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# The Impact of Long-Term Psychotherapy for Very Young Foster Children

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# The Impact of Long-Term Psychotherapy for Very Young Foster Children

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## BACKGROUND AND RATIONALE

- Child maltreatment is a major societal problem with short- and long-term consequences including behavioral problems, poor self-esteem, depression, anxiety, substance use, revictimization, academic and vocational problems, incarceration, and homelessness.
- Approximately one fifth of children who come to the attention of Child Protective Service agencies are removed from their homes and placed in foster care; this separation often serves as a secondary trauma, compounding existing problems.
- Over one-third of foster children are under five years of age and these children are at increased risk of developmental and psychological difficulties.
- Research has not yet evaluated the impact of mental health treatment for very young children who are in foster care.
- The purpose of the current study is to evaluate the impact of long-term, relationship based treatment (RBT) provided to very young children in foster care by a nation-wide program which provides treatment “for as long as it takes” on a pro bono basis.

## METHOD

### Therapist Participants (N = 13)

- Mean Age: 44.8 years (SD = 10.88 years)
- 92.3% Female
- 84.6% White
- 61.5% Licensed Psychologists
- Clinical Experience: 1 - 25 years (M=10.69 years; SD = 7.63 years)

## METHOD

### Measures

Semi-structured telephone interview about demographics of therapist and patient, parameters of treatment, treatment progress, and patient symptoms

