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Counseling Adolescents Aging Out of Foster Care: A Neglected and Underserved Population

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Abstract

The high prevalence of youth aging out of the foster care system and the numerous poor outcomes they experience during the transition to emerging adulthood has been well documented. Although addressing the complex needs and concerns of this distinct population can be difficult, mental health counselors maintain the philosophical tenants and training strengths necessary to successfully serve youth aging out of foster care. This article aims to provide counselors with the historical context, developmental framework, and specific challenges needed to better understand this population, as well as suggested counseling implications to address their unique needs by reviewing relevant literature.

The United States has been experiencing a steady increase in the amount of neglected and maltreated children—approximately 4.3 million referrals to the child welfare system involving over 7.8 million children in 2018 alone (Children’s Bureau, 2018). Many of these children entered foster care, with the total population of foster youth surpassing 400,000 in 2019. Within this population, more than 25% consisted of adolescents 13 years old or older, with over 20% having entered into foster care as an adolescent. As a result of the high number of older foster youth, the number of adolescents aging out of foster care has grown in the United States (Children’s Bureau, 2019). In 2018, estimates reported by the Children’s Bureau (2019) stated that approximately 17,844 young adults left foster care through emancipation. Due to the significant challenges within the foster care population, Courtney et al. (2012) highlighted that many foster youths making the transition to adulthood likely needed significant assistance following care termination.

Despite the high prevalence of youth aging out of the foster care system, the counseling literature has yet to discuss this special population with unique needs. As defined by Nsonwu et al. (2015), “Aging out of foster care is the vernacular used to describe the point at which a youth exits the formal home, educational, and financial systems of foster care and becomes independent” (p. 19). When these adolescents reach the age of majority, generally at 18 years old, they are emancipated and expected to live self-sufficiently. This means that it is no longer the state’s responsibility to provide care including access to basic resources such as housing, health care services, or supportive services such as counseling (Courtney et al., 2001). The present article will explore adolescents aging out of foster care by providing historical context and a developmental framework while reviewing the relevant literature. The focus of this article will be on the unique challenges of this population and how counselors may support them throughout emerging

adulthood. A case study will then be provided to detail a typical episode of counseling with this population.

Historical and Legislative Considerations

Aging out of the foster care system has only received legislative attention in the past 35 years. The first federal effort to extend financial support for services to aging out foster youth was *The Independent Living Initiative of 1985*. Over a decade later, *The Foster Care Independence Act of 1999* further increased the amount of funding available for the services provided by the previous initiative, doubling the resources from \$70 million to \$140 million (Fernandes-Alcantara, 2011). The most recent legislation regarding this topic was *The Fostering Connections to Success and Increasing Adoptions Act of 2008*, which required child welfare systems to create a transition plan for youth aged 18 or older, at least 90 days before care termination. These policies came about in response to the presence of numerous poor outcomes for individuals aging out of foster care, which had been well documented, but little was known about appropriate intervention. Boshier and Wademan (2010) stated that, “although the court does have mechanisms for coordinating assistance, it lacks the potency needed to assist our transitioning youth; these youths are deemed too old to fall under the protective arm of our youth legislation, but too young to be appropriately assisted via adult legislation” (p. 294).

Before an individual exits the foster care system, federal legislation requires that sufficient transition planning and care coordination is provided to the youth in foster care through the development of an Independent Living Plan (ILP). Scannapieco et al. (2007) found that foster youths who

had aged out of the system felt that there was a lack of respect for them during the emancipation process, primarily due to the caseworker creating the ILP without the input of foster youth. From the perspective of these aged-out foster youths, the caseworkers dictated both their tangible (money, safe housing, transportation, etc.) and intangible essentials (understanding health needs, advocacy, and social supports).

Federal legislation does not currently require behavioral health systems to offer transitional care to youth aging out of foster care. What is more, findings by Shpiegel (2016) suggested that when ILPs were implemented, they often focused too much on measurable outcomes like gaining employment, graduating from high school, and obtaining independent living, and, therefore, minimize the complex emotional needs of the youth. Stott (2012) further explained that the common approach to assisting foster youth transitioning to adulthood focused on skill training and was lacking the relational interactions that fostered the development of emotional and social competencies, as well as self-sufficiency. As stated by Leve et al. (2012), despite documented and sustained mental health needs, this population was generally neglected and underserved in the field of mental health services. Therefore, practitioners ought to be called to action, creating specialized mental health programs designed specifically to address the needs of youths aging out of foster care.

