

The Center for Fostering Success Best Practice, Best Fit Webinar Series

Discovery Driven Solutions Related to Educational Attainment for Students from Foster Care





Uncharted Territory: Foster Youth Navigating Mental Health Services as They Age Out of Care





Megan Hayes Piel, PhD, MSW Wayne State University

Overview

- Background/literature review
- Research design
- Second phase of analysis
- Discussion/implications
- Future research directions
- Questions



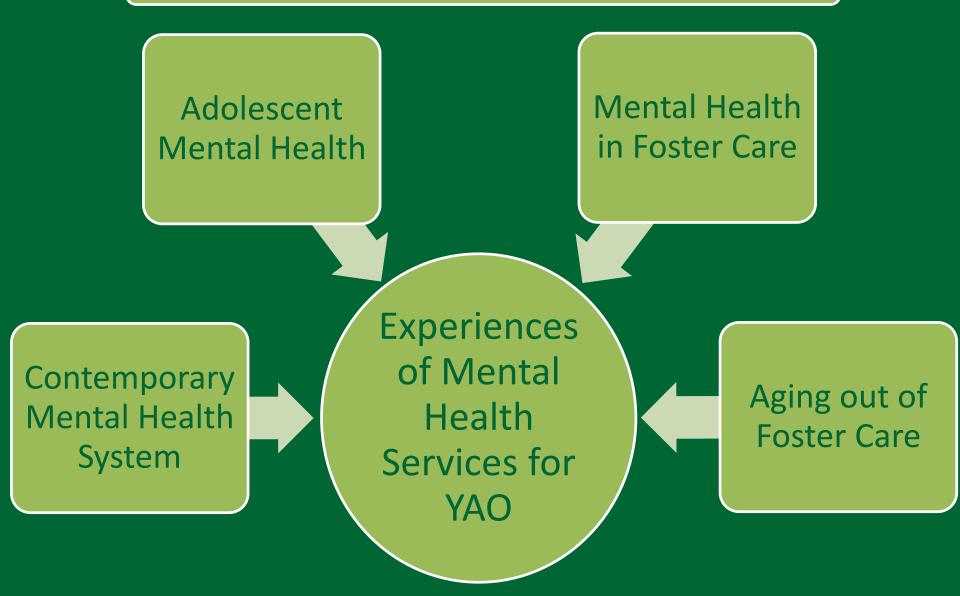
Scope of the Problem

- Child maltreatment declining nationally; 34% increase in Arizona reports_{1,2}
- Nearly 17,000 in out-of-home care₂
- Higher rates of emotional/behavioral issues,
- Few former foster youth engaged in services_{4,5,6}
- Transition to adulthood critical point
- Importance of understanding decision-making



School of Social Work 1. U.S. Department of Health and Human Services, 2012; 2. AZDES, 2012; 3. McMillen, Auslander, Elze, White, & Thompson, 2002; 4. Pecora et al., 2009; 5. Courtney et al., 2011; 6. McMillen & Raghavan, 2009; 7. Dixon et al., 2005; 8. Marshall et al., 2011

Review of the Literature



Research Question

As youth age out of foster care, what perceived barriers and supports exist in meeting their mental health needs?

- Explore self-identified mental health needs
- Identify problem situations in meeting these needs
- Identify strengths and supports youth find helpful
- Determine the most frequent and intense barriers and supports encountered when navigating the system



Research Design Behavior Analytic Model,

- Ecological perspective
- Problematic situations and deficiencies
- Incorporating strengths perspective 10,11
- Situational analysis as 1st step of model
- Mixed methods sequential exploratory design₁₂



School of Social Work

9. Goldfried & D'Zurilla, 1969; 10. Saleebey, 1996; 11. Lindsey, Kurtz, Jarvis, Williams, & Nackerud, 2000; 12. Creswell & Plano-Clark, 2011

<u>Research Design/</u> <u>Situational Analysis:</u>

Phase One (N = 29; 8)

- Assess environmental demands
- Focus groups and interviews
- Thematic qualitative analysis
- Resulting inventory of situations

Phase Two (N = 224; 121)

- Establish social validity
- Hard-copy and online surveys
- Frequency/intensity of situations
- Exploratory Factor Analysis



Phase Two Sample (N = 121)

- Age (*M* = 19.55, *SD* = 1.53)
- Out-of-home care (*M* = 6.34, *SD* = 5.00)
- Race/ethnicity
- Gender
- Level of education
- Employment, housing
- Mental health services



