ABSTRACT

ROBERTSON, WHITNEY BROOK. The Lived Experiences of Black Former Foster Youth: Toward a Phenomenological Understanding of Growth-Fostering Relationships in Counseling. (Under the direction of Dr. Sylvia Nassar and Dr. Rawn Boulden).

This hermeneutic phenomenological study explored the lived experiences of Black former foster youth and their perceptions of growth-fostering relationships with counselors while in care. Although Black youth are disproportionately represented in foster care, limited research centers their voices within counseling relationships. Guided by Heideggerian philosophy and interpreted through Relational-Cultural Theory, this study examined how participants understood foster care as a relational context and how that shaped their counseling experiences. Semi-structured Zoom interviews were conducted with seven Black former foster youth (ages 18 to 24). Transcripts were analyzed using a six-step hermeneutic phenomenological process, with ongoing reflexive journaling and analytic memoing to document evolving interpretations. Findings indicated that foster care was experienced as instability, exposure, judgment, and conditional belonging, shaping how trust and safety were evaluated in counseling. Participants identified relational safety, cultural attunement, confidentiality, responsiveness, and enacted care as central to growth-fostering counseling relationships. These findings advance counseling scholarship by centering Black foster youths' relational experiences and inform culturally responsive practice, counselor education, and child welfare policy.

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The Lived Experiences of Black Former Foster Youth: Toward a Phenomenological Understanding of Growth-Fostering Relationships in Counseling.

by
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DEDICATION

To foster youth—past, present, and future.

To those whose lives have too often been spoken about rather than listened to. This dissertation is dedicated to you. May your voice remain central, your agency honored, and the support around you shaped with you, not for you.

BIOGRAPHY

Whitney Brook Robertson is a licensed clinical mental health counselor (LCMHC) and scholar-practitioner whose work focuses on individuals and communities impacted by the child welfare system, with particular attention to the lived experiences of Black former foster youth and the role of culturally responsive, growth-fostering counseling relationships. Her scholarship draws from hermeneutic phenomenology to better understand how meaning is made within counseling and care contexts, and how connection, cultural attunement, and voice shape the experience of help and healing for young people navigating systems.

Born in Lynchburg, Virginia, Robertson's commitment to a career of service was shaped in early adulthood while she was on campus during the Virginia Tech shooting in 2007, her freshman year. That experience—and the profound impact it had on her community—deepened her dedication to work grounded in service, connection, and trauma-informed, equity-driven care. Robertson earned dual bachelor's degrees from Virginia Tech in 2010, completing a Bachelor of Science in Psychology and a Bachelor of Arts in Human Development. She later earned a Master of Arts in Rehabilitation Counseling from the University of Alabama in 2015. Over more than 15 years of professional experience spanning direct service, program strategy, and operational leadership, she has worked to expand access to effective supports for youth and families navigating foster care and related systems.

In her professional leadership, Robertson built and scaled a multi-state virtual program that supports individuals impacted by the child welfare system by strengthening timely access to resources, relationships, and guidance. Her approach emphasizes service models that are both relational and accountable—centering lived-experience expertise, building cross-sector partnerships, and using data-informed learning to strengthen quality and outcomes over time.

Through her scholarship and service, Robertson is committed to advancing counselor preparation and culturally responsive practice, while contributing to more humane and effective systems of support for young people and families affected by foster care.

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This dissertation exists because of the voices of Black former foster youth who were willing to share their experiences with openness and depth. To each participant: thank you for trusting me with your story. Your words shaped this work, and I hope this study contributes to counseling relationships that are safer, more culturally attuned, and more responsive to what youth in care truly need.

I am profoundly grateful for my chair, Dr. Nassar, for mentoring me with both rigor and care throughout this journey. Your steady guidance challenged me to think more critically and hold this work to a high scholarly standard. You created space for intellectual growth while also supporting me through the complexities of balancing research, professional responsibilities, and personal demands. Your thoughtful feedback strengthened the quality of this dissertation and deepened my confidence as a scholar-practitioner. I am sincerely thankful for your leadership, patience, and belief in the importance of this work.

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Finally, to my family, and especially to my spouse, thank you for carrying this journey with me. You stood beside me through long nights, mounting pressure, uncertainty, and the emotional cost of this work. You witnessed the doubt, the fatigue, and the persistence it required, and you never stopped believing in me. When I felt depleted, you grounded me. When I felt unsure, you anchored me. Your patience, love, and unwavering belief in me sustained me more than you know.

To my daughter, I hope this work shows you that your voice matters and that you are capable of doing hard and meaningful things. You have watched me navigate long nights, revisions, setbacks, and resilience, and I hope you see that persistence creates possibility. You can do hard things. You can chase ambitious dreams. You are capable of extraordinary things, and I will always believe that there is nothing beyond your reach.

To my mom, thank you for believing in me. Your belief in me has been steady and unwavering. You modeled what it means to go after what you want and to never give up, and I carried that with me throughout this journey. Your confidence in what I could accomplish gave me the strength to push through the most difficult stretches. I am deeply grateful for the foundation you built in me and for the ways your support has carried me through this journey.

I also honor my father, who passed away in 2008. He believed deeply in education and consistently encouraged me to stay in school for as long as I could. He was a role model to me in both character and perseverance, and I carried his voice with me throughout this journey. In the hardest moments, I heard him remind me not to give up. I know this accomplishment reflects the values he instilled in me and the pride he would have felt.

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AUTHORSHIP STATEMENT

Whitney Robertson is the sole author of this dissertation.

Use of generative artificial intelligence: No generative artificial intelligence was used to write this dissertation.

CHAPTER 1: INTRODUCTION

Racial disproportionality is not a peripheral concern in the U.S. child welfare system; it is a defining feature. Black children are removed from their homes at disproportionately higher rates and experience longer stays in foster care than their White peers, even under comparable circumstances (Children's Rights, 2021; Pryce et al., 2019). These disparities reflect systemic inequities embedded in surveillance, risk assessment, and intervention practices rather than isolated errors in judgment (Kokaliari et al., 2019; Merritt, 2021). As Nelson Mandela (1995) stated, "There can be no keener revelation of a society's soul than the way in which it treats its children" (para. 1). The treatment of Black youth within foster care therefore demands sustained scrutiny, particularly in the systems charged with their protection and care.

This chapter introduces the problem of racial disproportionality in foster care and situates counseling relationships within that broader systemic context. It outlines the scope and significance of the issue, defines key terms, presents the study's purpose and research questions, and provides an overview of the conceptual framework guiding the inquiry. Together, these sections establish the foundation for examining how Black former foster youth experienced counseling while in care and why those relational experiences warranted deeper inquiry.

Mental health counseling operates within the broader child welfare context, and access to culturally responsive and trauma-informed care should be foundational, not aspirational. The American Counseling Association (2014) requires counselors to engage in culturally responsive practice and actively address biases. Yet ethical mandates alone do not ensure that counseling relationships feel safe, trustworthy, or growth promoting for Black youth in foster care. If counseling is to serve as a protective and healing context rather than another site of surveillance or silencing, the field must attend carefully to how these relationships are experienced. Centering

the lived experiences of Black former foster youth moves the conversation beyond policy language and toward relational realities, revealing whether counseling fostered trust, mattering, and empowerment, or reinforced disconnection within an already inequitable system.

Although the child welfare system has updated policies and foster care practices recently, an ongoing challenge within the child welfare system is that children of color are disproportionately represented in foster care (Ackerman, 2017; Cheng & Lo, 2012; Kahn & Hansen, 2017; Merritt, 2021; Thurston & Miyamoto, 2020). Specifically, racially biased decision-making by counselors working within the child welfare system is a key factor leading to the racial disproportionality among foster care youth (Ackerman, 2017; Kokaliari et al., 2019; Merritt, 2020; Pryce et al., 2019). Merritt (2020) examined the lived experiences of child welfare-involved parents and when participants were asked whether caseworkers treated all people the same regardless of their background, a parent stated:

> Nope. They don't give a damn...Skin means a whole lot. If I was light enough, if I was White enough, bright enough…They'd be a little nice to me…because I'm dark. The word was said that I look aggressive (p. 68).

Such disparity related to the racial makeup of foster care youth heightens the need for counselors who serve these youth to be competent in delivering culturally responsive interventions. Counseling professionals are uniquely positioned to provide impactful support through culturally responsive frameworks informed by the lived experiences of former foster youth and focused on developing growth-fostering relationships.

Historical Background and Context

There were about 328,947 children and adolescents in the foster care system in the United States as of September 30, 2024 (Children's Bureau, 2025). The child welfare system is

the overarching structure that the foster care system exists within. The primary goal of the foster care system is to ensure the overall safety and well-being of children who have endured adverse experiences, including traumatic events (Child Welfare Information Gateway, 2019). The *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; DSM-5-TR) defines a traumatic event as exposure to actual or threatened death, serious injury, and/or sexual violence (American Psychiatric Association, 2022). The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as "any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation" or "an act or failure to act which presents an imminent risk of serious harm" (Child Abuse Prevention and Treatment Act [CAPTA], 42 U.S.C.A. § 5106g, 2018). Youth enter the foster care system, a 24-hour substitute care, through removal from their parents or guardians by the court system due to neglect and/or abuse. Placement responsibilities are handled by the state's child welfare agency and placement options include, but are not limited to, foster homes of relatives (i.e., kinship care), group homes, foster family homes, residential facilities, emergency shelters, and pre-adoptive homes (Federal Definition of Foster Care, 45 C.F.R. § 1355.20, 2000).

The foster care system has experienced racial disproportionality and disparity for decades, which results in a higher need for culturally competent practice. African American children in the United States represent 14% of the total child population (U.S. Census Bureau, 2026). However, they constitute 25% of the foster care population (Children's Bureau, 2025). According to the Children's Bureau (2021), in 2020, the median amount of time that a youth spent in foster care was 21 months with a median age of 7.7 years old. The overall median age of youth entering foster care was 6.0 years old. Of the 224,396 youth that exited foster care in 2020,

46% were White, 21% were Black or African American, 21% were Hispanic, 1% were Asian, 2% were American Indian/Alaska Native, 8% were two or more races, and 1% were unknown. Outcomes for Black foster youth are grim when compared to their White counterparts as they experience longer stays in care, are less likely to be reunified with their family, are less likely to be adopted, are more likely to experience congregate care, and are more likely to become involved with the criminal justice system (Huggins-Hoyt et al., 2019).

It was not until The Multiethnic Placement Act (MEPA) of 1994, which was later strengthened through the 1996 Interethnic Provisions, was enacted to address discriminatory child welfare practices that delayed or denied foster care placements based on race (Child Welfare Information Gateway, 2025). This legislation responded to practices in which agencies prioritized racial matching between children and prospective foster or adoptive families. This resulted in delayed permanency for children of color, particularly Black children. Federal guidance later clarified that such practices were harmful because they reinforced avoidance of transracial placements and prolonged children's time in foster care (U.S. Department of Health and Human Services, 2020b). Although the MEPA had good intentions, racial disproportionality and disparities continue to impact Black families and children involved with the child welfare system today.

Historically, scholars referred to disproportionality and disparity synonymously, although these terms imply separate meanings. In this study, these terms are used to distinguish between structural patterns of over- or under-representation and the decision-making practices that produce unequal outcomes. Racial disproportionality refers to the over- or under-representation of racial subgroups in foster care compared to their representation in the general population (Merritt, 2021). Racial disparity refers to the unequal treatment of children of color (Kokaliari et

al., 2019). Clarifying this distinction is essential, as this study attended not only to representation patterns but also to how systemic practices shaped the lived experiences of Black foster youth.

Counselors' Work with Foster Youth

Youth involved in the foster care system frequently engage with mental health professionals during their time in care. Research indicated that children in foster care experience elevated levels of trauma exposure, mental health needs, and psychiatric diagnoses compared to children in the general population (Ruff et al., 2025; Smales et al., 2020; Turney & Wildeman, 2016). These elevated needs position counseling as a central intervention within child welfare involvement. As a result, counselors are uniquely positioned within the child welfare system as both providers of therapeutic services and contributors to broader case planning and permanency processes. Understanding this dual clinical and systemic positioning is essential when examining how foster youth interpret counseling relationships.

Research examining counselors' experiences working with foster youth suggested that this work extends beyond traditional therapeutic practice. Jacoby et al. (2023) found that counselors described navigating placement disruptions, managing fractured communication between agencies, and working within legal and bureaucratic systems that directly affect therapeutic continuity. Participants emphasized that establishing trust with foster youth required sensitivity to relational trauma, systemic mistrust, and prior experiences of instability. At the same time, many counselors frequently reported feeling underprepared by their graduate training for the realities of child welfare involvement. Participants described challenges related to placement instability, navigating child welfare bureaucracy, and building trust with youth who have experienced repeated relational disruptions.

The intersection of race and child welfare decision-making adds further complexity to counselors' work. Ackerman (2017) argued that professionals working in child welfare settings must adopt a social justice advocacy orientation that addresses both individual-level clinical needs and system-level inequities. Counselors are therefore positioned not only as therapeutic providers, but also as advocates within systems marked by racial disproportionality. Relationally, counselors working with foster youth must attend to histories of attachment disruption, mistrust of adults, and experiences of systemic harm (Miranda et al., 2020; Smales et al., 2020). Gómez (2020) emphasized the importance of culturally attuned and power-aware counselor practices when working with trauma-impacted populations, reinforcing the need for counselors to critically reflect on cultural dynamics and relational positioning. For foster youth, particularly Black foster youth, growth-fostering counseling relationships may function as protective relational spaces that interrupt patterns of instability and relational disconnection.

Collectively, existing research provides insight into the systemic, racial, and relational dimensions of counselors' work with foster youth. However, much of this research centers counselor or professional perspectives. Less is known about how Black former foster youth interpret and experience their relationships with counselors while in foster care. Without centering youth voice, the counseling field lacks a comprehensive understanding of how counseling relationships are perceived by those most directly impacted. This gap in understanding established the foundation for this study and led directly to the statement of the problem.

Statement of the Problem

Although laws and ethical guidelines are in place, scholars argue that race continues to be a determining factor in removing children from their homes and placing them into the foster care

system (Kokaliari et al., 2019; Križ & Skivenes, 2011; Pryce et al., 2019). Counselors' judgments about child safety and well-being can be shaped by implicit bias and insufficient multicultural and social justice-oriented training, which may limit culturally responsive assessment and intervention in child welfare contexts (Ackerman, 2017; Gómez, 2020). These systemic inequities are reflected in persistent racial disproportionality within foster care. Specifically, Black children are entering the child welfare system at a disproportionate rate compared to the overall population of Black children in America (Children's Rights, 2021).

Beyond overrepresentation, disparities also emerge in how children of color are treated once they enter care. Notably, Ackerman (2017) found that children of color in foster care received fewer system supports, including family visitation and caseworker contact, were provided fewer documented case plans and psychological evaluations, and experienced longer stays in care than White children, even when their circumstances were similar.

Counselors are guided by the American Counseling Association's (ACA) Code of Ethics, which underscores obligations to prioritize client welfare, engage in culturally responsive practice, and actively address bias in decision-making (American Counseling Association, 2014). Despite these ethical mandates, research indicates that implicit bias and systemic racial inequities continue to shape counselors' judgments and interventions within the child welfare system (Ackerman, 2017; Pryce et al., 2019). The Annie E. Casey Foundation (2020) reported demographic projections indicating that children of color would represent the majority of children in the United States and emphasized that the nation's long-term prosperity depends on ensuring equitable opportunities and outcomes for all children.

This study examined the lived experiences of Black former foster youth in foster care and experiences with mental health counselors during their time in foster care. To address the racial

disproportionality and disparities within the foster care system, there remains a vital need to understand the experiences of Black former foster youth and center their lived experiences in policy and practice implications and recommendations to rectify the harmful practices being carried out to date. Centering these voices moves beyond aggregate statistics and policy mandates to illuminate how systemic inequities are experienced relationally. By examining how Black former foster youth interpreted their counseling relationships, this study sought to understand the relational challenges and supports that influenced growth-fostering relationships while in care.

Rationale for the Study

Racial disproportionality and disparities in the foster care system are well-documented in the literature. Families of color are more likely to be reported for neglect and abuse in comparison to White families (Ards et al., 2012; Krase, 2015; Mixon-Mitchell & Hanna, 2017; Roberts, 2014). Notably, Ards et al. (2012) examined whether racialized perceptions among child protective service workers contributed to racial disproportionality in substantiated maltreatment cases. The study surveyed 459 child protective service caseworkers across 82 counties in Minnesota. Participants were presented with identical visual vignettes depicting a neglectful home environment in which the race of the infant varied, including a Black infant, White infant, or no infant. Findings indicated that caseworkers who viewed the vignette featuring a Black infant were significantly more likely to determine that the situation met the state definition of neglect and warranted a report compared to those who viewed a White infant or no infant. While the differences in individual caseworker responses were relatively modest, the aggregated effects across counties were statistically significant and associated with higher substantiation rates for Black children (Ards et al., 2012).

Alongside the issue of racial disproportionality among children in foster care, children of color experience inequitable treatment and poorer outcomes, including remaining in foster care longer and being less likely to be reunited with their families (Kahn & Hansen, 2017; Kokaliari et al., 2019; Krase, 2015). Most studies related to the racial disproportionality and disparities in the child welfare system reflect the perspectives of the child welfare professionals (Križ & Skivenes, 2011; Ludeke, 2024) and child welfare-involved parents (Kokaliari et al., 2019; Merritt, 2021). There is a critical need to examine the lived experiences of those most impacted by the child welfare system, the foster youth, to better inform practice and policy implications. Merritt (2021) examined the lived experiences of racism among Black and Latinx mothers involved in child protection investigations and invited participants to share reflections to ensure their voices were centered. One mother expressed skepticism about whether meaningful change would occur given her identity as a Black woman, noting a history of feeling unheard and harmed by the system. At the same time, she conveyed appreciation for efforts to document and elevate the lived experiences of families impacted by child welfare involvement (Merritt, 2021).

There remains a gap in literature exploring the lived experiences of Black former foster youth. The racial disproportionality and disparities in the child welfare system, including foster care, demands a higher need for counselors to be culturally competent and to contribute to the creation of an anti-racist child welfare system by understanding the lived experiences of Black foster youth themselves. Although counselors are not always at the forefront of decisions being made to remove children from their home, they play an integral role once the child has entered foster care (Ackerman, 2017; Jacoby et al., 2023). Interviews with Black former foster youth were conducted and provided a critical perspective of their experiences while in foster care and implications for counseling practices.

Purpose of the Study

Although there is an extensive range of research available related to the contributing factors of racial disproportionality and racial disparity in the child welfare system, a gap remained in the literature regarding the lived experiences of Black former foster youth and their unique challenges to developing growth-fostering relationships with their counselors while in care. The purpose of this qualitative hermeneutic phenomenological study was to explore the lived experiences of Black former foster youth. Through interviews with Black former foster youth, this study sought to explore the meaning of their lived experiences while in foster care and in their relationships with their counselor(s). As a result of this study, the findings provided a framework for service delivery practices for counselors who serve Black foster youth and offered implications for policies and practices in the child welfare sector.

Phenomenology, broadly defined, is an inquiry into the essential meaning of a phenomenon as it appears within lived experience (Moustakas, 1994; Peoples, 2021). Because interviews provide nuanced, first-hand accounts of a population's experiences, a phenomenological approach was well suited to exploring the lived experiences of Black former foster youth. Specifically, the researcher used a hermeneutic phenomenological approach guided by Heidegger (1962) to frame this interpretive qualitative study, emphasizing that meaning is disclosed through interpretation. This study addressed the following research questions:

1. What are the lived experiences of Black former foster youth?
2. What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

Through this research, the researcher sought to gain insight into the first-person narratives of Black former foster youth and to interpret the meaning of their experiences in foster

care and in relationships with their counselors. By exploring these experiences, the researcher aimed to provide greater awareness and implications for counselors who work with Black foster youth, child welfare policymakers, and recommendations for future research.

Definition of Key Terms

1. Child Welfare System – The Child Welfare Information Gateway (2020) defines the child welfare system as “a group of services designed to promote the well-being of children by ensuring safety, achieving permanency, and strengthening families” (p. 2).
2. Foster Care System – The Child Welfare Information Gateway (2020) defines foster care as “a temporary service provided by States for children who cannot live with their families. Foster care can also refer to placement settings such as group homes, residential care facilities, emergency shelters, and supervised independent living” (p. 1).
3. Racial Disproportionality - The term racial disproportionality refers to over- or under-representation of racial subgroups in foster care compared to their representation in the general public (Boyd, 2014; Merritt, 2021).
4. Racial Disparity - The term racial disparity refers to the unequal treatment of children of color (Boyd, 2014; Kokaliari et al., 2019).
5. Child Abuse and Neglect - The Federal Child Abuse Prevention and Treatment Act (CAPTA) defines child abuse and neglect as “any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation” or “an act or failure to act which presents an imminent risk of serious harm” (42 U.S.C.A. § 5106g, 2010).

Chapter Summary

Chapter 1 introduced the problem of racial disproportionality and racial disparity in the

U.S. foster care system and situated this issue within the broader context of systemic racism and inequitable child welfare decision-making. It established the need for counseling practice that is culturally responsive and trauma-informed, particularly for Black foster youth who experience poorer foster care outcomes compared to White foster youth. The chapter explained the historical and policy context that shapes foster care placement practices, clarified key terms used in the study, and articulated the study's purpose and significance. Finally, it presented the research questions guiding the investigation into the lived experiences of Black former foster youth and the unique challenges and supports they experienced in developing growth-fostering counseling relationships.

CHAPTER 2: LITERATURE REVIEW

This literature review covers key issues related to the history and operational structure of the child welfare system, racial disproportionality and disparities affecting Black families and youth, the impacts of foster care, and the lived experiences of Black foster youth. Furthermore, this chapter draws central connections between Miller's (1976) Relational-Cultural Theory (RCT), the lived experiences of Black former foster youth, and growth-fostering relationships, highlighting the importance of understanding these experiences directly from those most impacted by the system to inform meaningful counseling practice.

Child Welfare System

History

Child welfare dates to the Old Testament and Talmud (Slingerland, 1918), which emphasized society caring for its children; however, it was not until the 19th Century that the United States recognized the importance of developing a solution to meet the needs of all children (Contreras & Witt, 2021). In 1853, the United States expanded the American railroad systems and was experiencing a high need for cheap labor workers. During the same time as the industrial growth, over 200,000 children from New York City who were orphaned, abandoned, dependent, neglected, or homeless had become a major social problem for the United States (Brace, 1872). As Black children were released from slavery or orphaned, they were sent to Black orphanages, which emerged "colored orphan asylums" that were severely overcrowded (Children's Rights, 2021, p. 7). By contrast, a rescue plan for White orphans was developed. Charles Loring Brace, director of New York's Children Aid Society (CAS), developed the placing out process known as the "Orphan Train Movement", where over 200,000 White children were transported by train from Eastern cities in the United States and sent them to

families in the West to provide cheap child labor to farmers and tradesmen (Chiodo & Meliza, 2014).

Notably, the placing out process demonstrated how children, who were predominately from poor families or immigrants, were valued less as society's children and more of an economical asset to the families who selected them. According to Chiodo and Meliza (2014), Black children were not allowed to participate in the placing out process as Brace did not want to be accused of slavery. The placing-out movement emerged amid rising concerns about urban poverty, as reformers sought to relocate poor children to rural communities to reduce the perceived social and economic consequences of poverty in industrializing American cities (Katz, 1986). Many children who experienced the Orphan Train were not orphans but were separated from their families because their parents were poor (Children's Rights, 2021). Social conditions and the impacts on families and children were not considered in Brace's placing-out process, and this lack of attention to those impacts has remained a structural and social issue to the present day. There was little oversight of agents, who served as modern-day social workers, employed by CAS, who were expected to have regular visits with the placed children until their eighteenth birthday. Agents reported capacity challenges to ensure visitations occurred (Engel et al., 2018), which is also a common issue in the modern foster care system.

The Orphan Train Movement may have ceased to exist by the 1930's, but this process is deeply rooted in today's child welfare system and is the predecessor of modern-day foster care. Operations of the Orphan Trains ended during the reforms of the Progressive Era as child labor laws were enacted, the emergence of the social work profession, and changes in societal views on impacts of mass relocation of children (Chiodo & Meliza, 2014; Engel et al., 2018). Although White children were moved out of the mutual aid placements and orphanages, Black children

remained in orphanages and mutual aid placements for another century. This is a racial disparity that shows up in today's child welfare system as Black children remain in foster care longer and are less likely to reunify with their birth parents compared to their White peers (Ackerman, 2017; Children's Rights, 2021).

In 1912, the federal Children's Bureau was established to oversee and improve child welfare services nationally. However, early child welfare policies and practices frequently limited Black families from equitable access to services (Dettlaff & Boyd, 2020). According to Children's Rights (2021), in 1923 over 60% of agencies in child welfare provided services only for White families. Once agencies transitioned from the private to public sector and serviced Black children in the 1940's, there was a lack of adequate and accessible services to help Black children. The lack of access to and quality of services continues to be an explanatory factor for the racial disparities plaguing the child welfare system today.

Operational Structure

Understanding the general child welfare system's operational structure is essential when examining racial disparities and disproportionality affecting Black families. The primary goals of the child welfare system include: (a) ensuring children's safety, (b) achieving permanency, and (c) promoting child well-being (Children's Bureau, 2019). Typically, the process begins with a report of suspected neglect and/or abuse to a state or local child welfare agency's protective services unit. The agency conducts an initial screening to determine whether the report meets statutory criteria for investigation based on allegations of harm or risk of harm to the child (Child Welfare Information Gateway, 2020). At intake, agencies assess whether the reported concerns warrant further action. When a report meets criteria for response, a child protective services investigation is initiated to assess child safety and risk of maltreatment (Child Welfare

Information Gateway, 2020). During this process, professionals evaluate information related to the alleged maltreatment, prior child welfare involvement, and the child's current safety. If the agency determines that a child cannot remain safely in the home, it may petition the court for authorization to remove the child and place the child in out-of-home care (Child Welfare Information Gateway, 2020).

