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## Protective and risk factors in the placement of foster children with severe mental illness

Dianna Nicole England

Kendra Nicole Lutzow

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PROTECTIVE AND RISK FACTORS IN THE PLACEMENT OF  
FOSTER CHILDREN WITH SEVERE MENTAL ILLNESS

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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  
Dianna Nicole England  
Kendra Nicole Lutzow

June 2012

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## ABSTRACT

Mental illness, such as schizophrenia and bipolar disorders, affect many youth in the foster system, yet it is believed that they are not receiving the appropriate treatment, suitable placements, and correct services in order to thrive. At a certain age these children will be sent into the world and expected to functioning adults in society. It is thus vital that these foster children receive adequate and appropriate placements, care and services.

The purpose of this study was to explore the magnitude of this problem, assess a number of factors associated with successful and unsuccessful placements, and the concerns and issues the social workers currently see with the foster system.

This study was a qualitative, exploratory study based on data collected from nine foster care social workers via face-to-face interviews. This sample was generated through purposive and snowball sampling.

As predicted foster youths' mental illness has a significant impact on the placement options for this population due to a lack of willing foster parents, a lack of services being provided to aid this population,

and the treatment foster care programs, that have proven successful, are not offered by a majority of agencies.

Suggestions for social work practice include increased awareness brought to social workers' attention in order for them to advocate for foster children to receive the necessary services to help them live a successful life. Another recommendation is for education and support to be provided to foster parents about these foster children's unique mental health problems and needs. A policy suggestion is made for more treatment foster care programs to more adequately address the special and unique needs of foster children with mental illness, such as Intensive Treatment Foster Care (ITFC) and Multidimensional Treatment Foster Care (MTFC).

## ACKNOWLEDGMENTS

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## DEDICATION

We dedicate this to our families for all their love and support throughout this long process. We could not have accomplished what we have without you.

Deborah Lutzow, Kenneth Lutzow, Erich Lutzow, Lisa Berg, and Logan Kanouse. I love you all!

Debbie and Mike England; Cambreea and Nate Perry; and Alyssa and Brandon Katagi. I love you so much!

To all our amazing friends without whom this would not have been possible.

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## CHAPTER ONE

### INTRODUCTION

There are so many children in this world who are confused, alone, in pain and who are not receiving the proper care to handle all that they are going through. Social workers are obligated to advocate for them and give them a voice to make a change. They have a responsibility especially to this vulnerable population, to prove to them that they are not on their own, that they are worth fighting for, and that others care about what happens to them.

#### Problem Statement

The main topic of this research study was to find out social workers' perspectives concerning the placement of youths with mental illness in the foster system. This study looked at the risk and protective factors that are in place regarding the out of home placement of this population. An assessment of the welfare and security of this population was done in order to ensure their needs are being met. "Research over the last two decades clearly indicates that children in foster care are very

much in need of attention by mental health professionals” (Clausen. et al. 1998, p. 284).

Mental illness affects many youth in the foster system, yet it is believed that they are not receiving the proper treatment, proper placements, and proper services in order to live a successful life. “Children in foster care are some 16 times more likely to have psychiatric diagnoses, eight times more likely to be taking psychotropic medications and utilize psychiatric services at a rate eight times greater compared with children from similar socioeconomic backgrounds and living with their families” (Racusin. et al. 2005,p. 203). These issues are, in part, due to the fact that many foster parents are not being appropriately screened or trained to take care of these youths.

The objective of this project was to gain insight into the issue and come out with new ideas to implement in order to better the outcomes of this population. However, even if only the surface of issue is scratched, hopefully it can provoke others to further examine this topic and expand on this area in future research projects.

### Purpose of Study

It is important for awareness to be brought to this issue because it impacts the lives and well-being of many children and families involved with the foster system. This paper will not only increase awareness of the issue of youth with mental illness and their placement in the foster system, it will also help people see the social worker's perspective about what is being done and what needs to be adjusted. Social workers in the foster system were interviewed to see what is currently working, what treatment and services are being provided to the youth and their foster parents, and to find out what problems exist that need changing.

This topic is of concern due to the fact that it is a major issue and in performing this study, it was the hope that a needs assessment will occur. This study gave the researchers, as social workers, the ability to discover what can be done to assist in making things better for everyone involved.

Although prior research has been done on this topic, it is believed that it needs to be addressed by and of greater concern to foster agencies, foster parents, and researchers. It is felt that the youth in the foster

system are often stereotyped and overlooked, and by bringing this to the attention of social workers and foster parents, the realization that this population is at an extreme risk will come to light. It is the hope that the foster youth and their foster parents will be better served through the results of this study. It is important to lend a hand in treating the mental illnesses these children are suffering from, in order to protect these youth and help them feel valuable.

In order to properly research the topic of this study, a qualitative research study design best suited this research. Qualitative research designs allowed the researchers to gain greater insight into the views and perceptions of those they interviewed. It also is more flexible because it allowed for a more open and free flowing discussion to further explore the interviewee's answers.

Face-to-face interviews were conducted with the social workers who have experience in dealing with placing youth with mental illness in the foster system and have awareness of what is working and what needs to be fixed. These social workers have the most insight and knowledge about the placement of youth with mental

illness as well as, what services are provided for the youth and their foster parents. Although interviews were time consuming, this method best suited the research topic and provided the information necessary to really get inside the problem and figure out what needs to be done to resolve it.

#### Significance of the Project for Social Work

It is expected that the findings of this study will change the way youth with mental illnesses in the foster system are viewed, and the services they receive. Currently, foster youth in general are stereotyped as deviants and having behavioral issues, and on top of suffering from a severe mental illness, they are seen as hopeless. The hope is that this study will assist in changing that stereotype by altering social workers and foster parents' preparation in dealing with this population.

The aspiration of this study was that social workers will screen and train foster parents in order to reduce hesitation and anxiety over parenting a child with a mental illness. If the social workers train the

potential foster parents in how to deal with and prepare for a youth with a mental illness prior to their placement, then they will more equipped to handle the situation and the child. This fact will also lighten social workers' casework hours. They will not need to spend time searching for new placements for the youth and transitioning them in and out of care. "A significant number of children who are placed out of home experience multiple moves, either within the foster care system or between foster care and their family of origin, before a permanent placement plan can be implemented" (Racusin. et al. 2005, p. 202). This study will affect the lives of many youth in the foster system, as well as the stigma that is placed on them and the way that services are provided to treat them.

