision forms) and weekly team phone calls with the interventionist. A comprehensive interview was conducted with the interventionist at the conclusion of the study to gain insight into the overall delivery of C.A.R.E. among older youth in foster care.

Quantitative

There were two points of quantitative data collection, and we attempted to collect the quantitative survey measures described in the preceding from all of the youth participants (i.e., those assigned to C.A.R.E. and to the control group) pre- and postintervention. All quantitative data were collected via an online survey through Qualtrics and took approximately 45 minutes

to complete. Youth participants were compensated for their time with a \$30 Visa gift card at the completion of each survey. The majority of the youth completed the survey in a computer lab at the AIC, the program site for this study, though youth were permitted to complete the survey in any location with Internet access. The interventionist and research assistant were available to answer and clarify survey questions. Pre-intervention survey data were collected after the youth completed the written informed consent form and enrolled in the study but before the youth had been randomly assigned to either the intervention or control group. Thus, the baseline data collection occurred in an ongoing process as youth enrolled in the study, and the postintervention data collection occurred for all participants at the conclusion of the study.

Analyses

Our primary analyses were qualitative in nature, though we also conducted some quantitative analyses. Our qualitative analyses were guided by a directed content analytic approach (Hsieh & Shannon, 2005), whereby we deductively applied a set of a priori research questions to the qualitative data. We developed our research questions on the basis of other similar pilot or feasibility studies of new or adapted interventions for youth in foster care (e.g., Kothari et al., 2014; McMillen et al., 2015; Taussig et al., 2015), and we organized our data in terms of their relevance to each research question. We then identified themes and patterns that emerged from the data in order to answer the questions driving this study. For the quantitative analysis, we primarily used descriptive statistics. Although we also used *t* tests and chi-square tests to explore any group differences, we do not draw conclusions from these data as our sample size is too small to support the use of inferential statistics.

Results

Is Randomization Possible Within a Child Welfare Setting?

Our pilot study suggests that the execution of a randomized control trial is feasible within a child welfare setting and among older foster youth. Both the local child welfare jurisdiction and the study site allowed the implementation of a randomized control trial among older youth in foster care. The youth participants also agreed to participate in a

randomized control trial. During the pilot, 24 youth were successfully recruited and randomly assigned to the C.A.R.E. intervention ($n = 12$) or to the control group with services as usual ($n = 12$), and analysis of baseline data shows that even with the small sample size, randomization to create similar groups was successful (see Tables 1 and 3). Prior to randomization, youth were informed that they had a 50% chance of receiving C.A.R.E., and no youth refused to participate in the study due to its design. None of the youth dropped out of the study after being assigned to either the control or the intervention group.

Is Longitudinal Online Data Collection Feasible Among Transient Older Youth Aging Out of Foster Care?

Online, longitudinal data collection may be feasible among older youth aging out of foster care. Twenty-four youth participated in the online survey at baseline, and 17 youth participated in the postintervention online survey. Results, or group means and standard deviations, from the pre- and postintervention surveys for the intervention and control groups are shown in Table 3. Because the pilot study was conducted among older youth transitioning out of care, several of the youth aged out or moved to another state during the course of the study. Nonetheless, 71% of the youth participants remained in periodic or regular contact with the interventionist throughout the course of the study and completed both the pre- and postintervention surveys. At baseline, all of the youth completed the survey at the AIC study site. At the conclusion of C.A.R.E., the

interventionist emailed a survey link to all of the study participants to complete the online survey at a location of their choice. The interventionist also followed up with the youth either in person or via phone. The majority of the youth opted to complete the survey in person at the study site and with the support of the research team. Of the 41 total surveys completed at baseline and postintervention, only one survey was not completed in its entirety.

Could Youth Identify Caring Adults in Their Lives Who Would Commit to Participating in C.A.R.E. and Being Youth's Natural Mentors?

Youth's ability to identify caring adults in their lives varied, though two thirds of the intervention youth were able to identify a natural mentor. Of the 12 intervention youths, two were unable to identify any caring adults in their lives, and by the end of the intervention, these youths were the only two that were incarcerated. Two other youths were able to identify adults whom they believed to be supportive and caring, though neither of these adults was able to commit to be their natural mentors, stating that they were too busy. Eight intervention youths identified a caring adult with whom they had a relationship. Of these eight youths, five had natural mentors who verbally committed to participate in C.A.R.E. The three natural mentors who declined participation reported that they were too busy to commit to the intervention, citing family commitments, multiple jobs, and other personal stressors. In addition, one youth moved across the country, and his natural mentor did not enroll in C.A.R.E. Four natural mentors enrolled in the pilot study, completed the training, and participated in C.A.R.E.

