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Mental Health Work With Youth Leaving Foster Care: Strengthening Resilience

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MENTAL HEALTH WORK WITH YOUTH LEAVING FOSTER CARE:

STRENGTHENING RESILIENCE

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ABSTRACT

Leaving the foster care system is a major transitional experience for youth in the child welfare system. This thesis will explore the process of transitioning out of foster care through the policies and resources that affect this population and several clinical models that aim to encourage resilience in youth leaving care. The first section will explore the policies in place to support youth transitioning out of the foster care system and then examine several of the resources specifically available to youth leaving care in New York City. The second section will explore how clinicians might help to develop resilience in therapy through various theoretical perspectives. The third section will reflect on ongoing work with clients and the process of identifying strengths and cultivating resilience in the therapeutic setting. The goal of this thesis is to highlight the roles that both caseworkers and clinicians play in assisting youth to successfully leave care. This paper will provide resources for caseworkers in New York City and clinicians working with this population.

ACKNOWLEDGEMENTS

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Introduction

The foster care system is an important area of study for those working in the mental health field because it encompasses many concepts significant to the profession. A child entering the foster care system may encounter attachment disruption, trauma, adverse childhood experiences, and the opportunity for resilience. Youth who enter foster care must also interact with various other systems and these experiences may have implications for their educational attainment, medical outcomes, employment opportunities and trajectories, and more. Foster care also offers an opportunity to engage with clients individually and to address larger policy issues in the community, offering both micro and macro perspectives. This paper will consider both of these lenses when exploring youth in foster care because this author has interacted with youth individually and encountered various programs and policies that affect this population. The impact of the foster care experience can have significant implications later in life, which is why it is imperative that the process of transitioning out of foster care be handled thoughtfully. The age during which many young people leave the foster care system corresponds with the age of emerging adulthood, which occurs between the ages of 18 and 25 (Arnett, 2015). Around this age, youth are in the process of developing the prefrontal cortex, which aids with impulse control, critical thought processing, and planning for the future (Children's Bureau, Administration for Children and Families, and U.S. Department of Health and Human Services [CB, ACF, & HHS], 2013). Youth at this age, instead rely on the limbic system, an area that tends to link emotions with actions, to assist with decision-making, which may account for impulsive behaviors and disregard for consequence (Chamberlain, 2009). The experience of foster care makes youth more vulnerable to homelessness, involvement in the criminal justice

system, and issues with mental health (CB, ACF, & HHS, 2013), which further highlights the importance of considering youth brain development at a critical juncture like aging out of care.

There are many resources and programs for former foster care youth. For a variety of reasons, former foster care youth may not access these. To a certain extent, 18-year-olds may not be the most reliable candidates to follow through with bureaucratic processes, which is consistent with literature on emerging adulthood and the development of the brain's decision-making ability (Chamberlain, 2009). While youth in foster care may have a case planner who can assist in this process, I am interested in how mental health practitioners can be valuable to this transition as well. My interest in this population began when I was placed in a child welfare agency to conduct individual therapy with adolescents in foster care.

This paper will be divided into five parts. This first section offers an introduction to highlight the importance of examining the foster care system. The second section will briefly explore the history of the foster care system in the United States and then examine the programs and resources available to youth leaving care in New York City versus the nation as a whole. The third section will assess various therapy models and approaches that might be useful in encouraging more successful outcomes for youth leaving foster care with an emphasis on fostering resilience and cultivating client strengths. This section is intended to provide clinicians with practical strategies to engage in with youth leaving foster care to encourage the most successful outcomes for clients. In section four, the author will reflect on ongoing work with two adolescents in foster care and the various strategies to identify and encourage resilience through therapy. In the fifth section, this author will reflect on the lessons learned from evaluating foster care policies and the various models explored to develop resilience. This final section will also recommend areas of further study and concluding thoughts.

Foster Care Policy and Programs for Youth Aging Out

Foster care is a temporary out of home placement for children who, for a variety of reasons, cannot remain in their home of birth (CB, ACF, & HHS, n.d.-b). There were around 437, 238 children in the foster care system nationally in 2018, according to the Adoption and Foster Care Analysis and Reporting System (AFCARS) (CB, ACF, & HHS, 2019a). During fiscal year 2018, around 262,956 children entered the foster care system and about 250,103 children left foster care (CB, ACF, & HHS, 2019a). The foster care system has grown and evolved since its early inception.

Even before the creation of the constitution, foster care has existed in the United States. The earliest form of American foster care essentially began with the creation of the English Poor Law of 1562, which allowed families of means to take in poor and orphaned children as indentured servants until the children came of age (Jones, n.d). According to the National Foster Parent Association (NFPA), the first child to enter foster care in the United States was seven-year-old Benjamin Eaton in 1636 (NFPA, 2019). Eaton represented the first child to take part in the "foster-servitude" system in Jamestown (Jones, n.d.). This system went on for centuries until Charles Loring Brace began the free foster home movement in 1853 (NFPA, 2019). Brace, a minister and the head of the Children's Aid Society, sent poor and homeless children living in New York to rural areas of the country and into the care of charitable families (Blakemore, 2019). This became known as the orphan train movement (Blakemore, 2019). Loring characterized this as, "Emigration as a cure for Pauperism" (Brace, 2010). This process became known as "placing out" (Blakemore, 2019), a term that is very similar to the modern usage of "aging out" of foster care. In 1855, Pennsylvania became the first state to pass a licensing law requiring all placement families to be licensed by the state (Jones, n.d.). The Social Security Act

(1935) was passed in 1935, which provided financial assistance to states to care for "needy" and "dependent" children. The Social Security Act also required that foster home placements be inspected and approved before taking in children (Jones, n.d.).

While early policies focused on establishing rules and standards outlining the foster care system, more current legislation has emphasized support for families and foster children. The Adoption Assistance and Child Welfare Act of 1980 provided guidelines for children entering the foster care system and required courts to review child welfare cases on a regular basis (Jones, n.d.). The Adoption and Safe Families Act of 1997 emphasized the safety of children and the right to a timely placement and permanency process (CB, ACF, & HHS, n.d.-a). In 1999, Congress passed the Foster Care Independence Act (FICA), which aimed to better allocate resources to support foster care youth prepare for life after foster care (Carroll, 2002). At the center of this act is the John H. Chafee Foster Care Independence Program, which replaced the Title IV-E Independent Living Program and provided states with funding for youth aging out of foster care (Carroll, 2002). The program supports youth aged 14 and older to transition out of foster care in many ways including helping youth to achieve permanency, graduate high school, receive post-secondary education, secure job placements, engage in career training, receive counseling, secure housing, and more (Fernandes-Alcantara, 2019). While the states have flexibility with how the funds are used, the goal of the program is to help former foster care youth by providing resources for them to continue their education, seek employment, and obtain other skills necessary to succeed outside of the foster care system (Carroll, 2002). This law also requires that the Administration for Children and Families (ACS) track how foster care youth fare in independent living programs (CB, ACF, & HHS, 2019b). The Family First Prevention Services Act of 2017 emphasizes keeping children in family homes and offering vulnerable

families supportive services (Family First Prevention Act, 2017). This law will only allow

children to remain in group homes for two weeks (Wiltz, 2018). According to Wiltz (2018), the

federal government wishes to emphasize keeping children with their families and plans to only

fund placements at group homes for two weeks. The next section will explore national trends

seen in foster care at the time of this publication.

National Trends in Foster Care

The number of children who have entered the foster care system has increased since 2012

(CB, ACF, & HHS, 2019c). In 2012, it was estimated that 251,00 children entered the foster care

system, while in 2018 roughly 263,000 entered into foster care (CB, ACF, & HHS, 2019c).

