



Stepping down and stepping in: Youth's perspectives on making the transition from residential treatment to treatment foster care

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ABSTRACT

Older youth preparing to emancipate from the foster care system are often served in residential treatment settings where they have limited opportunities to practice skills for independent living in a community setting. Stepping these youth down to less restrictive environments such as treatment foster care is a growing trend, especially for youth with mental health issues. Yet, few studies have explored the youth's perspective on making this transition. This study utilized qualitative interviews with youths who were participating in a treatment foster care intervention study ($n = 8$) to gain their perspectives on the process of transitioning from residential care. Youths were interviewed right before they exited residential care and two months after placement in the new foster home. Youths reported hopes for gaining family in the new home as well as fears of placement disruption. Findings point to the need to enlist youths in discussion and problem solving about difficulties they anticipate in the new home and expectations for their relationship with the new foster parents. In addition, the struggles described after two months in the home point to the need for youths to build specific skills to better manage ongoing relationships with foster parents and for foster parent training on how to help build these skills.

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1. Introduction

Preparing older youth to successfully transition to adult roles is a critical task for child welfare systems. Independent living preparation for those emancipating from foster care has been a national priority for several decades, yet the young adult outcomes for these youth remain poor (Courtney, Dworsky, Lee, & Raap, 2010). Absent a permanent home, family foster homes may provide the ideal setting for preparing older youth for adulthood. However, many youth continue to reside in restrictive congregate care settings. Stepping youth down from congregate care to family-based settings can provide them with more normative life experiences such as employment and increased opportunities to learn social skills necessary for adult relationships. Few studies have focused on this potentially important step-down transition and the elements that contribute to a successful move to community living. This study uses qualitative methods to explore the perspectives of older youths in the midst of a step-down from residential programs to treatment foster care homes.

2. Background

Young people who age out of the foster care system have significantly worse outcomes in young adulthood than their peers in the general population with low rates of educational attainment and employment

and high rates of criminal involvement and homelessness (Courtney et al., 2010). Numbers in the domains of employment and income are especially low. At age 23–24, only 48% of youth who aged out of foster care were working and their earnings, at median, were only \$8000 dollars per year, an average of \$10,000 less than their peers in the general population (Courtney et al., 2010). The years prior to system exit present an opportunity to provide these youth with the skills and supports they need to improve these outcomes. Unfortunately, large numbers of young people in foster care continue to reside in residential treatment programs, the most restrictive level of care on the child welfare placement continuum (Bates, English, & Kouidou-Giles, 1997). About 10% of youth served in the foster care system nationwide are served in institutional settings (USDHHS, 2010) and for older youth, this number is even higher. One study of 17-year old foster youths found that 38% were residing in a residential or group home setting (McMillen et al., 2004). Moving to adulthood from these restrictive settings represents an especially steep transition with youth struggling to adjust to community living at the same time they are taking on the responsibilities of life on their own. In a qualitative study of professionals and youths who transitioned to independence from congregate care, many youths expressed that they had not been ready to be on their own. (Freundlich, Avery, & Padgett, 2007).

Efforts to step youth down from residential treatment to less restrictive settings are complicated by the fact that many youth served in these settings are also managing mental health problems. Past research has found that older youth in foster care experience high rates of mental disorders (Keller, Salazar, & Courtney, 2010; McMillen et al., 2005), with

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lifetime prevalence of any disorder as high as 61% (McMillen et al., 2005). Youth with mental disorders are more likely to receive services in restrictive settings such as residential treatment facilities (Keller et al., 2010; McMillen et al., 2004). Recent evidence suggests, however, that youth with high mental health needs can be successfully treated and stepped down from residential treatment to less restrictive environments within six months of admission if acceptable community alternatives are available (Lyons, Woltman, Martinovich, & Hancock, 2009). Prior research has found that the aftercare setting to which youth transition and the discharge planning they receive as they leave, are key determinants of long term success after leaving residential treatment (Epstein, 2004; Curry, 1991). This highlights the need to ensure that these transitions are carefully managed in order to promote successful outcomes.

Treatment foster care is one alternative to residential services that has increasingly become part of the system of care (Farmer, Wagner, Burns, & Richards, 2003; Hussey & Guo, 2005). One study found that many youth served in treatment foster care settings are stepping down to these placements from more intensive levels of care (Farmer et al., 2003). While these placements are often successful in maintaining youth in the community, older youth have greater risk for disruptions in placement due to adverse incidents than their younger peers (Farmer et al., 2003). Some qualitative studies conducted with youths and foster parents have found that preparation for making placement changes is important for ensuring success. Both youths and foster parents identified the importance of pre-placement visits to ensure a good fit between the youth and foster parent (Hyde & Kammerer, 2009; Castellano-Brown & Lee, 2010). Even with pre-placement visits, however, many placements disrupt (Castellano-Brown & Lee, 2010). Additional attention to the process of transition from residential treatment specifically for older youths is warranted in order to identify strategies to promote successful moves to the community prior to exit from state care.

