Occupational Therapy's Role in the Foster Care System

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Abstract

Children and youth who spend time in the foster care system face a variety of obstacles perpetuated by childhood trauma and limitations in service provision. Literature regarding this population demonstrates challenges, including the inability to form attachments and productive peer relationships, deficits in cognition and educational performance, and unpreparedness upon transitioning from the system. In addition, literature demonstrates the significantly increased prevalence of mental health challenges among those in foster care. Parents of foster children report inadequate services and supports to address the ongoing ramifications of a child raised in a constant state of traumatic stress. Following a depiction of the challenges, a solution in the form of occupational therapy services is demonstrated in this paper. The distinct value of occupational therapy is presented along with implications for this population in the scope of practice, thus highlighting an opportunity to expand service provision in this regard. This Opinions in the Profession paper seeks to demonstrate the possibility and importance of establishing a permanent role for occupational therapy in the child welfare system by presenting a review of several challenges at various levels in the system followed by a detailed depiction of the profession's role in this future opportunity.

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In the United States, over 400,000 children spend time in foster care each year with nearly half of these children living in a family home with someone who is not a relative (U.S. Department of Health and Human Services Children's Bureau, 2019). When a child is removed from their home and placed in foster care, the reason surrounding this removal is generally related to some form of abuse creating an unsafe home environment. The most common circumstances associated with a child's removal from the home include neglect, abandonment, inadequate housing, child behavior problems, physical abuse, sexual abuse, parental incarceration, and parental drug or alcohol abuse (U.S. Department of Health and Human Services Children's Bureau, 2019).

Each of these reasons for removal demonstrates childhood trauma, and for children who are repeatedly exposed to trauma early in life, as is the case for those requiring removal from their home, traumatic stress is a likely occurrence (National Child Traumatic Stress Network [NCTSN], n.d.). The subjective nature of trauma makes it difficult to understand a child's stress response. However, The National Child Traumatic Stress Network outlines core concepts for understanding traumatic responses to aid in this process (2012). As described by these concepts, traumatic experiences are complex and produce various reactions that often appear maladaptive in nature. Children living in a constant state of traumatic stress experience prolonged emotional duress, changes in behavior, deficits in self-regulation, challenges with forming attachments and productive peer relations, inability to maintain sustained attention, and lower rates of academic success (Bartlett & Smith, 2019; NCTSN, n.d., 2012). Furthermore, children who spend time in foster care have an increased prevalence of mental health challenges as compared to their peers (Barnett et al., 2018; Leve et al., 2012; Lotty et al., 2020; Morton, 2018). Beyond the inability to cope with trauma, the prolonged impact of stressors can also cause neurological changes and increase cognitive deficits (Leve et al., 2012; Lotty et al., 2020; NCTSN, 2012).

While foster care is a system designed to protect children, the reason a child is placed in this system is the direct result of a negative experience that has the potential to produce long-term issues. Although many positive foster families exist, some individuals who serve as foster parents may have limited access to services to aid in managing the stresses accompanying traumatized children (Barnett et al., 2018). A theme from a mixed methods study using focus groups ($N = 27$) revealed that foster and adoptive parents reported feeling unprepared to manage the challenging behaviors their children display and desired further training (Barnett et al., 2018). Since a child's traumatic experience influences the entire caregiving unit, the caregivers' own distress in managing the situation can impair their ability to provide appropriate support (NCTSN, 2012). Even with a great desire to display compassion, the stress of the situation can be consuming for foster parents and lead to possible termination of their role, which further exacerbates the child's challenges since another placement will be required (Lotty et al., 2020).

As evidenced by the severity and complexity of responses children in the foster care system display, a significant need exists for expanded service provision for this population. Occupational therapists are distinctly qualified to intervene with these challenges because they are skilled in using meaningful, everyday activities, referred to as occupations, in a variety of areas to facilitate growth, healing, and enhanced performance capacity (American Occupational Therapy Association [AOTA], 2020). Occupational therapists also have a background in mental health and trauma-informed care, further strengthening the support for this profession to play a role in foster care.

