# **BACKGROUND AND** RATIONALE

•Children placed into the foster care system are at increased risk for behavioral, cognitive, and emotional difficulties as a result of their experienced trauma, removal from home, and the instability of the foster care system.

•Women have more positive attitudes towards seeking psychological treatment than men. This positive attitude has been correlated with women receiving mental health services more than men.

•Our previous research has indicated that foster youth experience positive effects from long-term psychotherapy, however gender differences within these results has yet to be evaluated.

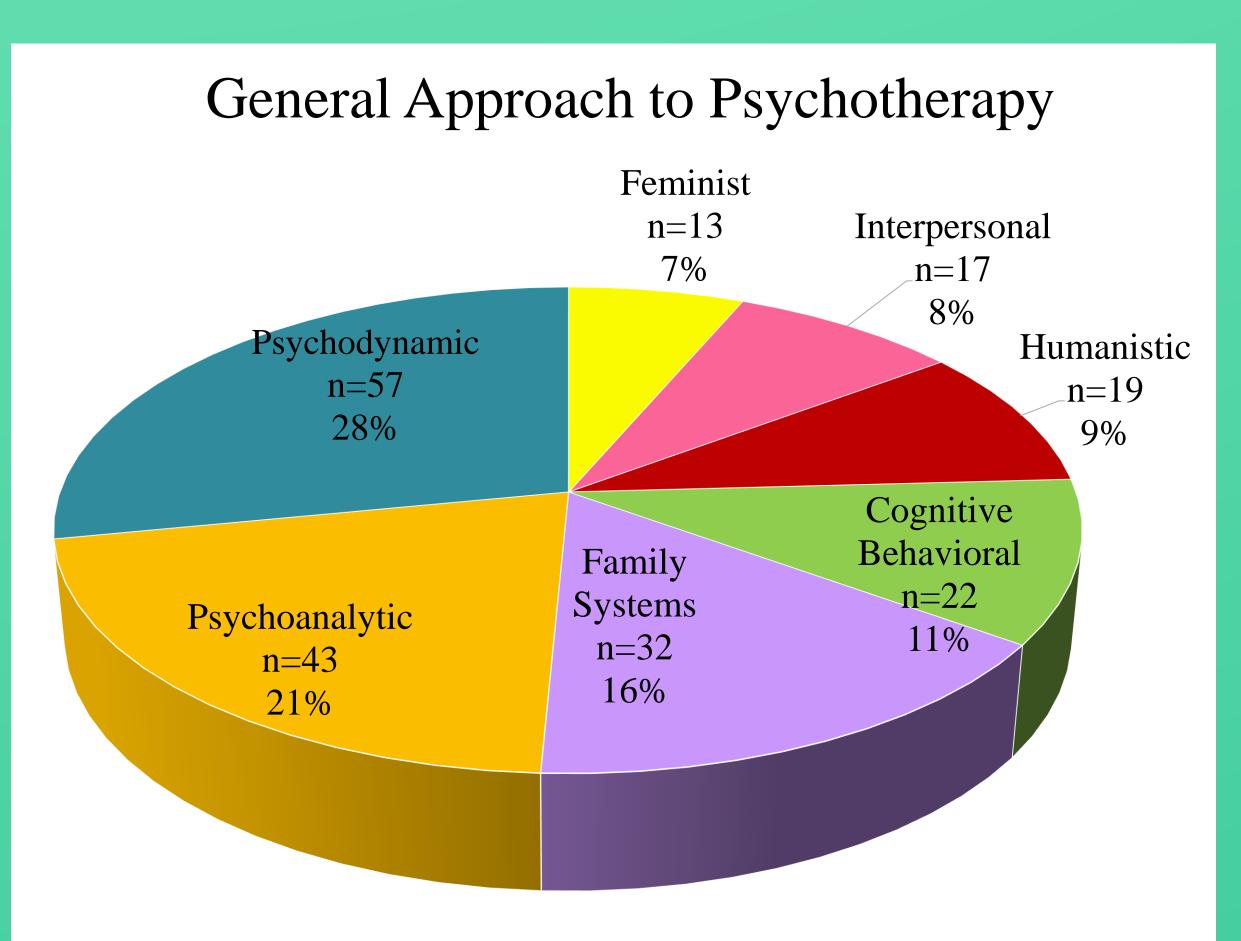
•The current study explored gender differences in the impact of open-ended, Relationship-Based Therapy provided to children, adolescents, and adults currently or previously in foster care.

•Treatment was delivered by licensed clinicians through a national non-profit organization that provides pro-bono mental health treatment to current and former foster youth with one therapist "for as long as it takes".

