



## Center for School Mental Health

University of Maryland School of Medicine

# Foster Care and School Mental Health

## Mental Health Needs

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As of September 30, 2005, approximately 340,000 school-aged children in the United States were in foster care (Children's Bureau, 2007). Many of these children have suffered traumatic events that led to their foster care placement, as well as additional trauma resulting from separation from one or both parents, unpredictable contact with their families, multiple placements and a lack of control over their own lives. Pre-placement trauma often includes direct victimization through abuse and neglect as well as indirect victimization through witnessing domestic violence and other violence in their communities. For many children and adolescents, such difficult life experiences can contribute to the development of a mental health disorder.

Characteristics associated with the foster care system may increase the risk for emotional problems among children and youth in foster care. Although 63% of children have been in the

foster care system for less than 2 years, they experience, on average, three different placements during that time (U.S. Department of Health and Human Services (USDHHS), 2007). With each new placement, children typically move to new neighborhoods and enroll in new schools. The development of mental health problems in these children as a result of trauma, transition and instability only increases the likelihood that they will experience additional placements, as foster parents are overwhelmed by their mental health needs (Austin, 2004).

In a recent study of children and adolescents who had previously been in foster care, 54% had one or more mental health problems in the past 12 months (compared with 22% of the general population) and 25% had Post-Traumatic Stress Disorder within the past 12 months (twice the rate of U.S. war veterans) (Pecora et al., 2005). Children in foster care are also more likely than the general population to have a special education classification of an emotional or behavioral disturbance

(Smithgall et al., 2004).

Although children and youth in foster care are exposed to similar environmental stressors as those living in "high-risk environments" (e.g., poverty, instability, caregivers with high levels of stress), children in foster care are more likely to have mental health problems or learning disabilities (Kortenkamp & Macomber, 2002). Thus, helping children to adjust to life in the foster care system may be as important as addressing those issues that originally led to foster care placement.



## Fast Facts on Children in Foster Care

- Nationally, there are approximately 513,000 children and youth in foster care (Children's Bureau, 2007).
- 67% of children and youth in foster care are school-aged (Child Welfare League of America (CWLA), 2007).
- 63% of children are in foster care for less than 2 years (USDHHS, 2007).
- While in the foster care system, children have an average of three placements.
- Almost half of the children currently in out-of-home placement care are children of color (Black Administrators in Child Welfare, 2007).

## Accessing Mental Health Services

Children in the foster care system are more likely than children receiving other types of public assistance to access mental health services (dosReis et al., 2001). However, these services are often interrupted, discontinued and uncoordinated given the instability typically associated with life in foster care (Austin, 2004). Additionally, given the high prevalence rates of traumatic experiences and mental health disorders among these children, it is clear that many of their emotional and behavioral needs remain unmet.

Several factors contribute to the difficulty that children and youth in foster care have in accessing and maintaining mental health services. These include limited training on mental health needs for children among foster care workers and parents, and limited training among mental health professionals on the foster care system (Austin, 2004). Improved training for foster care workers and parents would increase the likelihood that mental health concerns would be identified early, accurately assessed and addressed with appropriate services. For example, disruptive behaviors can mask

underlying mental health problems. Identifying and treating those core issues is crucial to improving the well-being of children in foster care. Training mental health professionals on how to best understand, navigate, and collaborate with the foster care system would increase the numbers of mental health professionals willing and able to work with this population. Frustration among mental health professionals often stems from not understanding the system as well as not knowing how to address the particular challenges that come with working with children and adolescents in foster care (Austin, 2004). Training may be an integral part of assuaging these concerns among mental health care providers.

Early intervention for emotional and behavioral problems among children in foster care would be facilitated by routine mental health assessments (Maryland Policy Institute, 2006). Though many children are screened for mental health problems when they enter the system, these screenings are often cursory. Additionally, mental health assessments are not typically repeated as part of routine evaluation. Conducting a thorough assessment at

### How do we improve mental health care for children in foster care?

- Establish cross-training among systems involved in providing services.
- Conduct thorough mental health assessments and screenings on a yearly basis for all children and youth in foster care.
- Improve coordination across systems of care.
- Increase accessibility to and continuity of mental health care for children in foster care

the outset of a child's placement in the foster care system and additional screenings at regular intervals while the child is in foster care would help to identify mental health concerns that arise as children and youth adjust to and transitions within the foster care system.

