



THE  
FOSTER CARE  
ALUMNI STUDIES

STORIES FROM THE PAST TO SHAPE THE FUTURE

**Practical Strategies Identified by Statistical Simulations  
to Address Post-Traumatic Stress Disorder of Youth in  
Foster Care**

**20th Annual Research Conference—  
A System of Care for Children's Mental Health:  
Expanding the Research Base**

**March 6, 2007**

**Presenters: Kirk O'Brien, Peter Pecora, & Markell Harrison  
on behalf of the Northwest Alumni Study team.**

# Acknowledgements

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**Dr. Peter Pecora is Principal Investigator for the Northwest and National Alumni studies, Senior Director of Research Services with the Casey Family Programs, and Professor at the School of Social Work, University of Washington.**

**Dr. Kirk O'Brien is Project Coordinator for the Northwest and National Alumni studies and Senior Research Analyst at Casey Family Programs.**

**Mailing Address: Casey Family Programs, 1300 Dexter Avenue North, Floor 3; Seattle, Washington 98109-3547.  
Phone: (206) 270.4936. Website: [www.casey.org](http://www.casey.org)**

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- **Casey Family Programs**
- **Harvard Medical School**
- **The Universities of Washington and Michigan**
- **Oregon Department of Human Services**
- **Washington Department of Health and Human Services**
- **The Northwest Alumni Studies team is grateful to and has learned much from the youth, alumni, parents and Casey field staff**

# Presentation Outline

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- I. Overview of National Child Welfare Statistics**
- II. Study Methods**
  - **Demographics**
- III. Risk Factors, Foster Care Experiences & Post-Traumatic Stress Disorder (PTSD)**
- IV. Optimization Analyses**
- V. Recommendations**

# Foster Care: Why be Concerned?

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1. Our ethical obligations to serve and protect children are clear.
2. The “materiality” (i.e., overall significance) is high ~ numbers served and funds expended.
3. Foster care can have a positive influence on child development (current outcome data are mixed).
4. Higher quality foster care will produce young adults ready to contribute to a stronger American work force because of good physical and mental health, and the life skills necessary to succeed.

