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Exploring spirituality among youth in foster care: findings from the Casey Field Office Mental Health Study

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Abstract

This study examined spiritual coping mechanisms, beliefs about spirituality and participation in spiritual activities and in other positive activities among adolescents in foster care. A multidimensional measure of spirituality was developed for face-to-face interviews with 188 youth (ages 14–17) from diverse racial/ethnic backgrounds in the United States. Findings revealed 95% of youth believe in God, over 70% believe God is ‘creator’ and God is ‘love’, and 79% considered prayer a spiritual practice. Most youth said love and forgiveness help them heal. Two-thirds (67%) reported responding to ‘bad or tragic things happening’ by spending time alone, and over half responded by praying (59%) or sharing the problem with someone else (56%). Youth’s top three spiritual goals were to follow God’s plan for them, become a better person, and know their purpose in life. Based on the value youth ascribed to spiritual coping mechanisms, recommendations for policy and practice focus on the integration of spirituality into practice and caregiving for youth in foster care.

Keywords

adolescence; child welfare; foster care; foster care (family); prevention

INTRODUCTION

Amidst myriad challenges and intensely traumatic life experiences, some youth in foster care survive and thrive with tremendous vitality. Clinical experience and past research indicate that spirituality is a developmental asset that contributes to resilience for young people facing hardships associated with trauma, grief and loss, physical and mental illnesses,

and disabilities (Wright *et al.* 1993; Witvliet 2001; Browne 2002; Pendleton *et al.* 2002; DiLorenzo & Nix-Early 2004; Cotton *et al.* 2006; Scott *et al.* 2006; Daining & DePanfilis 2007). Although a great deal of existing literature explores religious beliefs, religious attendance and religious affiliation/denomination among youth in the general population (who commonly live with their biological families), few studies on religion or spirituality have been conducted among adolescents placed in foster care. Those studies that do examine spirituality among youth in foster care are limited by small sample sizes; a narrowly defined focus on religion rather than a more multifaceted concept of spirituality; and an exclusive focus on young adults and youth who had already exited the foster care system (alumni) rather than on youth who are still in care (Browne 2002; DiLorenzo & Nix-Early 2004; Edmond *et al.* 2006; Scott *et al.* 2006; Daining & DePanfilis 2007).

The overarching goal of the current study is to provide a more in-depth description of the spiritual lives of adolescents currently placed in foster care. This research adds to the extant literature on spirituality without reference to organized religion to be purposefully inclusive of diverse beliefs, practices and backgrounds. We asked youth to define the beliefs and practices they view as spiritual, whether certain factors such as love and forgiveness help them heal, and what activities they engage in to cope with hardship. We also investigated other spiritual and positive activities they are involved in and whether they view spiritual activities as helpful, as well as whether they have spiritual goals they hope to attain.

We first present an overview of the demographic composition and context of the United States foster care population. We then briefly discuss definitions of religion and spirituality; the relation between spirituality, culture and resilience; and findings from existing studies on religion and spirituality in the general population and in those in foster care. We then present findings from the current study and offer recommendations for supporting spirituality among youth in foster care.

The foster care population in the United States

On 30 September 2007, 496 000 young people were in foster care in the United States (U.S. Department of Health and Human Services 2009). Adolescents (ages 13 to 18) constitute 38% of the foster care population and typically face more challenges finding a permanent home than younger children (Cowan 2004; U.S. Department of Health and Human Services 2006). Most children (60%) in foster care are youth of colour, and some groups are disproportionately represented; specifically, African Americans, who represent about 15% of the nation's child population, make up 32% of the foster care population, and American Indians/Alaska Natives, representing 2% of youth in foster care, constitute only 1% of the national child population (Federal Interagency Forum on Child and Family Statistics 2008).

Experiences of children in foster care

The lives of youth in care have been affected by child maltreatment and displacement, both of which can have significant negative consequences for a person's sense of self, relationships with others, cognitive functioning and physical and mental health (Cicchetti & Toth 1995; Felitti 2001; Kerker & Dore 2006). Children tend to turn to their parents for guidance and support through difficult and confusing situations. When working through

stressful encounters successfully in the midst of a family unit, youth develop self-esteem and a sense of competence and belonging. However, when children are disconnected from their families, their capacity for coping is at least temporarily stunted, especially when the separation is accompanied by other traumatic experiences (Bruskas 2008).

