

5-2023

## Placement instability and its effects on the mental health of foster youth

Tyra Turner

Shalynn Burton  
CSUSB

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PLACEMENT INSTABILITY AND ITS EFFECTS ON THE MENTAL HEALTH OF  
FOSTER YOUTH

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Tyra Turner  
Shalynn Burton  
May 2023

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Approved by:

Dr. Erik Schott, Faculty Supervisor, Social Work

Dr. Yawen Li, M.S.W. Research Coordinator

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## ABSTRACT

The present study investigates the impacts of placement instability and how that can affect a foster youth's mental health. There has been minimal research investigating this problem from the perspective of a social worker. This quantitative research explores the effects of placement instability and its impacts on the mental health of former foster youth. Former foster youth were randomly selected from various geographic locations to participate in a brief survey to evaluate their state of mental health. Participants were randomly selected across various social media platforms and were asked to complete questions on the K10 scale which is a mental health assessment. The data was then analyzed through SPSS to find a correlation between placement instability. This research did not provide any statistical findings, but the researchers observed that the questions given in the survey were correlated to one another. Also, it was identified that more risks and factors need to be taken into consideration for future research. Although there were no findings, this study discusses more detailed information for further research on placement instability. Findings indicate that more research is needed to better understand the correlation between placement instability and mental health. The following research contributes to social work practice, policy, and research are also discussed in this study. Moreover, social work practitioners can benefit from this research in better understanding the effects of placement instability on their clients.

## DEDICATION

### Friends and Family

Thank you to all of our friends and family members who witnessed the stress and hard work that was put into this project. We appreciate all the support and love for everyone throughout this process and could not have completed everything without the support from colleagues, students, mentors, and family.

### CSUSB Staff

Thank you for taking the time to be readily available to us and all the other students. We appreciate all the hard work and effort the staff puts into this program to ensure the success of the students. We could not have completed this project without the professors, research advisors, and other supporting staff throughout this research journey.

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# CHAPTER ONE

## PROBLEM FORMULATION

### Placement Instability

Placement instability is a key concern within the foster care system.

Placement instability is when a child is subjected to multiple moves or placement changes within the foster care system (McGuire et al., 2018). It is shown that one-third of children in the system will experience three or more placements (Rubin et al., 2004). When a child is removed from their primary home, a social worker can place them with another family member, or they can find placement with other foster families. A child welfare agency's goal is to limit the number of placements that children experience, but this remains to be a challenge (Casey Family, 2018). Children were placed in the system for an average duration of 12-35 months in 2019, which was an increase compared to the trends in 2009 (Children's Bureau, 2021). Studies show that more than 25% of foster youth will struggle to find placement stability and will move frequently within the first 18 months (Dolan et al., 2013). Children who stay in foster care longer than 24 months have a 44% chance of experiencing 3 or more placements (Foster Care, 2021). Frequent changes can have an impact on their overall mental health and well-being, whereas having a stable and supportive environment is beneficial.

There are many different types of placements a child can be given. For instance, children can be placed in short-term residential treatment programs, shelters, foster family agencies, kinship care, and many others. Social workers

try to minimize placement instability by placing children with kin. However, that is not always feasible. According to (Children's Bureau, 2021), there were about 46% of children placed in non-relative foster homes and 22% placed in alternative options, such as group homes or institutions. Children who are unable to be reunified with family or placed in kinship care will be placed in foster family agencies, treatment facilities, or group homes (Children's Bureau, 2021). It is important to note that the longer children stay in the foster care system, the higher their chances of experiencing placement instability (Casey Family, 2018).

### Mental Health of Foster Youth

Children who experience placement instability are prone to negative mental health outcomes compared to the general youth population. Studies show that there was a positive relationship between foster youth who experienced placement instability and the development of anxiety and depressive symptoms (Newton et. al, 2000; Proctor et. al, 2010). Throughout their time in the foster system, it is shown that foster youth are seven times more likely to suffer from depression and five times more likely to suffer from anxiety (Top Reasons, 2022). Also, foster youth are more likely to suffer from post-traumatic stress disorder (PTSD) than the general youth population (Keller et. al, 2010). Additionally, studies show that youth who experience multiple out of home placements display more delinquency, aggression, depression, and trauma symptoms during adolescence compared to the general population (Mishra et al., 2020).

Children who experience placement instability may find it difficult to form relationships with their caregiver or guardian. Youth may experience a decline in attachment security due to inconsistency in the foster care system. Multiple placements can cause youth to lack a sense of belonging, as well as lead to feelings of distress, and low self-esteem (Summersett-Ringgold et. al, 2018). This can cause distrust and fear of establishing secure attachments with their caregivers or guardians. Statistics show that the odds of foster youth being reunited with their family of origin or being adopted lessen as they experience more placements (Fisher et al., 2009). Foster youth who experience fewer placements have a greater opportunity to develop secure attachments with their caregivers, leading to fewer negative mental health outcomes (Hegar & Rosenthal, 2009; Schmidt & Treinen 2017).

Unfortunately, some foster homes do not provide the safety and security that foster youth need. Foster youth who are placed in out-of-home care are more likely to suffer from abuse and maltreatment which can lead to negative mental health outcomes. Studies show that more than 25% of children will experience a traumatic event throughout their childhood. Maltreatment and abuse can add to these negative mental health outcomes and cause trauma that contributes to childhood psychopathology (Costello et al., 2002; Copeland et. al, 2007). Trauma can affect childhood development and lead to negative mental health outcomes causing foster youth to experience mental health declines and psychological harm (Tarren-Sweeney 2008; Delfabbro & Barber, 2003). Foster

youth who experience fewer placement disruptions are less likely to experience trauma and psychopathology. Therefore, having stability can be critical for foster youth despite the type of maltreatment they experience in the foster care system (McGuire et al., 2018).

