Addressing Their Developmental Needs to Promote Healthy Parent and Child Outcomes

Expectant & Parenting Youth in Foster Care

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DOMAIN II: Cognitive and Emotional Development

Developmental Need 1: Having the motivation to seek medical, contraceptive and reproductive health care and information, as well as needed supports and services

Although convenient access to needed supports and opportunities for growth-oriented experiences are essential to improve outcomes for expectant and parenting youth in foster care and their children, access and opportunities alone are not sufficient. “Data indicate that even though foster care youth receive reproductive health services at higher rates than other teens, they are not more likely to use contraception and do not use it any more consistently. In fact, they are more likely to have sex, get pregnant and have a baby than the general adolescent population” (Bilaver & Courtney, 2006, p. 5).

A more challenging issue is whether expectant and parenting youth, especially those in foster care, are sufficiently motivated to seek prenatal and postnatal care, use contraceptives consistently to delay subsequent pregnancies, take measures to prevent STIs, seek access to needed supports and services and take advantage of opportunities for their personal growth and development. “This question of motivation, while no simple matter for any teen, seems to be especially complex and challenging for teens in foster care” (Love, et al., 2005, p. 3). Thus, examining and understanding the motivations that influence the sexual, reproductive and behavioral decision-making of expectant and parenting youth, as well as the unique issues facing many youth in foster care (such as their trauma history), are critical for designing programs that are grounded in the reality of their lives, and thereby help to improve the health and life outcomes of these youth and their children.

Developmental Need 2: Understanding the impact of general life stressors, parenting stressors and traumatic experiences, and building resilience despite adversity

Most adolescents in the United States have experiences that may be sources of stress (Suldo, Shaunessy, & Hardesty, 2008), such as concerns about body image, changing relationships with parents, increasing demands of school work, feelings of loneliness or isolation, problems with friends, desire for romantic relationships, concerns about sexual orientation or gender identity and pressure from peers to engage in risky behaviors that could result in negative consequences (Harper Browne, 2014a). Pregnancy and parenting can be sources of stress for any mother. However, these stressors can be even greater for an adolescent mother because she must navigate the developmental tasks and stressors of adolescence while, at the same time, adjust to the responsibilities and demands of parenting (DeVito, 2010; Hodgkinson et al., 2014; Kimball, 2004).

“Such stressors may contribute to a range of mental health problems that can adversely affect the functioning and parenting behavior of adolescent mothers and increase the risk of behavioral problems in their offspring” (Hodgkinson et al., 2014, p. 2). Findings from several studies (see
Hodgkinson et al., 2010; Reid & Meadows-Oliver, 2007) indicate that adolescent mothers experience significantly higher rates of prenatal and postpartum depression than adult mothers and their non-pregnant peers (CDC, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, 2013b; Hodgkinson et al., 2010).

PPD (postpartum depression) puts adolescent mothers and their children at risk during an already challenging time in their lives and this hardship may be a major determinant of poor outcomes for these young mothers and their children. Depression in adolescent mothers may influence whether they engage in health-promoting behaviors both for themselves and their infants. (Hodgkinson et al., 2010, para. 1)

Adolescent mothers also are at high risk of developing other mental health problems, such as substance abuse and posttraumatic stress disorder (PTSD). Studies have found that substance use among pregnant adolescents may decline during pregnancy, but it is often resumed after delivery and may continue as a young mother transitions into adulthood (Gillmore, Gilchrist, Lee, & Oxford, 2006; Hodgkinson et al., 2014). A significant factor associated with the development of PTSD is exposure to family, community or intimate partner violence, including sexual assault (Kennedy & Bennett, 2006).

One study found that on average, teenage mothers had experienced >5 traumatic events, including physical attacks by a partner, neglect, abuse by a parent, incarceration, and traumatic loss. . . . Compared with adult mothers, adolescent mothers are 2 to 3 times more likely to be victimized by their partner, the father of their child, or a family member. (Hodgkinson et al., 2014, p. 2)

Pregnancy and parenting stressors may be exacerbated if the mother is in foster care. The Jim Casey Youth Opportunities Initiative (2012) reported, “studies confirm that young people who have been in foster care, by virtue of their pre- and post-foster care experiences, are vulnerable to a range of emotional and behavioral issues, with the most severe being post-traumatic stress disorders” (p. 4). Also, results of a national survey of mental health needs of youth receiving child welfare services showed that nearly half (47.9 percent) of youth in foster care were found to have clinically significant emotional or behavioral problems (Burns et al., 2004). Similarly, a comprehensive literature review of studies focused on the mental health needs of youth in foster care “suggests that between one-half and three-fourths of the children entering foster care exhibit behavior or social competency problems that warrant mental health care” (Landsverk, Burns, Stambaugh, & Rolls Reutz, 2006, p. 1).