Developmental Framework

Emerging adulthood is a period of major transitions, challenges, and opportunities with the expectations of increased maturity and self-sufficiency. In addition to the typical problems of adolescence (e.g., peer-pressure, self-doubt,

expectations of success, ambiguity, etc.), self-sufficiency demands that an individual accepts responsibility for making major life decisions while working towards physical, emotional, and financial independence (Keller et al., 2007). While the expectation of self-sufficiency at 18 years of age was historically appropriate, emerging adults in contemporary Western society, even those from two-parent homes, delay adult roles until their mid- to late-20s (Nsonwu et al., 2015). Yates and Grey (2012) noted that if these expectations cannot be met by young adults with numerous supports and resources, then it should not be realistically expected from an emerging adult with less of the vital resources needed for a successful transition into adulthood from foster care.

Adding to the obstacles that foster youth experience while aging out, researchers have concluded that adolescent brains are not fully developed until early adulthood (Paus, 2005; Steinberg, 2005). Without the cognitive tools to navigate complex systems, adolescents aging out of foster care would benefit from additional support (Olson et al., 2017). Similarly, Erikson (1950) stated that individuals shift their focus from identity development to issues of love and intimacy as they approach early adulthood. It is imperative that adolescents have the opportunity to explore their identity in a supportive environment, including sexual and ethnic identity because of their link to overall development (Cass, 1979; Phiney, 2006).

Population Challenges

Older adolescents in foster care face unique challenges as they approach the age of emancipation. For example, it is significantly harder for adolescents to be placed into foster families than younger children (Children's Bureau, 2016). Because

of this, adolescent foster youth likely spend more time in flux, not knowing when or where they will experience stability. The lack of permanency and stability exposes them to numerous risks factors including toxic relationships and insecure attachments, further abuse, mental/behavioral health concerns, physical health challenges, educational disruptions, financial instability, and unhealthy coping skills. Crawford et al. (2018) added that individuals with placement instability had higher rates of felony adjudication and criminal involvement.

Further, youth aging out of foster care have likely faced additional trials that could make the transition from adolescence to adulthood more difficult. Reilly (2003), for instance, estimated that approximately 37% of aged-out foster youths had at least one experience of being victimized, sexually assaulted, incarcerated, or homeless. Reilly also added that approximately 10-40% of aged-out youths were unemployed or had trouble keeping steady employment; only 34% completed high school; 44% had serious health problems, with more than 50% having difficulties obtaining health coverage; and nearly 25% were involved in the criminal justice system since aging out. Lee et al. (2015) added that foster youth with criminal records had decreased rates of employment and high school graduation and higher rates of adult involvement with the legal system by the time they turned 21. These findings are in opposition to what Gochez-Kerr and Helton (2017) found: that emerging adults with a previous abuse investigation were three times more likely to be robbed and 24 times more likely to be physically assaulted as emerging adults.

Mental Health

Approximately 50% of adolescents in foster care exhibited at least one diagnosable mental health disorder (Pecora et al., 2005; Shpiegel, 2016), while approximately 20% had three or more diagnosable mental illnesses. Furthermore, PTSD prevalence rates were twice as high in youths who had aged out of foster care than in U.S. war veterans (Pecora et al., 2005). According to Leve et al. (2012), foster youths' mental health was their primary area of vulnerability because of the disruptions they had experienced during the early developmental stages of life. The mental health concerns that youths may develop while in the foster care system, in addition to the traumatic experiences that caused their involvement in the foster care system to begin with, could remain unresolved and repressed until more severe mental and/or physical health problems manifested in adulthood (Leve et al., 2009).

