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Positive change following adversity and psychological adjustment over time in abused foster youth☆

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ABSTRACT

Many foster youth experience maltreatment in their family-of-origin and additional maltreatment while in foster care. Not surprisingly, rates of depression are higher in foster youth than the general population, and peak during ages 17–19 during the stressful transition into adulthood. However, no known studies have reported on whether foster youth perceive positive changes following such adversity, and whether positive change facilitates psychological adjustment over time. The current study examined components of positive change (i.e., compassion for others and self-efficacy) with depression severity from age 17 to 18 as youth prepared to exit foster care. Participants were youth from the Mental Health Service Use of Youth Leaving Foster Care study who endorsed child maltreatment. Components of positive change and severity of abuse were measured initially. Depression was measured initially and every three months over the following year. Latent growth curve modeling was used to examine the course of depression as a function of initial levels of positive change and severity of abuse. Results revealed that decreases in depression followed an inverse quadratic function in which the steepest declines occurred in the first three months and leveled off after that. Severity of abuse was positively correlated with higher initial levels of depression and negatively correlated with decreases in depression. Greater self-efficacy was negatively associated with initial levels of depression and predicted decreases in depression over the year, whereas compassion for others was neither associated with initial depression nor changes in depression. Implications for intervention, theory, and research are discussed.

Foster care is a service within the child welfare system, a federally funded system that provides services to vulnerable children. Foster care intervenes and places youth in a "substitute home" when biological or primary caregivers are not able to provide adequate care for their children. Foster care is responsible for ensuring safety, stability, and well-being. In 2010, 408,425 children and adolescents in the United States were in the foster care system (U.S. Department of Health and Human Services [U.S. DHHS], 2011), and many of these youth had spent a substantial amount of their childhood in foster care. The 254,114 youth who exited the foster care system in 2010 had been in care for an average of 22 months, and more than a

☆ The data used in this study were obtained from the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca, NY, and have been used with their permission. Data were taken from the *Mental Health Service Use of Youth Leaving Foster Care (Voyages) 2001–2003* originally collected by Curtis McMillen, Lionel Scott, and Wendy Fran Auslander (McMillen, 2010). Funding for the project was provided by the National Institute of Mental Health (Award Number: 1R01 MH 61404). The collector of the original data, the funder, NDACAN, Cornell University and their agents or employees bear no responsibility for the analyses or interpretations presented here.

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quarter had been in care for more than two years (U.S. DHHS, 2011). The majority of children who entered foster care for the first time in the last six months of 2009 were still in foster care 12 months later, while those who were reunified with their families had a high likelihood of reentering foster care in less than 12 months (U.S. DHHS, 2011). Additionally, stability within foster care is rare; in 2010, 67% of children who were in foster care for 24 months or longer had been placed with more than two foster families (U.S. DHHS, 2011).

The transition from family-of-origin or primary caregivers to foster care, and between foster families within the foster care system, can be highly stressful. Unfortunately, these stressful and potentially traumatic experiences are often preceded by exposures to other trauma and maltreatment necessitating foster care. According to the Casey National Alumni Study, over 90% of adults formerly in foster care had experienced at least one form of childhood maltreatment; the most common types of maltreatment that were alleged or confirmed were sexual abuse combined with another form of maltreatment (40.8%), combined physical abuse and neglect (16.6%), and physical neglect with or without emotional abuse (14.6%; Pecora et al., 2003). Unfortunately, abuse does not always cease once youth enter the foster care system, as many continue to experience maltreatment while in foster homes by their foster parent(s) (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001). One study reported that 40% of foster care youth endorsed some type of maltreatment while in foster care (Salazar, Keller, & Courtney, 2011). Yet, services that address the unique ongoing mental healthcare needs of foster care youth are not systematically required, and only a fraction of foster care youth who evidence clinically significant psychiatric symptoms receive mental health care (Burns et al., 2004).

