Providing Trauma-Informed Care for Children in the Foster Care System

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Abstract

Foster parents need to be trained in trauma-informed approaches and how to identify previous traumas in order to understand how their foster children's past experiences of abuse or neglect manifest as mental disorders, social challenges, or behavioral concerns. Warning signs for depression or post-traumatic stress disorder should be noted, and youth should be taught how to foster healthy relationships in order to prevent substance abuse, irresponsible sexual activity, or academic failing. Foster parents can provide additional support by creating reasonable expectations for their foster children, teaching effective coping skills, and connecting with available resources.

Keywords: child abuse, foster care, foster parents, foster children, trauma-informed parenting, mental health

Providing Trauma-Informed Care for Children in the Foster Care System

In 2017, 142,301 children in the United States were placed in foster care, and nearly 75% of these children had experienced some form of neglect (U.S. Department of Health & Human Services, 2019). Chaotic home lives and repeated mistreatment can lead to children developing destructive behaviors, mental health disorders, and unusual social patterns (Steenbakkers et al., 2018). Victims of abuse have also been observed to suffer academically and struggle to complete their education (Cage, 2018). Children who have endured abuse require specialized care within their foster placements in order to stabilize their mental health (Rayburn et al., 2018), encourage healthy social interactions (Lum et al., 2018), and promote constructive behaviors (Browne, 2002). It is necessary for foster parents to utilize trauma-informed parenting and become aware of the most effective, evidence-based interventions which can help foster children in overcoming their trauma.

Understanding Trauma

Trauma Informed Parenting

Parents all possess different styles of parenting and prefer to utilize various forms of discipline, but children in the foster care system who have previously been abused require a unique approach. Beyond merely avoiding corporal punishment, as mandated in the Division of Child Protection and Permanency policies (Alvarez, 2016), foster parents need to possess a thorough understanding of trauma and its lasting effects on their foster children. Trauma-informed parenting views behaviors as direct results of prior experiences and seeks to understand what is causing a behavior, as opposed to merely attempting to stop the offense (Northwest Media, 2016). Mariscal et al. (2015) interviewed former foster youth in order to inform foster

parents how to provide better, trauma-informed care. One interviewee shared "They [adoptive parents] need to be understanding of what the youth has actually been put through …the trauma that's associated with being removed from the home but also with the experience that the youth has had in the system" (p. 115). Foster parents cannot treat their foster children the same as their biological children and expect the same results.

Trauma-informed parenting can also be practiced through utilizing models such as Trauma-systems Therapy-Foster Care (TST-FC), which can be used by foster parents to meet the unique emotional needs of foster youth who have experienced traumatic events. Inspired by Brofenbrenner's ecological systems theory, this approach is designed for children between the ages of six and eighteen and considers the various social supports which are available to foster youth. TST-FC builds on individuals' strengths and focuses on forging strong relationships in order to overcome the effects of trauma. Although initially designed as a systemwide training for social workers, TST-FC can also be learned and practiced by foster parents (Bartlett & Rushovich, 2018).

Trauma-informed parenting also involves recognizing foster youth's need for family stability, healthy attachments, and a safe environment for continued brain development after trauma. Although it has been defined in a variety of ways, family stability always involves "parental mental health, stable relationships among caregivers, and positive parenting" (Harden, 2010, para. 10). Family stability is the ultimate goal for all foster families because it encompasses what is needed for foster youth to feel secure within their placement.

Attachment, which is defined as "the enduring emotional bond that exists between a child and a primary caregiver" (Harden, 2010, para. 14) is often difficult for foster children to obtain,

due to their prior, traumatizing experiences and resulting lack of trust in others. Foster parents can combat this wariness through consistency and showing the child that they are safe individuals who will continue to provide for the youth's needs. Foster children also possess abnormal patterns of cortisol production due to their early brain development being impeded by traumatic experiences. Foster parents must therefore demonstrate patience when interacting with their foster children, recognizing their "physiologic changes at the neurotransmitter and hormonal levels that render them susceptible to heightened arousal and an incapacity to adapt emotions to an appropriate level" (Harden, 2020, para. 18).