Substance Misuse

Greeno et al. (2019) highlighted that although the substance use rates of current foster youth mirrored the national average of non-foster care youth, the rates of former foster youth were alarmingly high in comparison. According to Shpiegel (2016), around 60% of aged-out foster youths reported substance use, while Narendorf and McMillian (2010) noted in their study that 15% of this population met criteria for a substance use disorder. Attitudes towards substances also differed between foster youth and non-foster youth. Siegel et al. (2016) found that non-foster youth were more likely to view drugs and alcohol as being dangerous, had negative views towards substance users, and had more difficulty obtaining drugs than foster care youth. Meyers et al. (2013) added that foster

parents in their nationally representative study were less willing to take in a foster youth who had a history of substance use, especially in cases where the substance was not alcohol or marijuana.

Homelessness

Shah et al. (2017) estimated that 25-30% of aging out foster youth experienced unstable housing/living arrangements. Shah et al. also noted that African Americans, youth with criminal involvement, and youth with a disrupted adoption or multiple foster home settings had increased rates of homelessness. Dworsky et al. (2013) demonstrated that between 31% and 46% of youth transitioning out of foster care had an episode of homelessness by the age of 26. Mitigating factors of homelessness in this population were predominately identified as being related to family connectedness (Fowler et al., 2017; Shah et al., 2017).

While homelessness is an acute issue, it can also impact the severity of other challenges that this population experiences. Dworsky et al. (2013) suggested that homeless youths were at a higher risk of physical or sexual victimization, had higher rates of health concerns, and had more difficulties accessing healthcare and other necessary services. Additionally, aged-out homeless youths had higher rates of mental health disorders than their aged-out peers who did not experience homelessness (Dworsky et al., 2013) and were less likely to pursue post-secondary education or have full-time employment (Rosenberg & Kim, 2018).

Sexual Health

In their comprehensive literature review, Winter et al. (2016) found that youth within the child welfare system had higher

rates of sexual risk-taking behaviors, including not using contraception. Stott (2012) found that nearly half of all aged-out foster youth reported never using condoms during vaginal intercourse, while Rebbe et al. (2017) reported that 33% of their sample of aged-out foster youth had been previously diagnosed with a sexually transmitted infection. Additionally, aged-out foster youth had higher rates of pregnancy and repeat pregnancies than youth not involved in the foster system (Winter et al., 2016). Still, aged-out foster youth who were parents demonstrated the desire to be resilient. Even with limited resources, support, and parenting skills, adolescent parents who had aged out of foster care found joy in parenting and desired to break the cycle of abuse and neglect with their own children (Aparicio, 2017).

Protective Factors

There are a variety of protective factors that are considered essential in nurturing resilience in high-risk populations. The most widely accepted protective factor for foster youth has been identified as having supportive and trusting relationships (Davidson-Arad & Navaro-Bitton, 2015; Drapeau, et al., 2007; Kothari et al., 2020; Shpiegel, 2016). While Drapeau et al. (2007) found that having a significant and positive relationship with an adult helped foster youth gain essential skills needed in developing and maintaining trusting relationships, as well as feel a sense of security and acceptance, there was not an agreed-upon specific relationship that provided an increase in foster youth resiliency.

Self-efficacy is another protective factor that fostered resilience in these emerging adults. Drapeau et al. (2007) reported that an influential factor on the path

to resilience for foster youths was experiencing achievements through work, school, and/or extracurricular activities. These achievements helped foster youths experience a sense of accomplishment, have a more positive outlook, regain a sense of control, and realize their ability to succeed—all increasing self-esteem. Kothari et al. (2020) also emphasized the importance of focusing on the individual and interpersonal strengths of this population to promote positive mental health, well-being, and resiliency.

Furthermore, Shpiegel (2016) proposed the possibility that the resilience of foster youth may be more directly related to decreased risk factors than to increased protective factors. Although clinicians cannot remove the trauma and adverse experiences that these emerging adults have already experienced prior to being placed in foster care, they can aid in minimizing the risk factors experienced while in care. This can be done through offering timely, appropriate intervention services; establishing rapport and trusting therapeutic relationships; facilitating needed communication to ensure stable, long-term placements; and collaborating with the foster youth to provide Independent Living Programs that focus on both the tangible behavioral outcomes and their deeper emotional needs (Shpiegel, 2016).

