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# Exploring Resiliency in Foster Youth Receiving Long-Term Psychotherapy

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# Exploring Resiliency in Foster Youth Receiving Long-Term Psychotherapy

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## BACKGROUND AND RATIONALE

- Children and youth in foster care are at increased risk for psychological, biological, socioeconomic, and educational difficulties
- Despite this heightened risk, the majority of maltreated youth do not receive adequate mental health services and have poor long-term outcomes
- Some youth in this vulnerable population overcome early risk factors and continue to live healthy and well-adjusted lives as adults; this resiliency includes several internal (emotional development, social competence) and external (authoritative family style, sense of belonging to community) factors
- Recent research has suggested that attachment and resiliency have a bidirectional and complimentary relationship
- This study explored the relationship between several internal, external, and attachment-related resiliency factors and mental health treatment outcomes in foster youth who completed long-term, mental health treatment

## METHOD

### Participants

- Therapists ( $N = 14$ ) who provided pro-bono therapy with one current or former foster youth
- Mean Age = 41.73 years ( $SD = 14.33$ )
- 78.6% Female
- 85.7% White
- Psychologists (50%), LCSWs (28.6%), and LMFTs (21.4%)

### Measures

Semi-structured telephone questionnaires about therapist and patient demographics, patient mental health status, treatment parameters, and intervention approach

## METHOD

### Procedure

Telephone interviews conducted with therapists at the start and end of their treatment with the foster child patient

