

2010

# Psychotherapy for Foster Children: Results at Midpoint of Long-term Treatment

Rosana M. Aguilar

*University of San Francisco*, [rmaguilar@usfca.edu](mailto:rmaguilar@usfca.edu)

June Madsen Clausen

*University of San Francisco*, [clausenj@usfca.edu](mailto:clausenj@usfca.edu)

Foster Care Research Group

Follow this and additional works at: <http://repository.usfca.edu/psyc>

 Part of the [Psychology Commons](#)

---

## Recommended Citation

Aguilar, Rosana M.; Clausen, June Madsen; and Foster Care Research Group, "Psychotherapy for Foster Children: Results at Midpoint of Long-term Treatment" (2010). *Psychology*. Paper 12.  
<http://repository.usfca.edu/psyc/12>

This Poster is brought to you for free and open access by the College of Arts and Sciences at USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. It has been accepted for inclusion in Psychology by an authorized administrator of USF Scholarship: a digital repository @ Gleeson Library | Geschke Center. For more information, please contact [repository@usfca.edu](mailto:repository@usfca.edu).



## BACKGROUND AND RATIONALE

- As a result of abuse and neglect, children experience a variety of psychological problems including cognitive, developmental, and emotional deficits. Quite often, the consequences of abuse and neglect also result in problematic school performance, difficulties with social relationships, and aggressive behavior patterns.
- Approximately one fifth of children who come to the attention of Child Protective Service agencies (CPS) are removed from their homes and placed in foster care. Unfortunately, this separation from their natural homes often serves as a secondary trauma, compounding existing problems.
- While the effectiveness of mental health treatment for children in reducing behavioral and emotional symptoms has been demonstrated, research has not yet evaluated the impact of long-term mental health treatment for children who are in foster care.
- The purpose of the current study is to evaluate the treatment provided to children and youth in foster care at the midpoint of mental health treatment by a nation-wide program which provides long-term relationship-based psychotherapy on a pro bono basis.

## METHODS

### Participants

- 16 therapists from three different counties in the state of California providing long-term psychotherapy to at least one foster child.
- Age range 35.6 – 63.6 years (M = 50.1 years; SD = 9.89 years).
- 87.5% female.
- 100% Caucasian.
- 37.5% Licensed Psychologists.
- Therapist's clinical experience 2.00-20.00 years (M= 6.96 years; SD = 5.35 years).

## METHODS

### Procedure

- Initial Telephone Interview with therapists at the beginning of treatment with the foster child.
- Annual Telephone Interview 12-24 months from the date of the first session with their foster child patient.