Neglect was cited as the most common reason for a child's removal from the home followed by

parental drug abuse (CB, ACF, & HHS, 2019a). The AFCARS report found that 21 percent of

youth followed spent one to five months in care, and 20 percent spent six to eleven months in

care (CB, ACF, & HHS, 2019a). On March 5, 2020, the U.S Department of Housing and Urban

Development (2020), published a press release reporting that the government would provide an

additional $1.1 million dollars to their Foster Youth to Independence (FYI) Initiative. This act

speaks to the importance placed on housing as a resource to support youth as they leave foster

care. Since 2010, the National Youth in Transition Database (NYTD) has collected data about

youth in foster care to better understand the outcomes experienced after leaving the foster care

system (CB, ACF, & HHS, 2019b). To assess the foster care youth, the NYTD explores

outcomes related to financial self-sufficiency, educational attainment, connections with adults,

experiences with homelessness, high-risk behaviors, and access to health insurance in youth at

ages 17, 19, and 21 (CB, ACF, & HHS, 2019b). At the age of 17 most of the youth in foster care

were in high school, had a positive connection with at least one adult, were receiving Medicaid,

and had not experienced homelessness (CB, ACF, & HHS, 2019b). However, as the participants

grew older, more youth appeared to struggle with homelessness, had a child, and reported not

having health insurance (CB, ACF, & HHS, 2019b). The NYTD report suggests that supporting

vulnerable youth with independent living services or allowing youth to remain in foster care until

the age of 18 might help prevent further challenges to this population (CB, ACF, & HHS,

2019b).

Foster Care Trends in New York City

In most respects, New York City aligns with national foster care trends, but it differs in

several interesting areas. According to a report by Child Trends (2020), the most commonly

received services by youth in New York State were academic support, post-secondary education,

and other financial assistance in fiscal year 2017. More youth used Medicaid at age 19 and 21

than did the youth across the nation as a whole (Child Trends, 2020). Ninety-seven percent of

foster care youth in New York State utilized services for employment programs and vocational

training, educational financial assistance, and room and board assistance in 2018 (Annie E.

Casey Foundation, 2018). This represents a much higher proportion of resource utilization when

compared to the country as a whole, where youth use employment programs and vocational

training at a rate of 23 percent, educational financial assistance at 23 percent, and room and

board assistance at 19 percent (Annie E. Casey Foundation, 2018).

In New York City, rates of foster care placement have been decreasing (NYC ACS,

2018). According to Child Trends data from fiscal year 2017, there were 19,213 children in

foster care in New York State, compared to the 442,995 in the United States, and 8,780 children

entered care in New York State compared to 269,690 nationally (Child Trends, 2020). Similar to

national figures, the most common reason for home removal in New York State was due to

parental neglect followed by substance abuse (Child Trends, 2020). In New York City, both the number of youth in foster care and the rates of youth aging out of foster care have decreased in the last six years (Center for New York City Affairs, 2019).

With support from federal and local funds, the Kinship Guardian Assistance Program (KinGap) offers financial help to caregivers "who assume legal guardianship of children who were formally their foster children" (Office of Children and Family Services [OCFS], 2016, p. 2). The program aims to find permanent homes for children in foster care when adoption or returning to a parent are not the goal, and this arrangement does not require the termination of parental rights (OCFS, 2016). In 2016, most children who entered this program were between the ages of three and five (OCFS, 2016).

In fiscal year 2017, African American children were disproportionately represented among foster care children in New York State, accounting for 44 percent of the population, with Latino children, the second largest group, at roughly 26 percent of the population (Child Trends, 2020). Nationally, more white children were in foster care in 2018, representing 44 percent of the population in care, according to the AFCARS report (CB, ACF, & HHS, 2019a).

According to Child Trends (2020), in fiscal year 2017, 538 youth aged out of foster care and 2,936 youth were at risk of aging out of care in New York State. In New York State, 48 percent of youth left care due to reunification with a parent, 24 percent were adopted, 18 percent lived with a guardian or relative, and seven percent were emancipated (Child Trends, 2020). Youth who age out of care and youth who have been in foster care at some point in their lives are eligible for helpful programs and resources. The following section will explore the programs available to youth aging out of foster care in New York City by highlighting the following

categories: educational attainment, kinship placements and social connections, financial self-sufficiency and employment, housing, and insurance.

Resources and Programs for Youth Leaving Foster Care in New York City

Educational Attainment

According to a report on high school graduation rates in 2019, 197 youth in foster care graduated from high school in the 2016-2017 year (NYC ACS, 2019c). The ACS Office of Educational Support and Policy Planning is tasked with assisting youth in foster care with educational needs like obtaining extra support at school or ensuring the transfer of credits (2020a). According to the New York City ACS website (2020a), current and former foster care youth are encouraged to apply for Pell Grants, the New York State Tuition Assistance Program, and Educational Training Vouchers to pay for educational needs.

The City University of New York Start-ASAP Foster Care Initiative supports foster care youth ages 17-25 to help them transition into the City University of New York (CUNY) system (CUNY, 2020). Youth in this program are also eligible for financial aid, tuition assistance, paid campus internships, and unlimited Metrocards (CUNY, 2020).

New Yorkers for Children (NYFC) has partnered with ACS to create the Guardian Scholarships Program, which provides scholarships to Hunter College, John Jay College, and Kingsborough Community College (NYC ACS, 2020b). The Charles Evans Emergency Fund helps youth in foster care to complete their education and offers a one-time emergency fund for students who experience an unexpected financial emergency (NYC ACS, 2020b). NYFC also provides back to school packages for foster care youth up to the age of 25 (NY ACS, 2020b).

According to a report by Dworsky et al. (2014) that reviewed Chaffee-funded educational resources, most education programs for youth in foster care fell into the following categories:

high school completion programs, college access programs, and college success programs. These categories are reflected in many of New York City's educational resources above. Dworsky et al. (2014) emphasize the impact trauma might have on the achievement gap experienced by youth in foster care and recommend that evidence-based programs for the general population should be better adapted for youth in foster care. Dworsky et al. (2014) also highlight the significance of geography for youth in foster care since they are more likely to move when compared to their peers in the general population. Dworsky et al. (2014) recommend that these programs explore virtual work. The report also suggests caregiver engagement as a factor to consider for educational achievement and recommend considering the importance of caregiver behavior on youth educational performance (Dworsky et al., 2014). The report also recommends recruiting students to obtain educational supports rather than expecting that they will express interest in available programs (Dworsky et al., 2014).

The importance of adequate education for youth in foster care cannot be overstated. A study by Strolin-Goltzman et al. (2016) conducted qualitative interviews with youth in foster care and found the following factors to be most significant to their school achievement: "school stability and structured transition, positive relationships with adult mentors, and the power of positive peer influence" (p. 33). The study also found that strong relationships between adults and youth in care were significant (Strolin-Goltzman et al., 2016), which is unsurprising given the importance of consistent social connections for youth in care.

Kinship Placements and Social Connections

In the first quarter of fiscal year 2019, NYC ACS (2019a) reported that kinship placements had increased by 38 percent. Kinship placements have been shown to offer foster care youth greater stability, help to maintain connections between family and community, reduce

trauma, and increase rates of behavioral and emotional well-being when compared to children residing in non-kinship placements (NYC ACS, 2019a). ACS also reports that children placed in kinship homes are less likely to return to foster care after achieving permanency (NYC ACS, 2019a). Blakely et al. (2017) found that youth with kinship involvement were less likely to engage in risky behaviors. According to a study by Bai et al. (2016), kinship placements were found to offer a protective measure against externalizing behavior problems. The study also emphasizes the importance of a strong relationship between caseworker and client (Bai et al., 2016).

Social convoy theory posits that people are situated in social networks, which can act as protective bases and supportive scaffolds for overall wellbeing and coping ability (Kahn & Antonucci, 1980). This theory emphasizes the importance of an individual's entire social network to address and support various needs at different phases in life (Kahn & Antonucci, 1980). This theory considers the effects that people can have on an individual's life and how various personalities and skills might benefit someone at different life transitions or stages (Kahn & Antonucci, 1980).

Recognizing relationships as catalysts for change is an ethical principle in the National Association of Social Worker's Code of Ethics (National Association of Social Workers, 2020), which applies to work with youth in foster care who tend to benefit from consistent relationships (Collins et al., 2010). It may be challenging for youth in foster care to maintain enduring relationships if placement changes occur with frequency (Jones, 2014). Placement change can also disrupt relationships formed at school with peers and teachers (Jones, 2014). Still, research suggests that teachers, caseworkers, and other community leaders can act as important supportive

figures for youth as they leave care (Collins et al., 2010), and these relationships can be

especially meaningful to youth who do not have substantial relationships with caregivers.