Although the child welfare system is structured to protect children from harm, scholars argue that decision-making within child welfare occurs within broader social, economic, and racial contexts that shape how risk, neglect, and parental capacity are defined and interpreted (Dettlaff & Boyd, 2020; Roberts, 2022). Research further suggests that implicit bias, structural racism, socioeconomic inequality, and disparities in access to supportive resources may contribute to racial inequities across decision points within the system (Ackerman, 2017; Pryce et al., 2019). Because assessments are conducted by system authorities external to the family, the process reflects a power differential between the decision-makers and parents. According to the Children's Bureau (2026), reports of suspected maltreatment are frequently initiated by professionals in positions of authority. Specifically, professionals submitted 70.9% of reports alleging abuse or neglect in 2024, with the highest percentages originating from legal and law enforcement personnel (21.8%), education personnel (20.8%), and medical personnel (11.0%) (p.x). Roberts (2022) contends that the child welfare system operates as a form of surveillance that disproportionately monitors and intervenes in Black families' lives.

Impacts on Foster Care Youth

Involvement in the foster care system is associated with significant psychological, physical, and social consequences that can extend across the lifespan. Although the child welfare system is intended to protect children from maltreatment, removal from one's home and

placement in out-of-home care can itself function as a traumatic disruption (Miranda et al., 2020), particularly when accompanied by instability, relational loss, and systemic stressors (Dettlaff & Boyd, 2020). Youth with foster care histories experience elevated mental health risks compared to peers in the general population. In a meta-analysis of 41 studies, Dubois-Comtois et al. (2021) found that children and adolescents in foster care had significantly higher levels of psychopathology than youth living with their biological parents. Foster youth also showed more mental health difficulties than youth living with their biological parents. The analysis further indicated that placement stability and kinship care functioned as protective factors, suggesting that instability within care may compound psychological vulnerability (Dubois-Comtois et al., 2021).

Earlier research has documented high rates of post-traumatic stress symptoms among adolescents in foster care, with rates nearly two times higher than veterans (Salazar et al., 2013). Youth in foster care have also been found to experience elevated rates of chronic health concerns (Ackerman, 2017; Kahn & Hansen, 2017) and lower rates of high school completion by age 21 compared to youth in the general population (Annie E. Casey Foundation, 2018). Together, these findings indicate that foster care involvement is associated with multifaceted risk across mental health, physical health, and educational domains. Although these outcomes highlight vulnerabilities among foster youth broadly, they are often reported in aggregate form without disaggregating by race. Black children are disproportionately represented in foster care and experience disparities across reporting, substantiation, placement type, and permanency outcomes (Children’s Bureau, 2026; Dettlaff & Boyd, 2020). For the purpose of this study, the focus is on Black former foster youth and their lived experiences in foster care.

Qualitative research provides deeper insight into how youth experience foster care involvement. Miranda et al. (2020) conducted a qualitative study to examine the lived experiences of foster care and long-term effects across six former foster youth. Findings included nine themes that reflected long-term impacts of foster care involvement, including trauma, a sense of their childhood being stolen, trust issues, and persistent anxiety. Participants described removal from biological parents as traumatic and it was noted that the removal process itself was frequently experienced as an additional traumatic event. Across accounts, participants described ongoing fear of abandonment and separation-related anxiety, as well as long-lasting distrust of adults and professionals involved in the foster care process. The findings suggest that entry into foster care and associated system experiences may contribute to psychological distress that persists into adulthood (Miranda et al., 2020).

In the immediate aftermath of removal, youth often report shock, confusion, fear, and loss of control (Mitchell & Kuczynski, 2010). Qualitative research examining lived experiences of child welfare–involved families identified themes of overwhelming trauma, profound mistrust of professionals, and social isolation (Kokaliari et al., 2019). Although Kokaliari et al. (2019) centered African American parents, the findings illuminate the relational and emotional climate surrounding child removal with conditions that directly shape youths' psychological experiences. Similarly, research with dual-involved youth (involved in both foster care and juvenile justice) found that participants described early system contact as traumatic and destabilizing, contributing to hesitancy in forming trusting relationships later in adolescence and adulthood (Simmons-Horton, 2021). Collectively, these studies suggest that foster care involvement may contribute not only to acute emotional distress but also to enduring patterns of anxiety, guardedness, and mistrust. While the psychological, physical, and social impacts of foster care

are well documented, these outcomes unfold within a system historically shaped by racial inequities. Examining the role of race in the child welfare system is therefore essential to understanding how Black youth experience the child welfare system.

Role of Race in the Child Welfare System

While the impacts of foster care are well documented, these outcomes occur within a child welfare system that scholars have argued reflects systemic racial inequities across reporting, investigation, and placement decisions (Dettlaff & Boyd, 2020; Pryce et al., 2019). Scholars have emphasized how racism is deeply rooted in the child welfare system and across contexts including (a) implicit biases of child welfare professionals (Ards et al., 2012; Mixon-Mitchell & Hanna, 2017; Pryce et al., 2019); (b) poverty (Boyd, 2014; Roberts, 2014), (c) institutional racism (Pryce et al., 2019; Roberts, 2014), (d) lack of cultural competence of child welfare professionals (Ackerman, 2017; Pryce et al., 2019), and (e) systemic racism (Mixon-Mitchell & Hanna, 2017; Roberts, 2014). Researchers have posited that the child welfare system serves as a surveillance system and polices Black families (Pryce et al., 2019; Roberts, 2022).

Research findings demonstrate that race may influence how maltreatment concerns are interpreted and acted upon. In an experimental study of 459 child protective service caseworkers across 82 counties, Ards et al. (2012) found that when presented with identical neglect scenarios that varied only by the race of the infant depicted, caseworkers were more likely to determine that the situation met the statutory definition of neglect when the infant was Black. Although individual-level differences were modest, aggregated findings were statistically significant and associated with higher substantiation rates for Black children (Ards et al., 2012). These findings suggest that racialized perceptions may shape discretionary judgments within child welfare decision-making processes.

Beyond individual-level bias, scholars have examined how institutional practices contribute to disproportionate monitoring and intervention in Black family life. Roberts (2022) argues that child welfare operates in ways that result in heightened surveillance and regulation of Black families, reinforcing historical patterns of inequality. Qualitative research further supports this perspective. In a phenomenological study of Black and Latinx mothers involved in child protection investigations, Merritt (2021) found that participants reported feeling unfairly judged, racially stereotyped, and subjected to intrusive oversight by child welfare professionals. Participants described experiences of intimidation, loss of control, and mistrust during the investigative process (Merritt, 2021) Similarly, Mixon-Mitchell and Hanna (2017) examined communication patterns among child protective services workers, supervisors, judges, and attorneys and identified how racialized assumptions shaped professional discourse. Their findings suggested that implicit stereotypes about Black parents influenced how cases were framed and discussed within court and agency contexts, reinforcing power differentials between decision-makers and families (Mixon-Mitchell & Hanna, 2017).

Collectively, this body of research indicates that racial disproportionality in foster care reflects not only differential exposure to socioeconomic risk factors (Dettlaff & Boyd, 2020; Roberts, 2022), but also the ways in which race shapes perception, judgment, and institutional response (Kokaliari et al., 2019; Merritt, 2021; Pryce et al., 2019). Understanding the role of race in child welfare decision-making is therefore critical to contextualizing the experiences of Black youth who enter and navigate foster care. This context provides the foundation for examining documented patterns of disproportionality and disparity affecting Black foster youth.

Disproportionality and Disparities of Black Foster Youth

Racial disproportionality and disparities, particularly for Black youth and families, are not recent developments but longstanding features of the child welfare system. Research consistently demonstrates that Black children are overrepresented in foster care and are removed from their homes at rates disproportionately higher than White children (Kokaliari et al., 2019; Kahn & Hansen, 2017; Pryce et al., 2019; Thurston & Miyamoto, 2020). Some studies have found that Black children experience removal at approximately two to three times the rate of their White counterparts (Kahn & Hansen, 2017; Pryce et al., 2019). These patterns reflect not only disproportionality in system entry but also disparities in treatment and outcomes once families become involved. Beyond rates of removal, disparities persist across the continuum of child welfare involvement. Compared to White families, Black families are more likely to be reported and investigated and are less likely to receive supportive services that prevent removal (Dettlaff & Boyd, 2020; Pryce et al., 2019). Black youth are also more likely to experience placement instability and less likely to achieve timely reunification (Kahn & Hansen, 2017). These inequities suggest that racial disparities are embedded across decision points, from initial contact through permanency outcomes.

Qualitative research further illustrates how race shapes the lived experience of system involvement. Mixon-Mitchell and Hanna (2017), using a phenomenological approach, examined how race influenced communication among child protective services workers, supervisors, judges, and attorneys in the child protection court system. Their findings identified themes of “context matters, race matters, and otherism is enacted” (p. 372), illustrating how racialized assumptions shaped professional discourse, often positioning Black parents as inherently less competent or protective. Mixon-Mitchell and Hanna (2017) also reported instances in which

judicial discourse openly acknowledged the influence of racial stereotypes on case decisions. In one example, a judge reflected on how Black families were often presumed to be less capable of protecting their children due to assumptions about poverty, education, neighborhood context, and substance use. These exchanges underscored how racialized assumptions may influence decision-making regarding services and reunification (Mixon-Mitchell & Hanna, 2017).

Similarly, Merritt (2021) examined the lived experiences of racism among Black and Latinx mothers involved in child protection investigations. Participants described feeling unfairly judged, racially stereotyped, and subjected to intrusive surveillance. Many reported experiencing the investigative process as traumatic and disempowering, particularly when reunification plans imposed requirements without recognizing systemic barriers such as poverty and limited access to resources. These findings underscore how racial disparities are experienced not only in statistical patterns but also in daily interactions with child welfare professionals (Merritt, 2021).

While a substantial body of research exists that documents racial disproportionality and disparities, comparatively fewer studies center the lived experiences of Black youth themselves. Quantitative data identify patterns of inequity, but they do not fully explain how Black former foster youth interpret and experience system involvement. Centering their voices is therefore essential.

Implicit Bias

Although structural inequities shape the child welfare system broadly, discretionary decisions made by professionals remain central to how families experience investigation and removal. Implicit bias is grounded in the theory of implicit social cognition (Greenwald & Banaji, 1995) and refers to attitudes or stereotypes that operate outside conscious awareness and influence perception and judgment (Greenwald & Krieger, 2006). Within child welfare settings,

such biases may shape how risk is interpreted, how parental capacity is assessed, and how intervention decisions are made. As discussed previously, findings suggest that race may affect substantiation determinations (Ards et al., 2012). In addition, Pryce et al. (2019) examined blind removal meetings in which caseworkers reviewed maltreatment cases without access to identifying demographic information such as race, ethnicity, name, or location. When demographic information was withheld, caseworkers were more likely to recommend supportive services and wraparound resources. When demographic information was included, removal was more frequently recommended for minority families. These findings suggest that demographic cues may shape how risk is interpreted and how intervention decisions are made (Pryce et al., 2019).

Qualitative research further illustrates how these dynamics unfold in practice. As previously noted, racialized narratives have been shown to influence professional discourse within child welfare and court contexts (Mixon-Mitchell and Hanna, 2017), and families have described experiencing investigative processes as marked by unfair judgment and stereotyping (Merritt, 2021). These findings suggest that bias may be embedded not only in formal substantiation decisions, but also in the language used to describe families and the assumptions that influence how professionals interpret families' behaviors and circumstances. When families perceive investigative processes as unjust or racially biased, they may develop mistrust toward professionals and the child welfare system (Merritt, 2021). Viewed through the lens of implicit bias, these findings suggest that unconscious assumptions may influence not only formal determinations but also relational interactions between professionals and families.

For counselors working within child welfare settings, these findings carry ethical implications. The ACA's Code of Ethics requires counselors to promote client welfare, avoid

imposing personal biases, and practice in a manner that does not discriminate on the basis of race (American Counseling Association, 2014). Counselors are also ethically obligated to consider cultural context in assessment and interpretation. In high-stakes environments where documentation and recommendations may influence placement and permanency outcomes, unexamined assumptions may inadvertently reinforce inequitable patterns. Addressing implicit bias therefore requires counselors' ongoing self-reflection, cultural humility, and intentional awareness of how perceptions shape both decision-making and therapeutic relationships.

Recognizing how implicit bias and structural inequities shape both formal decision-making and relational interactions within child welfare contexts underscores the need for a theoretical framework that centers relationships, power, and connection. If youth experience foster care within systems marked by surveillance, racialized assumptions, and relational rupture, then understanding how healing and growth occur within relationships becomes critical. Relational-Cultural Theory (Miller, 1976) provides a framework for understanding how connection, disconnection, and power operate within counseling relationships, particularly for youth navigating systems shaped by racial inequities.

Conceptual Framework

Relational-Cultural Theory

Relational-Cultural Theory (RCT), originally developed by Miller (1976) and later expanded by Jordan (2017), is a developmental and counseling theory grounded in the premise that human growth occurs through connection rather than separation. RCT emerged as a critique of dominant Western developmental theories that emphasized autonomy, individuation, and independence as primary markers of psychological maturity. In contrast, RCT asserts that people grow through and toward relationship and that psychological well-being is rooted in mutual,

empathic, and authentic connection (Jordan, 2017; Miller, 1976). At its core, RCT seeks to lessen suffering caused by chronic disconnection and isolation, whether at the individual or societal level, and to increase individuals' capacity for relational resilience (Jordan, 2017). RCT does not conceptualize connection as something that emerges after an individual becomes independent or fully formed. Instead, it asserts that connection is the primary context in which development occurs. From this perspective, psychological growth is not defined by increasing autonomy or separation from others, but by increasing capacity for mutual, authentic, and growth-fostering relationships (Jordan, 2017). In other words, development is organized around the ability to engage in connection, repair disconnection, and participate in relationships characterized by mutual empathy and empowerment.

RCT further posits that chronic disconnection is a central source of psychological suffering (Jordan, 2017). When individuals experience repeated relational invalidation, marginalization, betrayal, or rupture, they may develop protective strategies that limit authenticity and vulnerability in future relationships (Jordan, 2017; Miller & Stiver, 1997). Importantly, RCT situates these relational processes within broader sociocultural contexts. Experiences of power, privilege, oppression, and systemic inequity shape access to growth-fostering relationships and influence how connection and disconnection are experienced (Jordan, 2017). Because youth involved in foster care often experience relational disruption, instability, and systemic power imbalances (Miranda et al., 2020; Smales et al., 2020; Unrau et al., 2008), RCT provides an interpretive framework for examining how connection, disconnection, and power operate within their counseling relationships (Jordan, 2017).

Miller's (1976) Relational-Cultural Theory therefore provides a conceptual foundation for examining the lived experiences of Black former foster youth and may inform counseling

training and practice within child welfare settings. RCT bridges relational, multicultural, and social justice competencies by centering mutuality, authenticity, and awareness of power in therapeutic relationships (Jordan, 2017). These constructs are directly relevant to counselors working with foster youth who are navigating systemic inequities and relational instability. RCT has also been applied in counseling clients with traumatic stress disorders. Kress et al. (2018) suggested that RCT offers a useful framework for trauma conceptualization and treatment by emphasizing relational disconnection, safety, and connection as central to healing. By situating relational development within broader sociocultural contexts, RCT acknowledges that connection and disconnection are shaped by power, privilege, and oppression (Jordan, 2017). As such, RCT offers a framework for understanding how relational processes unfold within child welfare systems shaped by racial inequities and instability.

Background and History. RCT was developed alongside the social justice and feminist movements during the 1970s in response to dominant psychological paradigms that privileged autonomy as the ideal developmental outcome (Jordan, 2017). During this era, traditional development models, heavily influenced by psychoanalytic and individualistic frameworks, conceptualized maturity as independence, emotional restraint, and differentiation from relational ties (Jordan, 2017). These models reflected Western cultural values that prioritized autonomy and self-sufficiency. Miller (1976) observed that prevailing developmental models failed to account for the lived experiences of women and marginalized individuals, particularly the central role that relationships played in their psychological development. RCT emerged from clinical observations that women's psychological development was deeply relational and that connection, not separation, was central to well-being (Miller, 1976). The theory expanded to

incorporate sociocultural analysis, recognizing that relational experiences are shaped by race, gender, class, sexuality, ability, and systemic oppression (Jordan, 2017; Lenz, 2016).

Although rooted in feminist scholarship, contemporary conceptualizations of RCT apply across diverse populations and contexts (Lenz, 2016). At its core, RCT provides a framework for understanding how growth-fostering relationships promote psychological wellness and how disconnection contributes to distress. Jordan (2017) emphasized that culture is not merely a backdrop to development but an active force that shapes relational processes. Relationships unfold within social contexts that are structured by power, privilege, and marginalization. This historical grounding is significant for the present study because it situates RCT not only as a theory of relationships, but as a framework that interrogates how relational processes unfold within inequitable systems. As such, it provides a lens for understanding the counseling experiences of Black former foster youth who navigate relational processes within a child welfare system shaped by systemic racial inequalities.

Core Constructs. RCT (Miller, 1976) is organized around specific core constructs that explain how growth occurs and how suffering develops. These constructs articulate the processes through which individuals move toward connection, the conditions under which relationships become growth-fostering, and the ways chronic disconnection and oppression interfere with development. The following core constructs of RCT guided this study's conceptual framing and interpretation of participants' lived experiences:

- Growth-Fostering Relationships and the Five Relational Outcomes
- Mutual Empathy and Mutual Empowerment
- Authenticity
- Disconnection

- Central Relational Paradox (Jordan, 2017)

These constructs are particularly relevant to understanding how Black former foster youth experienced their relationships with mental health counselors while in care. Given that foster care involvement is often marked by relational disruption, power imbalances, and racialized system interactions (Miranda et al., 2020; Pryce et al., 2019), RCT provides a lens for examining how connection, disconnection, and power operate within counseling relationships. Each of these constructs informs how participants' lived experiences are interpreted and how relational processes may either reinforce harm or promote growth.

Growth-Fostering Relationships. At the center of RCT is the concept of growth-fostering relationships. These relationships are characterized by mutual empathy, emotional responsiveness, authenticity, and relational engagement, which promote psychological development (Jordan, 2017). Rather than defining maturity as increased independence or separation, RCT conceptualizes development as an increasing capacity to participate in relationships marked by mutuality and emotional presence (Jordan, 2017). Miller and Stiver (1997) described five relational outcomes that emerge from growth-fostering relationships, often referred to as the "five good things." These include: (a) a sense of zest or vitality; (b) increased clarity about oneself, others, and the relationship; (c) a greater sense of worth; (d) an enhanced capacity to act or engage productively in the world; and (e) an increased desire for further connection. These outcomes are indicators that growth has occurred within the relational process. In RCT, the presence of these five outcomes signals movement toward psychological wellness and relational resilience (Jordan, 2017; Miller & Stiver, 1997).

Growth-fostering relationships, characterized by mutual empathy, authenticity, and relational engagement that promote psychological development, stand in direct contrast to

chronic disconnection (Jordan, 2017; Miller & Stiver, 1997). When individuals experience repeated invalidation, marginalization, or empathic failure that is not repaired, they may withdraw parts of themselves from relationship to maintain safety (Jordan, 2017). Over time, this withdrawal can contribute to shame, diminished relational competence, and rigid relational expectations. Notably, the absence of growth-fostering relationships is not neutral; it contributes to psychological suffering (Jordan, 2017). For youth involved in foster care, relational disruption is often a defining feature of their experience (Miranda et al., 2020; Smales et al., 2020). Removal from caregivers, placement instability, high turnover of professionals, and systemic power imbalances create conditions in which consistent, mutual relationships may be difficult to sustain. Research has documented that foster youth frequently report distrust of adults, hesitancy to engage in vulnerability, and expectations of abandonment (Miranda et al., 2020; Sapiro, 2020). Within an RCT framework, these patterns can be understood as adaptive strategies developed in response to chronic relational disruption rather than inherent relational deficits.

The construct of growth-fostering relationships is particularly salient for Black foster youth whose experiences unfold within systems marked by documented racial inequities and heightened surveillance (Dettlaff & Boyd, 2020; Roberts, 2022). RCT situates relational development within sociocultural contexts and acknowledges that privilege, marginalization, and power shape access to connection (Jordan, 2017). When youth experience racialized assumptions and implicit biases, relational disconnection may be compounded by experiences of invalidation tied to identity. In these contexts, growth-fostering relationships require not only empathy but also cultural responsiveness and awareness of systemic power.

Within counseling relationships, growth-fostering processes occur when youth experience feeling understood, responded to, and having an impact on the counselor (Jordan,

2017). The mutual recognition that both individuals matter in the relationship strengthens relational competence and fosters the five good things (Miller & Stiver, 1997). For Black former foster youth, understanding whether and how such relational experiences occurred with mental health counselors while in care is central to this study's purpose. Examining participants' descriptions of connection, disconnection, empowerment, and relational meaning provides insight into whether counseling relationships functioned as sites of disconnection or as opportunities for growth and connections.

The Five Good Things. Miller and Stiver (1997) identified five relational outcomes, often referred to as the "five good things," that emerge from relationships characterized by mutual empathy, authenticity, and responsiveness. These outcomes include: (a) a sense of zest, (b) increased clarity about oneself and others, (c) an enhanced sense of worth, (d) increased capacity to act, and (e) a desire for more connection. Jordan (2017) further emphasized that these outcomes are not incidental byproducts of connection but indicators of psychological growth occurring within relationship.

Zest refers to a renewed sense of vitality and energy that emerges from authentic relational engagement (Miller & Stiver, 1997). For foster youth, particularly those who have experienced trauma, repeated relational disruption, and instability, psychological functioning is often characterized by guardedness, hypervigilance, or emotional numbing (Miranda et al., 2020; Smales et al., 2020). A growth-fostering counseling relationship may interrupt patterns of withdrawal by creating experiences of safety and engagement. For Black foster youth navigating both relational loss and racialized system involvement, zest may manifest as renewed emotional vitality and willingness to participate more fully in relationships and future-oriented goals.

Clarity involves a deeper understanding of oneself, the other person, and the relationship itself (Miller & Stiver, 1997). Through mutual empathy, individuals gain greater insight into their emotions, needs, and relational patterns. For foster youth, clarity is particularly relevant to meaning-making processes. Youth who have experienced removal, placement instability, and systemic surveillance often carry fragmented or externally imposed narratives about their lives (Merritt, 2021; Miranda et al., 2020; Mitchell & Kuczynski, 2010). Within a growth-fostering counseling relationship, youth may begin to develop clearer internal narratives that distinguish between systemic failures, caregiver limitations, and their own intrinsic worth. This process is especially significant for Black foster youth whose experiences are shaped by both relational trauma and racialized assumptions (Merritt, 2021; Pryce et al., 2019).

An enhanced sense of worth emerges when individuals experience themselves as valued and mattering within relationship (Miller & Stiver, 1997). RCT posits that chronic disconnection often produces shame and diminished self-worth (Jordan, 2017). Many foster youth experience repeated messages of rejection, disposability, or deficiency through placement moves, case turnover, and institutional processes (Miranda et al., 2020; Mitchell & Kuczynski, 2010). For Black foster youth, these relational injuries may intersect with racialized assumptions and stereotypes that compound shame. A counseling relationship grounded in mutual respect and authenticity can serve as a counterforce to internalized shame by providing relational experiences of being seen, heard, and valued (Jordan, 2017; Jordan & Hartling, 2002).

Growth-fostering relationships *increase one's capacity to act* with agency and effectiveness (Miller & Stiver, 1997). Rather than fostering dependency, mutual empowerment enhances relational competence and confidence. For foster youth, particularly those who have experienced having a limited voice within court proceedings or service planning, empowerment

may involve reclaiming a sense of agency in decision-making and self-advocacy (Duffey & Trepal, 2016). For Black foster youth who are navigating systems marked by documented racial disparities (Pryce et al., 2019), relational empowerment may also involve developing critical awareness and the capacity to resist internalized narratives of deficiency.

Finally, growth-fostering relationships generate *an increased desire for more connection* (Miller & Stiver, 1997). Rather than reinforcing isolation, positive relational experiences expand one's openness to future relationships (Jordan, 2017). Foster youth frequently report distrust of adults and professionals due to repeated relational ruptures (Miranda et al., 2020; Sapiro, 2020). When counseling relationships model reliability and mutual responsiveness, they may gradually shift relational expectations. For Black foster youth who have experienced both personal and systemic relational injuries, this outcome may represent movement away from protective strategies of disconnection toward cautious but meaningful relational engagement.

While the "five good things" articulate the outcomes of growth-fostering relationships, Jordan (2017) further delineated the relational processes through which these outcomes emerge. These processes clarify how mutual empathy, authenticity, and relational responsiveness contribute to movement from disconnection toward connection. RCT emphasizes that growth does not occur automatically within relationship, but through intentional engagement and repair (Jordan, 2017). Examining these core constructs is critical in understanding how connection, disconnection, and power may operate within counseling relationships involving Black foster youth. Together, these constructs provide a framework for interpreting how counseling relationships may either reinforce patterns of disconnection or promote movement toward connection and relational resilience.

Mutuality and Mutual Empathy. At the core of RCT is the concept of *mutual empathy*, which Jordan (2017) describes as the primary mechanism through which growth occurs in relationship. Unlike traditional models, RCT positions empathy as a relational process. In mutual empathy, both individuals are emotionally impacted by and responsive to one another. Growth emerges when each person experiences being seen, heard, and moved by the other, and when each recognizes their effect on the relationship (Jordan, 2017).

Within counseling relationships, mutual empathy does not imply equality of role or responsibility. Counselors retain professional responsibility and decision-making influence. However, RCT asserts that even within inherently asymmetrical relationships, growth occurs when both individuals experience responsiveness and a sense of mattering (Jordan, 2017). When a youth perceives that their thoughts, emotions, and lived experiences genuinely affect the counselor, a shift occurs from isolation toward connection. This experience of mattering is central to psychological development (Jordan, 2017).

For youth in foster care, mutual empathy carries particular significance. Many foster youth have experienced repeated relational disruptions, removal from caregivers, placement instability, and interactions with professionals in which their voices were minimized or overridden (Mitchell & Kuczynski, 2010; Smales et al., 2020). Within such contexts, relationships often function through surveillance, assessment, and compliance rather than authentic connection (Merritt, 2021; Pryce et al., 2019; Roberts, 2022). RCT suggests that growth cannot occur under chronic conditions of disconnection or silencing. Instead, healing requires relational experiences in which youth feel understood and have the opportunity to express the impact of disconnections without fear of further rejection (Jordan, 2017; Miller & Stiver, 1997).

Mutual empathy, therefore, is not simply an interpersonal skill but a relational experience of connection. When foster youth are able to express anger, fear, mistrust, or disappointment within the counseling relationship and are met with responsiveness rather than defensiveness, empathic failures can be repaired. Jordan (2017) emphasizes that growth often occurs at the site of disconnection when it is acknowledged and worked through. In these moments, youth may begin to revise internal expectations that relationships inevitably lead to invalidation or abandonment.