# METHOD

### Clinician Participants (n = 68)

- 80% female
- Mean age = 47.78 years (SD = 11.53 years)
- 89.7% White; 5.9% Multiple Ethnicities
- •M = 12.17 years clinical experience (SD =10.94 years)



# Gender Differences in Foster Youth Who Receive Relationship-Based Therapy Audrey E. Rhodes, Rosana M. Aguilar, Saralyn C. Ruff, Ph.D., June M. Clausen, Ph.D.

# METHOD

## Measures

- Semi-structured intake and exit interviews including items on therapist and patient demographics, patient symptoms, treatment progress, and treatment approach.
- Mental health symptoms rated on a 5 point scale: 1= None, 2= Mild, 3= Moderate, 4= High, 5 = Extreme.
- Open-ended narrative questions regarding treatment methods and parameters.
- Procedure
- Therapist names and contact information were provided by the non-profit organization.
- Research assistants contacted and scheduled interviews via letters and telephone.
- Initial Telephone Interviews were conducted with therapists at the start of treatment.
- Exit Telephone Interviews were conducted with therapists within at treatment termination.

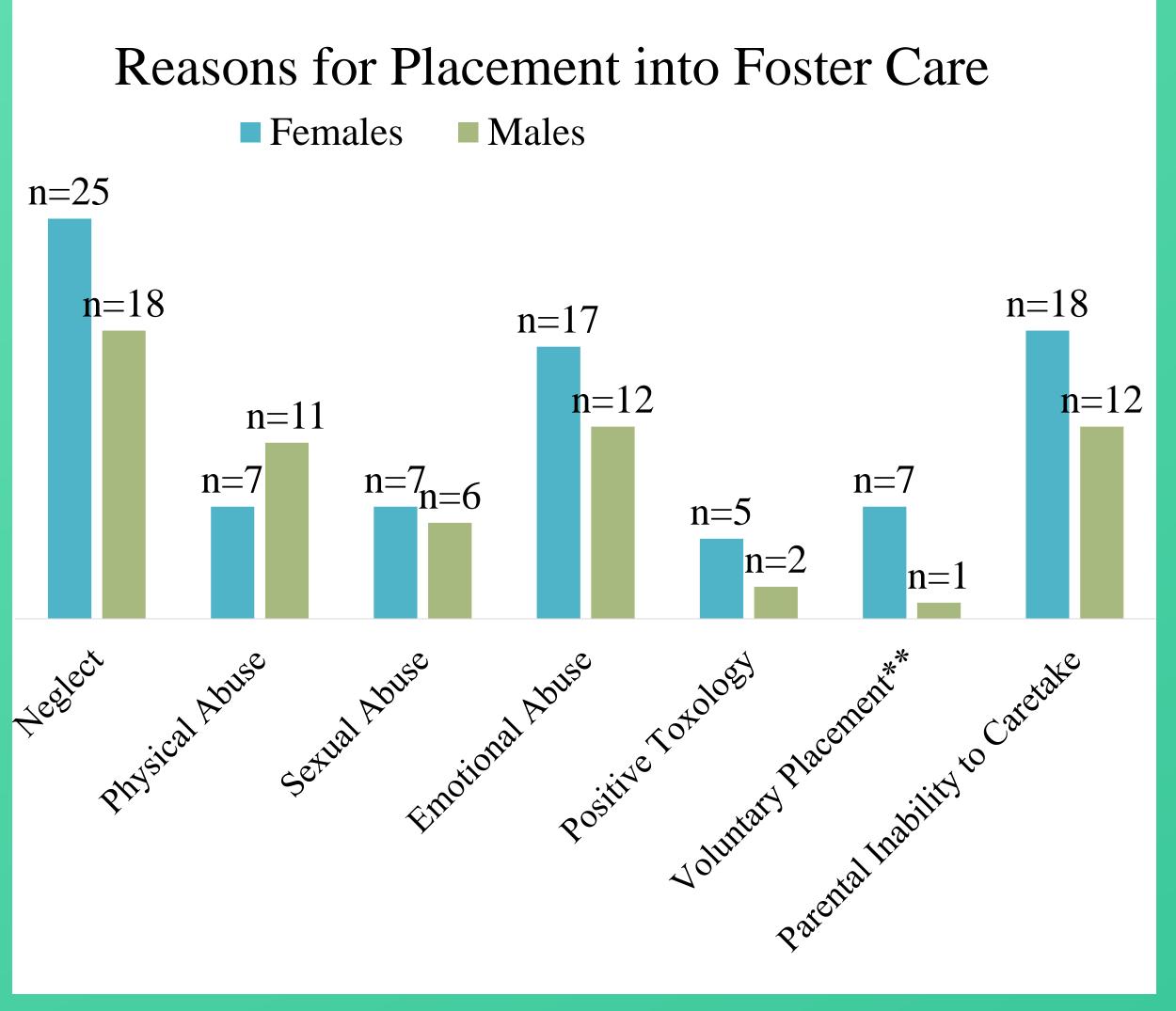
# RESULTS

## Patient Demographics (n = 68)

•Mean age = 10.10 years (SD = 5.98 years)