Within the generalist intervention model, the assessment, planning, and implementation steps will be affected by this research study. Social workers may need to change the way they assess the services being provided, the perspective foster parents, and the overall well-being of the youth. Also the planning step will be affected in that social workers will have to better plan how to handle the placement of youth with mental illness

and how to train the foster parents taking those youth into their homes. The implementation phase will also be affected in that social workers will have to provide more services for the youth and their foster families.

This research study will answer the question: In social workers' opinions does the child's mental illness have an effect on their placement within the foster system? It is expected that social workers have a harder time placing youth with severe mental illnesses, that foster parents are not being properly trained to deal with the mental illness of their foster children, and that the youth and their families are not being properly treated.



## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

Mental illness affects many teens in the foster system; however it is believed that there is a lack in the appropriate treatment, suitable placements, and services to provide this population with the tools to live a successful life. Foster care is a highly scrutinized organization. There's a lot of disparaging dialogue regarding the placement of the children within this system. One topic of discussion is the question regarding the mental health issues of the children within this system who suffer from severe mental illnesses and what measures are taken to ensure proper and safe placements. It is a known fact that this problem is of concern on an individual and societal level. With this population, the treatment of their mental illness and proper placement, or lack thereof on both counts, can have a significant impact on how they adjust once they age out of the system and are on their own. Their placements can influence whether they receive treatment

as well as whether or not they can form significant relationships with the foster parents.

### Theories Guiding Conceptualization

In an article by Aguilar-Vafaie, Roshani, Hassanabadi and Masoudian, (2011) they discussed a theoretical framework recognized as the Ecological Model for the Evaluation of Residential Care developed by Palareti and Berti, which can be utilized as a conceptual framework for the residential care of foster care (p.2). This theory is of significance to the present study for the reason that it demonstrates all aspects of the foster child's life have substantial influence on their well-being and the maintenance of any severe mental illnesses that are present(p.2). These influences on the child's ability to cope with and overcome their situation and mental illness depend on, most importantly, the child's interactions with their environment, together with their innate characteristics and how those influence the child's life (p.2). The relationship they have with their foster families, their school and peers, in addition to the child welfare institution itself, plays a significant role in how the child develops (p.2).

"Mental health literacy" (p.2) developed by Jorm (2000), which is defined as the understanding and attitudes concerning psychological disorders that help in "recognition, management and prevention" (p.2). This concept is described as having multiple dimensions. One dimension is being able to acknowledge a current disorder, a second and third dimension is identification of the "risk factors" and origins of a disorder and familiarity and values regarding helpful recourses. The last two dimensions relate to the thoughts and awareness pertaining to how and where to inquire about the help required for a disorder (Jorm, 2000 p.2).

A third important theory discussed in a research study by Aguilar-Vafaie, et al (2011) is the based on Albert Banduras' Cognitive Social Learning Theory (p.2). This theory states that as you develop you learn to mimic the behaviors of others. This theory is of significance because children learn coping skills and the ability to development meaningful relationship during this time (p.2). The importance of this, is the idea that if a child suffers from a severe mental illness, they are at a disadvantage in developing the necessary coping skills to deal with the traumatic events they are exposed to,

especially when they've experienced this trauma at a young ages. Without a strong model on how to develop appropriate relationships and coping skills they will not be equipped with the tools and awareness to ask for or seek the appropriate help. Without the developments of a strong foster parent/foster child relationship this theory suggests that the environment and situation will have adverse effects on the child's characteristics (p.2). Cognitive Social Learning Theory brings in the significance of positive factors that influence the appropriate development of foster youth (p.2). This is considered a positive factor based on the idea of creating constructive relationships and the significance of those relationships with the adult figures (p.2)

### Themes and Perceptions

According to Caroline R Ellermann (2007) more than 80% of the children going into foster care have some type of educational, developmental, emotional, physical, or substantial mental health issue (p.S23). Marinkovic and Backovic (2007) support this statement stating that "one-half to three-fourths of children" who are placed in foster care display "behavioral and social problems"

(p.217). Furthermore taking the child out of the home, the abrupt detachment from their birth parents, the lack of treatment and detection of these problems and lack of services this population receives further aggravate this problem. In researching this problem, Ellermann (2007) used qualitative research to investigate the effects on the health of these children (p.S23). A significant theme that Ellermann (2007) found in her study, from the interviews that she had with the foster child, was the topic of "Mental Health" (p.s25) Ellermann (2007) also found 6 subthemes- "Being different, transitions, coping strategies, normalcy wanted, autonomy wanted and connections wanted" (p.S25).

The main theme of mental health was defined as "a foster child's psychological and emotional well-being, comprising the ability to function appropriately in individual, family and societal relationships" (Ellermann 2007, p.S25). The children in this study stated that the biggest impact on their mental health was the high rate in which they had to change foster homes. They stated their "trust in others and their desire to build new relationships" (p.S26) declined the more they changed homes. One child described the feeling of being in

foster care as a "struggle to maintain sanity"

(Ellermann, 2007, p.S26).

One of the subthemes in Ellermann's (2007) study was the idea of "being different" (p.S25). This thought was acknowledged by both the foster children and the foster parents. The children expressed feeling stigmatized simply for being in the foster system. They described how other children "treat" and "look" (p.S26), at them differently, one child explained its "like you probably did something...people think you are bad" (Ellermann, 2007, p.S26).

Children in foster care sometimes blame themselves for being removed from the home, and have strong wishes to go back to their parents regardless of abuse or the type of maltreatment they suffered (Marinkovic and Backovic, 2007, p.223). In reference to the parents, Ellermann (2007) discovered that the foster parents believed these children to be different as well (p.S28). Parents stated that children are being placed in their homes that have not been taught basic skills, such as bathing and oral hygiene. One parent stated that this population is a "specialized group" (p.S28), and other parents stated that the usual parenting skills are

insufficient when caring for this population (Ellermann, 2007, p.S28).

Another subtheme that Ellermann (2007), found was that transitions are extremely difficult for the children and the foster parents due to the lack of information they receive about each other prior to placement (p.S26). One child said that before their placements, had they reviewed just a small amount of information regarding what the family was like it would have made the transition a lot smoother. Parents stated that on some occasions they were not provided with the correct information on the child, sometimes the "worker" didn't have any information and sometimes if the foster parents had been told the correct information they wouldn't accept the child (Ellermann, 2007, p.S29).

