Mental Health of Adolescents in Foster Care: A Literature Review

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This paper examines the mental health of adolescents in the child welfare system and appropriate interventions to address their needs. Rates of mental illness among adolescents in the child welfare system are higher than those in the general population of the same age cohort. Currently, most adolescents are only screened for trauma exposure and symptoms during an assessment after a reported instance of abuse or neglect. The Illinois Department of Child and Family Services utilizes a community based approach that allow at risk children to stay in their home community and use preexisting resources for treatment. Each child receives an individualized treatment plan that focuses on their strengths as well as the strengths of their community. These children have experienced stressful events, potentially including foster care placement. Cognitive based compassion training (CBCT) has the potential to help address such trauma based stress. This intervention helps adolescents learn to regulate their emotions and manage stress which could reduce effects of chronic stress. Finally, treatment foster care (TFC) is also considered as a viable intervention. Treatment foster care provides children with access to individual and family therapy, placement with foster parents who have been trained and screened, and services that extend beyond their time in foster care. In order to remedy the common problem of adolescents with mental illnesses who have not received more comprehensive treatment, a holistic approach with continuous screening is recommended. Elements of this approach are explored in this article.

Keywords: foster care services, youth, mental illness

Mental Health of Adolescents in Foster Care

In the United States, there are 400,000 children in foster care placements on any given day (Scozzaro & Janikowski, 2015). Unfortunately, foster care placement is a relatively common experience for many children across the nation. This statistic does not cover the thousands of families who are involved with child protective services before or after foster care placement has occurred. Annually, there are over three million reports of child maltreatment (Gonzalez, 2014). This includes instances of neglect, physical abuse, psychological maltreatment, and sexual abuse. Child abuse and neglect can be defined 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 of a child," (Gonzalez, 2014, p.8). If these claims of maltreatment are substantiated, child protective services intervenes in order to make sure children and adolescents will be provided with a safe and stable environment that fosters the development of healthy relationships with appropriate role models. Abuse alone is a traumatic experience. However, it can be equally as traumatic for the child to be removed from their home. This can be the case even when placement is the most viable option to ensure the child's safety. Research has shown that children in foster care have higher rates of mental illness when compared to the general population (Scozzaro & Janikowski, 2015; Stoner et al., 2015). This paper examines the mental health of adolescents in foster care and a few appropriate interventions.

Literature Review

Research indicates mental illness is prevalent in 40 percent to 60 percent of foster care youth. (Scozzaro & Janikowski, 2015). Such large-scale occurrences demand access to and implementation of effective evidence-based interventions. Adolescents struggling with trauma and mental illness need supportive services. However, it is reported that 50 percent of children in foster care identified as needing mental health treatment fail to receive services (Scozzaro & Janikowski, 2015). This study further states that many state child welfare systems do not screen children for trauma exposure and symptoms beyond the initial assessment following an abuse or neglect event. The reason mental health services are not provided in a timely fashion could be due in part to the possibility that case managers or caregivers may not immediately see signs indicating the need for such

help. It is a mistake to think that since a child does not appear to have symptoms of trauma around the time of the event that they will not surface at a later date. According to Scozzaro and Janikowski, child services should routinely look for trauma symptoms, mental illness, and other related issues in order to ensure at risk adolescents receive the help they deserve (2015). Out-of-home placement decisions are based on what is deemed necessary for the child's immediate safety and well-being (Scozzaro & Janikowski, 2015). Therefore, it is crucial that their mental and emotional needs are taken into consideration as fundamental components of their overall well-being.

According to a study by Greeson et al., (2011), when an adolescent is exposed to multiple forms of trauma by their caregivers, they are said to have experienced complex trauma. In this study, physical abuse, sexual abuse, emotional abuse, neglect, and domestic violence were identified as the five forms or types of trauma. Above authors stated complex trauma occurs when a child experiences two or more of these forms of child maltreatment. In this study, researchers found that out of 2,251 youth in foster care ranging in age from 0 to 21 years, 70.4 percent had experienced at least two forms of trauma. Of the youth studied, approximately 263 or 11.7 percent had experienced all five. These traumatic experiences are typically what precipitates foster care placement. It is expected that one would experience negative responses and associated symptoms to such events. However, these symptoms can be exacerbated by the sense of loss and separation that comes with being removed from one's home. It is crucial that the trauma is addressed by those caring for at risk adolescents in addition to focusing on behavioral and emotional reactions. The authors suggest that when trauma history, trauma-specific reactions, and challenges to functioning caused by the trauma are examined it is easier to

obtain services for children that will address many of their needs. In this sample, 83 percent of the individuals were diagnosed with at least one clinical diagnosis, which illustrates the prevalence of mental illness in this population (Greeson et al., 2011). Mental health services should be comprehensive enough to go beyond reactions and symptoms. It is clear that there is a need for youth in foster care to be connected with viable treatment services.

