School Counselors Supporting Youth Aging Out of Foster Care

A Literature Review

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# Table of Contents

Abstract……………………………………………………………………………………4

Introduction...........................................................................................................5

Foster Care Background......................................................................................5-8
  Definitions.........................................................................................................5-7
  Reasons for Placement.......................................................................................7
  National Statistics..............................................................................................7
  Minnesota Statistics...........................................................................................8-9

Youth Aging-Out of Foster Care........................................................................8-17

  General Outcomes for Youth Aging-Out of Foster Care.................................8-12
    Education Outcomes.......................................................................................9-10
    Employment Outcomes..................................................................................10
    Housing Outcomes.......................................................................................10
    Physical and Mental Health Outcomes.........................................................10-11
    Criminal Justice System Involvement and incarceration outcomes..............11-12
    Pregnancy Outcomes....................................................................................12

  Federal Policies Related to Youth Aging-Out of Care......................................12-14
    Title IV-E Independent Living Initiative of 1986..........................................13
    The Foster Care Independence Act of 1999..................................................13
    The Fostering Connections Act of 2008.......................................................14

  Adlerian Perspective..........................................................................................14-17

School Counseling..............................................................................................17-27

  Role of the School Counselor..........................................................................17-18
Abstract

Youth aging out of foster care face many challenges during their transition to adulthood. These youth often are not equipped with the general life skills they need in order to succeed as adults. Federal policies have been established to help support youth during this transition, but many still struggle. Because school counselors work with youth in the areas of academic, career and personal/social development, they are in a unique position to help youth with this transition.

This paper reviews current federal policies, the challenges youth aging out of foster care face and an Adlerian perspective on how school counselors can support these youth in a school setting.
School Counselors Supporting Youth Aging Out of Foster Care

The transition from adolescence to young adulthood is often an exciting experience. Most youth have parents or other family members on whom they can rely for financial and emotional support during this transition. But for the approximately 24,000 youth in the United States who “age out” of foster care each year, it can be an extremely difficult experience filled with many challenges (Gardner, 2008). Youth aging out of foster care are “at a higher risk for homelessness, unemployment, illness, incarceration, welfare dependency and sexual and physical victimization than their peers” (Gardner, 2008, p. 3). Although these youth face many challenges, with the support of caring adults and communities, they have the ability to succeed.

This paper will provide a background on the foster care system and will describe the experiences of youth in and aging out of foster care. It will also include an Adlerian perspective on how school counselors can help support these youth during their transition out of foster care.

**Foster Care Background**

**Definitions**

When children and youth are no longer able to live with their parents or guardians, child protective services (CPS) place them in foster care. Reasons for removal from the home will be discussed later in this paper. Foster care can be temporary, lasting just a few days, or long-term, lasting several years. According to the Code of Federal Regulations:

Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the State has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child care institutions, and pro-adoptive homes. A Child is in foster
care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made (Fried, 2009, p. 9).

In this paper, the terms “foster care,” “out of home care” and “in care” will be used interchangeably to describe children and youth who have been removed from their homes and placed in the custody of the state.

When a child or youth enters foster care, a permanency or case plan is established. The goal of this plan is to have a permanent living arrangement established for when the child or youth leaves care. According to the U.S. Department of Health and Human Services (DHHS):

Nearly all children begin with the goal of being reunified with their families; when this is not possible, other permanent living arrangements are sought, such as living with another relative, guardianship, or adoption. However, some children, particularly older children, have plans established for them that do not include a goal of leaving foster care and transitioning into the home of a permanent family. Instead, they are prepared to be emancipated from foster care into adulthood on their own (DHHS, 2005, pp. 1-2).

The focus of this paper will be on those youth who have a permanency plan that includes emancipation from the foster care system.

Between the ages of 18 and 21, youth are cut off from the benefits and support they received while in foster care. This is known as “aging out of foster care” or “exiting care.”
Unlike most of their peers, these youth lack the foundation of a stable family due to their often chaotic living situations while in care.

**Reasons for Placement**

Children are placed in foster care when their parents or guardians are unable to care for them. Most children are placed due to physical abuse, sexual abuse or neglect in the home. Youth (ages 11 and older) tend to enter care for different reasons than younger children (Macomber, 2009). For older youth, approximately 43% enter care due to neglect, 33% enter due to physical abuse, 15% enter for sexual abuse, and 10% enter for other reasons. For younger youth, a much higher number (67%) enter primarily due to neglect (Macomber, 2009, p. 84).