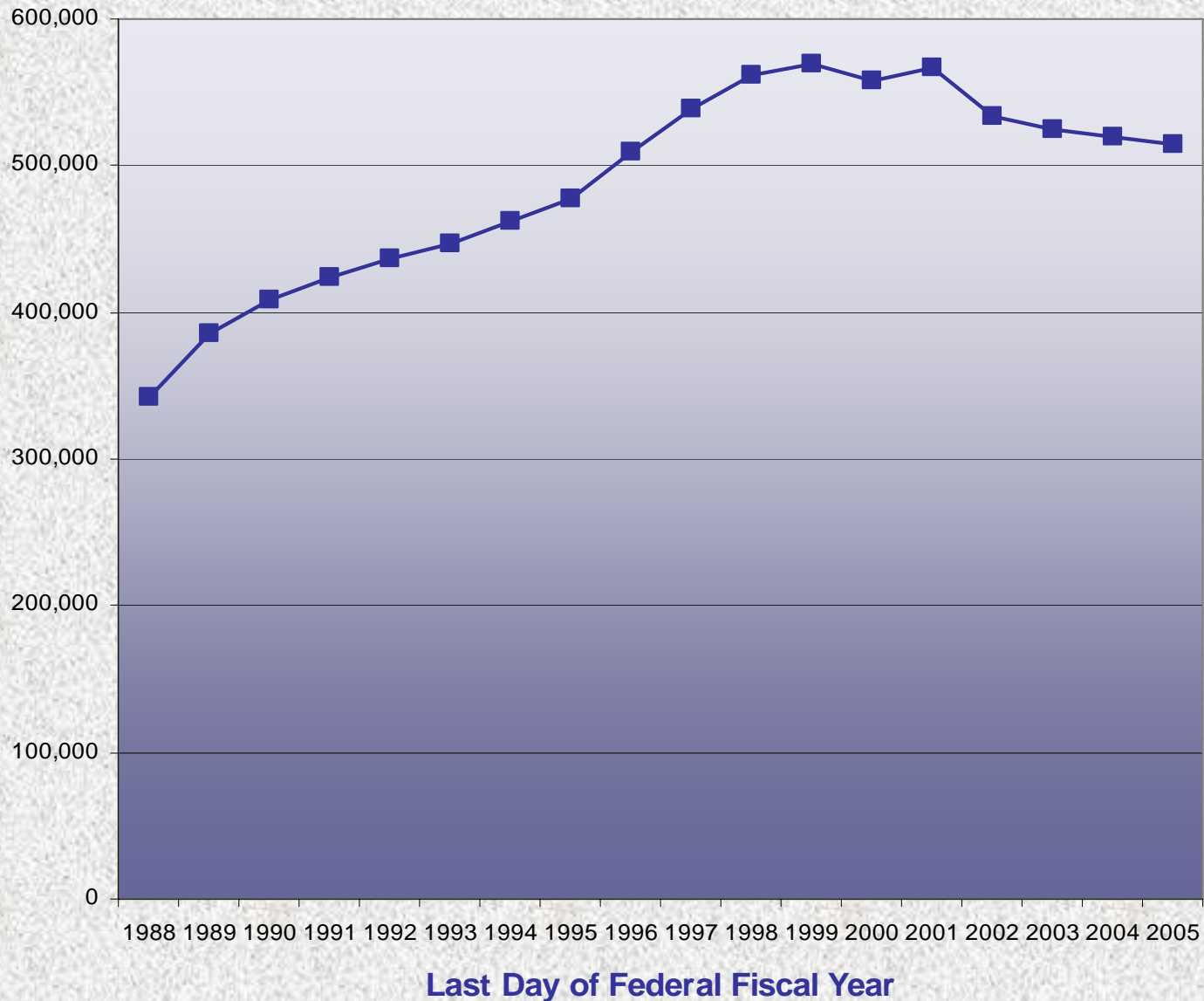
# Child Maltreatment

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- In 2004, nearly three million U.S. children were reported as abused and neglected, with 872,000 confirmed victims.
- 513,000 youth were in care on September 30, 2005.

# Children in Foster Care, 1988 - 2005

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# Post-Traumatic Stress Disorder

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## Post-Traumatic Stress Disorder (PTSD)

- Traumatic event leads to extreme distress and physiological activity
  - Restricted affect
  - Hypervigilance
  - Intrusive thoughts of trauma
- Interferes with employment, relationships, etc.

# Post-Traumatic Stress Disorder *(cont)*

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## **Lifetime prevalence of PTSD (based on DSM)**

- General population: 1% to 14%.
- High risk samples  
(people who have experienced trauma): 3% to 58%.
- The National Comorbidity Survey-Replication  
(NCS-R): 6.8%.
- American war veterans: 6% to 15% (current PTSD).



# “Nothing About Us Without Us”

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# Study Methods: *Research Questions*

1. How are youth who were placed in foster care faring as young adults?
  2. Are certain key factors or program components linked with better functioning in adulthood?
- **We will start to build an equation:**

**Demos + Risk Factors + Agency + FC Experiences = PTSD**



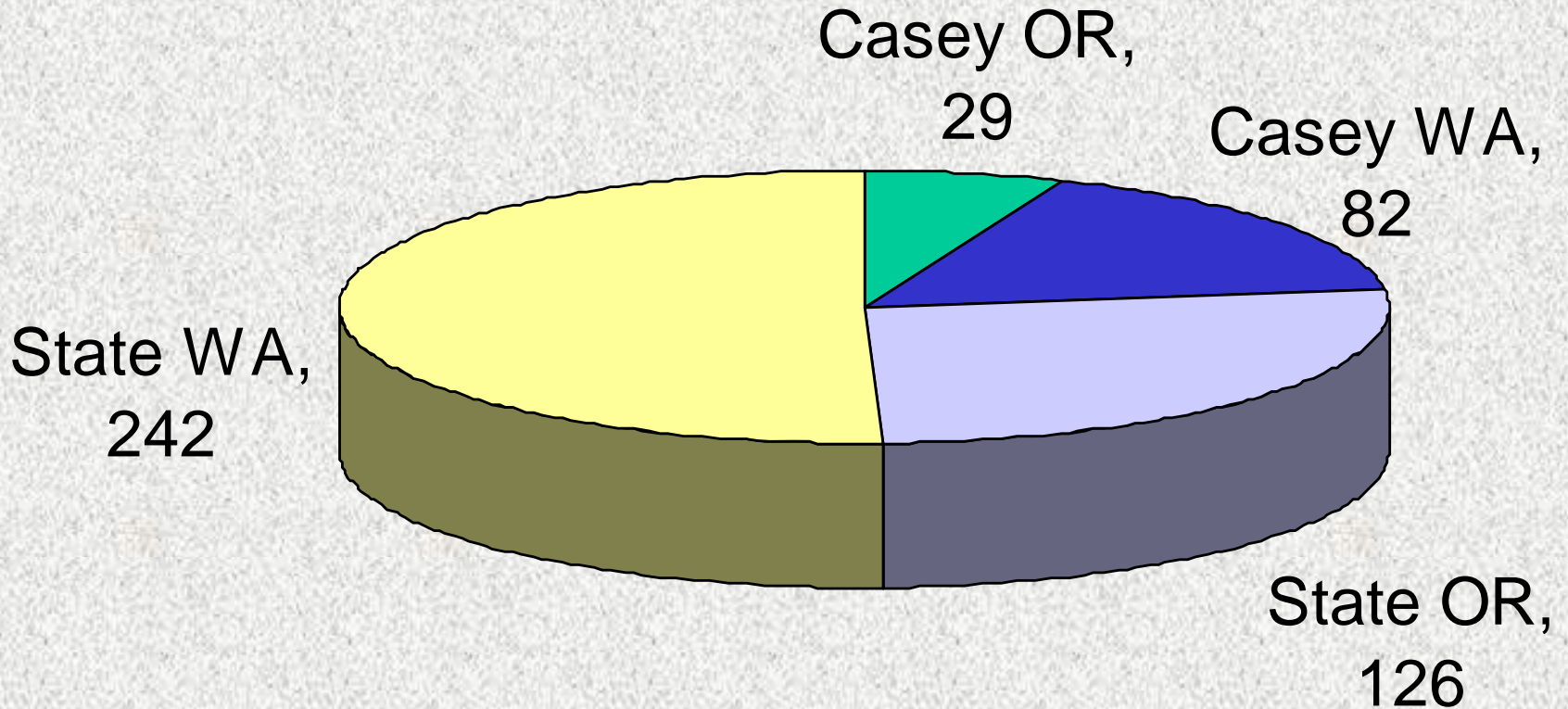
**Control Variables**

## Study Methods: *Inclusion Criteria*

- Placed in family foster care before age 16.
- Spent a year or more in care between ages of 14 and 18, between 1988 and 1998.
- Served in Seattle, Tacoma, Yakima, or Portland by Casey or State agency.
  - Case record reviews of 659 alumni, interviews with 479 (76% response rate).