### Measures

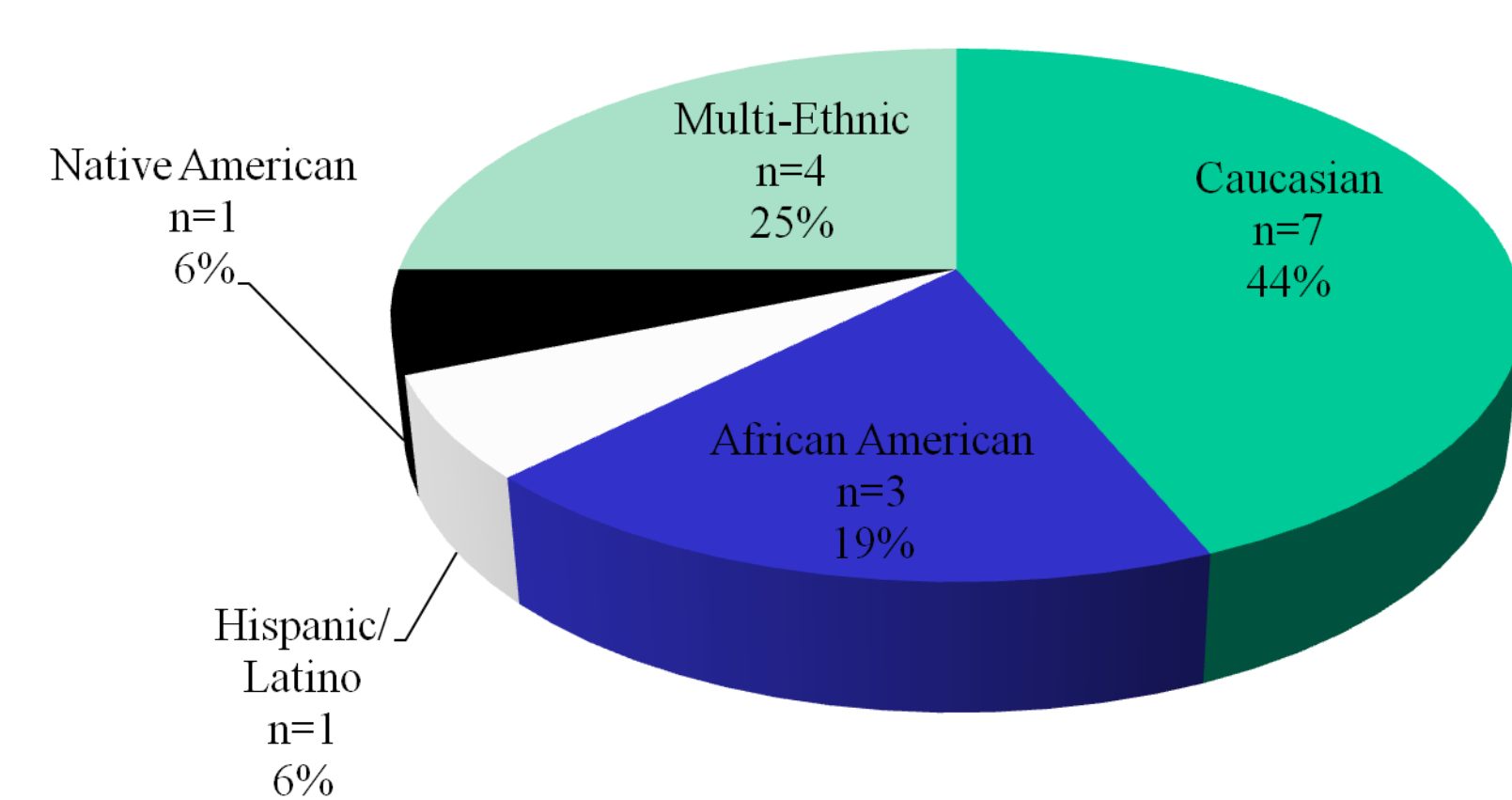
Semi-structured telephone interviews with questions about demographics of therapists and patients, parameters of treatment, treatment progress, and patient symptoms at the start of treatment and at 12-24 months into treatment.