Additional subthemes for foster youth noted by Ellerman (2007) were a want for normalcy, autonomy and connections (p.S26). Normalcy referred to a desire to have more stability in their lives (p.S27). They stated that they felt a "lack of control" and confusion regarding their placements (p.S27). This had a considerable impact on their "self-esteem, security and identity" (Ellermann, 2007, p.S27). Autonomy, similar to

normalcy, referred to the children's wishes to participate in the decisions made regarding their lives and welfare (p.S27). Foster children wanted to have the ability to develop more relationships that allowed them to gain a better idea of how to form "normal bonds, security, and trust" (Ellermann, 2007, p.S28). Finally, both foster parents and foster care professionals declared that they wanted to increase "mutual support" from each other (Ellermann, 2007, p.S29)

The behavioral outcomes of the studies on this population have shown two different sides of cause and effect. Some studies show that behavioral issues determine higher numbers in placement relocation or interference; others illustrate an inverted relationship, showing that an increase in the number of placements a child receives can contribute to their behavior issues, specifically the more placements a child enters, the more likely negative behaviors will increase. Rosenthal and Villegas (2010) supported these finding, stating in a number of previous studies it showed that the number of placement changes increased the problematic behaviors of those youths (p.1649). Additionally, in a study by Barber and Delfabbro (2003) cited in an article written



Rosenthal & Villegas (2010) showed that the instability of a placement was not a predictor of behavior within the first eight months; however the interruption of placements effected "psychological deterioration" at the one and two-year assessments (p.1649).

In addition to behavioral issues, other causes of placement changes involve, "reuniting siblings, foster family moving out of the service area, foster parents cease foster parenting, conflicts between foster parents and biological parents and complaints or abuse allegations against the foster family" (Price, Chamberlain, Landsverk, Reid, Leve, & Laurent 2008, p.65). According to research by Rosenthal and Villegas (2010) it was revealed that children who are placed in kinship care (care from relatives, godparents, stepparents, etc.) are more likely to have smaller number of placements compared to those who are not placed in kinship care (p.1649), possibly because they have already developed a bond to these particular people.

#### Mental Illness

In the year 2020, it is predicted that in the United States, there will be approximately 300,000 children that

will be aging out of the foster system (Gamby, 2011, p.1). Of those it is expected that 75,000 will experience homelessness, and merely 9,000 might go to college (Gamby, 2011, p.1). Furthermore, approximately 50 to 60% of foster youth have moderate to severe mental health problems, and have double the chance of developing Post-Traumatic Stress Disorder than U.S. war veteran (p.1). Presently there are over 500,000 children in the foster system in the United States (p.1). Of that 500,00, 85% of them are predicted to have an emotional disorder and/or substance use problem (American Academy of Child and Adolescent Psychiatry, AACAP 2009, p.1).

Youth placed in the foster system are at greater risk of mental illness, yet there's insufficient information regarding the need and use of mental health services within the system (Shin, 2005, p.1072). Over half of California children who had been entered into the foster system had already made use of at least some type of mental health services within the first eight months of placement and 44% of foster youth had an occurrence of inpatient psychiatric care (Shin, 2005, p.1072). In a study investigating the need for mental health services, Shin (2005), discover a high rate of mental illness

diagnoses of Bipolar Disorder in 9% of the children studied and Schizophrenia in 8% (p.1076). Additionally Shin (2005) found that 15% of those children were placed in inpatient or residential care (p.1077).

Garland, Hough, McCabe, Yeh, Wood and Aarons (2001) confirmed these statistics affirming that in the first year of foster care placement 64% of youths met the criterion for a *DSM-III-R Axis I* diagnoses (p.410). In reference to the mental health services utilized, it was discovered that out of 75 foster children who were identified as having at least one mental health problem, only 63 (84%) of those were provided mental health services(p.1077). It is noteworthy that those children who experienced child abuse are 23 times more likely to receive services (Shin, 2005, p.1078). Though 84% seems like a significant amount of youth who received treatment, there were 16% foster youth who didn't and that is a considerable percentage and is evidence for the defect in the system.

#### Risk Factors

There are a number of risk factors that influence the placement of and consequently the mental health of

children in foster care. According to Simmel (2010) some of these factors include poverty, alcohol or drug use, and domestic violence (p.1831). These factors, together and separately affect the number of young child in the foster system.

Simmel's (2010) study recognized that a predominant risk factor, for children 11-16 years of age, resulting in placement in the foster system is neglect (p.1831). Ackerman and Dozier (2005) support this statement, adding that because these children have been neglected and deserted by their birth parents they face an additional abandonment risk from their foster parents (p.508). This creates considerable danger to their self-image as well as their depiction of others.

Children in the foster system have a much higher risk for an array of social, psychological and behavioral issues. This population is at risk for developing problems with intimacy, having poor beliefs about themselves, as well as anger problems (Aguilar-Vafaie, Roshani, Hassanabadi and Masoudian, 2011, p.1). Yet, it is important to note that not all children are at risk for negative consciences, some children, referred to as "resilient" (p.1), come out of the system with an

optimistic outlook, regardless of the trauma they may have experienced (Aguilar-Vafaie, Roshani, Hassanabadi and Masoudian, 2011, p.1).

A study by Marinkovic and Backovic (2007) found significant and unforgiving burdens that are placed on foster children (p.217). The foster children are forced to handle the effects of the painful events that took place prior to placement in the foster system, at relatively young ages (p.217). They have to deal with being severed from their biological parents and siblings, and being forced to learn how to adapt to different families and environments (p.217). In addition, Marinkovic and Backovic (2007) noted that the type of placement (group foster homes vs. foster families) had a significant effect on the child's well-being, furthermore, the age the child was when removed from the inadequate biological family environment, placement stability and the type of maltreatment a child was suffering, all of these factors influenced the mental health of a child (p.218).

In reference to the age factor, Aguilar-Vafaie, et al (2011) study found that the age of the child in the foster system is a risk factor when the child is of an

older age (p.6). It was determined to have an increased influence on risk behaviors. Risk behaviors were defined in two ways, 1) as deviant behavior; specifically the "availability to drugs and neighborhood poverty" and 2) is a "vulnerability risk" which means feelings of depression and stress (Aguilar-Vafaie, Roshani, Hassanabadi and Masoudian, 2011, p.2).