Some foster care placements are positive; for example, children and their substitute caregivers form a close relationship; caseworkers bond with the youth and assist them in obtaining needed services; and a strong relationship is maintained between youth and birth parents, siblings or other family members. In many cases, however, the opposite is true. In some instances, children are taken away from their familiar settings and from people they know and love, and are placed in the homes of strangers without being given an explanation or a choice (Bruskas 2008). Often, foster placements are not well-monitored, and some children are re-victimized in foster care (Hochman *et al.* 2004; McMillen *et al.* 2005; Pecora *et al.* 2005; Landsverk *et al.* 2006; Meyers *et al.* 2007). As a result, young people in out-of-home care often feel overwhelming grief, fear, loneliness and anxiety (Kerker & Dore 2006; Bruskas 2008).

Being in close relationships with people they know well or with whom they have a close bond is a rare gift for many youth in foster care. Many youth in care experience a relatively high number of placement changes. In a study of more than 1600 children, Rubin *et al.* (2004) found that 41% had experienced three or more placements since entering foster care, and that the experience of multiple placements was a significant predictor of mental health service use, as well as of emergency room visits. A high degree of stress is associated with changing homes: in addition to dealing with more broken relationships, young people often relocate to new neighbourhoods, new schools and sometimes to different states or regions of the country. For all of these reasons, it is important to understand from the youths' perspective what internal and external supports help them cope and heal.

Young people have to develop a wide range of skills and competencies to navigate the world. Developmental tasks generally associated with adolescence include academic achievement and the transition to secondary schooling, participation in extracurricular activities such as sports or clubs, developing friendships with peers and discovering who they are as individuals (Masten & Coatsworth 1998). For youth in foster care, there is the added responsibility of managing themselves in the child welfare system and in environments that are often chaotic and unsupportive (Bruskas 2008). In addition to physical needs for food, clothing and shelter, young people have social-emotional and spiritual needs. To gain the level of mastery they need to become capable adults, young people need assets such as a self-efficacy (belief in themselves, their abilities and their value/worth), skills to evaluate problems and make good decisions, and the ability to control their emotions and behaviours (Glenn & Nelsen 2000). It is also critical that youth experience positive, supportive relationships so that they feel a sense of love, compassion and belonging (Search Institute 1997; Bryant-Davis 2005; Fergus & Zimmerman 2005).

Religion and spirituality: definitional differences and similarities

While the terms religion and spirituality often signify different research constructs, by some accounts they are only mildly distinct by definition (Hill & Pargament 2003). In fact, they

are often used together (i.e. religion/spirituality) or interchangeably (i.e. religion or spirituality). Hill and Pargament explain that a recent phenomena, particularly in the United States, is the division or polarization of the terms *religion* and *spirituality* in ways that make spirituality more acceptable than religion, when for many people they are synonymous. Whereas religion was once widely defined both as an individual/personal experience and inherited set of practices, in many arenas religion now ‘represent[s] an institutional, formal, outward, doctrinal, authoritarian, inhibiting expression’ (p. 64). Religion may also carry a negative connotation for some people because of notorious abuses and scandals experienced in ‘religious’ institutions such as church organizations or cults.

Spirituality was once more closely identified with religion; however, the redefining of spirituality as ‘individual, subjective, emotional, inward, unsystematic, freeing expression’ (Hill & Pargament 2003, p. 64), has broadened its integration in social work practice, including child welfare (Gregory & Phillips 1997; Okundaye *et al.* 1999; DiLorenzo *et al.* 2001; Wilson 2004; Wilson *et al.* 2005).

A review of recent theoretical and empirical literature found that investigators use the terms *religion* and *spirituality*, together or separately, to describe a system of beliefs; identification/personal relationship with a higher power; development of a sense of purpose, morality and social responsibility; intimate connections with others; love and value for self; and practices or behaviours viewed as powerful and helpful (Turner *et al.* 1995; Larimore *et al.* 2002; Hill & Pargament 2003; Smith 2003; DiLorenzo & Nix-Early 2004; Cotton *et al.* 2006).

In the mid-1990s, *religious or spiritual problems* became a category in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to make the DSM more culturally sensitive and to aid clinicians who were misdiagnosing religious and spiritual issues as psychiatric problems (Turner *et al.* 1995). The DSM-IV-TR (Diagnostic and Statistical Manual of Mental Disorders text revision) describes examples of religious or spiritual problems as ‘distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not necessarily be related to an organized church or religious institution’ (American Psychiatric Association 2000, p. 741). Hill & Pargament (2003) suggest that spiritual struggles (e.g. questioning the presence of God) may cause individuals significant distress because they challenge what one holds most sacred.