Mental illnesses that frequently occur among those in foster care include depression and posttraumatic stress disorder (PTSD) (Reddy et al., 2013; Stoner et al., 2015). The lifetime prevalence rates of PTSD for individuals in the child welfare system are similar to those of US military veterans (Reddy et al., 2013). Other issues such as substance abuse, personality disorders, mania, and oppositional defiant or conduct disorders are also quite prevalent (Gonzalez, 2014; Reddy et al., 2013). According to Stoner et al., (2015), depression is one of the most commonly diagnosed disorders for youth in the foster care system with an occurrence rate three times that of the general population of the same age cohort. These outcomes may be the result of many factors. For example, these adolescents may be vulnerable due to a genetic predisposition for mental illness. Also, when a child is removed from their home, it may be expected that they will experience feelings associated with significant loss; loss of parent(s), other family members, and community that feels like home. Multiple placements and conflicts with foster family members can also create significant distress. This article further states that there are many studies that support the relationship between depression and child maltreatment (Stoner et al., 2015).

Mental illness among the foster care population is a cause for concern because of the potential impact it can have in various other areas of the young person's life. Without adequate treatment, these individual may become more susceptible to substance abuse, educational failure, juvenile delinquency, homelessness, or incarceration in adulthood (Gonzalez, 2014). Compounding difficulties such as these can make the successful transition to adult life more challenging. Unfortunately, these are not uncommon occurrences for people who have gone through the child welfare system. Twenty-two percent (22 percent) of those who have exited the system report becoming homeless between the ages of 18 to 24 compared to 6.8 percent of those in the general population (Reddy et al., 2013). They also have lower rates of high school graduation and earning a bachelor's degree. It is incumbent upon the child welfare system to provide children and youth with the necessary tools to be functional and achieve success. It is clear that the system of care for children and youth needs make certain better interventions are put in place.

In 2002, the State of Illinois Department of Children and Family Services implemented a community-based program to provide services to children in foster care (Stoner & Fuller, 2015). This program identified the community as the center of the service delivery system and advocated for community-based placements. The program uses several services that already exist within each community and other supports that a child may already be receiving in the area. The Department of Children and Family Services is supposed to focus on reunification of the child and their family. Consequently, this new program is family-centered. Every client has an individualized program that was designed to emphasize their unique strengths and their culture.

According to the study by Stoner and Fuller, (2015) this program has had positive mental health outcomes. As mentioned earlier, it can be traumatic for a child to be removed from everything they know. Therefore, a community-based placement seems to be the most viable option to help retain some sense of normalcy in the child's life. This program also focuses on the individual, which means that their unique needs should be met.

Some professionals use cognitive-based compassion training (CBCT) as a way to help adolescents in foster care learn coping techniques that can help them manage stressors in their lives. CBCT teaches compassion and empathy with a long-term goal of acceptance and understanding of others (Reddy et al., 2013). This intervention has been shown to be effective in teaching stress management and other coping strategies. According to this study, participants age 13 to 17 experienced no difference in terms of psychosocial functioning between their baseline and the end of treatment. However, participants found CBCT helpful in regulating emotion, managing stress, and exhibiting more considerate responses to other people. All 71 participants were surveyed following their experience with CBCT, and 87 percent said they would recommend CBCT to a friend. Approximately 63 percent said that they found it helpful. If adolescents found this treatment beneficial enough to recommend it to others, perhaps this strategy may help reduce barriers to treatment. Mental health services can be stigmatizing, especially so at the ages of 13 to 17. Perhaps having peers who also make use of these services may further help reduce the associated stigma. While this method seems to have the potential to help prevent long-term effects of chronic stress, it should not be the sole treatment adolescents in the foster care system receive. There are many types of stressors associated with entering and remaining in foster care, as well as stressors that come with being a

teenager. CBCT could be a beneficial addition to mental health care for adolescents in general, but specifically for those in foster care.