Other reasons children enter care include mental health and behavioral problems in the children and youth that the family can no longer manage (Macomber, 2009).

**National Statistics**

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS, 2009) report, in 2008 approximately 463,000 children were in foster care in the United States. Almost half of these children (47%) lived in non-relative foster family homes. The case goal for most of the children in foster care was either reunification with parents or guardians (49%) or adoption (24%). Because reunification with parents is not always possible, the remaining children had case goals of long term foster care (8%), emancipation (6%), living with other relatives (4%), guardianship (4%) or goal not yet established (5%).

**Minnesota Statistics**

were 13 years of age or older, and the majority (58.9%) of children were placed in out-of-home care due to parent reasons including abuse, neglect, drug/alcohol abuse and incarceration (MDHS, 2009). Other reasons for placement included child reasons (28.2%), child disability (1.8%) or a combination of several reasons (10.8%) (MDHS, 2009). The majority of youth in care were White, but African American and American Indian children were disproportionately represented compared to their proportions in the Minnesota child population (MDHS, 2009).

“In 2007, 725 youth in Minnesota aged out of foster care without a permanent, legal family” (North American Council on Adoptable Children, 2009, p.2). Minnesota requires that youth age 16 and older who are in foster care have an independent living plan (MDHS, 2006). This plan is set up to ensure that when youth exit the system, they have “a high school diploma; employment and/or acceptance to post-secondary education; health care coverage; a savings account; a safe and affordable place to live; a means of transportation; knowledge of community resources; and connections to positive adults and family members” (MDHS, 2006, p.3).

Although a permanent family placement may be part of the independent living plan, many youth exit care without this form of stability.

Youth Aging out of Foster Care

General Outcomes for Youth Aging out of Foster Care

The Chapin Hall Center for Children at the University of Chicago conducted a longitudinal study that followed youth transitioning out of foster care in Illinois, Iowa and Wisconsin. The Midwest Evaluation of the Adult Functioning of Former Foster Youth (The Midwest Study) is one of the most significant studies on outcomes for youth aging out of foster care.
The Midwest Study was conducted by Courtney, Dworsky, Lee & Raap (2010). Four waves of survey data were collected for the study. The first wave of data was collected between May 2002 and March 2003. Surveys were collected from 731 youth ages 17-18. These youth were still in foster care during this data collection period. The second wave consisted of survey data from 603 young adults (83% of those interviewed during wave one) collected during March and December 2004. The average age at this interview was 19. The Third wave, conducted between March 2006 and January 2007 consisted of 591 (81%) interviews with young adults with an average age of 21. The final wave was conducted from July 2008 to April 2009, and consisted of 602 (82%) young adults ages 23-24. The youth in the Midwest Study were compared to a national representative sample of youth from the National Longitudinal Study of Adolescent Health (Adolescent Health Study) (Harris & Udry, 1994-2002). The results of The Midwest study are discussed below.

**Education outcomes.** A study by Skyles, Smithgall, and Howard (2007) found that many youth currently in foster care view education attainment (high school, GED and/or college) as their life goal. Yet for several reasons, by the time these youth exit foster care, they have not and will not attain this goal. In the Midwest Study sample, Skyles et al. (2007) found that over one-third of the youth had experienced five or more school changes. On average these youth read at a seventh-grade level. Compared to their peers in the Adolescent Health Study, these youth were more likely to receive failing grades. As the youth progressed through school, these early outcomes did not seem to improve.

Compared to their peers sampled in the Adolescent Health Study, youth who aged out of foster care lagged far behind in their educational attainment. Courtney et al. (2010) found that at age 23 or 24, “nearly one-quarter of the young adults in the Midwest Study did not have a high
school diploma or a GED” (p. 22). Those who were enrolled in post-secondary education were more likely to be enrolled in a 2-year college than a 4-year college. The number one barrier preventing these young adults from enrolling in post-secondary education was not having enough money to pay for it. Few had financial support from parents or other family members, so they relied on student loans and grants, as well as their own earnings from employment to pay for college.