Types of Trauma

Many children in the foster care system have previously endured physical, mental, and sexual abuse, as well as neglect. Therefore, there are various types of resulting trauma which should be recognized by foster parents. Acute trauma is caused by a single event, chronic trauma comes from recurring exposure to various traumatic events, and complex trauma is suffered when a child experiences a series of traumatic events, throughout their upbringing, which have disruptive, long-term effects (Northwest Media, 2016). Complex trauma is often a result of repeated abuse from one's parents or caregivers and can result in various disorders (Beyerlein & Bloch, 2014).

One study of 732 youth in the foster care system between the ages of seventeen and eighteen found that over eighty percent had "experienced at least one DSM-qualifying trauma in their lifetime" (Salazar, et al., 2013, p.547). In a similar study, Greeson et al. (2011) analyzed 2,251 foster youth and found that over seventy percent of participants "reported at least two of the traumas that constitute complex trauma" (p. 91). Therefore, it is critical for foster parents to

consider complex trauma as they attempt to manage its mental, behavioral, emotional, and social repercussions on their foster children.

These behavioral or developmental problems are known as aftereffects of trauma, and they can manifest in a variety of ways including attachment challenges, somatic symptoms, low self-esteem, or failure to regulate emotions (Northwest Media, 2016). Adolescents can also experience nonnormative stress, or anxiety which is caused by past traumas. This in conjunction with normative stress caused by daily stressors can lead to a multitude of behavioral challenges. Foster parents of adolescents have reported inappropriate sexual behaviors with peers and members of the foster family, suicide threats and attempts, and repeated use of drugs or alcohol (Browne, 2002).

Determining Past Trauma

Since foster children are so deeply affected by their previous abuse and trauma, it is essential that foster parents understand as much of their child's history as possible. The Conflict Tactics Scale (CTS) was designed in 1972 to determine levels of physical or mental abuse within romantic relationships (Straus et al., 1996). This scale later became known as the Conflict Tactics Scale Parent Child (CTSPC) and was adapted to determine the level of abuse foster children experience from their caregivers. Questions revealing psychological aggression, sexual abuse, and neglect are all included in the survey. Despite being highly respected as a reliable method of gaining information, the CTSPC requires interviewing former foster parents, and this approach is not usually feasible for current foster parents (Straus, et al., 1998).

The degree of trauma youth have experienced can also be researched through questionnaires, such as the Modified Maltreatment Classification System (MMCS), which asks

foster children direct questions concerning specific abusive behaviors and experiences (Jackson, et al., 2017). Although this questionnaire contains follow-up questions to gain more specific information regarding past abuse, the method is inherently flawed since many children either choose not to discuss their abuse or have laps in memory due to severe maltreatment.

A more practical approach for foster parents is to create a trauma-sensitive review form where they note various behaviors which might be caused by previous abuse (Northwest Media, 2016). This method focuses directly on a child's current struggles and needs, as opposed to merely identifying his or her past experiences. Information on a foster child's trauma history can also be obtained from his or her social worker, but often all experiences are not recorded and are therefore unable to be shared (Browne, 2002). Unlike other approaches which utilize a self-report approach, a trauma-sensitive review form is completed over time by the foster parent, instead of the child. It is designed not to create an exhaustive history of the youth's trauma but to help the parent determine some past experiences which could be related to current, destructive behaviors.

When determining a child's level of trauma, it is important to analyze not only what the child has experienced but also how the child perceived these events. For example, one individual might be traumatized by being removed from his or her home by child protective services, while another child might view this intervention as a welcome rescue and way of obtaining safety. In the same way, one child might fear for his or her safety when left alone in a car while another child might be relatively unphased by such a situation. A child's interpretation of an event largely determines the situation's lasting impact (Northwest Media, 2016).

Honeymoon Phase

Most foster youth will demonstrate proper behaviors and appear generally agreeable when they are first placed in a new foster home. This is referred to as the honeymoon phase. After a few weeks or months, however, there is often a switch in demeanor and the youth begin to rebel, pushing against the established guidelines of their foster home to see if the cycle will continue, their parents will become overwhelmed, and they will again be rehomed with a new family ("Receiving an adoptive placement," n.d.). One former foster youth explained to researchers, "It's like a test to see, do you really love me? How far can I go before you allow me to push you away?" (Mariscal et al., 2015, p. 115)

It is essential that foster parents equip themselves with the tools and knowledge necessary to persevere through this phase and create a safe, stable environment for their foster child. Through educating themselves on the effects of trauma and what to expect during this stage, foster parents can avoid being blind-sided by their child's dramatic shift in behavior. If a child is sent to a new placement, due to their unruly behavior, the cycle repeats itself and the youth learns that every home they enter is temporary and ill-equipped to handle their unique needs.

