

Perceptions of Mental Health Needs and Supports among College Students Who Aged Out of Foster Care

Katelyn M. Root, Yvonne A. Unrau and Natalie S. Kyles

Abstract

Growing up in foster care is associated with higher levels of mental health stress in young adulthood. These mental health stressors influence how young people from foster care engage in and succeed in college. This article examines the perceptions of college students with foster care histories as they relate to mental health challenges. Focus groups and qualitative interviews with a total of 15 college students who were enrolled in a scholarship support program based on their prior history in foster care participated in this study. The findings show that the participants perceive themselves as having greater mental health challenges compared to their peers. Additionally, they identify reasons to explain feelings of reluctance to utilize mental health services during college. Implications for supporting college students with foster care histories are discussed.

Keywords

foster care, college students, mental health stressors

Introduction

There is an estimated 800,000 youth in the foster care system, at any given time (Davis, 2006). Youth who have experienced foster care more often than not have traumatic histories with large prevalence's of maltreatment, and this may explain higher

rates of mental health challenges among youth who have aged out of care compared to the general population (Salazar, 2013). It is estimated that 95 percent of youth who entered foster care have experienced some form of maltreatment: sexual abuse, physical abuse, or neglect (White, O' Brien, Pecora & Buher, 2015). Approximately 300,000 of these youths “age out” of care, or emancipate from the foster care system, and are between the ages of 18 and 24, which are also the traditional college- going years (Davis, 2006).

Literature Review

Young adults who have aged out of the foster care system are significantly more likely than their peer counterparts to have mental health stressors interfere with their daily functioning, for example not being able to maintain a job (Zlotnick, Tam, & Soman, 2012). Stressors include any variable that triggers emotional or physical dysregulation. A study conducted by Salazar (2013) comparing mental health outcomes of 250 foster care alumni college graduates with two samples of general population graduates, under the age of 25, found that college students who had aged out of foster care reported having poor mental health an average of 6.8 days in a month, which was three times as many days as that reported by the general college population group (M = 2.3 days). It is hypothesized that this difference was due to the complex histories of trauma, maltreatment, and subsequent mental health issues experienced by youth who have had experience in foster care and these findings remained even after controlling for race, gender, and age (Salazar, 201).

Young people with foster care histories report higher levels of mental health stressors. For example, McMillen, *et al.* (2005) found in a sample of 17 to 18-year-old youths in foster care a 27 percent lifetime prevalence of major depressive disorder and 14 percent prevalence of posttraumatic stress disorder, compared to a respective 15 percent and 7 percent lifetime prevalence in the general population of same aged peers (Merikangas *et al.*, 2010). Unrau and Grinnell (2005) conducted a study examining help-seeking behavior among high-risk adolescents from a sample of 408 inner city youth, with 136 of these youths having experienced a foster care placement. In this study youth who had experienced a foster care placement had the highest rates of mental health problems compared to a demographically similar group of youth who had not experienced a foster care placement (Unrau & Grinnell, 2005).

Despite evidence of a high level of mental health needs among young people in foster care, their engagement in mental health services drops off with emancipation from the foster care system. Using structured interviews with 325, 19-year old youth one study found that mental health service usage among youth who have aged out of foster care dropped dramatically immediately following emancipation (McMillen & Raghavan, 2009). When youth are transitioning out of the foster care system many services are discontinued. For example, one study reported that 60% of youth discontinued mental health services between the month before leaving foster care and the month after leaving care (McMillen & Raghavan, 2009). In-depth face to face interviews were conducted with 60 former system youth, to explore their experiences using mental health services. Some of the reasons given for disengagement of services were lack of perceived need, perceptions that services do not work, medication side effects, and lack of financial resources and/or insurance (Munson, Scott, Smalling, Kim, & Floersch, 2011). Some participants in the same study also reported perceptions that they were no longer engaging in mental health services because no one was “forcing” them to go anymore (Munson *et al.*, 2011). Finally, many participants also reported that they received psychotropic medication from their primary care physicians, not from a mental health service provider, suggesting that primary care physicians may play an integral role in re-engaging young adults who have aged out of foster care with mental health services (Munson *et al.*, 2011).

