

The Non-Traditional Role of Occupational Therapy Practitioners in Foster Care

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Abstract

The purpose of this manuscript is to serve as a call to action for occupational therapy services within the foster care system. Individuals in the foster care system have a higher prevalence of mental and physical health concerns due to trauma-related stress. Furthermore, children in the system face gaps in developmental needs, special education services, and socioemotional management. Occupational therapy brings a distinct skill set to the child welfare system's interdisciplinary team by utilizing knowledge and experience to enhance engagement and participation on individual, community, and system-wide levels. Occupational therapy practitioners can provide children in the foster care system with knowledge on how to best navigate their physical, emotional, and social environments. In addition, occupational therapists have the background to help reduce burnout in caregivers of children in foster care by providing them with education and can better prepare youth transitioning out of foster care by maximizing role competency. Occupational therapy practitioners provide client-centered care, which is critical in the foster care environment.

Keywords: caregiver education, interdisciplinary team, life skills, transitioning

Introduction

According to the most recent report by the United States Department of Health and Human Services Children's Bureau (2021), 423,997 children were placed in the foster care system in 2019. Children entering foster care can experience role transitions and occupational deprivation. Since occupational therapy (OT) practitioners are experts in roles and occupations, and social workers are experts in the technicalities of the foster care system, the two together can make an effective interdisciplinary team. With the expertise of both professions, the team can promote success in the well-being of children and adolescents in foster care. Therefore, this article aims to educate on the critical role of OT in the foster care system.

Background

Occupational Therapy

OT is "the therapeutic use of everyday life occupations with persons, groups, or populations for the purpose of enhancing or enabling participation" (American Occupational Therapy Association [AOTA], 2020, p.1). To clarify, OT is a person-specific health care discipline that centers treatment plans around a client's daily activities to increase personal engagement and independence (AOTA, 2020). OT practitioners are experts in addressing activities of daily living, such as basic self-care needs (AOTA, 2017; AOTA, 2020). Additionally, OT focuses on everyday occupations including educational participation, vocational pursuits, play, leisure, social participation, health management, sleep hygiene, and instrumental activities of daily living (AOTA, 2020). Instrumental activities of daily living include care of others, financial management, and safety and emergency maintenance (AOTA, 2020). OT practitioners assess clients' needs, desires, and expectations while accounting for their current and future contexts and environments. OTs recognize trials, hardships, and traumas while working to educate, advocate, and empower each client during treatment sessions and by involvement in law-making and policy activities. OT addresses diverse needs not only across populations, but also within a specific practice setting - in this case, foster care.

Barriers in the Foster Care System

A child entering the foster care system has likely endured at least one traumatic event (Beyerlein & Bloch, 2014). Coupled with the child welfare system's (CWS) need for more in-depth trauma-informed care, children placed in the system are at greater risk for emotional and behavioral issues (Beyerlein & Bloch, 2014). Furthermore, children in foster care have a higher prevalence of mental and physical health concerns than children with typical home environments; changing of care, previous neglect, and difficulty with access to healthcare may contribute to this discrepancy (Deutsch & Fortin, 2015; Smith, 2022). In addition to the physical and mental health inequalities children face in the system, there is a gap in addressing developmental needs. According to Casanueva et al. (2020), the majority of children in CWS do not receive early intervention or special education services as needed. While it is essential to recognize the overarching barriers children encounter in CWS, it is equally important to bring to the forefront socioemotional disparities. Children in CWS may experience difficulties creating and maintaining healthy peer relationships, forming attachments, and smoothly transitioning out of the system (Smith, 2022).

Occupational Therapy's Role in the Foster Care System

Foster care is an emerging practice area in OT (Parekh, 2021). OT practitioners are beginning to work in the foster care system at individual, community, and system-wide levels (AOTA, 2017). Children in the foster care system may have trouble performing as age-expected in several occupational categories due to having endured chronic stress, neglect, or abuse during crucial stages of development. OTs can serve as advocates for early screening of children in foster care; they can also serve as healthcare professionals with the ability to administer those assessments. OTs have the knowledge, experience, and skills to help these children gain independence and improve life satisfaction. OT encompasses a holistic approach by recognizing each child's strengths and limitations while providing them with helpful strategies, specifically in life skills training programs, caregiver education, and transitioning out of foster care.

Addressing the Needs

Life Skills Training Programs

Life skills training programs are interventions effective at improving mental health and social skills in children and adolescents, therefore better equipping children to succeed in all areas of occupational performance (Prajapati et al., 2017). Life skills, as defined by the World Health Organization (WHO, 2020), are learned behaviors that help an individual manage and navigate through the expectations and trials of daily life. Life skills shape how a child handles stress, manages adversity, engages with others, perceives empathy, and views themselves concerning self-esteem, self-regulation, and self-efficacy (United Nations International Children's Emergency Fund, 2020; WHO, 2020). For some children, life skills develop unconsciously, and for other children, developing these skills takes the time and effort of both the individual and a caretaker or mentor (WHO, 2020). Life skills include five categories: decision-making and problem-solving, critical and creative thinking, communication and interpersonal relationships, self-awareness and empathy, and coping with stress and emotion (WHO, 2020).