While professionals such as social workers and psychologists presently serve children impacted by trauma, key philosophies and principles of the occupational therapy (OT) profession present a

distinct opportunity to address multiple areas of need, including the impact of childhood trauma. The philosophy of OT recognizes the innate need humans have to engage in occupations that are dependent on an interconnectedness to the environment (Hooper & Wood, 2019). For children in foster care, trauma extends into multiple areas of their lives making it difficult for them to respond appropriately amid their frequently changing environment (NCTSN, 2012). The principle of recognizing the environment's impact on participation in occupations provides a holistic perspective and distinguishes occupational therapists from other professionals trained to address childhood trauma. Through the use of profession-specific ecological models, occupational therapists understand that an environment can either promote or hinder successful performance. Each child has a different set of circumstances surrounding the context of their needs, requiring an emphasis on the individualization of intervention from a client-centered approach (Brown, 2019). In addition, the OT scope of practice allows occupational therapists to address specific areas of need for foster children, including attachment formation and peer relationships, cognition and educational performance, and the transition to independent living.

The Need: Attachment Formation and Peer Relationships

One of the most important skills a young child develops in infancy and toddlerhood is the ability to form secure attachments with caregivers. Attachment relationships allow a child to feel safe and regulate their emotions, because they know their needs are going to be met (Lind et al., 2017). However, children in foster care are taken away from caregivers and often moved around to different families making it difficult to form these attachments (Leve et al., 2012; NCTSN, 2012). As these young children age, the impact of the limitations in attachment relationships can carry over into challenges with peer relationships. Children and adolescents in the foster care system may resort to using survival behaviors because of their instability in relationships (Lotty et al., 2020). While these behaviors provide a sense of protection amid the trauma, they can serve as a hindrance to healthy relationship formation (Lotty et al., 2020). Despite the potentially detrimental long-term impact, there are limited and inconsistent services for foster families to address attachment, social relationships, and the maladaptive behaviors typically present, indicating a need to expand service provision to address these needs (Barnett et al., 2018).

The Need: Cognition and Educational Performance

The repeated exposure to trauma in its variety of forms can have detrimental effects on neurobiology, especially when occurring early in life (Leve et al., 2012; Lotty et al., 2020; NCTSN, 2012). A child's brain development is influenced by the repeated activation of the body's stress response system with the increased release of glucocorticoids, which can have adverse neurological effects (Cross et al., 2017). For example, executive functions, including working memory, cognitive flexibility, and inhibitory control are hindered by childhood trauma because of the disruption of the pathways to the prefrontal cortex (Cross et al., 2017).

Disruptions in brain development often produce deficits in cognitive functioning that can carry over into educational performance. A quasi-experimental trial conducted by Bucker and colleagues (2012) compared school aged children who had experienced early trauma and resided in a child welfare system ($n = 30$) with children who had not ($n = 30$) while matching for age to provide a control. Each child completed the Wechsler Intelligence Scale for Children – III Edition (WISC-III) and the Wisconsin Card Sorting Test to evaluate cognitive functioning (Bucker et al., 2012). Statistically significant results indicated that children who experienced trauma scored lower on the Digits Span Test and the Continuous Performance Test of the WISC-III ($p = .005$ and $p = .022$, respectively). While this appears to suggest that results were not noted in each subtest, an additional cause for concern was a

discrepancy with the years of schooling between the two groups. Children who experienced trauma had fewer years of education, likely the result of neglect associated with not being taken to school and the instability of living situations causing schools to be switched mid-year and grades often repeated (Bucker et al., 2012). Furthermore, children with trauma revealed higher rates of symptoms, including irritability, anxiety, and conduct disorder when compared to those without trauma, demonstrating potential factors that can negatively influence school performance (Bucker et al., 2012).