## RESULTS

### Patient Demographics

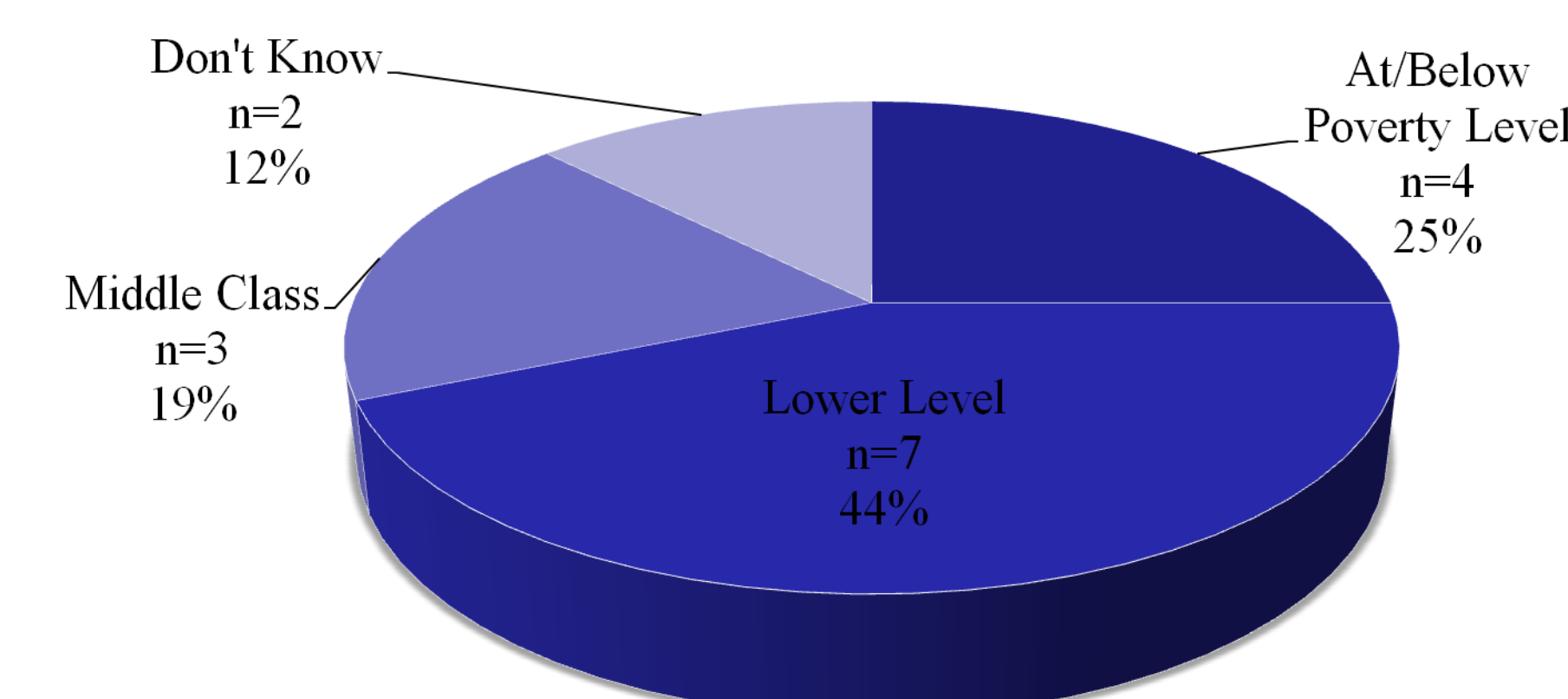
- School-aged (M = 9.16 years; SD = 4.88 years).
- 62.5% female.

### Patient Ethnicity



- Most patients were removed from home for reasons of neglect (62.5%) and/or parents' inability to care take (56.2%).

