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The Emotional and Behavioral Health of School-Age Children and Youth in DCFS Care: Findings from the 2017 Illinois Child Well-Being Study

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Decades of research have shown that many children and adolescents in out-of-home care through child protective services have emotional and behavioral problems. Estimates of the percentages of children and youth in foster care who have mental health problems range from 30% to more than 50%.[1] Several studies conducted between 2001 and 2010 found that high percentages of Illinois children in out-of-home care had mental health problems.[2] One likely cause is the trauma and stress from the child maltreatment that most children in out-of-home care have experienced. Experiencing child maltreatment can have a serious, life-long negative impact on children and youth's emotional and behavioral health.[3] Having multiple placements while in out-of-home care can exacerbate children's emotional and behavioral problems.[4]

Because of the risk, it is important to monitor the emotional and behavioral problems of children and youth in out-of-home care. The 2017 Illinois Child Well-Being Study provided the first assessment in almost a decade of the emotional and behavioral health of children in out-of-home care in the state. This research brief provides a focused look at the study's findings on emotional and behavioral health for children and youth aged 6 to 18.

2017 Illinois Study of Child Well-Being

The 2017 Illinois Study of Child Well-Being is a study of the well-being of children and youths in the care of the Illinois Department of Children and Family Services (DCFS). The Children and Family Research Center (CFRC) drew a stratified random sample of 700 children and youth from the population of children and youth in DCFS care in October 2017. The Survey Research Laboratory of the University of

[1] Rubin, D. M., O'Reilly, A. L. R., Luan, X., & Localio, R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics, 119*, 336–344.

[2] See Hartnett, M.A. & Bruhn, C. (2006). *The Illinois Child Well-Being Study. Year One Report*. Urbana, IL: Children and Family Research Center; Hartnett, M.A., Bruhn, C., Helton, J., Fuller, T. & Steiner, L. (2009). *Illinois Child Well-Being Study: Year Two Final Report*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign. Bruhn, C., Helton, J., Cross, T.P., Shumow, L. & Testa, M. (2008) Well-being. In Rolock, N. & Testa, M. (Eds.) *Conditions of children in or at risk of foster care in Illinois 2007: An assessment of their safety, stability, continuity, permanence, and well-being*. Urbana, IL: Children and Family Research Center; Cross, T.P. & Bruhn, C. (2010). Delivery of mental health services for a state's population of children in foster care: A comparison of Illinois and national data. *Illinois Child Welfare*, *5*, 87-107; Cross, T.P. & Helton, J.J. (2012). *The Well-Being of Illinois Children in Substantiated Investigations: Baseline Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign; Helton, J.J. & Cross, T.P. (2013). *The Well-Being of Illinois Children in Substantiated Investigations Wave 2 Report: Results from the Illinois Survey of Child and Adolescent Well-Being*. Urbana, IL: Children and Family Research Center, University of Illinois at Urbana-Champaign.

[3] Harker, J. (2017). The effects of early trauma and adversity on socialization and brain development. In R. Gibb & B. Kolb (Eds.) *The Neurobiology of Brain and Behavioral Development*. First Edition. (pp. 439-467). Cambridge, MA: Academic Press.

[4] Rubin, et al., 2007, ibid.

Illinois at Chicago conducted interviews from December 2017 to July 2018 with caseworkers, caregivers, and older children and youth themselves. This brief presents results from questions about children's emotional and behavioral health from the caregiver interview and child and youth interview. For more information, see the full report of the study (citation provided at the end of this brief).

Results from the Child Behavior Checklist

The Child Behavior Checklist (CBCL) is one of the most reliable and valid measures for assessing emotional and behavioral problems and has been extensively used in research for decades.[5] Caregivers are asked to review a list of more than 100 possible individual child behaviors indicating potential problems, and to identify those that are true about their child within the last six months. Scores are calculated from this list to indicate the type and severity of emotional and behavioral problems the child has.