The transition to adulthood is exactly when youth in foster care count on supportive

networks (Munson et al., 2015). Youth in foster care can benefit from supportive family

members, but studies have also suggested that this population might even need support from

other social spaces that might include teachers, mentors, and community leaders (Munson et al.,

2015). This suggests that mental health practitioners and case planners may provide youth in

foster care with an important level of consistency simply by offering dependable, thoughtful

care.

The Rhodes (2002) model of youth mentoring explores how supportive relationships help

to encourage positive outcomes by combining regulating factors with the positive qualities of

mentoring relationships. The model suggests the following categories that relationships might

provide: a socio-emotional function, a cognitive function, or a role modeling function (Rhodes,

2002). Munson et al. (2015) found several factors that were crucial to supportive relationships:

consistency/availability, connectedness, empathy, conversations, mutuality, and acceptance. It is

notable that literature about independence for youth in foster care highlights the significance of

supportive social connections.

Financial Self-Sufficiency and Employment

For 14 to 24-year-olds, New York City's Department of Youth and Community aids in

the search for internships, paid summer jobs, skills training, and other opportunities (NYC ACS,

2019b). In 2016, ACS created the Office of Employment and Workforce Development

Initiatives, which focuses on internship and employment services for youth in foster care in

addition to assisting with career readiness (NYC ACS, 2019b).

Curry and Abrams (2014) highlight that former foster care youth may be accustomed to self-reliance as a coping skill and might struggle to ask for and accept support from others, which is significant to consider when exploring how youth in foster care approach employment and financial self-sufficiency. It has been suggested by some scholars that interdependence rather than independence should be emphasized as the goal for youth leaving foster care (Curry & Abrams, 2014). American culture tends to value individual pursuits over communal efforts, which can inform how young adults define self-sufficiency. The theory of emerging adulthood suggests that traditional markers of adulthood like financial independence and starting a family take longer for young people to reach (Morimoto, 2019). Independence that focuses on a lone pursuit of success seems to contradict much of the research about the importance of relationships for foster care youth, especially the process of interdependence where peers, mentors, teachers, friends, family, and counselors can have a significant impact on the outcomes for this population (Propp et al., 2003).

Financial capability refers to an individual's competency in managing a budget and financial goals (Jordan et al., 2017). A report by Jordan et al. (2017) suggests that youth in foster care may not have experience with banking or budgeting. Smith et al. (2017) emphasize the importance of providing foster care youth with financial literacy to enhance their future success, likening the importance of this skill to competency in reading and writing. The Independent Development Account (IDA) offers youth in foster care the opportunity to learn about finances and then practice their skills (Smith et al., 2017). The New York City Youth Financial Empowerment program offered money from the IDA, a debit account, financial management courses, education in asset-building, and career development opportunities to 600 foster care youth in the New York area (Smith et al., 2017). Throughout this program, it was found that 400

youth were able to open IDAs to begin saving and finished financial education programs (Smith et al., 2017). When this program was evaluated, the results revealed that follow-up support and individual consultations would have improved outcomes (Rollins & Fu, 2012, as cited in Smith et al., 2017).

The Urban Institute explored financial literacy in former foster care youth and found that these programs are often combined with other resources that address employment, education, or housing (Edelstein & Lowenstein, 2014). Edelstein and Lowenstein (2014) recommend that interventions for youth should coincide with major life transitions. The report cited the work of Fernandes et al. (2013) that shows programs are more effective when they are offered "just in time" rather than when they are provided long before the financial decisions arise. Edelstein and Lowenstein (2014) also suggest that the caregivers of foster care youth might benefit from instruction in financial literacy as well. The report recommends giving youth a monthly allowance to learn to budget, which might be helpful since certain states have procedures to assist with this type of process (Edelstein & Lowenstein, 2014). The report also finds that programs could better clarify their intended outcomes by being more specific with what they intend to target like raising credit scores or improving financial habits (Edelstein & Lowenstein, 2014). The report concluded that there should be more research about the effectiveness of these programs, which they characterize as "virtually nonexistent" (Edelstein & Lowenstein, 2014, p. 11.)

The Urban Institute makes several recommendations based on its assessment of the programs it explored. The report recommends that employment resources should be combined with other services since youth in foster care may need extra support (Edelstein & Lowenstein, 2014). The report highlights the impact of transportation on program access and recommends

providing youth with transportation subsidies (Edelstein & Lowenstein, 2014). Programs should

consider the various needs of youth in foster care and target programs to address them, especially

taking into consideration youth readiness for an internship versus exploring careers (Edelstein &

Lowenstein, 2014). The report emphasizes the significance of serving both youth and their

caretakers because connecting adults to this process could enhance the youth outcomes

(Edelstein & Lowenstein, 2014). Some parents might even benefit from training and other

relevant topics to encourage successful employment of former foster care youth, the report finds

(Edelstein & Lowenstein, 2014). The report recommends that programs communicate with

employers to directly address their needs and to help create positions for youth (Edelstein &

Lowenstein, 2014). The report also emphasizes the importance of other skills that might benefit

youth in the workplace like interpersonal skills, advocacy, emotional regulation, and conflict

resolution (Edelstein & Lowenstein, 2014), which might be useful for clinicians to address in

therapy.

Housing

Some studies have found that residential transitional living programs can encourage self-

sufficiency for former foster care youth by simulating the experience of a "real-world" living

experience within the confines of a supportive environment (Mallon, 1998; Mauzerall, 1983).

The ACS Housing Academy Collaborative (HAC) helps youth in foster care to obtain

and retain housing once they leave care (NYC ACS, 2020d). Specialists at HAC help youth to

build resumes, support financial literacy, negotiate with creditors, and offer referrals for

internships, employment, or other educational opportunities (NYC ACS, 2020d). In the 1980s,

the Independent Living Program was established to assist youth aging out of foster care if they

had not achieved permanency (Curry & Abrams, 2014). It was then replaced with the Foster

Care Independence Act of 1999 (Curry & Abrams, 2014). The Foster Care Independence Act of

1999 created the John H. Chafee Foster Care Independence Program and increased state funding

for independent living services (Fenandes-Alcantara, 2019). Since 2000, former foster care youth

can apply for vouchers from the Department of Housing and Urban Development's Family

Unification program, which offers Housing Choice Vouchers for up to 18 months (Dworsky &

Courtney, 2010). According to a profile of foster care youth in New York State, 87 percent of

foster care youth have obtained stable housing by the age of 21 compared to 70 percent

nationally (The Annie E. Casey Foundation, 2018).

On March 5, 2020, a press release from the department of Housing and Urban

Development indicated that it will provide the New York State Housing Trust Fund with $10,651

dollars to help youth aging out of foster care avoid homelessness (U.S Department of Housing

and Urban Development [HUD], 2020). Aging out of foster care puts youth at risk of

homelessness (Berzin et al., 2011; Eddin et al., 2012), which highlights the importance of

obtaining housing to prevent this outcome. One study found that 22 percent of youth who left

foster care at or after the age of 16 in New York City sought housing at a shelter within 10 years

(Park et al., 2004). It is beyond the scope of this thesis to address the significance of

homelessness in the former foster care population, but it is an important issue to address.

Insurance

In New York City, former foster care youth can receive healthcare coverage through

Medicaid until the age of 26 (NYC ACS, 2020c). Social workers can also provide foster care

youth with their medical records (NYC ACS, 2020c), which is important documentation for

youth leaving care to obtain. Nationally, youth aging out of foster care are eligible for insurance

under the Affordable Care Act (Emam & Golden, 2014). Emam & Golden (2014) recommend

that youth should be enrolled automatically into Medicaid when leaving care to prevent youth from being asked to present documentation again.

Shifting from Policy to Clinical Work

The above section chronicles the history of foster care in the United States and a timeline of various policies that evolved to reflect a recognition of the support and protection that youth in foster care need. This thesis only highlighted some of the resources available to youth leaving care, which speaks to the variety of programs available. The previous section offers information that might be valuable for caseworkers, especially professionals working in New York City. This information is also valuable for clinicians to better grasp the system they work within and the resources and programs potentially available to their clients. The next section will specifically explore how clinicians might have an impact on clients leaving foster care and how to best encourage resilience in this often-vulnerable population.