Cultural and Gender Considerations

While children of color are over-represented among the foster care population, Watt and Kim (2019) found in their comprehensive study of transitional foster youth that although there have been some racial differences related to variables such as higher education enrollment, employment, and incarceration, there were no clear group advantages in psychosocial

functioning among African American, Hispanic, and White adolescent foster youth. Research conducted by Shpiegel (2016) offered a possible explanation by demonstrating that non-white youth had higher rates of resiliency than White youth, even when controlling for protective factors. Still, Watt and Kim (2019) also reported that American Indian/Alaska Native youth did experience poorer outcomes and had significant disadvantages related to transitioning out of foster care, advocating for continued efforts to reduce these disparities. Regarding gender, Davidson-Arad and Navaro-Bitton (2015) suggested that females were more resilient than males, explaining that it was more socially appropriate for girls to receive help from social resources than boys.

Counseling Implications for Youth Aging-Out of Foster Care

Indeed, the challenges faced by youth who age-out of foster care are vast, but it does not equate to hopelessness. Adolescent youth can be unfathomably resilient, and this strength should bring optimism to those counselors who choose to work with them. This section provides practical guidance to counselors who provide counseling to youth aging-out of foster care by discussing five areas identified in the literature that promote success with this population: prevention and resiliency development, using creative approaches, behavioral treatment, developing communication and life skills, and establishing mentors.

Prevention and Resiliency Development

The counseling process for youth aging out of foster care should begin as early as possible. Prevention is necessary to strengthen youth during the transitions

experienced in foster care to build resiliency for future success. Yates and Grey (2012) confirmed this importance in saying, “resilient strivings and successes among emancipated foster youth reveal significant heterogeneity in the adaptive profiles of a population that has too long been discounted as lost or beyond saving” (p. 477). Furthermore, Yates and Grey (2012) suggested that even individuals from the most vulnerable populations can have or gain strength in one or more domains of resiliency and adaptation during the transition to adulthood.

Building resiliency through counseling can happen throughout the time an individual spends in foster care. For example, many youths in foster care enter counseling following periods of maladaptive behaviors. In a case study of African American male adolescents with behavioral issues in foster care, Utsey et al. (2003) demonstrated a reduction in maladaptive behaviors resulting from therapeutic mentoring groups. Additionally, counseling can occur at expected transition points in the foster care process. Lancaster et al. (2017) conducted research exploring the perspectives of clinical mental health counselors who provided post-adoptive family counseling services, noting the importance of using trauma and attachment focused therapy. Whether counseling is implemented to address concerns or as support for a transition, it should be utilized to develop preventative factors that will build resiliency as foster care youth move towards aging-out.

Creative Approaches

Nsonwu et al. (2015) suggested that the use of a holistic, arts-based treatment program has encouraged older youths in foster care to gain increased self-awareness,

improved self-esteem, enhanced cohesion, a sense of belonging, and reduced feelings of isolation. They recommended utilizing a Narrative Therapy approach, where participants can tell their story by creating a timeline and writing a third-person narrative to recognize a trauma history. The premise was that a self-reflective process led to healing by analyzing and changing his/her own story. This, in turn, helped to develop personal identities through the relationship of his/her life experiences to others, while the addition of a Drama Therapy approach helped the older foster youths to tell their stories, examine stressful subjects, and develop possible solutions. Participation in the play not only gave them a voice to be heard but also provided a safe environment in which they could improve their social skills and practice problem-solving. Lougheed and Coholic (2018) also created a creativity-based intervention for youth aging out of foster care in the form of a 10-week arts-based mindfulness group. By incorporating mindfulness into a strengths-based group that allowed participants to explore areas of art including painting, drawing, music, and experiential activities, Lougheed and Coholic sought to offer a promising approach to promote wellness with this population.

Behavioral Treatment

For adolescents with more significant struggles in foster care prior to aging-out, a more extensive treatment strategy may be indicated. Multidimensional Treatment Foster Care (MTFC or MTFC-A) has been widely considered as the most effective and efficient treatment model in producing positive outcomes for foster care adolescents (Leve et al., 2009; Leve et al., 2012). In support of this treatment model, Farmer et al. (2010) demonstrated that MTFC-A had indicated significant

enhancements in the symptoms, behaviors, and strengths of their sample at a six-month follow up. Although it was originally designed to reduce delinquency outcomes, MTFC has also been successfully used as a preventative factor, to promote resiliency, and to increase positive social/behavioral skills (Leve et al., 2009).