Table 3. Baseline and postintervention survey data.

Scale (range)	Baseline C.A.R.E. youth ($n = 12$) Mean (SD)	Baseline control youth ($n = 12$) Mean (SD)	Difference ^a	Post C.A.R.E. Youth ($n = 10$) ^b Mean (SD)	Post Control Youth ($n = 7$) Mean (SD)	Difference ^a
12-item Grit Scale (1–5)	3.6 (.63)	3.5 (.63)		4.0 (.72)	3.6 (.53)	
Mental Health Index (1–5)	4.1 (1.3)	3.9 (1.5)		4.2 (1.5)	4.5 (.99)	
Children and Youth Resilience Measure (1–5)	4.1 (.61)	3.5 (.79)	*	3.7 (.87)	3.8 (.75)	
Emotional Regulation Questionnaire (1–5)	2.9 (.69)	2.5 (.78)		2.47 (.69)	1.89 (.72)	
Mindfulness Attention Awareness Scale (1–6)	4.2 (1.4)	3.9 (1.0)		3.9 (.94)	4.5 (1.3)	
Perceived Future Opportunities (1–3)	2.5 (.31)	2.3 (.17)		2.6 (.40)	2.5 (.34)	
Strengths & Difficulties Questionnaire (1–3)	1.8 (.26)	1.9 (.22)		1.8 (.23)	1.9 (.27)	
Psychological Sense of School Membership (1–5)	3.9 (.85)	3.2 (.96)		3.9 (.97)	3.7 (.87)	
Ansell-Casey Life Skills Assessment (1–5)	4.2 (.80)	4.2 (.72)		4.5 (.57)	4.1 (.66)	
Youth Mentoring Survey (1–5)	3.3 (.54)	3.3 (.56)		2.9 (.29)	2.6 (.41)	
Relational Health Indices	3.6 (.65)	3.3 (.96)		3.8 (.41)	3.5 (.61)	

^at tests were conducted to see whether there was a significant difference between youth in the intervention group and those in the control group. ^bFour of the 10 youths from the intervention group completed C.A.R.E.

* $p < .05$; ** $p < .01$; *** $p < .001$.

How Would Natural Mentors Tolerate C.A.R.E.?

Natural Mentor Training

Of the four natural mentors who participated in C.A.R.E., all reported high satisfaction with regard to the trauma-informed training. All of the mentors agreed or strongly agreed that the training modules were (a) useful for understanding how to be a natural mentor, (b) presented in a way that was easy to understand, (c) applicable to their natural mentoring relationships, and (d) presented by a knowledgeable trainer in an interesting manner. One natural mentor stated, "It was very useful to have the segment on trauma and to gain insight on what our youth experience. This teaching will assist in facilitating the mentor process." Following the module about understanding the child welfare system, another mentor reflected, "Young people may encounter feelings of abandonment and loneliness. I am able to connect to my youth [mentee], because I can show empathy and compassion. I can understand her situation better." Three of the four natural mentors agreed or strongly agreed that the training provided new information and the length of the training was about right. The natural mentor who disagreed with these statements was a trained and practicing therapist who knew much of the material prior to the training, and she recommended that natural mentors with related professional backgrounds receive a shortened, modified training.

C.A.R.E. Intervention

The consistency with which each natural mentor participated in the C.A.R.E. activities varied. The natural mentors were least consistent with regard to the large group activities, such as the support groups and mindfulness sessions, and overall, the natural mentors most reliably participated in supervision sessions and community time with their mentees, during which they worked on life skills and relationship development. During the supervision sessions, topics most frequently addressed included communication, school, and future goals of the youth. During supervision, the interventionist also worked with the dyads to develop permanency pacts, formally documenting the dyads' agreements to remain in supportive relationships following the youths' emancipation from the child welfare system. The natural mentors also reported weekly communication with their youth mentees, which most

frequently occurred by phone/text followed by in-person contact in the form of community time. According to the activity reports, natural mentors reported improvement in youth outcomes related to self-esteem, confidence, communication, general attitude and outlook, and school attendance. The most frequently reported obstacles by the natural mentors in regard to the development of the mentoring relationships included scheduling conflicts, competing commitments, and communication. However, dyads reported that as the intervention progressed, communication and the consistency of contact improved.