While some youth transition out of the foster care system and thrive, there is a lot of research dedicated towards the youth who struggle after leaving care. It is important to acknowledge the resiliency of this population because much of the research about youth in foster care emphasizes a deficits-oriented perspective, rather than one of strengths. This bias influences both the discourse around youth in foster care and potentially the expectations of clinicians who work with this population. While case managers are tasked with assisting youth transitioning out of care by providing them with available resources and the means to access them, this next section will focus on how mental health practitioners, particularly social workers who interact with youth in foster care, can provide the best support and service to ensure that adolescents begin to engage in a process of resiliency,

Fostering Resilience

What is Resilience?

Resiliency can be understood as "a dynamic process encompassing positive adaptation within the context of significant adversity." (Luthar et al., 2000, p. 1) and it can be learned and enhanced (Greeno et al., 2018). According to a report by the Jim Casey Youth Opportunities Initiative, resiliency should be viewed as a process, not a trait, "not merely a reflection of an individual's ability to survive and thrive despite adversity; it is a complex, developmentally interactive process" (2012, p. 2). Understanding resiliency as a relational process whereby supportive figures and institutions can act as protective factors is significant for engaging in therapy with youth in foster care. This understanding of resiliency suggests that youth in foster care might benefit from a combination of support from both case planning and therapy to address the internal aspects to resiliency and external factors as well.

According to a report by the Jim Casey Youth Opportunities Initiative, developing resilience involves several factors that interact with one another:

> healthy brain development, including the capacity for cognition; healthy attachment
> relationships, including parenting relationships; the motivation and ability to learn and
> engage with the environment; the ability to regulate emotions and behavior; and
> supportive environmental systems that include education, cultural beliefs, and faith-based
> communities (2012, p. 4)

This assessment suggests that resiliency is a process involving the navigation of interpersonal and intrapersonal skills among a positive environment. The Jim Casey Youth Opportunities Initiative report (2012) also highlights that the adolescent brain is particularly receptive to prevention strategies, the impact of social support, and youth development interventions that aim

to enhance social skills and encourage resilience (National Center on Children and Poverty, 2008). Resiliency theory attempts to grasp contextual factors that help children and youth develop into healthy adults in spite of adversity or risk (Fergus & Zimmerman, 2005). Looking at protective factors allows clinicians to identify and emphasize inner strengths and external resources that can be incorporated into social interventions to overcome adverse experiences (Fergus & Zimmerman, 2005).

Fergus and Zimmerman (2005) emphasize three models of resilience: compensatory, challenging, and protective, which all help to prevent negative outcomes due to risk exposure. Compensatory resilience occurs "when a promotive factor counteracts or operates in an opposite direction of a risk factor" (Fergus & Zimmerman, 2005, p. 401). For example, if the foster parent of an at-risk youth carefully monitored his behavior after school, then the adult's monitoring would compensate for the youth's at-risk status. Challenging resilience suggests that moderate levels of risk exposure allow the child to learn how to create a coping response and overcome the difficult experience, but the child still remains protected from an overwhelming amount of exposure to adversity (Fergus & Zimmerman, 2005). Protective resilience describes resiliency that occurs when assets or strengths mitigate the effects of risk (Fergus & Zimmerman, 2005). Luthar et al. (2000) describe two levels of protective resilience: protective-stabilizing and protective reactive. Protective-stabilizing occurs when a protective factor eliminates the effects of risk, whereas, protective-reactive describes when a protective factor merely lessens the potential impacts of risk (Luthar et al., 2000).

Yates and Grey (2012) explored profiles of resilience among former foster care youth and classified resilience into three categories: resilient, internally resilient, and externally resilient. Most of the study participants fell into the resilient category because they were able to handle

age-appropriate responsibilities more effectively than the other participants in the study (Yates &

Grey, 2012). Yates and Grey (2012) also found that these participants were faring well when

compared to their peers in the general population. The youth were also found to be pursuing

education or an occupation successfully, somewhat involved in their communities, and seemed to

maintain relationships with partners and friends (Yates & Grey, 2012). Internally resilient

individuals accounted for 30 percent of the study (Yates & Grey, 2012). While they struggled

with competence in several domains, the internally resilient group seemed to have secure

relationships and reported lower levels of depressive symptoms and higher levels of self-esteem

when compared to the other groups in the study (Yates & Grey, 2012). The externally resilient

group accounted for 6.7 percent of the study, faring well in education, employment, or civic

engagement, but endorsing lower levels of self-esteem, clinically significant depressive

symptoms, and lower rates of well-being in relationships (Yates & Grey, 2012). This study offers

a useful perspective on resilience by exploring the complexities inherent in its developmental

representation, highlighting how some individuals experience internal resilience, some more

external, and others maintain both.

Resilience is a complex process that combines external events and environments with

inner perceptions and emotions. Therapists who work with older foster care youth might consider

emphasizing the aspects to resilience that translate well into the therapeutic setting, emphasizing

the development or cultivation of emotional resilience. There is no clear path to engage in this

type of work and developing resiliency is certainly a unique process to each individual. To aid

the process of encouraging resilience, the following section will explore strengths-based

assessments and work, strengths-based CBT, emotionally planning for transitioning, trauma-

informed care, art-based and narrative therapies, group therapy, and mindfulness work. These

models might offer mental health practitioners and child welfare agencies useful techniques to encourage resiliency in youth leaving foster care.

Strengths-Based Assessments and Work

This paper previously highlighted the tendency for research about youth in foster care to skew towards examinations of their vulnerabilities. Studies tend to emphasize deficits in this population, which has the potential to impact the perspectives of practitioners who engage in therapy with youth in foster care. Therapeutic work that stresses client vulnerabilities appears to have been influenced by the medial model approach in social work. When the medical model was adapted to social work practice, identifying and diagnosing a problem to resolve became a ubiquitous approach to care (McLaughlin, 2002). The medical model encourages the identification of a problem to create a diagnosis in order to treat it (McLaughlin, 2002), and this attitude can filter down, encouraging social workers to observe deficits more acutely than strengths. Social workers can learn to practice from a strengths-based perspective to prevent emphasizing a client's problems, which should begin with the assessment process (Graybeal, 2001). Graybeal (2001) stresses that the assessment marks the beginning of treatment and should reflect the treatment process, which then can commence with an exploration of a client's strengths. Graybeal (2001) offers several simple strategies to transform a typical biopsychosocial assessment into one that incorporates a client's resources, options, possibilities, and exceptions (ROPES). Assessing for a client's ROPES helps to create a more thorough and nuanced assessment, which may better inform the initial treatment plan.

Identifying strengths in youth in foster care is critical to improving their outcomes later in life. According to Kisiel et al. (2017) identifying and cultivating strengths in children involved in the welfare system can help to improve their mental health, functional challenges, and even

discourage risk-taking behaviors. Strengths-based work emphasizes highlighting the capacities of

an individual, family, group, or community rather than focusing on their deficits (Antonovsky,

1987).

Strengths-Based CBT

Strengths-based CBT aims to cultivate resiliency in clients. Unsurprisingly, strengths-

based CBT views resilience as a process, instead of considering it a trait (Padesky & Mooney,

2012). The idea is to help a client to "bounce back and restore positive functioning when

stressors become too overwhelming" (Padesky & Mooney, 2012, p. 283). This model provides

four steps to achieve this: "search for strengths, construct a personal model of resilience (PMR),

apply the PMR to areas of life difficulty, and practice resilience" (Padesky & Mooney, 2012, p.

284). Padesky & Mooney (2012) recommend helping clients by using a "many pathways"

approach, which uses skills clients already possess to build on their personal resilience. Since

some people might not recognize their strengths, the therapist is tasked with bringing them into

the client's awareness. Therapists can accomplish this by exploring areas of the client's life

where he regularly engages in a skill or strength (Padesky & Mooney, 2012). While it appears

that this model has not been studied on youth in foster care, the notion of cultivating resilience in

a personal way might resonate with mental health practitioners working with this population.

Highlighting a client's strengths to successfully transition out of foster care might be beneficial

to youth in therapy.