Table 1 shows results from the CBCL Total Score as well as specific problem scores. Overall 41.5% of children and youth in the clinical or borderline clinical range on the Total Problem Score, indicating at least a probable need for mental health services. Both internalizing problems such as anxiety and depression and externalizing problems such as rule-breaking and aggressive behavior were fairly common. A wide range of types of problems were each in the borderline clinical to clinical range for one-fifth of the sample or more.

Table 1. Results from Scores on the Child Behavior Checklist (CBCL) (age 6 to 18 years old)

Measure		Borderline Range		Clinical Range		Total Borderline/Clinical	
	N	*F*	%	*f*	%	*F*	%
Total Problem Score	195	19	9.9 (2.1)	62	31.6 (3.3)	81	41.5 (5.4)
Internalizing Score	195	19	9.5 (2.1)	44	22.6 (3.0)	63	32.1 (5.1)
Externalizing Score	193	18	9.2 (2.1)	53	27.6 (3.2)	71	36.8 (5.3)
Anxious/Depressed	195	22	11.3 (2.3)	16	8.0 (1.9)	38	19.3 (4.2)
Withdrawn/Depressed	195	17	8.5 (2.0)	17	8.6 (2.0)	34	17.1 (4.0)
Somatic Complaints	195	6	3.2 (1.3)	13	6.9 (1.8)	19	10.1 (3.1)
Social Problems	183	26	14.1 (2.6)	25	13.6 (2.5)	51	27.7 (5.1)
Thought Problems	185	14	7.6 (1.9)	30	16.1 (2.7)	44	23.7 (4.6)
Attention Problems	186	23	12.6 (2.4)	32	17.3 (2.8)	55	29.9 (5.2)
Rule-Breaking Behavior	181	16	9.1 (2.1)	31	17.3 (2.8)	47	26.4 (4.9)
Aggressive Behavior	185	20	11.1 (2.3)	32	17.3 (2.8)	52	28.4 (5.1)

Note. All analyses used weighted data. The sample sizes presented are unweighted. f=frequency of a given response. N varies because of missing data.

[5] Achenbach, T.M. & Rescorla, L.A. (2001). *Manual for the ASEBA school-age forms & profiles: An integrated system of multi-informant assessment*. Burlington, VT: ASEBA

Caregiver Reports of Emotional and Behavioral Problems

Caregivers were also asked directly about whether their child currently had a range of specific emotional or behavioral problems (see Table 2). For each problem they identified as true, they were also asked whether a doctor had diagnosed the problem. Almost two-thirds of children and youth (62.3%) had at least one of the emotional and behavioral problems, according to caregivers. A number of problems were each identified as true for more than a quarter of children and youth, including extreme stress from abuse/neglect, attention deficit disorder, oppositional or defiant behavior, and conduct or behavior problems. The percentages with a doctor diagnosis were lower, but still indicate that many children suffered from mental health problems.

Table 2. Caregiver Report of Child Emotional and Behavioral Problems

Diagnosis		Parent perception		Doctor diagnosis	
	N	f	%/ se	f	%/ se
Attention deficit disorder	304	89	29.4 (2.6)	60	19.8 (2.3)
Depression	318	60	18.8 (2.2)	33	10.3 (1.7)
Bipolar or extreme mood swings	317	49	15.3 (2.0)	17	5.3 (1.3)
Conduct or behavior problems	315	91	29.0 (2.6)	-[a]	-
Oppositional or defiant behavior	311	91	29.1 (2.6)	41	13.3 (1.9)
Extreme stress from abuse/neglect	307	97	31.4 (2.7)	38	12.4 (1.9)
Attachment problems	314	67	21.2 (2.3)	13	4.0 (1.1)
Eating disorders	316	25	7.8 (1.5)	2	0.7 (0.05)
Sexually aggressive behavior	313	14	4.4 (1.2)	2	0.6 (0.04)
Alcohol/substance abuse	320	6	1.8 (0.8)	4	1.3 (0.06)
Other emotional/ mental health problems	316	25	8.0 (1.5)	-[a]	-
Any emotional or behavioral problem	320	200	62.3 (2.7)	93	29.2 (2.5)

Note. All analyses used weighted data. The sample sizes presented are unweighted. [a] Doctor diagnosis question not asked.