How Would Youth Respond to C.A.R.E.?

The four youths participating in C.A.R.E. all responded well to the intervention. They remained in close contact with the interventionist, consistently attended group and individual meetings (e.g., supervision sessions, large group activity, mindfulness sessions), and reported a high degree of satisfaction with the intervention overall. According to activity reports, youth described increased contact, communication, and trust with their natural mentors as C.A.R.E. progressed, and youth reportedly utilized the natural mentoring relationships to work on life skills development, including job hunting, apartment searching, and budgeting. One youth reported that her natural mentor took her to new restaurants and events outside of her community, and she felt that her mentoring relationship facilitated new experiences. Another youth reported that her natural mentor helped her to open a bank account. A third youth was reportedly quite withdrawn in her relationship with her natural mentor at the start of C.A.R.E. and increasingly opened up and further engaged with her natural mentor throughout the course of the intervention. In addition to the progress youth reported in their mentoring relationships, youth also responded favorably to the mindfulness training, stating that they felt calmer and were able to be more patient when utilizing the skills they learned. The youth reported a strong connection to the C.A.R.E. interventionist, which may have increased their commitment and consistent participation in C.A.R.E.

Are Program Changes Needed?

Several program changes were made following the C.A.R.E. pilot. First, in the next iteration of C.A.R.E., a program manager position will be added to support

implementation of the intervention. During the pilot, all service delivery and program administration was the responsibility of the interventionist. By dividing the service and administrative roles, more focused attention can be devoted to engaging the youth and natural mentors, identifying and addressing barriers to participation, and ensuring that the programming is implemented to fidelity. Second, the number of activities required by the natural mentors was reduced in response to the time constraints reported by the natural mentors. Third, more creative and flexible means of communication were utilized to conduct program activities, largely due to the natural mentors' reportedly busy schedules. For example, some of the supervision sessions between the interventionist and the dyads occurred by phone rather than in person. Moving forward, the use of Skype and other forms of electronic communication will be considered as needed. Fourth, also in the next iteration of C.A.R.E., more external supports (e.g., child care, transportation) will be offered to natural mentors in an effort to increase participation. Finally, only youth who can identify caring adults as potential natural mentors will be enrolled in C.A.R.E., as it is an intervention that aims to strengthen existing, naturally occurring support networks. Youth who do not have relationships with caring adults will be referred to other programs (e.g., formal mentoring programs) that aim to build and create new social connections. Such triaging will ensure that all foster youth are appropriately served.

Lessons Learned

This mixed-methods pilot feasibility study of a novel natural mentoring intervention for older youth in foster care at imminent risk of aging out was informative on numerous levels. It addressed multiple feasibility issues and allowed us to identify program components that worked and those that need to be revised. The pilot addressed many of the research feasibility aspects suggested in the intervention development literature, including the viability and practicality of measurement, recruitment, randomization, and retention (Fraser & Galinsky, 2010). By and large, we succeeded in all these areas. Several key learnings warrant further elaboration and thematization.

Two thirds of the intervention youth in our study were able to identify caring adults in their lives whom

they felt could be their natural mentors. This figure is notable when put in the context of two national studies of natural mentoring among older youth in foster care. Both found that only roughly half of the foster youth in the general population could identify caring adults (Ahrens, DuBois, Richardson, Fan, & Lozano, 2008; Greeson, Usher, & Grinstein-Weiss, 2010). This figure is also notable because, as a society, we have generally given up on the idea of permanency for these young people. Although legal permanency may not be possible, we must still consider the benefits of relational permanency (Thompson & Greeson, 2015) and do the work to put it in place for youth before they age out of care. This feasibility study demonstrates that caring adults do exist in the lives of these marginalized youth and may even play an important part when asked and supported to do so. We need to start not only looking for them, but equally important, supporting them in their efforts to provide relational permanency for these marginalized young people.