Emotionally Planning for Transition

Greeno et al. (2018) found that preparing youth for independence after foster care

affected study participants positively. They found that when youth were more prepared for

independence, they had lower scores on psychiatric symptoms, risk, and vulnerability, but higher

scores on resilience (Greeno et al., 2018). These authors also suggest that independent living

facilities for former foster care youth should be trauma-informed to better address many of the

challenges this population may face (Greeno et al., 2018). In addition to being capable of

addressing trauma, independent living facilities should also be prepared to handle the stress of

managing finances, social support, and other aspects to independence that youth may not have

anticipated as challenging, the authors recommend (Greeno et al., 2018). These findings

highlight many areas of intervention to encourage resiliency in youth after foster care, but how

might clinicians use therapy to emotionally prepare clients for transitioning out of care?

      Research suggests that youth leaving care need additional support as they begin the

process of transitioning into adulthood (Kahn & Antonucci, 1980; Collins et al., 2010), but there

is limited research about how clinicians can specifically assist youth at this challenging time.

This author worked at an agency that permits youth to continue engaging in therapy after leaving

care. This policy seems ideal to ensure that youth are not forced to seek counseling elsewhere

during their transition out of foster care. One client, who will be discussed in greater detail in the

following section, chose to continue engaging in therapy even after she was adopted – and, thus,

technically no longer in care. This author's agency supported the client's choice to continue

engaging in therapeutic services and encourages all foster care youth seen in this setting to

consider counseling.

      Clinicians might also assist in the transition out of care with CBT techniques like

problem-solving, articulating and achieving goals, and addressing low self-esteem. Problem-

solving can be attempted with CBT work sheets and homework sheets to help the client engage

in the necessary skills to achieve his goals. Creed (2017) suggests engaging teens in the

following questions to identify and articulate their long-term goals. "What does the teen want?

What's getting in the way? How can therapy strengthen his or her skills to get there?" Exploring

questions like these can help to inform treatment goals. If relevant, clinicians can also address

low self-esteem with CBT techniques (Taylor & Montgomery, 2007), which may increase a

youth's confidence about engaging in the necessary tasks to successfully leave care.

Therapists can also ensure that youth feel supported by caseworkers, who can equip them

with the proper resources to succeed. It might also behoove clinicians to develop a relationship

with the client's caseworker, especially if the clinician has discovered resources that might be

useful to the client.

Trauma-Informed Care

Trauma-informed care (TIC) is an approach that recognizes the complexity of trauma and

its impact on both clients and clinicians in the field. The TIC perspective is

grounded in an understanding of and responsiveness to the impact of trauma, that

emphasizes physical, psychological, and emotional safety for both providers and

survivors, and that creates opportunities for survivors to rebuild a sense of control, self-

efficacy, and empowerment (Schmid et al., 2020, p. 2).

This approach aims to reframe behavior into the context of an individual's traumatic experience

and to ensure institutions avoid engaging in conduct that could enhance or retraumatize clients

(Hopper et al., 2010). TIC also emphasizes awareness of preventing secondary trauma in staff

who work with traumatized individuals (Levenson, 2017).

Trauma-informed care is important to provide to youth in foster care because removal

from a home is a possibly traumatizing event. Though removal is paradoxically an intervention

intended to protect the physical and emotional safety of children, this act can still cause trauma

though the disruption of attachment (Baker et al., 2016). Bowlby (1969) discovered that children

had established attachments with parents who had engaged in abuse or neglect. Baker et al.

(2016) found that most children removed from their homes missed their abusive parent,

experienced fear due to the separation from the parent, excused their parent's behavior or blamed

themselves for the removal, and reported relief about being placed in a new home, which

demonstrates the conflicted feelings a child may experience after being removed from a parent.

While removal may ensure the physical safety of a child, the experience can still be emotionally

impactful and potentially traumatic.

Research has found that youth in foster care experience higher rates of trauma than their

peers in the general population, and this can have a negative impact on their outcomes later in

life (Courtney et al., 2010). Pecora et al. (2005) found that foster care youth experienced post-

traumatic stress disorder at twice the rate of American war veterans. According to Child Trends

(2020), in New York State children were removed from the homes of their biological parents

primarily due to neglect, physical abuse, and medical neglect in fiscal year 2017. These types of

removals would likely be classified as adverse childhood experiences (ACES). The renowned

ACES study found a correlation between potentially traumatic incidences and negative outcomes

later in life including chronic health issues, substance abuse, and mental illness (Centers for

Disease Control and Prevention [CDC], 2020). Medical problems were not the only thing

individuals who had experienced early trauma encountered as they aged. Higher scores of ACES

tended to have a negative impact on employment opportunities and educational attainment

(CDC, 2020). Thus, it is imperative for clinicians working with youth leaving foster care to

ensure they assess for trauma and manage their own exposure to the potentially difficult nature

of the therapeutic content. While TIC might not directly help youth to enhance their resiliency, it

is imperative that clinicians be mindful of the possibility that youth in foster care might have

traumatic histories. Keeping this in mind can ensure that clinicians do not contribute to

retraumatization, but instead help youth to process trauma, which will establish a foundation on

which a youth may begin to develop resilience.

Narrative Therapy and Art Therapy

A basic tenant to narrative therapy is that individuals are "story-tellers," and these stories

influence both the concept of self and behavior (Madigan & Goldner, 1998; Neimeyer, 1995;

Winslade & Monk, 1999). One aspect to narrative therapy is the idea that personal identities can

be informed by other people and life experiences (Nsonwu et al., 2015). Rather than focusing on

problems, narrative therapy emphasizes focusing on the effects of life experience, which aids in

the process of externalization (Ramey et al., 2009). Using drama as a therapeutic tool appeared

beneficial to youth in the Foster Care Chronicles program because it allowed them to make

meaning of their traumas and experiences (Nsonwu et al., 2015).

Foster Care Chronicles was a collaborative program between a state university's

bachelor's and master's in social work programs and a local child welfare agency (Nsonwu et al.,

2015). Using drama and narrative therapy, the program engaged in an exploratory qualitative

study with 10 foster care youth who were within two years of leaving care. Youth met for three

hours two times a month for six to eight months to participate in the writing and performing of a

play. The program concluded with a performance for friends, foster families, biological families,

university students, and others in the social service profession.

Foster Care Chronicles used drama as a means for their participants to voice stressful

problems and work through issues (Nsonwu et al., 2015). The participants added their personal

experiences to a play written by a local child welfare supervisor. Through this process, the youth

explored an array of difficult emotions and the facilitators used narrative therapy to help them

explore these complex memories. Nsonwu et al. (2015) write that the process of putting on a play provided the participants an opportunity to learn useful life skills like goal setting, determination, dedication, and enhancing communication abilities to improve and prepare scripts. Nsonwu et al. (2015) also observed that the youth were able to make meaning through constructing their stories, which is an important skill to utilize when re-visiting past traumas and often a goal of narrative therapy. Ultimately, the researchers identified three themes that emerged as beneficial to the participants (Nsonwu et al., 2015). The process had positively impacted the self-image, self-healing, and self-efficacy of the participants (Nsonwu et al., 2015). Interestingly, while the identified themes highlight discovery of the self, the participants also found value in relating to each other's shared experiences and experiencing connections with others in the foster care system (Nsonwu et al., 2015). While this study is limited in its generalizability to adolescents in foster care, it is valuable to learn of the creative ways to engage youth leaving care, especially those who enjoy writing and acting.

Thomas (2014) explored 17 former foster children's stories online in a thematic narrative analysis and found that three identities emerged: victim, survivor, and victor. All 17 stories described hardship due to their experiences in the foster care system (Thomas, 2014). Victim narratives tended to highlight abuse, but while eight constructions were of victim identity, nine moved beyond the identity of victimization (Thomas, 2014). Survivor narratives emphasized making it through the difficulty, expressing that victimization did not end the story, but was merely a part of it or something to overcome (Thomas, 2014). Victor narratives, like the survivor narratives, began with challenges to overcome, but ended more hopefully. One victor narrative described being a better person because of going through hardship (Thomas, 2014).