### Common Mental Health Issues among Children in Foster Care:

- Anger/Irritability
- Nightmares
- Distressing memories
- Sleep problems
- Depression and Anxiety
- Avoidance
- Attention problems
- Problems with attachment
- Delinquency
- Oppositional Behavior

### Special Education Needs

When compared to their peers, rates of special education for children in foster care are significantly higher. It is estimated that 30-40% of children in foster care are currently receiving services through special education (vanWingerden, Emerson, & Ichi-kawa, 2002). While these numbers reflect significant service delivery in schools, there is still concern that a significant number of children in foster care who need special education services have not been identified and/or referred (Webb et al., 2007). This problem with identification is likely related to a lack of effective advocacy for the individual child, frequent school transfers, and poor coordination between the child welfare and education systems. Early identi-

fication of and intervention with children in foster care who are at a high-risk for special education placement is needed in order to address the cognitive and emotional effects of neglect, maltreatment and instability (van Wingerden et al., 2002). This intervention could potentially reduce the need for more intensive services.

Research has shown that the majority of referrals to special education services among children in the child welfare system are related to behavior problems (Webb et al, 2007). In addition to academic intervention, these children need to have ready access to mental health services that are coordinated with both the education and child welfare systems.



### Successful initiatives that address the education barriers for youth in foster care have:

- consistently addressed education needs in child welfare case plans.
- established strong, collaborative relationships between the child welfare agency and the educational community.
- had a strong educational advocate for the child who can ensure the child is receiving necessary services.

## What can schools do to help?

Children in foster care are at an increased risk for academic failure when compared to their peers (NWGFCE, 2007). One notable reason for this risk is that children in foster care are likely to change schools on average 1-2 times per year while in foster care. Allowing youth to remain in the same school despite changes in place of residence would enhance continuity of schooling and allow the child to maintain important relationships (Webb et al., 2007). If this is not possible, establishing policies that facilitate information sharing between schools and foster care workers and ensuring that academic records are as complete as possible will help to facilitate a smooth transition process (Vera Justice Center, 2007).

Many children in foster care believe that having teachers who can recognize and understand the mental health issues associated with being in foster care would significantly improve their education experience (Maryland Public Policy Institute, 2006). Thus, training teachers may increase the identification of mental health disorders and increase the

sensitivity of teachers to the particular needs of these children.

Though some advocates fear that children in foster care would be singled out if teachers knew their foster care status, appropriate training would hopefully minimize these concerns (Maryland Public Policy Institute, 2006). That is, teachers would not just have information, they would also have tools and resources to help them best use that information to benefit the student. Creating normalcy and stability for children and adolescents in foster care is of primary importance and teachers and school staff are on the front lines of this effort.

Given the high need for special education services among children in foster care, it is important for schools to have an effective system of screening for special education and to provide interventions across the cognitive, social and behavioral domains. Improving communication among schools, child welfare workers and foster/biological parents would increase the likelihood that children experiencing difficulty will be identified early and may prevent the occurrence of academic failure and more restrictive placements due to

problematic behavior (Austin 2004).

Some schools have started to establish “trauma sensitive” school cultures in order to better address the needs of children and youth who have experienced trauma, including those in foster care. The current strategies include flexible policy agendas, three-tiered prevention, targeted and intensive interventions, and school-wide culture change. While specific components differ based on the program, the philosophy of using the present environment to counteract the effects of traumatic experiences is consistent. In addition, each program includes a component that trains teachers and school staff to engage traumatized students and help meet their academic and behavioral needs.



### Schools can help children in foster care succeed by...

- understanding the demands of the foster care system (e.g., court appearances during school time).
- offering information to foster care workers about the best ways to communicate with and gather information from the school (e.g., scheduling, consent forms, and how to meet with teachers).
- establishing regular communication with foster care workers and foster parents about the child’s successes and challenges, including mental health
- helping to coordinate school transfers when necessary and making sure all available records transfer with the student.
- training school staff about the mental health issues associated with foster care and how to help youth in foster care be more successful in school.
- identifying children in foster care who are in need of special education services and ensuring that these services are provided across school placements.

## The Role of School Mental Health

School mental health services, which involve the delivery of a full continuum of mental health services to children in regular and special education, should play a significant role in promoting the mental health of children in foster care. Schools and school mental health providers can assist in care coordination, transition services, mental health prevention, early intervention and treatment, and can create a culture of awareness and sensitivity to issues unique to children in foster care.

### *Care Coordination and School Transitions*

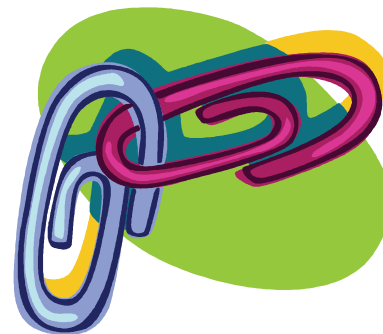
Cross-system collaboration between education and other child-serving systems including mental health, child welfare and juvenile services is critical to foster youth success. Research suggests that establishing a specialist in the schools to coordinate services for children and youth in foster care leads to improved academic and mental health outcomes (Vera Justice Institute, 2007). School mental health providers often have the necessary community knowledge and liaison skills to serve in this role.