Currently, there is limited research to assist in understanding exactly how best to manage placement transitions, especially for youth with psychiatric problems (Castellano-Brown & Lee, 2010). One key source of information that has been largely missing from the literature on placement transitions is the perspective of the youths themselves (Unrau, 2007). It is widely acknowledged that inclusion of youth voices to guide treatment and planning is critical to providing effective services to older youth (Deschenes & Clark, 1998), yet we currently know little about how youth experience the step down from a residential placement to treatment foster care. Previous qualitative work has solicited youth's advice about placement transitions but has not captured the actual experiences of youths as they made the transition (Hyde & Kammerer, 2009). A better understanding of youth's expectations and experiences in making the move from residential to treatment foster care can provide valuable information about how to manage changes in restrictiveness to both ease these transitions and promote stability in the foster care placements.

The current study begins to address this gap by providing youth perspectives on this step-down transition. As part of a program to develop a treatment foster care program specifically for older youth, we interviewed young people immediately before they left residential placements, then followed up in their foster homes two months later. Our study focused on answering three research questions: What were youth's concerns and fears prior to the step down from residential to a new foster home? What were youth's hopes and expectations for community living? How had these concerns and expectations unfolded two months later? Answers to these questions can inform practices to prepare youth for transition to treatment foster care and prepare foster parents to meet their needs.

3. Methods

Participants in this study were involved in a project designed to develop and pilot a step-down intervention for older youth. As part

of an effort to further refine the intervention, youths were interviewed prior to and after stepping-down from a residential program into a treatment foster care home. Interviews were conducted between January 2009 and December 2010. All portions of the study were approved by the University's Institutional Review Board.

3.1. Participants

Youths were referred for inclusion in the study from a private foster care agency contracted to handle both routine and high needs foster care cases. Youths were eligible to participate if they were 16 to 18 years old at initial contact and: 1) were in state child welfare custody, 2) had been hospitalized for a psychiatric illness in the past year or were receiving psychotropic medications 3) were residing in a licensed residential treatment facility, 4) had been in the foster care system for at least 9 months and 5) had a documented full scale IQ of 70 or more. IQ was restricted in order to recruit participants who could successfully participate in structured and semi-structured interviews and provide informed assent.

Administrators at the referring agency used administrative databases to identify potentially eligible young people based on age and placement history. They provided a list of 96 young people and the names of their care managers to the study team. Care managers were approached to further determine if youth met criteria for the study. Of the 96 youths referred, 46 were determined to meet our eligibility criteria (48%). Of these youths, 27 were excluded from further consideration based on care manager discretion for reasons such as being actively suicidal or homicidal, medically fragile, undergoing sex offender treatment, or having already had plans for reunification with family members. Informed consent to participate in the study was provided by the youth's care manager and the youths provided written assent.

Once youths were determined to be eligible for the study, an initial structured research interview was conducted. This interview included portions of the Diagnostic Interview Schedule Version IV (Robins, Cottler, Buchholz, & Compton, 1995) that assessed criteria for lifetime and past year psychiatric diagnoses of post-traumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), depression and mania, oppositional defiant disorder (ODD), and conduct disorder (CD). The interview assessed for maltreatment history using the child trauma questionnaire (Bernstein & Fink, 1998) and 3 items on sexual abuse adapted from Russell (1986). Youth were also asked to report when they had last entered the child welfare system and the number of previous placements they had experienced. After the baseline interview, youths were matched into pairs based on their interview-derived or "official" mental health diagnoses in the agency database and then randomized into the TFC-OY or usual care conditions using a random numbers table. Eight youths were matched and randomized to receive the intervention. Seven of these eight youths enrolled into the intervention. One youth who had been randomized into the intervention decided not to participate in the program prior to placement in a foster home. Youths who were randomized into the intervention were placed in specially trained foster homes with individualized support from a team of professionals. The program provided supportive services for foster parents, families, and youths through a new manualized intervention developed specifically for older youths. The eight youths randomized into the intervention comprise the sample for the current study. Two of the youths were age 16, five youths were age 17 and one youth was 18. Three of the youths were male and five were female. The majority of youths identified as African-American ($n=6$) with one youth identifying as Bi-racial and another as Caucasian. They had long histories of placement disruption, with an average of 13 previous placements (range = 6–32), and had been at their current residential placements for an average of 9 months (range 1–18 months). Three youths had been at their current placements for less than 6 months, but had come to these placements from other residential settings

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