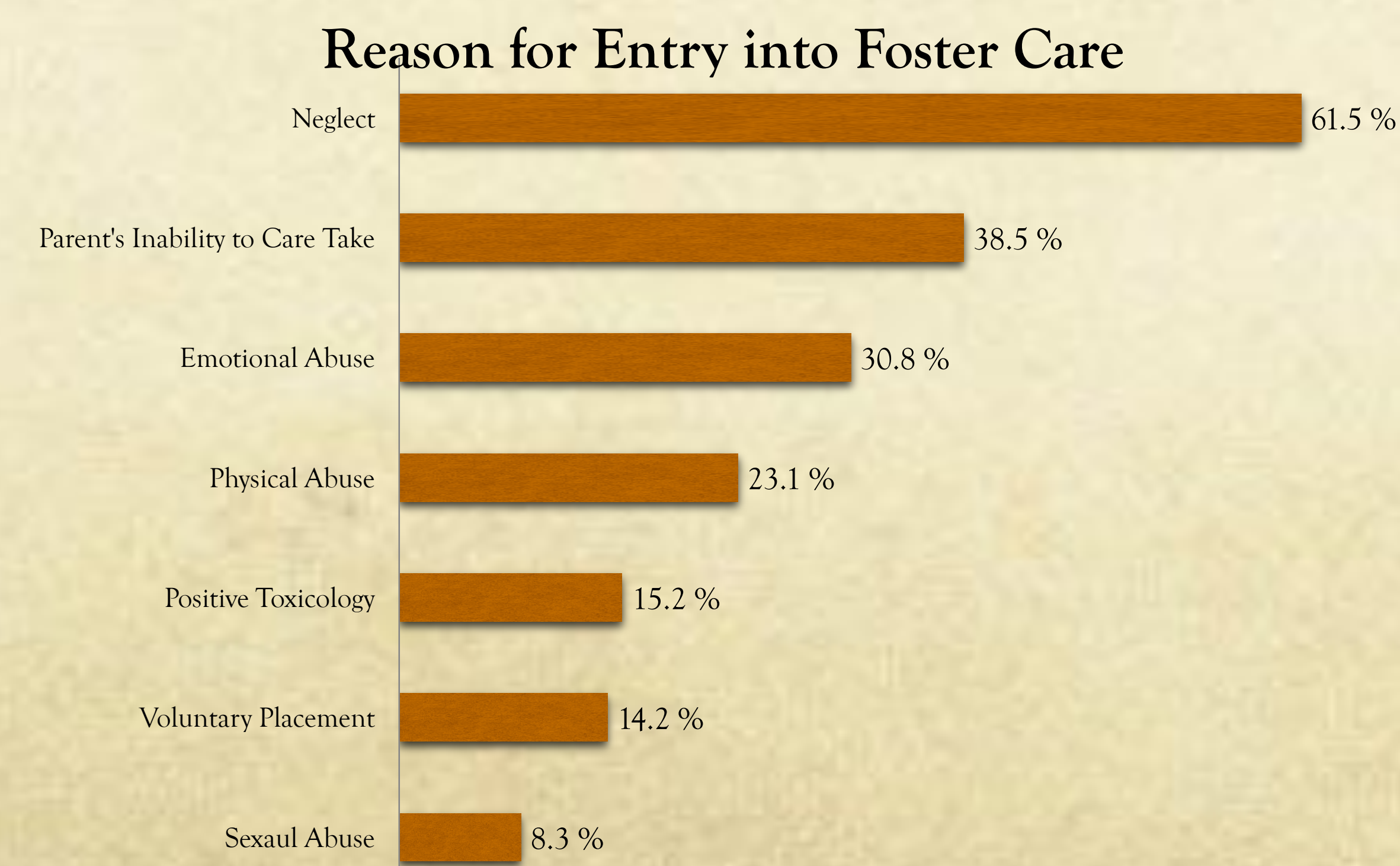