Thus, youth transitioning out of the child welfare system typically have trauma histories and mental health needs that have not been addressed, which poses a variety of challenges as these youth begin their adult lives. In fact, one study found that the strongest predictor of psychiatric problems in youth exiting the foster care system was the sum of physical abuse, sexual abuse, and neglect (McMillen et al., 2005). In the face of difficult histories and ongoing mental health challenges, youth in transition from foster care to adulthood are a particularly vulnerable population, given their abrupt transition from dependency to the responsibility of self-sufficiency. Many foster youth lack critical foundations of emotional, social, and financial support that are typical of young people in the midst of transitioning into adulthood. Thus, foster youth are in particular jeopardy of experiencing negative outcomes and face considerable challenges to secure resources and opportunities needed face key developmental tasks that lead to stable and productive lives. Studies have shown that after entering into independent living, many foster youth alumni fair relatively poor in terms of education, unstable employment and economic well-being, early pregnancy, family formation, crime and incarceration, and mental health (Courtney & Dworsky, 2006; Reilly, 2003). It has been observed that foster youth have higher rates of depression than the general population, at a rate of two (Havalchak, White, O'Brien, & Pecora, 2007) to three (McMillen et al., 2005) times those observed in the general population. In the Midwest Evaluation of the Adult Functioning of Former Foster Youth, the lifetime prevalence rate of depression for these foster youth increased from 2.9% to 8.3% from age 17 to 19 (Courtney et al., 2005; Courtney, Terao, & Bost, 2004), suggesting that foster youth may be psychologically unprepared for the transition to adulthood and independent living, and thus, experience an exacerbated risk for developing depression during this transitional period. In this sample, both pre-care and during-care maltreatment were associated with depressive symptoms (Salazar et al., 2011).

More recently, however, researchers have also identified that such adversity can be associated with positive change or what has been referred to as posttraumatic growth, benefit finding, thriving, and stress related growth. These concepts have been collectively described as "the positive effects that result from a traumatic event" (Helgeson, Reynolds, & Tomich, 2006, p. 797), and what will be referred to as "positive change" through the remainder of this paper. Despite differences in terminology, the various instruments to assess positive change have been shown to load on a single component, and therefore, researchers have suggested that "various measures of positive change all appear to be assessing the same broad construct, a finding that should facilitate the integration of different theoretical and empirical traditions in the study of positive change following trauma and adversity" (Joseph, Linley, & Harris, 2006, p. 94). Positive change is the experience of a reconfiguration of one's goals, beliefs, and worldview as a result of one's struggle with trauma (Tedeschi & Calhoun, 1995). That is, traumatic events challenge one's pre-trauma schema regarding themselves, others, their relationships, and the world. Over the course of successful coping and schematic reconstruction, life takes on new value and one considers what is important, reprioritizes, and makes positive changes about how to live. Perceived positive changes attributed to this process tend to cohere in several main domains, including changed self-perceptions, a different perspective on one's relationships, and a changed philosophy of life (Joseph et al., 2006).

Although positive change has its roots in ancient literature and has been promoted in popular phrases such as "That which does not kill me makes me stronger" (Nietzsche, 1889/1990), only recently have researchers begun to empirically investigate the concept of positive change. This field of research has the potential to illuminate pathways to positive adjustment and mechanisms of effective intervention following adversity. However, the study of positive change has, for the most part, been focused on adults and no known research has investigated this concept in foster care youth. Additionally, the positive change literature has been fraught with inconsistent findings regarding the link between perceived positive change and mental health; studies have found that positive change is positively, inversely, and unrelated to mental health (Park & Helgeson, 2006). In some cases, positive change is curvilinearly associated with mental health, specifically when assessing posttraumatic stress symptoms (Shakespeare-Finch & Lurie-Beck, 2014).

With the proliferation of positive change research in the last decade, systematic review has been possible and has provided a better understanding of the relation between positive change and mental health. With regard to depression, one meta-analytic review found that depression was generally not associated with positive change, though the two significant relations