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Adverse Childhood Experiences (ACE) as a Mental Health Driver Among Youth Transitioning out of Foster Care

Maggie Dade, DO
Developmental-Behavioral Pediatric Fellow, PGY-4
Children's Hospital Los Angeles

Julie Cederbaum, PhD, MSW, MPH
Associate Professor
University of Southern California
Suzanne Dworak-Peck School of Social Work

Alexis Deavenport-Saman, DrPH, MPH, MCHES, CPH
Assistant Professor of Clinical Pediatrics, Keck School of Medicine of
USC

Karen Kay Imagawa, MD
Director, Audrey Hepburn CARES Center
Children's Hospital Los Angeles
Clinical Professor of Pediatrics (Clinician Educator)
Keck School of Medicine of the University of Southern California

Plain Language Summary

- Purpose: To increase the understanding of adverse childhood events (ACE) associated with mental health disorders including anxiety and depression in foster care youth to improve targeted screening by primary care providers.
- Research – focused leadership project
- Manuscript is the intended project outcome of leadership project
- Audience: Psychology, SW, Pediatrics, and those working with foster care youth

Background

- Children in foster care are at a higher risk of internalizing disorders including anxiety, and depression.
- Transitional age youth in foster care (TAYFC) are up to four times as likely to have mental health disorders compared to children not in foster care.
- Children and adolescents in foster care are disproportionately affected by childhood adversity. There is a direct connect between high rates of childhood adversity and poor health outcomes including increased mental health disorders.
- While the association between the number of adverse childhood experiences (ACE) and mental health disorders is known, less is known about specific ACE's individual impact on mental health.

Research Aims

- To identify how specific ACEs uniquely influence symptoms of anxiety and depression among youth transitioning out of foster care.
- To explore the moderating effect of emotional regulation in the relationships between ACEs and symptoms of anxiety and depression among youth transitioning out of foster care.

Study Design

- Data were collected from 197 former foster youth connected to services through community partner Children's Institute, Inc
- Individuals completed a web-based survey about demographics, symptoms of anxiety and depression, protective factors, emotional regulation, childhood adversity experiences, service experiences, and future orientation
- Analysis of extended ACEs, PEARLs, GAD-7 and PHQ-8 using multivariate regression.

Inclusion and Exclusion Criteria

- Eligibility includes
 - 18 years or older
 - Current or former participant of the independent living skills (ILS) program
 - English speaking

Predictor and Outcome Variables

- Predictor(s): Number of ACEs (1-18); Type of ACEs
- Outcome(s): Internalizing behaviors of anxiety (GAD-7); Internalizing behaviors of depression (PHQ-8).

Cofounders/Covariates

- Gender (male/female/non-binary)
- Race/ethnicity (Hispanic, non-Hispanic Black, other)
- Age (continuous)
- Number of foster care placements (continuous)
- Type(s) of abuse (Maltreatment, family dysfunction, community violence, racism)
- Age of entry into foster care (continuous)
- Emotional regulation (cognitive reappraisal and expressive suppression)

Process to Date

- IRB approval has been obtained.
- >197 surveys have been submitted by foster care youth, and data is already being analyzed.
- Currently, I am beginning to draft the abstract, background, methods, and introduction for the manuscript.

Alignment with LEND Values:

- Community engagement
- Lived experiences from foster care youth
- Collaboration with social work and mental health providers

Questions

- What factors might be considered to better understand the association between increased internalizing behaviors and adverse childhood events?
- What additional covariates could be considered for this study?
- Are there potential moderators/effect modifiers to consider?

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