# Study Methods: *Alumni Interviewed*

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## Study Methods: *Data Weighting*

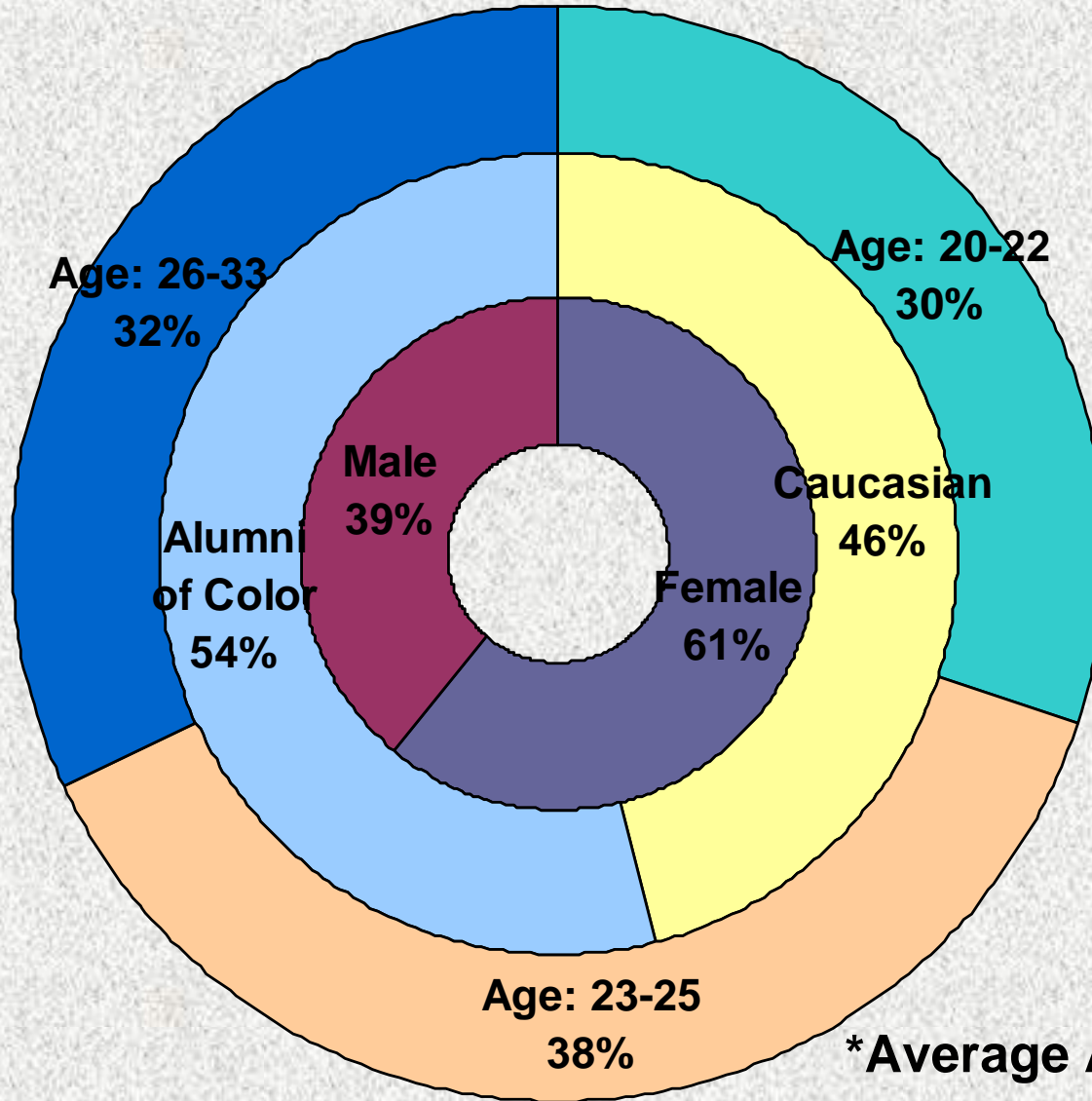
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### **Data were weighted to adjust for:**

1. Alumni we were unable to locate or interview due to death and institutionalization.
2. Differences between Casey and State alumni (e.g., age, gender, and race).