Phase Two Results: Distressful Situations

Five most difficult and frequently encountered situations for former foster youth

Situation	Mean	SD
You have too much to worry about after leaving care, to focus on your mental health right away. You have to figure out where you're going to		
live, get a job, and manage your money, first.	5.55	2.50
Decisions about your well-being were made behind closed-doors. Adults		
such as your caseworker, a supervisor, foster parent, or counselor made	гот	
decisions without you.	5.27	2.19
You didn't feel prepared to be successful on your own, but you didn't		
feel like you could ask for help because you're supposed to be		
independent after 18.	5.23	2.54
Nobody was there for you when life got tough after turning 18. You were		
surrounded by people while in care, but felt very isolated after leaving		
care.	5.05	2.61
Adults such as counselors, group home staff, foster parents, and		
teachers judge you by your diagnosis. It feels like they assume you're a		
troubled youth before getting to know you.	4.92	2.78

Phase Two Results: Helpful Situations

Five most helpful and frequently encountered situations for former foster youth

Situation	Mean	SD
You have someone to call if things get really tough. You have a person who listens and gives you advice.	6.38	2.48
Once you were on your own, you were able to make decisions and allowed to make mistakes. You learned from them and were able to decide what was best for you.	6.17	2.29
You get to bond with other youth/young adults experiencing similar situations at programs which was helpful.	5.81	2.49
You maintain your mental health by using distractions such as school, work, or other activities.	5.76	2.65
Having leadership opportunities helped you gain perspective with your own mental health.	5.75	2.45

Phase Two Results: Challenging Factor Analysis Mixed Messages

Lack of Choice and Voice

Barriers Accessing Services

Feeling Overwhelmed

Identity Confusion/Beyond Foster Care

Problems with Medications

Factor 1: Mixed Messages	Coefficient
Professionals may have discussed how to return to services after 18 if you decided you needed help, but you didn't remember what they told you to do or who to contact when you actually needed help.	.85
At 16 my needs were different than they were at 20, but the programs didn't seem to meet my needs as I got older.	.57
It seems like youth get the same services when they come into foster care. You received counseling and medications because that's what all foster youth receive.	.56
Adults such as counselors, group home staff, foster parents, and teachers judge you by your mental health diagnosis. It feels like they assume you're a troubled youth before getting to know you.	.50
Some staff are in your business when things are going wrong, but do not have the time to talk to you when you seek them out.	.49
A counselor promised what you said in session was confidential, however your caseworker and other members of your team always seemed to know what you talked about afterward.	.49
You seem to get stricter consequences than your same age peers who are not involved in mental health services. If you were to get upset and punch a wall, the police would be called.	.48
When you did contact people for help, you received mixed messages from different people, which left you confused.	.45
You have a hard time trusting professionals because they change so frequently.	.43
Staff told you to avoid the negative stereotypes of youth aging out of foster care like becoming homeless	.42

or dropping out of school, but didn't talk about how to avoid them. You feel like you were set up to fail.

Factor 2: Lack of Choice and Voice	Coefficient
You weren't allowed to continue independent living/transition services after 18 because you didn't have an adult diagnosis and were no longer eligible for services.	.77
You were kicked out of where you lived because of symptoms related to your mental health.	.75
Your probation required that you participated in services, but you were not able to get to appointments after turning 18 so you were sent back to jail.	.73
You had someone speaking/making decisions about services for you while in care, so you didn't really know how to advocate for yourself after turning 18.	.41
You go to groups where you're supposed to have a voice, but services remain the same. You don't feel like people are genuinely listening to your concerns.	.40
Factor 3: Barriers Accessing Services	
You stopped counseling after turning 18 because you would have to switch counselors. You didn't want to tell your story again.	.60
You moved to a different area and were no longer able to get to service appointments because you didn't have consistent transportation.	.58
You don't follow up with appointments because you usually don't have anyone to ask for a ride or no longer have a bus pass.	.53
You didn't continue mental health services after turning 18 because you would lose pay for missing work.	.51
At first it was difficult to talk to a counselor but when you decided you were ready to talk, you were not able to get counseling because you couldn't afford it.	.43