Closely tied to mutual empathy is *mutual empowerment*. In RCT, empowerment is not conceptualized as individual independence or self-sufficiency; rather, it refers to an increased capacity to act within and through relationship (Jordan, 2017). In growth-fostering relationships, both individuals experience zest, clarity, and relational competence (Miller & Stiver, 1997). For foster youth, whose system involvement may have diminished their sense of agency, empowerment emerges when they experience that their perspectives influence the counseling process and that their insights are valued (Jordan, 2017; Sapiro, 2020).

Within child welfare contexts, power imbalances are unavoidable. Counselors may be part of systems that document, report, or influence permanency decisions. RCT does not deny these structural realities; instead, it calls for intentional awareness of how power operates within relationships. Mutual empowerment occurs when counselors acknowledge power differentials while actively creating space for youth voice, choice, and relational participation (Jordan, 2017; Miller & Stiver, 1997). While counseling cannot eliminate structural racism or institutional power imbalances, it can prevent those dynamics from being reproduced within the counselor and youth relationship.

In the context of this study, the constructs of mutual empathy and mutual empowerment guided examination of how Black former foster youth experienced counseling relationships while in care. RCT posits that growth occurs when individuals experience being understood, responded to, and having an impact within relationship, even in the presence of structural power differentials (Jordan, 2017; Miller & Stiver, 1997). Mutual empathy and mutual empowerment attend to how power is acknowledged, negotiated, and experienced within therapeutic relationships (Jordan, 2017). Within the child welfare context, these constructs provide a lens for evaluating whether counseling relationships created space for meaningful participation. Understanding these dynamics is essential for identifying what constitutes growth-fostering counseling relationships for Black foster youth navigating the foster care system.

Relational Authenticity. Relational authenticity is a central construct within RCT and refers to the ability to express one's thoughts, emotions, and lived experiences honestly within a relationship while remaining aware of how that expression affects the other person (Jordan, 2017). Authenticity in RCT does not mean unfiltered disclosure or emotional impulsivity. Rather, it involves thoughtful and attuned self-expression that supports connection and mutual growth. Authenticity is therefore relationally responsible as it considers both self-expression and relational impact (Jordan, 2017). Within RCT, authenticity is essential for fostering trust and deepening relational engagement (Jordan, 2017).

In counseling relationships, relational authenticity requires more than encouraging youth to open up. It involves the counselor's congruent presence, emotional responsiveness, and willingness to engage in relational repair when misunderstandings or ruptures occur (Jordan, 2017). The counselor does not position themselves as distant, neutral, or detached. Instead,

authenticity involves a grounded and transparent presence that fosters trust while maintaining appropriate professional boundaries (Jordan, 2017).

For youth involved in foster care, relational authenticity is critical for connection. Many foster youth experience repeated relational disruptions, placement instability, and interactions with professionals embedded within systems of documentation and authority (Miranda et al., 2020; Mitchell & Kuczynski, 2010; Roberts, 2022). In response, youth may develop protective strategies such as guardedness, emotional withdrawal, or testing of relational safety (Miranda et al., 2020; Sapiro, 2020). Within this context, authentic engagement from a counselor can communicate consistency, emotional steadiness, and willingness to remain present even when tension or disagreement arises. For Black foster youth, authenticity must also be situated within racialized and power-laden contexts. Authentic engagement includes acknowledging sociocultural realities, including racism and systemic inequities, rather than minimizing or avoiding those dynamics (Jordan, 2017). Authenticity requires awareness of how race, power, and marginalization shape relational experiences (Jordan & Hartling, 2002).

In the context of this study, relational authenticity provides a lens for examining whether Black former foster youth experienced their counselors as emotionally genuine, responsive, and willing to remain engaged through relational tension. It also invites exploration of whether participants felt able to represent their full selves within counseling relationships or whether they perceived the need to suppress aspects of their identity, emotion, or perspective to maintain connection. Relational authenticity addresses both self-expression and relational safety within counseling relationships (Jordan, 2017). It also offers a framework for understanding how youth navigated vulnerability within systems shaped by power and surveillance (Pryce et al., 2019;

Roberts, 2022). Understanding these dynamics is essential for identifying how authenticity functioned within counseling relationships for Black foster youth.

Disconnection. RCT views disconnection as a normal and inevitable part of relationships (Jordan, 2017). Disconnections occur when one person experiences misunderstanding, invalidation, exclusion, humiliation, or injury within a relational interaction. Acute disconnections are common in all relationships and are not inherently harmful. When they are acknowledged and repaired, they can become powerful sites of growth. Repair communicates mattering, strengthens trust, and increases relational competence (Jordan, 2017).

However, when disconnections are not addressed, particularly in relationships marked by power asymmetries, they can become chronic (Jordan, 2017). Chronic disconnection develops when individuals repeatedly experience their thoughts, emotions, or needs as dismissed, minimized, or punished (Jordan, 2017; Jordan & Hartling, 2002). Over time, individuals may internalize these relational failures, which can result in shame, withdrawal, and protective strategies of disconnection (Jordan & Hartling, 2002; Miller & Stiver, 1997). Jordan (2017) describes how individuals in positions of lesser power are especially vulnerable to chronic disconnection when they are unable to express relational hurt safely. When attempts to represent pain are met with defensiveness, denial, or silence, individuals may learn to suppress aspects of themselves in order to preserve the relationship. Although these strategies are protective, they ultimately reinforce isolation and disempowerment (Jordan & Hartling, 2002; Miller & Stiver 1997).

Within the foster care system, youth frequently encounter relational disruptions across multiple domains, including removal from caregivers, placement changes, school transitions, and turnover of professionals (Miranda et al., 2020; Mitchell & Kuczynski, 2010). In addition to

these structural disruptions, youth may experience relational disconnections within counseling relationships if their emotions are minimized, if cultural experiences are overlooked, or if disagreement is interpreted as resistance rather than communication. When disconnections are not repaired, counseling relationships may inadvertently replicate broader patterns of invalidation and power imbalance. For Black foster youth, chronic disconnection may also be shaped by racialized assumptions, controlling narratives, and systemic inequities that influence how behavior, emotion, and family dynamics are interpreted (Collins et al., 2018; Jordan, 2017). When youth perceive that their lived realities are misunderstood or dismissed, disconnection can deepen. In contrast, when counselors acknowledge rupture, respond with empathy, and remain engaged, moments of disconnection can become opportunities for relational resilience.

In the context of this study, disconnection provides a critical lens for understanding how Black former foster youth described experiences of relational rupture, mistrust, or emotional withdrawal within counseling relationships. The study attended not only to whether connection was present, but also to how participants experienced disconnection in their counseling relationships. Within RCT, disconnection is understood as a relational experience that emerges when individuals feel misunderstood, dismissed, or unable to express hurt safely (Jordan, 2017; Jordan & Hartling, 2002). Examining disconnection involves asking whether ruptures were acknowledged and repaired or whether they led youth to withdraw and become more guarded. For Black foster youth, these experiences may intersect with broader patterns of invalidation that shape expectations of relationships (Jordan, 2017; Merritt, 2021).

Central Relational Paradox. One of RCT's key concepts is the central relational paradox. The paradox suggests that although individuals deeply desire connection, they simultaneously develop strategies of disconnection to protect themselves from anticipated

relational harm (Jordan, 2017; Miller & Stiver, 1997). When past relationships have resulted in shame, betrayal, invalidation, or abandonment, individuals may conclude that bringing their full selves into relationship is unsafe. As a result, they withhold vulnerability to remain protected, even while longing for authentic connection (Jordan, 2017; Miller & Stiver, 1997).

This paradox is especially relevant for youth in foster care. Removal from caregivers, placement instability, and repeated relational disruptions may intensify both the desire for connection and the fear of it (Miranda et al., 2020; Mitchell & Kuczynski, 2010). For Black foster youth, these relational risks may be compounded by racialized experiences within systems marked by surveillance, bias, and power imbalances (Kokaliari et al., 2019; Merritt, 2021; Pryce et al., 2019). In this context, strategies such as emotional withdrawal, guardedness, or silence may function as adaptive responses rather than resistance (Miranda et al., 2020; Sapiro, 2020).

Within counseling relationships, the central relational paradox may emerge when youth want support and understanding but fear that disclosure will result in judgment, broken confidentiality, or cultural misunderstanding. When relational injuries occur, youth may further restrict authenticity to maintain safety. RCT does not pathologize these protective strategies; rather, it understands them as efforts to survive within environments where connection has not consistently been safe (Jordan, 2017). The paradox requires attention to how counselors interpret guardedness, silence, or hesitation, not as resistance, but as responses shaped by prior experiences of disconnection. When counselors acknowledge this tension and remain engaged, opportunities for relational repair may emerge (Jordan, 2017; Miller & Stiver, 1997).

In the context of this study, the central relational paradox provided a lens for understanding how participants navigated tension between their need for supportive counseling relationships and their efforts to protect themselves from further relational harm. This construct

allowed for interpretation of both longing for connection and patterns of guardedness. It also supported examination of how participants made meaning of moments when they chose vulnerability and how those moments were received within counseling relationships. Attending to this paradox was essential for understanding whether counseling relationships functioned as sites of safety and relational connection or reinforced patterns of disconnection for Black foster youth.

Relational-Cultural Theory in Counseling

RCT's core constructs outlined above have been operationalized and examined across counseling and applied research contexts. Relevant studies have drawn directly from RCT to examine how growth-fostering relationships, mutual empathy, authenticity, and relational disconnection function in the lives of marginalized populations. Collectively, this body of work demonstrates that connection operates as a central developmental mechanism consistent with RCT's foundational assumptions.

Growth-Fostering Relationships and Psychological Outcomes

One of RCT's central propositions is that growth-fostering relationships contribute to psychological well-being and resilience (Jordan, 2017). Mereish and Poteat (2015) conducted a study of 661 sexual minority adults examining whether growth-fostering relational qualities were associated with psychological distress and resilience. This included mutual empathy and authenticity alongside indicators of psychological distress and resilience. Using validated relational measures grounded in RCT, findings indicated that higher levels of growth-fostering relational qualities were associated with lower psychological distress and greater resilience. Additionally, Mereish and Poteat (2015) found that relational quality moderated the impact of minority stress. These findings align with RCT's assertion that mutual, growth-fostering

connections function as protective factors in contexts of marginalization. These findings also provide empirical support for RCT's assertion that mutual empathy and relational engagement function as protective processes (Mereish & Poteat, 2015).

Similarly, Storlie et al. (2017) applied an RCT lens in a qualitative study exploring career development among 40 female youth of color. Through narrative analysis, the researchers found that relational support from family members, mentors, and educators were central to their sense of agency and vocational clarity. Career decision-making was embedded within relational networks rather than framed as individual autonomy. These findings align with RCT's contention that development unfolds through relational networks and that connection supports agency, clarity, and empowerment. Together, these studies support RCT's proposition that relational quality is associated with psychological well-being and developmental growth (Mereish & Poteat, 2015; Storlie et al., 2017).

Mutual Empathy, Trust, and Engagement in Counseling Relationships

RCT identifies mutual empathy as the primary mechanism through which growth occurs (Jordan, 2017). Several counseling studies have examined how relational responsiveness influences engagement and trust. Sapiro (2020) conducted qualitative research exploring how marginalized adolescent girls assessed trustworthiness in mental health treatment. Participants described evaluating clinicians based on emotional attunement, consistency, and the ability to tolerate vulnerability. When clinicians demonstrated responsiveness and repair following relational ruptures, youth reported increased willingness to engage. When empathic failures were not acknowledged, participants described withdrawing (Sapiro, 2020). These findings operationalize RCT's emphasis on mutual empathy and repair of disconnection as central to relational growth.

In a counseling training context, Duffey et al. (2016) examined the application of RCT within supervision. Using a quasi-experimental design, the study assessed whether supervision grounded in relational-cultural principles influenced supervisory alliance and trainee development. Findings indicated that RCT-informed supervision was associated with stronger relational engagement and perceived mutuality (Duffey et al., 2016). This study demonstrates that RCT is not solely conceptual but has been translated into structured interventions within counselor education. Importantly, it reinforces the idea that mutual empathy and relational authenticity are teachable relational competencies in counseling. Across these studies (Duffey et al., 2016; Sapiro, 2020), mutual empathy is examined as observable relational responsiveness rather than just a theoretical concept. The findings support RCT's position that relational attunement and repair influence psychological engagement and developmental growth.

Sociocultural Context and Relational Power

A central contribution of Relational–Cultural Theory is its emphasis that relational development is inseparable from the social and cultural environments in which people live. RCT posits that relationships are embedded within systems of power that are shaped by race, gender, sexuality, class, and other sociocultural identities (Jordan, 2017). Cultural factors actively influence who is granted power, whose experiences are validated, and whose voices are marginalized (Jordan & Hartling, 2002). From an RCT perspective, chronic disconnection is often produced not only by interpersonal ruptures but also by structural inequities that constrain access to growth-fostering relationships (Jordan, 2017).

Contemporary scholarship has extended RCT into intersectional counseling contexts to examine how relational dynamics are shaped by systemic oppression. For example, Chan et al. (2021) applied RCT in their work with older LGBTQ+ adults of color, a population navigating

intersecting forms of marginalization related to age, race, and sexual identity. Grounded in RCT, the findings emphasized relational authenticity, cultural responsiveness, and mutual empowerment as critical processes in counseling. This study highlighted how experiences of racism, heterosexism, and ageism contribute to chronic relational disconnection, and how therapeutic relationships that explicitly acknowledge identity and power can foster relational resilience (Chan et al., 2021). In this context, RCT was not used just as a relational framework, but as a lens for understanding how sociocultural marginalization shapes psychological experience.

Similarly, Branco (2022) applied RCT to transracial adoptive families, examining how racial identity, power, and belonging operate within adoptive parent–child relationships. Drawing from RCT's constructs of authenticity, mutual empathy, and relational repair, the findings emphasized the importance of adoptive caregivers engaging in culturally attuned conversations about race and identity rather than avoiding them. The analysis underscored that when racial differences are minimized or ignored, relational disconnection may occur. Conversely, when caregivers acknowledge systemic racism and validate racial identity, relational trust and empowerment are strengthened (Branco, 2022). This application demonstrates how RCT can illuminate the relational consequences of power imbalances and racial silence within family systems. These studies illustrate that RCT is a sociocultural grounded theory that examines how power, privilege, and marginalization shape relational possibilities. By centering mutual empathy, authenticity, and relational repair within contexts marked by inequity, RCT provides a framework for understanding how counseling relationships can either replicate patterns of silencing and disconnection or disrupt them.

Although a less recent study, Munson et al. (2010) conducted a related study and reported that youth in foster care have experienced a myriad of failed relationships and exit foster care with a lack of meaningful and supportive relationships in their lives. Their research focused on older youth exiting foster care from the RCT framework and found that important qualities of mentoring relationships for exiting foster care youth included: (a) trust; (b) consistency; (c) empathy; and (d) authenticity (Munson et al., 2010). These findings reflect core RCT constructs and underscore the importance of relational stability for youth who have experienced repeated disruptions.

For the present study, this sociocultural grounding was essential to interpreting Black former foster youths' relational experiences. Examining counseling relationships through an RCT lens allows for attention not only to whether connection occurred, but also to how race, power, and systemic context influenced the possibility of growth-fostering engagement. Much of the existing RCT literature has focused on counseling and marginalized populations broadly; however, its central constructs of mutual empathy, authenticity, disconnection, and relational repair are especially relevant for understanding how Black former foster youth experienced counseling relationships within a racially inequitable child welfare system.

Shifting Power Imbalances

Children's Rights (2021) emphasized that the lived experiences of Black children and families offer critical insight into how oppression operates at the front end of the child welfare system. Policies and laws are created by those in positions of authority and often fail to account for how they impact the communities they regulate, especially in the child welfare system. As discussed throughout this literature review, racial bias in the surveillance and reporting of Black families contributes to counseling practices operating within unequal power dynamics. This is

evident in research demonstrating how child welfare professionals' perceptions and decisions are shaped by racialized assumptions when working with Black families (Pryce et al., 2019). These dynamics underscore the importance of examining how Black former foster youth experienced foster care and their relationships with counselors within systems already marked by power imbalances. RCT addresses power imbalances by recognizing that relational experiences are shaped by intersecting identities such as race, gender, and class, and by attending to how oppression influences who holds power, whose voices are validated, and whose experiences are minimized within relationships (Jordan, 2017).

Role of Social Connections and Relationships in Foster Care

Counselors can play a pivotal role in the lives of foster youth as, for many, they are the only constant relationship in their lives. Relational connections are fundamental for all young people and especially for foster youth, given how often foster care involves disrupted relationships and the need to continually assess whether adults are trustworthy (Miranda et al., 2020; Smales et al., 2020). Former foster youth were interviewed and asked about what family, belonging, and permanency mean to them and one stated:

> Permanency was never discussed with me. I didn't know what the word was. Going through the system with no family, that's almost more traumatic than being abused…The only permanent thing in my life was yearly court and my social worker (Child Welfare Information Gateway, 2019, p. 2).

Scholars emphasize that social connectedness plays a central role in young people's developmental, psychological, and physical health trajectories (Miranda et al., 2020; Smales et al., 2020). For youth in foster care, this need for connection is intensified due to disrupted attachments, placement instability, and relational losses. In a qualitative study of 10 former foster

youth aged 18–27, Smales et al. (2020) found that participants frequently described feeling unheard, unsupported, and disconnected from caregivers and caseworkers during their time in care. Participants reported that their health needs were often minimized, addressed reactively rather than preventatively, and managed in ways that felt procedural rather than relational. Importantly, youth linked feeling uncared for and dismissed to poorer mental and physical health outcomes (Smales et al., 2020), suggesting that the absence of meaningful relational engagement contributed directly to diminished well-being.

Similarly, Miranda et al. (2020) conducted a narrative inquiry with six former foster youth examining attachment and relational experiences. Participants described themes including trauma, trust difficulties, anxieties, disrupted relationship styles, and ongoing parenting concerns. These narratives illustrate how relational instability and disrupted attachment patterns extend beyond foster care and shaped participants' expectations of future relationships. Collectively, these studies (Miranda et al., 2020; Smales et al., 2020) demonstrate that social connectedness influences health, attachment security, trust development, and overall psychological well-being among youth with foster care experience.

There was a substantial need to bridge the gap of understanding Black former foster youths' experiences with their counselors while in care and the practices needed to promote growth-fostering relationships to prevent continued poor outcomes for the most vulnerable and silenced foster youth. Social connectedness shapes how foster youth learn to interpret safety, belonging, and relational reliability (Miranda et al., 2020; Smales et al., 2020). When connections are repeatedly disrupted or experienced as dismissive, trust becomes complicated, often emerging as a central relational concern for youth in care (Miranda et al., 2020).

Trust Issues

Trust issues associated with foster care experiences were a prevalent theme identified across research and notably was not a new discovery (Miranda et al., 2020; Roberts, 2014; Unrau et al., 2008). In this context, trust issues do not simply refer to general guardedness; rather, they reflect adaptive relational strategies developed in response to repeated disruptions, perceived betrayal, and instability within caregiver and professional relationships. Removal from biological families, placement changes, school transitions, and shifts in caseworkers or service providers create cumulative relational ruptures that shape foster youths' expectations of adults (Miranda et al., 2020; Mitchell & Kuczynski, 2010; Smales et al., 2020). Over time, these experiences may contribute to anticipatory distrust, emotional withdrawal, and heightened vigilance within relationships.

Miranda et al. (2020)'s narrative inquiry with six former foster youth, identified trust issues as a central theme in participants' long-term relational patterns across adulthood. Key findings relevant to trust centered on how participants understood and interpreted the intentions of adults in their lives. Some described perceiving foster parents, counselors, and social workers as adversarial or primarily focused on system compliance rather than their well-being. Importantly, participants also indicated that trust could develop when adults demonstrated consistency, follow-through, and relational dependability (Miranda et al., 2020). In the context of trust issues, withdrawal can be understood as a protective strategy. Sapiro (2020) found that marginalized youth often disengage from adults when prior experiences have communicated that adults are unreliable or unsafe, suggesting that distancing may function as self-protection rather than defiance (Sapiro, 2020).

For counselors working with foster youth, trust is therefore not assumed but negotiated. High turnover among caseworkers and providers can reinforce expectations of impermanence, making consistency and relational follow-through particularly critical. The relational impact of counseling interactions may extend beyond the immediate therapeutic encounter, especially for Black youth whose experiences of mistrust may be compounded by broader systemic inequities (Roberts, 2014). Within this context, consistency in communication and follow-through may hold particular weight in shaping whether trust develops or erodes. Attending to these dynamics is essential for understanding how counseling relationships may either interrupt or reinforce patterns of distrust formed within foster care experiences.

Lived Experiences Research

There are numerous studies related to examining the lived experiences of foster youth that use a phenomenological methodology. Specifically, lived experiences of youth involved in foster care and juvenile justice systems (Simmons-Horton, 2021), experiences of health of youth in out-of-home placements (Smales et al., 2020), lived experiences of seeking healthcare services after foster care (Collins et al., 2018), lived experiences of motherhood of teen mothers in foster care (Aparicio et al., 2015), the lived experiences of youth during their first year after exiting foster care (Rome & Raskin, 2019), and lived experiences of sexual health of sexual minority females in foster care (Salerno et al., 2020). Much of this research has utilized phenomenological, interpretive phenomenological analysis (IPA), narrative inquiry, and other qualitative approaches designed to foreground meaning-making rather than administrative outcomes. Collectively, these studies illuminate how youth interpret system involvement, relational instability, and institutional power, offering insight that quantitative indicators alone cannot capture.

Phenomenological research has been particularly valuable in documenting how foster youth experience relational disruption, systemic trauma, and institutional betrayal. For example, Simmons-Horton (2021) used a phenomenological approach with 10 dual-involved youth to examine their lived experiences across foster care and juvenile justice systems. Through semi-structured interviews, participants described environmental and systemic trauma, a pervasive absence of normalcy, and long-term hesitation to form trusting relationships in adulthood when relational ruptures went unaddressed (Simmons-Horton, 2021). These findings suggest that relational rupture is not confined to a discrete event but instead shapes how foster youth come to expect relationships to function over time.

Similarly, Smales et al. (2020) conducted a descriptive phenomenological study with 10 young adults aged 18–27 with lived experience in foster care. Using purposive sampling and thematic analysis, four central themes emerged: youth's experience of care did not align with formal definitions of care; the system often failed to meet their needs; their voices were marginalized; and caregivers required greater support in the form of training and guidance. Notably, participants described their health concerns being minimized and interactions with professionals feeling procedural rather than relational (Smales et al., 2020). These findings highlight how the absence of meaningful relational engagement contributed to diminished well-being, reinforcing the centrality of social connectedness in foster youths' health trajectories.

Interpretive methodologies have further deepened understanding of relational meaning-making. Aparicio et al. (2015), using IPA, conducted 18 semi-structured interviews with six former foster youth who became teen mothers while in foster care. Their analysis explored how participants constructed meaning around motherhood within the foster care system, identifying the influence of institutional systems, relational supports, and structural barriers. Aparicio et al.

(2015) emphasized that when youths' perspectives are not centered, interventions tend to be shaped by institutional assumptions rather than by how young people actually experience foster care and motherhood. Without understanding how youth make meaning of their relationships, identities, and systemic barriers, services risk misinterpreting their needs and responding in ways that do not align with their lived realities. This can result in unintentionally reinforcing the very structural inequities that make their lives more complex within the foster care system (Aparicio et al., 2015). Moreover, IPA is rooted in the hermeneutic phenomenology philosophy and approach in that the data analysis uniquely positions the researcher to have multiple lenses or interpretations of the data (Peoples, 2021).

Narrative inquiry has also been used to explore attachment and long-term relational functioning. Miranda et al. (2020), in a narrative study of six foster care alumni, identified themes of trauma, trust difficulties, anxieties, disrupted relational styles, and enduring impacts on adult attachment patterns. These findings underscore that foster care experiences extend beyond placement duration and shape long-term patterns in how foster youth relate to others (Miranda et al., 2020). Across qualitative methodologies, several consistent patterns emerge in the lived experiences literature. Foster youth frequently describe relational instability, feeling unheard or dismissed by adults, chronic mistrust, and ongoing difficulty forming secure attachments (Miranda et al., 2020; Simmons-Horton, 2021; Smales et al., 2020; Unrau et al., 2008). Participants across these studies linked disrupted placements, inconsistent caregiving, and unaddressed trauma to challenges in trusting adults and sustaining meaningful connections (Miranda et al., 2020; Simmons-Horton, 2021; Smales et al., 2020). While these studies document rich lived experiences across domains such as health (Smales et al., 2020), dual-system involvement (Simmons-Horton, 2021), attachment and relational meaning-making

(Miranda et al., 2020), and transition-related experiences (Cunningham & Diversi, 2013; Rome & Raskin, 2019), comparatively fewer studies have explicitly examined youths' experiences within counseling relationships during foster care.

Given the documented racial inequities embedded within the child welfare system, and the relational disruptions inherent to foster care placement, hermeneutic phenomenology provides an appropriate methodological approach. Rather than seeking to bracket interpretation, hermeneutic phenomenology acknowledges that meaning is co-constructed through dialogue and situated within sociocultural context (Peoples, 2021). This orientation is particularly suited to examining how Black former foster youth understand connection, disconnection, trust, and power within counseling relationships. While prior research has illuminated the lived experiences of foster youth broadly, there remains a gap in understanding the essence of growth-fostering relationships as experienced by Black former foster youth with mental health counselors during foster care. This study sought to address that gap by centering Black former foster youths' interpretive accounts through a hermeneutic phenomenological approach, allowing their meaning-making to guide the analysis, and situating those interpretations within Relational–Cultural Theory and the documented racial context of child welfare involvement.

Gaps in the Literature

There is a substantial body of literature that highlights the disparities, disproportionalities, and adverse outcomes associated with foster care involvement, particularly for Black youth (Dettlaff & Boyd, 2020; Kahn & Hansen, 2017; Pryce et al., 2019; Thurston & Miyamoto, 2020). Research has consistently documented racial inequities across reporting, investigation, substantiation, removal, placement stability, and permanency outcomes (Dettlaff & Boyd, 2020; Pryce et al., 2019; Roberts, 2022). Furthermore, qualitative research has examined

these dynamics through the lived experiences of child welfare professionals, parents, and system-involved caregivers (Merritt, 2021; Mixon-Mitchell & Hanna, 2017). Studies have illuminated how racialized assumptions shape risk assessment and decisions (Ards et al., 2012; Pryce et al., 2019), how parents experience surveillance and judgment (Merritt, 2021), and how systemic processes contribute to relational rupture (Mixon-Mitchell & Hanna, 2017).