### Socioeconomic Status of Families from Whom Child was Removed

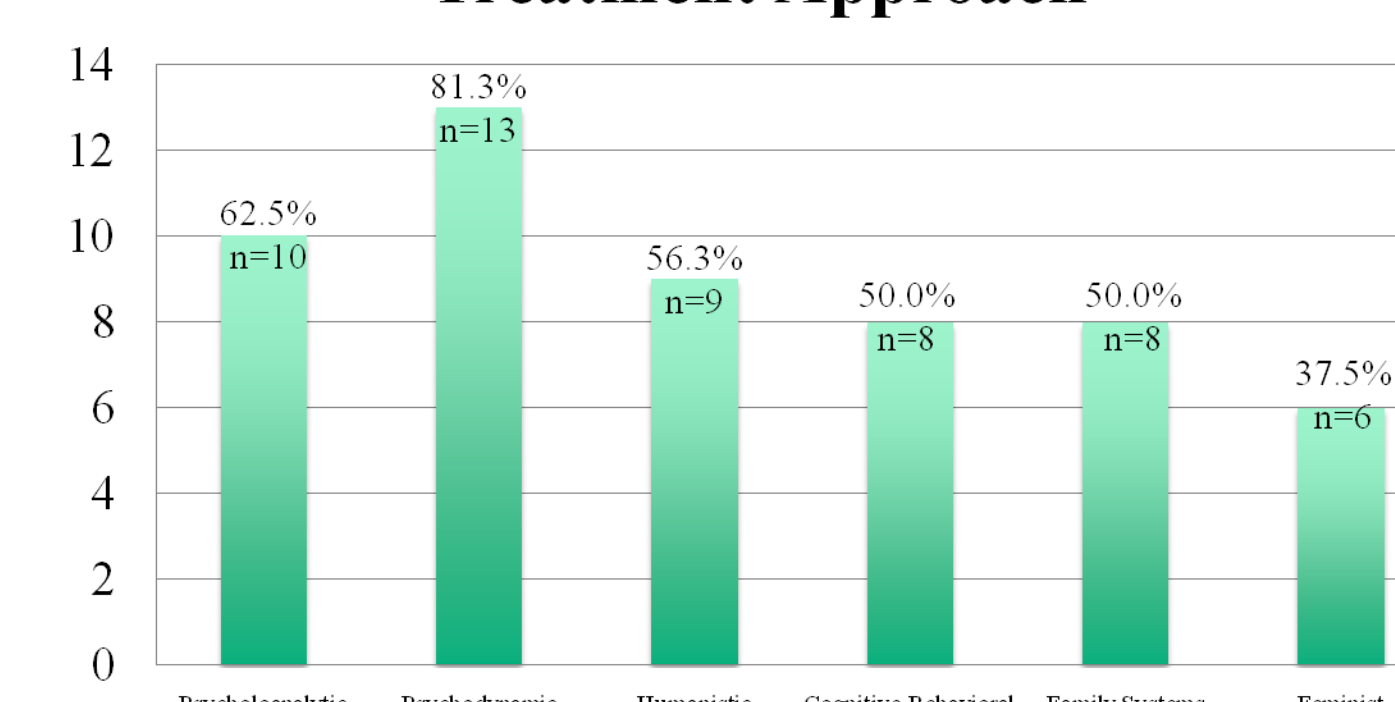


## RESULTS

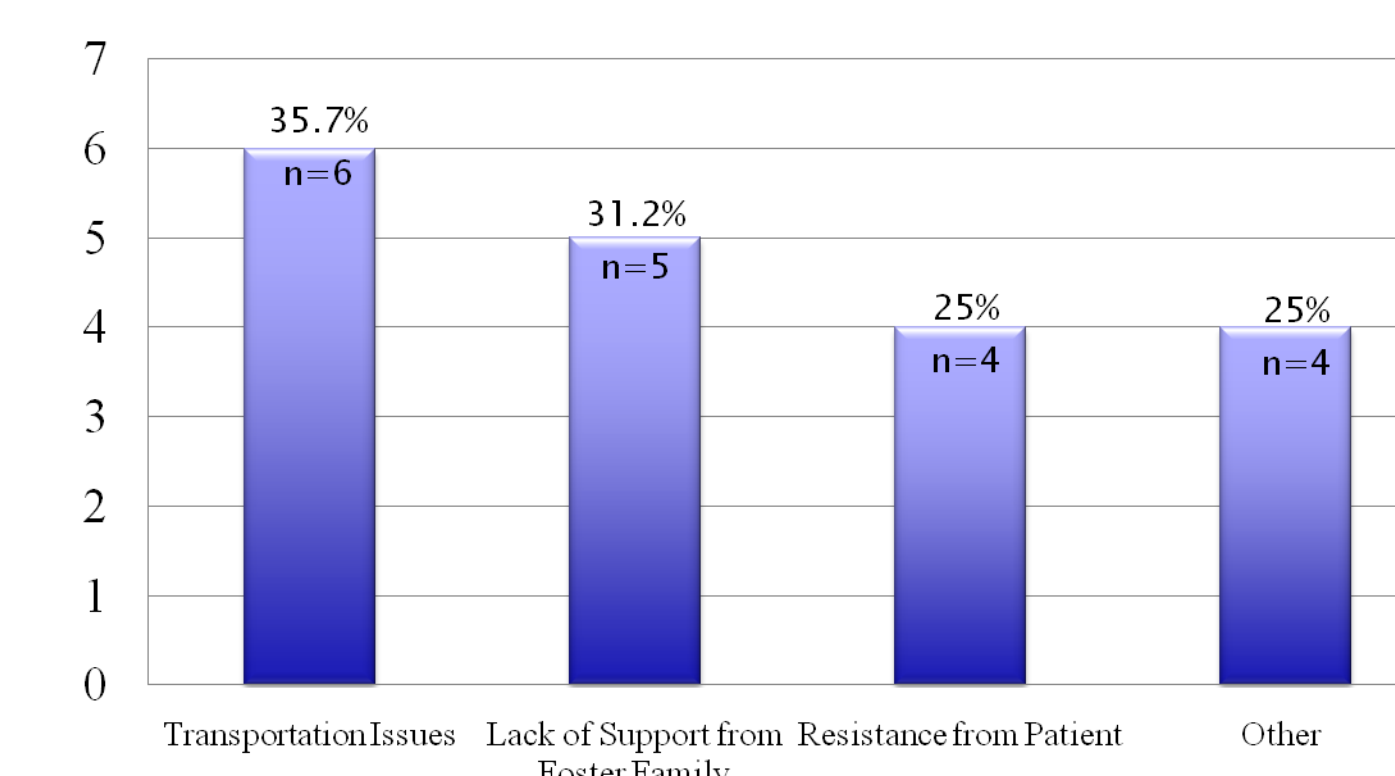
### Parameters of Treatment

- 93.8% of children are seen once per week in outpatient psychotherapy.
- The majority of therapists conduct ongoing collaborative work during treatment with the child's foster parents (75%), human service agency caseworker(s) (37.5%), and teacher(s) (25%).