• 50% female, 50% male

•African American (42.6%), White (25.0%) and Multiple Ethnicity (22.1%)



\*\*Voluntary Placement was significantly higher for females.  $c^{2}(1,N)$ = 68) = 5.10, p < .05

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## RESULTS

#### **Parameters of Treatment**

- Average length of treatment for females (M =2.95 years, SD = 2.11) and males (M = 3.24) years, SD = 3.24) was not significantly different.
- 80% of females and 78% of males attended treatment once per week. The frequency of attended treatment during the last year of therapy for females and males was not statistically different.  $c^2(5, N = 68) = 8.121, p =$ .150.

#### **Overall Changes in Mental Health Symptoms**

veran enanges in m						
		Start of Treatment		End of Treatment		
nptoms	n	Mean	SD	Mean	SD	Sig. Value
pression	68	3.191	.9345	2.308	.9345	0.000
xiety	68	3.544	.8883	2.647	.9104	0.000
sociative Symptoms	67	2.194	1.145	1.672	.8942	0.000
ep Problems	67	2.358	1.202	1.716	.9503	0.000
ool Problems	67	2.463	1.470	1.851	1.306	0.000
nduct Problems	68	2.706	1.294	2.117	1.099	0.000
gression/ Violence	68	2.191	1.200	1.602	.9641	0.000
er Relationship Problems	68	2.868	1.118	2.294	1.079	0.000
oblems with People Current Living uation	63	2.809	1.148	2.254	1.391	0.003
ger Problems	34	2.823	1.336	2.323	1.173	0.003
uresis	58	1.414	.956	1.034	.184	0.004
ostance Use/ Abuse/ Dependence gnificant increase	67	1.104	.465	1.313	.743	0.015
oblems in Relationship with Family of igin	65	3.077	1.514	2.662	1.492	0.032
arding Problems	34	1.382	.739	1.235	.606	0.096
ing Problems	68	1.868	1.245	1.662	1.002	0.099
k Taking	67	2.119	1.225	1.925	1.119	0.230
gal Problems	68	1.147	.496	1.250	.741	0.324
f- Injurious Behaviors	68	1.500	.889	1.353	.806	0.324
copresis	59	1.034	.260	1.016	.130	0.376
rning Problems	67	2.253	1.460	2.134	1.278	0.412
cidality	67	1.269	.664	1.224	.517	0.427
ual Behaviors	67	1.612	1.029	1.567	1.131	0.438
chotic Thoughts/ Behaviors	65	1.246	.613	1.246	.707	0.473
nsiency	66	1.106	.434	1.091	.518	.810

Rating Symptom Scale: 1= None, 2= Mild, 3= Moderate, 4= High, 5= Extreme

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# RESULTS

#### **Significant Differences in Therapist Ratings-Start of Treatment**

Symptom	Mean	Std. Dev.	Sig.
<b>Eating Problems</b>			
Male	1.50	.788	
Female	2.24	1.49	<i>p</i> <.05
<b>Aggression/ Violence</b>			
Male	2.55	1.28	<i>p</i> <.01
Female	1.82	.999	
<b>Risk Taking Behavior</b>			
Male	2.51	1.27	<i>p&lt;.01</i>
Female	1.74	1.05	

#### **Significant Differences in Therapist Ratings-End of Treatment**

Symptom	Mean	Std. Dev.	Sig.
Sexual Behaviors			
Male	1.17	.672	
Female	1.96	1.36	<i>p</i> <.05
<b>Problems in Relationship</b> w/ Family of Origin			
Male	2.97	1.45	<i>p</i> <.05
Female	2.24	1.52	

ANOVAs revealed no significant gender differences in changes over the course of treatment

# DISCUSSION

- This sample of female and male foster children and youth who were removed from home for reasons of neglect, parental inability to caretake, and reasons of abuse attended long-term, weekly psychotherapy for an average of 2.9 years and demonstrated a variety of mental health symptoms.
- Finding suggests the sample as a whole experienced significant reductions in depression, anxiety, dissociative symptoms, sleep problems, school problems, conduct problems, aggression/violence, peer relationships problems, enuresis, and problems in relationships while in Relationship-Based Therapy.
- Although there was an overall reduction in symptoms, mixed model ANOVAs revealed no significant differences in total symptom outcomes between genders.
- These results indicate that males and females may present with different severity of symptoms at the start and end of treatment, but that there are no significant differences in the effectiveness of treatment.
- Limitations of the current study include small sample size, potential bias of therapist informants, and lack of a comparison group.