

**Suicidal Ideations Formerly or Currently in the Foster Care System: Advocacy, Counseling
Strategies, and Interventions**

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Death by suicide is the second leading cause of death for individuals aged 10-24 (Centers for Disease Control and Prevention (CDC), 2023). The Adoption and Foster Care Analysis and Reporting System (AFCARS) reported 407,493 children entering the foster care system in 2020 (AFCARS, 2021). Since 2014, the number of children reported in the foster care system has consistently been roughly 400,000 (United States Department of Health and Human Services, 2019). The system is designed for children ranging between zero and twenty years of age who are facing neglect, abuse (of all kinds), loss of parents, and other traumatic experiences (AAP, 2015). Engler and colleagues (2022) reported that children who have experienced multiple types of abuse, maltreatment, and foster care are at a significantly higher rate of death by suicide. A meta-analysis found that youth in foster care were three to four times more likely to present with suicidal thoughts and behaviors (STB) and attempt suicide (3.6%) than the general population of youth (.8%; Brown, 2020; Evans et al., 2017; Hjern et al., 2004).

Due to the nature of the foster care system and the complexity of trauma that these children have experienced, they often move many times throughout the same year from home to home, sometimes the placement only lasting a few days (Brown, 2020; Jacoby et al., 2023). Even after adoption, often these youth experience a lot of the same struggles that they experienced during their time in foster care, which calls for counselors to be aware of the best ways to support and advocate for this population if they have any experience or time in the system. Adverse Childhood Experiences (ACEs) have shown a direct relation to the increased chance of STBs in youth (Anderson et al., 2022; Murray et al., 2022; Ruch et al., 2021; Taussig et al., 2014; Uhet et al., 2021; Wang et al., 2023; Conley Wright et al., 2020; Yıldız, 2020). Childhood trauma,

abuse, and neglect are all directly related to increased STBs in youth (Anda et al., 2006; Dube et al., 2001; King & Merch, 2008; Touati et al., 2022). Increased STBs can partially contribute to attachment trauma and difficulties for this population (Touati et al., 2022).

A content analysis completed by Rausch and colleagues (2022) revealed a detrimental gap in the literature related to fostered youth (FY), especially within the counseling setting, and even more so for those who identified as a member of a marginalized population. The content analysis indicated that only 50 articles on foster care were published between 1991 and 2021, averaging 1 per year in counseling specifically. The study indicated a call for further research for advocacy for this population and the stigmatized groups within the population, including those who present with suicidal thoughts and behaviors (Rausch et al., 2022).

Professional counselors are encouraged to use evidence-based practices, but the literature gap is challenging and calls for further research on this population in the clinical mental health counseling setting (Brown, 2020; Rausch et al., 2022). Counseling research indicates evidence-based practices when working with children who have experience in the foster care system; however, it lacks depth of methods specifically related to those who identify with suicidal ideations in the foster care system. As a result of the lack of literature specific to this population and the ethical responsibility of mental health providers to use evidence-based practice, this review will combine literature across disciplines for FY.

Interventions and strategies

Professional counselors

According to Touati and colleagues (2022), the effect of institutionalization or foster care on STBs is a subject area that needs further research. A study completed by Taussig and colleagues (2014) indicated that one year after placement, sexual abuse, physical abuse, and

chronicity of maltreatment strongly impacted STBs. In agreement, other studies indicate a relationship between pre-placement physical and sexual abuse as well as maltreatment to directly increase STBs in foster care youth (Brodsky & Stanley, 2008; Evans et al., 2005; Mironova et al., 2011; Rogers, 2003; Sigfusdottir et al., 2013; Thompson et al., 2005). Correlations between attachment traumas pre-placement, during placement, and post-placement (adoption) and STBs have been referenced due to the psychological long-term impact of attachment trauma (Touati et al., 2022; Jacoby et al., 2023).

Working alongside clients who present with SBTs is different from working with other populations of clients. Working with a suicidal client is a particular skill that differs from other skills practiced and acquired during training (Gallo, 2018; Fortner & Melby, 2001; Flanagan & Flanagan, 2021).

A study completed by Touati and colleagues (2022) suggests that while there is a correlation between STBs and pre-placement attachment figures (such as biological parents), there is also a direct relationship between attachment with foster parents and STBs for FY. Due to this direct impact on increased STBs, foster parents are encouraged to seek mental health counseling for their foster care children, specifically focused on attachment trauma and building a secure attachment with foster parents (Touati et al., 2022).