**Employment outcomes.** Courtney et al. (2010) found that at the age of 23 or 24, approximately half of the young adults in the Midwest Study were currently employed. This is significantly lower than the 76 percent of young adults in the Adolescent Health Study who were currently employed. The median income for the young adults who aged out of foster care was $8,000, compared to $18,300 for their peers from the Adolescent Health Study. Fewer than half of the young adults had a checking or savings account, compared to 85% of their peers.

**Housing outcomes.** Forty-nine percent of the Midwest Study young adults were living in their “own place” at age 23 or 24, compared to 63 percent of the sample from the Adolescent Health Study. The young adults who aged out of foster care were less likely than their peers to be living with their biological parents, but more likely to be living with another relative. At the time of the interview, less than 1 percent of the young adults were homeless, but 37 percent had been homeless or had couch surfed since exiting care (Courtney, et al., 2010).

**Physical and mental health outcomes.** Although the majority of the young adults who aged out of foster care described their physical health as “good” or “excellent,” Courtney et al. (2010) found that they were more likely to rate it as “fair” or “poor” than their Adolescent Health Study counterparts. Fifty-seven percent of the young adults reported that they currently had health insurance. The majority (58%) were covered by Medicaid or another government
program. Seventy-eight percent of the young adults from the Adolescent Health Study had health insurance, with the majority (59.9%) covered through their employer.

A study by Pecora et al. (2005) of 479 young adults (average age at interview: 24.2 years) formerly in foster care, found that 54.4% had a mental health diagnosis. At the age of 23 or 24, approximately 19% of the young adults in the Midwest Study received mental health services in the past year (Courtney et al., 2010). Approximately four percent of these young adults did not receive needed mental health care. The main reason they did not receive the mental health care they needed was because it cost too much and/or they did not have insurance (Courtney et al., 2010).

**Criminal justice system involvement and incarceration outcomes.** The first wave of data collection for the Midwest Study found that over half of the sample of adolescents had been arrested, over-one third spent the night in a correctional facility and one-fifth reported being convicted of a crime (Courtney, Terao & Bost, 2004, p. 9). After the final interviews, Courtney et al. (2010) concluded that, “Generally speaking, young adults in the Midwest Study were more likely to report engaging in illegal behaviors than their Add Health Study counterparts, although only some of the differences were statistically significant” (p. 66).

“Young men in the Midwest Study were more likely than young women to report that they had engaged in a variety of illegal behaviors during the 12 months prior to their [last] interview, and many of these gender differences were statistically significant” (Courtney et al., 2010, p. 66). These gender differences findings were consistent with the results of a study by Vaugh, Shook and McMillen (2008) in the article, “Aging Out of Foster Care and Legal Involvement: Toward a Typology or Risk.” Although the men in both studies showed a higher rate of illegal behavior than the women, The Midwest Study found that the women in the study
still had much higher rates of criminal justice system involvement than their male counterparts in the Adolescent Health Study.

Vaughn et al. (2008) also discussed some of the characteristics of the “low-risk,” “moderate-risk,” and “high-risk” (of becoming involved in the criminal justice system) youth. Youth in the low-risk group tended to have higher levels of employment, more family support, less association with deviant peers and less socially chaotic neighborhoods than did youth in the moderate and high-risk groups. Another important finding in this study was that youth in the high-risk group were more likely to be youth diagnosed with ADHD and conduct disorder.

**Pregnancy outcomes.** Young women interviewed for the Midwest Study had significantly higher rates of pregnancy than their Adolescent Health Study counterparts. “More than three-quarters of the young women in the Midwest Study, compared with only 40 percent of their Add Health Study counterparts, had ever been pregnant” (Courtney et al., 2010). Many (two-thirds) of these young women had been pregnant more than once, compared to fifty percent of the Adolescent Health Study women who had repeat pregnancies. Sixty-five percent of the young women who became pregnant did not intend on becoming pregnant. Although most of the young women from the Midwest Health Study received prenatal care, only 9 percent had received any family planning services in the past year, which likely accounts for the high rate of unintended pregnancies.

**Federal Policies Related to Aging-Out of Care**

For many years the United States lacked federal policies specific to youth aging-out of foster care. Since the mid-1980’s, policies have been established, improved and added in order to support youth in their transition to adulthood. The three most significant polices are discussed below.
Title IV-E Independent Living Initiative of 1986. In 1986 the first federal policy related to youth aging-out of foster care was enacted. “Congress amended Title IV-E of the Social Security Act to include the Independent Living Program, making federal funding available to help states prepare their foster youth for independent living” (Courtney & Dworsky, 2006, p. 209). Although this program allowed states to use Title-IV-E funds for education, employment and housing services for youth ages 16-18, it did not allow them use the funds for independent living subsidies or transitional housing (Courtney & Dworsky, 2006). By 1999, it was apparent that more needed to be done to assist youth transitioning from foster care.