In addition, individuals who grew up having spent time in the foster care system are at a significant disadvantage when it comes to obtaining a college degree. Foster youth endure several barriers to educational achievement at the college level (Morton, 2018). These barriers include a lack of independent decision-making skills because of a prolonged dependency on the welfare system, limited financial support, and low performance in high school hindering acceptance at universities. In addition, these youth often do not receive proper guidance regarding life skills from adult figures (Morton, 2018). Furthermore, results from a 4-year longitudinal study using a phenomenological design with foster alumni ($N = 21$) revealed a theme that mental health barriers, particularly in the form of sustaining a healthy emotional state, were a large contributing factor to college success (Morton, 2018). These individuals also stated concerns with self-harm and managing anger along with other distressing emotions (Morton, 2018). This presents challenges both in the academic aspect of college as well as the relational aspect, demonstrating a need for cognitive and education-based interventions for those who have spent time in foster care.

The Need: Transitioning Out of the System

When individuals in the foster care system reach approximately 18 years of age, they age out of the system and generally receive minimal to no additional support. In some instances, they may receive support until the age of 21, but typically young adults around this age are now thrust into the world on their own with no safety net to fall back on should they fail and require assistance (Armstrong-Heimsoth et al., 2020). Individuals coming from an unstable childhood and home life are generally ill-equipped to take on the full weight of adulthood at this age (Gypen et al., 2017). Therefore, the transition to adulthood is particularly challenging for this population because of the lack of family and financial support. This presents an issue of occupational injustice as well, which means foster youth have unfair and limited access to resources necessary for meaningful participation in life because of the challenges breeding from the inequitable system in which they are raised as compared to their peers raised outside of the system (Paul-Ward, 2009).

Gypen and colleagues (2017) conducted a systematic review ($N = 32$) regarding the challenges most experienced by individuals who have spent time in the foster care system. The results indicated the greatest concerns for young adults leaving the foster system involve lower rates of graduation at both the high school and college level, lower rates of employment and lower paying jobs, homelessness, increased prevalence of mental health and substance use disorders, and increased challenges with criminal behavior resulting in incarceration (Gypen et al., 2017). Each of these challenges are interrelated and often comorbid while influencing one another, thus further exacerbating the challenges experienced.

Furthermore, there is limited support regarding life skills education for these youth as evidenced by a preliminary mixed-methods study ($N = 16$) conducted to address perspectives of transitioning to adulthood after foster care along with the impact of social supports and resiliency (Armstrong-Heimsoth et al., 2020). The results from those interviewed indicated a desire for transition services to begin earlier

and to address a variety of life skills, including home management, financial management, relationship skills, and other life skills necessary for independent living. Because of the inconsistency of service provision to target all aspects of concern, a provider skilled in each of these elements is warranted, and OT's scope of practice entails all such avenues indicating its relevance to address this issue more permanently.

The Solution: OT's Role to Meet These Needs

As demonstrated by the research, children in foster care experience multiple challenges growing up in the system with insufficient supports provided. Therefore, a profession whose scope of practice spans across these areas of need is necessary for this population. According to the *Occupational Therapy Practice Framework: Domain and Process*, occupational therapists have distinct training to address the whole person as a means of promoting participation in occupations needed for daily life (AOTA, 2020). Occupations are defined as any activity done to occupy one's time while bringing purpose and meaning to life. Occupations are vital for an individual's health and central to their identity. Occupational therapists possess unique skills to use occupations as a means of intervention to target a variety of physical, cognitive, and mental health needs (AOTA, 2020).

As previously mentioned, children in the foster care system experience challenges with attachment and peer relationships because of the instability of their upbringing. These children are often wary of everyone and have not seen appropriate social relationships modeled, making it difficult for them to trust others and form healthy relationships. In addition, children in foster care typically have a hard time effectively expressing their feelings and emotions and controlling their responses (AOTA, 2017). These challenges can impact play skills with peers making it difficult to productively engage with others (Leve et al., 2012). OT acknowledges the importance and value of social participation and relationships in an individual's life and includes this as one of the categories of occupation in the *Occupational Therapy Practice Framework: Domain and Process* (AOTA, 2020). Play is also categorized as an occupation, thus demonstrating evidence that OT can address these challenges for those in foster care (AOTA, 2020).