However, comparatively fewer studies have centered Black former foster youth themselves, particularly regarding their experiences within counseling relationships during foster care. While existing literature documents trust difficulties, relational instability, and disrupted attachment patterns (Miranda et al., 2020; Smales et al., 2020), it does not sufficiently explore how Black former foster youth interpreted and made meaning of their relationships with mental health counselors while in care. This study seeks to address that gap by exploring the phenomenon of growth-fostering relationships with Black former foster youth and their mental health counselor(s) during foster care, guided by RCT. Centering the voices of those with lived experience is critical to informing counseling practices that move beyond procedural engagement toward relational approaches that promote trust, authenticity, and mutual growth within child welfare contexts characterized by persistent racial disproportionality and differential decision-making (Ards et al., 2012; Pryce et al., 2019; Roberts, 2014).

Statement of the Problem

Collectively, this body of research demonstrates that racial disparities within the child welfare system are persistent and well documented. Studies have illuminated how racialized assumptions shape risk assessment and decision-making, how families experience surveillance and judgment, and how systemic processes contribute to relational rupture for Black children and families (Merritt, 2021; Mixon-Mitchell & Hanna, 2017; Pryce et al., 2019). Research further

indicates that foster youth frequently experience relational instability, mistrust of adults, and disruptions in attachment that extend beyond their time in care (Miranda et al., 2020; Smales et al., 2020).

Relational–Cultural Theory (Miller, 1976) provides a conceptual framework for understanding how growth occurs through connection and how chronic disconnection contributes to psychological distress (Jordan, 2017). Empirical applications of RCT within counseling contexts suggest that mutual empathy, authenticity, and relational repair are associated with resilience and engagement, particularly among marginalized populations (Mereish & Poteat, 2015; Sapiro, 2020). However, despite the documented importance of growth-fostering relationships and the well-established racial context of child welfare involvement, limited research has examined how Black former foster youth experienced counseling relationships during foster care.

While existing studies examined systemic inequities and lived experiences across domains such as health and well-being in foster care (Collins et al., 2018; Smales et al., 2020), justice system involvement among foster youth (Simmons-Horton, 2021), and transition to adulthood and following foster care (Rolock & Pérez, 2018; Rome & Raskin, 2019), fewer studies have centered Black former foster youths' interpretive accounts of their relationships with mental health counselors while in care. As a result, there remained insufficient understanding of how Black former foster youth experienced growth-fostering relationships with their counselors. To address this gap, the present hermeneutic phenomenological study examined the lived experiences of Black former foster youth and their growth-fostering relationships with mental health counselors during foster care. Grounded in RCT, this study sought to interpret how

participants made meaning of relational connection, relational rupture, and growth within counseling relationships situated within broader sociocultural inequities.

Chapter Summary

This chapter reviewed literature relevant to the lived experiences of Black former foster youth and the development of growth-fostering counseling relationships while in foster care. It examined the history and operational structure of the child welfare system, the impacts of foster care on youth, and the racial disproportionality, disparities, and implicit biases that shape Black youths' experiences within the system. The chapter also presented Relational-Cultural Theory as the conceptual framework for the study, with attention to growth-fostering relationships, mutual empathy, authenticity, disconnection, relational power, and the sociocultural conditions that influence connection and healing. Additionally, this chapter reviewed literature on social connections, trust, and lived experiences research related to foster youth and counseling. Finally, the chapter identified key gaps in the literature, including the limited research centering the voices of Black former foster youth in understanding how they experienced counseling relationships while in foster care. Chapter 3 outlines the methodological approach used to examine these experiences, including the study design, participant recruitment, data collection, and data analysis processes.

CHAPTER 3: METHOD

Bloomberg and Volpe (2019) emphasized that methodology guides the researcher's thinking throughout the study, informing decision-making processes and shaping how the researcher engages with participants and interprets the data generated. This chapter provides the research method's design and rationale, the researcher's positionality statement, and discusses selection and recruitment of participants and instruments used to conduct this study. Additionally, this study's data collection and analysis methods, ethical considerations, trustworthiness, and limitations and delimitations of the study are discussed in this section. This includes how transcripts were prepared, how meaning was generated through the hermeneutic circle, and how credibility was strengthened through member checking and peer processes. This study was guided by the following research questions:

1. What are the lived experiences of Black former foster youth?
2. What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

Research Design and Rationale

In this study, an interpretive phenomenological methodology was selected because it allows for intentional attention to both the researcher's interpretive stance and participants' lived experiences, with an emphasis on uncovering the deeper meanings that shape actions and relational interactions (Bloomberg & Volpe, 2019). While narrative research similarly explores individuals' lives and ethnographic research interprets shared cultural patterns within a group (Creswell & Poth, 2018), interpretive phenomenological research aligned best with this study because it sought to understand and describe the meaning of Black former foster youths' lived experiences. Consistent with hermeneutic phenomenology, the goal was not to reduce

participants' experiences into discrete variables, but to interpret how participants made meaning of foster care and counseling relationships within the contexts that shaped their experiences.

Heidegger's (1962) hermeneutic phenomenology guided the philosophical foundation of this study. In contrast to Husserl's transcendental phenomenology, which emphasizes bracketing presuppositions to describe phenomena as purely as possible (Husserl, 1960), and Moustakas' (1994) methodological extension of transcendental phenomenology, hermeneutic phenomenology assumes that interpretation is inevitable and that understanding is always situated. Heidegger (1962) argued that individuals are always already embedded in a historical, cultural, and relational world, and therefore meaning is disclosed through interpretation rather than detached description. Understanding occurs through iterative movement between parts and whole, a process later elaborated by Gadamer (2004) as the hermeneutic circle. This interpretive stance aligned with the purpose of the present study, which sought not only to describe Black former foster youths' counseling experiences, but to interpret how those experiences were understood within broader relational and racialized contexts.

RCT (Miller, 1976) functioned as the theoretical framework for this study. RCT conceptualizes culture as an active force shaping relational development (Jordan, 2017; Walker, 2005). From this perspective, relational experiences are embedded within sociocultural contexts structured by power, privilege, and marginalization (Jordan & Hartling, 2002). Consistent with this orientation, RCT provided an interpretive lens for examining how participants described connection and disconnection within counseling relationships. Specifically, it guided attention to relational processes such as mutual empathy, authenticity, voice and agency, and cultural attunement as central to whether counseling was experienced as growth-fostering or disconnecting (Jordan, 2017; Miller & Stiver, 1997).

Hermeneutic Phenomenology Approach

In phenomenological research, two primary philosophical traditions guide methodological orientation: transcendental phenomenology and hermeneutic phenomenology (Creswell & Poth, 2018; Peoples, 2021). Transcendental phenomenology, grounded in the work of Husserl (1960), emphasizes the process of epoché, or bracketing, in which the researcher intentionally reflects upon and sets aside prior assumptions, judgments, and personal experiences in order to attend closely to the essence of a phenomenon as it is described by participants. Transcendental phenomenology rejects the use of theoretical frameworks as Husserl approached phenomena with no assumptions. Furthermore, transcendental phenomenology seeks to minimize the intrusion of pre-understandings during data analysis so that the phenomenon can be examined as directly and descriptively as possible (Husserl, 1960). Moustakas (1994) later operationalized the transcendental phenomenological approach through procedures such as epoché, phenomenological reduction, and imaginative variation.

In contrast, hermeneutic phenomenology, associated with Heidegger (1962), rejects the possibility of complete bracketing and instead asserts that interpretation is inherent to human understanding. From this perspective, researchers inevitably bring historical, cultural, and experiential contexts to the interpretive process. Meaning is not discovered in a purely objective sense but is co-constructed through engagement with participants' narratives. Hermeneutic phenomenology therefore acknowledges the researcher's experiences and views interpretation as central to understanding lived experience. Accordingly, this study's analysis involved repeated returns to participants' words as the researcher moved between (a) individual participant excerpts, (b) within-case meanings, and (c) cross-case thematic patterns, revising interpretations as the analytic "whole" became clearer. Because the hermeneutic circle assumes understanding is

not linear, the analysis in this study incorporated iterative cycles of reading, coding, interpreting, and returning to the developing thematic whole to understand the meaning of the lived experiences of Black former foster youth.

Researcher Positionality Statement

Jones et al. (2014) emphasized the importance of researchers critically examining their own standpoint and positionality prior to engaging in a study in order to reduce the likelihood that their interpretations simply reflect their own assumptions and experiences rather than authentically representing participants' lived experiences. Having spent the past 16 years of the researcher's career working either directly serving children in foster care, transition-age foster youth who are transitioning out of foster care, or vulnerable populations that are proximate to the foster care system, the researcher witnessed the disparities experienced by Black youth within the foster care system. The researcher's interest in this research was driven by a desire to lift the voices of Black former foster youth so their lived experiences could guide improvements in counseling practice and counseling experiences. As a counselor educator and Licensed Clinical Mental Health Counselor, the researcher was committed to leveraging the voices of those most impacted by the foster care system to inform counselors' practices with Black former foster youth. The researcher also intended for this research to contribute to counseling practices, policy, and future studies by centering lived experience and making decisions based on what was learned from those who experienced the phenomenon of interest.

Cole (2012) who coined the "White Savior Industrial Complex" stated, "If we are going to interfere in the lives of others, a little due diligence is a minimum requirement" (p. 1). As a White, cisgender female, the researcher acknowledged the power dynamic inherent in the researcher and participant relationship, given race and structural inequity. The researcher

approached this research from the lens that the child welfare system is shaped by systemic racism that influences decisions ranging from family separation to service delivery practices, including counseling experiences within foster care. The researcher did not assume that all counselors were racist; however, the researcher recognized that complicity could emerge through implicit bias and through practices rooted in structural inequities. Because this study centered the lived experiences of Black former foster youth, the researcher treated participants as experts on their own meanings and prioritized interpretive humility, including careful attention to moments where the researcher's assumptions could distort understanding.

Jordan (2017) underscored that researchers must intentionally reflect on their own social privileges and biases before beginning a study to help ensure that their interpretations are not shaped primarily by their own experiences but instead remain grounded in participants' perspectives. The researcher's role required ongoing reflexivity throughout the study to ensure the phenomenon was interpreted from participants' lived meanings rather than from the researcher's assumptions or biases. Consistent with hermeneutic phenomenology, the researcher documented fore-understandings and revisions in interpretation through reflexive journaling and analytic memoing throughout data collection and analysis (Heidegger, 1962; van Manen, 1990).

Participants

In phenomenological research, participants are individuals who have directly encountered the phenomenon under investigation and are able to meaningfully describe their lived experiences of it (Creswell & Poth, 2018). In this study, the researcher recruited and selected participants who identified as Black or African American, were former foster youth, and engaged with a mental health provider while in foster care. Engagement was defined as involvement in an ongoing therapeutic relationship rather than a single intake or crisis-only intake to ensure

participants had sufficient relational experience to reflect on the counseling process. Mental health providers included individual counselors, community-based counselors, family counselors, group counselors, school counselors, and psychiatrists. Rather than restricting eligibility to a single licensure category, participants identified the professional(s) they experienced as providing mental health counseling while in foster care. Eligibility required that participants had more than one session and perceived the interaction as therapeutic or counseling-oriented, rather than solely administrative or evaluative. This approach was intentional and consistent with hermeneutic phenomenology as it centered participants' meaning making and lived experiences of who functioned in a therapeutic role in their lives rather than imposing a predetermined professional definition (Heidegger, 1962). Seven participants (P01-P07) comprised the final sample for analysis.

Sample Criteria

The selection of sampling strategies is a critical consideration for researchers, as this decision determines whose perspectives are included and what is considered meaningful data (Bloomberg & Volpe, 2019). In qualitative research, selection of the participant sample is purposive which allows for selection of participants who yield rich information that guides the essence of understanding their lived experience of a phenomenon. Criterion sampling is commonly used in phenomenology when all participants experienced the same phenomenon and meet researcher-defined criteria (Bloomberg & Volpe, 2019; Creswell & Poth, 2018). In this study, the researcher used purposive, criterion-based recruitment and incorporated snowball sampling to identify additional eligible participants through participant networks (Creswell & Poth, 2018). This strategy supported access to an information-rich sample while aligning with

the study's ethical and relational commitments, including voluntary participant and participant control prioritized over disclosure.

Sample size was guided by saturation, defined as the point when no substantively new meanings, patterns, or themes were emerging (Jones et al., 2014). Phenomenological research studies that examined lived experiences of those proximate to the foster care system had sample sizes that ranged from five participants (e.g., Salerno et al., 2020) to nineteen participants (e.g., Rome & Raskin, 2019). In this study, the researcher assessed saturation through ongoing cross-case analysis. Saturation was reached when the themes formed a coherent interpretive whole across the hermeneutic circle and additional interviews no longer added meaningful depth, nuance, or variation to the developing interpretations, rather than when codes simply began repeating. A sample size of approximately eight participants was initially targeted, consistent with qualitative phenomenological research that prioritizes depth and analytic saturation (Creswell & Poth, 2018). Recruitment ceased at seven participants when data saturation was reached, and no new thematic insights were emerging.

Recruitment Process

To recruit participants, the researcher contacted organizations and community networks (e.g., former foster youth-led councils, non-profit organizations that serve transition-age foster youth, county social services offices) that serve transition-age foster youth (18-24 years old) and provided them with a brief overview of the purpose of the study, eligibility criteria, incentive information, and language that could be used to disseminate the opportunity to potentially eligible individuals. The participant eligibility criteria were individuals who identified as Black or African American, were former foster youth, had engaged with a mental health provider while in foster care, and were between the ages of 18-24 years old. Participants who completed the

study received a $25 Amazon gift card incentive. Participation was voluntary, and participants could withdraw at any time. Recruitment materials emphasized confidentiality, voluntary participation, and the purpose of the study as centering lived experience of Black former foster youth to inform counseling practices.

Instrumentation

Semi-structured, in-depth interviews were conducted to allow Black former foster youth to describe lived experiences of foster care and the relational dynamics that shaped counseling as growth-fostering or disconnecting. Phenomenological interviewing supports in-depth discovery of underlying structures of a phenomenon by centering participants' meaning-making and lived experiences (Jones et al., 2014). Interviews served as the primary data source and were designed to elicit rich, thick descriptions of how Black former foster youth experienced and made meaning of growth-fostering relationships with counselors while in care. Consistent with a hermeneutic phenomenological approach, questions were open-ended and flexible, allowing participants to guide the direction of the conversation while the researcher engaged in reflexive probing to clarify meanings (van Manen, 2014). The interview protocol included questions aligned to both research questions of the study and supported probing for meaning, context, and relational impact.

In addition to the semi-structured interviews, demographic information was collected via a survey prior to the interview. The survey captured participant age, gender, race, foster care history, including age at entry, exit, and time in care, and counseling-related characteristics, including age at first counseling encounter and duration of counseling. Collecting demographic data provided contextual grounding for participants' narratives and supported interpretation of how developmental timing and length of system involvement may have shaped how they

experienced counseling relationships. Table 1 includes the interview questions and literature that informed the development of the questions.

Table 1

Interview Questions and Origination

Interview Question	Origination from Literature Review (Primary references that influenced the research question and supports the interview question)	Alignment with Research Questions
Tell me about yourself.	(Simmons-Horton, 2021)	RQ1
Describe your experience in foster care from entering care to exiting care.	(Miranda et al., 2020; Simmons-Horton, 2021)	RQ1
How did/do you define your identity (race, ethnicity, foster youth)?	(Kahn & Hansen, 2017)	RQ1
What were your experiences in relation to your race while in foster care?	(Kokaliari et al., 2019; Merritt, 2021)	RQ1
How do you believe that your race impacted your overall time in foster care?	(Kokaliari et al., 2019; Merritt, 2021)	RQ1
Describe your experience with your counselor(s) that you had while in foster care.	(Rolock & Pérez, 2018)	RQ2
How do you define a trusting relationship?	(Jordan, 2017; Sapiro, 2020; Tuttle & Haskins, 2017)	RQ2
Describe a time you experienced a trusting relationship with your counselor(s) while you were in foster care.	(Jordan, 2017; Kokaliari et al., 2019; Sapiro, 2020)	RQ2

Table 1 (continued)

Interview Question	Origination from Literature Review (Primary references that influenced the research question and supports the interview question)	Alignment with Research Questions
What did the experience of gaining trust with your counselor look like? At what point did you know that you could trust your counselor?	(Jordan, 2017; Kokaliari et al., 2019; Sapiro, 2020)	RQ2
If you did not experience a trusting relationship with your counselor, what steps would you expect your counselor(s) to take to gain your trust?	(Jordan, 2017; Kokaliari et al., 2019; Sapiro, 2020)	RQ2
How would you describe your self-worth prior to engaging in counseling while you were in foster care?	(Chan et al., 2021; Jordan, 2017; Storlie et al., 2017)	RQ2
How would you describe your perceived self-worth during counseling while you were in foster care?	(Chan et al., 2021; Jordan, 2017; Storlie et al., 2017)	RQ2
Describe a time where you felt empowered during counseling while you were in care. What did your counselor do that led you to feel empowered?	(Chan et al., 2021; Jordan, 2017; Storlie et al., 2017)	RQ2
Describe a time where you felt understood by your counselor while you were in care. What did your counselor do that led you to feel understood?	(Chan et al., 2021; Jordan, 2017)	RQ2
What do you want counselors to know about Black foster youth?	(Kokaliari et al., 2019)	RQ2

Furthermore, the researcher used reflexive journaling to document pre-understandings, track revisions in interpretation, and monitor the influence of positionality on analysis (van Manen, 2014). Reflexivity refers to the researcher's ongoing awareness of their own assumptions and prior beliefs, as well as intentional reflection on how their role, perspectives, and evolving interpretations influence the research process (Bloomberg & Volpe, 2019). In hermeneutic research, journaling supported deliberate attention to bias with the expectation that interpretation could be revised through analysis (Peoples, 2021). The researcher also wrote analytic memos throughout coding and interpretation to document emerging meanings and decision points within the hermeneutic circle. Field notes were also used to record contextual observations during interviews (e.g., pauses, affect, shifts in tone, or visible emotion), which supported thick description and contextualized interpretation (Creswell & Poth, 2018). Field notes were integrated into the analytic process as contextual data and provided context to support thickening of the data.

Data Collection

The primary data source was phenomenological semi-structured, in-depth interviews conducted by the researcher. The interviews were more complex than identifying and asking questions as phenomenological research requires skills and competencies to elicit rich, thick data about sensitive topics. Using interviews as the main source of data collection allowed for further probing and clarification opportunities given the semi-structured design (Miles et al., 2020). Interviews were conducted via North Carolina State University's Zoom platform. With participant consent, interviews were recorded for audio and video to support accurate transcription and the development of field notes. Virtual interviewing allowed participation across geographic locations; however, it also limited in-person observation of nonverbal cues. To

address this limitation, the researcher reviewed recordings as needed to support documentation of pauses, laughter, facial expressions, and other observable cues. Interview recordings also supported transcription accuracy for meaning-relevant features such as emphasis, extended pauses, and moments of visible emotion.

The researcher attended to power differentials inherent in researcher and participant interviewing and used an approach aligned with Brinkmann and Kvale’s (2015) collaborative interviewing, emphasizing respectful, participant-centered engagement and clarifying meanings through follow-up and interpretive checking. Jones et al. (2014) suggested for researchers to record details such as gestures, postures, and space and in doing so for the researcher to ask, “Am I making judgments rather than observations?” and “What am I seeing that I never noticed before?” (p. 142). Throughout data collection, the researcher engaged in ongoing reflexivity and documented reflections on a password-protected device and within North Carolina State University’s Google Suite, which is password-protected and required duo authentication as an extra security measure to access the file. This included documenting moments where the researcher’s interpretation felt uncertain and flagged them for later re-reading, memoing, and member-checking review.

The researcher navigated an ongoing tension between counselor and researcher roles throughout data collection. As a Licensed Clinical Mental Health Counselor (LCMHC) with extensive experience working directly with foster youth, the researcher remained aware of a professional inclination to validate and support participants when they shared difficult experiences. This tension was most apparent during the first interview, which felt overly structured because the researcher was highly focused on maintaining the researcher role and uncertain about how much relational warmth could be offered without shifting into clinical

support. Following reflexive journaling after that interview, the researcher refined the interviewing approach by adopting a more relational and conversational stance while remaining within the bounds of qualitative interviewing. Across subsequent interviews, the researcher was intentional about language and maintained a posture of learner rather than clinician. At the conclusion of each interview, the researcher conducted a brief well-being check-in, asking participants how they were feeling and offering to connect them to supportive resources if needed.

The researcher also attended to the ways trust and agency were established with participants given the power dynamics inherent in the study. As a White woman interviewing Black former foster youth, the researcher recognized that participants might have carried histories of mistrust toward systems and adults in positions of authority. To mitigate this, the researcher communicated informality prior to interviews by letting participants know that the interview was not formal and encouraging them to choose a comfortable space. During the opening of each interview, the researcher used accessible, nonacademic language and explicitly reiterated that participants were the experts of their own stories, that the researcher was there to learn from them, and that there were no right or wrong answers. The researcher also reiterated confidentiality procedures in plain language by explaining that recordings would be deleted after transcription, that no identifying information would be included in the manuscript, and providing concrete examples of how de-identification would be implemented.

Data Management

Data management was another significant consideration when collecting sensitive data in this study. Each participant was assigned a participant code and pseudonym in order to protect their identity and confidentiality. All signed consent forms with the individual’s names and

information were stored in Qualtrics, a secure, password-protected electronic software. A master list linking participant identities to codes and pseudonyms were stored separately from the analysis dataset on the researcher's personal computer, which was password-protected with a firewall and encryption. All data were accessed through VPN and password protection at all times and the files were encrypted. Data with direct identifiers (e.g., master list) were collected, stored, and transferred only via VPN and files were encrypted.

Interviews were transcribed verbatim by the researcher, then cleaned to remove nonessential filler language while retaining meaning-relevant features (e.g., pauses, emotional expressions, emphasis) consistent with the analytic needs of hermeneutic phenomenology. Direct identifiers were removed or bracket-redacted to protect confidentiality. Transcripts were developed in analysis-ready formats that supported line-referenced evidence anchoring and systematic review of meaning units. Data were stored and managed within a password protected and secure qualitative data analysis software, NVivo 15, which supported secure organization of qualitative materials. Upon completion of transcription and analysis, audio and video recordings were securely destroyed in accordance with the data management plan.

Data Analysis

Phenomenological data analysis has a common goal, regardless of which analytical framework is used, which is to study the lived experiences of those who experienced the phenomenon and develop descriptions of the "essences of these experiences" (Creswell & Poth, 2018, p. 75). Hermeneutic phenomenology additionally emphasizes interpretation through the hermeneutic circle, an iterative movement between part and whole that revises understanding through engagement with the text. As the data were analyzed and broken down into parts, codes and themes emerged. Codes served as a method of discovery that allowed the researcher to

engage in deeper thinking and reflected on underlying meanings of the data. The synthesis of the identified codes and themes were conducted, which allowed the researcher to then look at the whole again with new understandings and interpretations. This was a continued process until a new understanding of the essence of a phenomenon was discovered, in this study being the lived experiences of Black former foster youth while they were in foster care and engagements with their mental health counselors. In this study, interpretation involved repeated cycles of reading transcripts as a whole, engaging meaningfully with excerpts, and returning to the developing thematic whole to refine understanding. Heidegger (1962) conceptualized interpretation as an ongoing process of continual revision rather than a fixed understanding. The researcher treated coding as an interpretive practice that supported deeper engagement with meaning and allowed the thematic whole to be revised over time.

For this study, the researcher used Peoples' (2021) six-step hermeneutic phenomenological process as follows:

1. Read the entire transcript and remove unnecessary language (e.g., um, you know, etc.). Transcripts included interviews, journaling, memos, and field notes data.
2. Generate preliminary meaning units (codes and themes) defined as "the allocation piece of data that reveals a feature or trait of the phenomenon being investigated (p. 60).
3. Generate final meaning units (themes) for each interview question.
4. Synthesize final meaning units (themes) into situated narratives under each interview question.
5. Synthesize situated narratives into general narratives that integrate all major themes of participants.

6. Develop the general description from the phenomenological themes generated from the data (pp. 59-62).

As the researcher became immersed in the data through analyzing, sorting, and coding the transcribed interviews and field notes, the researcher was simultaneously journaling and memoing to reduce implicit biases while interpreting the data. Operationally, this process was documented by preliminary meaning-unit analysis and within-case final meaning-unit tables for each participant. Cross-case analysis was conducted and synthesized recurring meanings across participants into main themes and subthemes organized by each research question. Coding supported interpretive discovery and deeper engagement with meanings. As part of the first-cycle engagement, the researcher used a combination of in vivo codes using participant language, descriptive codes, and process codes to organize excerpts and to support movement from raw text to interpretive meaning units. The researcher used constant comparison to examine similarities and differences across excerpts and across participants (Bloomberg & Volpe, 2019). The constant comparison process was applied both within-case to refine understanding in each participant's narrative and cross-case to identify shared themes, variations, and negative cases.

Operationally, reflexive journaling was guided by a structured template completed before and after each interview. Pre-interview entries required the researcher to identify specific biases, assumptions, and expectations being brought into the encounter and to articulate a plan for navigating them. Post-interview entries examined how those biases were addressed in practice, what emotional or cognitive reactions surfaced, and where the researcher's positionality may have influenced what was noticed or probed. For example, during the initial interview, the researcher documented a tendency toward attending more closely to what was not working in participants' counseling experiences than to what was supportive and used that awareness to

adjust interpretive attention in subsequent interviews and analytic engagement with the data. Analytic memoing served a distinct but complementary function, providing a space for deeper interpretive analysis where the researcher documented emerging patterns, tracked shifts in understanding over time, and recorded evolving interpretations while moving between individual excerpts and the developing thematic whole. Over time, the reflexive journals also shaped revisions to the researcher's positionality statement, as early assumptions were confronted by participant accounts that did not align with the researcher's expectations. Together, these practices functioned as active mechanisms for maintaining interpretive accountability within the hermeneutic circle.