Mental Effects

Posttraumatic Stress Disorder

A positive correlation exists between children who have been sexually or physically abused and the development of posttraumatic stress disorder (PTSD). The most recent edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) explains that this complex disorder develops from "exposure to actual or threatened death, serious injury, or sexual violence" (American Psychiatric Association, 2013, p.271) and is paired with various intrusive

symptoms such as upsetting flashbacks and being triggered by innocuous stimuli which remind the individual of the traumatic event (American Psychiatric Association, 2013). Children within the foster care system are at a higher risk for developing PTSD or post-traumatic stress (PTS), when compared to those who are living in homes with their biological parents, and children who witnessed repeated violence within their families are at an even higher risk (Rayburn et al., 2018).

PTSD can also lead to further health problems. One study of nearly three hundred youth in foster care between the ages of eleven and seventeen found that experiencing potential traumatic events (PTEs) and possessing PTSD often leads to difficulties initiating and maintaining sleep (DIMS). A slightly modified version of the Child Adolescent Trauma Screen (CATS) was used to accumulate self-reported data and found that over fifty percent of participants were classified as failing to sleep adequately. Over eighty percent also described this struggle as persisting for more than three months (Lehmann et al., 2020).

In order for foster parents to better understand how to help foster youth affected by this disorder, they must understand the connection between destructive anger and PTSD. The *Survivor Mode Theory* teaches that perceived threats after traumatic experiences trigger an anger-based response which is designed to protect the individual. *The Emotion Substitution Proposition* adds that anger can overshadow fear to prevent freezing in the face of danger, and the *Neo-Associationist Memory Networking* model theorizes that those with PTSD have been exposed to environments where anger is regularly demonstrated (McHugh et al., 2012). Therefore, angry outbursts are often not a sign of moral failure but instead a direct result of

PTSD and prior traumas. McHugh (2012) explained, “Repetitive intrusions… represent a threatening loss of mental control, and significant, angry distress is likely to occur” (p. 99).

Depression

Both PTSD and emotional dysregulation have been linked to depressive disorders (Valdez et al., 2014). Emotional dysregulation, which has been defined as “the tendency to have low-threshold, high-intensity emotional reactions followed by slow return to baseline” (p. 210), has been observed in more than seventy percent of adults who experienced childhood abuse. Depressive symptoms have been found to increase in times of transition (Valdez et al., 2014), therefore special attention must be given to youth’s mental health during these stages.

Salazar et al. (2011) studied 513 diverse youth who were aging out of the foster care system and utilizing some sort of independent living program or other government-regulated housing. Nearly two-thirds of participants were identified as having “experienced at least one type of maltreatment prior to entering care” (p. 106) and those with a more extensive history of abuse possessed more symptoms of a depressive disorder and fewer social supports (Salazar et al., 2011). A dependable social circle is highly difficult for foster youth to obtain, due to the temporary nature of their foster placements and their traumas causing issues with attachment (Negriff et al., 2015). Foster parents could encourage the formation of healthy, social supports by encouraging their foster children to build relationships within academic settings, join mentoring programs, or merely become more involved in his or her community (Salazar et al., 2011).

Social Effects

Familial Relationships

Children in foster care who have experienced sexual abuse possess various psychosocial needs, including the desire to process their past and achieve autonomy while also feeling socially supported. This conflict between desiring independence and craving assistance stems from the prior need to protect themselves when in the care of adults who were abusive or neglectful. Upon emerging from these toxic situations, these children experience a longing for the care and connection which were not previously provided for them (Steenbakkers et al., 2018). Through inconsistent or unreliable social support, a lack of residence permanency, and repeated mistreatment from a young age, many children in the foster care system have been subconsciously taught to rely solely on themselves (Negriff et al., 2015). This unhealthy coping mechanism leads to various social challenges.

Peer Relationships

Young victims of abuse exhibit impeded social skills in the form of antisocial behavior, harassment of others, unhealthy levels of external or internal processing, and difficulties focusing their attention. Children who have experienced neglect are also more likely to socially withdraw and attempt to handle problems solely through internal methods. If these social deficits are not properly treated as resulting from trauma, they can lead to difficulties maintaining platonic relationships, high levels of interpersonal conflict, and various mental health disorders (Lum et al., 2018).

