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# The Nature and Impact of Long- Term Psychotherapy on Adolescent Foster Youth

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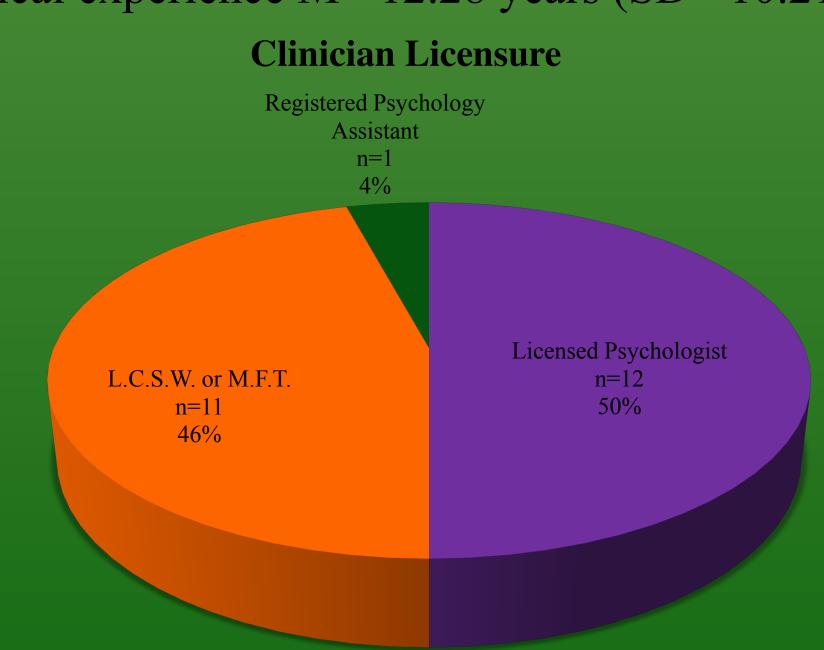
# BACKGROUND AND RATIONALE

- Children placed into the foster care system are at heightened risk for cognitive, emotional, and behavioral difficulties as a result of their experienced maltreatment, the trauma of subsequent removal from their homes, and the disruption of multiple placement changes while in out-of-home placement.
- Foster children demonstrate high rates of mental health problems, infrequently receive appropriate mental health interventions, and frequently exhibit poor long-term outcomes, such as homelessness, unemployment, pregnancy, and incarceration.
- Research has demonstrated the effectiveness of mental health treatment for reducing behavioral and emotional symptoms in children and adolescents in the general population who reside with their families of origin; however, the impact of mental health treatment for foster youth, who present with a multiple mental health concerns is not well-established.
- Our earlier work has demonstrated the effectiveness of long-term, relationship based mental health treatment for school aged children.
- The objective of the current study is to assess the impact of long-term, relationship based treatment provided to adolescents in foster care by licensed clinicians through a national non-profit organization that provides pro-bono mental health treatment for current and former foster youth "for as long as it takes".

# METHODS

## Clinician Participants (n = 25)

- 84.0% female.
- Mean age = 46.75 years (SD = 12.098)
- 92.0% Caucasian.; 8% Asian/Pacific Islander
- Clinical experience M= 12.28 years (SD= 10.21)



## METHODS

#### Measures

Semi-structured Initial and Exit Telephone Interviews regarding demographics of therapist and patient, parameters of treatment, patient symptoms, and treatment progress.