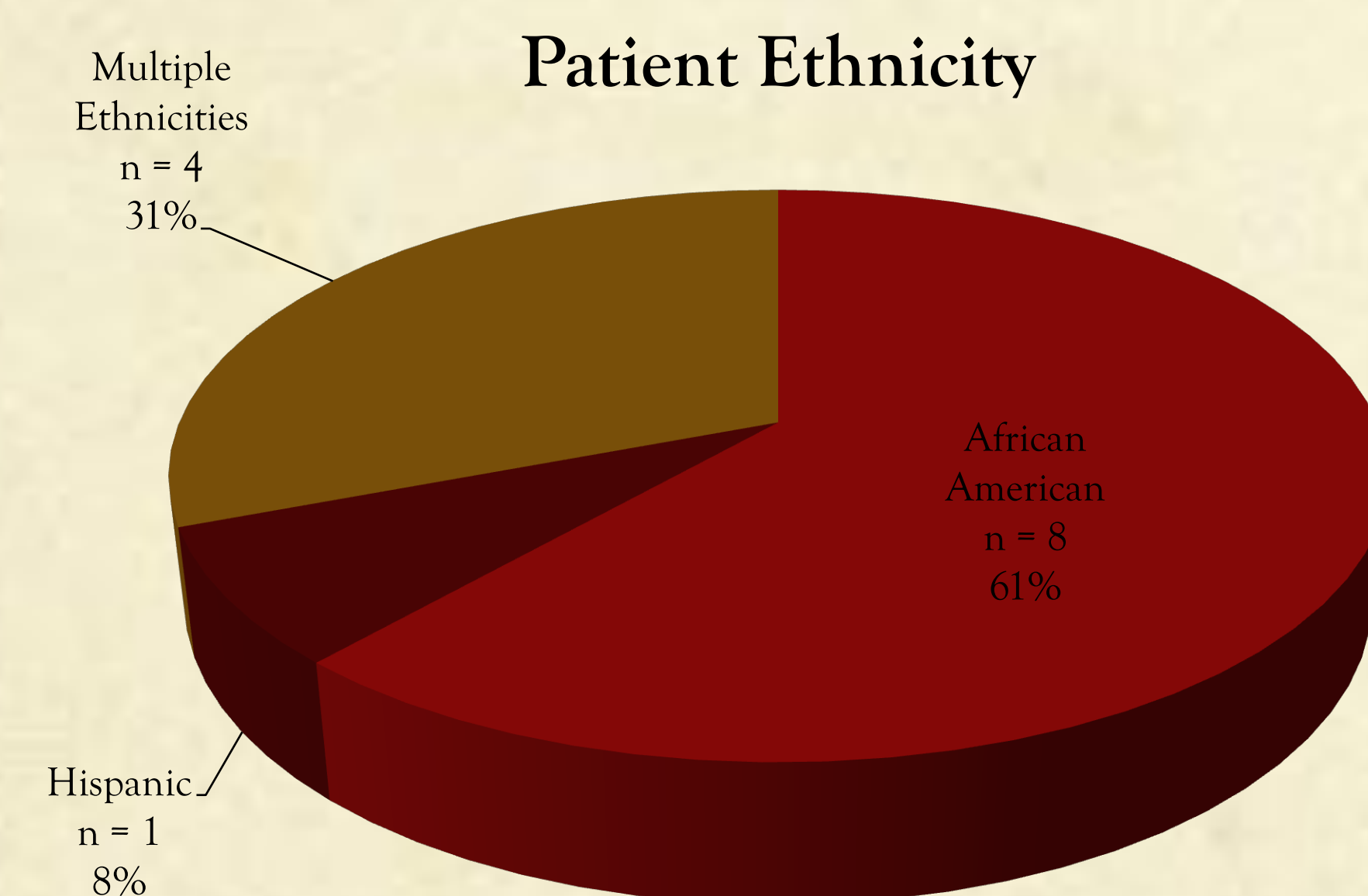
### Procedure