### Implication for Social Work Practice

In child welfare, the mission is to promote safety, permanency, and the overall well-being of children within the system. Social workers are responsible to follow this mission and achieve these goals. However, placement instability can disrupt the mission of child welfare agencies. There are many children who are removed from their homes and placed into foster care every year. Children who have not found permanency within the system have higher chances of staying in foster care. Some of these children will experience several placements throughout the foster care system, potentially leading to long-lasting impacts. It is important for social workers to find foster youth stable placements to reduce any risks of mental health issues or other negative outcomes.

Placement instability is relevant today because there are concerns about foster youth experiencing abuse, maltreatment, and neglect which can impact their overall health. Social workers who place children in out- of- home care or non-kinship care must be aware of any maltreatment or abuse that may take place in the homes. They can develop internalizing symptoms which can affect their development and their transition to adulthood. Additionally, foster youth can be exposed to domestic violence, stress, family dysfunction, adverse childhood

experiences (ACEs), substance use, delinquency, and other problems that can affect their well-being at increasing rates with every new placement. It is imperative for social workers to be aware of numerous factors that can cause negative mental health outcomes as they are looking to find placements for foster youth. It is also important for efforts to be made to try and limit the number of moves a child must undergo, to protect the child's well-being.

On a micro level, social workers can learn to be more aware of the problems of instability and how it can affect children and families. On a macro level, it is important for child welfare agencies to preserve and strengthen families by finding stable placements for foster children. Child welfare agencies can improve and help provide more services to better care for children in the foster system. Social workers need to do their part in taking extra care to secure safe, stable placements for foster youth if it is in their power to do so. Child welfare agencies within the U.S. are not maintaining the goal of placement stability. More policies should be implemented to minimize placement instability and ensure long-term placement. Therefore, this study will be performed to further examine the impact that placement instability has on a foster youth's mental health.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter will explore the impact of placement instability and its effects on a foster youth's mental health. The topics will include abuse, maltreatment, and neglect experienced in the foster care system due to placement instability. The next section will discuss different mental health outcomes and patterns that foster youth will face throughout multiple placements. The last section will examine the attachment theory and the ecological systems theory that are relevant to this study.

#### Impacts of Foster Placements

The number of placements in the foster care system can have various impacts on foster youth. Some of these impacts include negative mental health outcomes from experiencing abuse, maltreatment, and neglect. Foster youth can experience maltreatment at higher rates in foster care, residential care, and temporary homes (McGuire et. al, 2018). Research shows that maltreatment can increase the risk of youth developing internalizing symptoms such as anxiety and mood disorders. Also, foster youth have the chance of developing externalizing problems such as disruptive behavior and substance abuse which can lead to the development of psychopathology disorders (Carliner et. al, 2017; McLaughlin et. al, 2012). Foster youth who suffer severe maltreatment have a higher chance of

developing these negative symptoms compared to youth who experience maltreatment in their parent's homes and have not been displaced (Ryan & Testa, 2005). Studies also show that youth who experience maltreatment in out-of-home placements have decreased chances of reunification or permanent placement (Park & Ryan, 2009).

There are many different forms of maltreatment that children can experience in the foster care system. This involves physical abuse, sexual abuse, emotional abuse, and neglect. In the Turney and Wildeman (2017) study, they found that children who lived in out-of-home placements were more likely to be abused by their caregiver. Other statistics showed that youth were removed from their homes due to high rates of sexual and physical abuse (Crawford & Bradley, 2016; Hunter et. al, 1990). Youth being removed from their homes due to sexual and physical abuse can lead to an increase in the number of placements that child will experience in the system (Webster et. al, 2000). Additionally, sexual abuse was said to be a stronger predictor of children having an unstable placement (James et. al, 2004). Holland & Gorey (2004) study shows that youth who are placed in two or more foster homes had a higher chance of experiencing sexual abuse compared to those who have dealt with physical abuse and neglect. However, one study found neglect to be a stronger predictor of placement instability compared to abuse (Connell et. al, 2006). Studies show many associations between maltreatment types and placement



instability, but few examine the indirect effects of maltreatment characteristics and mental outcomes through placement instability (McGuire et. al, 2018).

Maltreatment experienced by foster youth can also be seen as a form of trauma (Briere et. al, 2008; Kisiel et. al, 2009). Foster youth can suffer from a high prevalence of trauma because of abuse and neglect experienced in the foster care system (Salazar et. al, 2013). Children in out-of-home placements are more likely to be exposed to violence and may have at least one parent who suffered from incarceration or a mental illness (Turney & Wildeman, 2017). They can be exposed to these types of traumatic experiences which can impact their mental health leading to negative mental health outcomes. Children can also be traumatized by events such as emotional abuse, domestic violence, sexual abuse, neglect, physical abuse, and others (Beyerlein & Bloch, 2014). It was reported that 50% of children experienced four or more types of traumas in foster care with emotional abuse being the highest traumatic exposure (Beyerlein & Bloch, 2014). There seems to be a link between placement instability and trauma exposures affecting foster youth. Studies showed that children who experienced severe types of traumas were twice as likely to have placement instability (Kisiel et. al, 2009). Children can be affected by placement disruptions, unhealthy outcomes, and living in risky and toxic environments (Prently et. al, 2014). Trauma experiences were shown to be a strong predictor of placement disruption, but few studies show trauma symptoms being a strong predictor of placement instability (Weiner et. al, 2011).