Spirituality, culture and resilience

Increased attention to the spiritual beliefs and needs of youth in foster care may be related to recent attention garnered by racial disproportionality in child welfare. In the diverse contexts and cultures represented by children of colour in the system, spirituality is often integral to coping with various manifestations of historical and contemporary oppression, especially grief and loss. Some elements of spirituality for African Americans, American Indians/ Alaska Natives, Hawaiians and Pacific Islanders, and Hispanics/ Latinos include ceremony and ritual (e.g. rites of passage), sharing time and food with family and friends, music, storytelling, hearing the wisdom of elders, spiritual healers/helpers and, for some, connection to a powerful deity, connection to the environment and the concept of grace or

favour from God (Mokuau & Matsuoka 1995; Brave Heart & DeBruyn 1998; Haight 1998; Rehm 1999; Cross 2001; Rodriguez 2001; Feingold 2005; Leary 2005). For youth who have shared these spiritual values, breaking ties to family and community may create a 'spiritual void [that] diminishes their capacity for resilience' (DiLorenzo & Nix-Early 2004, p. 1). Spirituality is an important way to connect some youth to their culture, which gives them a sense of belonging, and in turn, connects the cultural communities to their youth.

A conceptual model proposed by Coll *et al.* (1996) highlights the importance of cultural legacy – including historical traditions, values, beliefs and behavioural norms – in understanding the developmental competencies of children and youth of colour (see also Williams & Ellison 1996; Cross 2001; Leary 2005). In many cultures, the spirit, or spirituality, is an integrated part of the self, inseparable from body, heart and mind (Williams & Ellison 1996; Cross 2001). Therefore, evaluating and addressing issues that affect health (body and heart) and mental health (mind) while avoiding or dismissing the spiritual realm may increase distress and inhibit this essential, multifaceted element of resilience (Haight 1998). Resilience has been defined in multiple ways, but generally refers to 'the process of overcoming the negative effects of risk exposure, coping successfully with traumatic experiences, and avoiding the negative trajectories associated with risks' (Fergus & Zimmerman 2005, p. 399; see also Masten & Coatsworth 1998; Bonanno & Mancini 2008).

Religion and spirituality among general population youth

Religion and spirituality are important aspects of life among the majority of American teenagers (Smith *et al.* 2002; Pearce *et al.* 2003). Most youth (95%) between 13 and 17 believe in God, and 69% consider themselves religious (Pearce *et al.* 2003). Smith *et al.* (2002) found that 50% of young people ages 13–18 participate in religious youth groups, 38% attend weekly religious services, and 16% attend services at least twice a month. Only 13% of youth in the study said they were not religious. In a study of more than 700 adolescents, Pearce *et al.* (2003) determined that higher levels of religious attendance, self-ranked religiousness and positive religious experiences were associated with significantly lower levels of depression. Another study of more than 9000 low-risk youth from the National Longitudinal Study of Adolescent Health (Add Health) found that religiousness reduced vulnerability to alcohol and drug use, delinquency and school problems (Regnerus & Elder 2003). Alternatively, Connor *et al.*'s (2003) examination of spirituality among persons exposed to violent trauma revealed that stronger spiritual belief was significantly associated with poorer physical health, poorer mental health and increased trauma-related distress. The authors suggested that while spirituality did not prevent trauma symptomatology, spirituality appeared to be a widely used coping strategy.

Religion and spirituality among youth and alumni of foster care

Studies have demonstrated that youth in and transitioning from care have a high degree of faith in a higher power and ascribe to many traditional religious practices. DiLorenzo & Nix-Early (2004) found that most of the youth ($n = 67$) in their qualitative study of spirituality had a Christian background and considered most of their religious experiences positive. Gay and lesbian youth, however, felt some dislike for religions that had rejected

them. Young people described spiritual activities as belief in a higher power, prayer, going to church, the giving of oneself, forgiveness, moral values and knowing right from wrong. Other aspects of life they considered spiritual were being artistic, falling in love, giving birth and calming rituals such as walking the same pathway each day.

