
Addressing the Mental Health Needs of Former Foster Youth in Campus Support Programs

December 2, 2008

Web Seminar of the California College Pathways Project



Web Seminar Technical Details

- Click on unique link forwarded in email invitation
- Two audio options: computer or telephone (**recommended**)
 - ❑ Call (773) 945-1010
 - ❑ Enter Access Code: 220-247-652
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For assistance with audio, call 415-693-1322

To submit live questions, click on the “Question and Answer” arrow on your screen, type your question, and click “Send.”



California College Pathways Project

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For more information, visit www.cacollegepathways.org

Goals of Today's Training

To share information about the:

- Latest research on how foster care affects youth
- Signs and symptoms that students may present
- Services one campus support program has developed to supports its students
- First-hand perspective of one student



Panel Participants

- Dr. Tuppet Yates, Professor, University of California, Riverside
- Ms. Cassandra Stringer, Counselor, Cal State Fullerton
- Dr. Charmaine Charles, Counselor, Cal State Fullerton
- Ms. Nicole Demedenko, MSW Candidate, USC School of Social Work

Moderator: Amy Lemley, John Burton Foundation

Q&A: Jenny Vinopal, CSU Office of the Chancellor



Attachment

- The early caregiving environment is uniquely important as the foundation of development across multiple levels (e.g., physiology, emotion, cognition)
- What happens when this environment is characterized by abuse, neglect, or disruption?
- How does trauma affect the developing brain to influence patterns we see among our foster youth as they transition into adulthood?



Attachment & Inner Working Models

- All organisms that have prolonged juvenile periods of vulnerability have developed mechanisms to balance exploration (the need to learn about the world) and proximity seeking (the need for safety).
- Attachment is a solution to this dilemma and the nature of the solution can look different depending on the relationship quality.
- Early exchanges with caregivers form the basis of future relationships via internalized representations of relationships (i.e., inner working models; Bowlby, 1969)



Attachment Organization in Childhood

- **Responsive and sensitive caregiving => Secure Models:**
 - Others are available; I am worthy of care; I am capable of getting help when I need it; I am a good and loveable person
- **Insensitive caregiving => Insecure Models:**
 - Rejecting care => Avoidant model – Too much exploration:
 - It's no use counting on others, because they won't be there if I need them; I must be unlovable; I can't get the help I need
 - Inconsistent care => Resistant model – Too much seeking:
 - If I just try hard enough, someone has to notice me at some point; I am not sure who I am... that depends on how others respond to me; I desperately want others to love me
- **Frightening caregiving => Disorganized Models:**
 - I am frightening/dangerous; I am bad; I don't know whether to love or hate others...to trust or avoid you.

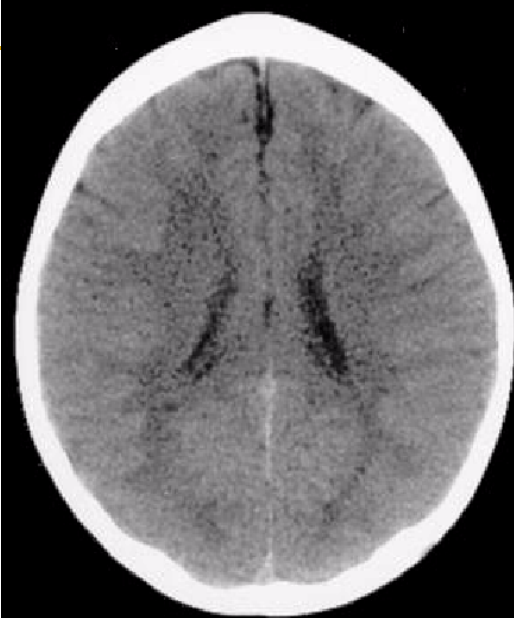
Attachment Organization in Adulthood

- **Secure => Autonomous**
- **Avoidant => Dismissing**
- **Resistant => Preoccupied**
- **Disorganized => Unresolved**



Attachment & The Brain

- Just as attachment entrains social development and relational models, so, too, does it influence neural development and regulatory patterns.
- Secure attachment engenders adaptive reactivity (appropriate stress response) and regulation (capacity to recover from stress).
- Insecure or disorganized representations are associated with maladaptive reactivity and regulation.
- Trauma overwhelms these systems for all youth, but proves especially detrimental for those with insecure attachment foundations.