Factor 4: Feeling Overwhelmed	Coefficient
Nobody was there for you when life got tough after turning 18. You were surrounded by people while in care, but felt very isolated after leaving care.	.80
You didn't feel prepared to be successful on your own, but you didn't feel like you could ask for help because you're supposed to be independent after 18.	.77
You have too much to worry about after leaving care, to focus on your mental health right away. You have to figure out where you're going to live, get a job, and manage your money, first.	.62
Factor 5: Identity Confusion/Beyond Foster Care	
Group counseling turns into a hangout or mini-party, which is good to connect with other youth in similar situations, but you want more support and activities to help you develop skills.	.50
The only other young adults you know to live with are other former foster youth, who are struggling with their own mental health issues.	.45
You decide not to continue mental health services after 18 because you don't want to be associated with the child welfare/foster care system.	.44

Factor 6: Problems with Medications	Coefficient
It's hard for you to ask for any services or help because you're afraid you will just be put back on medications.	.76
The doctors thought you were taking your medications, but you were not. They comment on the positive changes they've seen as a result of your medication.	.75
Some medications helped calm you down, but they made you sleepy in school so you'd have to take another medication to wake you up.	.74
Medications made you feel sick. They made you feel loopy or groggy.	.71
If you complained about your medications or disagreed with the doctor, you were prescribed more medications or higher doses of ones you were already taking.	.70
You took too many medications and ended up in the hospital. Mental health providers felt it was a substance abuse issue but substance abuse providers thought it was a suicide attempt. Neither one wanted to help you.	.62

Phase Two Results: Supportive Factor Analysis

Responsive Engagement

Consistency through Service Transition

Ongoing Mentorship

Self-Efficacy

Phase Two Results: Supports

Factor 1: Responsive Engagement	Coefficient
An adult such as a caseworker, counselor, or mentor went with you to accomplish tasks for the first time, to walk you through the process.	.78
It felt like professionals trusted your decisions and believed in your ability to manage your own emotions and behaviors.	.74
You had a mentor/staff who helped you learn how to advocate for yourself. They helped you prepare for meetings so you felt confident in communicating your concerns and questions.	.65
A professional took the time to break down tasks into steps and repeated things you would need to know on your own.	.61
You mentor other youth in similar situations by listening and giving advice when needed, which made you feel good.	.56
Your doctor/counselor was able to meet you at different service locations, depending on where you lived at the time.	.47
Teachers or coaches at your school provided emotional support and encouraged you.	.44
Factor 2: Consistency through Service Transition	
Your services transferred to the adult system without issue because you had a professional such as a caseworker or counselor help make sure you were set up.	.72
You had the same counselor or doctor after you turned 18. They already knew your story and how best to support you.	.49
You received transition services that continued after you turned 18, which made you feel like you had someone to ask for help when needed.	.43

Phase Two Results: Supports

Factor 3: Ongoing Mentorship	Coefficient
You still talk to your group home staff or foster parents, even though you've left. They check in on you and care about how you're doing.	0.69
Mentors stay with you even after the professionals are gone. They keep in contact with you and really care about how you're doing.	0.51
Staff who had an ongoing relationship with you were able to point out the progress you've made over time as well as notice when you were struggling.	0.47
Factor 4: Self-Efficacy	
You maintain your mental health by using distractions such as school, work, or other activities.	0.58
Once you were on your own, you were able to make decisions and allowed to make mistakes. You learned from them and were able to decide what was best for you.	0.50
You stopped mental health services because you decided to take control and manage your own symptoms, emotions, and behaviors.	0.49
You continued mental health services after 18 because they were on your own terms this time. You decided you wanted help and could choose what was a good fit for you.	0.41

Implications

- Acknowledge the voices of YAO of foster care
- Gain insight into the complexity of experience
- Targeted strategies for programs and policies
- Individualized services, acknowledging choice
- Consideration to shared experience
- Importance of social support/capital



Limitations

- Generalizability
- Feasibility
 - Difficult to reach population
 - Sample size
- Inventory development
 - Complexity of situations
 - Measurement issues



Future Directions

- Confirmatory Factor Analysis
- Cont. Behavior Analytic Model
- Specific mental health services
- Young adults not engaged in services
- Prolonged engagement



Discussion/Questions





megan.piel@wayne.edu

WESTERN MICHIGAN UNIVERSITY Thank you for attending!

The Center for Fostering Success Best Practice, Best Fit Webinar Series

- Visit <u>www.fosteringsuccessmichigan.com</u> for more information about upcoming webinars or to access a recording of today's webinar.
- If you have a research study that you are interested in presenting via this series, please contact Dr. Yvonne Unrau, Director of the Center for Fostering Success at <u>Yvonne.Unrau@wmich.edu</u> with your ideas.