The Foster Care Independence Act of 1999. In 1999 Congress passed the Foster Care Independence Act. This act replaced the Independent Living Program established in 1986 with the Chafee Foster Care Independence Program (National Foster Care Awareness Project [NFCAP], 2000). This program provides addition funding and support necessary to help youth transition from foster care. Some highlights of the Chafee Foster Care Independence Program include:

- Doubled the amount of funding to $140 million per year
- Required states to contribute 20 percent in matching funds
- Expanded independent living service and support eligibility to youth ages 18-21
- Allowed youth to receive Medicaid coverage up to 21 years of age
- Provided educational and training vouchers to help youth pay for post secondary education (up to $5000 per youth)
- Provided room and board funding for youth up to age 21 who have left care (Gardner, 2008; NFCAP, 2000).
**The Fostering Connections Act of 2008.** Due in part to the findings from the Midwest Study, in 2008 the Fostering Connections Act was passed (Courtney et al., 2010). This act provided more funding and support for older youth in foster care and youth aging-out of foster care. “Beginning in federal fiscal year 2011, states will be able to claim federal reimbursements for the costs of foster care maintenance payments made on behalf of Title IV-E eligible foster youth until they are 21 years old” (Courtney et al., 2010, p. 1). This act also allows youth who are adopted after age 16 (not just youth currently in foster care) to receive independent living services through the Chafee Foster Care Independence Program (Fostering Connections to Success and Increasing Adoptions Act, 2008). This Act has helped thousands of youth aging-out of care receive much needed services and support, yet many still continue to struggle.

**Adlerian Perspective**

Individual psychology, developed by Alfred Adler (1870-1937) is based on the concepts of encouragement and belonging. Adler believed that children are born with an innate desire to belong and contribute, and this desire must be fostered by their parents or caregivers (Oberst & Stewart, 2003). Adler called this concept of belonging and contributing “Social Interest.”

Ansbacher and Ansbacher (1956) describe the importance of social interest in the development of significance in a person’s life. “Every human being strives for significance, but people always make mistakes if they do not see that their whole significance must consist in their contribution to the lives of others” (p. 156). Those children who lack encouragement and the opportunity to develop social interest in their lives are said to be “discouraged.” This discouragement can lead to feelings of inferiority in a child. Inferiority feelings are usually developed in the first five years of a child’s life (Ansbacher & Ansbacher, 1956).
Children in foster care often experience chaotic lives which may hinder their capacity to develop social interest. The lack of parental/caregiver consistency and support may lead to feelings of discouragement and inferiority in a child. These inferiority feelings will often be displayed as misbehaviors. A misbehaving child is generally trying to achieve one (or more) of four goals: (a) seeking attention, (b) seeking power, (c) seeking revenge, and (d) displaying inadequacy or withdrawal (Oberst & Stewart, 2003). If a supportive adult does not identify and address the goals of a child’s misbehavior, the underlying feelings of inferiority will likely carry into adulthood.

Another Adlerian concept is the belief that “anything can also be different.” Although Adler recognized the influence of childhood experiences on a person’s present problems, he did not believe that these experiences determined a person’s success or failure. What is more important, according to Adler, is the child’s attitude toward the experience (Oberst & Stewart, 2003). “Adler adopted the idea that everything depends on the opinion people have of it. It is not so much the facts or givens that are decisive for what we feel, think and do, but the opinion we have of them, the attitude or the standpoint we take” (Oberst & Stewart, 2003, pp. 10-11).

Some children live extremely difficult lives, yet grow up to be successful adults. Youth aging-out of foster care have the ability, with the right support, to succeed despite their negative pasts.

