2018

The Grip of Trauma: How Trauma Disrupts the Academic Aspirations of Foster Youth

Brenda Morton

George Fox University, bmorton@georgefox.edu

Follow this and additional works at: https://digitalcommons.georgefox.edu/soe_faculty

Part of the Education Commons

Recommended Citation

ELSEVIER

The grip of trauma: How trauma disrupts the academic aspirations of foster youth

Brenda M. Morton

College of Education at George Fox University, Newberg, OR 97132, United States

ARTICLE INFO

ABSTRACT

The academic challenges foster youth encounter during their P-12 education have been widely reported. Yet, despite these challenges, the majority of foster youth desire postsecondary education. What is less known is the reason why so few foster youth alumni who desire a four-year college degree, achieve this goal. For the participants in this four-year longitudinal study, maltreatment, resulting in foster care placement, and the ensuing exposure to the foster care system, resulted in trauma histories and mental health diagnoses. Anxiety, depression, and posttraumatic stress disorder (PTSD), were the most common diagnosis. The participants shared the ways in which these mental health challenges manifested throughout their college education. Of those in the study, almost half successfully graduated from college, a third dropped out, and only two remain enrolled. This study provides a unique and critical insight into the experiences of foster youth, enrolled in a four-year university, by sharing their stories

Children placed in foster care are at greater risk for mental and emotional challenges. They have been found to experience more depression, anxiety, attention-deficit/hyperactivity disorder, and behavioral issues than their non-foster peers (Turney & Wildeman, 2016). Due to their history of abuse and neglect, children and youth in the foster care system may be at heightened risk for posttraumatic stress or posttraumatic stress disorder (PTSD) (Kolko et al., 2010). Unfortunately, data is not available on foster youth with mental health diagnosis pursuing postsecondary education. Therefore, it is difficult at best to determine the challenges they face as they pursue their degree. For these reasons, this study is an important voice in this conversation. The purpose of this study was to explore the perceptions of foster youth and foster youth alumni who are enrolled in a four-year university, to identify the challenges/barriers they experienced as they pursued a bachelor degree. Utilizing qualitative, phenomenological methodology, their voices can be heard.

1. Literature review

Earning a bachelors degree is a significant accomplishment, and one that is particularly valued in the United States (Day, Dworsky, & Feng, 2013; Salazar, 2013). In 2015, approximately 33% of adults in the United States were found to have earned a bachelor's degree or higher (Ryan & Bauman, 2016). The U.S. Department of Education, National Center for Educational Statistics (2016) found that 60% of students who enrolled in a four-year university successfully graduated six years after enrolling. Women were found to graduate in slightly higher percentage rates than males, 62% versus 57%. The ability to enroll in a four-year university, however, does not guarantee a bachelor degree.

Unfortunately, not all who wish to earn a degree will have the opportunity to do so. Foster alumni are at a distinct academic disadvantage. With only 50% graduating from high school (Bruskas, 2008), post secondary education is often out of reach (Salazar,

2013). Only 3% to 11% of foster alumni who are able to enroll in college will successfully persist and earn their bachelor's degree (Casey Family Programs, 2011). In fact, Day et al. (2013) found college students who had been in foster care were less likely to graduate than those from "low-income, first generation students" who attended the same university (p. 7). Additionally, they found that even when foster youth have been academically successful, that did not guarantee or predict graduation. There are many factors contributing to the low percentage of foster alumni earning a four-year degree. They include significant academic deficiencies and barriers that occur during their P-12 education; cognitive and behavioral challenges due to maltreatment, challenges throughout their foster care experience, and mental health diagnosis due to complex trauma.

2. P-12 educational challenges

Researchers have reported the educational challenges foster children and youth face. Studies have pointed to consistent movement from one foster care placement to another (which typically also means a school change), over and underrepresentation in special education programs, and high suspension and expulsion rates compared to non-foster peers (Morton, 2015). Of these, frequent disruptions in school enrollment have been noted as the most prominent barrier to post-secondary success (Pecora et al., 2005; Wolanin, 2005). With safety as the first priority for the Department of Human Services, children and youth are moved from their home or to a new placement when threats to safety appear, rather than at the end of a grading period or semester. This can be particularly devastating for high school students as this often means a loss of credits, which puts them farther behind on the path to graduation.

3. Barriers to a bachelor degree

For foster alumni interested in pursuing a bachelor's degree, their access to higher education is limited, and their chances of actually earning a bachelors degree are much lower than their non-foster peers (Day et al., 2013; Kirk & Day, 2011; Salazar, Roe, Ullrich, & Haggerty, 2016). While students enter college with the expectation of successful completion, many will face insurmountable obstacles that cause them to leave before earning their degree (Boyraz, Granda, Baker, Tidwell, & Waits, 2015; Salazar, Haggerty, & Roe, 2016).