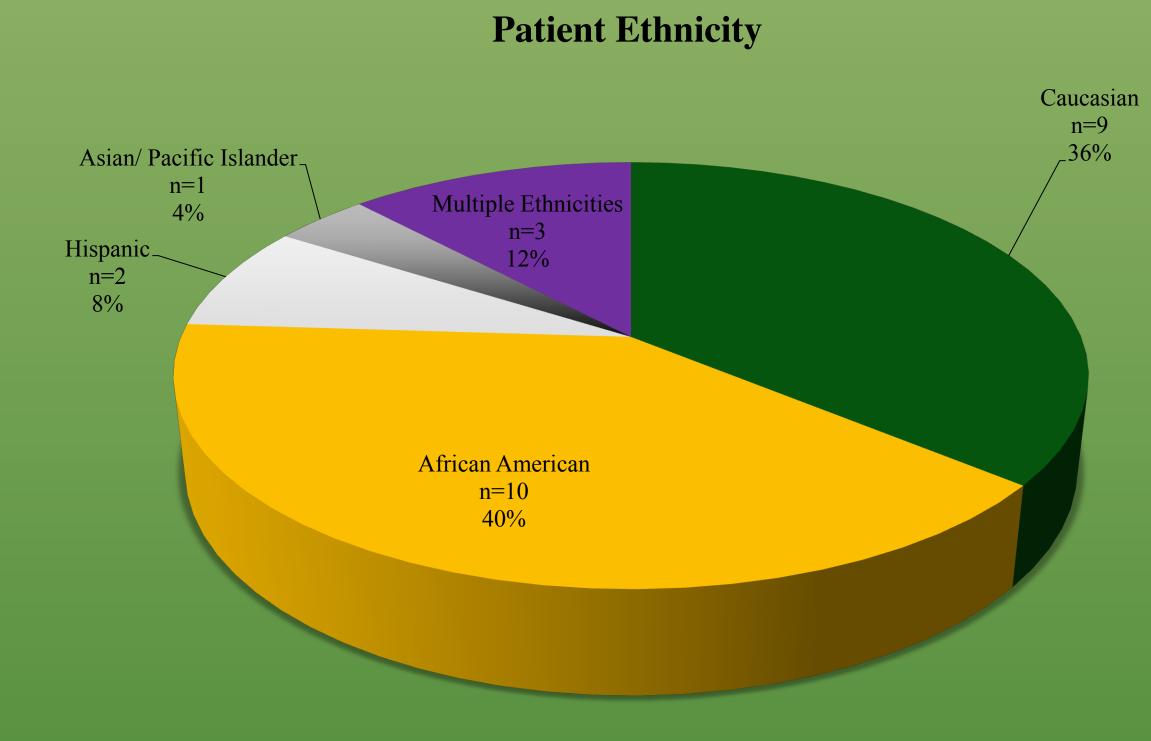
#### Procedure

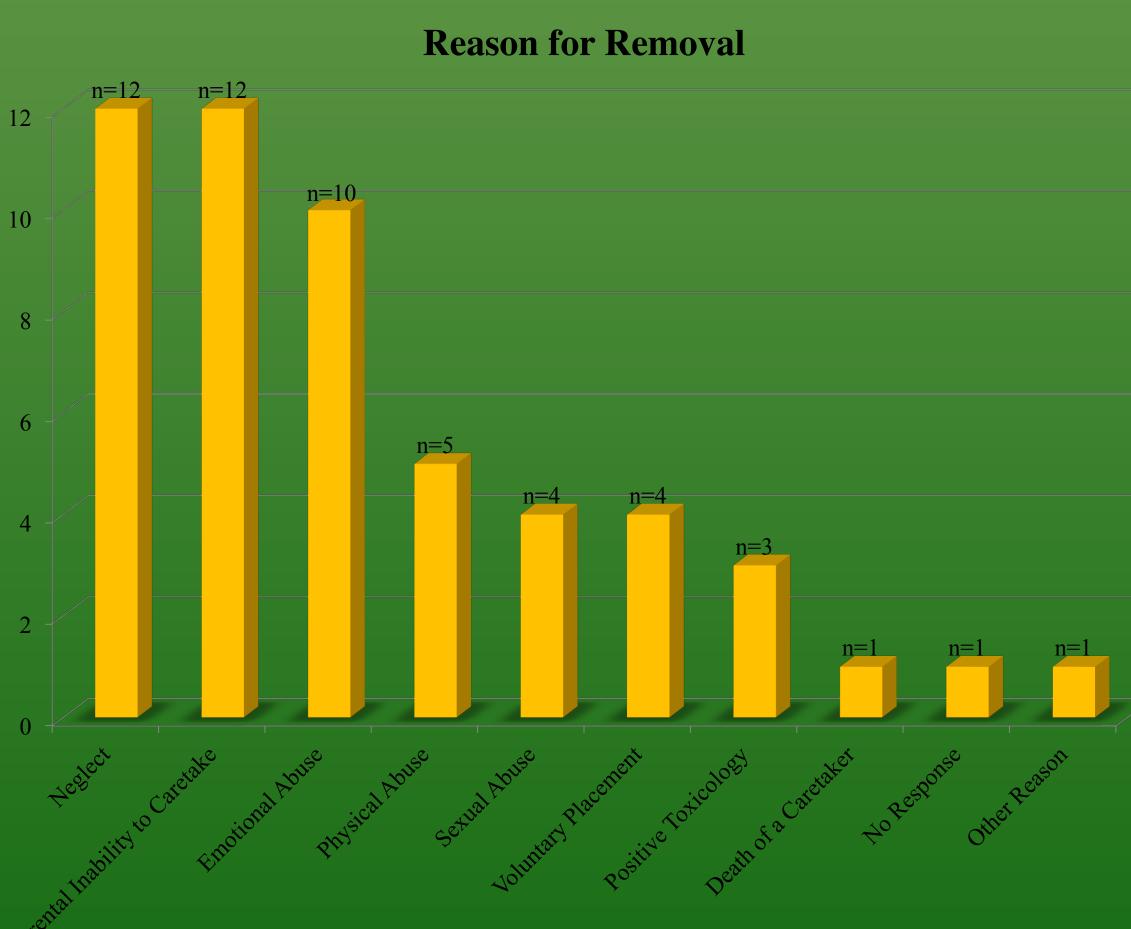
- Initial Telephone Interview with therapists at the beginning of treatment with the foster child patient.
- Exit Telephone Interview with therapists after termination of treatment with the foster child patient.