Schools introduce additional problems for foster youth, with one multi-state study finding that “over a third of participants reported five or more school changes” (Johnson et al., 2020, p.

3). This constant shift in environment prevents lasting relationships from forming and discourages youth from attempting to connect with their peers. Additionally, teachers are often untrained to help traumatized youth who display disruptive behavior or antisocial tendencies (Johnson et al., 2020). These factors combine to create a stressful environment where foster youth often struggle to succeed.

Behavioral Challenges

Substance Abuse

Maltreatment as a child has been repeatedly linked to substance abuse as an adolescent and into adulthood. Foster youth often experiment with drugs as a coping mechanism before the age of thirteen, several years ahead of their peers, therefore increasing their risk of addiction. Through using a substance abuse behavioral model, 31% of those participating in Gabrielli et al.'s (2016) study were found to have engaged in substance abuse related behaviors over the past twelve months. Cannabis was identified as the most commonly used substance, but alcoholic beverages and pain relievers were also noted as popular choices. Foster youth reported using drugs to increase self-confidence and aid in minimizing anxiety (Gabrielli et al., 2016).

Vaughn et al. (2007) used the Diagnostic Interview Schedule for Children and Adolescents (DICA-IV) and Childhood Trauma Questionnaire (CTQ) to interview 406 foster youth who were about to turn seventeen years old. A logistic regression analysis revealed that foster children who had been diagnosed with conduct disorder or posttraumatic stress disorder, had a family history of drug use, or were currently placed in an independent living program were more likely to self-medicate through use of various illegal drugs (Vaughn et al., 2007). If their

children match this criteria, foster parents should be especially alert for warning signs of drug use.

Sexual Concerns

Quinones (2013) found that "boys with physical abuse histories were 50% more likely to be classified as reactively aggressive" (p. 16). Foster children who have been sexually abused are more likely to demonstrate sexually aggressive behaviors, and those who have witnessed domestic violence have a higher likelihood of sexually acting out from a young age (Quinones, 2013). Resources such as reproductive health services and sex education through schools are often introduced after youth have already become sexually active. One study found that nearly forty percent of foster youth were failing to use any form of birth control, and fifteen percent had contracted a sexually transmitted infection (Harmon-Darrow et al., 2019).

Finigan-Carr et al. (2018) reported that over seventy-five percent of interviewed foster youth had engaged in sex and less than half reported receiving important birth control information. Therefore, "Females in out-of-home care report higher rates of pregnancy than the general population of similar age, and [are] more likely to have had more than one pregnancy" (p. 312). Many teenagers reported that their pregnancies were not accidental but were instead purposeful attempts to receive attention or live vicariously through their baby in order to experience a healthier childhood. Repeated pregnancies are also common among foster youth, with further complications caused by fear of losing custody and an inability to access parenting resources (Harmon-Darrow et al., 2019). Interventions are necessary in order to prevent irresponsible sexual behavior.

Educational Challenges

Victims in the foster care system also struggle to complete their education and are therefore at higher risk for early pregnancy and becoming involved in criminal activity. The fact that only 58% of abused children graduate from high school highlights a need for increased interventions in order to foster academic success and provide opportunities for other future achievements (Cage, 2018). According to one study by Zetlin et al. (2004), over fifty percent of foster youth have had to repeat a grade, and seventy-five percent score below their grade level.

Behaviors exhibited at school range from destructive to aloof and often lead to placement in special education classes which have not been shown to improve academic performance. Many foster youth are placed in alternative schools in an effort to meet their unique needs, but these schools lack the accredited teachers and college preparatory classes needed to help youth succeed after graduation. Further complications are experienced by foster children changing home placements and therefore switching to new schools and districts (Zetlin et al., 2004).

Perspectives for Treatment

Erikson's Theory

Social worker Claudia Fletcher (2009) explained that when foster children are first placed in a new home, their foster parents should refer to Erikson's stages of psychosocial development to determine how to interact with the youth, set expectations, and form a connection. Although typically used to analyze an individual's development from birth to death, Erikson's theory can also be applied to when a child is forming new attachments within a foster home. Foster parents can use Erikson's theory to better understand the normal, developmental process and recognize delays or unique challenges in their foster children.