Youth aging-out of foster care may have negative, positive or distorted opinions or attitudes (consciously or unconsciously) about themselves, their families and their place in the world. These beliefs affect how the youth interact with others and guide the way they live their lives. Adler would describe these beliefs (sometimes referred to as “fictions”) as part of the “Life Style.” Oberst and Stewart (2003) define the Life Style as:

A broad term that encompasses what is typically meant by the term “personality.” The
style of life can be observed from how people attempt to attain a sense of completion and belongingness while also meeting the life tasks of relationship, work, and community. Beyond these influences, the Life Style is reflected in the way people experience and respond to their family atmospheres, their role(s) in the family of origin, their genetic endowments and special abilities, early developmental experiences, long-term health status, and so forth. (p. 199)

The findings from a qualitative study done by Mulkerns and Owen (2008) show how the beliefs youth have about themselves and their world can affect when and if they ask for help during their transition from foster care. In an attempt to better understand the identity development of youth aging-out of foster care, the researchers interviewed 12 young adults who had aged-out of care within the past 10 years. One of five findings from the study was: “Emancipation from state care solidified their [the youth’s] beliefs in the value of avoiding help from others (especially authoritative adults), and relatedly the idea that seeking aid from others was incompatible with maintaining self-esteem” (Mulkerns & Owen, 2008, p. 436).

Asking for help was seen as a negative for all 12 of the young adults interviewed. The young adults gave several explanations as to why they attached a negative meaning to asking for help. Ten of the 12 expressed the belief that they could feel good about an accomplishment only if it had been achieved without help. Nine stated that pride stopped them from asking for help. Nine suggested that they would ask for help as a last resort. (Mulkerns & Owen, 2008, p. 440)
It was built into these youth/young adults at a young age, that in order to have worth, one must accomplish things on his/her own. These young adults had the belief that if they did not accomplish things on their own, they did not have as much worth as someone who did.

As discussed earlier, a feeling of belonging is extremely important in the development of children and youth. Youth in foster care often lack this sense of belonging, which also affects the likelihood that they will ask for help. “Another common theme was around the young person’s self-concept of not belonging inside any family and therefore not deserving unconditional aid” (Mulckers & Owen, 2008, p. 440). The youth felt like they were already a burden on society, so they didn’t want to burden anyone else by asking them for help. They had the belief that “people who have needed help in the past are not worthy of help in the future.” These beliefs will be very important for school counselors to be aware of when attempting to provide help and support for youth aging-out of foster care.

**School Counseling**

**Role of the School Counselor**

The school counseling profession first began in the late 19th century. School counselors were responsible for helping students with vocational guidance. During the 20th century, school counselors began to expand their services by providing personal/social and educational counseling in addition to vocational counseling. In the 1950’s the American School Counselor Association (ASCA) became an integral influence on school counselors around the country (Bishop Stone & Dahir, 2006).

Since the emergence of ASCA, school counselor roles have become more and more defined. In 2003, ASCA developed the ASCA National Model (ASCA, 2003). “Using the national standards as the foundation for program content, the ASCA model offers a standards-
based approach to school counseling that is aligned with the mission of schools, proactively responds to school improvement, and is intentional in its support of every student’s development” (Bishop Stone & Dahir, 2006, p. 217). Today school counselors work with students in the areas of academic achievement, personal/social development and career development; making them vital members of the educational team. School counselors work in collaboration with administrators, teachers, students, parents and the community as advocates and leaders. They work to ensure equal access for all students.

**School Counselors Working With Students Aging Out of Foster Care**

School counselors work to engage students in school in order to help them succeed outside of school. In a paper entitled *School Engagement and Youth Who Run Away from Care*, Skyles, Smithgall and Howard (2007) state “Children in out-of-home care need strong advocates who are equipped with the knowledge and skills to help them navigate the educational system” (p.21). School counselors are in a unique position to advocate for and provide this support and guidance to youth aging-out of foster care. Through collaboration, staff development, individual counseling, guidance curriculum, small groups and community referrals, counselors can help to ensure a successful transition for youth aging out of care.

**Collaboration.** Youth in care often experience frequent changes in homes, caregivers, schools, case workers and mental health workers. Collaboration among school counselors and all other individuals, agencies or organizations working with youth in foster care is essential for student success and is supported by the ASCA National Model (2003). “School counselors work with all stakeholders, both inside and outside the school system, to develop and implement responsive educational programs that support the achievement of the identified goals for every student” (ASCA, 2003, p.25).
Communication and collaboration can be difficult when there are numerous people working with youth in care. In *Educational Experiences of Children in Out-of-Home Care*, Smithgall, Gladden, Howard, Goerge and Courtney (2004) state, “It appears that the major source of miscommunication is that everybody has a different perspective about who is responsible for communicating what to whom” (p. 36). School counselors can play a key role in establishing clear communication patterns.