Communication and Life Skills

Working with an aged-out youth on interpersonal and communication skills, planning for the future with decision-making skills, self-management, and coping skills were a few other key topics noted as being beneficial during an emerging adult's transition (Gomez et al., 2015). Teaching cognitive reframing and emotional regulation skills was also beneficial to emerging adults. According to Johnson and Tottenham (2015), regulatory skills have a moderating influence on emotional processes and often counteract emotional triggers and stressors.

Based on a study done by Smith et al. (2017), a lack of experience or adult support in financial matters led to poor financial decision-making. Smith et al. suggested the use of a prevention-focused Financial Therapy model, which is an integration of various therapeutic aspects, typically framed around the Stages of Readiness to Change (DiClemente & Prochaska, 1998), to help an individual develop the cognitive, behavioral, and emotional aspects of financial decisions. This approach both motivates and educates the adolescent in financial literacy.

Mentoring

Thompson, Greeson, and Brunsink's (2016) comprehensive review of the literature established that natural mentoring

has been beneficial to older youth in foster care. Still, current policies promoted focusing on the development of self-sufficiency over social support development (Curry & Abrams, 2015). The development of the therapeutic mentoring approach stemmed from the consistent finding throughout literature that resilient children typically had some type of caring and supportive non-parental, extra-familial adult in their lives (Osterling & Hines, 2006). Thompson and Greeson (2017) added that simply being involved in a hobby/activity or an organization/club dramatically increased the likelihood of having a natural mentor. Additionally, Greeson and Thompson (2017) developed the Caring Adults 'R' Everywhere (C.A.R.E.) mentoring model that connected aged-out foster youth with natural mentors and provided efficacy support demonstrated through a randomized controlled pilot study.

Advocacy

Advocacy has been a primary function of mental health counseling since the start of the profession. The ACA Advocacy Competencies state that counselors need the necessary skills, knowledge, and behavior to influence the systemic barriers impacting clients by both empowering clients to act for themselves and by acting on their behalf (Toporek & Daniels, 2018). While advocacy initiatives that focus on increasing funding and youth-centered services for the aging out population should be prioritized by counselors, the empowerment of individual youth strengthens clients while equipping them to be agents of change when they reach adulthood. Salazar et al. (2020) recommended that foster care youth engagement should promote agency while amplifying the voices of the youth, and that institutional policymakers should connect

with frontline staff to ensure that systemic decisions are influenced by those with first-hand knowledge of the population's experience.

A noteworthy phenomenon that has allowed for foster care youth to engage their communities while developing agency and advocacy skills has been the influx of foster youth boards, councils, and coalitions across the United States (Forenza & Happonen, 2016). Forenza (2018) explained that foster youth who participated in advisory boards developed the ability to critically reflect on their experiences and explore their ability to make change. Havlicek and Samuels (2018) added that the critical examination offered by the advisory board platform allowed for foster youth to normalize, protect, and enhance positive identities within the participants. Advisory board formats varied from setting to setting and ranged from adult-driven designs to youth-led strategies, with a 50/50 youth-adult partnership being the most common (Havlicek et al., 2018); and two primary goals that facilitators maintained for youth participants were to develop their ability to speak out for themselves and to gain respect among key stakeholders (Havlicek et al., 2016).

Case Study

The purpose of this case study was to apply the information gleaned during the synthesized literature review to describe an eclectic mental health counseling approach with a typical client who has recently aged out of foster care. The client, Hannah, is a fictional composite derived from descriptions of the population in the scholarly literature and the authors' clinical experiences. The counselor, Roxanna, in this case study utilizes a common approach to mental health counseling, blending elements

of cognitive behavioral therapy and a person-centered approach.

Hannah aged out of foster care on her 18th birthday and was referred to counseling services at a local homeless shelter where she had been staying approximately one year after becoming an adult. Upon arrival to the shelter, Hannah completed a risk assessment and a needs assessment. The risk assessment helped to evaluate batterer-generated risks (i.e., physical violence, threats, emotional/psychological abuse, financial abuse, manipulation, etc.), life-generated risks (i.e., life circumstances, physical and mental health, impact of abuse, access to resources, etc.), and goals/priorities. The needs assessment helped to determine what were the immediate needs to be addressed or assisted with (i.e., legal aid, social services, access to care, housing, employment, counseling, etc.). Counseling was an identified need in both assessments, and Hannah started counseling services shortly after entering the shelter.