Youth with a foster care history, have not been adequately prepared for independence, including the degree of independence necessary to succeed in college (Hernandez & Naccarato, 2010). Nevertheless, foster youth are often anxious to leave the child welfare system. While they may feel they are prepared to live independently, the structured foster care system they have lived in does not in fact prepare them for decision-making. This kind of preparation is left up to the adults assigned to their case and to foster parents. If by the time they leave care they have not attended an Independent Living program, and/or if foster parents or caseworkers did not teach financial responsibility and money management skills adequately, they will find themselves unprepared to manage their own living expenses (Hernandez & Naccarato, 2010). It is not surprising, then, that after achieving independence from the foster care system, only 40.5% felt they had been somewhat prepared to navigate their future on their own (Merdinger, Hines, Osterling, & Wyatt, 2005). Additionally, only 33.3% reported having a valid driver's license, and 38.4% reported they had $250 in cash (Pecora et al., 2005).

While in foster care, children and youth are often placed with adults without post-secondary experience. This can mean that foster youth who successfully graduate from high school and who could pursue a bachelor's degree are not encouraged to do so, as they are often with adults who underestimate their potential (Dworsky & Perez, 2010; Vacca, 2008). This leaves foster alumni without guidance on how to successfully prepare and navigate the challenges and complexities of a college or university (Merdinger et al., 2005). Finally, the majority of high school alumni who desire a college degree do not have the financial support that others do, which results in a significant barrier to completion (David, 2016; Wolanin, 2005).

While there are many researchers who have identified barriers to bachelor's degree completion, the barriers they identify, appear to be symptomatic of a larger cause. Unrau et al. (2012), Watt et al. (2013), and Banyard and Cantor (2004) identified trauma and the role trauma plays in the academic achievement of students as a barrier to degree completion and perhaps the central cause of the majority of barriers previously discussed.

4. Trauma leading to mental health challenges

While there is literature identifying the causes of poor academic outcomes for youth who were in foster care, few studies have considered the role of trauma, leading to a compromised mental and emotional state relationship, to these outcomes. Banyard and Cantor (2004) was one of the few studies that looked at the role of trauma. They found that college students who had survived complex trauma were at risk for leaving college. Foster youth alumni have experienced complex trauma stemming from maltreatment, multiple placement moves, loss of family and friends, and multiple school moves, to name a few causes. Many of these experiences have been quantified as Adverse Childhood Experiences (ACE).

Given the histories of maltreatment and complex trauma, it is not surprising, then, that children and youth who are in the foster care system have been found to have high ACE scores, leaving them at risk for mental health challenges (Hambrick, Oppenheim-Weller, N'zi, & Taussig, 2016) and behavioral challenges in the P-12 setting. In their study of women who had experience with the foster care system, Bruskas and Tessin (2013) participants reported an average of 5.68 ACEs. The participants' experiences ranged from 97% reporting at least one ACE to 23% reporting nine. In addition, over half reported psychological distress.

Simply stated, trauma changes the brain (Perry, 2006). The toxicity of trauma can affect development and learning in a number of

ways. This includes the ability to focus and take in new information, the ability to access previous learning, and emotional regulation (National Child Traumatic Stress Network; Perry, 2006), resulting in lower grade point averages, higher rates of school absences, decreased reading ability, higher rates of suspensions and expulsions, and higher rates of school leaving (Souers & Hall, 2016). Trauma can impact learning in ways that can be seen and hidden in the classroom. Foster care students are at an increased risk for poor performance on cognitive and academic exams. These results were not found to be mitigated by gender, age group, nor maltreatment type (Crozier & Barth, 2005). Emotional regulation in particular, presents difficulties for the classroom teacher. For example, prior trauma can trigger a threat response, resulting in a neurobiological physical response (Carrion & Wong, 2012), which results in unpredictable or impulsive, or otherwise inappropriate behavior (Perry, 2006; Souers & Hall, 2016). For example, fight, flight, or freeze are common responses to hypersensitivity to danger. Souers and Hall (2016) identified a few markers of fight, flight or freeze. For example, flight markers can be identified as: withdrawing, skipping class, avoiding others, or becoming disengaged. Flight can be seen through: acting out, aggressive behavior, defiance, hyperactive behavior, or arguing. Freeze can express as refusing to answer or a blank look. Because these responses are interpreted and/or misinterpreted by the classroom teacher, suspension or expulsion can follow (Perry, 2006). Given that the educational system is based on the ability to regulate behavior and the ability to take in and recall previous information and learning, students with trauma histories are at a marked disadvantage for academic achievement, through no fault of their own.

Lastly, chronic psychological stress can bring on these responses disproportionately, which can alter brain development and lead to PTSD or Posttraumatic stress syndrome (PTSS) (Carrion & Wong, 2012). Youth who have been in the foster care system have been found to be highly traumatized, to suffer from PTSD (Salazar, 2012; Salazar, Keller, Gowen, & Courtney, 2013) and from other mental health challenges (Geenen et al., 2015; Hambrick et al., 2016; Turney & Wildeman, 2016) in greater numbers than their non-foster peers (Salazar, 2013). In fact, Turney and Wildeman found foster children to have anxiety at 14.2% as compared to 3.1% for non-foster peers, behavioral problems at 17.5% as compared to 2.9%, and depression at 14.2% as compared to 2.0% for children in the general public.