Case workers can often provide vital information to school counselors regarding a student’s educational history and family background. In *Promising Practices: Supporting Transition of Youth Served by the Foster Care System*, Sheehy et al. (2002) state “In examining literature specifically focused on foster youth, there is strong implied support for the concepts of both inter-agency collaboration and agency-to-school collaboration” (p.14). Although ideal, collaboration between child welfare agencies and school staff can be time consuming and difficult. Due to heavy caseloads and staff turnover in child welfare agencies, information from case workers will likely need to be actively sought out by the school counselor.

Communication and collaboration with foster parents is another important component to working with youth in care. “Despite the knowledge that parent participation in school has a beneficial effect on student achievement, the public education system has not always reached out to foster parents to participate in the educational system” (Fram & Altshuler, 2009, p. 16). School counselors must establish a welcoming environment that engages foster parents in the education system. School counselors who connect with foster parents have the opportunity to help strengthen the relationship between foster parents and foster youth by facilitating positive communication and providing parenting information and resources. When working specifically
with youth aging-out of foster care, the school counselor can support the youth and the foster family in transition planning.

**School staff development and collaboration.** During the school day youth attend several classes with several different teachers. They may also encounter administrators, support staff and other school staff throughout the day. Support and collaboration among all staff are vital to the educational success of youth aging-out of foster care. School counselors can act as leaders and advocates by providing information and resources to school staff about youth aging-out of care. School counselors can offer to present at a staff meeting, provide articles on best practices for working with youth aging-out of care or suggest and help coordinate staff trainings provided by local child-welfare or independent living agencies. When discussing the importance of school counselors collaborating and consulting with classroom teachers, Geroski & Knauss (2000), state “This is particularly important for those who work with foster children who are coping with multiple complex issues, and when working with others whose emotional reactivity to the foster child may be equally as challenging” (p.160).

Another way school counselors can collaborate with teachers is through curriculum planning. Counselors can work with teachers to integrate the school counseling program into the class curriculum. Specific to youth aging-out of foster care, Courtney, Terao & Bost (2004) found that “three quarters of our respondents [from The Midwest Study] have never received any career counseling, over one-half have never had help learning job interviewing skills, nearly two-thirds have no training in how to budget, and over three-quarters have not received training about tenants’ rights and responsibilities” (p.10). These independent living skills could easily be incorporated into many class curriculums. School counselors can provide teachers with
recommendations for curriculum planning, as well as co-teach specific lessons with classroom teachers.

**Delivery of services.** School counselors can help youth aging-out of foster care by providing individual counseling, classroom guidance lessons, small groups and community referrals. Some of these services can be delivered specifically to youth aging-out of care, but they may also be appropriate for the general student population.

**Individual counseling.** Youth in foster care often have very few adults to whom to turn in their lives. School counselors have the opportunity to provide a positive and consistent presence for youth in foster care. This trusting relationship will not only help the youth to succeed in high school, but can have lasting effects on the rest of their lives.

An information brief by Lovitt and Emerson (2008) discusses fifteen major themes identified in interviews by Casey Family Programs (www.casey.org) of former foster youth who succeeded in higher education. One of the themes identified was “I could count on someone.” Youth who succeeded in higher education had one or two supportive adults in their lives. The supportive adults for these eight youth were family members, group home workers and coaches. “This stable, caring, and trusted educational advocacy made an important contribution to their college success” (p. 4). School counselors can be the one supportive adult that helps youth successfully age-out of care. Building a consistent relationship during individual counseling is an important component to helping youth succeed.

Youth in care and/or aging-out of care may come to school with an array of problems that need to be addressed in order for them to succeed in and out of school. Some students may require intensive therapy, which school counselors can help facilitate with an outside therapist or counselor. Within the school setting, school counselors can help students with personal, career
and academic goals. “The goals for individual counseling vary from that of the student who seeks assistance with relationships, emotional balance, or behavior management to the student needing help with motivation and decision making” (Bishop Stone & Dahir, 2006, p. 71).