## Risk Factors of Instability

There are many risk factors of placement instability. For instance, foster youth who experience unstable placements pose greater risks for emotional, behavioral, and mental health problems. In Norgate et al. (2012) study, they examined a social worker's perspective on the impacts of placement instability. The social workers discussed that placement instability can lead to a vast number of problems for youth in foster care such as not being able to receive the best suitable placements and not having quick access to mental health services to deal with the circumstances that they face. There can be limited availability for social workers to find stable placements for children especially if the child is suffering from any behavioral or mental health problems. Foster youth who have any presenting behavioral problems were assumed to be an enormous strain on caregivers and were not able to receive therapeutic support quickly (Norgate et al., 2012). Placement instability can also impact children's school attendance, causing them to struggle academically (Norgate et al., 2012). Foster youth who experience instability must undergo constant changes with families, caregivers, neighborhoods, and schools.

Furthermore, youth are at risk for adverse childhood experiences (ACEs) in the foster care system. ACEs are traumatic events that occur before children reach adulthood (U.S. Department). This involves exposure to family dysfunctions, parental mental health problems, parental substance use, and domestic violence in their own homes. The more children experience ACEs

throughout their placements, the more likely they will develop mental health problems like PTSD, depression, and anxiety (Dube et. al, 2003; Schilling et. al, 2007; Swopes et. al, 2013). Although a link is shown, there are a limited number of studies that explore the impact of children being exposed to adverse childhood experiences in out-of-home placements in addition to examining placement instability and duration (Mishra et. al, 2020).

### Mental Health Outcomes

Various mental health outcomes can occur from factors and risks involved with placement instability. A study that examined youth in residential care who have experienced more severe sexual abuse, emotional abuse, and neglect, showed that these youths presented with clinical levels of anxiety (Collin-Vézina et. al, 2011). Severity and frequency of maltreatment towards youth in foster placements shows a positive association to poor mental health outcomes (English et. al, 2005; Van Wert et. al, 2017). In Arata et. al (2007) study, a sample was taken from a large group of adolescents, they found that the frequency of maltreatment showed a positive association to depression. Another sample of youth in foster care was taken and produced results that revealed the greater the frequency of exposure to maltreatment and other traumatic events, the greater the chance of receiving a score that registers in the clinical range for anxiety and depression (Raviv et al., 2010).

Heflinger et al., 2000 found that about one-third of youth who are placed in the foster care system can display behaviors at a clinical level which can lead to

internalizing symptoms such as depression. Studies show that youth who are exposed to maltreatment and traumatic events have an increased risk of anxiety and mood disorders (Raviv et al., 2010). Similarly, foster youth who are placed in out- of-home care can experience these negative effects which can impact their well-being. Youth can develop unhealthy coping skills throughout their unstable placements which can lead to feelings of isolation, hopelessness, and ambivalence (Stott, 2012). This can lead youth to develop mental health symptoms of anxiety, depression, and other risky behaviors. Furthermore, children who enter the foster care system with lower mental health functioning can be moved to different homes and schools more often than children with better mental health (Bederian et. al, 2018). Youth being removed from their homes and being exposed to traumatic events can contribute to other negative mental health outcomes and problems with emotional functioning. These placements and movements can increase the chances of youth developing PTSD symptoms as well.

### Theories Guiding Conceptualization

#### Attachment Theory

John Bowlby's attachment theory is a well-known theoretical framework that can help address the importance of parent-child relationships in the foster care system. Bowlby establishes 4 types of attachment styles: secure, anxious, disorganized, and avoidant (Bretherton, 1992). Children establishing a secure attachment is critical to their development and their well-being. When children

are unable to connect or interact with their caregivers in their early stages of development, it can affect their future relationships with others throughout their lives (Newman, 2017). Avoidant attachment can lead to a range of negative outcomes such as reduced social support seeking, regulation problems, depression, and greater PTSD symptomology (Fraley et. al, 2006; Wei et.al, 2007; Mikulincer et. al, 2003). Also, anxious attachment has been linked to a wide range of maladaptive outcomes, including PTSD and depression (Bederian et. al, 2018). However, children can learn to control their emotions and behaviors through their secure attachments and relationships (Pasalich et. al, 2016).

Children losing a strong attachment or bond with a familiar environment can negatively affect their development and their overall mental health (Strijker et al., 2008; Konjin et al., 2019; Newton et. al, 2000). Throughout their time in the child welfare system, children can experience attachment stressors by being exposed early on to maltreatment and traumatic events such as removal (Pasalich et. al, 2016). This can result in children living in unstable foster homes. Placement instability can result in detached relationships, discomfort in placements, and disruption in their academics (Chambers et. al, 2018). Mishra et. al (2020) study shows that not having strong positive relationships with their caregivers and losing friendships can lead to depression (Mishra et. al, 2020).

The attachment theory can also help social workers understand the developmental consequences of trauma, psychopathology, maltreatment, and other risk factors in the foster care system (Page, 2017). Children who were

exposed to family violence and nonviolent trauma were nine times more likely to experience trauma-related symptoms and other negative outcomes (Page, 2017). In order to recover from trauma, children must find a safe and stable place to reside in before they can develop positive attachments with their caregivers.

### Ecological Systems Theory

Bronfenbrenner's ecological systems theory is another important framework that is relevant to this study. The ecological theory consists of all system influences such as biology, family, emotional development, and others (Page, 2017). It allows social workers to understand how the environment can affect a child. Bronfenbrenner's ecological systems theory further examines multiple levels that can affect children. This theory explores the relationship between the child and their environment, and their interaction within a larger context (Hong et. al, 2011; Liao, 2016). The ecological systems theory consists of these 5 main components: microsystem, mesosystem, exosystem, macrosystem, and chronosystem (Liao, 2016).