The reasons for these high numbers are understandable. Children in foster care are struggling to cope with the traumatic events that brought them into care. . . . At a time when they desperately need a sense of consistency and stability, they are living in the uncertain world that is foster care: multiple placements, unpredictable contact with family and the inability to control their own lives. These conditions can be a hotbed for serious emotional disturbances. (Austin, 2004, p. 6)
Adolescence is the developmental period during which the effects of exposure to earlier traumatic experiences (such as death of a loved one, homelessness, witnessing community violence, experiencing physical or sexual abuse) become most evident (Lupien, McEwen, Gunnar, & Heim, 2009). These experiences can lead to low self-esteem; engaging in risky sexual behavior; and having difficulty regulating emotions, forming healthy relationships, controlling thoughts and actions, managing stressful situations and planning for the future (Basca, 2009; Langford & Badeau, 2013). These effects are intensified when youth have complex trauma histories, meaning when youth have been exposed to multiple traumatic events that can have immediate and long-term effects on their development (Jim Casey Youth Opportunities Initiative, 2011, p. 13). For example, youth in foster care must endure the trauma that led to the removal from their home, the trauma of being separated from their families and the potential trauma of multiple removals and placements (Bruskas, 2008). According to Cook and colleagues (2005), “Children exposed to complex trauma often experience lifelong problems that place them at risk for additional trauma exposure and cumulative impairment (e.g., psychiatric and addictive disorders; chronic medical illness; legal, vocational, and family problems)” (p. 390).

Exposure to general life stressors, pregnancy and parenting stressors or traumatic events are all potentially harmful to youth because they can interfere with healthy development and well-being. However, this does not mean negative outcomes are inevitable, even when youth have experienced complex trauma (Cook et al., 2005). Youth are more likely to achieve healthy outcomes and to thrive when they display resilience in various contexts; for example when they learn to function well despite various challenges, stressors, adversity or trauma.

Many young people in foster care have experienced considerable challenges that place them at risk of negative adult outcomes: poverty, separation, abuse, neglect, loss, and disruption. Yet with the right support systems, they can develop resilience in the face of adversity. When young people develop resilience, they are able to cope with, adapt to, and recover from even the most substantial challenges. Young people who develop resilience are more flexible and able to seek help and solve problems when stressed. They maintain a clearer sense of who they are and who they want to be when they face challenges. (Jim Casey Youth Opportunities Initiative, 2012, p. 1)

Numerous sources (see American Psychological Association, 2014; Cook et al., 2005; Jim Casey Youth Opportunities Initiative, 2012) have suggested that young people’s resilience is facilitated by experiences that:

1. Foster a secure attachment to at least one trusting and supportive adult
2. Teach healthy ways to manage stressful events
3. Promote high, achievable expectations, self-improvement
4. Help identity strengths and enhance a youth’s positive self-appraisal and self-worth
5. Encourage optimism and a productive future orientation
6. Provide opportunities for constructive engagement in activities
7. Encourage adolescent voice, choice and personal responsibility
8. Promote the development of self-regulation and good character

Taken together, studies that focus on stress, trauma and resilience among youth, point to the need to:

- Screen for symptoms of depression and other clinically significant emotional or behavioral problems in expectant youth in foster care during prenatal development and in parenting youth during the first postpartum year
- Connect expectant and parenting youth in foster care who display clinical symptoms to appropriate mental health services to help them learn to reduce and manage symptoms, seek peace with their trauma histories and reduce the likelihood of enduring physical, psychological and behavioral symptoms in adulthood
- Facilitate the development of resilience and an understanding that “healing doesn’t mean the damage never existed; it means the damage no longer controls their lives.”

3 Attributed to multiple sources.
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JIM CASEY YOUTH OPPORTUNITIES INITIATIVE (2012)

**Developmental Need 3: Applying one’s strengths, learning to use one’s voice and gaining a sense of control over one’s life**

Expectant and parenting youth in foster care have strengths and vulnerabilities just as do youth not in care. Too often, though, their risks, vulnerabilities and poor outcomes are the exclusive focus in planning for and providing services for this population—so much so that the youth themselves may not recognize their own strengths. CSSP emphasizes the importance of helping expectant and parenting youth in foster care identify and activate their strengths, meaning their “capacities, talents, competencies, possibilities, visions, values, and hopes, however dashed and distorted through circumstance, oppression, and trauma” (Saleebey, 1996, p. 297). Focusing on strengths and reframing weaknesses as opportunities for personal growth helps to promote hope, optimism and a belief that one can succeed.

CSSP also underscores the importance of expectant and parenting youth in foster care having a voice in decision-making about, and advocating for, themselves and their children. The National Resource Center for Foster Care and Permanency Planning (n.d.) listed three key components for integrating youth voice into programs; specifically: encouraging and incorporating the ideas, opinions, experiences, attitudes, knowledge and actions of youth; having meaningful opportunities to participate in planning and decision-making with regard to the development and implementation of programs, as well as the issues that affect them; and committing to a “nothing about us without us” guiding philosophy.

*Children placed in foster care need a sense of their future and some role in decision-making. Not only would this improve the quality of care youth receive, it would also help empower youth to develop into self-sufficient and confident adults. . . . When given a voice, youth can be very clear about what they want, including to feel cared about; to be part of a family; to be able to count on adults for security, structure, and guidance; to have opportunities to discover and develop their potential.*

(Massinga & Pecora, 2004, p. 160)

When asked about the need for positive changes in foster care systems, youth identified the need for skill-building activities that help them to better articulate their concerns and opinions, advocate for themselves and their children, and create change (Foster Youth in Action, 2014; Harrison, 2015). Similarly, in addressing the importance of having a sense of personal empowerment, one youth stated: “(It) allows us to feel in control and capable of participating in the decision-making process that affects our lives. It allows us to find our purpose and voice. . . . (and) ensures that those of us in foster care have a strong voice within the system that is raising us” (The Community Foundation for Greater Atlanta, Inc., n.d., p. 2-3).