#### Protective Factors

Protective factors within the foster system can be related to attachment theory, which states that a representation of self and others is developed by the bond created between an infant and the primary caregiver (Ackerman and Dozier, 2005, p.508). Children who are provided with the improper or unpredictable care will view themselves as not being lovable or undeserving (p.508-509). Though a simple solution to this problem seems to be more parental emotional involvement, Ackerman and Dozier (2005) assert that some foster parents became emotionally attached to these children to later have them taken out of the home, resulting in them becoming cautious about getting invested in future relationships (p.509). Ackerman and Dozier (2005) also revealed that

there are times when the parents are advised to not become too emotionally involved because of possible unstable placements (p.517).

A study by Price, et al.(2008) discovered that it demanded approximately "25 hours of casework" in order to process each transfer, in addition to increasing the amount of mental health services needed(p.66). Their findings showed that implementing additional training and education, focused on developing the caregivers knowledge and competence in managing problem behaviors, into "regular foster parent training" can essentially offer "at-risk" children a more constant and secure environment, which is crucial for "normal" growth and functioning (Price, et.al 2008, p.73).

An important suggestion from the American Academy of Child and Adolescent Psychiatry (2009) is that foster parents need to be notified of the mental health and substance use requirements of the child they are given to care for (p.2). It should be mandatory that they be educated on useful ways the needs of these children can be met to support the essential role of foster parents.

Other suggestions by Ackerman and Dozier (2005) were to increase positive factors in placement of foster

youth's first, placement with potential adoptive parents for children who are not likely to return to their birth parents (p.517). Second, developing a program that allows foster parents to continue being a part of the foster youths lives, if desired, for instance, working with the birth parents to prevent further abandonment issues with the child and creating a more pleasing transition(p.518). Finally, making sure that the child feels loved and cherished regardless of placement changes (Ackerman and Dozier 2005, p.518). These little changes, though seemingly simple, require a lot of work on both the social workers part and the part of the system. This requires all parties to take a more active role in the development of these at risk children and it will be the most important role in their lives.

### Summary

The safety and protection of children with severe mental illnesses in the foster care systems is of importance on both a societal and individual level. Though the system was put in place to provide safety and protection to those children who families succumb to numerous life factors this is system is not without its



unpredictability. The rapid rate at which some children in this system change placements is alarming, furthermore it can have serious effects on a child in various ways, such as not building strong relationships with parental figures. In addition, due to the perceptions and stigmas associated with foster care these children face an enormous amount of judgment and adversity. These children are forced to experience an abundance of traumatic experience all of which is not the fault of the child.

## CHAPTER THREE

### METHODS

#### Introduction

In this chapter, the methods and study design will be discussed in detail. This research studied the protective and risk factors in the placement of youth with mental illness in the foster system. In order to gain insight into this issue and figure out what is currently working and what needs improving in the foster system, foster care social workers, who met specific criteria, were the sample for a qualitative study design. This research study involved interviews with social workers, who were asked questions from a questionnaire created specifically for this study.

#### Study Design

This research addressed what processes, within the foster care agency may need to be adjusted, based on the perceptions of the social workers, who have worked this population. It was important to determine what is working and what needs modifying in the placement of youth with mental illness within the foster system.

The research method employed in this study was qualitative analysis. This approach was chosen based on the logic that it allows for a more open discussion to occur, which in turn provided the researchers with the opportunity to clarify and further understand the responses of the interviewees (Grinnell & Unrau, 2011, p.56-58). Another reason for choosing this approach was to gain the insights of the social workers that were interviewed regarding specific areas that are working and that may need amending. Qualitative analysis also allows for a more "exploratory" design (Grinnell & Unrau, 2011, p.61).

This research attempted to reveal if mental illness in foster youth has an effect on their placement, and if so, to what extent. The hypothesis was that mental illness has a significant impact on youth's placements was confirmed.

### Sampling

In order to complete this study and receive the necessary information it was essential that a specific group of social workers were interviewed. The sample size for this research study was 9 social workers in the

foster system. This group of social workers have experience working with the population and were knowledgeable about the needs that are and are not being met.

When collecting data through purposive and snowball sampling (Grinnell & Unrau, 2011, p.56-58), not only was a certain group of people selected, but those people must have met certain criteria. The most important criterion was the number of years of experience they had working as a social worker within the foster system. For the purpose of this study, for the reason that experience is a vital piece in researching this topic, only those social workers with at least two years of experience working with this population were interviewed.

The research aimed to interview social workers with a range of years of experience to see if that fact made a difference in their perspective. Although the ages of the social worker were not be specified in the criteria, the researchers interviewed social workers of all ages to see if there is a correlation between age and their perspective as well. Additionally, as with the number of years of experience, various ages were thought to help gain insight into whether this problem has increased,

decreased, or stayed the same over the years that this population of social workers has been working in the foster system.

Gender and ethnicity were not controlled for, however it was expected that to further this research and provide insight into this issue, this criterion may later be studied for correlation as well.

#### Data Collection and Instruments

The independent and dependent variables in this research were mental illness (independent variable) and placement (dependent variable). Data collection was based on the needs of the study. Some essential questions asked in this study included: In social worker's opinions what is the rate of placement for youth with mental illness compared with those without mental illness? What is being done to make sure the parents who take in this population are capable of dealing with and handling these youth? And, what problems they see that exist in the foster care system? These questions along with the others developed by the researchers formed the questionnaire utilized for this study, assisted in

examining and obtaining the necessary information pertinent to this study.

The questionnaire (Appendix A) was tailored specifically for this study to address questions that seemed to have been overlooked in this area of study. Based on the fact that this instrument was not standardized, the degree of validity and reliability of this instrument is unknown. However, based on the fact that an appropriate instrument could not be located to examine the information that is being explored, this instrument was nonetheless utilized for the study out of necessity.

### Procedures

The interviews were conducted individually, how with both researchers present. This guarded against any intimidation or violations of the participants since the researchers did not possess any power or authority over them or their occupational positions (Grinnell & Unrau, 2011, p.89). This also allowed for the participants to be more open, candid, and honest with their responses. The data for this research was collected through qualitative analysis and the interview questions were

open-ended to obtain answers based ideally on the practitioners' beliefs, feelings and ideas.

There were absolutely no inquiries regarding specific foster children's names or current placements. The participants were selected based on the criteria previously mentioned. The social workers were approached in a respectful manner and invited to participate in our research to further help the population they are currently serving. The research took place at the most convenient locations for the social workers; it was best to conduct the interviews in their offices, to maintain confidentiality.