# Study Methods: *Demographics*

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**\*Average Age: 24.2 Years**

# Risk Factors

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<b>Most Common Form of:</b>	<b>Northwest Alumni</b>
<b><u>Maltreatment by Birth Family:</u> sexual abuse with physical abuse and/or neglect</b>	<b>49.2%</b>
<b><u>Reason for Initial Placement:</u> maltreatment</b>	<b>64.3%</b>
<b><u>Mental/Physical Health Diagnoses (before or during care):</u></b> <ul style="list-style-type: none"><li>• <b>ADHD</b></li><li>• <b>Physical or learning disability</b></li></ul>	<b>13.7%</b> <b>13.1%</b>

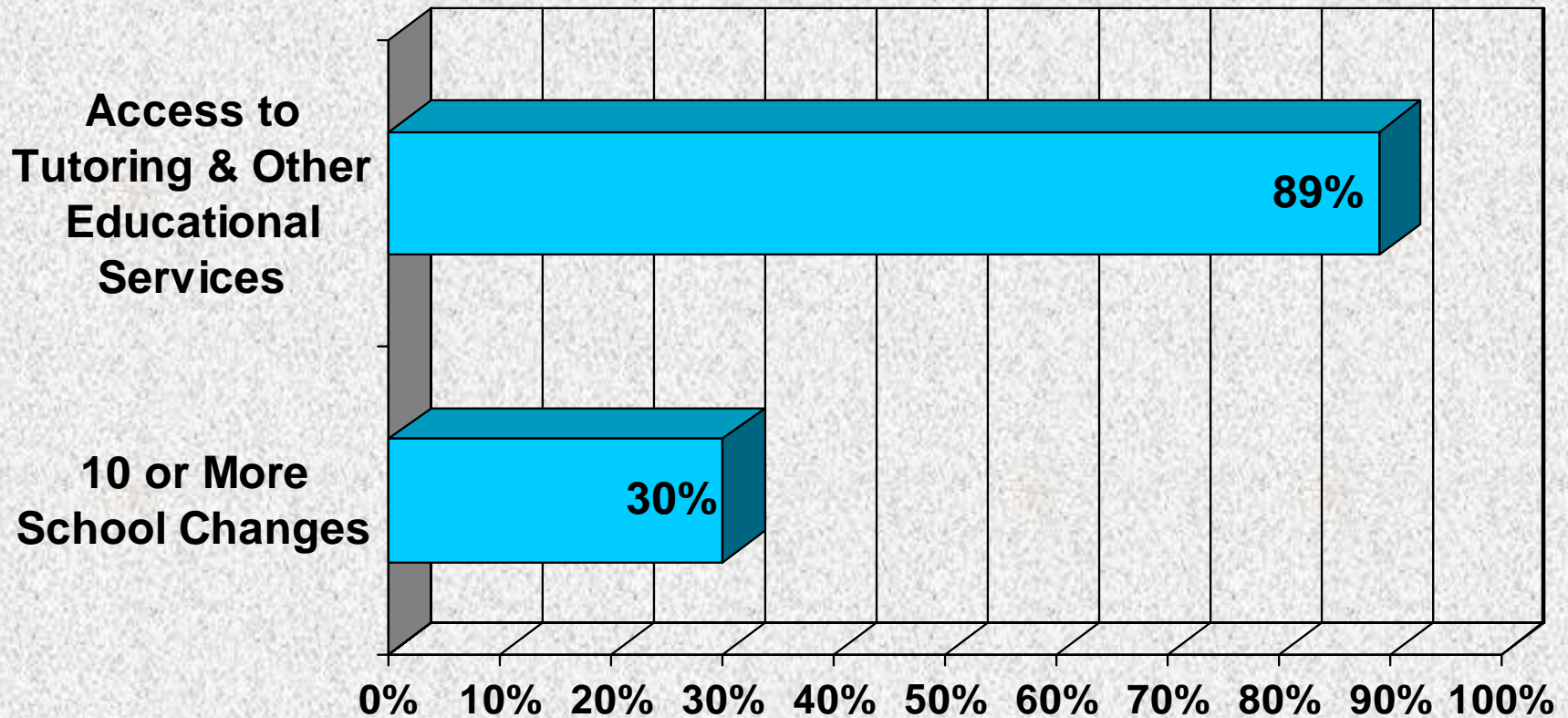
# Foster Care Experiences: *Placement History & Experience*

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<b>Placement Variables</b>	<b>Northwest Alumni</b>
<b>Mean number of placements</b>	<b>6.5</b>
<b>Mean length of time in care (in years)</b>	<b>6.1</b>
<b>Mean placement change rate (placements/year)</b>	<b>1.4</b>