An alternative program was created for adolescents with severe emotional or behavioral disorders who were at risk for placement in group home settings or incarceration as a result of chronic delinquency. Not every young person in foster care faces these issues, but there are components of this program that could be beneficial to all adolescents and their foster families. The Treatment Foster Care (TFC) program was created by the Oregon Social Learning Center to reduce the need for more restrictive residential treatment, which tends to isolate clients (Moore & Chamberlain, 1994). TFC was designed to address the needs of more specialized cases as well as abused and/or neglected children. Targeted clients are placed in a family home, receive out of home care, and attend local public schools. Those interested in becoming foster parents for this client population are required to undergo a screening process to demonstrate their readiness and capacity to create a stable environment and a willingness to work toward helping the youth achieve specific behavioral goals. Once approved, the foster parents must attend 20-30 hours of pre-service training to learn how to set clear limits, address developmental issues, use effective praise techniques, and administer positive consequences.

The TFC program strives to create a foster home environment where the foster parents are equipped to deal with the various struggles they may face while caring for their foster child. There are support groups for foster parents and home consultations to make sure everything is going well with the placement. Adolescents receive individual therapy, and are assigned an advocate who helps them negotiate changes in their

programs at school and in the home (Moore & Chamberlain, 1994). Clients also have access to individualized support 24 hours a day so there is always someone there to provide such support. TFC emphasizes family reunification, so an important program component is biological family therapy and home visits to make sure changes can be implemented, such as improved communication and appropriate punishments. Home visits with the biological family gradually increase from one hour to weekends or longer in order to gradually ease families back into the reunified family routine. Additionally, the adolescent's support system continues after they leave the foster home. The TFC program provides 24-hour crisis intervention, support groups, therapy, school-based interventions, and even covers transportation costs on an as needed basis.

As mentioned earlier, it is common for individuals between the ages of 18-24 years old who have exited the foster care system to become homeless. Aftercare services like those available through the TFC and other such programs could make a significant difference in whether or not an adolescent will experience a successful transition into adulthood once they exit the child welfare system.

Based on this review of the research literature one might conclude the most effective way to address the mental health needs of adolescents in foster care is a holistic approach that combines multiple compatible interventions. The Illinois Department of Child and Family Services' community-based program exemplifies a more holistic treatment approach because it emphasizes the benefit of keeping children in their own community and making use of preexisting community-based services. When a child is placed in a foster home, everything they are familiar with could be taken away. This experience has the potential to exacerbate what is arguably highly traumatic in and of

itself. If youth are able to remain in their home community, some sense of normalcy may be retained, for example attending the same school. The reasons for foster care placement, and indeed the entry of a child into the foster care system alone is likely to produce significant stress. Cognitive based compassion training could prove to be a valuable strategy to aid in teaching effective coping techniques. Also, the implementation of signature aspects of treatment foster care (individual and family therapy, specialized training for foster parents, and aftercare services), could be incredibly useful in efforts to further improve services provided by the child welfare system.

Children deserve to lead a healthy, happy, and successful life. In order to do so, a range of skills is required. Systems of care should focus on the specific needs of each individual child. If the system of care encompasses a variety of treatment interventions, service providers would be able to select from viable options tailored to meet the specific child's needs. Furthermore, it is crucial that at risk children are regularly screened for symptoms of mental illness and symptoms of trauma. For some, the development of these disorders emerge over time. Therefore, ongoing assessments are critically important. It should be an overarching goal that children and youth exit the child welfare system as close to the normative developmental level of functioning as possible, certainly functioning higher than they were upon entry into the system. In order to achieve such a goal, mental illness, trauma, and stress cannot be ignored. Rather it must be appropriately and responsibly addressed.

Conclusion

Mental illness is a common problem among adolescents in foster care. It is not uncommon for many youth to be unable to access the services that they need. Oftentimes children are only screened during their initial assessment following an abuse or neglect

event. The Illinois Department of Child and Family Service's community-based approach, cognitive based compassion therapy, and the Oregon Social Learning Center's treatment foster care programs were examined in this literature review. A holistic approach seems most needed to adequately address mental health concerns of adolescents in the child welfare system. Such an approach would be community based to retain a degree of normalcy in the child's life as well as utilize preexisting resources and services. It would include teaching healthy coping strategies, individual and family therapy, specialized training for foster parents, and aftercare services so that adolescents will continue to feel supported once they exit the foster care system. Adolescents should leave the foster care system better off than when they entered, which requires various treatment and program components to ensure their success.

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