Establishing trust with youth who have spent many years in foster care can be a difficult task for school counselors. A student who has been let down by many adults may be reluctant to open up in a counseling session with a new adult. School counselors must slowly establish a trusting relationship with the youth. “School counselors convey trust and confidence by their actions and words, always considering the rights, integrity, and welfare of students” (Bishop Stone & Dahir, 2006, p. 71). Once a consistent and trusting relationship is developed, the youth is more likely to open up to the counselor.

Counseling youth aging-out of foster care will have a lot of focus on future planning. It is essential that school counselors consistently involve youth in this planning. Involvement of youth in future planning is known as a “youth development philosophy.” A Roadmap for Learning: Improving Education Outcomes in Foster Care (Casey Family Programs, 2004) states:

Continual recognition of the youth’s voice and choices is at the core of our work: every service provided to the youth must take the youth’s input into account. But merely stating that youth need to be self-advocates is not enough. Youth in care need direct instruction in how to advocate for their needs, make and adjust education and career goals, and develop a personal support network. This instruction must be developmentally age-appropriate as well as culturally appropriate. The skills that are taught must be tailored to what the youth needs to ensure that his or her voice is heard and responded to effectively. (p. 68)
This youth development approach is discussed in most of the literature available on how adults can best support youth aging-out of foster care. In *Promising practices: Supporting transition of youth served by the foster care system* (Sheehy et al., 2002), the importance of empowering youth is discussed. “Youth who have a sense of self-esteem and who feel empowered are often better equipped to deal with the barriers as well as the opportunities that arise during and after care” (p. 13). Involving youth will help them to acquire a sense of belonging and contributing. By using a youth development approach and involving students in their current and future planning, school counselors can also help to instill a feeling of empowerment and accomplishment in youth who may have never been given such an opportunity.

**Classroom guidance.** Classroom guidance is an effective way for school counselors to reach a large number of students. “The guidance curriculum promotes knowledge, attitudes and skills through instruction in three content areas: academic achievement, career development and personal/social growth” (ASCA, 2003, p. 40). Classroom guidance lessons are often planned and delivered by school counselors, although collaboration with classroom teachers can also be beneficial. Classroom guidance topics can include “personal safety and abuse, assertiveness, conflict resolution, school success, substance abuse awareness, school transitions, career decision making, and college selection and related information” (Geroski & Knauss, 2000, p. 157).

Youth aging-out of care can specifically benefit from classroom lessons on life-skills such as money management, employment and career planning, personal care and housing. Unlike other students, students in foster care may not have other adults to further discuss the topics covered in the guidance lesson. School counselors can follow up individually or in small groups with students who may need additional support and resources after receiving the classroom lesson.
Small groups/group counseling. Another way school counselors can address the needs of youth aging-out of care is through group counseling. “In group counseling a counselor works with two or more students simultaneously, which is an efficient way of addressing common concerns or problem behavior” (Bishop Stone & Dahir, 2006, p. 71). Depending on the school, school counselors can put together small groups specifically for youth in or aging-out of care, or for a broader range of students, including those aging-out of care. Small groups provide students with the opportunity to connect to their peers and their school. “Group counseling can reduce social isolation and build skills in peer relations to create a sense of belonging” (Stone & Dahir, 2006, p. 71). Three areas where small group counseling could be beneficial for youth aging-out of care are support groups, life skills groups and education/career planning groups.

Youth in foster care often experience a number of transitions and sometimes traumatic events in their lives. School counselors can provide a safe space for youth to come together and share their similar experiences. A general “family change” group may be appropriate for youth in care. If there are several foster youth attending the same school, a group could be developed specifically around their needs. Building this connection among the students can help to create a sense of belonging among youth who may feel extremely isolated. As students start to feel a sense of belonging, they may also start to develop aspirations for their future.

“For youth in out-of-home care, life skills instruction efforts need to be specific and intentional because most have not had consistent parenting or education and will not be able to gradually assume responsibility for themselves as they move into their mid-20’s” (Sheehy et al., 2002, p. 18). By providing group counseling, school counselors have the opportunity to expand on the life skills taught and discussed in the classrooms within a small group setting. A small
group life skills curriculum should be created based on the specific needs of the youth selected for the group.

The Minnesota Department of Human Services Child Safety and Permanency Division (2006) best practices guide entitled *Helping Youth Transition From Out-of-Home Care to Adulthood* states “Teaching life skills to groups of youth has been a very successful approach in Minnesota and is highly recommended” (p. 15). According to the guide, some of the benefits of teaching life skills in a group setting include:

- Group work is an efficient use of a youth worker’s time, and provides an excellent way for youth to learn and practice social skills.