Survey research with youth currently in care showed rates of weekly church or other religious service attendance ranging from 25% to 38% (Edmond *et al.* 2006; Scott *et al.* 2006). Scott and colleagues reported that 75% of youth in their study believed there was a spiritual force that could help with their problems and that 67% said they felt that force working in their lives. In their sample, African-American youth reported significantly greater religious beliefs and religious practice than white youth. Youth with a history of sexual abuse attended religious services and engaged in spiritual practices significantly more than youth without a sexual abuse history. Additionally, religious beliefs were significantly related to lower probability of recent sexual behaviour, cigarette use, and alcohol use (Scott *et al.* 2006). Daining and DePanfillis found that for transitioning youth, spiritual support (i.e. 'the extent to which the individual derives guidance, strength, and comfort from their faith') significantly contributed to a number of positive outcomes associated with resilience (summary score of education participation, employment and avoidance of early parenthood, homelessness, drug use and criminal behaviour) (Daining & DePanfilis 2007, p. 1164).

STUDY PURPOSE

The primary purpose of this study was to determine the meaning and value of spirituality in a sample of youth, mostly children of colour, who currently reside in the U.S. foster care system. The investigation sought to identify the youth's spiritual beliefs, spiritual problems, some of the activities they associated with spirituality – whether they perceived some traditional religious concepts associated with spirituality as helpful – and what other positive activities the youth engage in. Spirituality was expected to encompass a belief in a higher power and a range of diverse activities for most youth in the study. The present study was informed by findings and gaps in the existing literature, by clinical insight of child welfare staff working with youth for whom spirituality was valued and by case studies of youth in care who expressed the importance of spirituality in their lives.

METHOD

Procedure

Overview—Data on youth spirituality was drawn from a larger study, the Casey Field Office Mental Health Study (CFOMH), conducted by Casey Family Programs (Casey), a national operating foundation that provides foster care services and works toward foster care prevention in jurisdictions across the United States. The CFOMH study was conducted to investigate mental health outcomes, ethnic identity, sexual orientation and spirituality among youth currently in foster care (White *et al.* 2007).

Youth were invited to participate in CFOMH through one of eight Casey field offices in Arizona, California, Idaho, Texas and Washington. Youth were ineligible if they had returned to their birth parents, had run away from foster care, were living independently

(emancipated) or were in a psychiatric hospital or in juvenile detention (see White *et al.* 2007 for details on the larger study). A total of 212 youth were eligible to participate and 188 adolescents completed the study; nineteen chose not to participate and five were excluded because of other issues (e.g. deafness, incomplete interview, runaway), yielding an 88.7% response rate.

Data collection—Approval for the study was obtained from the University of Michigan's Institutional Review Board and the Casey Human Subjects Review Committee. Assent was provided by youth and consent to participate for youth under age 18 was provided by a Casey field office director, except in one field office, where consent was required from both the field office director and a county social worker. Participants who were 18 at the time of the interview signed a consent form. Face-to-face interviews were conducted by professionally trained interviewers from the University of Michigan's Survey Research Center from August to November 2006. Interviews lasted 2 hours, and most took place in the youth's place of residence. Respondents received \$50 for their participation.

Demographic information was obtained from Casey's management information system. Data were weighted based on age, gender, race/ethnicity and field office in which the youth was served, to account for youth who did not participate in the study (White *et al.* 2007).

Participants

The sample was diverse in terms of gender and race/ ethnicity. Females comprised just over half (51.1%) of the sample. The racial/ethnic breakdown of the sample was 41.4% African American, 22.1% Hispanic/ Latino, 32.3% white and 4.2% other (American Indian/Alaska Native, Asian, and Native Hawaiian/ Pacific Islander). Most participants were between 14 and 17 years old, although some had turned 18 by the time of the interview (average age was 16.1 years).

Measures

Demographics—Information such as age, race/ethnicity, gender and field office was gathered from case records.

Spirituality—Interview questions on spirituality were constructed specifically for the CFOMH study through an integrative process; this involved question development and refinement by research staff incorporating existing literature and available measures on spirituality and religion, and extensive review by agency staff, alumni of foster care and other subject-matter experts. The final set of questions was intended to integrate many faiths, universal concepts, culture-specific aspects of spirituality and developmentally appropriate questions. For example, instead of referring to 'God', the term 'God/Creator/ Higher Power' was used (however, for readability, the term 'God' is used in this paper). Some questions were drawn from a national study on spirituality in higher education (Higher Education Research Institute 2005). All items reported in the current paper were closed-ended, although some questions included an 'other' option for youth to write in additional answers.