In the microsystem, the child could have problems at home which can impact their development. A child's immediate environment is the most important component in this model. This can have a strong effect on the child's psychological functioning (Liao, 2016). One example includes a child interacting with their caregiver or another form of secure attachment in their life. A child losing a close relationship can impact their well-being. It is shown that the attachment theory is at the core of the ecological systems theory which is vital for

a child's development (Page, 2017). The mesosystem involves the interrelations between the child's immediate environment (Liao, 2016). This system consists of caregivers, school, or friends. There may be a relationship between the social worker and the foster parent, and a relationship between the foster parent and the child's biological parent. All these relationships can affect the child. The exosystem is the link between two or more interactions but only one is affecting the child (Liao, 2016). An example would be how supportive the foster parent or caregiver is to the child. The use of community support, resources, or other support systems are important factors in this model (Hong et. al, 2011). The macrosystem is the institution and structure that affects children (Liao, 2016). This systematic level can consist of policies, cultural factors, or societal influences that can further impact the child (Hindt & Leon, 2021). Lastly, the chronosystem is the patterning of environmental events throughout the child's lifespan (Liao, 2016). This could be a child developing mental health symptoms, adjusting to new placements, or going through any traumatic life change that may impact their development.

Children entering the foster care system are going through an ecological disruption. They are being separated from their ecological systems and support networks. They are being taken from their families, friends, schools, and their communities. Disruptions in their environment can lead to internalizing symptoms such as anxiety and depression (Hindt & Leon, 2021). Children staying

connected with their school and their community is essential for their development and their well-being.



## CHAPTER THREE

### METHODS

#### Introduction

This study will examine the effects of multiple placements on the mental health of foster youth. Researchers will discuss the sample and data of participants and its methodological strengths. Additionally, this section will further explain the instrument being used and how participants will be recruited for this research. Finally, this section will conclude with how participants' information will be protected and stored, as well as an analysis of the research.

#### Study Design

This study will use a quantitative research survey design. The purpose of this design is to be able to collect a large enough data sample so the pattern in relationships can be identified and generalizable to the population under study.

Utilizing a survey is the most practical because of its versatility. It can be easily accessible and can be administered in different types of ways. A survey design can be completed in person, online, over the phone, or through email, providing participants with various limitations an alternative option to complete it. This design can be collected from different participants and sources which can allow researchers to collect data in a more flexible way. Also, collecting data remotely can be easier for participants who live in different geographic locations. This survey design will allow researchers to collect data quickly and efficiently.

Surveys are free and can be administered to a variety of participants.

Additionally, a survey design is time-efficient and low cost in research. This survey design can help us better understand our study which focuses on the impact of multiple placements on the mental health of foster youth.

A limitation of this research design is that a smaller sample size can affect the generalizability of the results. A large data sample will need to be collected to avoid the risks of statistical errors. Data can be affected by the participants if there is a low response rate. Respondents may have difficulty answering questions or may be uncomfortable answering questions in a survey design. Also, nonresponses to specific questions shown in the survey can affect the data being collected.

### Sampling

This sample will include a minimum of 180 participants who have experienced kinship placements, group homes, foster homes, or adoptions throughout their time in the foster care system. All participants will be between the ages of 18-30 who have experienced various placements throughout their time in the foster system. Participants will be recruited from universities including Cal State San Bernardino. Participants will also be recruited through the university programs that help support and mentor foster youth. Lastly, researchers will collect data using various social media websites to recruit participants who meet the criteria of this study.

## Data Collection and Instruments

Participants will be asked to complete a survey via Qualtrics. Participants will be given a QR code via email, flyers, or social media platforms. Participants will then scan the code which will direct them to the Qualtrics survey platform for our study. This survey will include an informed consent document briefly explaining the risks, benefits, and purpose of this research. An informed consent document will need to be read and signed by participants before starting the survey.

Also, in this section, it will inform the participants how data will be protected and stored. Participants will then be asked for general background information before starting the questionnaire. This will include demographics, age, and gender. Next, the participants will receive questions that will ask about the number of placements experienced in foster care. Participants will be asked to specify the years and/or months of placements that they experienced and what type of placements they were in throughout the foster care system. Participants will be asked how many placements they experienced throughout the foster care system. After this section is completed, participants will start the mental health questionnaire.

The dependent variable in this study is mental health outcomes which will be measured by the Kessler Psychological Distress Scale (K10) scale. The K10 scale was taken from the NSW Mental health Outcomes manual dated in 2001. This instrument will be utilized in the survey and will consist of 10 questions. The

Kessler Psychological Distress Scale (K10) is a widely used scale that measures general mental health symptoms. The majority of the questions measure anxiety and depression. The scale measures how people have been feeling over the past month and uses a Likert scale that ranges in responses from how participants feel none of the time to all the time. The K10 scale shows that 10-15 is a low score, 16-21 is a moderate score, 22-29 is a high score, and 30-50 is a high score (NSW Mental Health, 2001). This instrument will measure the long-term effects on the mental health of foster youth who have experienced multiple placements. The K10 scale has been widely used to measure general mental health. It has also been shown to be reliable (Cronbach's  $\alpha = .88$ ) and has been used as a clinical tool (Sampasa-Kanyinga et al., 2018). The K10 scale has been tested on stress shown in MSW students, psychological distress among minorities, and it has been tested on multiple cultures and ethnicities (Addonizio, 2011; NSW Mental Health, 2001).