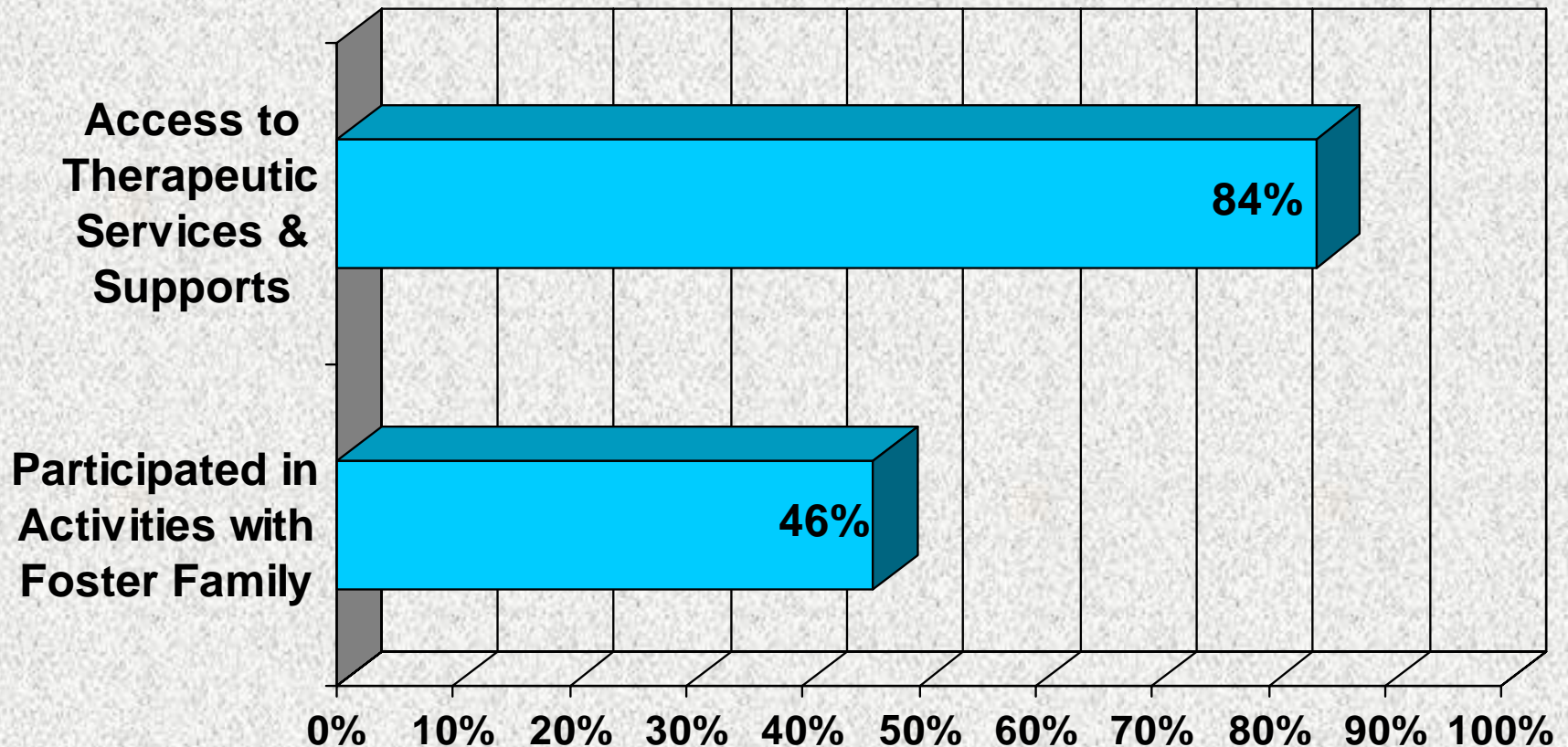


# Foster Care Experiences: Educational Services & Experiences

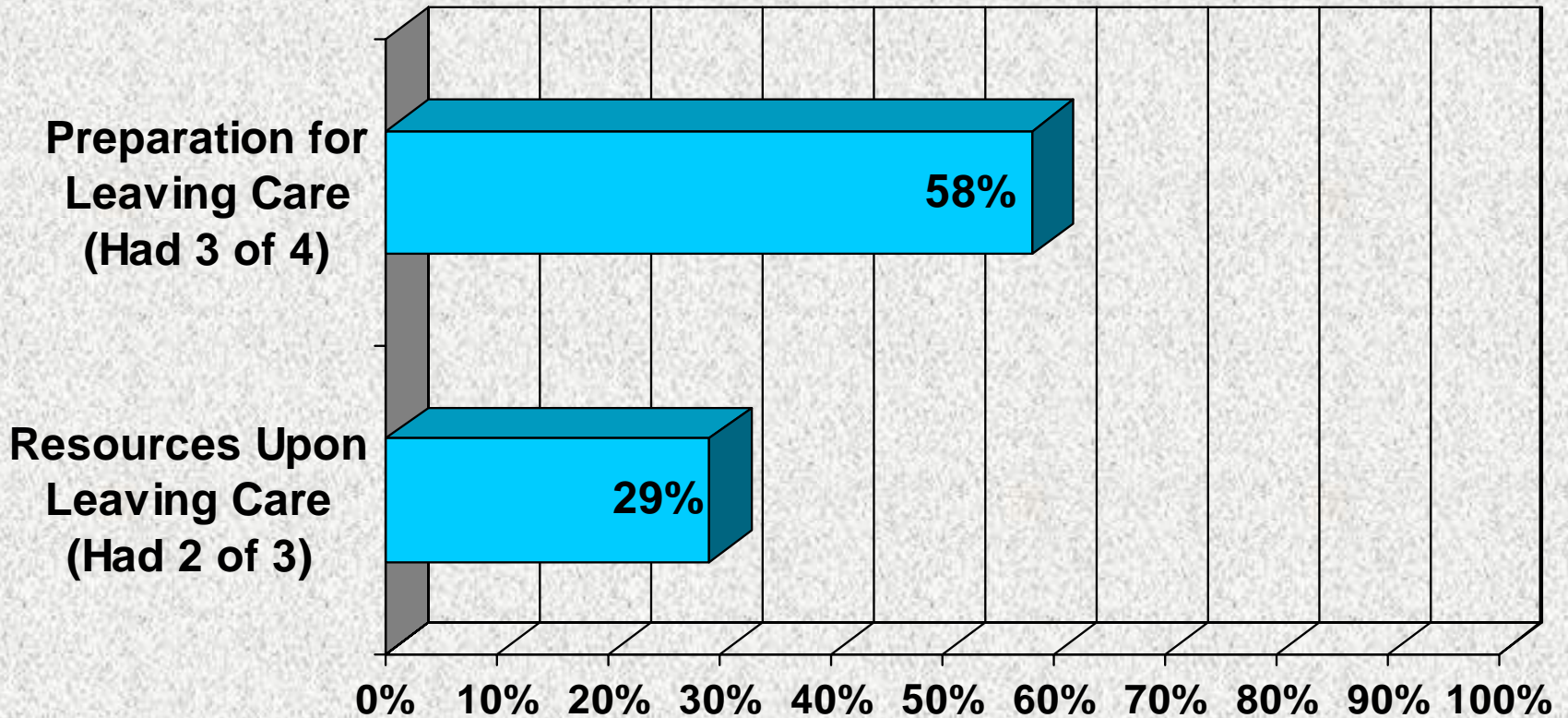


# Foster Care Experiences: *Other Services & Supports*