- Initial Telephone Interview with therapists at the beginning of treatment with the foster child
- Exit Telephone Interview with therapists at the conclusion of treatment with the foster child

## RESULTS

### Patient Demographics (N = 13)

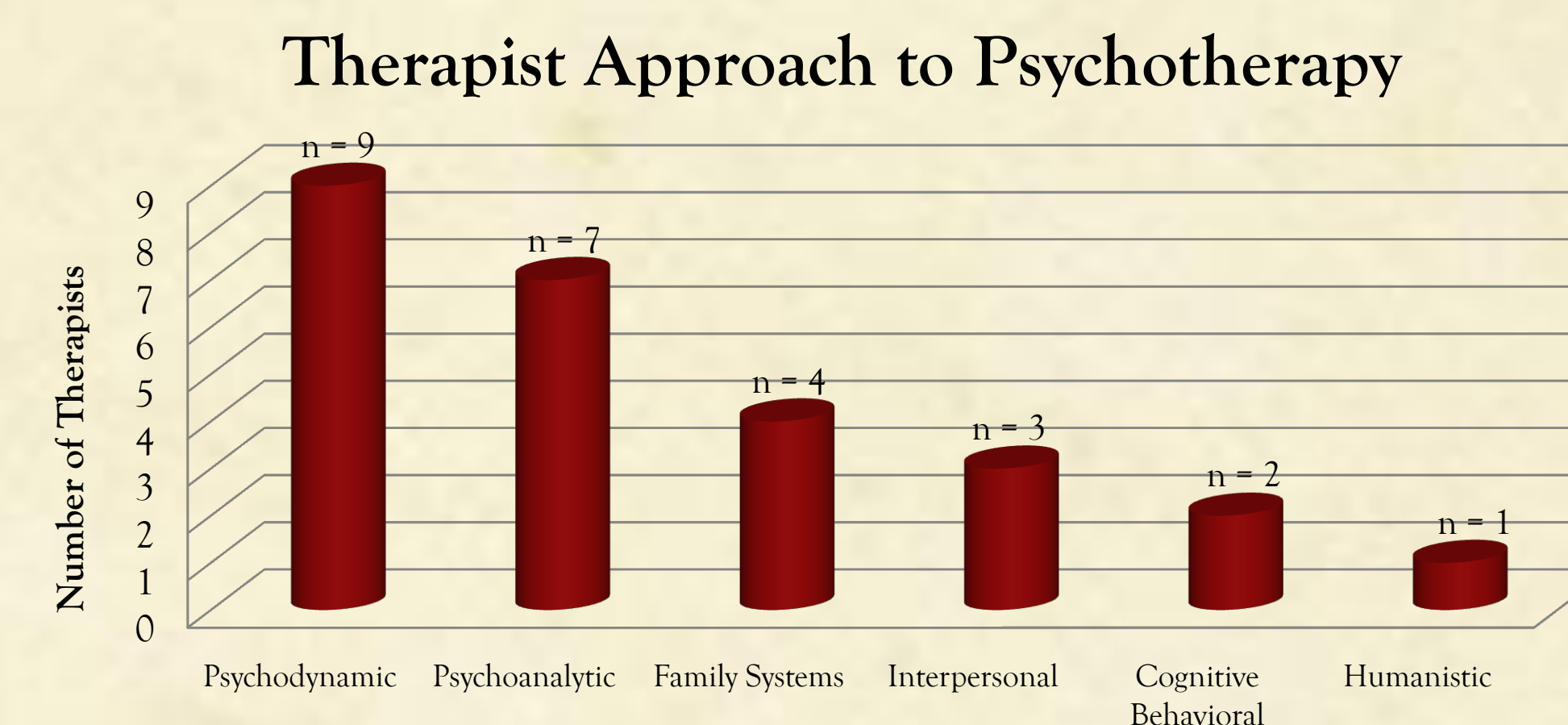
- Pre-School Age at start of treatment (M = 3.80 yrs; range = 2.25 - 4.87 yrs; SD = 0.85 yrs)
- 53.8% female