The impact of maltreatment on college persistence has been noted. College students who experienced more than one form of abuse in childhood and those who had been sexually assaulted, were more likely to have dropped out of college by their second semester (Duncan, 2000). In addition, students who dropped out reported significantly higher levels of PTSD than those who continued for four years (Duncan, 2000). Unfortunately, college students may be unable to identify the symptoms of their PTSD and therefore not seek help (Boyraz et al., 2015). In addition, if they were able to identify their symptoms and ask for help, higher education programs do not provide programs or supports adequate to address the mental health needs of foster youth (Geenen et al., 2015; Salazar, 2013).

5. Purpose of the study

The reality of the academic challenges foster youth face has been supported by a plethora of literature. However, few studies have sought to understand why so few foster youth who pursue a bachelor's degree successfully graduate. Therefore, this study sought to fill this information gap, adding to the literature on the needs of foster youth in a post-secondary setting by introducing the voice of foster youth. This study explored the experiences and perceptions of foster youth and foster alumni, enrolled in a four-year public or private university, utilizing phenomenological methodology, which allows the lived experiences to be shared. Specifically, this research explored two research questions: 1. What challenges/barriers did the students who had experienced foster care encounter as they pursued a bachelors degree? 2. Were students who had experienced foster care able to overcome these challenges/barriers and earn a bachelors degree, or did they dropout of college?

6. Methodology

In 2005, Merdinger et al., encouraged researchers to explore why few former foster youth, who enroll in a college or university, are able to persist and graduate with a degree. Since 2005, a handful of studies have been conducted, including this study, focusing on the barriers to bachelor degree attainment. Therefore, the goal of this longitudinal study was to contribute to the literature. To that end, this study was conducted in the northwest region of the United States, with participant's aged 18–24, either current or former foster youth, enrolled in a four-year college or university.

This study utilized phenomenological methodology. A phenomenological study focuses on the meaning of the lived experience for individuals (Creswell, 2007). It is specifically defined as "a human science, which studies persons" (van Manen, 1990, p.6). The goal of this particular type of research design is to take the shared lived experience of individuals and provide a description of the significance of this experience (Creswell, 2007). van Manen (1990) describes phenomenology as a design that "attempts to describe and interpret these meanings to a certain degree of depth and richness" (p. 11). Phenomenological design uses retrospective reflection on the part of the individual who experienced the phenomenon. This specific design was appropriate for current and former foster youth, as they were asked to reflect on prior experiences. This manuscript represents one significant theme that emerged from the research.

7. Research design

Criterion sampling was used. This required that the potential pool of participants be narrowed to include only those who have all experienced the phenomenon in question (Creswell, 2007). Participants were solicited with the help of the Department of Human

Services Independent Living Program (ILP), representing three specific geographic areas in the northwest region of the United States. The ILP coordinators forwarded an email about the study to foster youth who were attending a college or university. Foster youth then emailed or called me, indicating interest in participating. From this group, 21 were purposely selected based on their enrollment in post-secondary education, foster care placement, and commitment to participate through the four-year grant funded study. Those selected represent six colleges and universities in the state, including three public and three private institutions.

After Institutional Review Board (IRB) approval was obtained, interview appointments were set on their university campus. The longitudinal study began with the interview of each participant. All individuals shared their lived experiences through open-ended, in-depth interviews, which averaged 90 min. Each participant was asked the same questions, with follow-up questions based on their responses. The questions began with basic demographic information, then moved to their history in foster care, and then their journey through the P-12 school system where they shared their challenges and achievements. Finally, each participant completed six surveys over the next three years. These surveys included follow-up questions on topics and themes I identified during the initial interview, current enrollment status, challenges and barriers to persistence, support received, and rationale on their decision to persist or withdraw. Follow up face-to-face interviews were also conducted when deemed helpful. Participants were audio recorded, and field notes were used during the interviews after receiving their signed consent to participate.

8. Data analysis

Once the interview data was collected, I followed Creswell (2007) when analyzing my data. There are six steps in this analysis. They include:

1. Creating a listing of important statements from each interview
2. Creating a description of the "what" or the "textural description" of the experience (Creswell, 2007),
3. Building on the list of important statements by sorting these into themes
4. Creating a description of the experience, including the "how" of the participants' journey. This also includes the "structural description" (Creswell, 2007; p 0.159),
5. Constructing a description that incorporates both the textural and structural, sharing the experiences as perceived by foster youth. The textural description includes "significant statements and themes" (Creswell, 2007). The structural uses the "significant statements and themes" to create a description of the "context and setting that influenced how the participants experienced the phenomenon" (Creswell, 2007).

I attributed significance to comments the participants made that included a change in tone, voice level, emotion displayed, or other changes in body language observed during the interview, as well as to topics that the participants either brought up multiple times or continued to go back to throughout the interview. In addition, a scan of the transcribed information for similar words or terms used by the participants (in vivo) was identified. Each survey went through a similar process with significant statements identified. Once this was completed, a draft was emailed to each participant for feedback. The information received was then used to clarify, or correct the textural and structural descriptions.