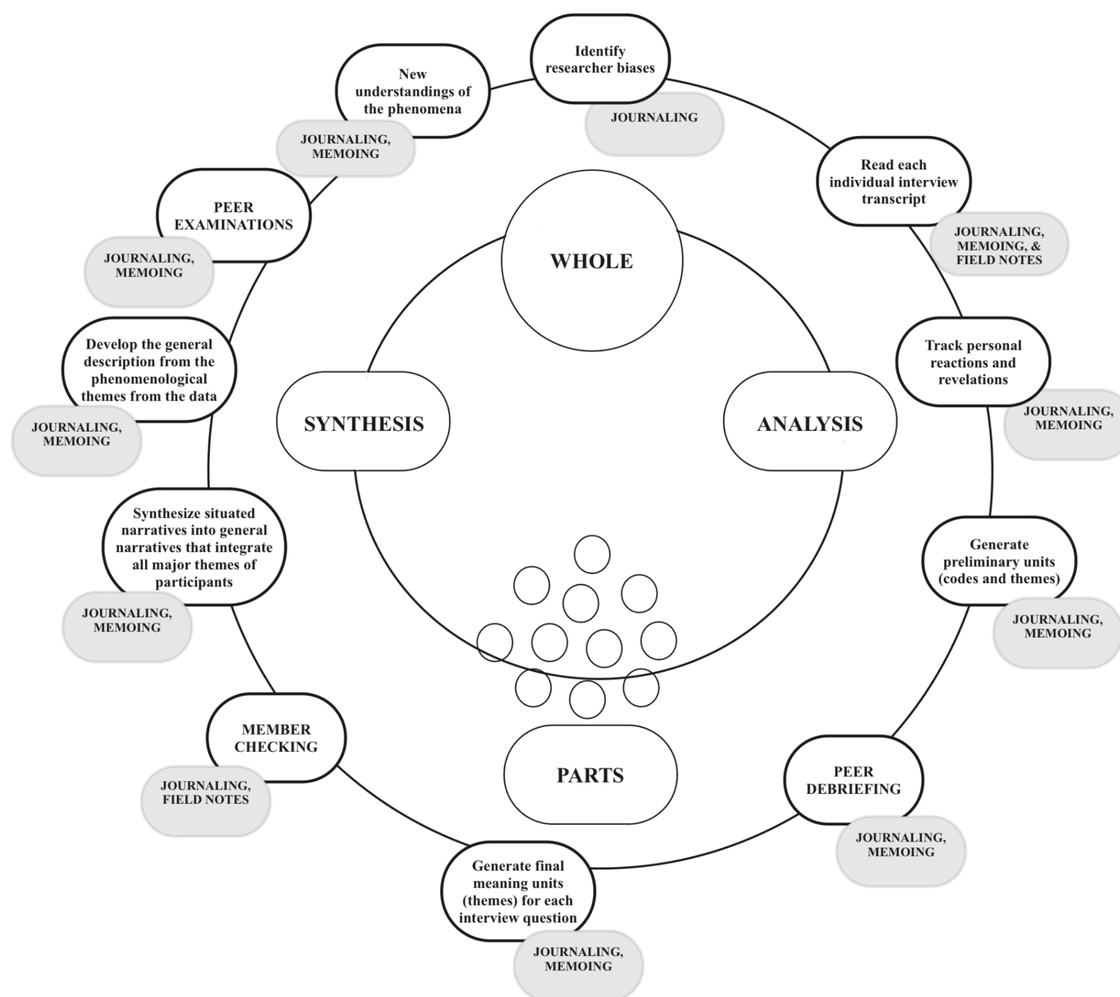
To strengthen interpretive credibility and rigor, the researcher incorporated member checking, peer debriefing, and peer examination throughout the research process (Creswell & Poth, 2018; Lincoln & Guba, 1985). Member checking was conducted following transcription and initial development of preliminary meaning units (Moustakas, 1994). Each participant received a structured document that included (a) their verbatim transcript and (b) a parallel column containing the researcher's preliminary meaning units and interpretive summaries. Participants were invited to review the transcript for accuracy and to respond to the interpretive meanings by indicating whether the interpretations resonated with their experience, required clarification, or misrepresented their intended meaning. Participants were provided the opportunity to submit written feedback or request a follow-up conversation to discuss revisions. This process allowed participants to confirm accuracy, expand upon prior statements, or refine interpretations, thereby strengthening interpretive alignment with their lived experience (Creswell & Poth, 2018; Lincoln & Guba, 1985). Rather than treating member checking as a simple accuracy verification step, the researcher used it as a relational process consistent with

hermeneutic phenomenology, recognizing that meaning is co-constructed and may deepen through reflective engagement (Gadamer, 2004).

Two peer reviewers supported trustworthiness through peer debriefing and peer examination (Creswell & Poth, 2018; Lincoln & Guba, 1985). One reviewer was a doctoral-level scholar trained in educational leadership and brought lived experience of foster care, offering a perspective that supported interpretive accountability and cultural humility. The second reviewer was a researcher with expertise in foster care who reviewed analytic materials and offered critique to strengthen coherence and rigor. Their feedback was documented in memos and used to refine preliminary meanings and thematic interpretations. Peer debriefing involved one peer reviewer reviewing interpretations and serving as a thought partner to question the researcher's assumptions and suggest alternative readings. Peer examination included two peer reviewers described above who reviewed transcripts and compared interpretive meanings. This promoted inter-rater reliability, reduced researcher bias, and strengthened dependability. Across these processes, changes to interpretations were documented using dated addenda to preserve an explicit record of analytic revisions. Figure 1 portrays the analytic process that was implemented by the researcher.

Figure 1

The Analytic Process



Note. The figure illustrates the analytic process used in this study and was adapted from Peoples' (2021) six-step hermeneutic phenomenological process.

Trustworthiness

In qualitative research, Bloomberg and Volpe (2019) distinguished validity and reliability in qualitative research by explaining that validity concerns whether the findings accurately represent the reality being studied, whereas reliability refers to the extent to which different researchers examining the same phenomenon would arrive at comparable observations. To

address credibility (internal validity), transferability (external validity), and dependability (reliability), the researcher implemented several research strategies that promoted rigor.

To support credibility, the researcher engaged in ongoing reflexivity through journaling and memoing across the study and prioritized thick description to ensure readers could understand context and meaning (Bloomberg & Volpe, 2019). Member checking was used to confirm transcript accuracy and to confirm that preliminary meanings represented participants' intended meanings (Creswell & Poth, 2018). Peer debriefing was used to serve as a thought partner, challenge interpretive assumptions and strengthen analytic rigor. Credibility was further strengthened through systematic evidence anchoring, including the use of line-referenced excerpts to connect interpretive claims directly to participants' words.

In qualitative research, transferability involves producing detailed, contextually grounded findings that retain their richness while offering insights that may be meaningful or applicable in similar settings (Bloomberg & Volpe, 2019, p. 205). Transferability was supported through the use of purposive sampling and thick description, providing sufficient contextual information regarding participants, foster care experiences, and counseling contexts to enable assessment of relevance to other settings (Bloomberg & Volpe, 2019). This study emphasized transferability through interpretive depth and contextual specificity, allowing for determination of resonance with similar populations or practice settings.

Dependability, which in qualitative research refers to consistency of data over time, was supported through documentation of analytic decisions and peer examination. The researcher asked two peer reviewers to code several interview transcripts, allowing comparison of interpretive patterns and reducing bias from a single researcher (Bloomberg & Volpe, 2019). The researcher maintained an audit trail across analytic steps, including transcript preparation, coding

iterations, codebook refinements, member-checking revisions, and cross-case synthesis decisions. These procedures supported a transparent and auditable analytic process, allowing the development of themes and interpretations to be traced and documented across time.

Ethical Considerations

Ethical considerations are critical when conducting research that involves human participants, especially for vulnerable populations such as former foster youth. Creswell and Poth (2018) identified the three principles for conducting ethical qualitative research: (a) respect for persons, (b) concern for welfare, and (c) justice. Respect for persons requires that participants are treated as autonomous individuals, provided with clear and sufficient information about the study, and allowed to voluntarily decide whether and how to participate. Concern for welfare involves protecting participants from harm by attending to their emotional, psychological, and social well-being throughout the research process, including minimizing risk and safeguarding confidentiality. Justice calls for equitable selection and treatment of participants, ensuring that the benefits and burdens of research are fairly distributed and that no group is disproportionately burdened or excluded without justification (Creswell & Poth, 2018). The researcher addressed respect for persons as it related to privacy and consent by incorporating a data management plan that protected participants' identity and confidentiality and ensured that participants were fully informed that their participation in this study was voluntary as they completed the consent process and signed the informed consent form. Furthermore, the participants were informed of their right to withdraw from the study at any time and reviewed the purpose of the study, potential benefits and risks of participating, and the procedures involved in the study through the informed consent form. The informed consent included the following: (a) the central purpose of the study and procedures that were used for data collection, (b) the protection of confidentiality

of the participants, (c) the expected benefits of the study, (d) the potential risks of participating in the study, (e) the right to voluntarily withdraw from the study at any time, and (f) the signature of both the participant and researcher (Creswell & Poth, 2018).

Concern for welfare was addressed by acknowledging the potential emotional risks of discussing foster care and counseling experiences. Risks and supports were reviewed during the consent process and again prior to interviews. Justice was addressed by applying consistent procedures across participants. These protections were also enacted through ongoing reminders that participants could pause, skip questions, or stop the interview at any time. In addition, the researcher remained attentive to participant affect during interviews and used a brief well-being check-in at the conclusion of each interview to support participant safety following discussion of potentially distressing experiences. Prior to data collection, the researcher obtained approval from North Carolina State University's Institutional Review Board (IRB). Because this study involved potentially distressing topics, interviews were conducted with attention to pacing and participant control, including the option to pause, skip questions, or stop at any time.

Limitations and Delimitations

Phenomenological studies often include limitations related to sample size and interpretive bias (Creswell & Poth, 2018; van Manen, 2014). The study's limitations included a relatively small sample size and the inherent interpretive role of the researcher. To mitigate these risks, the researcher used saturation to guide recruitment, documented and monitored bias through reflexive journaling, and used member checking and peer review processes. A further limitation was that participants' accounts were retrospective and therefore shaped by current meaning-making, which is consistent with hermeneutic assumptions but remains important to acknowledge as a boundary of interpretation.

Delimitations reflect deliberate choices that define the study's parameters (Peoples, 2021). A delimitation for this study was conducting interviews virtually rather than in person. This choice supported recruitment across geographic locations and enabled inclusion of participants with varied foster care contexts. To mitigate limitations of virtual data collection, the researcher used recordings to support field notes and incorporated member checking of both transcript content and interpretive meanings. Another delimitation was the study's focus on Black former foster youth who had engaged with counseling during foster care, meaning the findings were intentionally centered on counseling-related relational meanings rather than on all possible foster care experiences.

Chapter Summary

This chapter described the methodological approach used to examine the lived experiences of Black former foster youth and their growth-fostering counseling relationships while in foster care. Grounded in Heideggerian hermeneutic phenomenology and within Relational-Cultural Theory as the study's theoretical framework, this chapter explained the study design and rationale, clarified the researcher's positionality and reflexive stance, and outlined participant criteria and recruitment procedures. This chapter detailed the instrumentation and data sources, including semi-structured interviews, demographic data, field notes, reflexive journaling, and analytic memos, as well as the procedures used to collect, manage, secure, and de-identify sensitive data. The analytic process guided by Peoples' (2021) six-step hermeneutic phenomenology approach was outlined, emphasizing iterative movement between parts and whole, within case interpretation, cross case synthesis, and strategies to support interpretive rigor. Finally, this chapter presented the trustworthiness strategies used to strengthen credibility, transferability, and dependability, along with ethical considerations and the limitations and

delimitations that framed this study. In Chapter 4, the study’s findings will be presented that emerged from this interpretive process, organized by each research question and supported through thick description and participant excerpts.

CHAPTER 4: FINDINGS

This chapter presents findings from hermeneutic phenomenological interviews with Black former foster youth. Findings are organized by the two research questions and presented as thematic sections that integrate situated participant narratives and thick description with evidence excerpts. Themes reflect an interpretive understanding developed through iterative movement between participants' accounts (parts) and the emerging thematic whole. This study sought to answer the following two research questions:

1. What are the lived experiences of Black former foster youth?
2. What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

Interpretive Overview of Findings

Across participants' accounts, foster care was experienced as a system in which belonging was fragile, privacy was constrained, and trust in adults was not assumed but had to be earned. Participants situated foster care within relational and structural conditions shaped by system oversight and instability, which informed how safety, self-worth, and connection developed over time. Within these conditions, growth-fostering counseling was defined less by the presence of services and more by the quality of the counseling relationship, built through reliability, agency, cultural attunement, and care enacted through actionable support beyond the session. Interpreted through a Relational-Cultural Theory lens, trust and connection developed when counselors demonstrated reliable presence, protected emotional safety, honored confidentiality and pacing, and engaged cultural context in ways participants experienced as accurate and respectful. This cross-case synthesis reflects an interpretive understanding

developed through iterative movement between participants' excerpts and the emerging thematic whole.

Setting

All interviews were conducted by the researcher virtually via Zoom in private locations selected by participants. This setting supported participation across geographical locations and shaped the observational context of the study. While the researcher could attend to tone, affect, and pauses, the virtual format limited full access to body language and non-verbal cues beyond what was visible on screen. To strengthen contextual documentation and interpretive transparency, the researcher maintained field notes and reflexive journal entries throughout interviewing and analysis and used analytic memos to track evolving interpretations in the analytic process (Creswell & Poth, 2018; Lincoln & Guba, 1985; Saldaña, 2016).

Participants

Demographic Characteristics

The sample for this study consisted of a total of seven participants. Eligibility criteria required that participants self-identify as Black/African American, have lived experience in foster care, were between the ages of 18 to 24 years old, and have engaged with a mental health counselor while in foster care. Participants ranged in age from 18 to 24 years old ($M = 21.43$, $SD = 2.44$). Participants self-identified their gender identities as five females and two males. All participants identified their race and ethnicity as Black/African American. Participants are referenced using participant IDs (P01-P07) and pseudonyms to protect their anonymity. Table 2 presents participant demographic characteristics, including pseudonym, age, gender, and racial identity, to contextualize the sample included in this study.

Table 2

Participant Demographics

ID	Pseudonym	Age	Gender	Race
P01	Casey	24	Female	Black
P02	Maya	20	Female	Black
P03	Simone	23	Female	Black
P04	Nia	24	Female	Black
P05	Avery	22	Female	Black
P06	Jordan	19	Male	Black
P07	Andre	18	Male	Black

Foster Care Characteristics

As it relates to foster care history, participants entered foster care between 7 and 16 years old (*M* =10.29, *SD* = 3.30) and exited foster care between ages 12 and 21 years old (*M* =16.86, *SD* = 4.02). Participants reported spending a total time in care between 3 to 14 years (*M* =6.57, *SD* = 4.24). Two participants reported re-entering foster care multiple times, while the remaining participants reported a single-entry episode (see Table 3).

Placement experiences varied widely across participants. The foster care placement settings of the participants included kinship care, non-relative foster homes, group homes, respite care, and congregate care with 71% of participants being placed in more than one placement setting. While two participants reported relatively few placements (e.g., 1-2 placements), others described substantial placement instability (e.g., P05 reported 13 placements), highlighting

marked variation in placement stability and disruption across participants. Foster care characteristics are summarized in Table 3.

Table 3

Participant Foster Care Characteristics

ID	Age entered care	Age exited care	Entered multiple times	Number of placements[a]	Placement settings
P01	16	21	No	3	Group/Congregate Care
P02	12	15	Yes	1	Foster Home
P03	10	21	Yes	1	Foster Home
P04	12	15	No	3	Foster Home; Kinship Home
P05	7	21	No	13	Group/Congregate Care
P06	8	13	No	6	Foster Home; Kinship Home
P07	7	12	No	4	Foster Home; Kinship Home

Note. [a] Placements reflect the number of distinct foster/kinship/group home settings.

Counseling Exposure While in Foster Care

All participants reported engaging in counseling while in foster care. The age at which participants first engaged in counseling while in foster care ranged from 7 to 17 years (M =10.86, SD = 3.34). Counseling involvement refers to participants' duration of involvement in a therapeutic relationship with a mental health provider while in foster care, including both the length and continuity of services received. The total duration of counseling engagement ranged

from 7 months to 11 years and 9 months (*M* =4.65 years, *SD* = 3.99 years), which reflects substantial variation in continuity and length of counseling exposure across participants. Furthermore, participants reported engaging with multiple mental health providers while in care, ranging from 2 to 15 providers. The provider types included individual counselors, family counselors, school counselors, community-based counselors who delivered services outside of traditional settings (sessions occurred on-site at participants' afterschool childcare program), and psychiatrists. Table 4 presents participants' counseling characteristics, including age at engagement, duration of counseling involvement, number of providers, and types of mental health professionals accessed while in foster care.

Table 4

Participant Counseling Characteristics

ID	Engagement Age	Engagement Duration [a]	Number of counselors	Types of Counselors
P01	17	4	2	Individual; Psychiatrist
P02	12	2.5	3	Individual; Family; School
P03	11	~12	15	Individual; Family
P04	12	3	5	Individual; Family; Community-based; Psychiatrist; Respite
P05	7	~7.5	12	Individual; School; Psychiatrist
P06	8	~1	5	Individual
P07	9	~1	2	Family

Note. [a] Engagement Duration represents years.

Participant Profiles

Casey. Casey was a 24-year-old Black female who entered foster care once at age 16 and exited at age 21. She reported having three placements while in care, including group homes and congregate settings. She first engaged in counseling while in foster care at age 17 and remained in counseling for approximately four years. Casey reported working with two mental health providers during her time in care, including one therapist and one psychiatrist. Casey's foster care experience was marked by instability and survival needs, which shaped how she evaluated adults and support systems. She described the impact of disconnection and crisis on self-worth while in foster care. Growth-fostering relationships in counseling were defined by access and reliable responsiveness, especially during distress and crisis (e.g., suicidal), along with concrete coping supports (e.g., journaling). Notably, her experience holds a tension: helpful support can exist even when feeling fully understood or empowered remains incomplete.

Maya. Maya was a 20-year-old Black female who entered foster care at age 12 and exited at age 15, reporting two entries into care to the same foster home placement. She first engaged in counseling at age 12 and remained involved for approximately two years and six months. Maya reported working with three mental health providers during her time in foster care, including an individual counselor, school counselor, and family counselor. Maya's lived experience emphasized foster care as exposure, meaning many professionals involved in her life during a time of separation and stability. This shaped her insecurity and lowered her self-worth. Foster care was experienced as highly visible, monitored, and intrusive rather than private or protective. Counseling was described as supportive when it provided usable stress-regulation tools and coping modalities that were effective for her. Maya's experience highlighted how

growth-fostering support in counseling is shaped by both relational authenticity and deep recognition through cultural attunement with her counselors.

Simone. Simone was a 23-year-old Black female who entered foster care at age 10 and exited at age 21, reporting multiple entries into care. She reported one foster home placement while in care and differentiated her initial entry into care from being a placement given she had to stay briefly at the social services office until the CPS investigation was complete. She first engaged in counseling at age 11 and remained involved for approximately 11 years 9 months. Simone reported working with approximately 15 mental health providers during her time in care. Simone's account reflects how foster care can involve both placement stability and long-term system involvement, creating an extended period where her identity, safety, and belonging were shaped by the institutional constraints and oversights of the child welfare system. A key relational challenge was provider turnover where even with longer exposure to counseling, frequent changes can disrupt continuity and trust-building. Her experience illustrates that length of service does not automatically equal growth-fostering connection if the relationship cannot stabilize.

Nia. Nia was a 24-year-old Black female who entered foster care at age 12 and exited at age 15 with a single entry into care. She reported having three placements while in care, including two non-relative foster placements and one respite placement. She was adopted by kinship (relative) caregivers when she was 15. Nia reported engaging with five mental health providers during her time in care, including individual counselors, family counselors who met with her and her siblings together, community-based counselors at her daycare, and a psychiatrist. Nia's account situated foster care as a developmental period shaped by placement movement and the differential treatment within the foster home, where stability and belonging

felt conditional and could shift quickly. Her narrative emphasized that growth-fostering counseling was defined by whether the counselor showed consistent relational investment, protected confidentiality, and stayed present through anger and distress. Nia also linked counseling quality to cultural context and feeling understood, noting that comfort and disclosure increased when a counselor's responses felt personally accurate and attentive rather than procedural or "checking a box."

Avery. Avery was a 22-year-old Black female who entered foster care at age 7 and exited at age 21 with a single entry into care. She reported having 13 placements while in foster care, including non-relative foster homes, group homes, and congregate care settings. She first engaged with a counselor at age 7 and remained involved in counseling for approximately 7 years and 7 months. Avery reported working with 12 mental health providers during her time in care, including individual counselors, school counselors, and psychiatrists. Avery's lived experience was defined by profound placement instability, with repeated moves functioning as a primary condition through which foster care was experienced as destabilizing and difficult to navigate. In counseling relationships, the repeated placement moves resulted in switching providers and created a structural barrier to trust and connection, making growth-fostering relationships more difficult to sustain. Her experience underscores that counseling relationship depth often depends on continuity long enough for safety and agency to develop.

Jordan. Jordan was a 19-year-old Black male who entered foster care at age 8 and exited at age 13 with a single entry into care. He reported having six placements while in care, including non-relative foster homes and kinship (relative) placements. He first engaged in counseling at age 8 and remained involved in counseling for approximately 10 months. Jordan reported that he engaged with five mental health providers during his time in foster care,

including individual counselors. Jordan’s account reflected foster care as a period where instability and adult reliability were constantly being assessed. The repeated placement moves and changes in caregivers and counselors shaped his expectations that adults who are supposed to care may not be trustworthy or reliable. Growth-fostering counseling was constrained when trust was fragile and confidentiality and follow-through were broken. He highlighted the importance of counseling offering actionable coping support and building and maintaining trust through demonstrated confidentiality.

Andre. Andre was an 18-year-old Black male who entered foster care at age 7 and exited at age 12 with a single entry into care. He reported having four placements while in care, including two non-relative foster placements and two kinship (relative) placements. He first engaged in counseling at age 9 and remained involved in counseling for approximately 7 months. Andre reported working with two mental health providers during his time in foster care, both of which were family counselors due to attending counseling with his brother. Andre’s experience emphasized how foster care instability shapes social development as frequent transitions made it feel “pointless” to build relationships with fellow students and his foster families since disruption was expected. He described growth-fostering counseling as requiring a paced, gradual relational process and supportive persistence that helps foster youth open up without pressure. Counseling was experienced as most helpful to Andre when it felt calming, safe, and collaboratively paced.

Findings by Research Question

Findings are presented below by each research question. Within each research question, themes are introduced as interpretive claims and then elaborated through situated narratives. Table 5 provides an overview of how each research question aligned with the identified main themes and corresponding subthemes derived from the analysis.

Table 5

Alignment of Research Questions with Themes and Subthemes

Research Question	Main Theme(s)	Subthemes
RQ1: What are the lived experiences of Black former foster youth?	Foster Care as System-Shaped Living Conditions	Instability and Disrupted Belonging; Exposure and Constrained Privacy; Judgment, Stigma, and Identity Under Foster Care Conditions; Conditional Care and Differential Treatment
RQ2: What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?	Relational Safety and Trust in Counseling; Feeling Seen and Accurately Understood; Voice, Agency, and Mutuality; Connection Versus Disconnection; Care Enacted Through Action	Confidentiality and Emotional Safety; Access and Responsiveness as Enacted Safety; Being Seen Versus Performative Understanding; Cultural and Racial Context in Feeling Seen; Empowerment in the Counseling Relationship; Tools, Coping Strategies, and Safety Planning

Note. Themes and subthemes were interpretively derived through iterative movement within the hermeneutic circle and were supported through member checking.

Research Question 1: What are the lived experiences of Black former foster youth?

Foster Care as System-Shaped Living Conditions

The first theme represents how foster care was experienced as system involvement that shaped belonging, trust, self-worth, and expectations of adults. Across participants' accounts, foster care was described not only as placement, but as a system-shaped way of living in which daily life was structured by adult oversight, mandated services, and institutional decisions. Participants narrated foster care as a context that constrained privacy, positioned them under scrutiny, and shaped how they experienced and understood belonging and safety over time. Even when basic needs were met or placements appeared stable from the outside, participants' accounts emphasized how foster care created conditions in which trust in adults was not assumed and connection could feel fragile or conditional. These narratives illuminate the lived experience of foster care as a relational and structural context that shaped self-worth, identity, and expectations of relationships.

Participants' narratives also conveyed that stability and instability were not simply opposites. Even when placements were relatively stable, participants described an underlying sense that their living situations were contingent and could change without warning. Stability in placement did not necessarily translate into felt safety. Being "in care" often involved an ongoing awareness of monitoring, documentation, and external decision-making, which contributed to a sense of precarity. Participants described belonging as conditional, shaped not only by whether they stayed in one home, but by whether they felt secure from disruption, protected from scrutiny, and whether they felt a sense of belonging. System involvement shaped not only living arrangements but also the emotional conditions under which connection was possible.

Participants' accounts demonstrated how foster care created relational and structural impacts that shaped their self-worth and expectations of adults. These conditions later informed how counseling relationships were approached, assessed, and understood. The following four subthemes were interpretively derived through iterative movement between participants' accounts and the developing understanding of the phenomenon: (a) instability and disrupted belonging, (b) exposure and constrained privacy, (c) judgment, stigma, and identity under foster care conditions, and (d) conditional care and differential treatment.

Instability and Disrupted Belonging. Frequent placement moves while in foster care disrupted continuity and shaped expectations that connection was temporary. Participants described how repeated moves interrupted routines, schooling, friendships, and a sense of continuity, creating an underlying expectation that relationships might not last. This instability shaped relationships as participants guarded connections to others because investing in relationships felt futile when another move appeared imminent. Andre connected repeated moves directly to how he relates to others now:

> It's probably one of the reasons that I'm quiet today because I was constantly having to move. I wasn't able to, like, I had to keep making new friends at school and interact with new people. So, I guess I became like a closed shell because I was thinking I'm not gonna stay here for long. So what's the point of going around talking to everybody? So yeah, I guess it shaped the way I am today.

Notably, this stance also appeared in accounts where placement was described as stable in number, but uncertain in felt experience. Simone, who reported one placement, still described living with anticipatory anxiety when she recalled being "nervous and scared, because you never know, because things change and all kind of stuff. I was just so used to, like, okay, when is it

gonna be over? When is the bad thing gonna come out?" Together, these accounts show how foster care shaped belonging through impermanence, whether through actual disruption or the internalized expectation that stability is conditional. This led participants to conserve connection as a form of protection.