During the interviews the researchers asked the previously selected questions objectively and allowed the participants to answer openly and honestly (Grinnell & Unrau, 2011, p.89). During the interviews, the researchers collected the data by hand writing the participants' answers. They also used a tape recorder, with the permission of the participants, to ensure accuracy.

Therefore, both researchers documented each interview simultaneously. Additionally, data were obtained in a single interview and any necessary

clarifications were performed during that interview to avoid any inconvenience for the participants (Grinnell & Unrau, 2011, p.89).

There was no deception involved in this study. Questions were straight-forward and at the end of each interview the participants were debriefed. The researchers explained the purpose of the study once more and allowed the participants to ask any further questions or express any additional concerns or thoughts regarding the interview.

#### Protection of Human Subjects

All data obtained is protected and has been kept anonymous so as to protect the participants' identities and privacy. The researchers in this study were extremely sensitive to the responses and privacy of the participants, making sure to immediately place all completed interview responses in a sealed envelope only to be opened by the researchers when data were analyzed. Responses were not discussed, shared or commented on in any way with other participants, nor their identities disclosed in the results.



Participants were informed that their personal information would be kept private and their names anonymous. The research interviewers remained impartial, compassionate and authentic towards all responses made by the participants. During and after the interviews the relationship between interviewer and participants remained, and will continue to remain, professionally separate, however appropriately engaged as to not influence the beliefs and thoughts of the participant's responses during the interviews. The participants were informed that their responses would be specifically used for this study alone, and will not result in any personal consequences (Grinnell & Unrau, 2011, p.322). All data related to this study is being kept in a locked, secure, and fireproof file cabinet, to protect all individuals involved in this study (refer to Appendices B and C).

### Data Analysis

In analyzing the data, the researchers began by looking at the information to distinguish any common themes, patterns, relationships, differences and/or similarities and attempt to categorize any possible topics. The researchers asked certain questions to

determine themes related to protective and risk factors. Protective factors included the experience and qualification of the social workers, how assessments and referrals were enacted, what types of outpatient treatment programs existed, and how foster parents were screened, monitored, and supported.

Risk factors included prevalence of youths with mental illness in the foster system and their placement disturbances, outcomes they faced if placements and treatments are not successful, hospitalizations that occurred during placement, the causes of successful and unsuccessful placements, and the issues and concerns of these foster systems.

### Summary

This topic was crucial to be studied and the objectives of this research were to gain insight into the issue and discover new ideas to be implemented in order to better the outcomes of this population. However, this research study does have limitations and may only scratch the surface of this issue, but hopefully it will provoke others to further examine this topic and expand on this area in future research projects.

## CHAPTER FOUR

### RESULTS

#### Introduction

In order to determine what protective and risk factors exist in the placement of youth with severe mental illness in the foster care system, this study analyzed 18 questions. These questions examined what factors affect youths' placements and how those situations are addressed. The research examined how potential foster parents are screened, monitored, and supported when a youth with severe mental illness is placed in their home. Finally, it asked what aspects still put these children at risk and what is missing from the system that would better protect this population.

#### Presentation of the Findings

A qualitative study was completed in order to determine whether the hypothesis that mental illness has a significant impact on a youths' placement. In this research, two males (22.2%) and seven females (77.8%), ranging from 25 to 53 years old were interviewed. Notably the mean age was 36.8 years old, with one

respondent who declined to state age. The ethnic classification was as follows: four Caucasians, two African-Americans, one Dominican/Puerto-Rican, and two Hispanics.

#### Experience and Qualification

All participants met the criterion of possessing at least two years of experience working in or with the foster care system. In this research, the number of years of experience as a social worker and practice in foster care ranged from 2 to over 30 years (with a mean of 10.4 years).

#### Prevalence and Placement

The participants were questioned about the prevalence of encountering youth with severe mental illness who require placement. Severe mental illness is defined as a person having a chronic mental health problem or illness that impacts their daily functioning, i.e., Bipolar disorder, personality disorders, and schizophrenia, etc. The majority of the responses surrounded the idea that they encountered this population regularly. Four participants stated that they encounter youth with severe mental illness on a daily basis. Two participants stated that they encounter this population

about 30% of the time or less. One participant in particular stated that "Now with our treatment foster care program (ITFC/MTFC), I would say more now in the last couple of years than before" (Participant 3, personal communication, March 2012).

The general consensus in terms of the rate of placement of youth with severe mental illness as compared to those without mental illness is that it is much harder to place a youth with these issues. One participant stated that "Kids that don't have mental illness most likely [have] an 85-90% placement [rate]. Kids that do [have a severe mental illness are] probably [placed at] anywhere between [a] 2-10% placement [rate]" (Participant 3, personal communication, March 2012). Another interviewee responded that they are "Much harder to place. They are harder to place because their needs are greater so it's hard to find a family that will best meet their needs" (Participant 4, personal communication, March 2012).

### Outcomes

The social workers were asked about the views of what happens to youth with severe mental illness who need placement in the foster system. They were questioned

about whether those youth end up in foster homes, group homes, and/or age out of the system. Five out of the nine participants stated that these youth typically end up in group homes and then age out of the system.

I think that kids that end up in a group home typically, eventually age out of the system. So if they can't stabilize in foster care and end up in a higher level of care like a group home they are more likely just to age out of the system. (Participant 5, personal communication, March 2012)

#### Assessments and Referrals

The participants were then asked about the way in which mental health assessments are carried out within the foster system and how foster children are referred to outpatient mental health services. Out of the nine interviews conducted, eight participants (88.9%) stated that they do not perform the assessment, but instead the child is referred to an outside mental health agency, county social worker, or Department of Mental Health (DMH). Some youth have a diagnosis when they arrive which is provided by the therapist or psychiatrist prior to placement within the foster care agency. The ninth

participant stated when conducting an assessment of a foster child:

The hardest part of the foster care system is you're piecing together the puzzle from a lot of different sources who have gathered the information. Often times you don't have bio parents to talk about the children's biological history and the developmental milestones that you would get from a family therapy intake in an outpatient clinic. You're taking a lot of that assessment off of reports written by other people and relying a whole lot on the actual client's self-report, which when working with children is extremely unreliable. (Participant 6, personal communication, April 2012)

#### Outpatient Treatment Programs

When the participants were asked about the treatment programs currently in place for youth in the foster system with severe mental illness, the majority (77.8%) mentioned the treatment foster care programs that have started to emerge in the last few years. Many (88.9%) also mentioned services such as therapy, behavioral plans that the foster parents put into place, TBS, and a wraparound team

## Hospitalization

In the study the researchers inquired about the rate and outcome of placement of foster youth in inpatient psychiatric facilities. According to the participants, inpatient psychiatric facilities are often utilized for foster children, although an exact rate of how often could not be provided. One interviewee stated that in that worker's experience, "Of the 30 percent, [of foster youth with mental illness] 15 to 20 percent are hospitalized" (Participant 4, personal communication, March 2012). Another participant when referring to her work in residential and group homes said that "We had at least one hospitalization a month" (Participant 9, personal communication, April 2012).