9. Results

As the participants felt more comfortable, the majority of the participants shared their mental health diagnosis, and the challenges that impacted their academic achievement. Of the participants, approximately half have a diagnosis that includes anxiety, PTSD, and depression. And for those with depression, all participants also suffer from of anxiety. When considering the pursuit of a bachelor degree, almost half graduated with a bachelor degree, approximately one third dropped out of college, and a handful of participants

Table 1
Participant Demographics.

Name	Mental Health Diagnosis	Received Counseling	Prescribed Medication	University (Public/Private)	Academic Major	Enrollment Status
Aileen	Anxiety, PTSD, Depression	Yes	Yes	Private	Nursing	Junior
Lauren	Anxiety, Depression, Obsessive Compulsive Disordeer	No	No	Public	Political Science	Graduated
Paulina	Anxiety, Depression, PTSD, Panic Attacks, Manic depressive episodes	Yes	Yes	Public	Psychology	Dropped Out
Samantha	Anxiety, Depression	Yes	Yes	Public	Communications	Senior
Rebecca	PTSD	Yes	No	Public	Elementary Education	Dropped Out
Amaris	PTSD, chronic depression	Yes	Yes	Private	Political Science	Graduated
John	Anxiety, PTSD, Depression	No	No	Public	Psychology	Dropped Out
Lexi	Anxiety, PTSD	Yes	No	Private	Christian Ministries	Graduated
Nicole	Anxiety Depression	Yes	No	Private	Biology	Graduated
Kaitlyn	Anxiety, Depression	Yes	No	Public	Psychology	Dropped Out
Cheyanne	Anxiety, PTSD, Depression	No	No	Private	Communication	Graduated

are still enrolled at the same university they enrolled in as freshmen. Of those that graduated, a significant number attended private universities. This information is depicted in Table 1 below. Table 1 represents the demographics of the participants who reported a mental health diagnosis. Pseudonyms have been used.

The experiences of the participants showed mixed results in persistence and graduation rates between those who received counseling and those who did not pursue counseling but still successfully earned their bachelor degree. The same was found to be true of those who took medications to support their mental health diagnosis and those who did not. There did not appear to be any connection between counseling and medications and successful completion.

Last, the participants represented both public and private universities. It is interesting to note that five students attended a public university that had an Independent Living Program provider who met them on campus and worked as a liaison between the students and the university to present, discuss, and provide suggestions to eliminate barriers to graduation. Yet, after four years in this study, all but one dropped out.

These findings further depict the complexity of understanding both the unique and individual needs of foster youth alumni as well as identifying the collective supports needed to assist in their persistence to graduation.

9.1. Mental/emotional state as barrier to academic success

Mental health challenges emerged as a significant theme. One participant, Paulina, shared that, "the emotional aspect of anxiety, depression, posttraumatic stress disorder (PTSD), panic attacks, etc., is the REAL struggle in attending college, NOT the school work itself". The majority of participants shared her summation of the most significant barrier to academic achievement in higher education. Each shared their daily struggle to maintain a healthy emotional state while tending to the business of classes, homework, finances, housing instability and jobs without the support from family that many of their peers without foster care exposure enjoyed. Many explained that the mental/emotional health challenges began because of maltreatment that originally placed them in care, and the consistent movement from placement to placement, which resulted in a diagnosis of anxiety, PTSD, depression, and emotional dysregulation disorder. Nicole said, "To this day I am still struggling with the past and the emotional repercussions of foster care."

The diagnoses and continuous emotional imbalance impacted their college experience. This ranged from a "lack of motivation to go to class" (Amaris), "not sleeping at night even though the danger is gone" (Ellen), skipping class for three days (Cheyanne), to a six month medical leave of absence to receive intensive therapy (Aileen). Their challenges become clear through their difficulty in controlling their emotions, triggers in class, and their ultimate academic impact.

9.2. Difficulty controlling emotions

Self-regulation proved to be difficult for the participants. Without knowing where the anger was coming from, or what would set it off, the former foster youth reported aggressive behavior toward others and self-harm. Lexi shared:

There was a few years in middle school and high school that I was self-harming and that was because of the pain I felt emotionally and not knowing how else to control it or feel it. I have never been a violent person and refused to let bitterness and anger overtake me because of how much my abusers operated out of that place, but I also remember hitting things and even squeezing pillows or harmless items to cope and release what was in me. Rebecca said:

I did struggle for a long time to learn how to deal with my anger or emotions properly. I often would throw things around or try to break little things. I wouldn't even think about doing it, it would just be sitting there and next thing I knew it was across the room. In middle school and freshmen year in high school I did begin to cut myself. I can't even explain why I did it. There are still days when I feel overwhelmed by my emotions and I don't know what to do. I typically find a dark place and I'll just sit down and cry until I feel better.