There is also a strong narrative component to Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), which uses the retelling of the traumatic event to engage in gradual exposure, and this process culminates in the making of a trauma narrative (Deblinger et al., 2018). In order to present the trauma-narrative, the child will have developed relaxation skills to manage potential anxiety that may arise (Deblinger et al., 2018), and these skills can incorporate mindfulness techniques. One study found that engaging youth in art-based activities was a useful way to develop mindfulness (Lougheed & Coholic, 2018).

Art therapy may be a useful model for adolescents since it may offer a less intimidating approach to therapy by emphasizing creativity and creation rather than solely focusing on verbal engagement (Riley, 2001). Riley explains, "Art as a language of therapy, combined with verbal dialogue, uses all of our capacities to find a more successful resolution to our difficulties" (2001, p. 54). Lougheed and Coholic (2018) view the creation of artwork as a more engaging means to teach adolescents mindfulness skills.

Lougheed and Coholic (2018) conducted a 10-week art-based mindfulness group for youth leaving foster care in Canada. The authors posited that creating artwork would be an easier entry point to delve into mindfulness than teaching traditional mindfulness skills and believed creating art would be easier to instruct their participants given that many of the individuals had difficulty staying focused (Lougheed & Coholic, 2018). The literature review highlights the work of John Dewey, who considered art an important catalyst for exploration and making meaning (Lougheed & Coholic, 2018). The 10 group sessions were structured to include a warm-up activity, first half activities, a break to eat, second half activities, and an exercise to close the session. The authors hoped the art activity would begin the process of engaging in mindfulness, which is why it was always the first activity, and this seemed to make an impact on the

participants. Ultimately, the study participants seemed to report more optimism, better sleep

hygiene, and improved emotional regulation (Lougheed & Coholic, 2018). Lougheed and

Coholic (2018) also highlight that the youth were able to receive support from the group

experience and cultivate the development of interdependence (Lougheed & Coholic, 2018). The

authors caution their findings do not necessarily indicate a correlation between the study and the

benefits reported by its participants, but find their results are promising (Lougheed & Coholic,

2018).

This author has engaged in minor art projects with clients because creative outlets were

encouraged at this child welfare agency. This author has observed that clients sometimes opened

up more when they could color or work with Play Doh and speak simultaneously. During this

author's therapy sessions, children and teenagers frequently cited drawing and coloring as

hobbies, which made artwork a useful way to begin establishing a therapeutic alliance.

Group Therapy

Group therapy can offer social support to youth in foster care, which is especially

significant to youth aging out of care because social support can act as a protective factor during

the transition into adulthood (Rosenberg, 2019). Group work can also be a normalizing

experience for those who are marginalized and enhance their feelings of self-compassion (Eaton,

2016). Group work aligns well with the concept of interdependence, which highlights the need to

establish supportive relationships (Propp et al., 2003). Engaging in therapy with groups provides

youth with social supports, of which there are two significant varieties. Social support can be

perceived, which represents the feeling of being supported and it can also be received, which

reflects an exchange of resources (Uchino et al., 2012). Group therapy work might also offer

social support in the form of actual aid, advice, constructive criticism, and the comfort of being

heard (Cohen & Willis, 1985). Group settings can also be therapeutic when they highlight shared

struggles or issues. According to Gitterman and Knight (2016) group settings can emphasize

hardiness because they can reveal shared struggles and universal experiences.

Mentorship relationships in foster care offer similar benefits to group therapy (Munson &

McMillen, 2009). Munson and McMillen (2009) consider these relationships potentially more

significant to former foster care youth since this population is at risk for lacking connections to

adults. Munson and McMillen (2009) also found that when former foster care youth had been

mentored by a peer for one year, they tended to be less involved with the criminal justice system.

According to anecdotal evidence at this author's agency, group therapy offered some

benefits to several clients. This agency holds a weekly group therapy session specifically for

foster care youth in the Lesbian Gay Transgender Queer/Questioning (LGBTQ) community.

According to the clinicians present, the youth were able to support each other through the

process of accessing resources. The clinician who ran this group highlighted that one client was

able to clear her significant medical bills by enrolling in Medicaid, which then paid for them. She

did not know that she was eligible for Medicaid until the age of 26 and was informed of this

during a group session. This type of interaction speaks to the value of mentorship or group

therapy for youth leaving care. Clinicians might consider leading groups for adolescents in foster

care or recommending group work or mentorship opportunities to their clients to encourage

resilience through the social support of peers.

Mindfulness Skills

Kabat-Zinn (1994) defined mindfulness as "paying attention in a particular way, on

purpose, in the present moment, and nonjudgmentally" (p. 4). Mindfulness practices emphasize

being present in several ways. "The elements of mindfulness include capacity for self-awareness;

attunement with embodied experiences; and nonjudgment about physical sensations, emotions, and thoughts" (Gray et al., 2018, p. 341). Gray et al. (2018) explored the use of brief mindfulness skills training among former foster care youth at a midwestern university. Several themes emerged from this study. The participants found at least one mindfulness skill helpful; the mindfulness skills most impacted focus and sleep quality; the students found it difficult to integrate mindfulness practices into their routines; a small group of participants disliked the setting in which the mindfulness skills were taught (Gray et al., 2018). The participants highlighted belly-breathing, guided imagery, and the STOP acronym (stop, take a moment, observe, proceed) as helpful (Gray et al., 2018), which are tools that clinicians might consider when counseling youth leaving foster care. This study engaged participants in mindfulness skills during a four-week period (Gray et al., 2018), which highlights the impact that mindfulness skills can have within a limited time frame. Many mindfulness skills are an accepted part of a CBT relaxation skills set because they are essential in creating coping skills to gradually expose a client to his fear. There is also an entire branch of CBT dedicated to mindfulness called Mindfulness-Based CBT, which aims to help individuals with depression or unhappiness (MBCBT.com, n.d). Mindfulness coping skills can offer simple techniques to learn to relax when experiencing stress. These skills appear very useful for youth beginning their transition out of care.

Reflections on Clients

The following clinical vignettes will reflect on therapeutic work this author has engaged in with two clients. This section will explore each client's background, identified themes in therapy, therapy techniques, and areas of observed client resilience and growth. The names of the clients are pseudonyms.

Alexa Background

Alexa is a 14-year-old African American female in foster care. She was removed from the home of her biological parents when she was a child and grew up with her biological grandparents as primary caretakers. Her biological parents later terminated their parental rights. When she was seven, her academic performance began to suffer and it was discovered that she was caring for her grandparents, who were experiencing illnesses and other medical problems, in a way that was deemed developmentally inappropriate. This discovery caused her to be placed with her biological uncle, who later adopted her in 2019.

Due to her experience in the foster care system, Alexa has been seen at the agency of this author for case management, medical services, and therapy. Alexa was diagnosed with Generalized Anxiety Disorder and later began receiving medication for depression. Therapy for Alexa has primarily addressed her symptoms of anxiety, but also her sense of abandonment, the trauma of her grandparents' death, and the general experience of foster care. This child welfare agency offers clients CBT, which has been proven efficacious in treating symptoms related to trauma, depression, and anxiety (Neubacher, 2015). However, Alexa's previous therapist indicated that some psychodynamic inquiry was appropriate with this high-functioning client, so this author also engaged the client in therapeutic explorations of her upbringing, relationship patterns, and identity.

Alexa presents as bright and cooperative and demonstrates many strengths. She reports a good academic record and was recommended to apply to a specialized high school. She has indicated on several occasions that she hopes to attend an Ivy League institution for college and wants to attend law school afterward. She reports having friends at school and maintains a relationship with her biological siblings. She enjoys reading and cheerleading. She listens carefully and engages thoughtfully with CBT material. When presented with a writing contest for former foster care youth, she eagerly accepted the challenge.

It is clear from working with Alexa and reviewing her strengths here that she displays many constructive characteristics among several positive environments that offer various conduits to enhance and encourage resilience. Alexa presents with several internal qualities that might be useful for cultivating resilience. She is articulate, enjoys reading books, and playing the piano. She is open to exploring her feelings, consistently completes homework at school and for therapy, and shows responsibility at home with her siblings and chores as well.