Unfortunately, multiple systemic reviews have reported a lack of interventions specifically helpful for STB in youth (Taussig et al., 2023; Glenn et al., 2015, 2019; Ougrin et al., 2015). Several treatment protocols work to improve the mental health of youth in foster care, such as *Tuning into teens* (Havighurst et al., 2015), *The Ripple Project* (Herrman et al., 2016), *Early Interventions in Foster Care* (Fisher et al., 2000), *The Incredible Years* (Nilsen, 2007), and other cognitive-behavioral therapy interventions (Doizer et al., 2002; Pallett et al., 2002). In

addition to attachment-building interventions, this population can benefit from interventions directly focused on emotion regulation, self-worth, and interpersonal relationships (Schipper et al., 2012).

School Counselors

Palmieri and colleagues (2017) indicated that challenges such as lower graduation rates, attendance, peer interactions, and conflict resolution skills are challenges foster care youth often face compared to peers. Further examination into the intersectionality of students with SBTs and foster care experience suggests the need for further trauma support, assessment, and prevention measures (Rausch et al., 2022; Rausch & Gray, 2023; Beck et al., 2014; Jacoby, 2023), health concerns, discrimination, and instability in school (AFCARS, 2021, Storey, 2023, Wilson et al., 2014). School counselors are challenged to continue education and improve personal self-efficacy with suicide assessment and treatment planning for youth with SBTs. This challenge should be taken seriously due to the potential consequence of low self-efficacy, which could lead to serious harm to FY and even death (Gallo, 2018).

School counselors should focus on stability, identity, rejection, hopelessness, emotion regulation, conflict resolution skills, and transitional skills for youth with suicidal ideations and foster care experience through advocacy with interdisciplinary networks (e.g., foster families, families, caregivers, social services, case workers, and community-based therapist). School counselors are pivotal in collaboration efforts across disciplines for FY with SBTs. One challenge faced frequently is that FYs are shifted from placement to placement, often needing records (school and health) to travel with them (Rausch & Gray, 2023; Jacoby et al., 2023; Beck et al., 2018). McKellar and Cowen (2011) called on school counselors to retrieve and create a complete school record for FY enrolled in their school, and to ensure that this record

accompanies them to their next counselor. Small-group and individual counseling should be provided to this population. During counseling, the goals of treatment should include coping skills needed to manage anxiety, depression, anger, and conflict resolution (Gallo, 2018).

School counselors should advocate for FY with SBTs by providing teachers, administration, and other school staff with psychoeducational information on suicide assessment, knowledge, and skills to ensure there are no assignments that could potentially be triggering from a trauma-informed lens (Mitchell, 2010; Palmieri & La Salle, 2017; Rausch et al., 2022; Rausch & Gray, 2023; Jacoby et al., 2023). Suicide assessment is arguably one of the most essential factors in a counselor's job and should include special considerations for the FY population (Gallo, 2018; Siqueira, 2013). While working with other school staff, such as physical education teachers, school counselors can advocate for FY with SBT by providing psychoeducation that promotes physical and mental health through various activities and ways to identify help-seeking behaviors during these activities (Gallo, 2018).

A large proportion of the literature reports attachment issues for FY (Gardenhire et al., 2019; Miranda et al., 2020; Schofield et al., 2019; Rausch & Gray, 2023). However, researchers indicate multiple opportunities for teachers to provide secure attachments with FY, which ultimately link to higher school success. Teachers should desire to support and advocate for this population by asking how they can help and by focusing on advising, mentoring, and advocating for FY with maladaptive attachment styles (Brinser & Wissel, 2020; Golding et al., 2013).

Mentoring

Mentorship for FY is crucial to its overall success given the nature of the system, yet it struggles to build a secure network of support because it moves frequently (Scherr, 2014). Decades of research indicate that teachers focus on developing a secure attachment with FY.

However, a study by Gallo (2018) suggests low self-efficacy for counselors and school staff working with SBTs (Gallo, 2018) which could make creating a secure attachment environment difficult for teachers. Sabol and Pianta (2012) suggest that when working with children who have multiple adverse childhood experiences, a secure attachment with one teacher or counselor (as early as first grade) can be one of the most crucial aspects of advocacy for students, ultimately resulting in decreased feelings of anxiety, depression, avoidance, and withdrawal. FY parents should also try to improve attachment experiences with the child to promote stability, connection, and self-worth (Taussig, 2023; Touati, 2022). To provide a secure attachment experience for FY with SBTs teachers, counselors, and foster families must be knowledgeable, comfortable, and confident when interacting with the individual.