Many young people from foster care experience service barriers to needed mental health services after emancipation from foster care. With higher prevalence rates of mental health challenges and less support, youth who have aged out of the foster care system are at a high risk for developing further mental health challenges into adulthood (Munson *et al.*, 2011). These youths also find it difficult to navigate the adult mental health care system with little to no transition services, and for this reason mental health service utilization as adults is low (Munson *et al.*, 2011). For those who were using mental health services as adults, crisis was a prominent factor of why they engaged in services. Examples of crises reported included difficulty in personal relationships, involvement in criminal activity, death of a sibling, suicidality, hospitalization, and homelessness (Munson *et al.*, 2011). Participants in this study also reported that helping professionals and extended family members were instrumental in engaging and accessing needed mental health services (Munson *et al.*, 2011).

However, barriers to utilizing mental health service also exist. For example, some youth who had aged out of foster care lack insight or realization about the need for mental health services in young adulthood, while others admit to being in denial about mental health challenges and needing support. Mistrust, fear, hopelessness, and discomfort interfere with mental health service utilization, and these emotions may stem from frequent change in providers during the foster care experience (Munson *et al.*, 2011).

The combination of mental health stressors and challenges to service utilization in young adulthood has a negative effect upon former foster youth who pursue higher education. For example, factors associated with college disengagement among 329 young adults with experience in foster care; that is, students with a history of severe maltreatment, mental health diagnoses, and higher counts of posttraumatic stress symptoms were associated with higher levels of disengagement from college (Salazar, 2012). Maltreatment and trauma correlate to problematic educational adjustment (Banyard & Cantor, 2004), and lower educational attainment (Duncan, 2000). Some of the most common responses from foster care alumni as to reasons they left college were: emotional, behavioral, and family problems (Salazar, 2012). Mental health counseling was found to be an essential element during college for those who stayed in school. Another finding reported from Merdinger and colleagues who examined 216 emancipated foster youth to understand the factors that affect their academic performance, was that of the participants 32% of them did not know how to obtain the services they needed (Merdinger, Hines, Osterling, & Wyatt, 2005). It was reported that students who had better support for their mental health needs during college had lower levels of disengagement as well (Salazar, 2012).

The particular life experience of growing up in foster care, and the enduring mental health needs that result, suggest that college students with foster care histories have unique needs. In a study examining campus support programs for youth who have aged out of foster care, a web-based survey gathered student's perceptions of and experiences with the program. A need for mental health services was expressed since mental health problems and personal crises adversely affect academic progress, and campus support programs have to make outside referrals to student counseling services (Dworsky & Perez, 2010). In some cases, outside referrals for mental health services must be made to clinics based in the community because the specific mental health needs of students

who have aged out of foster care are not met by the services available on campus (Dworsky & Perez, 2010). Another finding is that students have a distrust of mental health professionals and often do not follow through with the referrals their campus support programs are making for them (Dworsky & Perez, 2010).

Some students reported a profound sense of being alone and feelings of aloneness during the transition out of foster care and into college, the majority of students also reported that their campus support programs helped them cope with and overcome these challenges; one example used was the emotional support that the program provided (Dworsky & Perez, 2010). When students reported that their campus support programs had not helped them cope or overcome their most significant challenges, the students typically did not inform the program staff of their situation or challenges due to the belief that these challenges should be dealt with on their own (Dworsky & Perez, 2010). One student stated “I’m not too sure that they could have done anything about it. Personal problems have to be dealt with on one’s own.” When students were asked to describe what, they liked the most about their campus support programs some common responses were: “Knowing that at any time if I have a problem there is someone who is concerned and will be there to help me, for others it was feeling understood, having adults and other students who understand what you’re going through and feel like, it was also having someone who believed in them” (Dworsky & Perez, 2010).

Research Questions

The purpose of this study was to learn more about the perceived need for mental health intervention among college students who have foster care histories. College students from foster care live with some degree of childhood trauma, which puts them at increased risk for psychological stress, dysfunctional relationships, and unstable or unsteady living environments during young adulthood. Despite the prevalence of these negative stressors, many college students from foster care seem reluctant to engage in professional counseling or therapy as young adults. Three main questions were addressed:

1. Resilience: How resilient do college students from foster care perceive themselves to be?

2. Seeking concrete support in times of need: How likely are students from foster care to seek help when faced with mental health stressors?
3. Social connections: How has the foster care experience shaped perceptions that college students from foster care have about mental health professionals?

Method

The qualitative research design used was approved through the university's Institutional Review Board. Students from foster care enrolled at the university and participating in a campus support program designed for aged-out foster care youth were invited to participate in either an individual interview or focus group discussions during the spring 2016 semester. A total of 15 college students who aged out of foster care comprised the convenience sample. Their average age was 20 and ranged between 18 and 26 years old. The majority were female (80%) and self-identified with a minority race (74%), including Black, Hispanic and multiracial.

