

Ethnic Differences in Therapy Outcome for Foster Youth
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Children placed into foster care are at increased risk for multiple mental health problems. Children of color, particularly Black children, are overrepresented and have lower rates of mental health service use compared to all other ethnic groups in the foster care system. Ethnic differences in therapy outcome have not been examined among foster youth. The current study evaluates the impact of relationship-based therapy on a random sample of White and Black foster youth, as reported by semi-structured telephone interviews with their therapists at the start and end of treatment.

Therapists (N=40) were predominantly female (80%), White (92.5%), middle aged (M=45.41 years, SD=10.99), psychologists (52.5%) who had an average of 10.43 years (SD=7.92) experience as licensed clinicians. Patients (N=40) were female (80%), White (n=20) or Black (n=20) school-aged foster youth (M=9.97, SD=4.78) who received treatment for an average of 3.55 years (SD=2.55). Most common reasons for entry to the foster care system included neglect (57.5%) and parent inability to caretake (45%).

As reported by therapists, anxiety ($F(1,38) = 40.848, p=0.000$), dissociative symptoms ($F(1,36) = 10.119, p=0.003$), peer relationship problems ($F(1,38) = 10.039, p=0.003$), aggression/violence ($F(1,38) = 9.157, p=0.004$), conduct problems ($F(1,38) = 7.489, p=0.009$), depression ($F(1,38) = p=0.009$), anger problems ($F(1,20) = 7.198, p=0.014$), and enuresis ($F(1,33) = 6.292, p=0.017$) significantly decreased over the course of treatment across the entire sample.

Repeated measures ANOVA revealed a significant difference in reported school problems between Black and White foster youth over the course of treatment, $F(1,37) = 7.336, p=0.010$. Black foster youth had significantly greater school problems (M=3.21, SD=1.35) compared to White foster youth (M=2.05, SD=1.39) at the start of treatment and, even though school problems significantly improved throughout treatment ($F(1,37) = 9.531, p=0.004$), Black foster youth still had significantly greater school problems (M=2.42, SD=1.09) at the end of treatment. No other significant differences were found in mental health symptoms between White and Black foster youth.

Limitations of this study include a small sample size, potential bias of therapist informants, and lack of a comparison group. Future research should address these issues and further examine ethnic differences in treatment outcomes among foster youth.