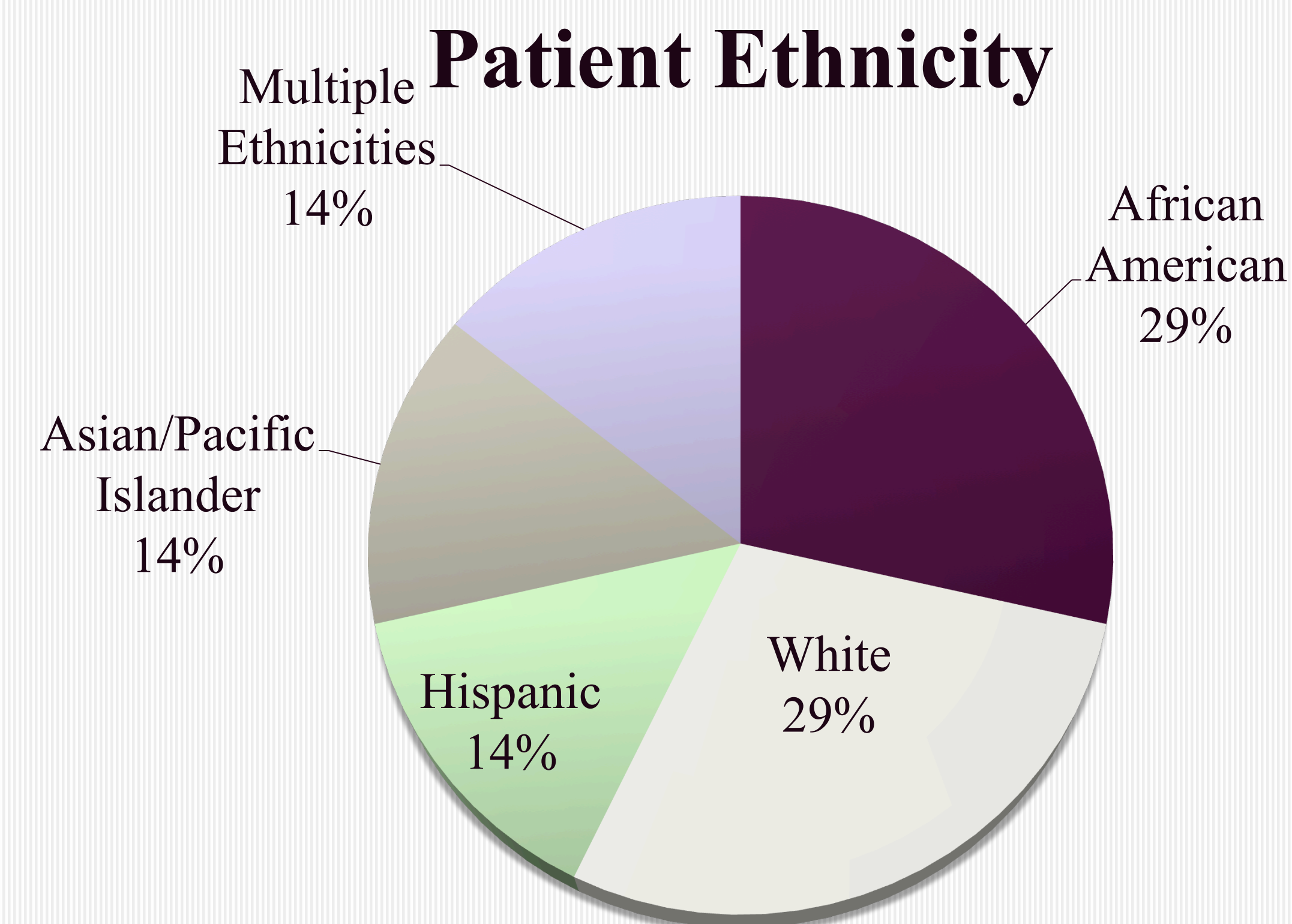
### Data Analysis

A coding scheme was developed to analyze variables of interest from qualitative questionnaire data