Aileen moved from taking her anger out on others to self-harm. She acknowledged working very hard to practice healthy coping skills, but shared that there are times when she it escapes her. She said:

I have a history of cutting myself, scratching my skin off until its bloody an raw, punching myself in the face, ripping out my hairs, starving myself, and forcing myself to take freezing cold showers as a form of self punishment and when I don't know what else to do to bring the intensity of an emotion down. I also thrash on the floor and scream at the top of my lungs. Doing one of these just makes me feel sad and diverts the attention to physical pain, but I tend to feel guilty and disappointed with myself afterward. I still hit myself if I can't get out of an emotionally intense situation and walk or run until the energy is gone.

Students fought their emotions with varying levels of success. Their efforts to address their mental and emotional challenges more often than not trumped the need to address academic requirements.

9.3. Classroom and academic impact

The transition to living in a dorm provided Ellen with safety, as she was away from her abusive mother. Unfortunately, years of fitful sleep, caused by the need for self-preservation when her mother would return home, left her unable to transition to quality sleep in her dorm. She said:

I just lay awake. I remind myself that it is okay, you can sleep, just because I would wait for my mom. I could tell by the creaks of

the house when she was gone, and then I could sleep. Now I don't have that worry. I don't have anything to wait for. I don't even know why. Then I get frustrated with myself.

Kaitlyn shared a similar feeling of personal frustration with not being able to control her thoughts and feelings. She said, "I don't know how to hold back my tears because I get overwhelmed by my thoughts and feelings." These thoughts and feelings can have serious academic consequences. Aileen, a nursing major, shared that emotional control has a direct impact on her ability to pursue a nursing career. She shared:

I understand that if I were to lose control of my emotions, the school of nursing would have yet another reason to say that I am not fit for clinicals and I am not fit to be a nurse yet, so I keep a tight lid on them.

However, on one occasion, her emotions got the best of her. She said:

I was stripped of my badge and failed on the spot during a clinical. I sobbed extremely loud and left before I was finished being talked to. My professor was concerned, so she called my dean after I had left my clinical. My dean called me and had me come back to campus so we could discuss what had happened.

These difficult situations also emerged in the classroom. For participants, PTSD was triggered by discussion of sensitive topics in their college classes. When this occurred, the majority of participants left the class to take care of their immediate emotional need and often skipped subsequent classes due to the emotional fall-out. For Lexi, her anxiety and PTSD would emerge when teachers would discuss topics assuming that all students in the classroom come from families with mothers and fathers. While she acknowledged that this makes sense and that she knew they meant well, it triggered emotions. In addition, when the teachers would bring up certain topics that were sensitive to her, it was very easy for anxiety and PTSD to set in. She said:

Even when we would be asked to share stories or converse about things, if it reminded me of the trauma then I would become very overwhelmed. One of the hardest topics would be when teachers would address foster care or the system and misrepresent it or even talk about foster children as if we are different in a bad way, due to obvious reasons as to why it would upset someone in my shoes.

Amaris shared a similar story. As a political science major, issues of injustice were the focus of many of her classes. Conversations on the topic of sexual assault were a major trigger for her. Unfortunately, it was a large topic on campus, both in and out of class. She said, "I did not escape this topic and there were several occasions where I was unable to attend class because it was so triggering to hear the professor lecture on such sensitive issues and then have my peers weigh in." She was determined, however, to push forward, and not allow her past trauma to impact her future. She found it difficult to continue. She said:

It became extremely difficult to hold it together and keep going in class like I was ok. However, I am stubborn. I was determined during my first year at Willamette not to let my past trauma affect me during undergrad and that is just not how trauma works. I remember in one of my first Sociology classes, sexual violence came up and my whole face went cold. I felt like everyone somehow knew my history and that I could relate to what was being discussed. Then I started crying until I was too embarrassed to not get up and leave. It was a rough situation.

Aileen also shared a particularly difficult classroom experience. For her, this brought up fears she had faced for a number of years. After being told she likely had histrionic and narcissistic personality disorder, she found herself in a nursing course where her professor was discussing borderline personality disorder. After listening to the symptoms, she said:

I quickly realized that I was displaying nearly every single one of the traits. I had tried my best to work through my issues and avoid that diagnosis. However, realizing that it could be true, I started to cry right there in class and had to try to hold back the tears as I grew more and more anxious.

These intense experiences in the classroom and uncontrolled anxiety and depression, often led to students choosing to skip classes.

9.4. Skipping class

Skipping class became a coping mechanism when the emotions, anxiety, PTSD, or embarrassment of losing control in class, took over. After a discussion in class on a sensitive topic, Cheyanne shared that after a discussion in class on a sensitive topic, she "just burst immediately into tears and ran out of the room. I didn't go to school the next day. It was so embarrassing." Lexi also skipped classes. She said:

I used to skip class because I couldn't find a reason to live after the daily abuse at home. I've walked out of many classes or even broke down emotionally while in class because of many reasons ranging from movies watched that triggered a memory to even happy stories shared by the professor or students that made me overwhelmed by hurt that I never experienced that. It's hard to engage or want to be in a class when emotions are high because it's all-consuming as thoughts and memories arise. There came a point where I had no will or motivation to live.