Participants reported that their average age of first entering foster care was 11 years old (range was 4 to 18 years old). While 40 percent of participants reported having had only one placement during their time in foster care, those with multiple placements reported a range from 2 to 20 placements. The average total time spent in foster care was 6 years and 4 months (range was 3 months to 14 years). The majority of participants (87%) indicated having personally received services from a mental health professional at some point in their lives.

One interview schedule (Appendix A) was used for both modes of data collection. Participation was entirely voluntary, and a \$10 gift card was given as an incentive to each participant.

One research assistant, who is also an alumnus of the foster care system, conducted all of the interviews and transcribed text data from audio recordings. A second research assistant served as note taker at focus groups. The two research assistants, both graduate students in social work, analyzed the transcripts in parallel to produce independent first-level codes for each question. They subsequently met together to compare similarities and differences across both sets of first-level codes and used consensus decision making to identify common themes. Consensus was achieved when specific text data believed to support a particular code or theme was produced, and both reached agreement about the meaning made from the data. When the research

assistants each produced different codes or drew different meaning from the data, the individual responses were compared by reviewing the selected transcript data. If the text data was judged weak or agreement could not be reached, then the code or theme in question was eliminated from further analysis. This process of vetting the codes and themes was employed to minimize researcher bias or personal opinions from shaping the study results. The content analysis of qualitative data was guided by Taylor-Powell & Renner (2003).

Findings

The findings are reported according to the three main research questions.

Resilience

How resilient do college students from foster care perceive themselves to be? The interview questions for this study focused self-perception in three specific areas: functioning under stress, managing difficult emotions, and level of present-moment awareness.

Functioning Under Stress

Overall participants shared the perception that they do not manage stress as well as other college students. The essence of this sentiment was captured by the remark of one participant who stated “...from my perspective, foster kids have to think a lot about *like a lot* of other stuff...regular kids don’t have to think about with their families and stuff...”. Noteworthy, is an exception to this view, which was offered by the two participants who revealed having only experienced kinship (i.e., relatives) placement during their time in foster care. In both instances, the participants shared the perception that all students “generally cope in the same way.”

Among participants who reported struggling more than their college peers with stress management, two helpful insights were offered. First, some participants associated stress with feeling a lack of control, which may help to explain how it is that others – who may appear to be in control – are perceived as better handlers of life stressors. In some instances, being a Seita Scholar (i.e., a member of a scholarship program designed exclusively to support college students from foster care) served as a “protective” factor

from stress; that is, participants experienced a “knowing” that direct support was available to aid in alleviating any extra stress.

Participants named a wide range of strategies believed to be effective for managing, or “pushing through”, stress. One strategy was to talk with others about stressors, including friends and family, campus and local supports, and program staff (known as campus coaches). A second strategy addressed physical remedies including medication, exercise, and extra sleep. A third group of strategies were cognitively oriented and included, focusing on “trying to prove others wrong;” [mentally] pushing through; concentrating on future goals; and, replacing negative emotions and thoughts with positive alternatives. A fourth group of strategies focused on behavior or action including applying previously learned independent and resilience skills; and, engaging in financially responsible practices.

Participants also admitted to using known unhealthy strategies when faced with stress and adversity, including: procrastination, avoidance, physical aggression, substance use, and self-medication. Participants were aware of the healthy and unhealthy coping strategies and were plainspoken about their available choices. Moreover, participants were frank when explaining that unhealthy coping habits were a learned response to the uncertain conditions of their foster care experiences. For example, “being moved around within the foster care system” for some participants neither provided opportunity nor motivation to resolve stresses of past placements, especially considering the immediate demands facing them in new placements.

Managing Difficult Emotions

Participants expressed a familiarity with emotions (e.g., anger, anxiety, sadness, loneliness). Although the general consensus was that they manage emotional dysregulation “to the best of their ability,” most coping strategies discussed were not helpful or, worse, harmful. For example, common coping mechanisms used by participants for managing difficult emotions included: socially isolating, avoidance, suppressing feelings, substance use, prescription medication, self-harm, lashing out verbally, blaming others, and having negative thoughts. One participant stated, “I don’t manage [difficult emotions] well just because I will kind of go into a little spell where I will be alone, I will just go home and be by myself.”

