

1

Remember, youth are more than their diagnoses.

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Throughout my whole being in the system, I always had to see therapists. They wanted me to see a therapist all the time. I guess to talk about my sexual abuse. I didn't want to talk about it but that was always the first thing they wanted to talk about. I just couldn't connect with anybody.”

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[My therapist] talks to me like I'm a human being and not just some case number or caseload. Like she'll ask me questions about how I felt about things or how – Like, when I first sit down, she asks me how's my day was and then she doesn't, straight off the bat tell me how to fix things – she just lets me decide.”

■ Therapeutic relationships are difficult for youth to establish due to their frequent placement changes.

■ Youth need time to share their experiences and connect with a mental health professional before being asked about their histories of trauma.

The way you approach youth during treatment matters tremendously. Participants in our study emphasized the importance of being treated “like a person” and not “like a file” and responded well to therapists who respected boundaries. We encourage you to show patience and allow foster youth ample time to open up before discussing intimate details of the abuse or neglect they endured. Understandably, a young person may feel an overwhelming and confusing mix of emotions when dealing with trauma, but a demonstrated respect of their boundaries on what should be discussed is important to ensure the youth has time to feel comfortable with you before discussing these issues.

2

Focus on healing, not “fixing.”

- Spend time developing rapport
- Let youth guide the therapeutic process with you.
- Explain interventions and approaches to youth.
- The voice of youth in the therapeutic process should matter more than their caregivers' desires for compliant behavior.
- Be clear about what is confidential and what will be shared with caregivers. Have a written policy visible in your office to remind adults about confidentiality. Be sure to repeat your confidentiality policy each time you meet with youth.

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They're so fake. It became a game when I met with a new therapist or a new person who wanted to analyze and ask me the same questions. They'd ask a question, and I'd easily figure out within their word choices, their tone, and the phrase, what they were trying to get at.

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I also couldn't connect with my therapist. Not to judge him but he was from an upper middle-class background, you know, so I really couldn't connect with him. Like, you don't know what it's like to go through what I go through. I don't want to judge. I mean, granted, that's your life but don't expect me to pour out to you with no open arms.

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I saw two different counselors and it was pretty weird. They did weird tactics. I guess they just didn't really get it or they didn't really understand. I would say something like I felt alone and they would switch the topic to, 'okay, here's two fingers. Why don't you look at them back and forth and we'll see how that goes?' It was kind of just like I don't see how that correlates with my problem but okay.”

The way you engage foster youth during treatment will determine how they respond to your interventions. Some participants felt as if mental health professionals were trying to “fix” them instead of help them to heal. Central to this belief was the perception that mental health professionals would move too quickly towards interventions. Participants in our study provided examples of therapists failing to inform the youth of what interventions were being done and how those interventions could help. We encourage you to inform youth about any intervention that they may receive under your care so that they may be aware of how your involvement can help improve their lives.

Youth expressed a lack of trust in mental health professionals who they felt did not respect their boundaries and confidentiality, particularly in case planning meetings. Many participants reported shutting down and refusing to speak with therapists or counselors. We encourage you to assure youth that their meetings with you will remain confidential to promote open and honest communication.

Youth also expressed a desire for therapists who shared similar cultural histories and socioeconomic backgrounds. Although this may not be possible with all clients, it's important that you take the time to explore their personalities, interests, and ideas to establish some common ground with youth prior to starting treatment.



3

Recognize the impact of trauma to avoid pathologizing behavior.

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They were always quick to label you. 'Oh, you're bipolar. Oh, you're ADHD.' No, I'm just a f***-up kid who misses his mother who was literally forced and ripped away and then thrown into this thing called foster care. You're getting yanked out of one world and then thrown into another. You don't get to label me and you're the reason behind it.

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- Rather than seeking to find a diagnosis, seek to understand how trauma is impacting behavior.
- Educate caregivers about trauma, grief and loss and behaviors that they might see.
- Educate youth about trauma, grief and loss and normalize their feelings and behaviors.
- Youth have experienced trauma that they may never disclose.