These all consuming thoughts and memories manifested in test anxiety in her math class. She said:

I would do the practice exam and I would get 100. Then I would sit in class and I literally could write maybe four things down. I would start panicking really, really bad. I never had that happen until I was in foster care.

Lexi's story was not unique. Cheyanne had similar struggles and often skipped class. She said:

At one point I just stopped going to my classes. If I felt overwhelmed I just gave up. I would lie and tell my professors somebody important died or was extremely sick. Then I would disappear on 3-day hikes. If I was in class I always participated to keep up "the act" that everything was fine. Most people had no idea there was a problem at all. I felt trapped in my own mind and just lied to everyone to avoid further questions. And yet, a part of my heart wanted someone to ask so badly.

As anxiety grips their body, the participants are unable to focus on the content in their classes. Aileen shared:

In the middle of class, I am not able to focus and I end up worrying about bills and my income and assignments that are due in other classes. It feels hard to breath and it feels like my whole body needs to get up and run away from something scary. My heart races and my muscles tense up. I had to leave class because I could not focus with all of the suicidal thoughts going through my mind. Usually, they are not so intense and vivid. After a certain point when it became clear to me that stopping and trying to focus weren't working, I left class to go to the health center. From there I went to the hospital to get help. There have been other times when it felt like the world was crushing me or like I was drowning, and I did not even have the energy to get up and go to class despite having slept 10–12 h and not being ill. When I am anxious, everything is too much for my senses.

Paulina also struggled with attending classes regularly. She said, "I know first hand how difficult it is to stay on a regular schedule of attendance when life is hitting me hard to the point where it's a coin toss how I will feel one day to the next."

Understanding the hold her emotions had over her, Amaris found it helpful to connect with her professors early. She shared:

When I was unable to manage and pull myself up and to class, I made sure to let my professors know ASAP, to have an in-depth conversation and try to work with them to come up with a game plan. Sometimes this meant getting extensions; sometimes this meant them telling me to take a week to get back on my feet. It just depended on the professor but talking with them before things got out of control was always the key.

This strategy also worked for John. He said, "My professor was very supportive and tried to help me get through it as they saw potential in me and wanted me to succeed."

Lexi tried to be proactive but even when she was able to demonstrate she knew the material, she was unable to get the support she needed. She said:

For me, I kind of told my teacher that, but I don't know, she didn't believe me or didn't really know what to do about it. I think, I don't know, I can't speak for her, but I think she might have thought I was just saying that so I could get a retake. But I was, no, seriously, my test, every time I have taken it in the classroom I've done really bad, but she let me take one of them in her office alone, and I got an A on it. Even on the other tests I wasn't allowed to do that. That was just a one-time thing. That really sucked because I knew the information."

9.5. Counseling

A few of the participants received counseling or therapy at some point before or during their college attendance. Kaitlyn began receiving counseling in high school and credits the support to her successful high school graduation. She said:

In high school I had a counselor. I started seeing her the same week I went into foster care. I saw her twice a week for six months, and then it went to once a week until the beginning of my junior year in high school, and then it was once a month. I haven't seen her since last June. In the summer I want to make an appointment just to go check in with her. She was a huge support. I wouldn't have made it through high school without her.

Now that she is in college, and living outside of her hometown, Kaitlyn acknowledged the need to find someone new, but challenges exist. She said:

It has been really hard for me to connect with somebody, after seeing my counselor for so long. I am looking for somebody that I see under my health plan. Actually, my psychology professor approached me. He noticed that my grades were kind of slipping. I was going through some family stuff last term, and he noticed my grades were slipping and asked me to come see him during his office hours. He just gave me a full-out counseling session. He didn't need to but he connected with me, let me know I could still go see him if I needed to. He said ethnically he cannot see me all the time, but he would see me until I could find somebody else to go see, and he has been helping me look for a match.

Lauren also acknowledged her need for counseling. She shared:

When I first moved out, I really had nobody in my life, no real friends or any connections, just aside from the Independent Living Program. I had my caseworker, but that was about it. It was a very lonely time. I was suffering from severe depression when I first moved out, which was mostly due to the trauma I experienced both in foster care, but more so from just living with my parents. I never really was able to deal with that, because I never really saw a counselor or a psychologist or anyone to kind of help me through that. On top of that I was dealing with my gender dysphoria, which was very serious. It took me two years after I moved out to actually come out as transgender and started seeing a therapist for that and get on hormone therapy.

However, there were barriers to receiving the type of support both Kaitlyn and Lauren wanted and needed. Nicole was unable to receive counseling services at her university. While she had disclosed depression and anxiety on the university health form and was also eligible for services for her Attention Deficit Disorder, she said, "I would love to have been part of the counseling service here and I can't. The wait list is so long and they don't take my insurance." Unfortunately, Aileen's pursuit of a nursing degree has been put on hold. She is now on a six-month medical leave of absence. After the discussion in her nursing class about personality disorders, she realized she needed help. She is now attending a local behavioral therapy clinical, where she has been diagnosed with "borderline personality disorder, which is more accurately called emotional disregulation disorder. I couldn't think straight anymore, and I started messing up in clinical and at work. It made me realize that I need a lot more help to regulate my emotions and practice compartmentalizing home, work, school, and clinical so that I can effectively function at my best in each environment."