When discussing the outcome after placement in a psychiatric facility, participants were questioned about whether the foster child returns to the same placement, changes foster homes, or is moved to a group home. The participants seemed to be split on this issue. Half of the participants stated that "typically" after inpatient hospitalization, foster youths are removed from their home placements. This is due to safety concerns which one participant explained by stating, "If it's gotten to



that point the foster parent realized they can't meet the needs because it's too intense for them" (Participant 1, personal communication, February 2012). Another participant substantiated this by saying, "The foster parents don't take them back" (Participant 3, personal communication, March 2012). The other half of participants explained that if the child is part of an MTFC program they do return to the foster parents and the program. One participant stated that, "There's admiration for programs like ours that say the foster parent will take them back, that's what we do, it's something that's very rare" (Participant 6, personal communication, April 2012).

### Foster Parents

When the participants were asked about the willingness of foster parents to take in youth with mental illness compared to their willingness to take in youth without mental illness, there was a consensus among them. The interviewees all said that in their experience they have found that foster parents are not as willing to take in this population.

The participants were then asked to give reasons why there is a lack of willingness among foster parents to

open their home to a foster child with mental health issues. One theme that was noticed was that the majority of participants stated foster parents fear as a reason for their aversion to taking this population into their care. The reasons for being fearful included fear of the unknown, fear of what they have seen or been told, and fear of threat of safety. The other theme was that was discussed was the foster parents lack of confidence and knowledge in handling a child with these types of issues and needs. One participant stated, "I think that the responsibility and commitment throws people back ... It's a lot of requirements that have to be met" (Participant 9, personal communication, April 2012).

#### Screening and Monitoring

The participants were asked to describe how foster parents are screened before and monitored after a youth with mental health issues is placed in their care. The majority of respondents stated that it is a long process to become a foster parent, with two participants stating that it takes at least three months and 40 hours of intense training. The process involves an invasive home-study to assess fit and readiness of the home,

fingerprint clearances, background checks, and ongoing training.

The participants were then questioned about their knowledge about the monitoring that foster parents receive when they have a child in their home. Six of nine participants stated that there is more monitoring done for foster parents who take in youth with severe mental illness, than those who do not take in foster children with mental health issues. "In the ITFC [program] the child is seen on a weekly basis if not more. So it is much more as needed, but never less than [once a week]" (Participant 1, personal communication, February 2012) was stated by one interviewee. Another participant stated that "More monitoring and more support. More people in the house, [the foster parents] have someone there two to three times a week" (Participant 3, personal communication, March 2012).

### Support

When asked what types of support are available for foster parents who take in youth with severe mental illness, the majority of participants stated that a lot of support is offered. Examples of support that participants described included support groups, 24 hour

a day support person, parent partners, behavioral coaches, and therapists. If the foster parents are a part of the treatment foster care programs, they are part of a wraparound team built to support them and the child.

### Successful and Unsuccessful

The participants were then questioned about what factors led to foster care placements being successful or unsuccessful. Over half, 55.6%, stated that the foster parents' willingness to work with the child and the team in implementing the treatment plan for the child, made a huge impact on the success of the placement. Many (66.7%) also stated that the support they received from the foster family agency while working with the child also led to the placement being successful. The third factor that half (55.6%) of the participants stated as a reason for success was the commitment level of the parents. One interviewee said that "important that the foster parent is invested and they are in it for the long term, that they willing to take feedback from the team and try different things" (Participant 4, personal communication, March 2012).

After discussing the factors that lead to successful placements, the participants were questioned about what

factors they believed led to a placement being unsuccessful. The responses varied between almost all of the participants. The reasons provided were regarding factors such as lack of education about the needs of the child, lack of support, and lack of foster parent willingness to work with the child and/or the team. Participants also discussed safety issues for the foster child, as well as their own families, and high stress level, leading to the placement deterioration.

#### Issues and Concerns

Participants were asked if they believe that there is a problem with the system of placement or lack of placement options for youth with mental illness. There seemed to be a consensus among the participants that there are problems with the system, such as a lack of foster parents willing to take this population into their home. One interviewee said, "There's a shortage of families ... getting families to come forward and know [the foster family agency] will help you, we'll support you, that's hard to do. The families are very hard to find" (Participant 4, personal communication, March 2012). Although the majority of participants believed that there

are problems, many also stated that things have gotten better in the last few years.

When questioned about whether they believe that the youth with mental illness receive the necessary services from the foster care system or not, the participants' responses were fairly consistent. They stated that more services are always going to be necessary to completely treat the needs of this population, but a lot more services are available today than in the past. Although the amount of available services has increased, the problem is that putting those services in place is sometimes very challenging.

I think there are a lot of services. How strong is their CSW at advocating for them ... unless they found someone within their own little environment that's going to be advocating for them I think it's much harder but I definitely think the services are there. (Participant 6, personal communication, April 2012)

#### Summary

The findings show that with new programs such as ITFC and MTFC, the protective factors of the youths are

increasing. However, the availability of foster parents continues to be a major concern. Not only is there a lack of willing foster parents, but there is also a lack of people advocating on the child's behalf.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The focus of this research was to address the protective and risk factors of the placement of youth with severe mental illness in the foster care system. According to the results of this study the hypothesis that mental illness has a significant impact on youth's placements was confirmed.

#### Discussion

The outcomes of this study identified three critical pieces in regards to the protective and potential risk factors that are in place to prevent placement disturbances with this population. These essential components refer to the services the youth receive, the education provided to the foster parents and children, and the support they receive from the agency and outside associations. In addition to these critical pieces, one other area was addressed. That additional piece was the correlation between age and years of experience of the social workers interviewed and their perspectives.