## RESULTS

### **Patient Demographics**

- Mean age = 13.76 years (SD = 2.89 years)
- 60% female

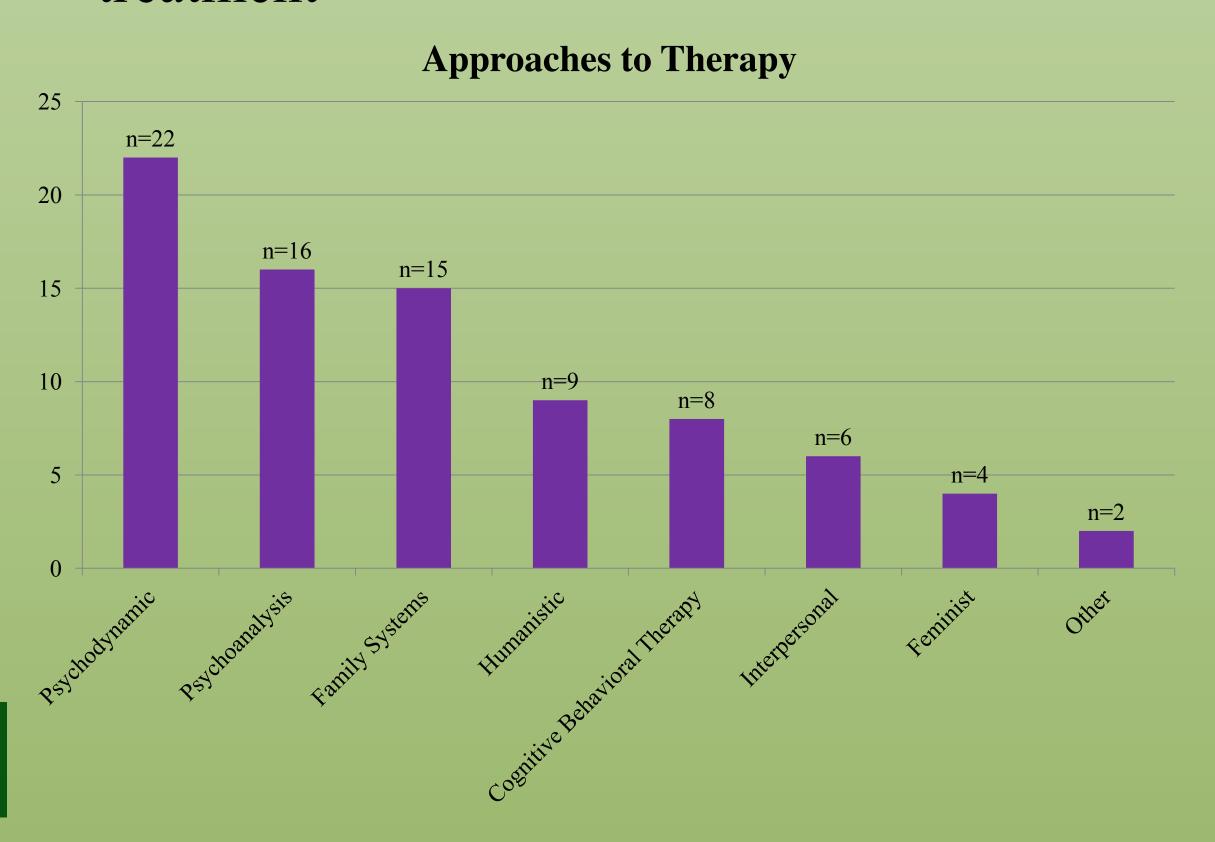




## RESULTS

#### **Parameters of Treatment**

- Average treatment duration = 3.10 years (SD=2.85 years)
- 79% of patients were seen by their therapist once per week or more during the last year of treatment

