

2013

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Recommended Citation

Rhodes, Audrey; Lemley, Breniel Q.; Aguilar, Rosana M.; Clausen, June Madsen; and Foster Care Research Group, "The Impact of Open Ended Psychotherapy with Adults Formerly in Foster Care" (2013). *Psychology*. Paper 10.
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The Impact of Open Ended Psychotherapy with Adults Formerly in Foster Care

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BACKGROUND AND RATIONALE

- Young adults who emancipate from foster care demonstrate emotional instability as a result of their experienced maltreatment, the trauma of subsequent removal from their homes, and the instability and uncertainty of the foster care experience.
- Former foster youth demonstrate high rates of mental health problems, typically do not receive appropriate mental health interventions, and are often homeless, unemployed, unexpectedly pregnant, and incarcerated.
- Research has demonstrated the effectiveness of psychotherapy with adults in the general population; however, little is known about effective treatments for young adults formerly in foster care.
- The current study explored the impact of open-ended, relationship based treatment provided to adults who were previously in foster care. Treatment was delivered by licensed clinicians through a national non-profit organization that provides pro-bono mental health treatment to current and former foster youth with one therapist “for as long as it takes”.

METHOD

Clinician Participants (n = 7)

- 100% female
- Mean age = 54.79 years (SD = 9.99 years)
- 71.4% White; 14.3% Asian/Pacific Islander; 14.3% Multiple Ethnicities
- M = 14.21 years clinical experience (SD = 9.21 years)



METHOD

Measures

Semi-structured telephone interviews including questions about therapist and patient demographics, patient symptoms, treatment progress, and treatment approach.

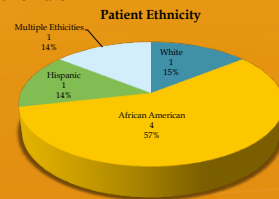
Procedure

- Initial Telephone Interview with therapists at the start of treatment.
- Exit Telephone Interview with therapists after termination of treatment.

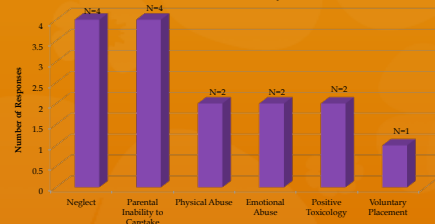
RESULTS

Patient Demographics (n = 7)

- Mean age = 21.11 years (SD = 2.52 years)
- 100% female



Reasons for Entry

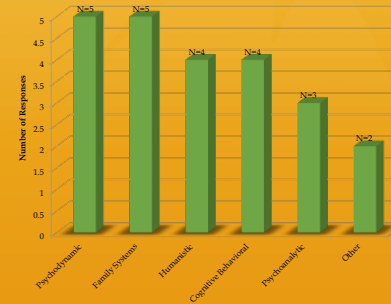


RESULTS

Parameters of Treatment

- Average Duration: 1.19 years (SD = 1.15 years)
- Frequency: 42.9% once per week, 57.1% once every other week.

Therapist Approaches to Treatment



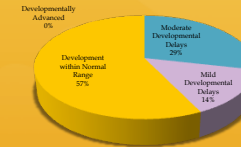
Changes in Treatment Outcomes

Symptoms	Start of Treatment			End of Treatment			sig. value
	n	Mean	SD	Mean	SD		
Depression	7	.3595	.9511	1.4259	.3780	.005	
Anxiety	7	.4041	1.0699	.5886	.8165	.087	
Problems with Current Living Situation	6	.3073	.7526	.4054	.8632	.076	
School Problems	7	.2020	.5345	.0000	.0000	.078	
Substance Use/ Abuse	6	.4944	1.2111	.3333	.8165	.175	
Dissociative Symptoms	7	.4738	1.254	.2857	.7559	.200	
Sharp Problems	7	.5216	1.380	.3020	.5345	.220	
Suicidality	7	.5654	1.4960	1.429	.3780	.231	
Self Injuries Behavior	7	.426	1.1334	.2857	.7559	.356	
Eating Problems	7	.5533	1.4639	.3020	.5345	.356	
Risk Taking	7	.4738	1.2536	.3688	.9759	.356	
Problems with Family of Origin	7	.426	1.134	.5884	1.345	.356	
Transiency	7	.1428	.3779	.0000	.0000	.356	
Anger Problems	4	.7500	1.500	.5000	1.000	.391	
Learning Problems	7	.2074	.7668	.4286	1.134	.708	
Psychotic Behaviors/ Thoughts	7	.1428	.3779	.1428	.3779	1.000	
Sexual Behavior	7	.5714	1.519	.4286	1.134	1.000	
Fear Relationship Problems	7	.3895	.9511	.2857	.7559	1.000	

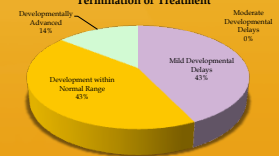
Symptom Scale:
1=None, 2= Mild, 3= Moderate, 4= Severe, 5=Extreme

RESULTS

Therapist Rating of Emotional Development at Start of Treatment



Therapist Rating of Emotional Development at Termination of Treatment



DISCUSSION

- Former foster youth who began treatment as adults experienced significant reduction in depression and anxiety over the course of a one year treatment.
- Non-significant trends suggest a decrease in sleep problems, substance use/abuse, and improvement in patients' relationships with peers, each of which often presents obstacles for former foster youth trying to function in society while attempting to cope with past traumas.
- Emotional development improved overall, which suggests that these young adults may be more able to cope with their past, and have improved mental health capacity in the future.
- Limitations of the current study include small sample size, potential bias of therapist informants, and lack of a comparison group. Future research should include interviews with adult patients in order to allow comparison between therapist and patient reports.

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