The stories of the foster youth alumni are heartbreaking. Their challenges with their own mental health quite often derailed their academic aspirations. For those who were able to persist and achieve a bachelor's degree, it was not without substantial effort and grit. Aileen, is wholeheartedly committed to completing her bachelor's degree, but first, she must understand her mental health diagnosis and the implications for her future.

10. Discussion

This study began with two primary research questions. The first, sought to identify the challenges/barriers students who had experienced foster care encountered as they pursued a bachelor's degree. Second, were they able to overcome these challenges/barriers and earn a bachelors degree, or did they dropout of college?

The first question identified mental health as a significant challenge/barrier to academic achievement. The youth had histories of maltreatment, which caused trauma. Perry (2006) connected trauma to developmental and learning impacts. And, Hambrick et al. (2016) discussed the mental health concerns that can come from ACEs. The stories of the participants illuminate the strong hold trauma has on foster youth. Their complex trauma histories have resulted in mental health challenges that can be debilitating.

The second question revealed that approximately less than half graduated, less than half dropped out, and two are still enrolled. These results are significant in that they are substantially higher than the 3–11% Bruskas (2008) reported. However, why some are able to persist while others cannot is still difficult to explain.

Third, universities need to be aware of the needs of students who come from foster care. The desire to earn a bachelor's degree exists, but it must be coupled with support at the university so that when PTSD, anxiety, or depression symptoms emerge, they have access to professional help. While a number of universities implementing support programs to boost retention has increased, the focus of these programs has been primarily on academic or major pathway support, financial, and social support (Dworsky & Perez, 2010; Hernandez & Naccarato, 2010; Unfortunately, few university support programs include mental health and the data on the effectiveness of these existing programs is lacking (Geiger, Hanrahan, Cheung, & Lietz, 2016; Salazar, 2012; Watt, Norton, & Jones, 2013).

The findings from both research questions have policy implications. First, it is clear that tending to the mental health of foster youth, both while in care and during the transition to independence is critical. They must be set up for success prior to leaving foster care. Second, once foster youth exit the child welfare system, their ability to access counseling and other mental health services is limited, due to healthcare plans and/or financial limitations. Therefore, the child welfare system must implement policies and procedures to ensure that mental health screening and support is included for each child placed into foster care.

10.1. Future research

One result of complex trauma for foster youth is an inability to ask for assistance when needed. Samuels and Pryce (2008) found "survivalist self-reliance " to be both a support and barrier for foster youth. They found that foster youth are proud of the fact they have survived their trauma histories and experiences within the foster care system, but they have learned to rely only upon themselves. Therefore, even when they recognize the need for help or support, they resist asking for it. This creates a serious challenge in determining the effectiveness of university support programs. Research conducted to understand the likelihood of availing themselves to supports, and identification of what supports they would use, and if those supports help boost graduation rates, is critical to creating effective systems and programs.

11. Conclusion

The lived experiences of this group of college students showed how complex trauma resulted in mental health challenges which often derailed their pursue of a bachelor's degree. Their experiences are significant and call for the child welfare system to identify systems and supports for foster youth both while in the care of the state and in preparation for independence upon leaving the foster care system. Finally, as citizens, children in foster care are our collective responsibility. We all must take responsibility for the outcomes of foster children and advocate for mental and emotional support for children before they exit from the foster care system.

References

Banyard, V. L., & Cantor, E. N. (2004). Adjustment to college among trauma survivors: An exploratory study of resilience. *Journal of College Student Development, 45*(2), 207–221.

Boyraz, G., Granda, R., Baker, C. N., Tidwell, L. L., & Waits, J. B. (2015). Posttraumatic stress, effort regulation, and academic outcomes among college students: A longitudinal study. *Journal of Counseling Psychology, 63*(4), 475–486.

Bruskas, D., & Tessin, D. H. (2013). Adverse childhood experiences and psychosocial well-being of women who were in foster care as children. *The Permanente Journal, 17*(3), 131–141.

Bruskas, D. (2008). Children in foster care: A vulnerable population at risk. *Journal of Child and Adolescent Psychiatric Nursing, 21*(2), 70–77.

Carrion, V. G., & Wong, S. S. (2012). Can traumatic stress alter the brain? Understanding the implications of early trauma on brain development and learning. *Journal of Adolescent Health, 51*, S23–S28.

Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. Thousand Oaks, CA: Sage.

Crozier, J. C., & Barth, R. P. (2005). Cognitive and academic functioning in maltreated children. *Children & Schools, 27*(4), 197–206.

David, M. (2016). *Urban elementary teachers' perceptions of challenging behaviors and childhood trauma*. Master of Social Work Clinical Research Papers.

Day, A., Dworsky, A., & Feng, W. (2013). An analysis of foster care placement history and post-secondary graduation rates. *Research in Higher Education*, 19.