## Services

The lack of treatment and detection of these problems and lack of services this population receives further exacerbates this problem. The findings of this research discovered a lack in services used by youths with severe mental illness in the foster system, though those services are available to them. This contradicts the results of research conducted by Shin, (2005) which stated that half of California's children who entered into the foster system had already made use of at least some type of mental health services within the first eight months of placement (p.1072). On the other hand these two studies both found that there is a high rate (30-40 percent) of foster youth who had an occurrence of inpatient psychiatric care (Shin, 2005, p.1072).

## Education

All through this study education has been a major risk factor in the placement of youth with severe mental illness. In this research it was founded that the lack of education and knowledge led to parent's unwillingness to take in this population, disruption in the children's placements, and resources not being utilized in order to treat these children.

The study conducted by Price, et.al (2008), is consistent with this current researches findings, in that it too showed that implementing additional training and education, focused on developing the caregivers knowledge and competence in managing problem behaviors, into "regular foster parent training" can essentially offer "at-risk" children a more constant and secure environment, which is crucial for "normal" growth and functioning (p.73).

Additionally, Ellermann (2007), results are similar to that of the current study since it also found that transitions are extremely difficult for the children and the foster parents due to the lack of information they receive about each other prior to placement (p.S25).

#### Support

A vital suggestion made by The American Academy of Child and Adolescent Psychiatry (2009) is that foster parents need to be notified of the mental health requirements of the child they are given to care for (p.2). Their views of the significance of support were reiterated by many of the social workers who participated in this current study. Most felt that support of the foster parents who care for youths with severe mental

illness is a critical protective factor for this population

### Age and Perspective

In reviewing the results of this study the researchers discover that there was no correlation between the age and years of experience the social workers have and their perspectives on this topic.

### Limitations

#### Trouble getting into Foster Family Agency's

The main limitation of this research is the fact that a lot of resistance occurred when trying to gain access to social workers to interview. Many of the agencies were concerned about the confidentiality of their agency and the work the agency does. The organizations were worried that the work their agency conducts may be displayed for everyone to see and that within the research the agency would not remain anonymous. In trying to get letters of approval from Foster Family Agencies, the directors, although confident in the fact that the interviewee would remain anonymous, did not feel secure in releasing private information about their agency.

Many agencies were also concerned with the impact that the interviews may have, as it may display their organization in a negative light. Due to the fact that many social workers and social service agencies are seen as depraved, the agencies were apprehensive about being a part of a study which may direct more negative attention their way. The Foster Family Agencies are supposed to be helping people and due to the fact that this research may show things that the foster system is not doing, agencies chose not to be a part of it.

For the reasons explained above, the sample size that could be obtained for this research was decreased. Due to the drawback of attaining only nine out of 20 interviews, the research included inadequate insight. Since this was the case the research lacked different perspectives and may not represent a generalized views of foster care social workers.

Due to the trepidations and limited number of participants, previously discussed, the majority of the interviews conducted for this research were social workers from one agency. Since the majority of the interviewees were from one agency the responses given may have been skewed. Due to these reasons, the

participants' responses and perspectives were agency based. Although the interviewer attempted to generalize the questions and explain that the interviewees' responses should be based on overall experience and knowledge, the responses given were still dealing with their specific agency rather than in terms of the foster system in general. Due to the reasons discussed above, the perspectives that were received were not as broad as the research may have needed.

#### Time Frame

Due to the limitations listed above, the time frame of three months also hindered the researchers tremendously. Given that the researchers were confined to the limitations of a programs requirement, the allotted time to conduct research was not sufficient. The researchers found it difficult to work around the foster care agency social workers' extremely time consuming schedules, and the county social workers demanding case loads.

#### Study Design

The limitations to the qualitative design used in this study included the possibility that the participants providing unreliable or inaccurate information during the

interview. This may have been a result of not knowing the answer or being worried about being completely honest because of possible ramifications. This was remedied by informing the participants to skip the questions that were out of their scope or if they have not experienced a particular situation, and also by discussing confidentiality throughout the interview. Another limitation was in regards to documentation; this may be cause for mistakes to occur due to error on the researcher's part. This issue was be addressed by having both researchers present and documenting during the interviews.

#### Recommendations for Social Work Practice, Policy and Research

##### Social Work Practice

As pointed out in this study, advocacy for foster children is an important social work role that seems to currently be underutilized. Foster youth, specifically those with severe mental illness, are in a position of vulnerability and without social workers advocating for them, making their voices heard and educating them on their rights and capabilities, they will fall through the

cracks. The resources for these youths are available but without the determination of someone to facilitate the obtainment of those services those children will go without.

Not only is there a lack in social workers advocating for these children, there's also a lack of foster parents willing to take youths with severe mental illness into their care. In order to increase the willingness to take in these youths, social workers need to provide increased education and support to the foster parents. As shown throughout this study, education should be based on the foster child's diagnosis, the behaviors the child may display and ways to intervene and de-escalate those behaviors, in addition to how to decrease their own stress levels. Educating these foster parents on the recommendations previously written will assist in decreasing the fear foster parents feel about taking in youths with severe mental illness.

The support that a foster parent should receive can come from many different areas. This study revealed that there should be a team of social workers, therapists and behavioral coaches surrounding the foster parent to provide support and interventions when needed, at all

times. Support can also come from support groups, education, and explanations of processes, interventions or simply a phone call to provide guidance.

#### Policy Recommendations

According to this study Intensive Treatment Foster Care (ITFC) and Multidimensional Treatment Foster Care (MTFC) are two relatively new programs that have been implemented into the foster care agencies and have made extreme improvements on the way in which this population is served. If these two programs were incorporated in more foster care agencies this may help to avoid placement disturbances. These children deserve the best treatment and care; such that will not make them feel unwanted. These programs include both advocacy for the foster children and education and support of both foster child and parent. By putting into practice both Intensive Treatment Foster Care (ITFC) and Multidimensional Treatment Foster Care (MTFC) programs this may lessen the resistance workers face when recruiting foster parents for this population.

#### Further Research Recommendations

Further study of this population should incorporate the children's views of the care and services they



receive. It is also suggested that in further research more time should be allotted to incorporate a higher number of foster care agencies and social workers. This, in turn will give a broader perspective of the risk and protective factor in the placement of youth with mental illness in the foster care system.

### Conclusions

This study shows that there is a high prevalence of youth with mental illness in the foster system, and yet a lack of placement options for this vulnerable population. Resistance of willing and lack of knowledgeable foster parents to take in these youth has led to this population slipping through the cracks of the foster system. Although there are services to assist them, these foster youth are still not receiving the necessary services to get them treatment. The treatment foster care programs that many agencies have put in place have increased the number of youth with severe mental illness getting help, but they are still in need of more people advocating on their behalf.