Normal



Extreme Neglect

Perry (1997)

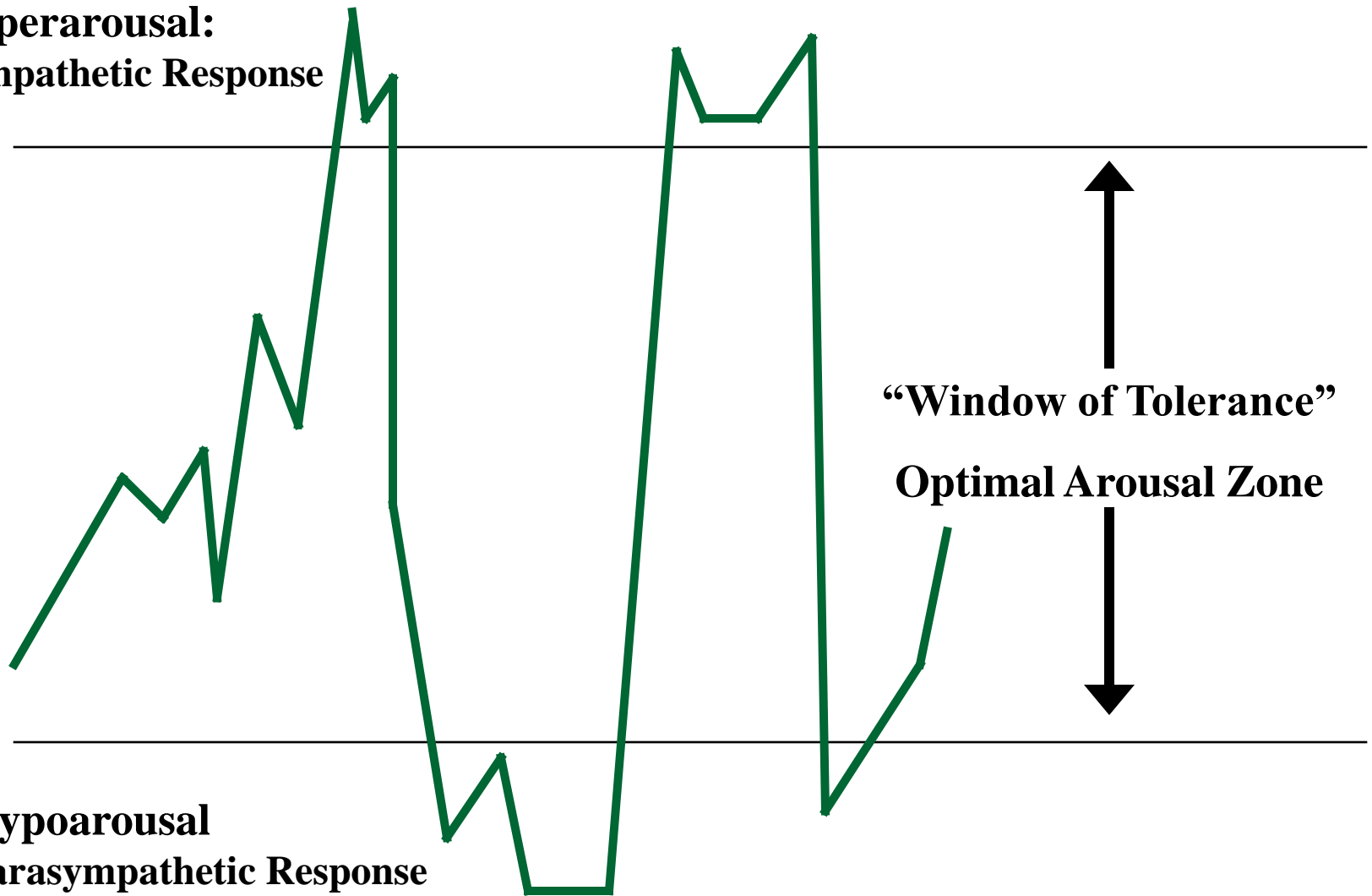
Traumatic Regulation

- Maladaptive shutdown – Hypoarousal
 - Withdrawal
 - Depression
 - Dissociation

 - Maladaptive activation – Hyperarousal
 - Anxiety
 - Hypervigilance
 - PTSD
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Traumatic Reactivity

**Hyperarousal:
Sympathetic Response**



**Hypoarousal
Parasympathetic Response**

“For these are all our children, we will profit or lose, by whatever they become” - James Baldwin