Information on formal religions affiliations (e.g. Christian, Muslim, Buddhist) was not collected.

Data analysis

This descriptive study relied on frequencies to explore the percentage of youth endorsing each available option or write-in answer. Chi-square analyses were used to compare belief in God by race/ethnicity.

RESULTS

Beliefs about spirituality

One of the aims of the CFOMH study was to explore what spirituality is from the perspective of a racially/ ethnically diverse group of young people in foster care. Rarely do investigators ask youth to define what spirituality is; rather, most studies have investigated some aspect of religiosity, often using only one or two items to measure it (e.g. religious beliefs, religious attendance and religious affiliation/denomination) (Rew & Wong 2006). A majority of youth (87%) in the CFOMH study said spirituality includes a belief in God, 79% said prayer is an aspect of spirituality and 45% included worshipping with a community of people who share similar beliefs (see Fig. 1).

Ninety-five per cent of CFOMH youth reported that they believe in God, which is consistent with youth in the general population (Pearce *et al.* 2003; Cotton *et al.* 2006). Bivariate comparisons found no significant racial/ethnic differences in belief in God. When asked how they defined God, youth most often said creator (78%), love (71%), protector (56%), father figure (48%) and part of me (46%). Although half of the youth (50%) agreed with the statement, 'It doesn't matter what I believe as long as I lead a moral life', fewer than one in five (17%) youths felt that it does not matter whether God exists, and most (86%) reported that they gained spiritual strength by trusting in God.

Coping mechanisms and spiritual problems

Participants were asked how they deal with difficult situations in life, whether they are able to maintain a sense of hope, and whether love or forgiveness helps them heal. Most (93%) said they remained hopeful through their hardships, and that love and forgiveness contribute to their healing (82% and 86%, respectively). When asked specifically what they are most likely to do 'when something bad or tragic happens,' 67% reported that they were most likely to spend time alone, 59% pray and 56% share the problem with someone else (see Fig. 2 for percentage of youth endorsing each item).

The CFOMH study found some evidence of spiritual problems (not clinically diagnosed as defined by the DSM-IV). About two in five (42%) youth reported occasionally feeling distant from God and 23% said they frequently or always felt distant from God. Just over a third of the youth (34%) found it hard to believe a God exists with all the pain and suffering in the world, and 45% said they at times felt angry at God (39% occasionally, 6% frequently or all the time). A small percentage of the youth (8%) reported that they did not feel loved by God. In light of the high percentage of youth who said that they believe in God (95%)

and that they gain spiritual strength by trusting in God (86%), feelings such as anger or feeling unloved are viewed as spiritual problems.

However, despite the spiritual difficulties present within this sample, a much higher proportion showed evidence of spiritual coping, which McConnell *et al.* (2006) suggest is much more prevalent. Spiritual coping has been previously described as the strengthening of spiritual beliefs during stressful times (Ritt-Olson *et al.* 2004), religious forgiveness, seeking spiritual support and spiritual connection (McConnell *et al.* 2006). Youth in the CFOMH study were all in foster care, which is indicative of their displacement from biological parents and increased likelihood that they have experienced the trauma of being abused and/or neglected. Still, 86% reported spirituality to be a source of joy and 84% said they were able to find meaning in life even when faced with hard times. Additionally, while 15% said they only occasionally felt loved by God, 77% said they frequently or always felt loved by God.

Participation in spiritual and other positive activities

Youth in the CFOMH study have active spiritual lives. About 44% participate in activities they consider spiritual once a week or more, 24% are involved in spiritual activities between one and three times per month, and 20% participate one to three times a year.

Table 1 shows some spiritual and other positive activities youth in CFOMH participated in during the past year. The highest prevalence is in relational activities such as helping friends with personal issues (68% frequently or all the time) or spending time with people with similar spiritual perspectives (55% frequently or all the time). Three in 10 youth (29%) frequently or all the time were involved in spiritual classes, workshops, or retreats. A slightly smaller group often participated in food or clothing drives (26%) (i.e. donating non-perishable food and clothing to a special cause), or made donations to charity (21%). Only 7% reported using the Internet to explore spirituality. Whatever their personal practices, most (83%) young people in this study considered spiritual involvement an asset: 35% reported that spiritual activities were very helpful and 48% said they were somewhat helpful.