The first stage, trust vs. mistrust, occurs when the youth is still distant from his or her foster family and is unsure if they can be trusted as a nurturing and stable support system. Behaviors cannot be expected to change until a semblance of safety is established, and much like one would with a newborn child, parents should not expect the foster youth to contribute to the upkeep of the household. Instead, focus should be placed on providing a safe environment and as much affection as is appropriate. After approximately eighteen months, parents should consider the second stage of development: autonomy vs. shame. During this phase, parents should expect defiance, much like that of a toddler. Emotional outbursts should be expected, and the focus should be on de-escalation and ensuring that the child feels he or she is being heard.

Next, the initiative vs. guilt stage occurs between three and five years after the initial placement. The child, now more secure in the home environment, will begin to belatedly form the social skills needed to connect not only with his or her family but with same-age peers. Lastly, industry vs. inferiority is addressed in stage four, six to twelve years after placement, and the foster youth begins to experiment with different hobbies, begins to build self-confidence, and start planning for his or her future (Fletcher, 2009).

Coping Mechanisms

Coping can be defined as "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Jackson et al., 2017, p. 66). Children who have suffered abuse implement coping strategies after being placed in foster homes in order to manage their trauma and adjust to their continually changing environments. Browne (2002) used the Frydenberg and Lewis Adolescent Coping Scale (ACS) to measure the different ways that youth attempt to self-

soothe in times of distress. Seventy-nine different options were listed, including healthy strategies such as exercising or seeking advice from others, or more counterproductive reactions such as blaming oneself or experiencing somatic symptoms from stress. Compared to their peers, foster youth were found to utilize more unproductive coping strategies, especially if they had previously endured abuse (Browne, 2002). Littleton et al. (2007) found maladaptive, avoidance strategies to be the most prevalent among foster youth while Jackson et al. (2017) found a more direct, "going toward the problem" (p. 71) approach to be utilized the most. Both responses, however, were found to be problematic when used exclusively and applied to all contexts.

Youth who experienced prolonged trauma demonstrated more successful coping techniques due to the necessity of finding a way to handle the circumstances. Littleton et al. (2007) noted, "An individual may have to cycle through using approach strategies multiple times before these strategies result in the individual either resolving the stressor or reducing its effects to a manageable level" (p. 985). Therefore, trial and error can ultimately lead to one discovering effective coping techniques. A negative correlation has been observed between coping strategies and destructive behavior or emotional challenges, so learning effective coping mechanisms can aid foster children in achieving emotional stability (Browne, 2002). Foster parents should guide their children to analyze their own coping strategies, determine their effectiveness, and explore different options for managing their stress.

Targeted Interventions

Mental Health

Because PTSD is largely triggered by visual and auditory stimuli, therapy rooted in visual imagery has been shown to be highly successful. Treatments such as Imagery Rescripting and

Reprocessing Therapy (IRRT) have been shown to dramatically reduce symptoms of PTSD through exposure therapy and rewiring the brain to not fear various stimuli (McHugh et al., 2012). Cognitive Behavioral Therapy (CBT) has also helped in reducing PTSD-induced anger through prolonged exposure and stress inoculation training (Cahill et al., 2003). Although foster parents are likely not trained in these formal therapies, they can advocate for their foster children to receive professional mental health treatment from experts who specialize in such counseling. Through better understanding the causes and triggers of PTSD, parents can also develop a better understanding of their children's struggles, empathy for their situation, and patience during their outbursts.

Pepin and Banyard (2006) studied 202 college students, almost ninety percent of whom self-identified as previously experiencing psychological aggression, and found that all participants had increased trust, sense of identity, and feelings of intimacy if they perceived strong social support among their friends and family. These findings could be applied to those in foster care who have also endured abuse and could benefit from social support systems. Although individuals with more severe cases of prior trauma are less assisted by strong, social supports and first require medical intervention, all youth can benefit to some degree by both increasing the quality and quantity of their support systems (Salazar et al., 2011).