“Going it alone” to deal with difficult emotions was tied to the reality of not having support from parents and family. Several participants indicated feeling more comfortable “doing things alone” because they “don’t want to feel like a charity case or be seen as crazy by others.” In contrast, their college peers who had never experienced foster care were viewed by participants as being mostly dependent on parents who provided support, money and managing other responsibilities such as insurance and phone bills. One participant stated, “I think [foster care] made me more resilient. I know how to stand on my own; not rely on anybody, and I think that comes with maturity too.”

Participants reported awareness that their ability to manage emotions was connected to traumatic childhood experiences. Indeed, several participants believed that they did not learn coping mechanisms to manage emotions. One participant shared “I think everything for me stems from having that lack of love and that lack of attention.” The link between struggling with difficult emotions, dealing with mental health challenges (e.g., depression, anxiety), poor coping strategies, and a lived foster care experience was clear to most participants. One participant shared, “We have way more high levels of anxiety and depression and things like that because we have so many other things to think about and have to worry about.”

It is clear from participant responses that there is a double-edged conundrum in managing difficult emotions. On the one hand, there is a perception that they are more independent and can handle more than their peers, but on the other hand there is an abiding awareness that they are not adequately prepared for the challenge of dealing with difficult emotions.

Level of Awareness of the Present Moment

Participants were asked if the foster care experience affected their ability to focus awareness on the present moment. Some participants perceived themselves to have an enhanced ability to focus attention since they regularly draw from past experiences to inform present decision making. Moreover, participants shared that they were able to recall past details of traumatic experiences, while remaining present with current situations and circumstances. This bifurcated attention was presented as “evidence” that they are better at focusing attention compared to college students who had never experienced foster care. For example, one participant stated: “I have a lot of thoughts going through my head usually when I’m listening to people, but I’m able to kinda multi-

task.” Another participant recalled a crisis experience when she first realized her ability to focus on multiple things at once: “When they came in, the cops and the social worker, ...I was listening to them but at the same time I was thinking where is my mom? Where is me and my brothers about to go? Are we gonna be separated? Are we gonna be together? ...I had to take in everything they were telling me so that I could remember it. So I had to do both at the same time”

Other participants shared how rumination of past traumatic experiences causes difficulty with multi-tasking, concentrating, and remaining consistently mentally present. For example, one participant indicated that “Emotions get triggered and you know it’s hard to focus for a little...but eventually I can like calm down and deal with it.” Another shared, “Once you are in your classroom, you tend to not pay attention to whatever you are learning because you’re just constantly thinking about your experience.” And, finally, another participant expressed exasperation, “Some people be like ugh whatever, oh it’s fine...I’m like no it’s not, because I am by myself, I’m alone, I do not have family or things like that, and then it’s like I have to think about every single thing every single moment.” One strategy reported by participants to “stay grounded” when attention was unfocused and to “push through the present moment” was to fidget with a concrete object.

Seeking Concrete support in times of need

How likely are college students from foster care to seek and access support during episodes of challenge and adversity? Participants generally agreed on one thing: Seeking help is difficult. Furthermore, seeking help from “strangers or individuals that do not have shared life experience” is even harder to do. Part of the difficulty seems to be that the very act of reaching out for help generates a feeling of “losing control,” and opens fear of being “rejected,” “judged,” or “having the help thrown back in their face” at a later time. Participants expressed that seeking help makes them vulnerable and uncomfortable, which is less desirable than keeping up barriers and handling problems alone. Some noted that seeking and obtaining help is difficult when professionals are inconsistent and unreliable during treatment and services.

Reluctance to seek help from professionals, or others in positions to help was reported to stem from “previous negative encounters,” which included a perceived “lack of genuineness by professionals trying to help,” “the therapist focusing on problems and not solutions,” and “the therapist feeling sorry for me.” Others described how past

experiences of asking for help resulted in being labeled or diagnosed in unhelpful ways, being prescribed medication that “makes you feel abnormal,” and being viewed as “a sign of weakness.” Some participants indicated that they felt “forced to seek help” earlier in life, which built up a resistance to seeking help now. Some participants acknowledged an understanding of the importance for “asking for help” but competing feelings of guilt, shame, and mistrust prevented them from actually doing so. The awareness of the need for help combined with the reluctance to seek help creates a paradox. As one participant stated, “I feel like we tend to seek help more than other people, but at the same time we don’t... cause we’re kinda stubborn.”