### Procedures

The researchers will recruit participants from universities and programs that work with foster youth. Flyers and emails will be sent to all adults and students who want to participate in this study. Participants will be recruited from Cal State San Bernardino and other college campuses if needed. Lastly, participants will be recruited through social media and websites such as Facebook, Instagram, Twitter, and other platforms. To gather our data, we will recruit participants who currently fall between the ages of 18-30 years old who

have been through multiple placements in the foster care system throughout their childhood or adolescent years. Researchers will post and send out informational fliers to the university programs, Cal State San Bernardino students, and other participants recruited from social media sites.

Participants will be given a Qualtrics survey via email or a link to complete the study. After participants complete the survey, they will be eligible for a chance to win a raffle prize. All participants will be entered into a raffle for a chance to win a \$25 Visa gift card.

#### Protection of Human Subjects

All participants will be provided with informed consent prior to being presented with the questionnaire. Information about the research will be provided on the informed consent document. It will also include how information will remain confidential, the risks of this research, and the benefits of completing this study. The researchers will ensure the protection of data and information taken by the participants. After all data is collected, researchers will assign each participant a number or identification number to ensure that the information collected will be protected and anonymous. To ensure confidentiality, researchers will utilize the Qualtrics survey link which is secured and protected by the University. The Qualtrics survey will be accessed through the Cal State San Bernardino server. Researchers will store information and data on a computer. Data will be securely stored on a CSUSB cloud drive and in a trusted file folder protected by password on the computer. All participants' identities will

remain anonymous, and researchers will give each participant an assigned number to protect the sensitive information provided. Participants will be informed that data will be stored in a safe place for 3 years, and then data will be destroyed and shredded to further protect the information gathered from the participants.

### Data Analysis

This quantitative research study will utilize a bivariate analysis to find the relationship between the independent variable and the dependent variable. This study will explore the relationship between multiple placements and the long-term effect on a foster youth's mental health. Researchers hypothesize that children who have experienced multiple placements may present long-term mental health effects. Demographic information will be collected from the participants, data will consist of sex, age range, and race/ethnicity.

The independent variable is the number of placements that the participants experienced in the foster care system. The dependent variable is the mental health outcomes or long-term effects shown in the participants. The dependent variable will be measured by the Kessler Psychological Distress Scale (K10). This will measure mental disorders such as anxiety and depression using a 5-item point scale. A score 10 - 19 is likely to be well, a score of 20 - 24 is likely to have a mild disorder, a score of 25 - 29 is likely to have a moderate disorder, and a score of 30 - 50 is likely to have a severe disorder.

For the statistical analysis, researchers will use SPSS software (Version 28) to analyze the descriptive statistics. A survey and a scale will be used to measure the variables of placement instability and mental health. A correlation statistical analysis will then be used to examine the hypothesis that children who have experienced multiple placements may present with long-term effects on their mental health. The results from the analysis will help address the number of placements that contribute to the impacts of foster youth mental health. Also, it will help researchers gain a better knowledge of the mental health problems that foster youth have faced from the foster care system due to placement instability.

## CHAPTER FOUR

### RESULTS

#### Introduction

This chapter will include the results collected from the participants of this quantitative study. Researchers have collected data to reflect the possible results of the effects of multiple placements on the mental health of foster youth. The research has included demographics to provide details of the sample in which the information has been collected. This section will include result tables to provide a visual data breakdown and analysis of all data collected from participants.

#### Presentation of the Findings

This study sample consisted of adult individuals who have lived experience within the foster care system as foster youth. Approximately 22 participants responded to the survey, (see Table 1). Further demographics of participants include 27% male and 54% female. Additionally, the data shows that 18% of the participants were Hispanic, 40% African American, 18% were White, and 9% were Asian American.

Participants were asked a series of questions to evaluate the number and types of foster placements they experienced while in foster care. Out of 22 respondents, 15 experienced 3 placements or less. The remaining participants experienced 4 or more placements throughout their time in foster care, (see



Table 2). Next, participants listed the different type of placements experienced which include resource family placement, foster family homes, groups homes, kin-gap homes, medical foster care, therapeutic foster care, and short-term therapeutic residential therapeutic program, (see Table 3).

The next graph is a display of the relationship observed between the number of placements and the Kessler Scale of Psychological Distress (K10) measuring mental health, (see Table 4). This analysis was investigated using the Pearson correlation coefficient. There was no correlation between the number of placements and the K10 scale for mental health;  $r= 0.59$ ,  $N=18$ ,  $p =0.133$ .

Table 1. Ethnicity

		Frequency	Percent	Valid Percent
Valid	Hispanic	4	18.2	21.1
	African American	9	40.9	47.4
	White	4	18.2	21.1
	Asian	2	9.1	10.5
	Total	19	86.4	100
Missing	System	3	13.6	
Total		22	100.0	
Mean		2.21		
Std. Deviation		.91		
		Frequency	Percent	Valid Percent
Valid	Hispanic	4	18.2	21.1
	African American	9	40.9	47.4
	White	4	18.2	21.1
	Asian	2	9.1	10.5
	Total	19	86.4	100

Table 2. A Placements Experienced in the Foster Care System

		Frequency	Percent	Valid Percent
Valid	0	4	18.2	22.2
	1	6	27.3	33.3
	2	3	13.6	16.7
	3	2	9.1	11.1
	4	1	4.5	5.6
	5	1	4.5	5.6
	16	1	4.5	5.6
	Total	18	81.8	100.0
Missing	System	4	18.2	
Total		22	100.0	
Mean		2.39		

Std. Deviation		3.68		
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Table 3. Types of Placements Experienced in Foster Care