## RESULTS

### Parameters of Treatment

- Frequency of Treatment: 53.8% once per week; 23.1% once every other week
- Mean Treatment Duration = 3.62 years (range = 0.42 – 16.08 yrs; SD = 4.46 years)
- The majority of therapists conducted ongoing collaborative work during treatment with the child’s foster parents (61.5%), teachers (61.5%), and other school personnel (38.5%)



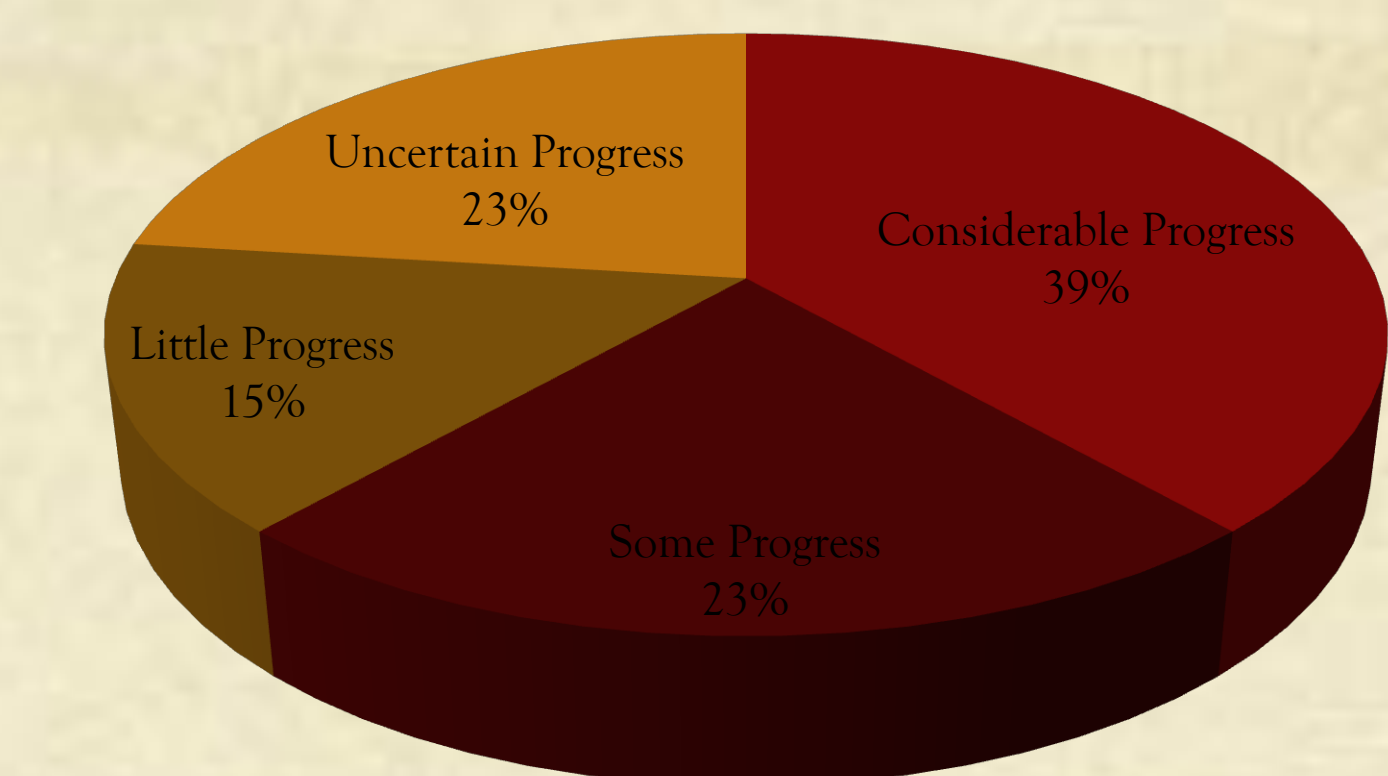
### Impact of Treatment

Symptoms	Therapist Rating of Child Patient Symptoms						sig. value
	Start of Treatment			End of Treatment			
	n	Mean	SD	n	Mean	SD	
School Problems	12	2.92	1.68	12	2.00	1.41	0.005
Anxiety	13	3.69	0.63	13	2.92	0.95	0.006
Dissociative Symptoms	12	2.33	0.89	12	1.58	0.67	0.012
Peer Relationship Problems	13	2.69	1.25	13	2.07	0.86	0.014
Problems with Current Family	12	2.58	0.67	12	1.92	1.00	0.025
Sexual Behaviors	13	1.85	1.07	13	1.23	0.60	0.025
Conduct Problems	13	2.92	1.55	13	2.15	0.80	0.044
Self Injurious Behavior	12	1.67	0.78	12	1.17	0.39	0.053
Psychotic Thoughts/Behaviors	13	1.23	0.44	13	1.00	0.0	0.082
Suicidality	13	1.23	0.44	13	1.00	0.0	0.082
Risk Taking	13	2.38	1.26	13	2.00	0.91	0.096
Depression	13	2.85	0.90	13	2.92	0.95	0.165
Enuresis	10	1.30	0.67	10	1.00	0.00	0.193
Aggression/Violence	13	2.31	1.44	13	1.92	0.86	0.209
Sleep Problems	13	2.31	1.11	13	2.08	1.26	0.273
Substance Abuse	13	1.00	0.00	13	1.08	0.28	0.337
Legal Problems	13	1.00	0.00	13	1.23	0.83	0.337
Transiency	13	1.23	0.83	13	1.31	1.11	0.337
Hoarding	5	1.20	0.44	5	1.00	0.0	0.374
Problems with Family of Origin	12	3.08	1.83	12	2.83	1.59	0.429
Learning Problems	12	1.91	1.51	12	2.08	1.24	0.615
Anger	5	2.80	1.09	5	2.60	0.55	0.749
Eating Problems	13	1.54	0.78	13	1.46	0.66	0.794

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

## RESULTS

### Therapist Rating of Degree of Progress at End Treatment



## DISCUSSION

- This sample of ethnically diverse pre-school-aged foster children who were removed from home for reasons of neglect and/or parents’ inability to care take attended long-term weekly/bi-weekly psychotherapy for 3.5 years.
- Therapists conducted ongoing collaborative work during treatment with foster parents, teachers, and other school personnel.
- The most common obstacles to treatment delivery were lack of transportation, lack of support from foster parents and resistance from the patient.
- The majority of therapists reported at least some progress over the course of treatment; patient symptoms which improved significantly included school problems, anxiety, dissociation symptoms, peer relationships problems, relationship problems in current living situation, sexual behaviors, and conduct problems.

- Primary limitations include small sample size, potential bias of therapist informants, and the lack of a comparison group.

- Future work should 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.

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