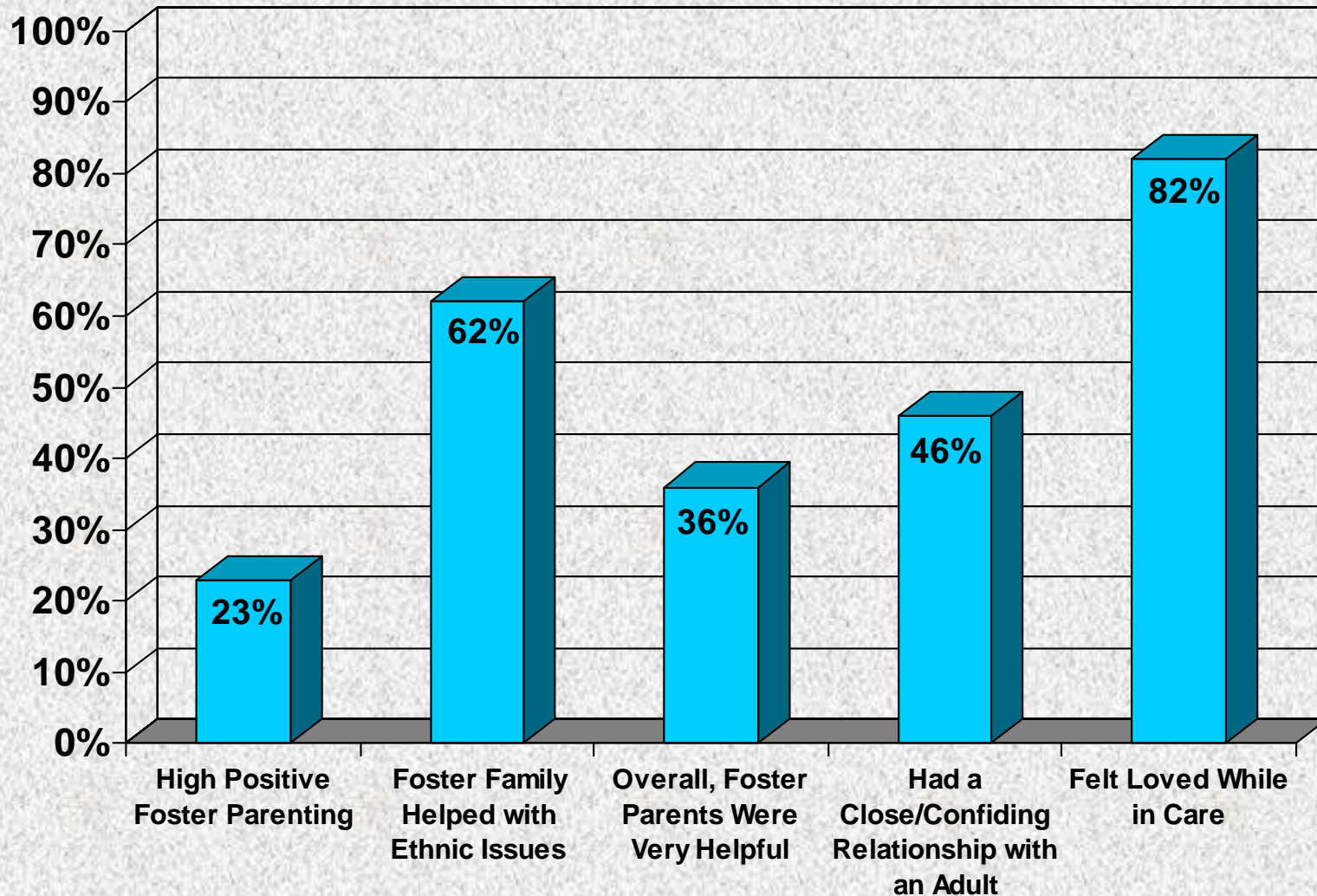
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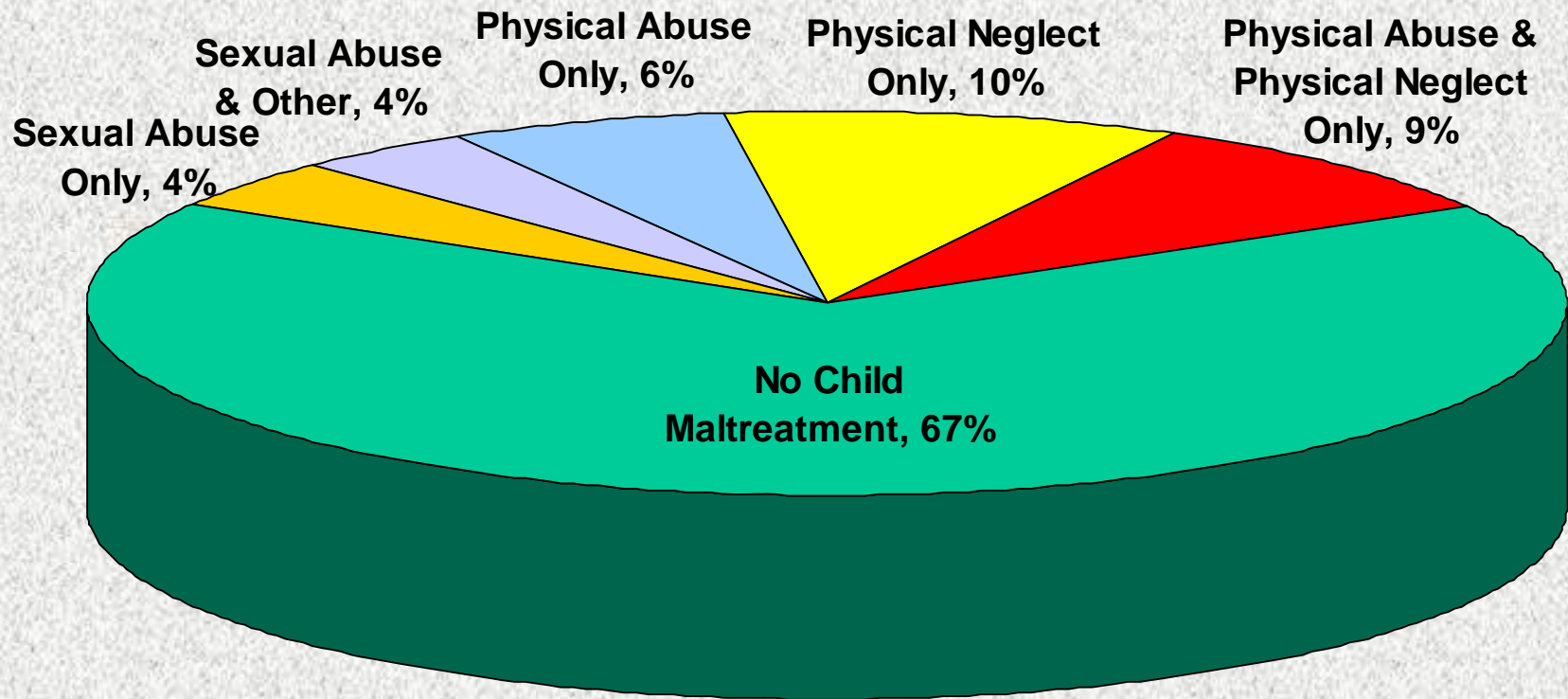
# Foster Care Experiences: Preparation & Resources for Leaving Care