Additionally, forming connections through churches or other religious organizations has been shown to increase youth's sense of hope. A sense of overarching purpose can be obtained and lead to an overall increase in meaning being attributed to one's life (Pepin & Banyard, 2006). Yonker et al. (2012) analyzed seventy-five independent studies and found that when reliable measures such as the Beck Depression Inventory and POMS (Profile of Mood States)

were used, spiritual or religious involvement was seen to reduce depressive symptoms and increase self-esteem in youth. Spirituality and religiosity were conceptualized as "an active personal devotion and passionate quest largely within the self-acknowledge framework of a sacred theological community" (p. 300). Therefore, foster parents could potentially mediate their foster children's depressive symptoms by involving them in a supportive, religious environment.

Social Life and Academics

Zinn et al. (2017) utilized mixed-effect growth models to examine the different relationships formed by foster youth and found that those with insecure avoidant attachment styles were prone to isolating themselves from potential sources of support. These individuals were also less likely to recognize supportive figures in their life due to their tendency to emotionally withdraw. All foster youth, however, were seen to benefit from possessing more extensive social networks. Therefore, foster parents should encourage foster youth to build social connections with a variety of different people including family members, romantic partners, mentors, case workers, and their peers.

Proper social support acts as both a mediator and a moderator in the lives of traumatized youth. Individuals who have been abused are likely to experience anxiety when forming intimate relationships and struggle to achieve secure attachment, but supportive social circles have been seen to improve self-esteem and achievement of Erikson's stages of psychosocial development (Salazar et al., 2011). With proper support that was not given by a caregiver, children can begin to trust safe individuals, achieve self-sufficiency, and form a secure identity (Orenstein & Lewis, 2020). Beyond mediating and creating connections for positive results, social support can also moderate or help prevent various harmful repercussions of childhood abuse. A network of

supportive relationships can both reduce stress from external forces and minimize mental health complications by introducing healthy coping mechanisms (Salazar et al., 2011).

Relationships formed with teachers or other school staff are often not meaningful or long lasting due to foster youth repeatedly changing schools, and biological family members are often unreliable and possess an inconsistent role in the lives of foster youth. Romantic partners, however, were identified as the largest source of support. Such types of relationships were seen to assist in healing attachment insecurity and provide support throughout transitional phases of life. Foster parents can help their children build healthy, social bonds by assisting them in processing their trauma and building attachment security, and the resulting social skills will aid in forming lasting relationships (Zinn et al., 2017).

Foster parents can connect with local educational agencies (LEA) and education liaisons to help their foster children meet their academic needs. Weinberg et al. (2014) defined education liaisons as "troubleshooting education barriers that the youth encountered and bridg[ing] the gaps between the various agencies and individuals… involved with these youth" (p. 48). This position is unique because liaisons continue to offer services after a foster youth has moved homes or schools. Through first building rapport, they can provide consistent encouragement and push the youth to believe in his or her own ability to succeed academically. Consistent collaboration with education liaisons has been seen to improve foster youth's overall GPA, and it is predicted that involvement through both middle school and high school could produce similar results (Weinberg et al., 2014).

Behavioral Changes

Parental intervention, through proven techniques such as Parent-Child Interaction Therapy (PCIT), can be beneficial in preventing aggression and inappropriate, sexual behavior among foster youth (Timmer et al., 2006). In order to prevent the transmission of sexually transmitted infections (STIs) or unwanted pregnancies, foster parents are encouraged to schedule regular physical exams where appropriate medical information and safety guidelines regarding birth control will be provided for the youth (Finigan-Carr et al., 2018). Because many youth did not receive proper sex education, it is especially important that healthcare professionals and foster parents are proactive in teaching youth how to stay safe.

When discussing sex and safety with their foster children, foster parents should take an individualized approach, sharing information which would be useful to each specific child and initiating conversations in a natural way (Harmon-Darrow et al., 2019). It is also critical that foster parents approach the topic with confidence, as one social worker explained, “We have almost an obligation to provide resources even if we’re not comfortable in actually having a long, drawn-out conversation” but the ultimate goal should be to “readily talk to them as long as they’re comfortable” (Harmon-Darrow et al., 2019, p. 4). Early education provided by foster parents within a safe environment can aid in preventing dangerous sexual behaviors.

Foster parents can also function as a protective factor against drug use by creating a stable home environment where youth feel comfortable discussing their struggles and turning to their caregivers instead of illegal substances. Additionally, since many foster children possess minimal social skills while desiring connection with others, they are susceptible to peer pressure and engaging in illegal activities in order to receive acceptance. Forging relationships with peers

who practice more healthy coping mechanism can lead to foster youth forming healthier habits (Kim et al., 2017).