Child and Youth Reports of Emotional and Behavioral Problems

Youth aged 11 and older completed the Youth Self Report (YSR), a parallel measure to the CBCL. Youths' scores on the YSR indicated that more than a third (36.9%) had emotional or behavioral problems in the clinical or borderline clinical range, reflecting a need for intervention. Both internalizing and externalizing problems were fairly common.

Table 3. Results from Scores from the Youth Self-Report Scale (N=70)

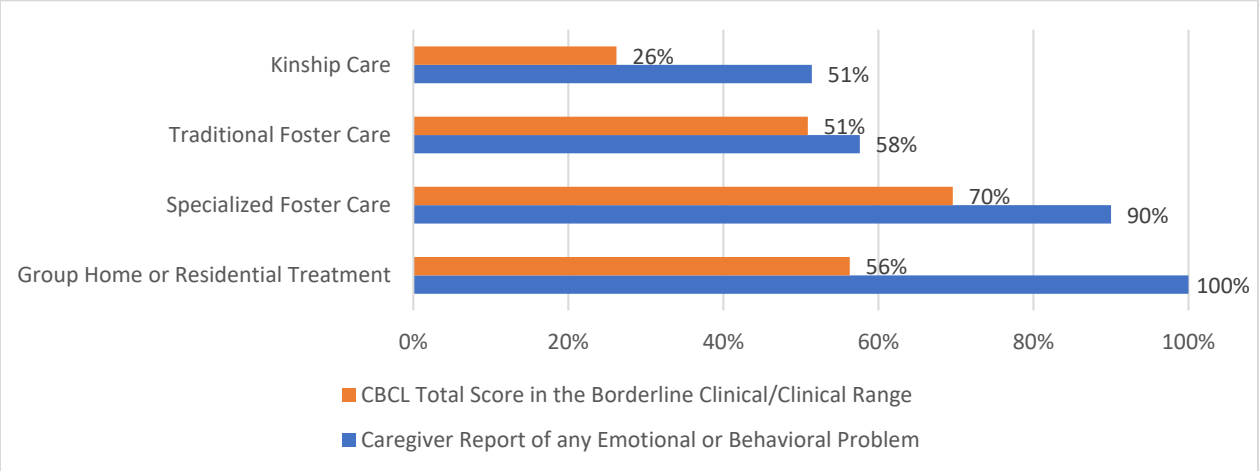
Measure	Borderline Range		Clinical Range		Total Borderline/Clinical	
	f	%/ se	*f*	%/ se	*f*	%/ se
Total Problem Score	6	9.0 (3.6)	18	27.9 (5.6)	24	36.9 (9.2)
Internalizing Score	6	8.4 (3.3)	14	19.4 (4.7)	20	27.8 (8.0)
Externalizing Score	7	9.9 (3.5)	7	10.1 (3.5)	14	19.9 (7.0)
Anxious/Depressed	6	8.4 (3.3)	5	7.4 (3.1)	11	15.8 (6.4)
Withdrawn/Depressed	8	9.6 (3.3)	5	6.4 (2.7)	13	16.0 (6.0)
Somatic Complaints	5	6.7 (2.8)	5	6.5 (2.8)	10	13.2 (5.6)
Social Problems	9	11.0 (3.5)	8	9.8 (3.3)	17	20.8 (6.8)
Thought Problems	8	11.4 (3.8)	10	14.0 (4.1)	18	25.4 (7.9)
Attention Problems	6	8.3 (3.1)	12	14.8 (4.0)	20	25.0 (7.1)
Delinquent Behavior	3	3.7 (2.2)	5	7.0 (2.9)	8	10.5 (5.1)
Aggressive Behavior	9	12.2 (3.8)	8	10.0 (3.4)	17	22.3 (7.2)

Note. All analyses used weighted data. The sample sizes presented are unweighted.

Differences in Emotional and Behavioral Problems by Placement Setting

Figure 1 shows the frequency of child and youth emotional and behavioral problems in different placement settings, based on the CBCL and the caregiver identification of emotional and behavioral problems (sample sizes were too small to present YSR results by placement). Children and youth in specialized foster care, group homes and residential treatment centers were significantly more likely to have emotional and behavioral problems than children in kinship care and traditional foster care. Indeed, caregivers identified at least one emotional or behavioral problem for almost every child and youth in specialized foster care and in group homes and residential treatment.