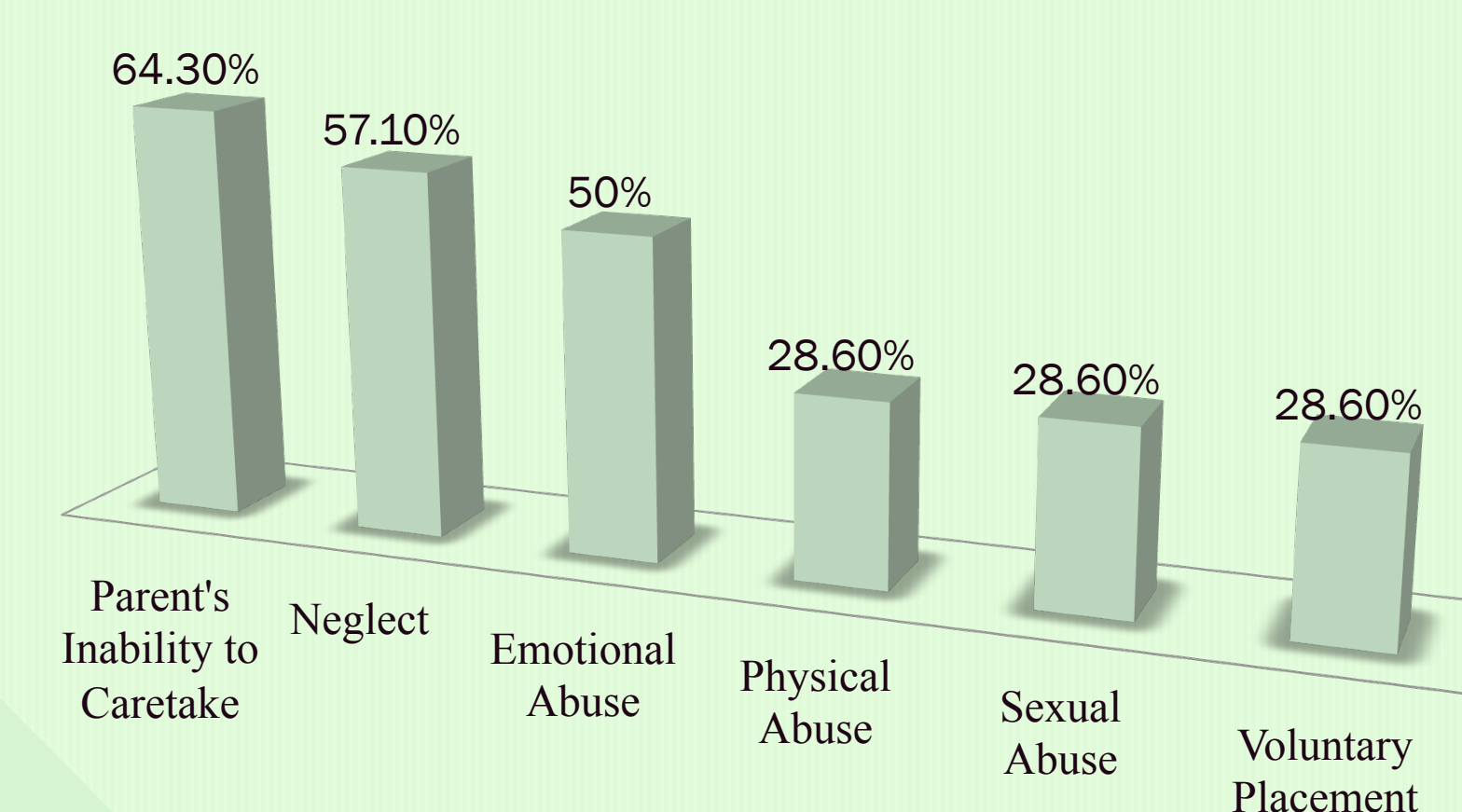
## RESULTS

### Patient Demographics

- School Aged ( $M = 11.16$  years,  $SD = 5.57$  years)