Exposure and Constrained Privacy. Participants described foster care as a period of heightened visibility in which multiple adults, including therapists, social workers, foster parents, and other professionals, had access to their story and circumstances. In Maya's account, "exposure" describes the emotional impact of extensive system involvement where many adults have access to the participant's story and influence what happens next. Foster care is experienced as limiting privacy and shaping self-worth in a context where the participant feels highly visible, vulnerable, and not fully in control. Maya summarized the experience with a single word, "If there's one word to explain foster care, I felt very *exposed* because you have therapists, you have social workers, you have all these different people putting their hands in your life…" She felt this exposure within layered losses: "On top of not being with your parents. On top of not being with your friends" and described how this accumulation shaped how she was feeling internally: "I didn't feel a lot of self-worth at that time. I was very depressed and I don't even think I had a sense of self-worth."

Judgment, Stigma, and Identity Under Foster Care Conditions. Across participants' narratives, foster care was described as highly visible to others, often prompting assumptions or judgment that influenced how they understood themselves, their families, and how they believed they were seen. Participants described foster care as carrying a social meaning that extended beyond the home and into public settings such as school. Maya articulated the experience of judgment broadly: "It was just hard because I felt very judged. I felt like my family was being

judged. I felt like my circumstances were being judged." She also described how being in foster care generated questions and assumptions among peers that shaped social identity:

> There'd be days I wasn't at school, and my friends at school would be like where are you going. It's like, oh are you an orphan or are you adopted? I'm like no. I'm just not with my parents right now. So I think that also kind of shaped the way people looked at me.

Similarly, Simone described feeling cautious about who she told, explaining that once people knew she was in foster care, interactions shifted and she felt perceived through that lens rather than as an individual. Andre reflected on how being identified as a foster youth shaped how he anticipated others would interpret him, leading him to withdraw socially to avoid scrutiny. These excerpts highlight that foster care was not experienced as a private circumstance but as an identity marker that felt visible and open to interpretation.

Conditional Care and Differential Treatment. Belonging was undermined when care felt conditional or comparatively unequal. Participants described moments when the foster home environment signaled differential treatment, particularly when comparisons emerged between foster youth and foster parents' biological children. Andre recalled a Christmas experience that captured foster care as a relational comparison: "Watching them get stuff, it wasn't that we didn't get stuff. It was like compared to them, it wasn't as much. It made me feel left out." He interpreted the difference as signaling who was seen as fully included when he said, "Because we're not the real children."

Nia described how the same everyday behavior was judged differently depending on foster status, with foster youth more quickly labeled as doing something wrong. When a yogurt was taken from the refrigerator, she described how foster youth were positioned as culpable: "Well, for us, it would be stealing because we were the foster kids. And then it turned out it was

her daughter. Then everything was fine." In this account, differential treatment was experienced by Nia as an assumption of wrongdoing tied to her foster status rather than to the behavior itself.

Across these accounts, "differential treatment" is not merely a description of unequal rules or resources; it carries relational meaning about worth and belonging. This conditional inclusion shapes how participants learn to interpret care, including what counts as authentic inclusion and what signals that belonging is contingent. These comparisons were not simply about material differences; participants interpreted them as indicators of their place in the household and whether belonging was full or conditional. Unequal treatment communicated relational messages about who was prioritized, who was protected, and whose needs were viewed as legitimate. This also surfaced when Jordan described feeling like "another burden on them" during a period of time where significant medical symptoms affected his school attendance. Across these accounts, differential treatment shaped how participants came to evaluate whether adults would show up equitably, consistently, and with genuine investment and care.

These subthemes illustrate foster care as a system-shaped context that formed the conditions participants brought into counseling, including expectations about being judged, being known, whether adults are reliable, and whether care will be equitable, safe, and sustaining.

Research Question 2: What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

To address the second research question, findings were interpretively developed through iterative movement between participants' excerpts and the emerging thematic whole. RCT provided an interpretive framework for understanding what participants considered uniquely

supportive or challenging in developing growth-fostering relationships with counselors. The following themes are organized by core tenets of RCT, with subthemes derived from participants' lived experiences.

Relational Safety and Trust in Counseling

Confidentiality and Emotional Safety. Across participants' accounts, emotional safety was not assumed in counseling. It was experienced as something that had to be demonstrated and protected. Participants described confidentiality as a core condition that shaped whether counseling felt safe enough for honest disclosure. When confidentiality was upheld, counseling was described as a protected space where participants could speak without fear of relational consequences. When confidentiality was violated, participants described withdrawal, guardedness, and reduced disclosure, even when they still needed support.

Jordan described being told that what was shared in counseling would remain private, yet he repeatedly experienced disclosure to caregivers immediately afterward. He described confidentiality as being "never kept," and he learned to anticipate confrontation after sessions. Simone described a specific rupture where she told a family counselor something and then her biological mother knew about it, leaving Simone concluding, "I cannot trust you, like at all." Nia similarly described that family counselors would report what was said during sessions to foster parents, and she stated, "So we stopped telling them things," because disclosure no longer felt safe in a space that did not feel protected. In these accounts, confidentiality was not a procedural detail. It functioned as the relational boundary that made vulnerability possible if confidentiality was maintained.

Access and Responsiveness as Enacted Safety. Trust was strengthened when counselors were accessible and reliably responsive beyond scheduled sessions, especially during

periods of distress. Participants described counselor access, particularly reliable responsiveness by phone, text, or rapid availability through intermediaries (e.g., group home staff), as a concrete marker of care. When participants could reach a counselor outside of sessions and receive a consistent response, counseling felt trustworthy and protective. Responsiveness communicated that the participant mattered beyond appointment times and that support would hold during difficult moments. In this way, access was not framed as convenience. It was experienced as safety.

Casey described trust being strengthened because she had her therapist's cell phone number and could "call or text anytime," especially when depressed, and the counselor would stay on the phone and set up appointments for additional support. Avery described a similar relational meaning through a different access pathway. She emphasized that when her preferred therapist was not at the group home, she could ask a trusted staff member to call her, and the therapist would come in from home, contrasting this with other therapists who required her to wait until they returned to work. Across both accounts, responsiveness functioned as a concrete sign that the counselor would show up when needed in high crisis moments, not only when scheduled.

Feeling Seen and Accurately Understood

Being Seen Versus Performative Understanding. Participants described a distinction between counseling that felt human and counseling that felt performative. Being seen did not require counselors to claim full understanding of participants' lived experiences. Instead, being seen was experienced when counselors communicated honestly, listened in ways that demonstrated presence, and supported meaning-making without relying on scripted reassurance or procedural pacing. Participants described disconnection when counseling felt rushed, checklist

driven, or oriented toward appearances of progress (e.g., reporting back to the court) rather than the participant's inner experience.

Simone described what came to mind when she thought of her experiences in therapy as a counselor who does not pretend to know what the participant feels but is willing to help them work through it. She rejected the phrase "I understand" from counselors when it was not grounded, stating that counselors who said they understood felt inauthentic. In contrast, Simone described a counselor whose honesty strengthened trust when they told her: "I do not know what you are feeling, but I can help you understand what you are feeling. I can help you process those feelings. I can help you figure out coping mechanisms." In this account, honesty did not weaken the relationship. It made the relationship more believable and therefore safer.

Maya similarly described a counseling relationship that became healthier once she "warmed up," when she could be more honest and express feelings, even while naming the difficulty of having feelings that were real but hard to put into words. Her account reflects that being seen also involves the counselor's willingness to stay with what is not yet fully articulable. At the same time, Maya described how counseling could feel forced or rushed in the foster care context, where sessions were experienced as oriented toward court-mandated goals and inauthentic "family goals" rather than attention to how she felt as an individual. In this way, performative counseling was not only about the counselor's style. It was experienced as a system-shaped interaction where counseling served the system's goals, not the individuals.

Jordan's account reinforces this distinction through what he felt was missing. He stated that counseling should not be about "impressing kids," but about understanding what a young person has been through and helping them proceed through life with support that is "meaningful". He described repeated games and icebreaker activities as feeling repetitive and

avoidant, wondering when counselors would begin talking about "what mattered." He also described wanting counseling to engage his experiences directly and support coping, however he shared that sessions never got to that point. In this account, being seen is connected to being taken seriously and engaged as someone with real experiences, not managed through activities that keep the engagement at the surface.

Nia's account illustrates what being seen felt like when it did occur. She stated that her "good counselor helped me feel like a person," and when asked by the researcher if that meant she felt seen, she affirmed it. She connected feeling seen with the counselor's relational stance, describing that the counselor made her feel wanted in the space, even when Nia would say things out of anger to her counselor. Notably, Nia also clarified that being seen did not necessarily translate into feeling empowered. She described counseling as helping her feel "less hurt," suggesting that being seen in the relationship can function as an emotional anchor, easing pain even when agency and empowerment are still emerging. Across accounts, being seen was experienced as a relational quality that reduced harm and increased safety, while performative counseling was experienced as rushed, externally oriented, or procedurally driven in ways that limited connection.

Participants also described disconnection when counseling felt procedural and impersonal. Simone described counseling that felt "robotic," where counselors were constantly writing or typing rather than maintaining eye contact and conversation. Nia similarly described counselors who seemed to be working through a list of questions to "check a box," rather than trying to connect. In these moments, being unseen was felt as a relational experience of being managed rather than being understood. Participants described this procedural tone as reinforcing the broader system context in which they were already monitored and evaluated. When sessions

felt scripted or task-oriented, it intensified the sense that their stories were being collected rather than held. Disconnection, in this sense, emerged when counseling mirrored the institutional pace of foster care rather than slowing down to create relational space.

Cultural and Racial Context in Feeling Seen. Several participants described cultural and racial context as shaping comfort, interpretation, and whether they felt seen accurately in counseling. Cultural attunement did not simply depend on the counselor's identity. It reflected whether counselors engaged participants' realities without minimizing, stereotyping, or misreading the context participants carried as Black youth in foster care. Several participants described the pressure of being aware of stereotypes about Black families and how that awareness shaped the safety of disclosure.

Simone described an experience where having a Black counselor did not automatically create comfort or safety. In her account, a Black counselor responded to her disclosure of sexual abuse by referencing the counselor's own experience and then moving into a tone that felt overly normalized, as if this kind of harm was simply something that "happens" and should be moved on from. Simone described messages like "it happens" or "it's fine" as deeply misattuned, and she rejected that framing directly by stating, "It is not fine." Simone situated this interaction within a broader cultural pattern she associated with Black community contexts, where children's emotions may be minimized and they are expected to "shake it off." She described trauma as sometimes treated as common or expected, which can make harmful experiences easier to dismiss rather than name and validate. In this account, shared racial identity did not function as protection. Instead, the counselor's response carried a familiar cultural script that minimized the seriousness of the harm and disrupted emotional safety. Simone's narrative highlights that cultural familiarity can deepen connection when it supports accurate validation,

but it can also become harmful when it is expressed as minimization, when the weight of harm is not addressed, or when the participant's pain is treated as ordinary rather than deserving careful, affirming attention.

Maya described a different cultural dynamic, where not sharing cultural context sometimes required extra explanation in sessions with her White counselor. She described conflict with her foster parent about hair care and grooming, noting that within her cultural context, hair care and nail maintenance can be misread by caregivers as "being grown" and she experienced her therapist needing additional explanation to understand why that felt significant to her. While Maya noted that race was not always a major barrier to communicating her emotions, she also described wanting the "feeling seen part," including feeling understood across life contexts and not feeling judged through stereotypes about Black families. She explained that having a counselor who shared or deeply understood the cultural context could reduce that internal pressure because the counselor could recognize what she meant without her having to translate herself and could "see me see me" rather than only seeing the surface of circumstances. Together, Simone and Maya illustrate that race and culture shape counseling in more than one direction as cultural familiarity can either deepen attunement or become a concern of misattunement depending on how the counselor responds to the participant's meaning.

Voice, Agency, and Mutuality

Collaboration, Pacing, and Not Being Directed. Participants described growth-fostering counseling as relationally paced and collaborative. Several accounts reflected that participants entered counseling guarded, angry, quiet, or mistrustful, and the counselor's pacing shaped whether they engaged. Participants valued counseling when it felt like a conversation

rather than an interrogation or a directive process. Pacing communicated respect for the participant's readiness and protected their emotional safety.

Casey described trust being strengthened because her counselor listened, allowed her to talk and express feelings, and did not tell her what she needed to do. Instead, the counselor helped her find ways to cope and supported safety planning. Simone also described disliking counseling when it felt robotic and overly scripted, stating a preference for conversation and relational engagement. These accounts suggest that participants experienced mutuality when counselors engaged them as active partners in meaning-making, rather than as passive recipients of advice.

Empowerment in the Counseling Relationship. Participants described agency as something that developed within the relationship when counselors created conditions where participants could speak openly and be taken seriously. Empowerment was not always described as a feeling of confidence. Sometimes it was described as the practical realization that speaking up was necessary to receive support, especially within systems where youth often felt unheard. Several participants conveyed that empowerment emerged gradually, often after experiencing moments where their perspectives were validated rather than corrected or redirected. In these interactions, agency was reinforced when counselors asked for their input, respected their pacing, and incorporated their preferences into decisions about coping strategies or next steps. Empowerment, therefore, was experienced less as a sudden internal shift and more as a relational process in which participants recognized that their voice had impact. Within a foster care context where decisions were frequently made for the participants, these moments of shared decision-making carried particular weight.

Avery described learning that if she did not say what she wanted or how she felt, she would receive a "no" and could not be helped in counseling. Nia described a moment of rupture in feeling understood when a counselor insisted she adopt a different communication style, even after Nia explained that being direct within her communication style was tied to being heard. Nia described the counselor as not hearing her, and the interaction became experienced as being "told what to do and how to be" rather than understood. Across these accounts, mutuality was experienced when counselors listened and collaborated. Disconnection occurred when counselors insisted on solutions without engaging the meaning and context shaping how participants communicated.

Connection Versus Disconnection

Relational Ruptures and Disconnection. Participants described disconnection as something that typically happened after rupture, not something that was repaired within the same relationship. Disconnection emerged through confidentiality violations, counseling that felt impersonal or performative, and responses that felt dismissive or overly scripted. Once rupture occurred, several participants described disengaging, limiting disclosure, or concluding that counseling could not be trusted.

Jordan described initially trusting counselors "as law" and then feeling "burned," which led him to anticipate that disclosures would be shared and to restrict what he said in counseling sessions. Simone described losing trust when she believed private disclosures did not remain private and were shared with her mother. Nia described counselors who "twist our words" and then reported them in court, shaping her expectation that counseling could be unsafe and that what she said could be used against her. Across these accounts, disconnection was not only

emotional. It shaped what participants believed counseling was for and whether it could function as a safe relational space.

Conditions That Supported Connection. In contrast, participants described connection as developing when a counselor demonstrated consistent presence, relational pacing, and authentic validation. Rather than describing repair after rupture, participants more often described connection emerging because a counselor behaved differently from prior counselors or because the counselor's stance did not reproduce patterns of rupture or mistrust. Connection was most often described as observable through action over time. Participants pointed to small but repeated behaviors such as remembering prior disclosures, following up on difficult conversations, protecting confidentiality, and responding consistently during moments of distress as evidence that the relationship was safe. These behaviors communicated reliability and relational investment. In several accounts, connection strengthened because counselors maintained steadiness in ways that disrupted participants' prior expectations of inconsistency or dismissal. Within this context, connection was experienced as something earned through consistent action.

Simone described trust being strengthened when a counselor responded to situations with reassurance and clear validation that certain experiences were "not okay," which contributed to her sense that her feelings were valid. Nia described her "one good counselor" as someone who stayed present when she acted out, did not leave or end the session, and continued showing up. She shared, "It felt like she always kept trying for me. So I was like, I might as well try too." In these accounts, connection was experienced when the counselor stayed with them, responded consistently, and signaled they mattered in the relationship, even when participants were angry, shut down, or uncertain about trusting the counselor. Participants did not commonly describe

relational repair after rupture; instead, rupture often marked the endpoint of trust, and connection was more often described as forming in a different counseling relationship or when counselors consistently protected confidentiality and emotional safety from the start.

Care Enacted Through Action

Tools, Coping Strategies, and Safety Planning. Participants repeatedly valued counseling when it offered tools they could use beyond the session. Coping mechanisms, safety planning, and concrete strategies were not described as generic recommendations. They were described as supports that stabilized the participants when they were under stress and created a bridge from suffering to practice. From the RCT lens, these actions mattered because they made care tangible through reliability, responsiveness, and collaborative support. Participants experienced tools and strategies as evidence of relational investment, not simply technique, which communicated that they mattered to their counselor.

Simone explicitly described therapy as helpful when it provided coping mechanisms that remained relevant over time, stating, "I still use those coping mechanisms today." She also framed the purpose of counseling as getting answers and strategies, not just being told that someone understands. Casey connected counseling to safety planning and described it as life changing by stating, "The safety plans helped because I am not suicidal no more." Jordan reflected on what was missing, stating he "needed coping mechanisms for anger and emotion regulation" and experienced counseling as "failing" when it did not move toward that kind of help. Across accounts, care was experienced as real when it produced strategies participants could use and when those strategies were offered in ways that supported agency, stability, and connection.

Chapter Summary

This chapter presented findings of this qualitative study through situated narratives and cross-case themes that reflect how Black former foster youth made meaning of foster care and growth-fostering relationships in counseling. Across participants' accounts, foster care was experienced as a context where belonging was fragile, privacy was constrained, and trust in adults was not assumed but had to be earned. Within this broader context, counseling was not experienced as growth-fostering simply because services were present. Instead, growth-fostering relationships in counseling were defined by relational quality, including reliability, emotional safety, voice and agency, cultural attunement, and care enacted through concrete support.

Chapter 5 builds on these findings by interpreting what they mean in relation to the study's two research questions and Relational-Cultural Theory. More specifically, Chapter 5 interprets how participants' accounts illuminate foster care as a system-shaped relational context and clarifies the relational conditions under which counseling was experienced as growth-fostering or disconnecting. It includes limitations of this study, recommendations for future research, and implications for counselors, scholars, and policymakers who intersect with the child welfare sector.

CHAPTER 5: DISCUSSION

This study explored the lived experiences of Black former foster youth and interpreted what participants described as challenging and supportive in developing growth-fostering counseling relationships while in foster care. This study responded to longstanding racial disproportionality and disparity in the child welfare system and the need for counseling practice to be informed by the voices of those most directly impacted (Ackerman, 2017; Kokaliari et al., 2019; Merritt, 2021). Chapter 4 presented findings through situated narratives and cross-case themes that disclosed both shared meanings across participants and points of variation within individual accounts. In this chapter, findings are interpreted through an integrative lens, connecting participants' accounts back to the literature and to the study's theoretical framework, Relational-Cultural Theory (RCT), while also maintaining the interpretive commitments of hermeneutic phenomenology (Brown, 2021; Creswell & Poth, 2018; Peoples, 2021; Walker, 2005).

Hermeneutic phenomenology assumes that meaning is not extracted from participants as something fixed or objective. Instead, meaning is disclosed through iterative movement between parts and whole, between participants' excerpts and the interpretive understanding of the phenomenon (Creswell & Poth, 2018; Peoples, 2021). In this study, that analysis occurred across repeated readings of transcripts, within case final meanings, cross case synthesis, member checking, and peer reviews consistent with the hermeneutic circle as a revisionary analytic process (Gadamer, 2004; Peoples, 2021). The result is an interpretive account of how foster care was experienced as a set of relational and structural conditions, and how those conditions shaped the way counseling was approached, assessed, and trusted. This interpretive stance also guided the organization of the discussion that follows, which considers the findings as interconnected

meanings disclosed across participants' accounts, the broader literature, and the study's theoretical framework.

Summary of Findings

Across participants' accounts, foster care was experienced as a system-shaped context in which belonging was fragile, privacy was constrained, and trust in adults was not assumed but had to be earned. Foster care was narrated across participants not only as placement, but as a way of living structured by oversight, mandated services, and differential treatment. Within this study's context, counseling was experienced as growth-fostering less because services were present and more because of how the relationship functioned. Participants evaluated counseling through relational criteria: safety, trustworthiness, being seen accurately, cultural attunement, and care enacted through concrete follow-through. When counseling ruptured, participants described withdrawal as disconnection instead of relational repair, restriction of disclosure, or replacement of the counselor, suggesting that rupture often foreclosed connection rather than allowing for relational repair.

Discussion of Findings by Research Question

Research Question 1: What are the lived experiences of Black former foster youth?

Foster Care as System-Shaped Living Conditions

The findings for Research Question 1 extend beyond a description of what happened to participants in foster care and move into how foster care was experienced. Participants described foster care as a context where daily life was shaped by system oversight, mandated involvement, and external decision making that structured their daily routines, privacy, relationships, and sense of autonomy. Participants' narratives reflected an ongoing awareness that decisions about their lives were being made about others. This interpretive framing is consistent with qualitative

research that positions foster care as a structural and relational context that shapes development and identity, rather than only a service setting (Merritt, 2021). Foster care functioned not only as a child welfare intervention, but as a developmental environment that influenced how participants understood safety, trust, and their own sense of worth.

Instability and Disrupted Belonging. Participants' descriptions of placement instability were not limited to the logistical disruption involved with moving homes. Instability was experienced as a relational message that connection is temporary and that investing in relationships may not be safe or worth the emotional cost. Even when participants experienced few placement changes, they described a sense of persistent instability, an anticipatory posture of waiting for the disruption to come. This finding aligns with literature indicating that instability and disruption within foster care can shape relational expectations and perceived security over time (Kahn & Hansen, 2017; Merritt, 2021). In this study, instability was not only described as frequent moves or disruptions, but as something that shaped how participants understood belonging. Belonging was experienced as fragile and potentially temporary. Because of this, connection was often approached cautiously and sometimes conserved as a form of self-protection. This pattern extended into counseling relationships, where disclosure was not automatic but depended on whether the relationship felt stable enough to hold what was shared.

Exposure and Constrained Privacy. Participants described foster care as involving heightened visibility, with multiple adults having access to their story and circumstances. This exposure was experienced as emotionally consequential. It was linked to insecurity, depression, and lowered self-worth, not simply because participants were in foster care, but because extensive involvement placed their lives in a position of permeability. This finding deepens and extends existing discussion of privacy in child welfare contexts by illustrating how being known

by multiple adults such as counselors, social workers, foster parents, and other providers was experienced as emotionally vulnerable rather than supportive (Merritt, 2021). Participants described oversight not simply as supervision, but as a condition in which personal information was widely shared and not fully within their control. System involvement shaped how safe it felt for participants to disclose personal experiences, both in foster care and in counseling. This also provides important context for why confidentiality and trust emerged so strongly as it related to relationships in counseling in Research Question 2.

Judgment, Stigma, and Identity Under Foster Care Conditions. Participants described foster care as carrying social meaning that followed them into public contexts, including school. Their accounts included managing assumptions from peers and navigating how others interpreted their absence at school, their family, and their circumstances. The emotional burden in these narratives was not only that foster care was visible, but that visibility invited oversimplified assumptions about what foster care meant and why they were in it. In this way, foster care became a socially interpreted identity shaped by stigma, questions, and misrecognition. Participants described foster care status as socially visible, shaping how they believed others interpreted them and their families. Being “in care” was not experienced as a private circumstance but as something that followed them into school and peer spaces, influencing how they navigated identity and belonging.

Conditional Care and Differential Treatment. Participants’ accounts of unequal treatment in foster homes disclosed a specific relational meaning: differential treatment was interpreted as evidence of where one’s worth stood in the household and whether belonging was full or conditional. In participants’ narratives, differences in rules, access, or attention were not experienced primarily as material unfairness. They were interpreted as indicators of who was

prioritized, who was protected, and who counted as fully included, especially between the foster parents' biological children and foster children in the home. This finding is consistent with literature documenting disparities and inequities in foster youths' experiences and outcomes and supports the need to examine foster care through relational and structural lenses (Ackerman, 2017; Huggins Hoyt et al., 2019; Kahn & Hansen, 2017).

Research Question 1 findings suggest that foster care was experienced as an environment where trust in adults was not assumed and belonging had to be negotiated under conditions shaped by oversight, stigma, and conditional care. This interpretive framing matters because it helps explain why participants later evaluated counseling less by the availability of services and more by whether the relationship functioned as safe, reliable, and attuned. Research Question 1 provides the relational and structural conditions that participants carried with them into counseling relationships.

Research Question 2: What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

Research Question 2 findings evolved from iterative movement between participants' excerpts and the emerging thematic whole. This process involved the researcher repeatedly returning to the parts of participants' accounts (their specific language, stories, and meanings) and the developing whole (the themes and subthemes), allowing interpretations to be refined across the hermeneutic circle (Gadamer, 2004; Peoples, 2021). Relational-Cultural Theory (RCT) offered an interpretive framework for understanding what participants described as supportive or challenging in counseling relationships, particularly as RCT conceptualizes psychological growth as occurring through connection, mutuality, and relational authenticity,

while also attending to power and cultural context (Duffey & Trepal, 2016; Frey, 2013; Jordan, 2017).

Across participants' narratives, growth-fostering relationships in counseling were not defined by the presence of services alone but by relational conditions that made connection possible. These conditions were not abstract; participants described them as lived experiences that shaped whether counseling felt safe, whether disclosure felt worth the risk, and whether counseling functioned as a space of support or another system-shaped interaction that produced disconnection. Participants' accounts emphasize that counseling became meaningful when it was experienced as safe, trustworthy, accurately seen, culturally attuned, and enacted through concrete support. In the sections below, the researcher interprets each theme as both a description of what participants valued and a disclosure of what foster care conditions made difficult.

Relational Safety and Trust in Counseling

Confidentiality and Emotional Safety. Participants described emotional safety as something that had to be demonstrated and protected, not assumed. Confidentiality functioned as one of the clearest boundaries that determined whether counseling could become a relationally safe space. When confidentiality was honored, counseling was described as a protected environment where participants could disclose without fearing immediate relational consequences. When confidentiality was violated, participants described withdrawing, becoming guarded, or deciding to share less, even when they still needed support.