Every foster youth has gone through some trauma whether it is from abuse or the fact that they were removed from their family. The reason they come into foster care is often only the tip of the iceberg in terms of what they have experienced and/or witnessed. Youth may display behaviors that are uncomfortable to adults and disruptive to families. However, these behaviors are generally normal responses to trauma rather than evidence of an existing mental health disorder. Even though our study sample represents youth who are doing well as young adults, 50% of study participants reported one or more psychiatric hospitalizations during their stay in foster care. The most often cited reason for entry into psychiatric hospitals was reported as behavior related issues. Psychiatric stays were characterized by strict routines, mandatory psychotropic medication, physical restraints, chemical restraints, and isolation which were all themes participants identified as negative experiences.

4

Discuss with caregivers and youth how psychotropic medication alone cannot address trauma.

- Medication options, benefits and side effects should be repeatedly discussed in detail with youth.
- Youth should have access to mental health professionals who can answer their questions and help monitor medication use.
- Youth should have a right to refuse medication without punishment.

Psychotropic medication can be a part of effective treatment, but it is important for you to consider youth attitudes regarding medication. In our study, youth overwhelmingly viewed medication as a punishment and/or a way to control any behavior that was troubling to others. Of pilot study participants, 76% reported having taken psychotropic medication during their childhood or adolescence. With the exception of a few, participants overwhelmingly disliked psychotropic medication and expressed strong emotions when discussing medication. They also spoke about undesired side effects, medication interfering with school, and a belief that medication was used in place of adults trying to understand them. Participants reported that some medication would make them drowsy or “feel weird”. Secretly discontinuing or hiding psychotropic medication without medical approval was mentioned by several different participants. There was a sense of rebellion commonly expressed by participants who did this, particularly when mental health professionals commented on “progress” being made after the youth was supposedly taking the medication for a prolonged time. Several participants claimed they were happy or their lives improved after getting off medication or having a reduction in the number of medications. It is important to mention that foster parents, case managers, and residential staff advocated on behalf of youth to reduce or eliminate psychotropic medications, which the participants appreciated. In fact, all but three of the youth chose to discontinue medication once they turned 18.

As a mental health professional, you can speak with youth about their attitudes regarding medication, educate them about potential side effects, and encourage youth to be more active in their treatment planning. Sometimes psychotropic medication is necessary for the work that you do. However, it is important to regularly monitor whether or not these medications are necessary in a long-term setting. Given the strong opinions expressed by youth in our study, we want you to be aware that it is possible that youth view medication unfavorably. If left unaddressed, these negative attitudes may also be applied to your treatment in its entirety. Avoiding a distrustful relationship is key to ensure your role in their life is supportive, therapeutic, and effective.

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I hated [psychotropic medication]. They always wanted to shove some kind of med down my throat. So, I hated it. I went through a point where I had to be hospitalized because I stopped taking my meds – just stopped cold turkey because I didn't want to take them anymore. I didn't like the way those made me feel. I was lagging. Have you ever played Xbox on a slow internet connection? That's what I felt like.