### Treatment Approach



### Obstacles to Treatment

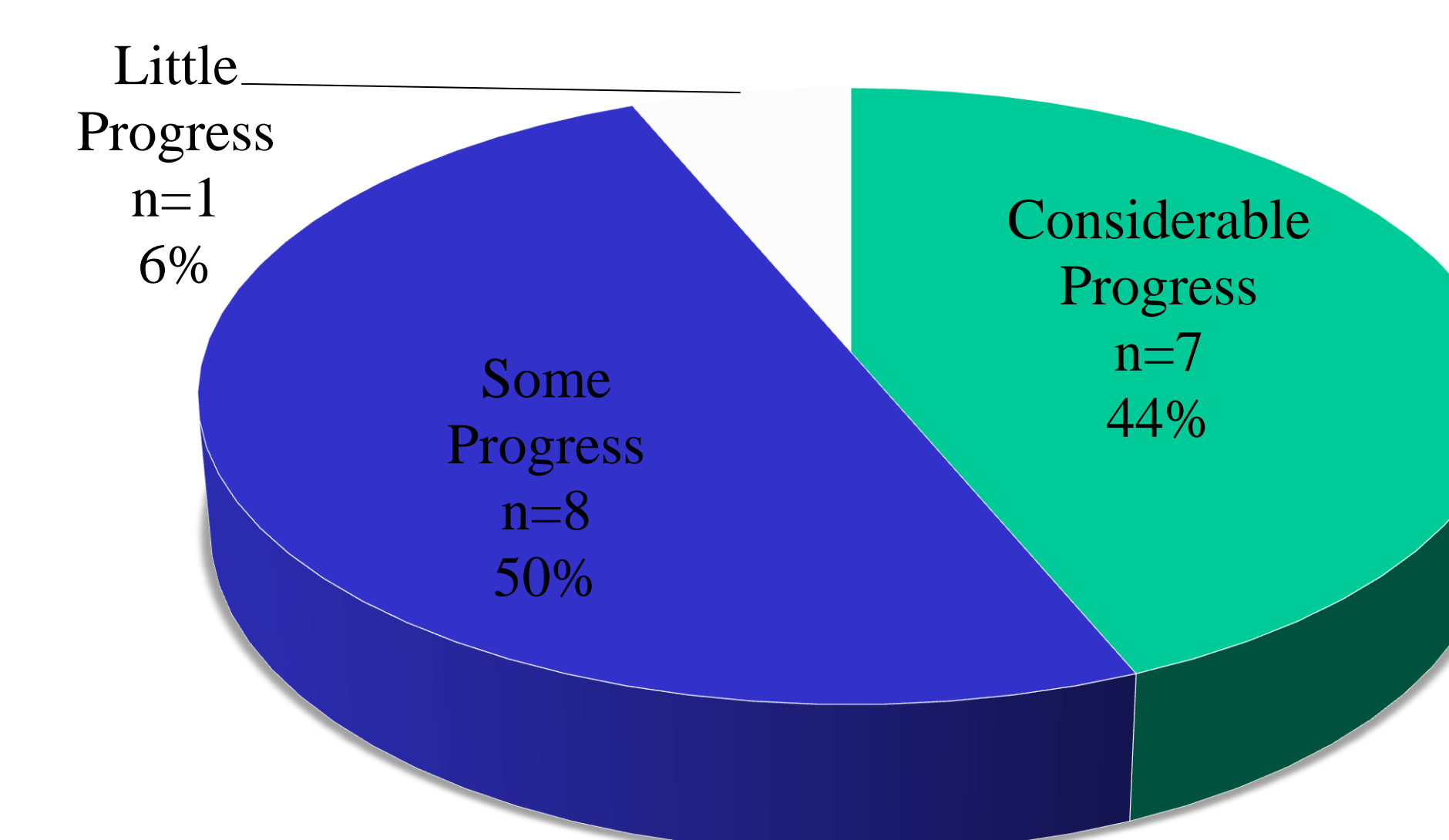


### Impact of Treatment at Midpoint

Symptoms	Therapist Rating of Child Patient Symptoms						sig. value
	Start of Treatment			Midpoint of Treatment			
	n	Mean	SD	n	Mean	SD	
Anxiety	16	3.53	0.72	16	2.59	0.66	0.000
Depression	16	2.63	0.96	16	1.81	0.83	0.010
Sleep Problems	16	2.56	1.21	16	1.78	0.71	0.015
School Problems	16	1.81	1.22	16	1.34	0.79	0.027
Eating Problems	16	2.06	1.12	16	1.81	0.91	0.041
Dissociative Symptoms	16	2.56	1.15	16	2.06	0.99	0.056
Risk Taking	16	1.75	1.12	16	1.31	0.47	0.069
Suicidality	16	1.13	0.34	16	0.94	0.25	0.083
Problems with Family of Origin	15	3.07	1.10	15	2.40	1.30	0.106
Conduct Problems	16	2.00	1.41	16	1.50	0.63	0.119
Peer Relationship Problems	16	2.43	1.09	16	2.12	0.96	0.136
Aggression/Violence	16	1.94	1.24	16	1.56	0.62	0.164
Legal Problems	16	1.13	0.62	16	0.94	0.25	0.188
Transiency	16	1.19	0.83	16	0.94	0.25	0.216
Sexual Behaviors	16	1.72	1.18	16	1.38	0.72	0.267
Enuresis	14	1.93	1.33	14	1.71	0.91	0.272
Learning Problems	16	1.44	0.89	16	1.31	0.79	0.333
Substance Abuse	16	1.00	0.37	16	0.94	0.25	0.333
Psychotic Thoughts/Behaviors	15	1.13	0.35	16	1.07	0.25	0.334
Encopresis	14	1.21	0.57	14	1.14	0.54	0.336
Problems with Current Family	12	2.58	1.00	12	2.29	0.96	0.409
Self Injurious Behavior	16	1.44	0.81	16	1.31	0.60	0.633
Anger	13	2.54	1.39	13	2.38	0.87	0.673
Hoarding	13	1.54	0.97	13	1.50	0.91	0.673

## RESULTS

### Therapist Report of Treatment Progress



## DISCUSSION

- This sample of ethnically diverse school-aged foster children who were removed from home for reasons of neglect and/or parents' inability to care take are in long-term weekly psychotherapy.
- Current results suggest that the middle portion of this relationship-based long-term treatment most greatly impacts symptoms of anxiety and depression.
- The most common obstacles to treatment delivery are lack of transportation, lack of support from foster parents and resistance from the patient.
- Primary limitations of the current study include small sample size, potential bias of therapist informants, and the lack of a comparison group.
- Future work should address these issues and examine changes in treatment targets and symptom reductions at multiple points during long-term psychotherapy, examine changes in important areas of psychological health over the course of long-term treatment that are not measured by a symptom checklist, collect data from multiple informants, and generate a comparison group.