In the same way that early negative experiences with help created future resistance, the act of receiving help in the past reinforced the need to seek help in the future. In general, there was an understanding that asking for help is a good thing and that seeking help is easier when individuals providing the help understand trauma. It was also said that it is easier to connect with a professional when the therapist and client have “something in common or relatable between them.” Not surprisingly, several participants discussed their desire to become therapists or social workers “to help other youth in care.”

Social Connections

The interview questions focusing on social connections were narrowly limited to perceptions about relationships with mental health and other professionals. Although our interview questions attempted to distinguish between mental health professionals from other helping professionals, the participants spoke about professionals in general, without differentiation between types of professional roles.

Overall, participants conveyed the understanding that “therapy is good [for you]”, “the [foster care] system encourages the use of therapy,” “everyone needs someone to talk to,” and therapy can be useful for more than just “extreme mental health issues.” It was important to know that therapists can “help you work through traumatic experiences” and “help you work towards your goals.” One participant was unequivocal, saying “I feel like, oh yea I do need to talk to somebody...growing up and having experienced foster care has actually helped me because before [foster care] I would never have thought about going [for professional help].”

Most participants reported that their foster care experiences had negative effects on their willingness to engage with mental health professionals. One participant recalled being told by a case manager that “You do not have a voice until 18.” Another participant shared that, “The therapist approached me in this ‘I’m here to help you because you need my help’ way and that’s not how you approach someone.” Such disempowering statements not only left imprints of feeling unheard and uncared for, but also made reaching out to others for help and support more difficult. One participant shared “A lot of the times your feelings aren’t really listened to or taken into consideration. Like when you’re in foster care ...until you’re a certain age a lot of your decisions are made for you.” Several shared the feeling that the therapist assumed a role of expert when addressing mental health with youth, and that this assumption contributed to additional burdens of feeling unheard and uncared for in the space of professional help.

For some, receiving help while in foster care was associated with being prescribed medication, which “negatively altered your state of well-being.” Others who remember feeling forced to attend therapy did not find it helpful. Additionally, there was a shared sentiment by some that traditional talk therapy was ineffective; something “you could do on your own” without a professional. There was also a perception that mental health is “not taken seriously” in foster care, and experiences of having to repeat the telling about childhood traumatic experiences produced “feelings of exhaustion,” and not relief.

Participants also shared that it was difficult to relate to therapists because of the unequal social standing. One participant stated “It was difficult to relate [to the therapist] because they were kinda established in their lives. They have a career and they’re here because my life isn’t established, so it’s hard to relate in that moment.” Other participants discussed having difficulty relating to mental health therapists because of the power differential. In some instances, participants described the professional “carrying themselves as knowing what’s best versus listening to the client,” and being wary that the therapist might use their power to “force” a decision thought to be in the best interest of the child. Therapists who taught young people to make decisions were valued over therapists who decided for youth.

Despite the overwhelmingly negative experiences remembered with professionals and the stigma of mental health while in foster care during childhood, most participants reported feeling encouraged about addressing needed mental health issues while in college. Participants remarked that stigma about mental health is less in college because

there is general attention given to mental health issues campus wide. Indeed, some participants indicated that “having a therapist or social worker is normal” among college students, “just like having a mom and dad.” Finally, there was acknowledgment that one’s view of engaging with mental health professionals changes for the better with maturity. One participant said it this way, “You’re able to recognize that help is helpful with the right individuals.”

A final question asked of research participants was to provide recommendations to aid in the improvement of mental health services for youth and young adults from foster care. These recommendations grouped into two categories. First, recommendations for youth in foster care included the following: give therapy a try; take charge and voice your opinion to professionals in an educated way; let go of the past and focus on the future; stay true to self; rely on existing supports (foster parents, campus coaches, friends, etc.); learn to better understand your feelings and emotions; practice positive thinking and reframes; recognize when to do something even when it may be difficult; know your needs, practice being self-sufficient and self-reliant; rely on yourself more than others; be open to therapy later when self-directed. Second, recommendations for professionals supporting youth in foster care included the following: therapy should be voluntary; know that forcing therapy creates resistance; allow youth to participate in treatment and to have some control; don’t look at therapy as just another job; be available (emotional and mentally); look at therapy from the child’s point of view; listen without judgement; youth must feel comfortable in order to open up; meet youth on their level and do not act superior; rapport is built upon trust and breaking down barriers; explain guidelines and policy regarding therapy to youth; assign case workers based on goodness of fit for a youth; reduce professional turnover rates; youth need longer term connections; have more patience to allow youth to open up when comfortable and ready; help youth understand that participating in therapy doesn’t make you “crazy;” and, allow treatment goals and plans to be youth driven.