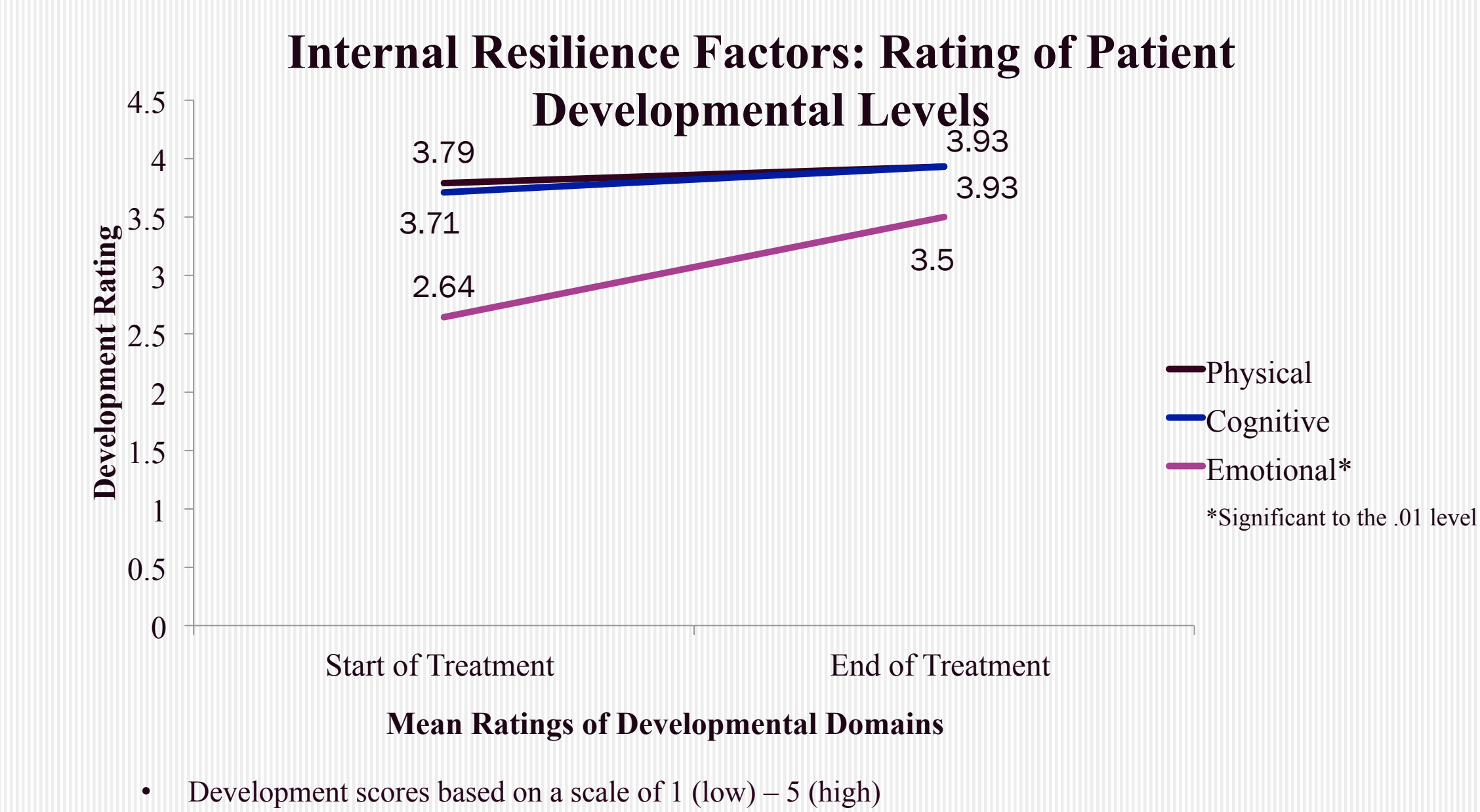
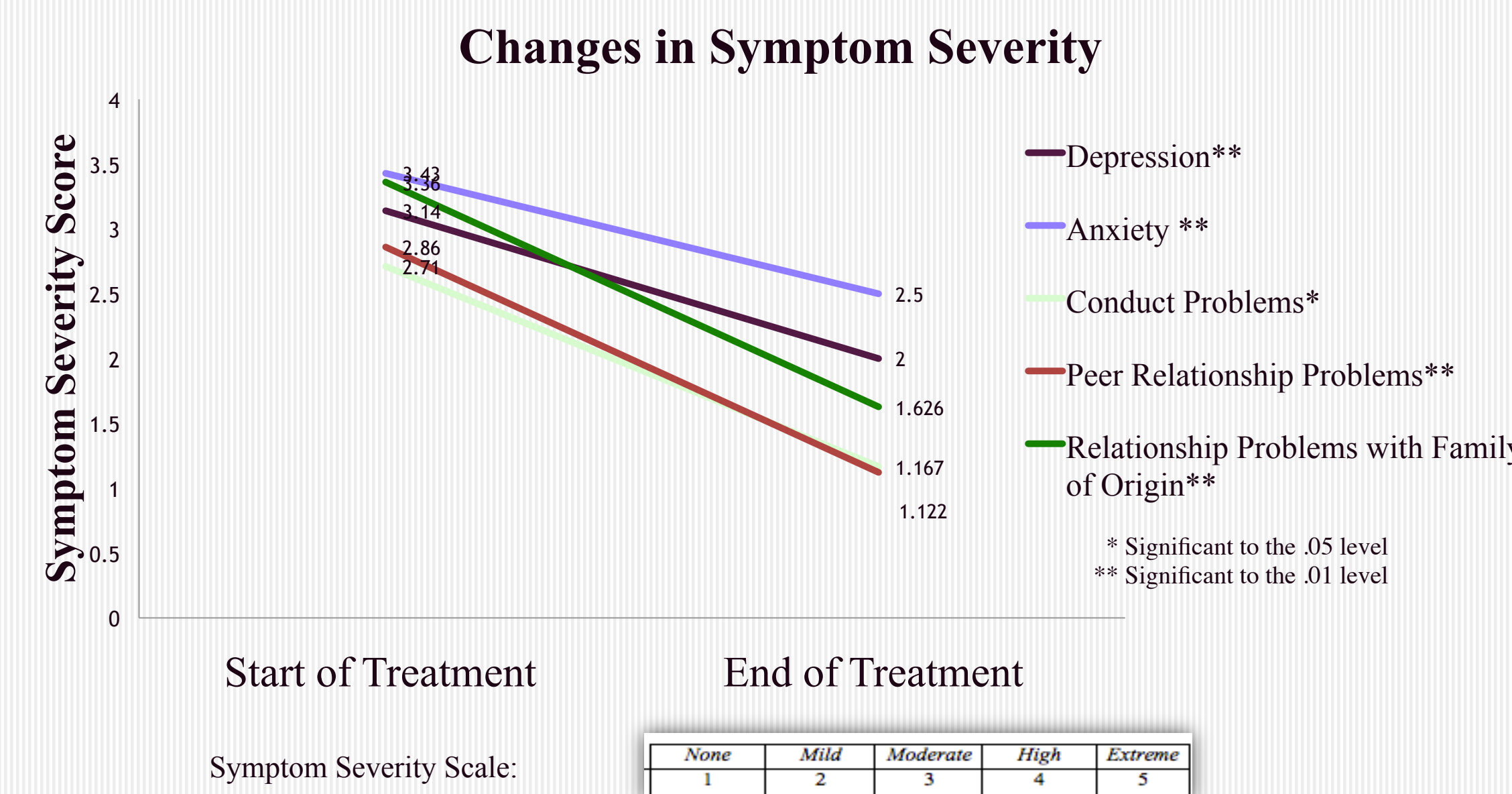
### Reasons for Entry into Foster Care