From an external perspective, Alexa's environments appear positive. Firstly, the systems that Alexa interacts with are consistent and supportive, especially her peers at school and her cheerleading team. She reported enjoying her school and friends so much that she expressed ambivalence about attending a specialized high school, even if she was admitted. She has also consistently attended therapy at this agency. Secondly, Alexa was adopted by her uncle and resides in a stable living environment, where she reports connections to both her uncle and aunt, which indicates her familial unit is supportive. Her biological brother and cousin also live in the home. She also has frequent contact with other cousins and her biological siblings. While she has expressed frustration with her biological father's inconsistent presence in her life, she remains close with her biological sister who resides with him. Indeed, Alexa seemingly offers a checklist

of a thorough resiliency process that includes, healthy brain development, healthy attachments, the motivation and ability to learn, the ability to regulate emotions and behaviors, and supportive external systems, which are all categories compiled by the Jim Casey Youth Opportunities Initiative report (2012) to define resilience.

Identified Themes in Therapy

Alexa has brought up issues of abandonment in therapy, articulating that she sometimes feels at fault for her parents terminating their rights, but understands this is not the case. This insight has helped her to process this difficult fact. She expressed a sense of guilt for telling someone at school about her major responsibilities at home due to her grandparents' medical issues. As a result of sharing this information, she was removed from their home. She also reported feeling guilty about their deaths, wondering if she had been living in their home that they might have survived. Alexa reported knowing that this was not the case, but also needing to work at allowing time for her feelings to reflect this knowledge. At times she also felt conflicted about her aunt's strict structure at home, knowing that the rules came from a place of love, but feeling stifled by her aunt's inflexibility. She expressed worry about growing up and being lonely, but also found it difficult to share her feelings with her aunt.

Alexa was also able to connect some of her behaviors to her early experiences. In a significant moment of insight, she identified her tendency to lie to her aunt as a behavioral relic of living with her grandparents. In her grandparent's home, she reported learning to lie to avoid certain chores and medical duties and sometimes found that her ability to lie would persist even though she knew it was wrong and upset her aunt. She identified a disconnect, at times, when she would find herself lying, but was unsure why she was doing this.

Therapy Techniques

CBT is the primary mode of therapy used at the agency Alexa attends. This author used several CBT techniques to ameliorate Alexa's symptoms of anxiety. Sessions initially addressed Alexa's anxiety, the primary reason she engaged in therapy, but as the medication improved her symptoms and therapy progressed, the therapeutic content shifted to an exploration of her identity, the challenges of adolescence, her trauma, and her experience in foster care.

Therapy always emphasized Alexa's strengths. She was able to identify her own strengths and this author would also highlight Alexa's abilities. Using a strengths-based approach complements many CBT techniques like identifying and replacing negative thoughts, which encourages clients to consider the impact of their thinking patterns, emphasize something factual, or replace a negative thought with a positive one (Therapist Aid, 2014). While therapy with Alexa did not utilize an authentic course of TF-CBT, Alexa spent several sessions discussing her most salient trauma in great detail, the death of her grandmother. She decorated a memory box and discussed memories of her grandmother. In one session, Alexa brought in several tokens that reminded her of her grandmother to include in the box. She shared the meaning of each item with the therapist. Later, Alexa reflected on this process and found that while the memory of her grandmother's death was still painful, she experienced fewer unexpected stressful bodily responses to reminders of her. This type of grief work incorporated some aspects that are similar to a trauma narrative like exploring the thoughts and feelings around the traumatic memory in detail (Deblinger et al., 2018).

As therapy reached its termination stage, this author emphasized mindfulness skills, relaxation techniques, and breathing exercises. This author's agency stressed the value of these types of skills, especially for clients leaving or completing therapy. These types of tangible

practices could act as an arsenal of proverbial "tools" in a client's toolbox to cope with difficult

or overwhelming emotions. Termination also unexpectedly coincided with the COVID-19

pandemic, which caused all therapy to become remote. Alexa adapted well to this unforeseen

change and will continue therapy with another clinician at the agency.

Growth and Resilience Observed

When Alexa was adopted early on in 2019, she was given the option to cease therapy at

the agency but opted to continue. This choice reflects maturity in identifying what is helpful to

her and being able to seek support. Asking for help can be difficult for many people to do,

especially when it comes to mental health work. Alexa's ability to know she benefits from

therapy seems to relate to the concept of interdependence, which emphasizes "the successful

utilization of social supports that help to maintain stability in the years following emancipation"

(Curry & Abrams, 2014, p. 146). Alexa's decision to continue therapy might help to enhance her

resilience because she has chosen to continue being supported by a clinician and to engage in the

challenging process of exploring her emotions to manage her anxiety.

While Alexa's experience in foster care was something she tended to conceal from peers,

she recently began to speak up about this aspect to her identity at school. She and another student

responded to a teacher who had made a comment suggesting the normalcy and prevalence of the

"nuclear" family. One student identified herself as not having first-hand knowledge of this

experience and Alexa also shared that she was unable to relate to this concept of the family

either. This experience suggests an incredible level of growth and this was voiced to Alexa in

therapy. Early on, Alexa reported being embarrassed about her experience in foster care. Her

ability to claim her narrative and view it as shareable with others represents a major area of

growth. She has begun the process of integrating this aspect to her identity into her life narrative.

She has also engaged in writing about this experience. Based on the categories in the Thomas (2014) study, Alexa's narrative aligns with the "victor" theme.

Alexa is a useful case to observe because while she has experienced much of what is typical of foster care –trauma, attachment repair, parentification—she has thrived and demonstrated impressive resilience. Based on resiliency theory, Alexa has experienced resilience that meets the criteria for compensatory, protective, and possibly challenging (Fergus & Zimmerman, 2005). The lingering effects of her parentified nature make her critical of mistakes, but also offer strengths because she has a keen understanding of responsibility and dedication, though she learned this at far too young an age. Much of Alexa's therapy involved validating her conflicting feelings about her adopted family, her desire to rebel sometimes, her trauma, and her lying behaviors. Alexa is a unique individual, who entered therapy with many strengths and identifiable areas to cultivate her resilience. Her experience later in life will likely differ from that of Andrew's. Though he similarly experienced the early loss of a primary caregiver, Andrew's emotional regulation and coping skills are not as developed as Alexa's. The exploration of Andrew below seems to represent a more ubiquitous foster care experience, one that includes trauma and its lingering influence in many spheres of his life.

Andrew's Background

Andrew is a 17-year-old African American male living with his paternal aunt and biological younger sister. He has been diagnosed with Adjustment Disorder with Depressed Mood, Generalized Anxiety Disorder, and ADHD Combined Type. He has been held back a year at school. Andrew was placed into foster care due to inadequate guardianship. It was reported that while living with his biological mother she was allegedly engaging in drug use. His case planner reports that he was struggling at school and failing several classes. He has reported that

his greatest trauma is the death of his father, who was allegedly shot by a friend. This transpired when Andrew was five years old, and the date of his father's death coincides with the birth of his younger sister.

His hobbies include playing video games and listening to music. Andrew enjoys rap and hip hop and hopes to produce this music one day. On his birthday, he worked on making a music video with his friends. He searches for artists who demonstrate authenticity to the craft and to their communities. He also reports having a good group of friends who live nearby and go to the same school. He also reports close connections with his cousins. While he does not enjoy talking with his aunt, he reports feeling supported by her. In terms of the Jim Casey Opportunities Initiatives report (2012), Andrew seems to have healthy brain development, a good relationship with his sister and cousins and a somewhat healthy attachment relationship to his aunt, some motivation to learn, some consistency in his ability to regulate his emotions and behavior, and some supportive systems in his life, namely his case planner at the agency.

Identified Themes in Therapy

One major theme in therapy was the death of Andrew's father, which was revealing both when it was discussed and when it was avoided. Andrew tends to avoid discussing the death of his father, which he cited as a means to prevent experiencing feelings about the event. He reports that while his sister is "emotional" when thinking about their father, he feels a responsibility to appear strong in front of her and others and to avoid crying especially. This behavior appears paternal and he seems to bear responsibility for ensuring the emotional wellbeing of his sister. He has wondered in therapy what he has missed out on from not knowing his biological father well and how this has impacted his personality. He attributed never playing sports to his lack of paternal presence. It may be inferred that he longs for a significant male presence in his life since

he lives with women. He only recently began discussing the emotional impact of his father's death in therapy, notably during a session when the emphasis was meant to be the completion of therapeutic assessment tools. When he was asked about trauma in the assessment paperwork, he shared all the memories he could recall about his father. He attributed his inability to trust others to his father's alleged death by a friend. Interestingly, his sister, who also engaged in therapy with this author, felt she was very capable of identifying trustworthiness in others. Andrew also brought up his biological mother's inconsistency in maintaining plans with him as another aspect that contributed to his cautious process of placing trusting others.