		Frequency	Percent	Valid Percent
Valid		8	36.4	36.4
	All placements were with different family members	1	4.5	4.5
	Child placement, education placement, temporarily	1	4.5	4.5
	Foster family home	1	4.5	4.5
	Foster home, group home, insane asylum, unisex group home	1	4.5	4.5
	Foster homes	1	4.5	4.5
	Foster homes for all placements	1	4.5	4.5
	I don't know	1	4.5	4.5
	Group home	1	4.5	4.5
	Kin-gap	1	4.5	4.5

	N/A	1	4.5	4.5
	None	1	4.5	4.5
	Relative care	1	4.5	4.5
	Relative foster care, medical foster care	1	4.5	4.5
	Therapeutic foster care	1	4.5	4.5
	Total	22	100.0	100.0

Table 4. Correlations

Variable	N	M	SD	Q1	Q2	Q3	Q4	Q5	Q6
How many placements have you experienced in the foster care system	18	2.39	3.68	-	.814	.348	.265	.413	.376
In the past 4 weeks about how often do you feel tired and out for no good reason	22	1.55	1.37	.814	-	.005	.049	<.001	.059
In the past 4 weeks about how often did you feel nervous	16	2.25	1.0	.348	.005	-	<.001	<.001	.068
In the past 4 weeks about how often did you feel nervous that nothing could calm you down	16	2.69	1.35	.265	.049	<.001	-	.003	.109
In the past 4 weeks about how often did you feel hopeless	16	2.63	1.36	.413	<.001	<.001	.003	-	<.001
In the past 4 weeks about how often did	16	2.31	1.25	.376	.482	.068	.109	<.001	-

you feel restless or fidgety									
In the past 4 weeks about how often did you feel so restless you could not sit still	16	2.81	1.27	.241	.040	.044	.003	.021	.018
In the past 4 weeks about how often did you feel depressed	16	2.19	1.22	.266	.075	<.001	.004	<.001	.006
In the past 4 weeks about how often did you feel that everything was an effort	16	2.06	1.06	.934	.031	.012	.002	<.001	.003
In the past 4 weeks about how often did you feel so sad that nothing could cheer you up	16	3.19	1.51	.638	.038	.539	.714	.619	.354
In the past 4 weeks about how often did you feel worthless	16	3.19	1.32	.256	.207	.041	<.001	.015	.037
K10	22	18.5	14.38	.597	<.001	-	-	-	-

## CHAPTER FIVE

### DISCUSSION

#### Introduction

This study explored the impacts of multiple placements on the mental health of foster youth. The research findings are discussed in this chapter and examine the effects of placement changes shown in foster youth. Additionally, the limitations of this study are discussed in this section. Lastly, the implications of these findings for social work practice and policy are explored.

#### Discussion

Overall, participants were identified to share common themes when they were asked to describe their mental health throughout the study. Participants shared details including, but not limited to feeling tired for no reason, nervous, fidgety, and restless. In Raviv et al. (2010) study, it was found that multiple placements can cause individuals to be at an elevated risk for mental health problems. Individuals who participated in this study displayed similar findings relating to mental health. Foster youth who had multiple movements shared that they have to constantly adjust to the change of environments. They discussed that the frequent adjustments bring feelings of discomfort when they are placed in unknown environments; they feel detached and emotionally shut down over time (Chamber et. al, 2018). In Stott (2012) study, they stated that unstable placements, isolation, and uncertainty led to feelings of anxiety and

disconnection.

Also, participants shared that they felt hopeless, depressed, and worthless at times throughout the study. In Arata et al. (2007) study, they found that individuals who experienced neglect in their placements, reported feeling a sense of hopelessness. Also, it was stated that individuals who experienced histories of maltreatment in foster care were more depressed. In this study, some of the youth discussed that they were placed in group homes. Literature shows that when youth would experience fights in group homes, they would feel depressed and sad from these types of incidents that had happened in their placements (Chamber et. al, 2018). Foster youth who experienced different placements also felt depressed and angry when they lost significant relationships especially with siblings (Chamber et. al, 2018).

Moreover, there are a few areas in which further research could be examined, digging deeper into this area of study. Literature suggests that maltreatment is additionally a contributing factor to placement instability. According to Konjin et al. (2019) study, they examined that the history of maltreatment can develop interpersonal trauma. Youth who have been exposed to abuse and neglect earlier in their childhood have difficulty regulating their emotions (Konjin et al. 2019). Also, they are shown to have more internalizing and externalizing behavior problems. The gaps in literature show that there has been little concrete evidence found that trauma symptoms are predictors of placement instability and outcomes of permanency (Clark et al., 2020). Also,



another gap in literature would be to discuss whether or not placement instability is a driving factor of mental health and behavior concerns, or if these challenges are the driving force of placement instability (Stott, 2012).

## Strengths and Limitations

### Strengths

This quantitative study design captured a few strengths. Quantitative data involves statistical techniques and methods which can give accurate and reliable findings. Quantitative data serves as a benefit to this study because it is objective and can eliminate biases from researchers. Data in quantitative research can also be generalized when there is a large sample size and the research is well designed. Also, descriptive research was shown throughout this study.

Descriptive research is valuable and examines an in-depth view of variables needed to be measured in the study. This type of research allows researchers to develop new questions and form hypotheses. It also allows researchers to use statistical analyses to find cause and effect relationships between variables. Therefore, this study used a Pearson's correlation which involves the relationship of two variables being measured and predicted. When variables have a strong, linear relationship, it helps researchers further understand the complexity of related variables.