- Youth enjoy being with their peers, particularly those who share the experience of out-of-home care.

- A successful group provides a safe environment in which youth can share their feelings without fearing that they will be laughed at or ignored.

- As trust is developed in a group, youth can try new things and perhaps not succeed, but know the group will be there for support.

- A group allows youth to share their viewpoints and learn from the experiences of others, and fosters an environment where they can talk openly about their feelings.

- Youth learn to work as part of a group, better appreciating what s/he can contribute.

- A group can provide attainable challenges where all participants win, work together, share accomplishments, overcome risks, and learn problem solving techniques.

- Groups also offer a fun way to learn independent living skills. When youth are having fun, they are involved, motivated, focused and more likely to remember what they learn. (p. 15).

Education and career planning is another important part of life skills training that could be included in a small group curriculum. In a survey of 98 community programs serving youth
aging-out of foster care, it was found that “most programs depend on local schools to provide post-secondary educational counseling and services to increase literacy” (National Foster Care Awareness Project, 2000, p. 24). Navigating through the process of applying for and financing postsecondary education is a difficult task for all youth, and even more so for youth who have spent years in foster care. “Youth in foster care are often out of the college-information loop, lacking stable family and school connections to help them get the information they need” (Casey Family Programs, 2006, p. 25). By providing groups for students who lack postsecondary education information, school counselors can play a role in helping students aging-out of care succeed during and after high school.

Casey Family Programs (2006) provide eight research based recommendations for adults working on postsecondary planning with youth aging-out of foster care:

1. Foster high academic aspirations
2. Encourage long-term planning for postsecondary education
3. Stress rigorous academic preparation
4. Support students in taking standardized tests
5. Support students in choosing, applying for, and enrolling in postsecondary education
6. Help students apply for and get adequate financial aid
7. Engage young adults who have missed out on postsecondary preparation
8. Help students adjust to and complete their college or training program (p. 11).

These recommendations can be incorporated into a small group curriculum within the school setting. Within these groups, school counselors can help students explore their postsecondary opportunities and access federal funds set up specifically for youth aging-out of care.
Providing resources and referrals. Youth leaving care are often left feeling alone and with little resources. “When youth leave care and need continued support from community organizations, knowing where to turn for help creates one less step in the process of seeking assistance” (Casey Family Programs, 2001, p. 33). School counselors must be knowledgeable about programs and resources available to help youth with this transition. School counselors can refer youth to local independent living programs, mentoring programs, education programs, medical and/or mental health clinics, job shadowing opportunities, online communities for youth aging-out of care and other resources available to help youth have a successful transition. School counselors must also assist youth in accessing and utilizing the resources available.

Access to programs and services can be difficult for some youth. They may lack transportation, internet access, family support, or the ability or desire to follow through. School counselors can help by working with the youth and the caregiver to determine appropriate and accessible referrals. As discussed previously, some youth may be resistant to asking for or accepting help. It is important that the youth is actively involved in this program or resource selection process. As a way to involve the youth, the counselor could provide a list of programs and assist the youth in searching online for more information about programs of interest. The counselor could also coach the student on a call to get more information about a specific program. Together the counselor and the youth can come up with a plan to make sure the resources provided are accessible and utilized.

Conclusion

Youth aging-out of foster care face a number of obstacles in their transition from adolescence to adulthood. Many lack a stable family, sufficient education, access to resources and a sense of belonging. The Midwest Study provided the first comprehensive look at how
youth aging-out of care fared at four points in their lives during the transition out of care. The results revealed that schools, case workers and foster families need to do more to help youth successfully transition from care. Since the study, the Fostering Connections Act of 2008 was put in place to further support youth leaving care. Although many of the outcomes for former foster youth seem grim, there are youth who do succeed.

School counselor can contribute to the effort to help former foster youth succeed. School counselors help all students in the areas of academic achievement, personal/social development and career development. By using a comprehensive approach to service delivery, school counselors have the opportunity to play a key role in providing assistance and support to youth who will soon exit care. A school counselor who uses a youth development approach and is knowledgeable about the dynamics surrounding foster care and the logistical aspects of aging-out of foster care can be the one person who helps a former foster youth beat the odds.
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