# Foster Care Experiences: Foster Family & Other Nurturing Supports



# Foster Care Experiences: Foster Family & Other Nurturing Supports



Child Maltreatment by Foster Parent or Other Caregiver

# Outcomes: *Assessing Mental Health*

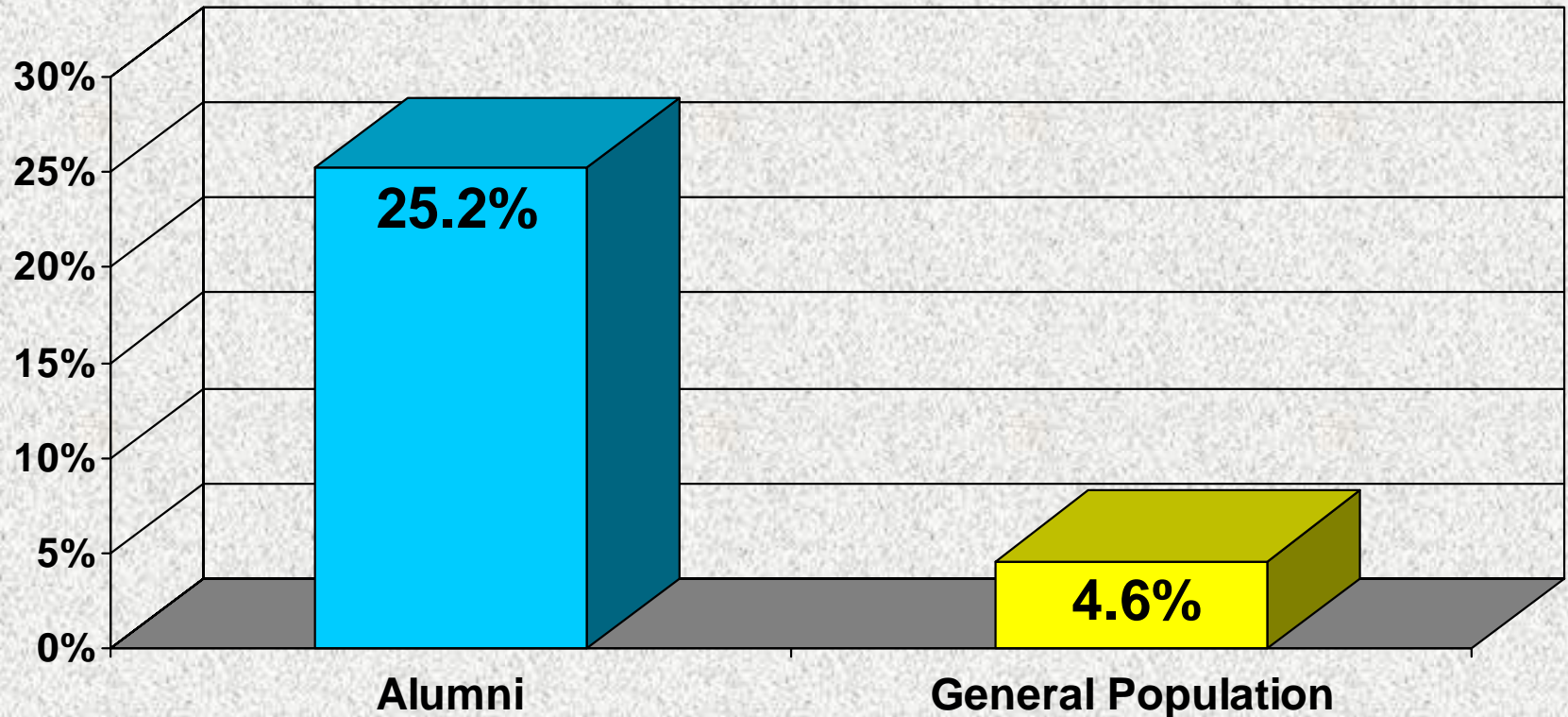
## **Composite International Diagnostic Interview (CIDI)**