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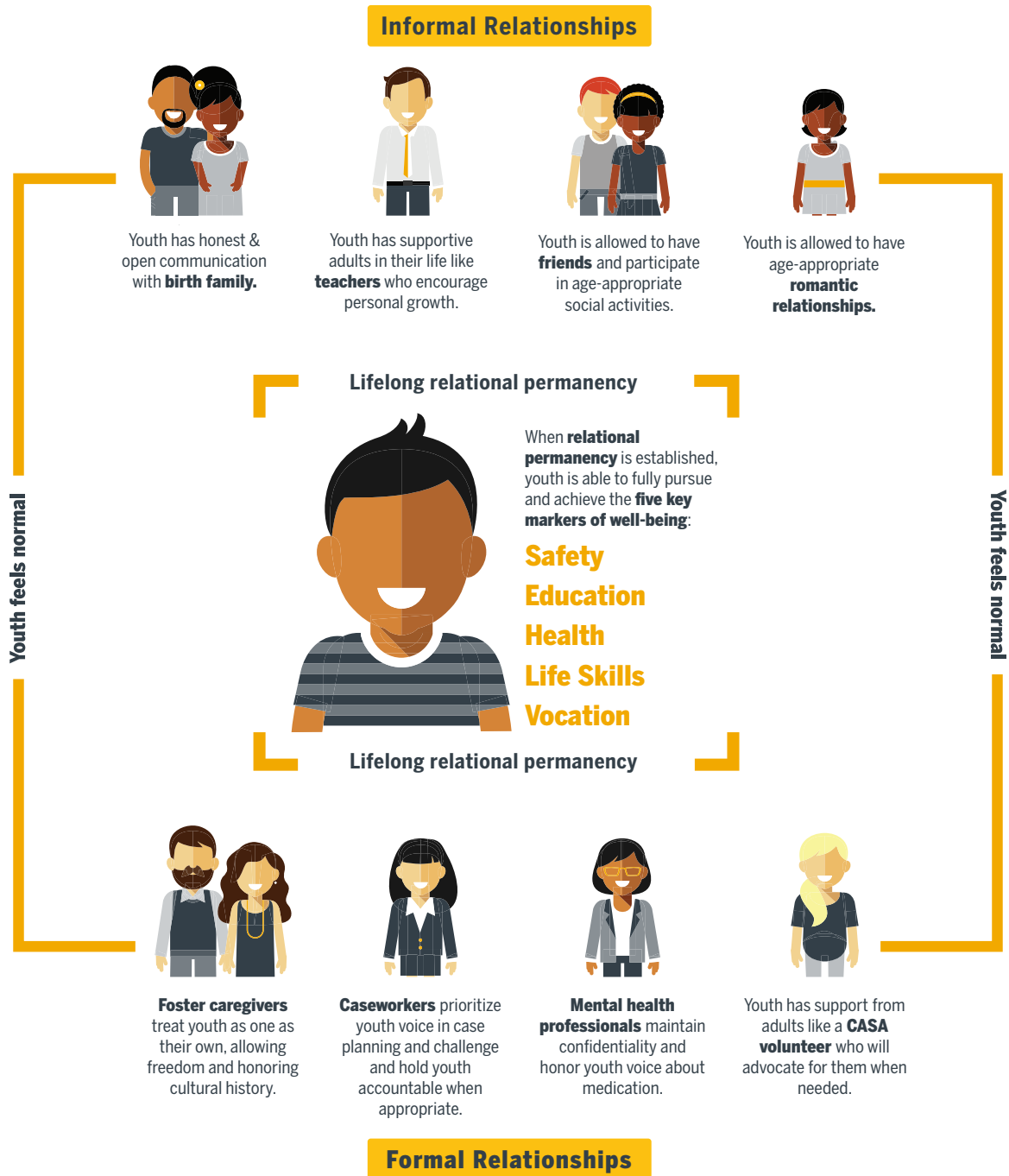
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Actually, I went into foster taking medications, but when I was in foster care, my last case manager said, you know what, dude? I don't want you taking these medications, so she got me off of them. And that felt good. I mean, I'm glad I'm not taking any medications now.”

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Authentic Relationships Matter Most

Based on the 2017 TYPS pilot study, we believe through **informal** and **formal** relationships youth can begin to feel normal which creates **relational permanency**.



About TYPS

The Texas Youth Permanency Study builds evidence to better understand the realities of former foster youth entering young adulthood. In doing so, we are finding new ways of understanding permanency that will create foundations for youth to thrive in young adulthood regardless of how they leave foster care. In our pilot study, we interviewed 30 former foster youth in 2017 and released the pilot study report in March 2018. The purpose of this pilot study was to: 1) gather preliminary information around our conceptualizations of legal, relational and physical permanence; and 2) test our survey and interview protocols. This study was approved by the Institutional Review Board, The University of Texas at Austin (protocol #2016-10-0140). Sponsored by the Reissa Foundation and The Simmons Foundation.