Conclusions

The purpose of this qualitative study was to explore how college students from foster care manage stress and perceive the need for mental health support. Participants were asked to consider the needs and views of students from foster care in comparison to the general population of college students. The findings produced the following key findings:

First, college students from foster care perceive themselves to cope less well with stress and difficult emotion when compared to their peers. Many students ruminate about unresolved stress from childhood, which compounds their feelings of stress and difficult emotions, thus interfering with focus and concentration needed to succeed in college. Although a general understanding of the benefits of therapy and support exist, many young people from foster care are aware that they choose unhealthy and, sometimes harmful, coping strategies. They attribute their increased struggle to negative experiences from their days in foster care, including never having been taught how to cope in healthy ways.

Second, encounters with professionals during a childhood in foster care were mostly remembered as negative experiences. The adversities and disappointments of foster care, as well as the lack of caregiving taught young people to isolate from others and “go-it-alone” during difficult times. From the perspective of youth, this independence protects or shields them from further harm, but also leaves significant support gaps needed for healing and growth in young adulthood.

Third, once in college, students in foster care enjoy some relief from the stigma of foster care and mental health issues that was common during childhood. Instead, at college they enjoy being part of a campus community where student mental health is a matter of general concern, and seeking therapy is relatively common among students in the general college population.

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APPENDIX A: INTERVIEW SCHEDULE

Resilience

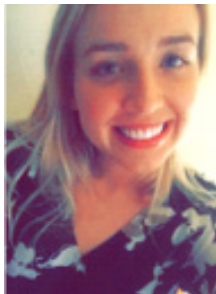
1. Compared to other college students of similar age, how do students from foster care:
 - a. manage the stressors of daily life?
 - b. function when faced with challenges, adversity and trauma?
2. Compared to other college students, how well do students from foster care manage difficult emotions such as anger, anxiety, sadness, feelings of loneliness, etc.?
3. In your opinion, how does the foster care experience affect a person's ability to focus one's awareness on the present moment, while calmly acknowledging and accepting one's feelings, thoughts, and bodily sensations? Explain.

Concrete Support in Times of Need

4. Compared to other college students, how likely are students from foster care to seek help when faced with difficult challenges, adversity and trauma?
5. Does the experience of growing up in foster care impact the desire to engage in professional for mental health type needs during the college years? If yes, how?

Social Connections

6. In general, what ideas do students from foster care have about seeking help from mental health professionals?
7. In your opinion, has the foster care experience taught young people to relate to mental health professionals in a particular way? If so, how?
8. What recommendations do you have to help students from foster care feel that they are in charge of therapy goals when receiving professional mental health services?



Katelyn Root

graduated with her masters in social work in the spring of 2017. She studied mindfulness as a therapeutic modality for students and worked alongside other young adults who have aged out of the foster care system to better understand mental health challenges. She is currently working as a LLSW (limited licensed master's social worker) doing multisystemic therapy with adolescents and their families. She is passionate about social emotional learning and development, along with juvenile and social justice. Outside of work she enjoys the outdoors, spending time with her animals, and practicing yoga.



Yvonne Unrau

is Professor of Social Work and Director of the Center for Fostering Success at Western Michigan University. She specializes in the area of child welfare, foster care, and integrating complementary alternative interventions including yoga, meditation and mindfulness to the practice of social work. From 2008-2012 she served as the founding Director of WMU's program to support undergraduates who have aged out of foster care (i.e., Seita Scholars Program). "Dr. Yvonne," so named by her students, teaches courses in social work practice, program planning, research, evaluation, mindfulness and body-based interventions for trauma treatment. She is a licensed clinical social worker, and has received numerous grants, especially to support research and programming efforts related to services for youth aging out of the foster care system and enrolling in post-secondary programs.



Natalie Kyles

is a 30 year old single mother who was raised in the Michigan Foster Care system. Due to her experience in care she developed a great passion to help at-risk youth and their families navigate effectively through various welfare systems, primarily the child welfare system. Natalie firmly believes "As a social worker it is critical that we utilize our roles and platforms to force the redevelopment of our broken system to ensure it becomes more effective for those passing through it." Natalie earned a Bachelors of Arts in Social work from Michigan State University, with a certification in Child Welfare and Diversity and a Masters of Social Work from Western Michigan University.