Figure 1. Frequency of Child and Youth Emotional and Behavioral Problems by Placement



Note. Kinship care: n=61 for CBCL and n=105 for Child Emotional or Behavioral Problem. Traditional foster care: n=55 for CBCL and n=99 for Child Emotional or Behavioral Problem. Specialized foster care: n=23 for CBCL and n=30 for Child Emotional or Behavioral Problem. Group home or residential treatment: n=16 for CBCL and n=16 for Child Emotional or Behavioral Problem.

Discussion

Both caregiver and child reports suggest that large percentages of children and youth in out-of-home care have emotional and behavioral problems. This is consistent with previous research both in Illinois and nationally. The rates are particularly high for children and youth in specialized foster care, group homes, and residential treatment, but even children in traditional and kinship foster care had rates of emotional and behavioral problems that exceed those of children and youth in general. The percentages of cases in which doctors diagnosed the problem were much smaller, but that is probably because many of these children do not see a doctor for these problems. Those who receive help are more likely to see a counselor or social worker, and some children and youth with problems do not receive any help.

It is surprising that the rate of problems were higher when caregivers were asked to identify whether a problem was true of their child, versus when problems were scored from the Child Behavior Checklist. One reason might be that the CBCL concerns behaviors in the past six months, while the questions posed directly to caregivers about problems asks if the child "currently" has the problem. If a child has had depression, for example, but has not had symptoms in the last half-year, the caregiver might still identify that child as currently having depression. The percentages of children self-identifying with emotional or behavioral problems on the Youth Self-Report are smaller. Youth may be reluctant to admit some problems that their caregivers feel freer to report about them. Previous studies have shown that the YSR and CBCL are only modestly correlated.[6]

It is not surprising that children and youth in specialized foster care, group homes and residential treatment have high rates of emotional or behavioral problems. These problems are likely to be an important reason why these children and youth need more intensive levels of care. The very high rates of problems indicate how central mental health care is to the mission of these settings, and underline how critical it is these children and youth receive quality care.

It is a priority to provide effective mental health treatment to help children and youth deal with the trauma and stress they have experienced and the difficulties of out-of-home care itself. A number of promising mental health interventions have been developed for children in out-of-home care.[7] In another brief in this series, we report the frequency of different mental health services for children and youth with emotional and behavioral problems.

[6] De Los Reyes, A., & Kazdin, A. E. (2005). Informant discrepancies in the assessment of childhood psychopathology: A critical review, theoretical framework, and recommendations for further study. *Psychological Bulletin*, 131(4), 483–509.

[7] See, e.g., Leve, L.D., Fisher, P.A., & Chamberlain, P. (2009). Multidimensional Treatment Foster Care as a preventive intervention to promote resiliency among youth in the child welfare system. *Journal of Personality*, *77*, 1869–1902; Leve, L. D., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., & Vostanis, P. (2012). Practitioner review: Children in foster care – vulnerabilities and evidence-based interventions that promote resilience processes. Journal of Child Psychology and Psychiatry and Allied Disciplines, *53*, 1197-1211; Oriana Linares, L., Montalto, D., Li, M., & Oza, V. S. (2016). A promising parenting intervention in foster care. Journal of Consulting and Clinical Psychology, 74, 32–41. Taussig, H. N., Weiler, L. M., Garrido, E. F., Rhodes, T., Boat, A., & Fadell, M. (2019). A positive youth development approach to improving mental health outcomes for maltreated children in foster care: Replication and extension of an RCT of the Fostering Healthy Futures Program. *American Journal of Community Psychology*, *64*, 405–417; Wood, J. N., Dougherty, S. L., Long, J., Messer, E. P., & Rubin, D. (2019). A pilot investigation of a novel intervention to improve behavioral well-being for children in foster care. Journal of Emotional & Behavioral Disorders, 27, 3–13.

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