Authentic engagement between the interventionist and youth in care was revealed as especially central to the success of C.A.R.E. This learning is quite in line with current thinking about the importance of engaging adolescents in planning and decision making regarding their own lives, particularly those who are at risk and marginalized, such as those who are in and will age out of foster care (Jim Casey Youth Opportunities Initiative, n.d.). *Youth engagement* is defined as "young people who are actively and authentically involved, motivated, and excited about an issue, process, event or program" (Hoffman & Staniforth, 2007), and it is said to occur when young people have responsibility for making meaningful decisions and for working as equal partners with adults (Jim Casey Youth Opportunities Initiative, n.d.). Youth in care often have very few natural opportunities for decision making, community engagement, and leadership (Jim Casey Youth Opportunities Initiative, n.d.). As such, C.A.R.E. was purposefully designed to facilitate authentic youth engagement by asking youth to both self-select to be in the study and then, for the intervention youth, self-nominate potential natural mentors and guide the process related to reaching out to and connecting with these adults. However, the attitude and skill of the C.A.R.E. interventionist was also a critical ingredient in this nuanced process, as he very much viewed the youth in the study as partners with something significant to offer, supporting and

encouraging their full involvement in the intervention and/or study. Evidence for his effectiveness is the study's 71% retention rate between pre- and postintervention. This type of partnership is considered imperative to positive youth development (Jim Casey Youth Opportunities Initiative, n.d.) and should also be considered imperative to the success of interventions that seek to improve the lives of youth, particularly those who age out of foster care.

This feasibility study also taught us that a natural mentoring intervention, like C.A.R.E., may not be the most appropriate mentoring intervention for all youth aging out of foster care, namely, those who completely lack social supports or have very fractured support systems, of which there were two in this study. Because of this reality, we need to be able to triage youth in care to different types of mentoring interventions, potentially on a spectrum from natural mentoring to formal mentoring, depending on whether they can identify any caring adults in their lives and then whether those identified are willing to commit to participating in an intervention like C.A.R.E.

The recruitment and retention of natural mentors proved to be the greatest challenge in the delivery of C.A.R.E. Although there are many advantages associated with natural mentoring, such as perceived relational closeness and longevity (Thompson et al., 2016), there may also be challenges associated with natural mentoring among foster youth. For example, because foster youths' communities of origin are often disadvantaged (Barth, Wildfire, & Green, 2006; Roberts, 2002), their self-nominated natural mentors may also be more likely to live or work in disadvantaged, stressed environments, and this may be particularly true for extended family of youth in care. Indeed, of the eight natural mentors identified by the foster youth in this study, only four participated in the intervention. All of the natural mentors that declined participation in C.A.R.E. were extended family members, and three of the four natural mentors who participated in C.A.R.E. were professionals who were formerly paid to provide services to the youth (e.g., therapist, caseworker). Although the extended family members who identified as natural mentors appeared to be quite committed to the youth, they reportedly had too many competing commitments (e.g., multiple jobs, child-care responsibilities) to participate in C.A.R.E. In the next iteration of C.A.R.E., we will provide more concrete supports (e.g., child care,

transportation assistance) in an effort to ameliorate some of the environmental barriers that may prevent some natural mentors from participation. Further research is needed to investigate the barriers and related supports that affect natural mentors of youth in foster care.

Conclusions

Before the next study of C.A.R.E., our team will put in place the needed changes that emerged from this feasibility pilot. These include adding a program manager position, reducing the number of program activities required by the natural mentors, using more creative and flexible means of communication between the interventionist and dyads, providing more external supports to natural mentors, and only enrolling in future studies youth in care who can identify caring adults as potential natural mentors.

Although we cannot yet speak to the ultimate goal of C.A.R.E., improving emerging adulthood outcomes for youth who age out of foster care, this study of intervention acceptability and feasibility yielded valuable data that support the continued refinement, delivery, and testing of a program with great promise for reaching youth at imminent risk of aging out of foster care, and identifying, supporting, and nurturing their relationships to caring adults. Unlike the conventional independent living approach, C.A.R.E. was principally designed with *interdependence* and relational connectedness in mind. This study was our first step on the journey toward achieving these critical goals for all young people who age out of foster care.

Note

1. *Trauma informed* refers to understanding the effect of trauma on child/youth development and learning how to effectively minimize its effects without causing additional trauma.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

Conflict of Interest

Johanna Greeson declares that she has no conflict of interest. Allison Thompson declares that she has no conflict of interest.

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