- What do the relations among attachment, relational trauma, and adaptation mean for fostered youth?
 - Youth may have developed “solutions” to difficult life experiences that may not serve them well in the college setting.
 - How we respond to a particular youth must be sensitive to her/his unique solution (e.g., attachment pattern).
 - Fostered youth may be emotionally “overdeveloped” with high reactivity, but they may have relatively less well-developed cortical regulation.
 - This combination of high reactivity and poor regulation can cause difficulties for learning and relationships
 - The brain develops throughout the 20s, so there remains a clear capacity for growth and change.
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Recommended Reading

- De Bellis, M. D., Keshavan, M. S., Clark, D. B., Casey, B. J., Giedd, J. N., Boring, A. M., et al. (1999). Developmental traumatology Part II: Brain development. *Biological Psychiatry*, 45(10), 1271-1284.
 - Perry, B. D., Pollard, R. A., Blakley, T. L., Baker, W. L., & Vigilante, D. (1995). Childhood trauma, the neurobiology of adaptation, and "use-dependent" development of the brain: How "states" become "traits". *Infant Mental Health Journal*, 16, 271-291.
 - Pollak, S. D., Cicchetti, D., Hornung, K., & Reed, A. (2000). Recognizing emotion in faces: Developmental effects of child abuse and neglect. *Developmental Psychology*, 36(5), 679-688.
 - Schore, A. N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36, 9-30.
 - Siegel, D. J. (1999). *The developing mind: Toward a neurobiology of interpersonal experience*. New York: Guilford Press.
 - Sroufe, L. A. (2005). Attachment and development: A prospective, longitudinal study from birth to adulthood. *Attachment & Human Development*, 7(4), 349-367.
 - Teicher, M. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286(3), 68-76.
 - Yates, T. M. (2007). The developmental consequences of child emotional abuse: A neurodevelopmental perspective. *Journal of Emotional Abuse*, 7(2), 9-34.
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The Impact of Foster Care

- **Anxiety**
- **Post-traumatic Stress Disorder (PTSD)**
- **Depression**
- **Somatic Complaints**
- **“Self Medicating”**
- **Relationships**



Signs to Refer a Student to Mental Health

- Insomnia, frequent waking, can't sleep enough or sleep too much
- Lost of appetite or can't stop eating, weight loss or gain
- Fatigue
- Withdrawal from friends
- Withdrawal from activities that used to bring pleasure
- Difficulty concentrating
- Poor memory
- Routine tasks (grooming, going to class, making a phone call) are now difficult
- Can't control negative thoughts
- Easily irritated or become enraged even at small things
- Feel worthless, guilt, low self esteem
- Feeling helpless and hopeless
- Thoughts that life is not worth living, thoughts of suicide, a suicide plan



Mental Health Services Provided

- Individual Counseling
- Couples Counseling
- Group Counseling
- Workshops
- Psychiatric Services
- Crisis Services
- Consultation Services



Areas of Mental Health Support

- Adjusting to College
 - Goal-Setting / Time Management
 - Communication Skills
 - Conflict Resolution & Mediation
 - Cross-Cultural Communication
 - Leadership Skills
 - Perfectionism
 - Procrastination
 - Public Speaking Anxiety
 - Relaxation Techniques
 - Stress Management
 - Study Skills
 - Test & Performance Anxiety
 - Time Management
 - Anger Management
 - Assertiveness
 - CAPS Services
 - Depression
 - Healthy Eating & Body Image
 - Grief & Loss
 - Panic Attacks
 - Healthy Relationships
 - Responsible Drinking
 - Self-Esteem & Self-Confidence
 - Shyness & Loneliness
 - Substance Abuse
 - Suicide Prevention
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CSU Fullerton's Guardian Scholars Program

- Year Started: 1998
- No. of Scholars:
 - 42 current students
- Core Services:
 - Year-round housing, financial and academic support, planned transition into and through college.
- Specialized Mental Health Services:
 - Two licensed therapists
- Funding Source for Mental Health Services:
 - Grant from the California Wellness Foundation



Lessons Learned in Mental Health

- No cookie cutter approach
- Respecting student individual perspective
- Go with resistance
- Integrate wellness into programmatic structure
- Respect student privacy/confidentiality
- Don't make assumptions
- Provide opportunities for growth, community, embrace diversity and build up not tear down



Student's Perspective

- Perspectives on counseling
- Strategies that worked and did not work:
- Tips for non-program campus personnel



Questions or Comments?

Enter questions on your screen now by clicking the “Question and Answer” arrow, typing your question, and clicking “Send.”

Or direct later questions or comments to:

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Project Announcements

- Winter 2008 newsletter just released
- 07-08 Annual Report of campus support programs to be released in January
- Next web seminar: financial aid in February
- Check out www.cacollegepathways.org