This finding extends what is already known about trust disruptions among youth impacted by foster care, where repeated relational losses and adult unreliability can lead youth to withdraw as a way to protect themselves (Miranda et al., 2020; Sapiro, 2020). Miranda et al. (2020) documented how former foster youth described developing mistrust and guardedness in

response to repeated relational instability, while Sapiro (2020) found that marginalized youth often withdraw from adults when they perceive emotional unsafety or unreliability. Similarly, participants in this study described restricting disclosure, disengaging from counseling, or emotionally withdrawing after confidentiality breaches or perceived inauthenticity. In this way, withdrawal functioned not as resistance to support, but as a strategy of relational self-protection.

Participants' accounts showed that confidentiality violations were not experienced as minor professional missteps. They were interpreted as relational ruptures that undermined the possibility of mutuality and authenticity in the counseling relationship. RCT conceptualizes disconnection as involving disappointment, being misunderstood, and in some cases violation or danger (Jordan, 2017). Participants' descriptions closely mirrored this, suggesting that confidentiality violations were experienced as forms of relational danger. In this way, confidentiality became part of what RCT (Miller, 1976) describes as the relational conditions necessary for growth-fostering connection.

Access and Responsiveness as Enacted Safety. Participants also described trust being strengthened when counselors were accessible and reliably responsive beyond scheduled sessions, particularly during distress and crisis. Notably, participants did not frame access as convenience; they framed it as safety. When participants could reach a counselor by phone, text, or through staff intermediaries and receive a consistent response, counseling felt trustworthy and protective. Responsiveness communicated that the participant mattered outside appointment structures and that the counselor would hold support steady when distress intensified.

From an RCT lens, responsiveness can be understood as enacted connection. It is not only what the counselor says, but what the counselor reliably does that communicates relational investment, reduces isolation, and supports the possibility of connection (Frey, 2013; Jordan,

2017). Participants' accounts suggest that responsiveness functioned as a form of relational consistency, a quality also identified in prior research as central to supportive relational experiences for youth with foster care histories (Munson et al., 2010). In these findings, access and responsiveness served as one way participants recognized that counseling could be more than procedural or mandated contact. It could become a relationship that held steady during a crisis rather than only during scheduled session times.

Feeling Seen and Accurately Understood

Being Seen Versus Performative Understanding. Participants described a clear distinction between counseling that felt human and counseling that felt performative. Being seen was not described as a counselor claiming full understanding of participants' experiences. Instead, it was described as counselors listening with presence, communicating authentically, engaging in real conversation, and supporting participants' meaning making without relying on scripted reassurance or checklist pacing. Performative counseling, in contrast, was experienced as rushed, procedural, court-oriented, or shaped more by external goals or a required agenda than by the participant's inner experience.

This theme aligns with RCT's emphasis on relational authenticity and mutuality. RCT frames relational authenticity as the capacity to represent one's feelings and experiences in relationship with awareness of the relational impact (Frey, 2013). Participants' accounts suggest that authenticity in counseling was supported when counselors created conditions where participants could speak as themselves without being managed or processed through scripted interactions. When counseling felt "robotic" or checklist-driven, participants experienced the interaction as disconnection. In those moments, counseling did not function as a growth-fostering

relationship. It functioned as another system-shaped encounter where the participant's experience was handled rather than held.

Participants also described being seen as connected to being taken seriously. Even when participants were children, they wanted counseling that engaged what mattered, rather than staying at the surface through repetitive activities or games that avoided real conversation. This is important because it complicates assumptions about what children in care need in counseling. Participants' accounts suggest that being developmentally young did not mean they needed counseling to remain superficial. They described wanting counseling that acknowledged the weight of their lived experiences and helped them make sense of it. From an RCT perspective, this maps onto the idea that growth occurs through authentic engagement and mutual responsiveness, not simply through the presence of services or a child friendly structure (Jordan, 2017). Being seen was about whether the counselor responded to the participant's experience in a way that communicated mattering and respect. RCT also emphasizes that disconnection can occur when a person feels misunderstood, minimized, or handled in ways that do not reflect their lived reality (Jordan, 2017; Miller & Stiver, 1997). Participants' frustration with superficial counseling suggests that approaches intended to be age appropriate can still feel disconnecting when they function as avoidance of meaning making, grief, fear, or anger that participants were already carrying. The participants' accounts indicate that developmental age did not reduce their need for authenticity, emotional attunement, and counseling that supported clarity about their experiences, which aligns with RCT's view that people grow through and toward relationship across the lifespan (Jordan, 2017).

Cultural and Racial Context in Feeling Seen. Several participants described race and cultural context as shaping comfort, interpretation, and whether they felt accurately seen in

counseling. Cultural attunement was not reduced to counselor identity alone. Participants described cultural attunement as whether counselors could engage cultural meaning without minimizing, stereotyping, or misreading what participants carried as Black youth in foster care. Participants also described the internal pressure of being aware of stereotypes about Black families, and how that awareness shaped what felt safe to disclose.

These findings align with RCT's emphasis that culture is not background context, but an active force in relational processes that shape human possibility, including how individuals experience connection, growth, and a sense of worth (Walker, 2005). Participants described that cultural familiarity could support accurate recognition, but cultural familiarity could also become harmful if it was expressed as minimization or dismissiveness. In those moments, shared cultural context did not automatically produce safety. Instead, participants experienced cultural scripts that normalized harm and undermined validation. This matters for counseling practice because it illustrates that culturally responsive counseling requires more than demographic matching. It requires attunement that takes harm seriously, validates pain, and resists collapsing an individual's experience into a cultural expectation of endurance.

At the same time, participants also described the potential relief of cultural understanding in counseling, particularly when cultural meanings (e.g., around hair care, grooming, and how caregivers interpret these practices) required translation in counseling spaces. Participants' narratives suggest that cultural attunement can reduce the burden of explaining oneself and can lessen the internal vigilance that comes from fearing that one's family and circumstances are being interpreted through cultural stereotypes. In this way, cultural attunement shaped whether participants experienced counseling as a space of accurate recognition or a space where they had to manage how they were perceived.

Voice, Agency, and Mutuality

Collaboration, Pacing, and Not Being Directed. Participants described growth-fostering counseling as collaborative and relationally paced. Many participants described entering counseling guarded, angry, quiet, or mistrustful, and counselor-pacing shaped whether participants engaged. When counselors moved too quickly into questioning, advice-giving, or goal setting without first establishing relational safety, participants described shutting down or offering minimal responses. Participants valued counseling that felt like conversation rather than interrogation, and they described disconnection when counseling felt directive, prescriptive, or procedurally driven. Directive approaches were often experienced as replicating other system interactions in which adults told them what to do without first understanding their perspective. In contrast, when counselors adjusted pacing to match participants' readiness, allowed silence, and invited dialogue rather than compliance, participants described feeling more willing to participate. Relational pacing functioned as a signal of respect, communicating that the participant's pacing, emotional capacity, and autonomy mattered within the relationship.

This maps directly to RCT's emphasis on mutuality. Mutuality involves mutual empathy, the sense that one is understood, responded to, and that one matters (Jordan, 2017). Participants' accounts suggest that mutuality was disrupted when counselors moved too quickly, relied on checklists, or attempted to direct change without relational grounding. Mutuality was supported when counselors listened, allowed participants to speak, and engaged them as partners in meaning-making. These findings reinforce that agency in counseling for Black former foster youth is not only about empowerment as an outcome. It is also about how counseling is conducted moment by moment, including pacing, authenticity, and whether the participant's voice shapes the direction of the interaction.

Empowerment in the Counseling Relationship. Participants described empowerment in ways that were sometimes subtle and sometimes practical. Empowerment was not always described as feeling confident or in control. It was described as realizing that speaking up was necessary to receive help in systems where youth often felt unheard. Participants described empowerment as developing when counselors created conditions where participants could speak openly and be taken seriously. They also described moments where empowerment was undermined when counselors insisted on a particular way of communicating or being, even when participants explained that their communication style was connected to survival and being heard.

RCT conceptualizes relational empowerment as the ability to grow from conflict and become more able to act with strength, while remaining connected rather than isolated (Frey, 2013). Participants' accounts suggest that empowerment in counseling was experienced when the counselor's stance supported both connection and voice. Empowerment was constrained when counseling reproduced power dynamics that positioned the counselor as the authority on how the participant should communicate, feel, or change. In these findings, empowerment was relationally produced. It was not an individual trait participants brought into counseling. It was shaped by whether the relationship supported participants' voice.

Connection Versus Disconnection

Relational Ruptures and Disconnection. Participants described disconnection as something that typically happened after rupture, and they rarely described repair occurring within the same counseling relationship. Instead, rupture often marked the endpoint of trust, followed by withdrawal, guardedness, or a shift to a new counselor. Rupture occurred through confidentiality violations, counseling that felt impersonal or performative, and responses that felt

dismissive or scripted. Disconnection shaped how participants understood the purpose of counseling and whether it could function as a source of protection.

This pattern resonates with research documenting foster care-related trust issues and the logic of withdrawal as self-protection when adults prove unreliable (Miranda et al., 2020; Sapiro, 2020). Within the RCT framework, repeated ruptures can shape relational images that teach youth that connection is risky and that vulnerability is unsafe (Jordan, 2017). Participants' accounts show that when rupture occurred, counseling became associated with exposure rather than protection. This finding has direct implications for counselors working within foster care contexts. It suggests that maintaining confidentiality, being honest about limits, and protecting emotional safety are not optional relational skills. They are foundational to whether counseling can function as a therapeutic relationship.

Conditions That Supported Connection. In contrast, participants described connection as developing when counselors demonstrated consistent presence, validation, and persistence. Participants described counselors who stayed present through anger, sadness, silence, or uncertainty and who did not abandon the relationship when participants were difficult to engage. Connection was not described as emerging from a single positive interaction, but from repeated experiences of the counselor showing up in predictable and emotionally steady ways over time. Importantly, participants did not frame connection as requiring perfection. They framed it as requiring steadiness, honesty, and reliable care. Several participants explicitly contrasted "good" counselors with prior experiences of counselors who disengaged, became frustrated, or withdrew support when youth were guarded or reactive. In this way, connection was built through consistency rather than charisma or technique.

From an RCT lens, this steadiness supports relational authenticity and mutuality, and it creates conditions where the "five good things" associated with growth-fostering relationships become possible, including clarity, self-worth, and empowerment (Jordan, 2017; Lenz, 2016). Participants' accounts suggest that connection was experienced when counselors communicated, in both actions and words, that the participant mattered. Importantly, mattering was conveyed behaviorally through maintained confidentiality, flexible pacing, availability during distress, and consistent effort. In a system where participants often experienced adults as inconsistent or unsafe, relational steadiness became a meaningful connective experience. Therefore, connection was defined by sustained relational reliability within a broader context of instability.

Care Enacted Through Action

Tools, Coping Strategies, and Safety Planning. Participants repeatedly valued counseling when it offered tools they could use beyond the session. Coping mechanisms, safety planning, and concrete strategies were not described as generic recommendations. They were described as supports that stabilized participants under stress and created a bridge from suffering to actionable solutions. Participants described therapy as meaningful when it produced answers, coping mechanisms, and usable strategies.

In RCT terms, these tools mattered not only as techniques, but as forms of relational care. Tools became meaningful when they were offered within a relationship experienced as safe, responsive, and invested. In that context, concrete strategies functioned as enacted safety. They reduced isolation by giving participants something to hold onto during distress, and they supported empowerment by providing options participants could carry forward. This aligns with RCT's emphasis that growth occurs through relational connection that supports agency and

action, rather than through isolation or purely intrapersonal change (Duffey & Trepal, 2016; Jordan, 2017).

These findings suggest that growth-fostering relationships in counseling for Black former foster youth were defined by the relational conditions that made connection possible in counseling. Across accounts, trust emerged when counselors protected confidentiality, demonstrated reliable responsiveness, engaged cultural meaning with care, and supported participants' voice through collaborative pacing rather than directive control. When these conditions were absent, counseling was frequently experienced as another system-shaped interaction that reproduced exposure, guardedness, and disconnection. Interpreted through an RCT lens, participants' narratives indicate that growth-fostering relationships in counseling were most likely to occur when the relationship communicated, in both stance and action, that the participant mattered and would not be misrepresented, minimized, or positioned in ways that served external system demands rather than the participant's needs.

Distinct Contributions of the Present Study

While the findings of this study align with existing research on foster care instability, mistrust, and relational disruption, this study makes several meaningful contributions to the literature. First, prior research has documented instability, placement changes, and mistrust among foster youth (Miranda et al., 2020; Smales et al., 2020). However, this study clarifies how instability operates psychologically, not simply as disruption, but as a condition that reshapes belonging itself. Participants did not describe instability only as something that happened to them; they described developing an expectation that connection is temporary and that belonging is conditional. This distinction deepens current literature by illustrating that instability becomes

internalized as a relational stance, which then directly shapes how youth approach counseling relationships.

Furthermore, while trust disruptions have been well documented (Miranda et al., 2020; Sapiro, 2020), this study illuminates the specific relational mechanisms through which trust is built or lost in counseling. Participants described confidentiality not as an ethical formality, but as the structural boundary that determines whether vulnerability is possible. When confidentiality was broken, rupture did not simply weaken trust; it often marked the endpoint of engagement. This finding contributes nuance by demonstrating that for Black foster youth, trust in counseling is not gradually eroded but can collapse decisively when relational safety is compromised.

Additionally, this study extends RCT literature by illustrating how growth-fostering processes operate within child welfare conditions shaped by surveillance and racialized scrutiny (Pryce et al., 2019). RCT emphasizes mutual empathy, authenticity, and relational repair (Jordan, 2017), yet participants in this study did not frequently describe repair after rupture. Instead, connection most often emerged when counselors prevented rupture from occurring through steadiness, pacing, and reliable responsiveness. This suggests that in system-involved contexts, rupture prevention may be more critical than rupture repair, which is a nuance not widely detailed in RCT counseling literature.

The findings complicate developmental assumptions in counseling. Participants described wanting to be taken seriously, even as children, and resisted counseling that remained superficial or activity based. Existing literature discusses engagement challenges among youth in care, yet this study shows that disengagement was not rooted in developmental immaturity but in misattunement and procedural pacing. Participants did not want lighter counseling; they wanted counseling that acknowledged the weight of their experiences. Rather than interpreting

guardedness as defiance or lack of engagement, these findings suggest that withdrawal operated as a protective response shaped by prior relational ruptures and system involvement (Miranda et al., 2020; Sapiro, 2020), aligning with RCT's understanding of disconnection as a strategy for preserving relational safety (Jordan, 2017).

Finally, this study centers Black former foster youth as interpreters of their own counseling experiences within a racially unequal child welfare system. While research has examined racial disproportionality and systemic bias (Ackerman, 2017; Merritt, 2021), fewer studies have explored how racial context shapes felt safety, disclosure, and cultural attunement inside counseling sessions. Participants described cultural scripts, stereotype awareness, and identity translation as influencing whether they felt accurately seen. This contributes specificity to RCT's sociocultural grounding (Jordan, 2017) by illustrating how racial context shapes relational safety in applied counseling settings. Collectively, this study contributes to the literature by moving beyond documenting instability and mistrust to demonstrating how system-shaped living conditions influence relational expectations, disclosure risk, and the conditions under which growth-fostering counseling becomes possible.

Implications

Counseling Practice

Protecting Confidentiality as a Relational Intervention. Participants described confidentiality as a central condition for emotional safety. When confidentiality was experienced as violated, participants described withdrawing, limiting disclosure, and concluding that counseling could not be trusted. In practice, this suggests that counselors working with youth in foster care must treat confidentiality as an active, ongoing relational intervention that requires clarity, consistency, and transparency. Counselors should explain confidentiality and its limits in

plain language, return to it regularly, and explicitly name what will happen with information shared in session. In addition, counselors should avoid overpromising privacy. Several participants described being told “what is said here stays here” and then experiencing disclosure to caregivers immediately after sessions. When counselors communicate confidentiality in absolute terms and then share information, the rupture is not only ethical confusion; it is experienced as relational betrayal.

This does not require counselors to violate mandated reporting responsibilities. Instead, it requires counselors to communicate boundaries in ways that preserve relational integrity. For example, when disclosure triggers safety concerns or required reporting, counselors can communicate what will be shared, with whom, and why, and then remain present with the youth during and after that process. Participants’ accounts suggest that it is not only the act of sharing information that harms trust, but the experience of being surprised, managed, or exposed without consent or preparation. Trust is supported when youth feel included in the process and treated as a partner rather than cases to be documented.

Shifting From Procedural Counseling to Relational Presence. Participants repeatedly distinguished between counseling that felt human and counseling that felt “robotic,” checklist-driven, or enacted for system goals. In foster care contexts, counseling may become shaped by court mandates, documentation requirements, and accountability systems that unintentionally prioritize appearances of progress or barriers over relational depth. Participants described that being seen did not require a counselor to claim full understanding of the youth’s experience. Being seen was experienced when counselors listened with sustained presence, communicated honestly, maintained eye contact, and engaged youth as meaning makers rather than as cases to be assessed.

Practice implications include resisting overly scripted reassurance, avoiding generic statements that imply certainty about what the youth feels, and grounding empathy in honest relational language. These findings suggest that counselors must be intentional about how empathy is communicated, particularly in contexts where youth have experienced misattunement or minimization. Overly certain or scripted responses may inadvertently replicate experiences of not being accurately understood. For example, participants described finding safety in counselors who did not say "I understand" when they could not, but instead said, "I may not know exactly what you feel, but I can help you make sense of it and find ways to cope." This distinction mattered because it preserved the youth's authority over their own experience while still offering relational support. This reflects an RCT-aligned stance where mutual empathy is built through authenticity and respect for difference. Thus, empathy is not demonstrated by claiming shared experience, but by remaining present, curious, and responsive to the youth's meaning-making process.

Treating Access and Responsiveness as Enacted Safety. Participants described counselor accessibility beyond scheduled sessions as a concrete marker of safety during distress. Responsiveness was not framed as convenience; it was experienced as protection and evidence of relational investment. Several participants described trust being strengthened when counselors could be reached by phone or text, stayed on the phone during crisis moments, set additional appointments quickly, or showed up when participants needed support. In institutional settings, access may occur through intermediaries, such as group home staff contacting a counselor who then comes in to meet with the youth during crisis. What mattered was whether counselor support remained reliable and accessible when participants were overwhelmed.

This does not mean counselors should blur professional boundaries. Rather, it suggests that counselors serving youth in foster care should explicitly plan for accessible and responsive crisis support in developmentally appropriate and ethically sound ways. Safety planning can include clear steps for what to do between sessions, who to contact, and how the counselor will respond within realistic limits. When counselors create plans that youth can rely on, they reduce isolation and communicate that the youth is not alone with distress. In RCT terms, this reflects connection in action, where relational safety is built through reliable presence and predictable support.

Prioritizing Cultural Attunement Beyond Racial Matching. Participants described cultural and racial context as shaping comfort, interpretation, and whether they felt seen accurately. At the same time, participants noted that shared racial identity did not automatically produce safety. In one account, a Black counselor's response to trauma was experienced as overly normalized, reflecting a cultural script of minimizing feelings and expecting children to "shake it off." This suggests that cultural familiarity can be protective when it supports accurate validation, but harmful when it operates as minimization, dismissal, or normalization of harm.

Counselors should therefore treat cultural attunement as an ongoing practice rather than an assumption based on identity. This includes actively checking meanings, avoiding stereotypes about Black families, and naming the social and cultural pressures that participants described carrying into counseling. Several participants described the internal burden of wondering whether their circumstances would be interpreted through simplified stereotypes. Counselors can reduce this burden by explicitly naming that stereotypes exist and affirming that the youth's experiences will be understood through their lived experience. In practice, this includes asking

questions that invite cultural meaning, such as what a particular conflict signifies within the youth's cultural context, and reflecting back that meaning accurately.

Recognizing Rupture as Often Terminal and Designing for Continuity. Participants did not commonly describe repair after rupture. More often, once trust was broken, participants disengaged or moved to another counselor. This suggests that counselors must treat trust as fragile and plan proactively to prevent rupture through clarity, consistency, and respect. This could include explicitly reviewing confidentiality limits at the start of treatment and revisiting them before sensitive disclosures; clarifying what information will and will not be shared with caregivers, caseworkers, or the court; and checking for understanding rather than assuming it. Participants' accounts indicate that vague assurances of privacy were insufficient. Counselors can also prevent rupture by following through on small commitments (e.g., remembering prior disclosures, following through on bringing concrete coping mechanisms that match their need), because these concrete behaviors signal reliability. It also suggests that systems should prioritize continuity, reduce turnover, and coordinate transitions when changes are unavoidable. Even when changes occur, counselors can mitigate harm by naming the change clearly, supporting closure, and facilitating a relational handoff rather than leaving youth to experience replacement as abandonment.

Implications for Counselor Preparation

RCT offers more than a conceptual lens for interpreting these findings; it provides a pedagogical framework for training counselors to cultivate growth-fostering relationships with youth impacted by foster care. RCT positions mutual empathy, authenticity, and relational repair as teachable relational capacities rather than innate counselor traits (Jordan, 2017; Miller & Stiver, 1997). Counselor preparation programs can therefore intentionally structure training and

supervision around developing these relational competencies in ways that enhance youths' capacity for connection, clarity, and empowerment. The field must prepare counselors to work at the intersection of developmental trauma, system involvement, and racialized experiences of surveillance, stigma, and mistrust. Preparing counselors to work at the intersection of developmental trauma and relational disconnection is also consistent with research that applied RCT to clients with traumatic stress disorders. Kress et al. (2018) argued that RCT can inform trauma conceptualization and intervention by helping counselors attend to relational disconnection, safety, and connection as central elements of healing.

First, training could explicitly situate counseling within contexts of chronic disconnection. Participants' guardedness, skepticism, and withdrawal align with RCT's understanding of disconnection as an adaptive response to relational betrayal or marginalization (Jordan, 2017). Counselor education can reframe these behaviors not as resistance, but as protective strategies developed within environments of instability and surveillance. Teaching future counselors to interpret guardedness through an RCT lens shifts clinical stance to curiosity, thereby increasing the likelihood that mutual empathy can develop. When counselors respond with consistent presence, transparent communication, and paced engagement, they create the conditions under which the "five good things" of growth-fostering relationships including zest, clarity, sense of worth, productivity, and desire for further connection can emerge (Miller & Stiver, 1997).

Additionally, RCT can guide how confidentiality and power are taught within child welfare contexts. Because participants described confidentiality breaches as relational ruptures that ended trust, counselor preparation must move beyond procedural explanations of mandated reporting and instead emphasize relational transparency. From an RCT perspective, power

differentials are unavoidable, but can be addressed through mutual engagement and explicit acknowledgment (Jordan & Hartling, 2002). Training can include structured practice in explaining limits of confidentiality clearly, checking for youth understanding, inviting questions about information sharing, and revisiting these conversations after disclosures. When counselors are trained to anticipate and prevent relational rupture and to engage in relational repair, they strengthen youths' experience of mattering even within asymmetrical systems.

These findings also carry implications for school counselors, who may occupy a distinct but overlapping role in the lives of foster youth. Because school counselors work within educational settings shaped by mandated reporting (Children's Bureau, 2026), information sharing, and broader child welfare processes, it may be important to consider how their roles as relational supports and school-based professionals are experienced by students in foster care (Ackerman, 2017; Dettlaff & Boyd, 2020; Roberts, 2022). The findings on confidentiality, relational safety, and trust are not limited to clinical counseling settings; rather, they may also extend to other professional contexts in which youth must assess whether an adult is safe to confide in. School counselors who work with foster youth may benefit from understanding the sociocultural context of the child welfare system, including the systemic inequities and relational disruptions that shape youths' experiences in care (Dettlaff & Boyd, 2020; Pryce et al., 2019; Roberts, 2022). In turn, these conditions may also shape how youth interpret confidentiality, consistency, transparency, and relational safety in helping relationships. When school counselors recognize that youth in foster care may approach helping relationships with understandable guardedness shaped by prior relational and system-level experiences, they may be better positioned to approach students with the transparency, consistency, and cultural attunement that participants in the study described as foundational to safety.

RCT's emphasis on sociocultural context offers a framework for integrating cultural humility into counselor education. Participants' accounts demonstrated that racial identity match alone did not ensure attunement; what mattered was whether counselors validated lived realities without minimizing or normalizing harm. RCT situates relational development within intersecting systems of race, gender, and power (Jordan, 2017). Counselor education programs can therefore incorporate reflexive exercises, supervision dialogues, and case analyses that help counselors examine cultural scripts, implicit assumptions, and tendencies toward reassurance that may unintentionally silence youth. In doing so, training enhances the counselor's capacity for authentic engagement across cultural and relational differences, which RCT identifies as foundational to growth (Jordan, 2017).

Finally, participants' emphasis on coping strategies, safety planning, and follow-through underscored that relational care needed to be enacted, not only expressed. RCT does not separate relational depth from practical support; rather, empowerment is fostered when individuals experience both emotional responsiveness and concrete collaboration (Miller & Stiver, 1997). Counselor preparation can integrate skills training in collaborative problem-solving, co-created safety plans, and developmentally attuned coping interventions as expressions of mutual empowerment. When counselors translate empathy into tangible support, they reinforce youths' sense of agency and relational reliability. Collectively, these implications suggest that RCT can function as a developmental framework in counselor education, shaping how trainees understand disconnection, enact authenticity, navigate power, and cultivate relational resilience. By intentionally grounding counselor preparation in RCT principles, programs can enhance counselors' capacity to foster growth among youth whose prior relational experiences have often been marked by instability, surveillance, and rupture.

Child Welfare Systems and Policy

Although this study centered on counseling relationships, participants' accounts demonstrate that counseling in foster care is inseparable from the systems that structure privacy, continuity, access, and accountability. Child welfare systems and policies can strengthen growth-fostering counseling conditions by treating confidentiality protections and transparency as essential to youth emotional safety, including reducing unnecessary information sharing and supporting youth inclusion when information must be shared for safety. Systems should prioritize relational continuity by addressing counselor turnover, reducing caseload strain, and planning for care transitions when placement changes occur, because trust was often described as fragile and disruptions were experienced as emotionally costly. Policy attention to these conditions is important because participants did not describe counseling quality as separate from the systems in which counseling occurred. Strengthening growth-fostering conditions therefore requires not only improving individual counselor practice but also addressing the system-level conditions that shape continuity, privacy, responsiveness, and youth participation in care.

Participants also described counselor access and responsiveness as a form of safety rather than convenience. Policies that support timely follow-up, predictable between-session support, and collaborative safety planning can strengthen youths' belief that care will remain during distress. Finally, systems should align accountability structures with relational quality rather than service completion alone. When counseling becomes oriented toward checkboxes, court pacing, or procedural performance, participants described feeling unseen and managed. Shifting focus toward what the youth wanted and needed to discuss in sessions results in trust, safety, and perceived usefulness, while investing in culturally responsive practices, can better support

counseling that is experienced as credible, protective, and growth-fostering within child welfare contexts.