A randomized controlled trial ($N = 49$) evaluated the effectiveness of an intervention using peer-play not only to increase peer interaction skills but also to target executive function skills such as working memory, planning, organization, and emotional control (Esmaili et al., 2019). The intervention was designed from an OT perspective using the Model of Human Occupation and included multiple elements of play while targeting executive functioning skills. Results indicated that parents perceived a statistically significant increase in both categories of executive functioning, including behavior regulation and metacognition ($p = 0.01$ and $p = 0.002$, respectively). An OT-based approach can simultaneously address the challenges of peer relationships and executive functioning to support those in foster care as they engage in meaningful, age-appropriate, and role specific occupations.

Another area of concern that can be addressed by OT is education. Whether it is challenges related to the cognitive deficits resulting from the trauma experienced, the impact of changing schools, or planning for graduation and college by exploring interests, occupational therapists can play a role (AOTA, 2017). Specifically, occupational therapists can intervene in the school system to address cognitive and mental health challenges common for foster youth. One aspect involves facilitating motivation and fostering a growth mindset. Because of cognitive challenges, children typically view their learning abilities as poor resulting in discouragement (Schneck & O'Brien, 2020). Addressing the mental health aspect of education can promote increased self-efficacy giving foster youth more

ownership and independence in their academic abilities. In addition, cognitive-functional interventions can be incorporated to promote skill-acquisition for optimal school performance. As foster youth enter high school, vocational aspirations can also be explored using career inventories to develop interventions to prepare them for the transition to secondary education (Schneck & O'Brien, 2020). Because of the inclusion of cognition and mental health considerations in the OT scope of practice, this profession is distinctly qualified to intervene in this capacity for foster youth.

Occupational therapists can also address life skill development for foster youth preparing to live independently. As youth age out of the system, they take on many responsibilities they are likely ill-equipped to handle because of limited experience with learning life skills (AOTA, 2017; Paul-Ward, 2009). OT refers to necessary life skills as instrumental activities of daily living and examples include managing finances, maintaining a home, and preparing meals (AOTA, 2020). Even though the child welfare system is required to aide foster youth in the transition process, opportunities are typically limited for hands-on practice with essential skills, making it difficult for carryover of learning to occur (Paul-Ward, 2009). Occupational therapists recognize the need for hands-on practice to increase confidence and competence and can design programs that allow for such opportunities. In addition, occupational therapists are uniquely qualified to address transitional needs because of an understanding of how such services not only expand independence but also pursue occupational justice which bridges the gap between foster youth and their peers (Paul-Ward, 2009).

Each of the overarching areas of need for those in foster care can be addressed by OT, demonstrating support for the inclusion of the profession in the system. Beyond service provision, OT could serve as an avenue of consistency for foster children accustomed to change since occupational therapists can address areas of need in each life stage for children in the system. In addition to providing direct support to those in foster care, occupational therapists can provide indirect services by training teachers, foster parents, and other members of the child welfare system on how to support these individuals and address their various needs. Furthermore, occupational therapists possess skills of advocacy that can be used to encourage legislators to increase funding and create opportunities for the profession to take on a more permanent role with this population (AOTA, 2020).

Conclusion

Growing up in foster care leaves an individual with numerous challenges to overcome from an emotional, cognitive, and mental health perspective. Trauma exposure and an unstable childhood leaves an imprint on a child's life that can persist into adulthood when left unaddressed leading to further discrepancies among peers. Current research clearly demonstrates a systemic need for change for this population to target various needs while providing a sense of stability for those who are all too familiar with instability. As a profession that uses innovation and creativity to empower individuals to adapt and live in a way that fulfills all necessary roles while engaging in all desired occupations, OT should play a larger role in the foster care system. Through advocacy efforts, determination, and a willingness to produce change, occupational therapists can emerge into a new practice setting by establishing permanency for service provision throughout all stages of foster care.

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