Duncan, R. D. (2000). Childhood maltreatment and college drop-out rates implications for child abuse researchers. *Journal of Interpersonal Violence, 15*(9), 987–995.

Dworsky, A., & Perez, A. (2010). Helping former foster youth graduate from college through campus support programs. *Children and Youth Services Review, 33*, 255–263.

Geenen, S., Powers, L. E., Phillips, L. A., Nelson, M., McKenna, J., Winges-Yanez, N., ... Swank, P. (2015). Better Futures: A randomized field test of a model for supporting young people in foster care with mental health challenges to participate in higher education. *The Journal of Behavioral Health Services & Research, 42*(2), 150–171.

Geiger, J. M., Hanrahan, J. E., Cheung, J. R., & Lietz, C. A. (2016). Developing an on-campus recruitment and retention program for foster care alumni. *Children and Youth Services Review, 61*.

Hambrick, E. P., Oppenheim-Weller, S., N'zi, A. M., & Taussig, H. N. (2016). Mental health interventions for children in foster care: A systematic review. *Children and Youth Services Review, 70*, 65–77.

Hernandez, L., & Naccarato, T. (2010). Scholarships and supports available to foster care alumni: A study of 12 programs across the US. *Children and Youth Services Review, 32*(5), 758–766.

Kirk, R., & Day, A. (2011). Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review, 33*, 1173–1180.

Kolko, D. J., Hurlburt, M. S., Zhang, J., Barth, R. P., Leslie, L. K., & Burns, B. J. (2010). Posttraumatic stress symptoms in children and adolescents referred for child welfare investigation: A national sample of in-home and out-of-home care. *Child Maltreatment, 15*(1).

Merdinger, J. M., Hines, A. M., Osterling, K. L., & Wyatt, P. (2005). Pathways to college for former foster youth: Understanding factors that contribute to educational success. *Child Welfare, 84*(6), 867–896.

Morton, B. M. (2015). Barriers to academic achievement for foster youth: The story behind the statistics. *Journal of Research in Childhood Education, 29*(4), 476–491.

Zero to Six Collaborative Group (2010). *National Child Traumatic Stress Network*. *Early childhood trauma*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from: http://http://www.nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf.

Pecora, P. J., Kessler, R. C., O'Brien, K., White, C. R., Williams, J., Hirpip, E., & Herrick, M. A. (2005). Educational and employment outcomes of adults formerly placed in foster care: Results from the Northwest Foster Care Alumni Study. *Children and Youth Services Review, 28*(12), 1459–1481.

Perry, B. D. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult and Continuing Education, 2006*(110), 21–27.

Ryan, C. L., & Bauman, K. (2016). *Educational attainment in the United States: 2015*Current Population Reports20.

Salazar, A. M., Keller, T. E., Gowen, L. K., & Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Social Psychiatry and Psychiatric Epidemiology, 48*(4), 545–551.

Salazar, A. M. (2012). Supporting college success in foster care alumni: Salient factors related to postsecondary retention. *Child Welfare, 91*(5), 139–167.

Salazar, A. M. (2013). *The value of a college degree for foster care alumni: Comparisons with general population samples*. Social Work, Swt014.

Salazar, A. M., Haggerty, K. P., & Roe, S. S. (2016). Fostering higher education: A postsecondary access and retention intervention for youth and foster care experience. *Child and Youth Services Review, 70*.

Salazar, A. M., Roe, S. S., Ullrich, J. S., & Haggerty, K. P. (2016). Professional and youth perspectives on higher education-focused interventions for youth transitioning from foster care. *Children and Youth Services Review, 64*, 23–34.

Samuels, G. M., & Pryce, J. M. (2008). What doesn't kill you makes you stronger: Survivalist self-reliance as resilience and risk among young adults aging out of foster care. *Children and Youth Services Review, 30*, 1198–1210.

Souers, K., & Hall, P. (2016). *Fostering resilient learners: Strategies for creating a trauma-Sensitive classroom*. ASCD.

Turney, K., & Wildeman, C. (2016). Mental and physical health of children in foster care? *Pediatrics, 138*(5), 1–11.

U.S. Department of Education, National Center for Education Statistics (2016). *The condition of education 2016 (NCES 2016-144), undergraduate retention and graduation rates*. [Retrieved from: https://nces.ed.gov/programs/coe/indicator_ctr.asp].

Unrau, Y. A., Font, S. A., & Rawls, G. (2012). Readiness for college engagement among students who have aged out of foster are. *Children and Youth Services Review, 34*(1), 76–83.

Vacca, J. S. (2008). Breaking the cycle of academic failure for foster children – What can the schools do to help? *Children and Youth Services Reivew, 30*(9), 1081–1087.

van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany: State University of New York Press.

Watt, T. T., Norton, C. I., & Jones, C. (2013). Designing a campus support program for foster care alumni: Preliminary evidence for a strengths framework. *Children and Youth Services Review, 35*, 1408–1417.

Wolanin, T. R. (2005). *Higher education opportunities for foster youth: A primer for policymakers*. Washington, DC: Institute for Higher Education Policy.