Foster parents can also positively influence their children to avoid drugs through joining initiatives such as KEEP SAFE, a "family-based and skill-focused program, specifically aimed at preventing delinquent behaviors [and] substance use… among foster youth" (Kim et al., 2017, p. 569). This program places emphasis on strengthening the relationship between foster youth and parent as well as promoting healthy coping mechanisms among foster children. Weekly, youth also are given the opportunity to join twenty different ninety-minute sessions which teach valuable life skills and substance use prevention. In an independent study of 259 foster youth and parents in the San Diego County Department of Health and Human Services child welfare system, substance use was seen to be reduced in both genders through involvement in the KEEP SAFE program (Kim et al., 2017).

According to the American Academy of Child and Adolescent Psychiatry and the Child Welfare League of America, foster children should always be screened for potential drug use within a day of placement. Although it is recommended that such screening is conducted by a trained professional and only a doctor can provide a diagnosis of a substance use disorder, foster parents can also aid in recognizing a potential problem. Through noting sudden changes in behavior, truancy, shifts in friend groups, or loss of interest in usual hobbies, foster parents can recognize warning signs in their foster children and ensure that early interventions are conducted (Children's Bureau & Child Welfare Information Gateway, 2020).

Foster Parent Resources

Although it is crucial that foster youth are given the necessary tools and resources to succeed, foster parents are also responsible for educating themselves. Through reading online research, joining educational groups, and communicating with professionals, foster parents can become valuable sources of knowledge and guidance. Because foster parents live with their foster children, they are in a unique position to build close relationships and a sense of trust, tasks which are not as easily accomplished by social workers or medical professionals.

Early intervention is crucial in treating foster youth's mental health and helping to establish permanency. Dore (1999) explained that if psychiatric evaluations or other steps are not taken when children first begin demonstrating destructive behaviors or emotional distress, they are likely to be moved to a new foster placement, therefore increasing the instability of their home lives and compounding their trauma. Revised in 2001, the Child Behavior Checklist (CBCL) is a common tool for parents to assess the emotional and behavioral challenges of their foster children. This 113-question assessment can be used for youth between the ages of six and eighteen in order to determine general concerns such as attention difficulties or aggressive tendencies, as well as more pathological abnormalities such as anxiety, ADHD, or conduct disorders (Centre for Addiction and Mental Health [CAMH], 2009).

The Resource Parent Curriculum (RPC), which was published by the National Child Traumatic Stress Network (NCTSN), teaches parents that behaviors which are often viewed as rebellious are usually "functional adaptations to dangerous environments or deficits in regulatory skills resulting from exposure to complex trauma" (Sullivan et al., 2015, p. 148). Inspired by

multiple theories, RPC teaches parents to understand the motivation behind their child's misconducts and build confidence in their resulting parental decisions (Sullivan et al., 2015).

Various interactive programs have also been developed to teach foster parents how to regulate their children's behavior through a trauma-informed approach. Project KEEP (Keeping Foster and Kin Parents Skilled and Supported) offers educational support groups which teach empirically tested methods for reducing both occurrences of problematic behavior and rehoming of youth (Fisher et al., 2009). Surveys such as "Knowledge, Attitudes, and Practices of Trauma Informed Practice" can also be used to determine an individual's current level of understanding regarding trauma-informed care and which areas could benefit from further training (Chokshi et al., 2019).

The Child Welfare Information Gateway provides links to various resources for foster parents including how to identify potential developmental disabilities in youth, general guidelines for effective foster placements, and state-specific resources. Additional resources are recommended such as Gordon Training International's Parent Effectiveness Training (PET) and the Parent Resources for Information, Development, and Education (PRIDE) Model of Practice through the Child Welfare League of America (Children's Bureau, n.d.). Although it is important to distinguish between reliable sources and uneducated opinions, foster parents can access a multitude of credible sources and trainings through the internet.

Conclusion

Children who have suffered abuse require specialized care within their foster placements in order to combat their mental health challenges, social deficits, and behavioral difficulties. It is imperative that foster parents provide these children with the necessary medical care and social

support. A proper utilization of trauma-informed parenting, evidence-based interventions, and partnership with specialized care programs can aid foster children in healing from their trauma and discovering their full potential.

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