APPENDIX A  
INTERVIEW GUIDE

1. How long have you been a social worker?
2. How long have you been a social worker in the foster care system?
3. How often do you encounter youth with severe mental illness who require placement?
4. In your view what is the rate of placement for youth with mental illness compared with those without mental illness?
5. How are mental health assessments carried out?
6. How are they referred to outpatient mental health services?
7. How often are youth placed in inpatient psychiatric facilities?
8. If placed in inpatient psychiatric facilities after placement, do they return to the same placement or move somewhere else?
9. What treatment programs are in place for foster youths with mental illness?
10. What types of support is offered for foster parents who taken in children with mental illness?
11. How are the prospective foster parents screened before a youth with mental illness is placed with them?
12. Do you find prospective foster parents are equally as willing to take in youths with mental illness as those without mental illness, if not what are their reasons?
13. Are the foster parents who take in youth with mental illness monitored throughout placement?
14. Of placements that are successful why do you think they succeed?

15. Of those placements that don't work out why do you think they don't?
16. In your view do youth with mental illness typically end up in foster homes or end up in group homes and/or aging out of the system?
17. Do you believe there are problems with the system of placement of or lack of placement options for youths with mental illness?
18. Do you feel that youths with mental illness receive the necessary services from the foster care system?
19. What is your gender?
20. What is your age?
21. What is your ethnicity?
22. What is your level education?

Developed by Dianna Nicole England and Kendra Nicole Lutzow

APPENDIX B  
INFORMED CONSENT

## **INFORMED CONSENT**

You are invited to participate in a research study designed to explore social workers perspectives on the placement of youths with severe mental illnesses. We are attempting to discover what needs to be modified and what's working, from the perspectives of social workers. You were selected as a possible participant because you have more than two years of experience working with this population. We ask that you read this form and ask any questions you may have before agreeing to be in the study.

This study has been approved by the Institutional Review Board Social Work Subcommittee, California State University, San Bernardino. This research is being conducted by Dianna N. England and Kendra N. Lutzow, as part of our master's thesis project in Social Work, at California State University, San Bernardino.

Our advisor is Herb Shon, Ph.D., LCSW.

### **Background Information:**

The purpose of this research is to discover more about what protective and risk factors currently exist or may be required for foster youths with severe mental illness and their out of home placements, in addition to what needs to be adjusted.

### **Procedures:**

If you agree to be in this study, we would only ask you to participate in an interview of 18 questions, lasting approximately an hour, in a location that is convenient for you. Your identities and responses will remain confidential and will not be shared with anyone other than the researchers.

### **Risks and Benefits of Being in the Study:**

The study may have a potential risk: First: you may feel a responsibility to your organization so we ask that you speak only from your point of view based on your overall experience.

Our hope in conducting this research is that it will have an indirect benefit to yourself and an impact on the population you currently serve, as well as, having an impact on future methods and policies that may be uncovered as necessary to improve the well-being of this cliental.

### **Confidentiality:**

The records of this study will be kept confidential. If we publish any type of report, we will not include any information that will make it possible to identify you. All data will be kept in a locked; only our advisor Herb Shon, Ph.D., LCSW. and the researchers will have access to the data. If the research is terminated for any reason, all data will be destroyed.

- o Raw data will be destroyed by January, 2014, all identifying information removed by June 2012. (Federal guidelines specify a minimum of 3 years for retention of data).

**Voluntary Nature of the Study:**

Your decision whether or not to participate will not affect your current or future relations with California State University, San Bernardino or your agency. If you decide to participate, you are free to withdraw at any time without affecting those relationships.

**Contacts and Questions:**

The researcher(s) conducting this study are Dianna N. England and Kendra N. Lutzow. You may ask any questions you have now. If you have questions later, you may contact Advisor: Herb Shon, Ph.D., LCSW (909)537-5532. You will be given a copy of this form to keep for your records.

**Statement of Consent:**

I have read the above information or have had it read to me. I have received answers to questions asked. I consent to participate in the study.

Mark \_\_\_\_\_ Date \_\_\_\_\_

I consent to allow use of my direct quotations in the published thesis document.

Mark \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX C  
DEBRIEFING STATEMENT



## DEBRIEFING STATEMENT

Thank you for your contribution as a research participant in the present study examining your perspectives on the placement of youths with mental illness in the foster system. As a result of your participation, this research will not only impact the lives of youth in the foster system, foster parents, and social workers, it will also affect social work practice. The hope is that this research study will answer the question: In social workers' opinions does the child's mental illness have an effect on their placement within the foster system?

The study will attempt to reveal if mental illness in foster youth has an effect on youth's placement, and if so, to what extent. The hypothesis of this research is that mental illness has a significant impact on youth's placements was confirmed. It is expected that the findings of this study will change the way youth with mental illnesses in the foster system are viewed, as well as how they are serviced.

All the information we collected in today's study will be confidential, and there will be no way of identifying your responses in the data archive. We are not interested in any one individual's responses; we want to look at the general patterns that emerge when the data are aggregated together.

Again, we thank you for your participation in this study. If you have any questions about the study, please feel free to contact Dr. Herb Shon, Ph.D., LCSW; [hshon@csusb.edu](mailto:hshon@csusb.edu). The results of this study will be available in Pfau Library at CSUSB after September 2012.

THANK YOU AGAIN FOR YOUR PARTICIPATION

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## ASSIGNED RESPONSIBILITIES PAGE

This was a two-person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned Leader: Dianna Nicole England and  
Kendra Nicole Lutzow

Assisted By: Dianna Nicole England and Kendra  
Nicole Lutzow

2. Data Entry and Analysis: Dianna Nicole England  
and Kendra Nicole Lutzow

Team Effort: Dianna Nicole England and Kendra  
Nicole Lutzow

3. Writing Report and Presentation of Findings:

- a. Introduction and Literature

Team Effort: Dianna Nicole England and Kendra  
Nicole Lutzow

- b. Methods

Team Effort: Dianna Nicole England and Kendra  
Nicole Lutzow

c. Results

Team Effort: Dianna Nicole England and Kendra  
Nicole Lutzow

d. Discussion

Team Effort: Dianna Nicole England and Kendra  
Nicole Lutzow