In addition to frequent out-of-school appointments and school transitions, children in foster care often have individual and social stressors that inevitably impact their attendance and adjustment in schools. In addition to possibly shifting schools with each new placement, children are often pulled out of school for court appearances, therapy sessions, and medical appointments (Vera Justice Institute, 2002).

School-based mental health providers can facilitate the process of school mobility and transition, and can offer school mental health services which ultimately decrease the amount of time youth spend out of the school building and increase access to needed care. Further, as many children find that issues related to foster care spill over into their lives at school, having schools and school-based mental health clinicians who are informed about foster care allows for issues to be addressed within the context in which they occur. Children and adolescents in foster care state that when there is a conflict with a teacher or another student, the likelihood of an emotional or behavioral outburst is high because they do not have anywhere else to vent (Geroski & Knauss, 2000). Informed school staff and providers can help children find appropriate ways to express emotions and can assist in reinforcing these positive behavior changes.

### *Prevention, Early Intervention and Treatment*

Some children in foster care report feeling isolated and ostracized from their peers and often do not share the fact that they are in foster care with anyone at school (Noble, 1997). Classroom-based prevention programs can also be an effective way to promote inclusion and tolerance, particularly for children in foster care who may have trouble



integrating into positive peer groups (Geroski & Knauss, 2000). Universal prevention programs that seek to improve school functioning at a systems-level would also be beneficial for children in foster care. One such prevention program is Positive Behavior Supports, a behaviorally-based systems approach that includes proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. The PBS model recognizes the importance of a three tiered approach: school-wide prevention, early intervention, and individual assessment and intervention (Office on Special Education Programs, 2007). A focus on all three tiers would help ensure that children in foster care are receiving crucial prevention efforts, as well as early intervention and treatment efforts if needed.

Early intervention efforts for children in foster care should include school-based support

*(Continued on Page 5)*

### **School mental health programs have been associated with...**

- high service satisfaction by students and families (Nabors, Reynolds, & Weist, 2000).
- reduced inappropriate referrals to special education (Bruns, Walrath, Siegel, & Weist, 2004).
- improved school climate (Bruns, Walrath, Siegel, & Weist, 2004).
- scoring at least 10 percentile points higher on achievement tests, having better attendance and classroom behavior, liking school more, having better grades, and being less likely to be disciplined (Weissberg & Shriver, 2005).

### **School mental health also...**

- enhances access to services for youth (Rones & Hoagwood, 2000).
- can reduce the stigma of help seeking (Nabors & Reynolds, 2000)
- promotes generalization and maintenance of treatment gains (Evans, 1999)
- enhances capacity for prevention and mental health promotion (Weare, 2000)
- promotes a natural, ecologically grounded approach to helping children and families (Atkins, Adil, Jackson, McKay, & Bell, 2001)



(Continued from Page 4)

groups. These support groups can help to reduce isolation and increase school connectedness, which is often low among children in foster care (Kortencamp & Macomber, 2002). The groups can also help children connect with one another around clinical issues and common experiences, such as trauma and loss.

As noted earlier in this brief, many youth in foster care have established mental health problems that warrant treatment. The most effective treatments for children in foster care are typically collaborative and reach across the multiple systems within which children function. The *Surgeon General's Report on Mental Health* (1999) outlined three evidence-based interventions for children in foster care: therapeutic foster care, intensive case management and wraparound services, and Multisystemic Therapy (MST). The inclusion of schools is vital to the success of each of these

collaborative programs. Whether supporting interventions established in therapeutic care and MST or coordinating school-based care as part of wraparound services, school mental health is a critical resource for children in foster care.

#### *Connecting with Special Education*

School mental health is an important partner in ensuring that appropriate referrals to special education are made and that a child's Individual Education Plan (IEP) contains interventions that address emotional and behavioral difficulties impeding academic success. For some children in foster care, school mental health services may be sufficient to address their emotional and behavioral needs. For others, school mental health services may be one of several components in the child's care plan. Close coordination between schools, families and the child welfare system can ensure that both mental

health services and academic services included in the child's IEP are prioritized and well integrated (van Wingerden et al., 2002).

#### *Professional Development*

School mental health clinicians can also be a valuable resources in providing professional development on the mental health needs of youth in foster care. These providers can be called upon to work with teachers and staff to address the mental health concerns of individual children or to help schools implement one of the school-wide or classroom level strategies identified as best practice for improving the educational experiences of children in foster care.