### Treatment Parameters

- Weekly Therapy (85.7%)
- Mean Treatment Length = 2.56 years ( $SD = 1.93$  years)

## RESULTS



### Bivariate Correlations: Initial Development Ratings and Exit Symptom Ratings

	Exit Depression	Exit Anxiety	Exit Peer Problems	Exit Family Problems	Exit Symptom Factor Score
1. ITQT Physical Development	-.169	-.128	-.161	-.111	-.078
2. ITQT Cognitive Development	-.183	-.139	-.586*	-.449	-.319
3. ITQT Emotional Development	-.461	-.406	-.748**	-.479	-.628*
4. ITQT Development Factor Score	-.336	-.282	-.638*	-.440	-.543

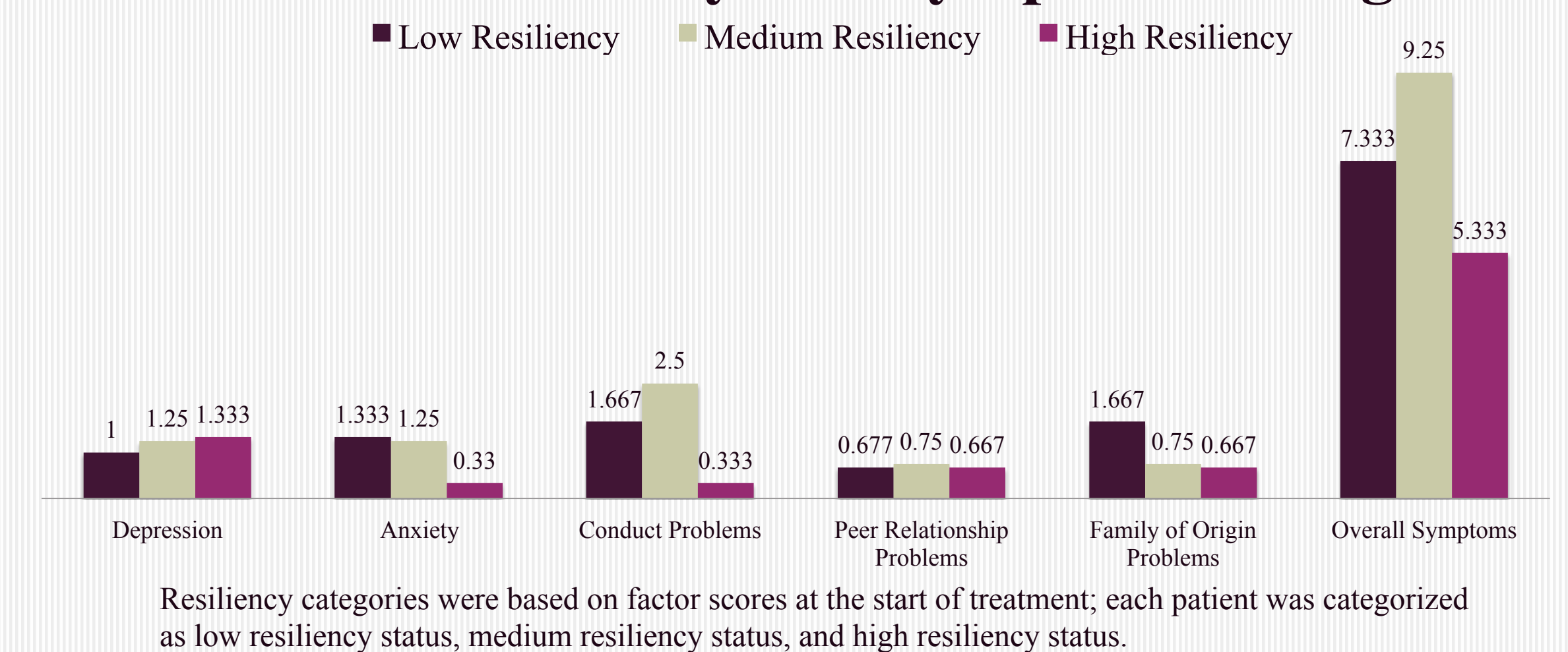
\*\* Correlation is significant at the .01 level (2-tailed).  
\* Correlation is significant at the .05 level (2-tailed).

### Bivariate Correlations: Initial Attachment Ratings and Exit Symptom Ratings

	Exit Depression	Exit Anxiety	Exit Peer Problems	Exit Family Relationship Problems
1. ITQT Attachment to Caretaker	-.723*	-.200	-.843**	-.632*
2. ITQT Attachment to Caretaker of Origin	-.393	-.340	-.704*	-.290
3. ITQT Attachment to Family Member	.00	.125	-.524	.076
4. ITQT Attachment to Friend/Lover	-.495	-.655*	-.469	-.493
5. ITQT Attachment to Therapist	.436	.345	-.259	.000
6. ITQT Overall Attachment Factor Score	-.369	-.316	-.636*	-.334

## RESULTS

### Initial Resiliency and Symptom Change



## DISCUSSION

- Although children and youth in foster care face unique emotional and behavioral difficulties, there are special internal and external factors that contribute to improved mental health outcomes
- Over the course of treatment, patients showed improvement across several mental health symptoms and in overall emotional developmental levels
- Specific resiliency factors showed differential relationships with key symptoms; initial cognitive and emotional developmental levels were negatively correlated with peer relationship problems, and healthy attachment to caretakers and/or a close friend was negatively correlated with depression, anxiety, and relationship problems at the end of treatment
- Patients showed differential improvement in symptom severity based on initial resiliency status; medium resiliency patients showed the greatest change in their overall symptom factor scores, low resiliency patients showed the most improvement in family relationship problems, while high resiliency patients showed the greatest improvement in depression scores
- Overall, findings provide preliminary insight into those factors that contribute to the ability to show improved mental health status over the course of long-term psychotherapy despite the presence of early risk factors
- Limitations included a small sample size, reliance on therapist informants, and lack of a standardized resiliency measure
- Future studies should include data directly collected from foster youth, incorporate measures designed specifically for the study of resiliency, and explore other possible contributors to resiliency, such as strength of cultural identity and spirituality.

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