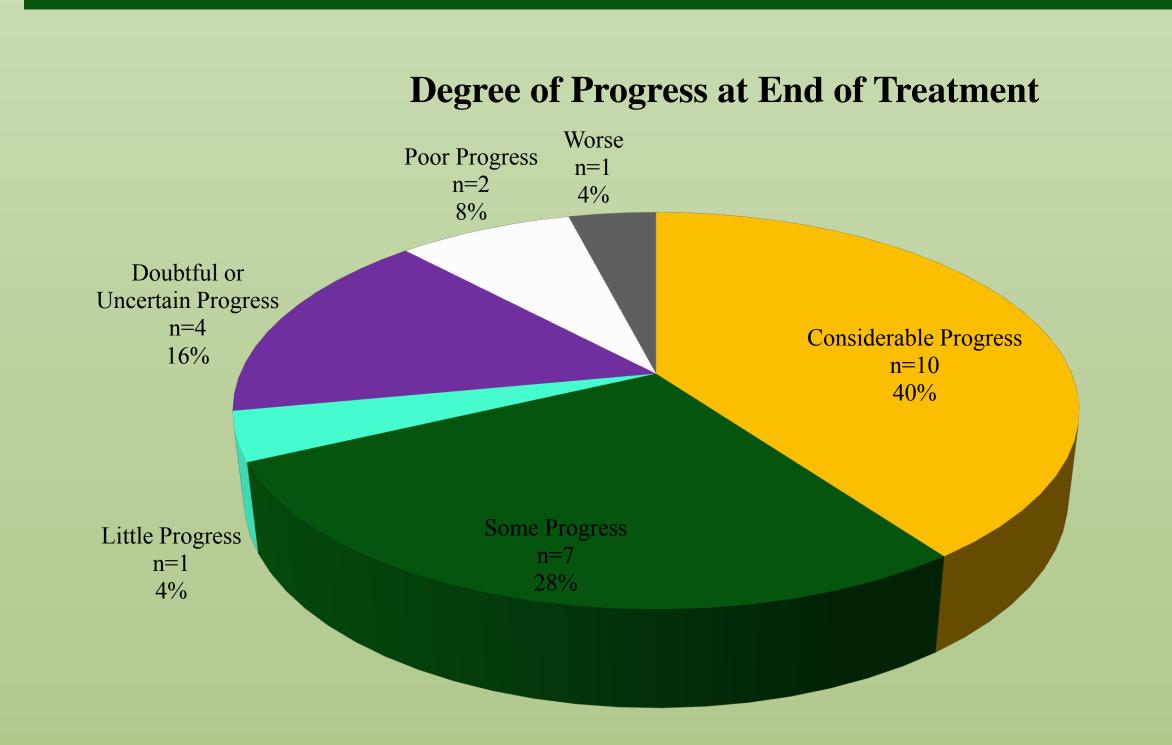


#### **Changes in Treatment Outcomes**

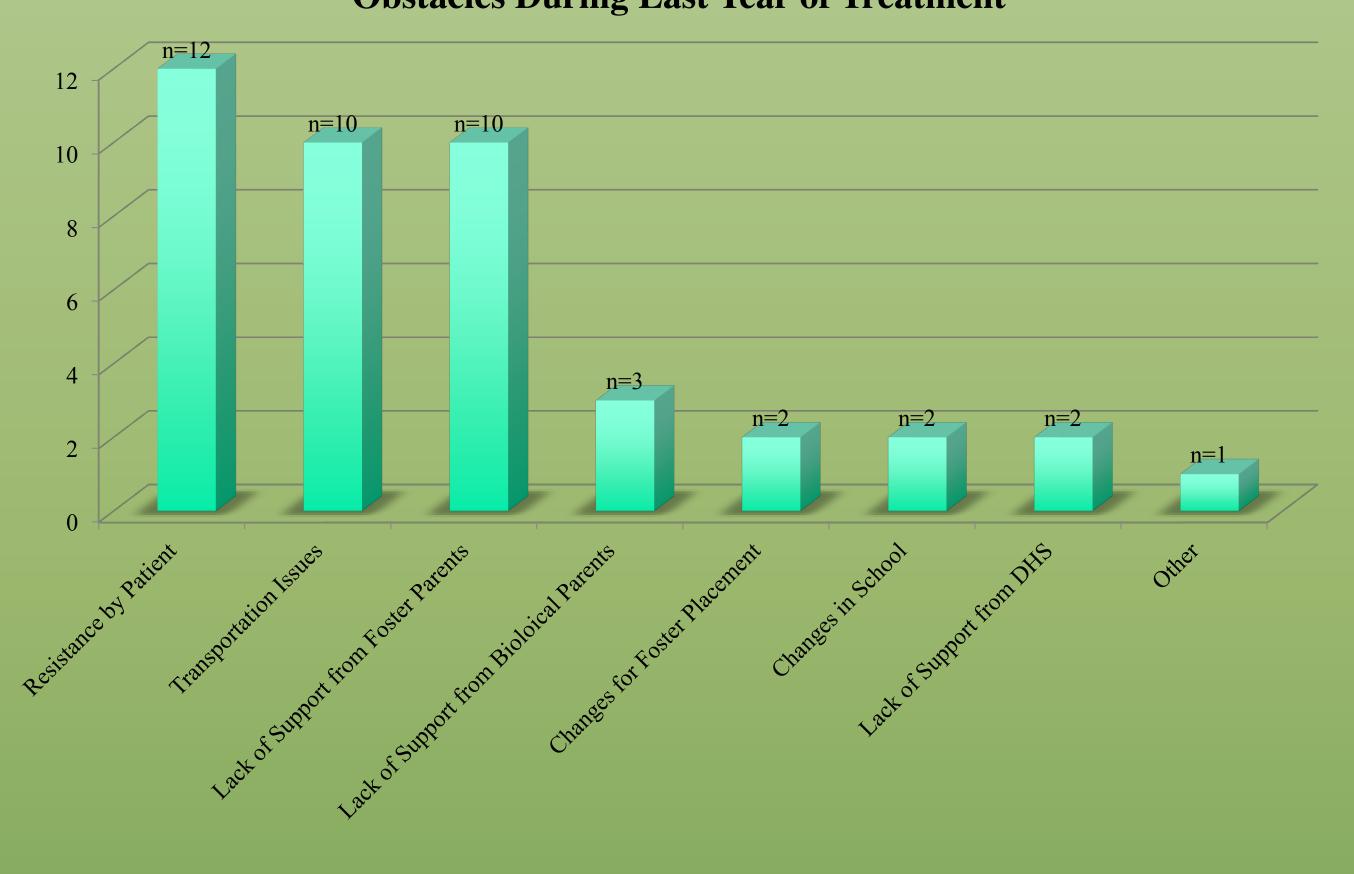
	Start of Treatment			End of Treatment		
Symptoms	n	Mean	SD	Mean	SD	sig. value
Anxiety	25	3.360	1.036	2.680	1.029	.000
Peer Relationship Problems	25	2.760	.9256	2.160	.9434	.002
Depression	25	3.280	.8426	2.680	1.069	.006
Substance Use/Abuse/ Dependence	25	1.040	.2000	1.640	.9949	.008
Problems with Family of Origin	25	3.160	1.344	2.720	1.458	.061
Aggression/ Violence	25	1.680	.9000	1.360	.7572	.073
Problems with Current Family	25	2.920	1.187	2.320	1.519	.074
Suicidality	25	1.120	.4397	1.360	.6377	.083
Dissociative Symptoms	24	2.208	1.318	1.958	1.082	.137
Enuresis	21	1.238	.7684	1.000	.0000	.171
School Problems	25	2.160	1.491	1.760	1.300	.195
Sleep Problems	25	2.040	.8888	1.8400	.9434	.203
Self-Injurious Behaviors	25	1.360	.7571	1.640	1.036	.230
Legal Problems	25	1.360	.7000	1.480	.9183	.327
Encopresis	21	1.095	.4363	1.047	.2182	.329
Hoarding Problems	10	1.400	.9661	1.300	.9487	.343
Conduct Problems	25	2.480	1.357	2.280	1.242	.422
Psychotic Behaviors/ Thoughts	25	1.280	.7916	1.400	1.000	.450
Sexual Behaviors	25	1.520	1.005	1.640	1.287	.559
Anger Problems	11	2.181	1.401	2.091	1.514	.676
Learning Problems	25	2.240	1.508	2.120	1.201	.677
Risk Taking	25	1.960	1.059	1.920	1.256	.885
Transiency	23	1.174	.4910	1.174	.7776	1.00
Eating Problems	25	1.560	1.083	1.560	.9165	1.00

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

## RESULTS



**Obstacles During Last Year of Treatment** 



## DISCUSSION

- Initial results from an evaluation study of long-term relationship-based psychotherapy for adolescent foster youth suggest that this treatment approach reduces symptoms of depression and anxiety, and improves peer relationship functioning.
- Substance use problems increased over the course of treatment; this change may be an expected effect of change in patient age over the course of treatment
- Average length of treatment was more than three years and included collaborations with multiple professionals and family members.
- Though limited by small sample size, reliance on therapist report, and lack of a comparison group, these findings are an important first step towards identifying essential components of effective mental health services for this multiply traumatized, psychiatrically complex, population of adolescents.