## Resources for Teachers and Foster Care Workers

*A Road Map for Learning: Improving Educational Outcomes in Foster Care* - This framework was designed by Casey Family Programs and provides strategies to improve education on the individual, school, and policy levels. It can be downloaded for free at [www.casey.org/Resources/Publications/RoadMapForLearning.htm](http://www.casey.org/Resources/Publications/RoadMapForLearning.htm)

*Make a Difference in a Child's Life (Manual)* - This manual, designed for Washington state, provides guidance on how to advocate for the education needs of children in foster care. Download at [www.teamchild.org/resources.html](http://www.teamchild.org/resources.html). A tool kit for adapting this manual for other states can be obtained by contacting [questions@teamchild.org](mailto:questions@teamchild.org).

*Foster Children and Education: How you can create a positive educational experience for the foster child* - The Vera Institute of Justice has developed a toolkit for caseworkers and teachers that is designed to enhance the educational experience of

children in foster care. They are drawn from the experience of Safe and Smart, a collaborative project that placed caseworkers in schools to support foster children. Download at <http://www.vera.org/publications>. (Type the name of the toolkit into the "publications search").

*Child and Youth Development in a Child Welfare Context* - This training was developed for foster care workers in California to better prepare them to identify and address the mental health needs of children in the foster care system. Additional information on the training module can be found at <http://calswec.berkeley.edu/CalSWEC/CommonCoreCurricCA.html>. Follow the link for *Child Welfare Workers* and then the link for this training document.

*Tools for Promoting Educational Success and Reducing Delinquency* - This toolkit identifies best and promising practices that were being implemented with success throughout

the country and could be used by educators to prevent students from being referred to the juvenile justice system due to their behavior in school. Step 6 is dedicated to working with youth in the Child Welfare System. Download at [www.edji.org/focus/prevention/JJ-SE.htm](http://www.edji.org/focus/prevention/JJ-SE.htm)

*The Legal Center for Foster Care and Education* - This center focuses on supporting direct education advocacy efforts for children in foster care, as well as promoting federal, state and local laws and policies that address the education needs of this population. The Center also provides expertise to states and constituents, facilitates networking to advance promising practices and reforms, and provides technical assistance and training to respond to the ever-growing demands for legal support and guidance. To access additional information about the Legal Center FCE, <http://www.abanet.org/child/education/>

## Current initiatives related to foster care and mental health

### *Enhancing Mental Health Treatment for Youth in Foster Care: The Casey Foster Care Clinical R&D Project*

This project intends to improve mental health functioning of foster care youth by developing tools and treatment strategies for four high incidence disorders: depression, anxiety/ PTSD, ADHD, and impulsive aggression. The goal is to create screening tools to aid foster care workers in identifying mental health problems and to establish best practices for the treatment of these disorders using evidence-based approaches for foster care youth. The project has also developed a Parent Engagement and Self Advocacy (PESA) curriculum designed to help birth parents, foster parents and case workers collaborate more effectively and advocate for the mental health needs youth. In addition, a youth curriculum, entitled Taking Control has been developed to help foster care youth feel more empowered. More information about

this project is available at <http://www.reachinstitute.net/CaseyProject.html>. This project is a collaboration between Casey Research Services, Casey Family Programs, the REACH Institute, Harvard Medical School, Northshore Hospital/LIJ and the Annie E. Casey Foundation.

### *Mental Health Promotion for Children and Adolescents in Foster Care in Schools*

This project intends to improve outcomes for children in foster care by integrating services and increasing coordination across systems. The goals of this project include additional training for foster care workers and schools on mental health needs of children in foster care, cross-training among social services agencies and schools to improve their ability to work collaboratively, and developing school-based mental health services tailored to the needs of children in foster care. This project is a collaboration between Maryland

Mental Hygiene Administration, Maryland Transformation Grant, and the Center for School Mental Health at University of Maryland School of Medicine, Division of Child and Adolescent Psychiatry. *For more information, contact Dr. Mark Weist, [mweist@psych.umaryland.edu](mailto:mweist@psych.umaryland.edu)*

*Educating Children in Foster Care*: In order to address the federal Child and Family Service requirement for well-being which states that children should “receive appropriate services to meet their educational needs”, several states have begun promising initiatives to address the education barriers for youth in foster care. For a review of promising state initiatives, you can access the report from the National Conference of State Legislatures, Children’s Policy Initiative at <http://www.ncsl.org/programs/cyf/CPIeducate.htm>

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*The mission of the Center for School Mental Health (CSMH) is to strengthen policies and programs in school mental health to improve learning and promote success for America's youth. The CSMH has three over-arching goals:*

- 1. Further build a community of practice in school mental health (SMH) to facilitate analyses of successful and innovative policies and programs, to enhance collaboration between diverse stakeholders, and to develop strategies to maximize policy and program impact.*
- 2. Enhance understanding of successful and innovative SMH policies and programs across urban, suburban, rural and frontier settings, and across local, state, national, and international levels.*
- 3. Further develop a rapid, innovative and widespread communications framework to disseminate to all interested stakeholders findings and recommendations on successful and innovative policies and programs in SMH.*

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