Another strength examined in this study is the use of a valuable instrument. The Kessler (K10) scale was utilized in this study. This assessment allows for participants to be screened for non-specific psychological distress and

mental health symptoms. This scale has been shown throughout other research. It is shown to be applicable for diverse populations and is shown to be widely useful in clinical settings. This scale involves a 10-item questionnaire which is also helpful for researchers who are under time constraints. The survey given to participants was estimated to take about 10-15 minutes which allows researchers to collect data for a larger sample size. This research was also cost effective and flexible for participants since it could be completed online.

### Limitations

There were some limitations shown and considered throughout this study. One of the limitations included the inability to gather a significant amount of participants. Due to the small sample size, there was not enough data to obtain results with significance. The projected sample size was about 180 participants and only 22 were measured in this study. This sample size did not allow a valid evaluation for a Pearsons correlation to be conducted.

Secondly, the method of participant recruitment was via social media. The method of recruitment and the collection of data could have been improved to ensure a larger sample size. There was not enough time to collect more data from the needed participants. When data was collected, it was found that many people who participated in the study did not answer all the questions given throughout the survey. This could lead to consequences such as data being skewed. Additionally, we were not able to examine any immediate effects of

placement instability due to our approved population being adults. The scale utilized in this survey measures mental health symptoms over the past few months for participants. It may be easier to pinpoint stressors if we could have interviewed foster youth currently in the system experiencing placement instability.

### Implications for Social Work Practice, Policy, Education, and Research

This topic of research is beneficial to social work practice because we have seen many individuals within the foster care system who have had severe struggles with mental health disorders. Research shows that there is a relationship between maltreatment, instability, and mental health (McGuire et al., 2018; Konjin et al., 2019). There is little research that clearly states a correlation between mental health and placement instability and this study looks to explore that gap. This type of research is a gateway to providing evidence that there is a need to hone in on root causes for placement instability. Root causes can be identified, addressed, and avoided as we learn more about all of the risk factors leading up to a placement change. The more education we have on this subject, the more thorough social workers can be about their evaluations of stable and safe placements for foster youth. This will lead to an overall reduction in the number of placements foster youth experience, subsequently lowering the

severity and amount of mental health concerns we see regularly in this population.

### Social Work Practice and Policy

Throughout child welfare, social workers are responsible for meeting the needs of children and families. Their goal is to ensure that children are provided permanency and safety. Also, social workers want children to be provided basic necessities and want to improve their overall health. Social work policy and changes can greatly impact the living arrangements that individuals experience in the child welfare system. Policies that require more check-ins, and in-home investigations, as well as education to foster families for mental health of foster youth can have a positive impact on placement instability. Increased multidisciplinary team meetings and mandatory contact can aid in pinpointing issues that lead to removal of a child from their home. Additionally, regulations that cap the amount of cases any one social worker can have may allow more time for more frequent follow-ups. With caseloads that are way too large, social workers may not be able to capture all of the details of a placement in one visit and incorporate appropriate interventions.

In McGuire et al. (2018) study, they discussed that child welfare policy should focus on any negative consequences that may occur as a result of placement instability. They suggest that policies should reflect on case management and how resources are provided to foster parents after a youth is placed in their home (McGuire et al., 2018). It is important that caregivers and

guardians are provided with support and resources to address any mental health issues or behavioral problems. It may be beneficial for child welfare agencies to provide appropriate services that can help prepare and transition youth for placement changes. Policies can also be implemented in foster care agencies. This can help to improve permanency for children. It is suggested that policy can be used to revise federal policies for guardianship so that there are more placement options and resources for children (Akin, 2011). Therefore, policy can minimize instability by identifying and addressing these problems seen in the foster care system.

On a micro level, social workers can help to identify some of the issues seen in child welfare. They can work to eliminate placement disruption by providing more support to the children, families, caregivers, and extended family members. They can also enhance stability by exploring placements with relatives and seeking to find suitable homes that can provide permanency. It would also be ideal for workers to find foster parents and caregivers that are able to address the needs of the child especially when mental health is an underlying issue. On a macro level, social workers can advocate for their clients and promote policy changes to minimize the number of placements that impact foster youth. Social workers can collaborate with community programs, politicians, agencies, and other resources to prevent foster youth from placement instability.

## Social Work Research

This study's findings provided information about the consequences of placement instability and the impacts it can have on a foster youth. Although there were no statistical findings, more research can be done to cover the gaps shown from this literature. This research has shown that there may be more factors that need to be taken into consideration when examining the relationship between placement instability and mental health. In-depth investigation for the experience of the children, foster families, and any supporting adult roles should be analyzed for root causes of placement instability. Data from this study indicate that placement disruptions did occur but there were no significant findings that show an undeniable relationship between these disruptions and the mental health of our participants. When conducting research, it is important to include a larger sample size that focuses on participants from other locations outside of Southern California as it will help to provide more generalizable findings.

## Conclusion

This quantitative study explores whether placement instability can have long term effects on a foster youth's mental health. It contributes to the literature on the risk factors, mental health, and consequences that are shown from placement instability. Understanding placement instability and contributing factors can help social workers determine how to best support foster youth and prevent negative outcomes. This knowledge can assist social workers in being proactive in prevention of negative mental health outcomes for foster youth.

Therefore, it is imperative that child welfare helps improve stability in foster youth so that the youth is successful. Placement stability can develop positive child development and outcomes for youth as they transition to adulthood (Konjin et al., 2019).