Children in the foster care system may not have acquired certain life skills at the same time, developmentally, as peers in typical home environments due to previous neglect or lack of guidance (Prajapati et al., 2017). Children in the system may struggle with learning and maintaining appropriate boundaries, effectively expressing emotions, managing conflict, appropriately maintaining self-control, and forming attachments (AOTA, 2017; Parekh, 2021). According to a descriptive survey (N=500) conducted by Berzenski (2019), emotional neglect and abuse led to poor social participation regarding lack of social awareness prior to forming a relationship and inappropriate responses upon forming a relationship, respectively. The study had limitations being that all participants were self-reporting college students, which indicates the potential for response bias and limits generalizability (Berzenski, 2019). However, the sample was racially diverse, and its findings were statistically significant, reinforcing that emotional regulation is a socially dependent construct learned from a person's environment beginning at a young age (Berzenski, 2019).

There are opportunities for life skills programs to be successful on an individual basis and a community-wide level, such as in a group home or community center. OTs have the education and capabilities to implement life skills training programs for children in foster care while encouraging collaboration and engagement. To encourage the retention of life skills in adolescents, it is important to promote learning through transferable

objectives, namely: respect, punctuality, responsibility, and listening (Bester & Kloppers, 2016). OTs have the foundation to educate on transferable attributes through guided play and constructive leisure exploration while remaining resourceful with necessary supplies (Bester & Kloppers, 2016). Wilburn et al. (2022) detailed a comprehensive approach enacted by OTs that includes transferable skills through intervention planning using the five C's framework, which consists of connections, safe social connections; confidence, a sense of self-worth through mastery; character, taking responsibility and developing individuality; competence, completing work and academics; and contributions, active participation and making a difference. It is in the OT scope of practice to provide trauma-informed care, increase social awareness, and educate on self-regulation while promoting education, play, and leisure activities (Smith, 2022).

Caregiver Education

Caregivers in the foster care system are susceptible to burnout and compassion fatigue (Bridger et al., 2019). A systematic review of 16 studies by Mancinelli et al. (2021) discovered that non-relative caregiver stress is correlated with increased role-related duration, "child-related stress," and the degree to which the child externalizes their behaviors (p.22). Children in foster care may experience trouble with sensory modulation, adjusting to new expectations, and trusting their newfound caregiver(s) (Parekh, 2021). Additionally, these children may have cognitive impairments and lack proper modeling of emotional expression (Parekh, 2021). These factors may negatively impact how the child interacts with their new caregiver, leading to externalizing behaviors and creating increased stress on the foster parents. Moreover, caregivers of children in the system struggle to find a healthy balance between prioritizing the child's wellness and prioritizing personal wellness (Miko et al., 2022).

OT practitioners can educate caregivers in the foster care system to recognize and address the mental health of both the child and themselves. Furthermore, OTs can prompt child-caregiver sensory modulation collaboration to increase attachment formation and reduce stress (Parekh, 2021). OTs have the background to educate on developmental needs and modify environments to encourage meaningful participation and minimize negative behaviors (Dean et al., 2018). OT encompasses healthy stress and anxiety management techniques, in addition to self-care practices to benefit the entire family unit (AOTA, 2020). OT practitioners can collaborate with CWS employees to create training programs to teach successful and sustainable approaches for foster parents and biological families hoping to regain custody (AOTA, 2017).

Transitioning Out of Foster Care

Transitioning out of foster care encompasses adoption, return to previous caretakers, and aging out of the system, the concept the term most often describes. Aging out of the system describes the mandatory transition out of the foster care system occurring sometime between ages 18 and 21, which varies by state (National Youth in Transition Database [NYTD], 2019). Several mentors, programs, and educational opportunities are in place to prepare these young adults for success after their transition. Still, according to a survey by the NYTD (2019), 20% of 19-year-olds and 27% of 21-year-olds experienced homelessness within two years, with an overwhelming majority having already graduated from the system. Additionally, 20% experienced incarceration, and 22% of 21-year-olds who had graduated from CWS became parents soon after their transition (NYTD, 2019). These statistics are promising as they are not high percentages. Nonetheless, the statistics represent struggling individuals who could benefit from additional resources, training, and mentorships to further their occupational performance.

Children in foster care retain the right to resources to maximize positive outcomes while learning to live independently (NYTD, 2019). OTs and social workers can collaborate to create interventions that best prepare each individual to transition more smoothly. OT practitioners may create individual or community-wide initiatives that address changing roles, routines, and leisure activities (Armstrong-Heimsoth et al., 2020). Other areas of importance are advocacy skills, health management abilities, financial management, management of unforeseeable circumstances, and the ability to set attainable goals and locate independent housing (Armstrong-Heimsoth et al., 2020). To further transitional achievements, OTs advocate for systematic changes, environmental modifications, and the importance of screenings (Armstrong-Heimsoth et al., 2020).

Conclusion

It is common knowledge that individuals in the foster care system face adversities in various areas and stages of life. Research supports that while numerous initiatives are in place to promote positive outcomes,

there continues to be a need for individualized, community-wide, and systemic care across the lifespan. OT is part of the solution to bridge the gap between the daily barriers children in the system face and concurrent life satisfaction. OTs bring a distinct skill set to the CWS interdisciplinary team by utilizing knowledge and experience to enhance individual engagement and participation. OTs are trained to effectively identify and address distinct factors that may be often overlooked, to provide a comprehensive analysis of each individual in the foster care system. The implementation of OT services into the CWS is critical to optimize success on personal, social, and societal levels.

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Daisy W. Stone, OTD, OTR/L completed her Doctor of Occupational Therapy degree from Wingate University in May 2024 and holds a Bachelor of Arts degree in Psychology from Clemson University. Through her doctoral capstone, she implemented an 11-week interactive life skills course, focusing on both physical and socioemotional wellbeing, and created a mentorship program for youth placed in a foster care group home. She is currently working as an occupational therapist at Prisma Health, where she continues to provide culturally-competent and comprehensive care.

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