Hannah began counseling with Roxanna, a licensed mental health counselor, shortly after being referred from the shelter. Since Hannah was never given the opportunity to seek consistent counseling services while in foster care, she was never able to fully process and cope with the years of trauma that brought her into foster care or the adversities she experienced while in the system. Additional to her trauma history, Hannah had current mood and substance use concerns. After a thorough assessment with Roxanna, Hannah was diagnosed with Major Depressive Disorder, Alcohol Use Disorder in early remission, and a preliminary diagnosis of Unspecified Trauma- and Stressor-Related Disorder. Following the assessment, Hannah and Roxanna developed a treatment plan

that included the goals of addressing her depressive symptoms, maintaining sobriety, and working towards independence.

The first few months of counseling consisted of Roxanna building a strong therapeutic relationship based on the person-centered constructs of unconditional positive regard, empathic understanding, and genuineness. During this time, Hannah was learning coping skills to assist her in managing her depressive symptoms, including cognitive disputes for irrational thoughts and mindfulness. Hannah elected not to seek a psychiatric evaluation, and instead, she focused on implementing her strategies to effectively regulate her mood. Hannah additionally agreed to participate in a counseling support group for women recovering from abuse and trauma, regularly attend recovery meetings, and participate in the mandatory programming provided by the women's shelter where she was staying (i.e., life-skills building activities, substance abuse screenings and educational meetings, support groups, and crisis intervention/safety planning). Hannah continued to actively participate in these services, allowing her to stay in the shelter's transitional housing facility as she worked towards independence.

After experiencing some relief from her depressive symptoms and while maintaining sobriety, Roxanna suggested that Hannah might begin exploring her trauma history in counseling. Hannah agreed and the two began creating a timeline of events, outlining Hannah's life. As Hannah encountered traumatic incidents along the timeline, Roxanna gave Hannah the opportunity to recount the events in a safe, therapeutic environment. If Hannah chose to revisit the memory, Roxanna worked closely with her to implement coping strategies to regulate the emotionality of the experience.

The extended exposure to the memories diminished their emotional impact, while sharing the experience with Roxanna provided a cathartic response. After multiple difficult sessions, Hannah began to build confidence that she was healing from her past. Roxanna provided encouragement throughout the difficult sessions and began to help Hannah transform her self-schema from a victim to a survivor, leading to an increase in Hannah's self-esteem.

After the extensive trauma work, Roxanna and Hannah refocused on establishing Hannah's independence. Hannah had recently found a job as a restaurant server, which allowed Hannah to start generating an income. After a few months of consistent, successful employment, Hannah elected to enroll in college. In counseling, Roxanna began to encourage Hannah to start identifying and developing her social network. Hannah had developed some friendships with women she had met through her support groups and work, with one woman serving as an informal mentor. Roxanna guided Hannah as they discussed which relationships would support Hannah as she continued working towards her recovery and independence. After extended consideration, Hannah decided to move in with a friend who was also in recovery, leaving the shelter's long-term residential housing approximately one year after entering the program. During this time, Hannah had learned how to navigate and access governmental resources, secure and maintain employment, and develop appropriate friendships. Through counseling, she also resolved her major depressive episode, maintained sobriety, and established herself as a survivor of trauma.

Conclusion

The developmental vulnerabilities of emerging adulthood combined with the risk factors inherent in foster care led aged-out foster youth to experience multiple poor outcomes compared to their peers, including those in other high-risk groups (Gomez et al., 2015). With a lifetime prevalence of involvement in the child welfare system having been estimated at 7% of all children and adolescents in the U.S. (Leve et al., 2009), there needs to be a more targeted approach to spotlighting specific policies and practices that address the potential risk factors of foster youths aging out of the system. Because of this, mental health counselors need to be aware of the unique factors of this population to adequately serve them during their transition to adulthood. Likewise, mental health counselors should consider the needs of a diverse range of foster youths in order to strive towards equity among oppressed groups. With a strong understanding of the needs of those individuals aging out of foster care, mental health counselors are in a significant position to make a difference with this population.

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