- Non-clinician mental health instrument
- World Health Organization-approved tool with high reliability and validity
- Assesses mental health during lifetime and over the previous 12 months
- Used as part of the Northwest Alumni Study and National Comorbidity Study-Replication (NCS-R)

# Post-Traumatic Stress Disorder

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**Twelve-Month PTSD Diagnoses Among Foster Care Alumni and the General Population Matched by Age, Race and Gender**



# Optimization Analyses

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- Statistical simulations were conducted that estimated the degree to which optimizing certain foster care experiences might affect alumni PTSD.
  - Foster care experience areas were optimized separately and simultaneously
    - After controlling for demographics, risk factors and agency



# Optimization Analyses (cont)

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- PTSD was regressed on observed foster care experiences.
  - Using the coefficients, optimized levels of foster care experiences were placed in the regression equation.
  - Estimated predicted PTSD using observed foster care experiences was compared to estimated predicted PTSD using optimal foster care experiences.

# Foster Care Experience Domains

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- 1. Placement History & Experience**
- 2. Educational Services & Experience**
- 3. Access to Therapeutic Services & Supports**
- 4. Activities with Foster Family**
- 5. Preparation for Leaving Care**
- 6. Leaving Care Resources**
- 7. Foster Family & Other Nurturing Supports**

# Example: *Placement History*

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Placement History & Experience	Observed Data		Simulated Data	
	Level	%	Optimized Level	%
Number of Placements	Low (3 or fewer)	31.9	Low (3 or fewer)	100
	Medium (4 to 7)	35.8		
	High (8 or more)	32.3		
Length of Time in Care (in years)	Low (fewer than 3.6)	32.5	Low (fewer than 3.6)	100
	Medium (3.6 to 5.9)	27.6		
	High (5.9 or more)	39.9		
Placement Change Rate (placements per year)	Low (fewer than 0.61)	27.6	Low (fewer than 0.61)	100
	Medium (0.62 to 1.23)	29.3		
	High (1.23 or more)	43.1		

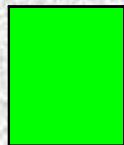
# Example: *Placement History*

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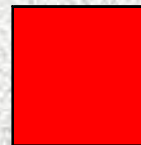
Placement History	Observed Data		Simulated Data	
	Level	%	Optimized Level	%
Number of Reunification Failures	Low (0)	69.5	Low (0)	100
	Medium (1)	18.8		
	High (2 or more)	11.7		
Number of Runaways	Low (0)	60.7	Low (0)	100
	Medium (1)	18.1		
	High (2 or more)	21.2		
Number of Unlicensed Living Situations with Friends/Relatives	Low (0)	76.8	Low (0)	100
	Medium (1)	16.8		
	High (2 or more)	6.4		

# Optimization Results: *MH Domain*

Outcome	Estimate Before Optimization	Estimated After Optimization							
		Placement History & Experience	Educational Services & Experience	Access to Therapeutic Services & Support	Activities with Foster Family	Preparation for Leaving Care	Leaving Care Resources	Foster Family & Other Nurturing Supports	ALL Variables Optimized
No PTSD	76%	85%	82%	--	--	78%	75%	--	90%



Decreased Estimated PTSD



Increased Estimated PTSD

# Recommendations

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- 1. Increase youth and alumni access to evidence-based mental health treatment**
  - More group work and cognitive behavioral treatment approaches
- 2. Increase mental health insurance coverage.**
  - E.g., states can extend Medicaid coverage beyond age 18 by using the waiver clause in the Chafee legislation.
- 3. Minimize placement change**

## More Information/Contact Us

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Casey Family Programs: [www.casey.org](http://www.casey.org)

Search “Northwest Alumni Study”

Kirk O’Brien: [kobrien@casey.org](mailto:kobrien@casey.org)

Peter Pecora: [ppecora@casey.org](mailto:ppecora@casey.org)