Research of this study recommends further research to examine the relationship between placement instability and mental health. Gaps in this research area include further examination to isolate factors that lead up to placement changes (Connell et al. 2014). Future research may include more factors that may play a role in placement instability such as exploring maltreatment, trauma, biases, and other related findings. Another implication from this research could also address the perspectives taken from social workers, caregivers, and other agencies involved in the child welfare system. They may identify other risks and factors that can help address this topic. There are indeed many factors that contribute to placement instability and understanding these influences can be useful for the implications on social work practice.

APPENDIX A  
SURVEY



1. What is your ethnicity/race?

- Hispanic/Latino
- African-American/Black
- White
- Asian
- Native Hawaiian/Pacific islander
- American Indian/Alaskan Native
- Other

2. What is your age? \_\_\_\_\_

3. What is your gender?

- Male
- Female
- Non-binary/third gender
- Prefer not to say

4. How many placements have you experienced in the foster care system?

Please enter number below \_\_\_\_\_

5. Please list all types of placements experienced in foster care?

## Kessler Psychological Distress Scale (K10)

Please tick the answer that is correct for you:	All of the time (score 5)	Most of the time (score 4)	Some of the time (score 3)	A little of the time (score 2)	None of the time (score 1)
1. In the past 4 weeks, about how often did you feel tired out for no good reason?					
2. In the past 4 weeks, about how often did you feel nervous?					
3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down?					
4. In the past 4 weeks, about how often did you feel hopeless?					
5. In the past 4 weeks, about how often did you feel restless or fidgety?					
6. In the past 4 weeks, about how often did you feel so restless you could not sit still?					
7. In the past 4 weeks, about how often did you feel depressed?					
8. In the past 4 weeks, about how often did you feel that everything was an effort?					
9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?					
10. In the past 4 weeks, about how often did you feel worthless?					

The first 5 questions from the survey were generated by the researchers and the Kessler Psychological Distress Scale (K10) was taken from the NSW Health Department 2001 manual regarding Mental health outcomes.

APPENDIX B  
INSTITUTIONAL REVIEW BOARD APPROVAL

Approved

**IRB-FY2022-309** Placement instability and its effects on mental health

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<b>Approval Date:</b> 11-03-2022	<b>Expiration Date:</b> N/A	<b>Organization:</b> CSBS - Social Work	<b>Active Submissions:</b> N/A
<b>Admin Check-In Date:</b> N/A	<b>Closed Date:</b> N/A	<b>Current Policy:</b> Post-2018 Rule	<b>Sponsors:</b> N/A

**Key Contacts** ⓘ

Attachments

Team Member	Role	Number	Email
Erik Schott	Principal Investigator	909/537-7480	Erik.Schott@csusb.edu
Erik Schott	Primary Contact	909/537-7480	Erik.Schott@csusb.edu
Shalynn Burton	Co-Principal Investigator	9095375000	shalynn.burton4893@coyote.csusb.edu
Tyra Turner	Co-Principal Investigator	9095375000	tyra.turner7905@coyote.csusb.edu

APPENDIX C  
INFORMED CONSENT

## INFORMED CONSENT

The study in which you are being asked to participate in would be done via survey to examine placement instability and the effects it has on a person's mental health. To qualify to participate in this study, students must currently be between the ages of 18-30 and have experience in the foster care system. The study is being conducted by Shalynn Burton and Tyra Turner, graduate students, under the supervision of the professor Laurie Smith, a professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB (IRB-FY2022-309).

**PURPOSE:** The purpose of the study is to examine placement instability and the effects it has on a person's mental health.

**DESCRIPTION:** Participants will be asked a few demographic questions and scaling questions on their placement in the foster care system and if they have experienced any mental health symptoms.

**PARTICIPATION:** Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences.

**CONFIDENTIALITY:** Your responses will remain confidential and data will be coded in numbers.

**DURATION:** It will take 10 to 15 minutes to complete the survey.

**RISKS:** Although not anticipated, there may be some discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation at any moment with no penalty. Some demographic information will be asked but responses will not be shared with anyone outside the research team and questions may be skipped without any penalty.

**BENEFITS:** There will not be any direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Professor Erik Schott at (909) 527-7480.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database ([http:// scholarworks.lib.csusb.edu/](http://scholarworks.lib.csusb.edu/)) at California State University, San Bernardino after July 2023.

\*\*\*\*\*

By responding yes below, you agree to understand the terms of the study and consent to participating. I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in this study.

- Yes, I consent to participate in this study
- No, I do not consent to participate in this study

APPENDIX D  
RESEARCH FLYER



ATTENTION!



Participants Needed  
WIN A VISA GIFT CARD!

- Participants must be ages 18- 30
- Been a former Foster youth
- Current resident of California

The preface of this study is to measure the mental health of former foster youth and to gain further knowledge on some of the long term affects of the child welfare system. This is an anonymous survey and will take around 10- 15 minutes to complete

Please click the link or scan the QR code to participate

[https://csusb.az1.qualtrics.com/jfe/form/SV\\_0SrG0aSNw8UiD4O](https://csusb.az1.qualtrics.com/jfe/form/SV_0SrG0aSNw8UiD4O)

\*This study has been approved by the\*  
California State University, San Bernardino Institutional Review Board  
(IRB)

Investigator Contact Information

Tyra Turner- 007567905@coyote.csusb.edu  
Shalynn Burton- 007724893@coyote.csusb.edu  
Erik Schott- Eric.schott@csusb.edu



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## ASSIGNED RESPONSIBILITIES

Throughout this project, all chapters were completed by research partners, Tyra Turner and Shalynn Burton. The researchers collaborated in submitting an IRB application, generated an informed consent document, and utilized a Kessler Scale as a survey for their participants. The researchers divided the workload and the chapters evenly throughout this project.