It seems significant that he finds it challenging to be vulnerable in front of other people. He has reported that he tends to share emotional content only with his therapist, but he has been encouraged to communicate with other trustworthy figures in his life. Andrew reported benefiting from mindfulness strategies like breathwork when he was under extreme stress. This was most impactful when he was extremely concerned with legal issues.

While he has expressed that he prefers not to discuss his emotions with his aunt, the presence of this consistent adult in his life is significant. Andrew has also stated that his younger sister, Sarah, is the "emotional" one, while he feels he must bear the responsibility of acting in a paternal manner. He has also stated that while he might not be verbally expressive with Sarah, he considers her presence in his life considerably important and a tacit level of support exits between them. This admission suggests he might not always need words to convey emotions and receive support from others.

Therapy Techniques

While therapy with Andrew appears as if it would be centered around processing his trauma, Andrew hoped to work on other things. To empower Andrew's choice, this author

focused on working with Andrew on his identified issues, which revolved around anxiety, academic performance, and identifying feelings. Emotional introspection seemed new to Andrew, so creating an emotional vocabulary was an important initial step in therapy.

A strengths-based approach was used when working with Andrew. Whenever possible, this author would highlight Andrew's strengths and use praise to emphasize when he had completed CBT homework assignments. Andrew's consistent attendance in therapy was highlighted as a strength since he initially did not wish to engage in mental health services.

CBT techniques were used with Andrew to help improve his homework consistency and address sleep hygiene. This involved psychoeducation addressing the importance of sleep and the diagnosis of anxiety and how to cope with it. When Andrew identified speaking in class as an anxiety of his, he collaborated with this author to create a fear hierarchy and small steps to engage in gradual exposure of speaking in the presence of classmates.

Mindfulness was an important technique to complement working through anxiety. Andrew enjoyed guided meditation and progressive muscle relaxation. He reported using these techniques at home. This aspect to therapy was especially useful during the COVID-19 pandemic when therapy became remote. Andrew coped well with this change.

Growth and Resilience Observed

Andrew was also able to recognize his growth at the end of therapy. He felt he was better able to understand his anxiety. He reported that he knew better how to calm down when he experienced anxiety. His most important reflection on his growth was his assertion that he had learned about himself through the process of therapy, which is a typical goal of psychodynamic work.

Termination of therapy also coincided with the death anniversary of his biological father. Andrew reported honoring his father by letting a balloon float away. He also reported that he cried in his room on this day and would not go to the grave site with the rest of his family. He reported that he had never visited the grave site. This author was able to reflect on how Andrew's ability to cry about this event represented growth. He once reported he worried about crying in the presence of other people, but did so on this day, demonstrating that nothing bad happened when he showed vulnerability and others witnessed it. This author hoped that Andrew would be able to use many of the skills he utilized to target anxiety, and that they would be helpful to him if he ever wished to visit his father's grave. This author also engaged in a lot of work about normalizing crying as a typical human emotion, especially one that men can experience. The fact that Andrew could cry about the death of his father speaks to his growth and resilience, showing that he has grown into a person who can better be in touch with challenging emotions even when his initial coping strategy was to avoid them.

Andrew also identified a life goal of owning a house in his old hometown. This therapist was able to use this goal to highlight school as a temporary task to overcome, like an obstacle in a video game, in order to begin the journey of achieving this goal. He seemed to appreciate this alternative outlook to school, which tended to bore him. His ability to reframe this represents resilience, showing that he can reflect on the future he wants. Yet this author still has concerns about Andrew's school performance and how this may impact his prospects. Unlike Alexa, Andrew will likely face more challenges to achieve success in the future.

Summary of Clients

Alexa and Andrew offer useful cases to explore how to engage in therapeutic work that attempts to develop resilience. These clients also showcase how, even when engaging in similar

therapeutic models, the therapeutic work and techniques used look very different. Their traumas

overlap in many ways, but their responses and processing of these events differ. Both clients also

show unique manifestations of resilience. While Alexa has grown in her ability to share her

foster care experience with others, Andrew is better able to express vulnerability. Both of these

qualities represent different aspects to the intricate matrix of resilience. Their growth has

occurred in relation to the combination of their inner worlds and their environments and systemic

interactions. This author sees a clear path for Alexa to thrive and a more challenging journey for

Andrew.

Conclusion and Recommendations for Further Research

This thesis has explored the many policies that shape foster care in the United States and the programs and resources specific to youth leaving foster care in New York City. The foster care system has certainly evolved since the day Benjamin Eaton became the first foster care youth to enter a "foster servitude system" (NFPA, 2019). While there has been a lot of research dedicated to the many issues that youth in foster care face, this paper also hoped to explore many of the unacknowledged strengths and resiliency that youth in foster care also demonstrate. It is important to understand what should be addressed, but it is also significant to highlight what is working because this will help shape the discourse around this population, which tends to focus on vulnerabilities.

It is clear from the research that mental health practitioners who work with youth leaving foster care might consider engaging in several of the modalities explored in this thesis. There are many other techniques therapists might employ to encourage resiliency, but this paper specifically explored strengths-based work, strength-based CBT, emotionally planning for transitioning out of care, trauma-informed care, narrative and art therapies, group therapy, and mindfulness. Emphasizing the salience of trauma and how it manifests in behavior is a particularly important highlight of research with this population. It is also significant to explore strengths in therapy starting with the assessment phase of treatment.

It would be useful for future researchers to study the effects of mindfulness on youth leaving foster care and the potential benefits of narrative or art-based therapies as well. Future research should also explore the most beneficial approaches to helping youth to emotionally plan for transition. Follow up studies may also contribute to research on this population to learn what has worked or did work for former foster care youth. This could be achieved qualitatively by

asking former foster care youth about their experiences leaving care and inquiring about what was helpful and what was not. It would also be valuable to the literature on this population to follow up with former foster care youth to explore what was most useful to their process of leaving care.

Researching the aforementioned modalities and techniques offered two interesting insights. Firstly, many of these theories or intervention models overlapped in several areas. At times, it was difficult to discern where certain information belonged in this paper because many of the theories offered similar or shared ideas about how to help youth leaving care. Mindfulness is important to consider when using CBT to treat anxiety symptoms; strengths-based work can be easily incorporated into CBT strategies; exploring trauma can incorporate aspects of narrative therapy; art therapy can be useful in encouraging mindfulness; group therapy can act as a means to connect with others, encourage interdependence, and act as source of mentorship. This speaks to the fact that the treatment modality is not the most significant factor in achieving a successful therapy outcome. Research has found that a client's own strengths or personality and the therapeutic alliance account for the majority of positive change that occurs in therapy (Lambert et al., 1992). Lambert et al. (1992) posit that the primary factors that predict a positive therapeutic outcome can be enumerated in the following equation: 40 percent attributed to the client and extra-therapeutic factors (like social support, ego strength, etc.), 30 percent attributed to the therapeutic relationship, 15 percent attributed to client expectation of therapy and placebo effects, and 15 percent due to the intervention model used. While many of the therapeutic models explored in this paper might overlap, the most important aspect to creating positive change is the client herself and the clinician's ability to connect with her.

Secondly, while the intervention strategies or theoretical approaches may have developed with different theories in mind, they all shared one important similarity: social support or consistent connection. Whichever therapy a clinician may hope to engage in, or whichever resources a caseworker might find for a client, the most impactful part of the relationship is remaining a consistent and caring presence in the life of the youth. This is an especially important task for youth leaving the foster care system because this transitional stage can necessitate additional support (Kahn & Antonucci, 1980). This is an important reminder to the very busy caseworkers and clinicians who work with adolescents in foster care: consistently showing up for your clients is already meaningful and making an impact.

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