Former foster youth

Early childhood intervention is considered a crucial component of the psychoeducational challenges that young FYs face when transitioning from place to place (Scherr, 2014; Taussig, 2023; Brown, 2020). Research by Lee and Fusco (2022) found that traumatic stress and sleep disturbances are two of the top areas to be addressed by mental health professionals when counseling former FYs. Traumatic stress and sleep disturbances are also two main factors that influence mood and can impact SBTs and overall feelings of hopelessness. Brown (2020) reported that due to the criteria for children to be admitted into foster care, all youth have at least one ACE, indicating that they are at higher risk for SBTs. Interventions should be performed with this population, including system-wide assessments, normalizing, validating, and providing coping skills that will be imperative to FY's wellness and overall mental health (Gallo, 2018; Brown, 2020; Lee & Fusco, 2022).

Advocacy

Intersectionality

Research shows a lack of suicide assessment and treatment planning training for new master's-level counselors (Flanagan & Flanagan, 2021; Gallo, 2018; Siqueira, 2013; Osteen et al., 2016; Schmidt, 2016; Keen et al., 2019). Core competencies of suicide assessment and intervention include knowledge, self-efficacy, attitude, and skills (Osteen et al., 2016). Recent suicide assessment and treatment planning research indicate that the therapeutic working relationship and attachment are one of the most vital factors when working with FY clients and those with SBTs (Osteen et al., 2016; Schmidt, 2016; Keen et al., 2019; Rausch & Gray, 2023; Gallo, 2018).

FY typically struggles with losing control (Octoman et al., 2014; Scherr, 2014; Brown, 2020; Jacoby, 2023). FY may be transitioned between multiple placements during their time in the foster care system, thus increasing their feelings of loss of control. Some foster care placements may request the child to be moved again due to the stigma they hold around working with a child with SBTs (Flanagan & Flanagan, 2021). Jankowska and colleagues (2015) found that multiple changes of placement for FY are likely to increase the challenges these children face, such as increasing trauma exposure and further attachment struggles.

Brown (2020) suggests that one form of advocacy for this population would be to implement system-wide suicide assessment for youth when they enter the foster care system by ensuring that all youth see trained mental health professionals. Similarly, Gallo (2018) completed a study that put a call out for counselors and school personnel to improve suicide knowledge, self-efficacy, and skills in efforts to support students with SBTs properly.

Collaboration

Collaboration among systems, such as clinical mental health counselors, school counselors, caseworkers, and foster parents, is crucial for the advocacy and support of FY (Jacoby et al., 2023; Rausch & Gray, 2023; Gallo, 2018). Jacoby and colleagues (2023) suggest that there is little to no education for clinical mental health counselors on supporting and advocating for FY, including the importance of collaborating with Children's Services professionals, given the decision-making responsibilities they hold in the clinical setting for children in the foster care system. Gallo (2018) reported similar struggles for school counselors when working with students' SBTs. Due to challenges in the school and clinical settings, counselors and clinical mental health counselors should strive to adopt a holistic approach to serving FY with SBTs.

Method

Searches within EBSCOhost and PsycINFO using the terms "foster care," "foster care youth," "suicide," and "foster care youth suicide" within the title, abstract, or keywords with modifiers to include the peer-reviewed articles. Duplications were removed, and then coding was performed to highlight the importance of advocacy for FY who present with SBTs.

Conclusion

Professional and school counselors should remain aware of the impact that the intersection between foster care experience and suicidal ideation has on current and former foster care youth. In efforts to work more collaboratively with this population in support efforts, research should be increased to focus on specific ways to improve overall well-being (e.g., coping skills, attachment, basic needs, and education) for current or former foster youth who identify suicidal thoughts or behaviors. School counselors and professional counselors may be able to work together to support FY across the systems (e.g., foster families, administration,

schools, and health providers). Current, former, or future foster care youth who identify thoughts or behaviors that may lead to death by suicide can specifically benefit from support, advocacy, and mentorship to create future-focused interventions to help change their lives now and in the future.

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