Limitations

This study's findings should be interpreted in light of several limitations that are consistent with hermeneutic phenomenological inquiry and with conducting research on foster care experiences.

Sample and Scope

First, the study relied on a small, purposive sample of Black former foster youth who were willing to participate in an in-depth interview about their foster care and counseling experiences. While the sample size aligned with phenomenological expectations and supported interpretive depth (Creswell & Poth, 2018), the findings are not intended to be statistically generalizable. Instead, the value of this work lies in interpretive transferability, where resonance and applicability are assessed across similar contexts. It is important to note that participants' experiences may not reflect the full range of realities of Black former foster youth, particularly those who may have declined participation because of mistrust, emotional burden, or safety concerns related to disclosing experiences within a system that has historically surveilled and misunderstood Black families.

Retrospective Accounts and Meaning Making Over Time

Participants described experiences retrospectively. Their narratives reflected both what occurred at the time and how those experiences are now understood. This is not a weakness in hermeneutic phenomenology; it is part of the phenomenon itself because meaning is shaped across time, context, and later interpretation. However, retrospective accounts can include recall gaps, compression of timelines, and shifts in interpretation, particularly when participants have

had additional counseling experiences as adults or have gained new language for trauma, race, identity, and relational harm. Thus, this study captured lived experience as remembered and interpreted rather than as documented in real time.

System Variability and Contextual Differences

Participants' foster care and counseling experiences occurred across different placement types, agencies, states, and institutional arrangements. This variability strengthens the study's ability to identify cross-case patterns but limits the ability to attribute experiences to a single organizational structure or policy environment. For example, confidentiality expectations, access to counseling, and the relationship between counseling and child welfare documentation may differ by state policy, placement setting, school district procedures, or agency practice norms. As a result, the findings reflect the phenomenon across varied contexts rather than isolating the procedures of a single system.

Counseling Role Ambiguity in Foster Care Contexts

Counseling within foster care settings is not always clearly bounded. Participants referenced private therapists, school counselors, family counseling contexts, and psychiatrists. In foster care systems, the counselor's role can blend clinical care with reporting requirements, placement coordination, and court involvement. This role ambiguity is itself part of the relational experience participants described, but it complicates interpretation. For instance, what participants experienced as a confidentiality violation may reflect interactions shaped by ethical or court-reporting constraints, as well as agency reporting practices that participants experienced as relational betrayal. This limitation does not dismiss participants' interpretations; rather, it underscores the need to interpret counseling experiences within the overlapping systems that shape what counseling can and cannot protect.

Researcher Positionality and Interpretive Influence

Because hermeneutic phenomenology rejects bracketing as fully achievable, interpretation is inherently shaped by the researcher's fore-understanding. Although reflexive journaling, memos, peer debriefing, peer examination, and member checking were used to strengthen credibility (Lincoln & Guba, 1985), the interpretive understanding remains co-constructed through the researcher's engagement with the data. The researcher sought to minimize misattunement through iterative movement between parts and whole and through ongoing reflexivity, but it is possible that alternative interpretive framings may be generated by other researchers or by participants at different points in time.

Trustworthiness Constraints in Peer Examination and Member Checking

Finally, trustworthiness strategies strengthened the study, yet they also have practical constraints. Member checking strengthened interpretive accuracy; however, participants' responses during this process may be influenced by their comfort level, emotional readiness to revisit their experiences, and their willingness to elaborate, correct, or challenge the researcher's interpretations. Similarly, peer examination and peer debriefing strengthened dependability and supported interpretive challenge, but they do not eliminate interpretive variation. These strategies help ensure that the interpretations are accountable, coherent, and grounded in participants' words.

Recommendations for Future Research

The findings in this study raise several directions for future research that can deepen understanding of counseling relationships for Black foster youth and clarify how growth-fostering relational conditions can be cultivated within systems that often disrupt trust.

Examine Counseling Experiences by Placement Setting and Service Context

Future research should examine whether and how counseling experiences differ across placement types and service delivery contexts, including kinship (relative) care, non-relative foster homes, group homes, residential treatment settings, and school-based counseling. Participants described confidentiality and relational safety as fragile, and those dynamics may be amplified or reduced depending on whether counseling is embedded in a placement setting that routinely shares information with caregivers or court actors. Research that compares counseling experiences by placement type could clarify how institutional context shapes what youth believe counseling is for and whether it can function as a protected relational space.

Examine the "Confidentiality Problem" in Child Welfare-Aligned Counseling

Findings indicated that confidentiality functioned as a core relational boundary, and when it was violated, participants disengaged. Future research should more explicitly investigate confidentiality practices in counseling within foster care contexts, including youth perceptions of confidentiality, counselor explanations of limits, and the pathways through which information is shared with caregivers or court systems. Studies could include interviews with counselors and caseworkers alongside youth narratives to map how confidentiality is communicated, enacted, and experienced. This line of research is especially important because what may be ethically permissible can still be relationally harmful if youth experience it as betrayal or surveillance.

Investigate Rupture, Replacement, and Relational-Discontinuity

Participants described that once rupture occurred, trust typically ended rather than being repaired, often followed by a new counselor or disengagement. Future research should examine rupture and discontinuity as central features of counseling in foster care contexts, including counselor turnover, placement changes, and service interruptions. Longitudinal qualitative

designs could trace how repeated rupture shapes youths' later help-seeking, emotional risk-taking in relationships, and expectations that adults, including counselors, will follow through.

Deepen Research on Cultural Attunement Beyond Racial Matching

Participants’ accounts suggest that shared racial identity does not automatically guarantee cultural attunement. Future research should examine what youth define as cultural attunement in counseling, including how counselors engage cultural meanings without minimizing trauma, stereotyping families, or relying on generalized talking points. Studies could explore how racial matching interacts with counselor stance, humility, and trauma-responsiveness, and could identify the conditions under which racial matching supports trust versus when it does not. Participants’ accounts also suggest that these dynamics may extend beyond counseling to teacher preparation and the broader school community. Future research could examine how teacher educators prepare teachers to engage with students’ lived experiences, particularly when reassurance, silence, or minimization are experienced as dismissive rather than supportive. Such work may further clarify how cultural humility and attunement can be cultivated across school-based helping relationships with youth impacted by foster care and systemic inequities.

Evaluate Relational-Cultural Interventions and Training

Because findings aligned strongly with RCT tenets, future research should evaluate interventions and training models grounded in RCT for counselors serving foster youth. Research could examine whether RCT aligned supervision practices improve counselor responsiveness, mutuality, and relational safety in foster care settings. Mixed-methods studies could measure relational outcomes such as perceived safety, trust, and engagement alongside qualitative accounts of what changes when counselors prioritize mutual empathy and relational authenticity.

Explore Developmental Timing and Age-Specific Needs in Counseling

Participants described wanting to be taken seriously and to engage in authentic discussion around their experiences, even at younger ages. Future research should examine how youth at different ages experience counseling in foster care, particularly the mismatch participants described between being developmentally treated as "a child" and feeling forced to mature quickly due to adversity. Research could identify age-specific relational needs, including how counselors can pace conversations, support agency, and avoid overreliance on activities and games that youth experience as avoidant or performative.

Examine Structural and Policy Influences on Counseling Quality

Future research should examine how structural conditions shape counseling relationships, including counselor caseload, funding constraints, service fragmentation, and documentation requirements. Participants frequently interpreted performative counseling as "box-checking" and court-oriented, suggesting that system pressures influence relational quality. Research that connects policy structures to relational outcomes could help translate qualitative findings into actionable system reform.

Conclusion

This hermeneutic phenomenological study explored the lived experiences of Black former foster youth and their experiences developing growth-fostering relationships with counselors while in foster care. Through iterative movement between participants' excerpts and the emerging thematic whole, this study interpreted how foster care was experienced as a context where belonging was fragile, privacy was constrained, and trust in adults was not assumed but had to be earned. Within this broader context, counseling was not experienced as growth-

fostering simply because services were present. Instead, growth-fostering counseling was defined by relational conditions that supported safety, trust, and recognition.

Participants described that growth-fostering relationships were supported when counselors protected confidentiality, practiced authentic presence, and engaged youth as meaning-makers rather than as cases to be managed. Participants also emphasized that access and responsiveness functioned as enacted safety, particularly during distress, and that care became meaningful when translated into usable supports, including coping strategies, safety planning, and concrete follow-through that extended beyond the session in appropriate ways. Cultural and racial context shaped comfort and interpretation, and participants described both the potential benefits and harms of cultural familiarity depending on how counselors responded to trauma and meaning. Across accounts, rupture often became terminal rather than reparative, highlighting the fragility of trust in foster care counseling contexts and the importance of prevention, transparency, and continuity.

Together, these findings contribute to counseling research by centering Black former foster youth voices and illuminating relational conditions that support or disrupt growth-fostering counseling relationships in foster system-involved contexts. Interpreted through an RCT lens, the findings suggest that mutual empathy, relational authenticity, voice, and reliable presence are not optional relational qualities for foster youth, but essential mechanisms through which safety and connection are built. The implications of this study extend to counseling practice, counselor education and supervision, and child welfare systems and policy. Most importantly, the findings underscore that improving counseling experiences for Black foster youth requires more than expanding access to services. It requires strengthening relational quality, protecting foster

youths' emotional safety, and designing systems that support trust, continuity, and culturally attuned care.

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APPENDICES

APPENDIX A

Informed Consent Form for Participation in Research

Title of Study: The lived experiences of Black former foster youth: Toward a phenomenological understanding of growth-fostering relationships in counseling.
IRB Protocol: 25954
Principal Investigator(s): Whitney B. Robertson, wbrober2@ncsu.edu
Funding Source: None
NC State Faculty Point of Contact: Dr. Sylvia Nassar, snassar@ncsu.edu or (919) 515-6363

You are invited to take part in a research study. Here are some important things to know:

- Your participation in this study is voluntary. You can choose not to participate without penalty. If you decide to participate and change your mind, you can stop participating at any time without penalty.
- The purpose of this research study is to understand the lived experiences of Black former foster youth and their experiences in developing growth-fostering relationships with their mental health counselors.
- You will be asked to complete a demographics questionnaire and at minimum two virtual interviews that will last about one hour per interview.
- You are not guaranteed any personal benefits from being in this study. Research studies may pose risks to those who participate.
- You may want to participate in this research because you have life experiences that others can learn from. You may not want to participate in this research because of concerns about privacy.
- If you have questions about your participation in this research at any time, do not hesitate to contact the researcher(s) named above or the NC State IRB office via email at IRB-Director@ncsu.edu or via phone at 1-919-515-8754

Please read the rest of this consent form for more specific details of this research. If you do not understand something, please ask the researcher for clarification or more information.

What is the purpose of this study?

The purpose of the study is to understand the lived experiences of Black former foster youth and their experiences in developing growth-fostering relationships with their mental health counselors.

How many people will be in the study?

There will be approximately eight to thirteen participants in this study.

Am I eligible to be a participant in this study?
In order to be a participant in this study, you must agree to be in the study and are between the ages of 18-24 years old, identify as Black or African-American, and are former foster youth who had at least one engagement with a mental health counselor while in foster care.

You cannot participate in this study if you do not meet the inclusion criteria outlined above.

What will happen if you take part in the study?
If you agree to participate in this study, you will be asked to do all of the following:

1. Agree to complete a demographic survey which will allow for eligibility to participate in this study to be determined, which is expected to take up to 30 minutes.
2. Agree to participate in one-on-one interviews virtually, which includes:
    1. The researcher will invite you via a secure Zoom link to participate in the interviews, which are expected to last between 45 to 60 minutes.
    2. You will identify if you are in agreement with the researcher to consent to recording the interviews via Zoom for both audio and visual purposes and for the purpose of the researcher transcribing the interview.
    3. If necessary, you will agree to participate in follow-up interviews to answer any clarifying questions from the initial interview. A follow-up interview is expected to last up to 30 minutes.
3. Agree to participate in member checking, which includes:
    1. The researcher will give you access to your interview transcript on NC State's Google Drive. This will be shared with you for your review.
    2. You will identify if you are in agreement with the themes identified by the research throughout the transcript. This is referred to as "member checking", which is expected to take up to 60 minutes of your time.
    3. After reviewing the themes and identifying if there are changes needed, the researcher will remove your access from your interview transcript on NC State's Google Drive.
4. You will be provided a copy of your research data so that you can confirm the accuracy of the information collected. You can indicate if there's any information or identifiers you want the researcher to delete or not share.

The total amount of time that you will be participating in this study is 3 hours for all of the activities listed above.

Recording in research
Participants will be audio and video recorded during the research activities. If you do not want this information collected, you cannot participate in this research.

I would like to use these recordings for transcription purposes only. I will keep these recordings until transcriptions have been verified by you during the member checking process.

Benefits to participating in this research

There are no direct benefits to participating in this research.

Risks to participating in this research

There is minimal risk associated with your participation in this research.

The risks to you, as a result of participating in this research, include being identified in the published research due to the small participant pool, qualitative research methods, and the uniqueness of your experiences. These risks are mitigated through a strong data storage plan in place, the removal of identifiers (i.e., use of pseudonyms) and the researcher will take care to report data that is general in nature.

Researcher obligations

Due to my professional role as a Licensed Clinical Mental Health Counselor, I have an obligation to report child neglect and abuse, sexual abuse of an adult ages 28 years old or younger, elder neglect and abuse, and thoughts of harming yourself or others. This means that if I observe instances of, or you tell me about thoughts of harming yourself or others or neglect and abuse, I am obligated to report that. The risks associated with reporting this information include the potential for reporting when imminent harm could come to you or others.

What data will be collected about me and are there risks associated with that?

The data that is collected about you include demographics and your unique experiences in foster care. This data is indirectly identifiable. Re-identifiable data is information that I can identify you indirectly because of my access to information, role, skills, combination of information, and/or use of technology. The risks to you as a result of collecting this information include your data being indirectly identifiable. These risks will be mitigated through implementing data protections in accordance with NC State data protection standards.

How will my identity and the data about me be stored and protected?

After all data is collected, the researchers will go through the data and remove all direct and indirect identifiers from the dataset and create a coded list that connects your real identity to the dataset.

This list will be stored separately from the data. After the study is over, I will permanently delete the master list. It may still be possible for someone to recognize you from your responses.

We will go through your interview transcripts and do our best to remove or replace any information that can identify you directly. Examples of the information we will remove are specific names of people or places that you reference. After we do this, it may still be possible for someone to recognize you from your responses.

Who can access my data and how will my data be shared and used in the future?

Your data will not be used or shared for future research studies. I will delete your data after the study is completed.

How will the data about me be reported to the public and are there risks associated with that?

Even though I will not directly identify you when I share the results of my study, it's still possible someone could figure out who you are from the information we will include. This is because I will report the data like demographics, stories that are your unique experiences, and the small sample size of eight to thirteen participants. Because of that, someone may be able to re-identify you from the project because of re-identifiable information of your unique stories and demographic. As a result of possible re-identification, the risks to you or others you know include your identity possibly being re-identified based on the data collected.

Right to withdraw your participation

Your participation is voluntary. Even if you agree initially, consent is an ongoing process. You can stop participating at any time for any reason. To do so immediately, you can inform the researcher during the interview, leave the Zoom call, or close your browser. You can also contact the student researcher, Whitney Robertson, at wbrober2@ncsu.edu. Or you can contact the faculty advisor for this research, Dr. Sylvia Nassar, at snassar@ncsu.edu.

If you withdraw, I will stop any procedures or data collection that may be happening. I will also delete any data that's already been collected from you whenever possible. I will not be able to delete your data if I cannot identify which responses are yours or if the data has already been published.

Compensation

For your participation in this study, you will receive a $25 gift card to Amazon. If you withdraw from the study before it ends, you will not receive any compensation.

What if you have questions about this study?

If you have questions at any time about the study itself or the procedures implemented in this study, you may contact the student researcher, Whitney Robertson, at wbrober2@ncsu.edu. You can also contact the faculty advisor for this research, Dr. Sylvia Nassar, at snassar@ncsu.edu.

What if you have questions about your rights as a research participant?

If you feel you have not been treated according to the descriptions in this form, or your rights as a participant in research have been violated during the course of this project, you may contact the NC State IRB (Institutional Review Board) office. An IRB office helps participants if they have any issues regarding research activities. You can contact the NC State University IRB office at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/participant-concern-and-complaint-form/

Consent to participate

By signing this consent form, I am affirming that I have read the above information. All of the questions that I had about this research have been answered. If I consent to participate, I understand that I can stop participating at any time without penalty or loss of benefits to which I am otherwise entitled. I am aware that I may revoke my consent at any time.

Yes, I want to be in this research study.

Name_________________________ **Today's Date** ________________________________

No, I do not want to be in this research study.

Thank you for your consideration.

APPENDIX B

DEMOGRAPHICS SURVEY

Thank you for your interest in participating in the research study "The lived experiences of Black former foster youth: Toward a phenomenological understanding of growth-fostering relationships in counseling."

What is the purpose of this study? The purpose of the study is to understand the lived experiences of Black former foster youth and their experiences in developing growth-fostering relationships with their mental health counselors.

Am I eligible to be a participant in this study? In order to be a participant in this study, you must agree to be in the study and are between the ages of 18-24 years old, identify as Black or African American, and are former foster youth. You cannot participate in this study if you do not meet the inclusion criteria outlined above.

If you are selected to participate in this study, the direct benefits to you as a result of your participation include: a $25 Amazon gift card following your participation in the interviews.

Please complete the following:

What is your first name?

What is your last name?

Eligibility to Participate

Are you between the ages of 18-24 years old?

Yes

No

Please provide your birthday. mm/dd/yyyy

Please select all that apply to you.

I am a former foster youth.

I am a current foster youth.

I have never been in the foster care system.

How old were you when you first entered foster care?

How many years and months were you in foster care? (i.e., 5 years and 6 months).

*If you were in care less than 1 year, put the total number of months (i.e., 3 months)

Years

Months

Please select the option(s) that best describes your race.

Alaska Native

Asian

Black or African American

Hispanic or Latinx

Native American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial/Two or more races

Which of the following most accurately describes your gender? Select as many that apply to you.

Female

Male

Transgender

Gender Queer

Gender Non-Conforming

Gender Non-Binary

Two-Spirit

I'd rather not say

Other

Please select what applies to you below.

While I was in Foster Care, I had at least 1 engagement/session with a mental health counselor.

While I was in Foster Care, I never had an engagement/session with a mental health counselor.

I was never in foster care.

How old were you when you had your first engagement/session with a mental health counselor while you were in foster care?

About how many years and/or months did you engage with your mental health counselor(s) while you were in foster care? (i.e., 5 years and 6 months).

*If you engaged with mental health counselor(s) for less than 1 year, put the total number of months (i.e., 3 months)

Years

Months

Eligible to Participate

Thank you! Based on your responses, it appears that you are eligible to participate in this study. Please continue to the next page and answer the following questions with your contact information and I will be in touch with you.

What is your email address?

What is your phone number?

Please select your preferred communication method. Select all that apply.

Text

Call

Email

Ineligible to Participate

What is your email address?

What is your phone number?

Thank you for your interest in participating in this study. Based on your responses, you do **not meet the eligibility requirements to participate in this study. If you have any questions or believe this is incorrect, you may reach out to Whitney Robertson at wbrober2@ncsu.edu.**

APPENDIX C

RECRUITMENT EMAIL

eIRB 25954 -Whitney Robertson

Recruitment E-mail with Talking Points

Hello,

My name is Whitney Robertson and I am a doctoral candidate at North Carolina State University (NCSU). I am contacting you about sharing out an opportunity for participation in my dissertation research project. The purpose of this research is to understand the lived experiences of Black former foster youth. More specifically, this project aims to explore Black former foster youth experiences of developing growth-fostering relationships with their mental health counselors. To be a participant in this study, you must be between the ages of 18-24 years old, identify as Black or African America, be a former foster youth, and engaged with at least one mental health counselor while you were in foster care.

As a participant in this study, you will be asked to complete a short electronic eligibility demographics survey to ensure that you meet the eligibility requirements and a demographic survey that captures your gender, age, race, total number of years in foster care, and age and duration of when you engaged with a mental health counselor while in foster care. You will also be asked to participate in one-to-one interviews virtually via the web-conferencing software, Zoom with me. The total estimated time of your participation in this project is three hours, with up to thirty minutes to complete the demographics survey, up to an hour and a half for the one-to-one interviews that accounts for one hour for the first interview and up to thirty minutes for a

follow-up interview, and up to one hour for you to review your interview transcription and themes captured.

The one-on-one interviews will be held virtually via North Carolina State University's Zoom, which is an online video and audio-conferencing platform. I will request your informed consent for the interview to be audio and video-recorded. I will store and protect your recordings in a password-protected folder on my NCSU drive. After the one-on-one interview is completed, I will contact you within two weeks with a written transcription of your interview responses for your review and approval. After I receive your approval, I will permanently delete the audio and video interview files from my NCSU drive.

There are minimal risks associated with participation in this research. The risks to you as a result of this research include being identified in the published research due to the small participant pool, qualitative research methods, and the uniqueness of your experiences. The likelihood of you being identified in this research is possible, but I have a strong data storage plan in place and I will take care to only report data that is general in nature.

If you are interested in participating in this research, please complete the Demographics Survey form online here: https://ncsu.qualtrics.com/jfe/form/SV_9vJYRO3XFhDMnTo. If you are eligible and selected, I will be in contact with you regarding next steps.

Please note that your participation in this research project is voluntary. The North Carolina State University's Institutional Review Board has approved this study. An IRB office ensures that

studies with human participants follow federal rules and helps participants if they have any issues regarding research activities. Should you have any concerns about your rights and how you are being treated, you may contact the NC State IRB (Institutional Review Board) office. You can contact the NC State University IRB office at IRB-Director@ncsu.edu, 919-515-8754, or fill out a confidential form online at https://research.ncsu.edu/administration/participant-concern-and-complaint-form/.

If you have questions about this research or the consent forms, please contact me to discuss. Thank you!

Best always,

Whitney Robertson

wbrober2@ncsu.edu

APPENDIX D

Semi-Structured Zoom Interview Protocol

Title of Study: The lived experiences of Black former foster youth: Toward a phenomenological understanding of growth-fostering relationships in counseling.

IRB Protocol: 25954

Participant's Pseudonym:______________________________

Researcher/Interviewer: Whitney Robertson

Date:______________________

Scheduled Time:_____________

Start Time:__________ **End Time**:___________

Researcher: Thank you for taking the time to talk with me today. As you know, the purpose of the study is to understand the lived experiences of Black former foster youth and their experiences in developing growth-fostering relationships with their mental health counselors.

Throughout this interview, I will ask you questions about your experiences in foster care and with mental health counselors that you engaged with during your time in foster care. I may ask you to elaborate or clarify responses to questions. Please feel free to ask me for clarification at any point during the interview process if questions are unclear.

Research Questions

This study is designed to answer two research questions. Those questions are:

1. What are the lived experiences of Black former foster youth?
    a. Describe your experience in foster care from entering care to exiting care.
    b. How did/do you define your identity (i.e., race, ethnicity, foster youth)?
    c. What were your experiences in relation to your race while in foster care?
    d. How do you believe that your race impacted your overall time in foster care?

2. What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors?

a. Describe your experiences with your counselor(s) that you had while in foster care.
b. How do you define a trusting relationship?
c. Describe a time you experienced a trusting relationship with your counselor(s) while you were in foster care.
d. What did the experience of gaining trust with your counselor look like? At what point did you know that you could trust your counselor?
e. If you did not experience a trusting relationship with your counselor, what steps would you expect your counselor(s) to take to gain your trust?
f. How would you describe your self-worth prior to engaging in counseling while you were in foster care?
g. How would you describe your perceived self-worth during counseling while you were in foster care?
h. Describe a time where you felt empowered during counseling while you were in care. What did your counselor do that led you to feel empowered?
i. Describe a time where you felt understood by your counselor while you were in care. What did your counselor do that led you to feel understood?
j. What do you want counselors to know about Black foster youth?

Semi-structured Interview Script

1. Tell me about yourself. (Name remains anonymous and a pseudonym is assigned)
    a. How do you define your identity (i.e., race, ethnicity, foster youth)?
2. Please describe your experience during your time in foster care.
    a. What about your experiences in foster care as a Black foster youth?
    b. How do you believe that your race impacted your overall time in foster care?
3. Tell me about your experiences with mental health counselors while you were in foster care.
    a. How many counselors did you have while in care?
    b. How would you describe your experiences with each of your counselors (if the participant had multiple counselors)?
4. Describe what a trusting relationship looks like for you.

a. Describe a time you experienced a trusting relationship with your counselor(s) while you were in foster care.
b. What did the experience of gaining trust with your counselor look like? Were there specific things that your counselor did that supported gaining your trust?
c. At what point did you know that you could trust your counselor?
d. (Ask if the participant did not experience a time where they trusted their counselor) What steps would you expect your counselor(s) to take to gain your trust?

5. How would you describe your self-worth prior to working with a counselor while you were in foster care?
6. How would you describe your perceived self-worth during counseling while you were in foster care?
    a. What do you think contributed to a difference in how you described your self-worth once you began working with your counselor(s)?
    b. If there was no change in description of self-worth – What do you think contributed to no difference in how you described your self-worth once you began working with your counselor(s)?
7. Describe a time where you felt empowered during counseling while you were in care.
    a. What did your counselor do that led you to feel empowered?
    b. (Ask if the participant did not experience a time where they felt empowered by their counselor) What do you wish your counselor had done that would have made you feel empowered?
8. Describe a time where you felt understood by your counselor while you were in care.

a. What did your counselor do that led you to feel understood?

b. (Ask if the participant did not experience a time where they felt understood by their counselor) What could your counselor have done differently that would have made you feel understood?

9. As a Black former foster youth, what have been your biggest takeaways about your experiences with your counselor(s) while you were in foster care?

10. What do you want counselors to know about Black foster youth?

11. Is there anything else that you would like for me to know?

APPENDIX E

Table 6

Research Questions and Origination

Research question	Theoretical framework
What are the lived experiences of Black former foster youth? (RQ1)	Hermeneutic Phenomenology
What do Black former foster youth consider to be their unique challenges and supports in developing growth-fostering relationships with their counselors? (RQ2)	Relational-Cultural Theory