Spiritual goals

The vast majority of youth (93%) in the present study reported that they had a spiritual goal. The top three goals reported (participants could choose only one) were 'to follow God/Higher Power/Creator's plan for me' (34%), 'to become a better person' (24%) and 'to know my purpose in life' (15%). Others were 'to discover who I really am' (12%), 'to make the world a better place' (5%) and 'to know God/Higher Power/ Creator' (4%).

DISCUSSION

The purpose of the current study was to identify what youth in foster care believe to be spiritual; to develop a deeper understanding of the spiritual resources that help them heal and cope with difficulties; to identify the spiritual and positive activities they participate in; and to determine whether they have spiritual goals. This research adds to prior research a rich perspective on spirituality from adolescents currently in foster care, focusing on spirituality rather than organized religion in an attempt to be more inclusive of youths'

diverse views and practices. Further, this in-depth investigation adds knowledge of additional, less well-described resources to help youth recover from the hardships they have experienced in their lives.

From the perspective of the youth in the CFOMH study, it is clear that many young people who have experienced significant trauma derive strength and support for healing in their spiritual beliefs, spiritual practices and spiritual communities. The data reported in Fig. 1 provided evidence that these youth are similar to the general population in their regard for God, prayer and communal worship as integral to spirituality, which are common to definitions of religion and spirituality. However, a much smaller proportion considered the more diverse activities (e.g. poetry/spoken word, being inspired, spiritual connections between all human beings, the arts, meditation, drumming, yoga) to be spiritual (see Fig. 1). In addition to the high prevalence of a belief in God and utilization of spiritual and other positive coping practices (e.g. prayer, sharing with others), the vast majority of youth in the present study had a spiritual goal. These findings support the need to use diverse assessment tools and the youth themselves as reporters of the supports that will help them be resilient and thrive in environments where they are separated from friends, family and community members.

In light of their spiritual goals, it is encouraging that almost half of the youth participated in weekly spirituality-related activities despite being in foster care. This may indicate that the foster parents of these youth are supportive of their spiritual practices. The data suggest that spirituality and other pro-social activities may be consistent enough in these youths' lives to help them cope with the difficulties they face. Many said they maintain hope and find meaning in life even when faced with difficult circumstances, that God provides them with spiritual strength and that spirituality brings them joy.

While the primary method of coping with tragedy was to spend time alone, followed by prayer and sharing with others (see Fig. 2), more than a third also coped by engaging in activities such as writing in a journal or diary (36%), a third (33%) did something creative, and more than a quarter (30%) used exercise to cope. Additionally, 29% reported ignoring the problem and 23% asked a spiritual leader for advice. For the most part, these mechanisms are viewed as positive strategies for dealing with tough situations. It is also encouraging that the young people in this study reported negative coping methods much less frequently: not eating enough (13%), overeating (9%), becoming aggressive (7%), using alcohol or drugs (5%), or harming themselves (2%).

Limitations

Several limitations should be considered in this exploratory study of adolescent spirituality. First, although the CFOMH sample was racially and ethnically diverse, and the spirituality measure was inclusive of many cultural understandings of spirituality, there are likely many aspects of spirituality that were not explored. Increasing the sample size of certain populations (e.g. American Indian/Alaska Native or diverse Asian cultures), may have a significant effect on what youth considered spiritual and on the most widely used spiritual practices and positive activities. Future research should purposely sample more diverse communities, especially those that are over-represented in the child welfare system. Second,

the study was cross-sectional. As such, it can only provide a look at the youths' perspectives on one day at one time. It is not possible to ascertain the degree to which certain events or developmental processes might cause their perspectives to change over time.

RECOMMENDATIONS FOR PRACTICE AND POLICY

Three overarching recommendations pertaining to clinical practice and agency policies follow from these findings:

1. Purposefully inquire about spirituality, religion and culture. Practitioners should be educated and open about diverse spiritual practices, beliefs, norms and cultural backgrounds. For many young people, spirituality is an essential aspect of their identity and cultural legacy. Workers devoted to supporting youth well-being should help young people understand themselves, understand where and how they fit in the world (sense of purpose), and develop a sense of belonging. This is particularly relevant when home or foster care environments do not provide a sense of safety and stability in which youth can develop their sense of autonomy and self-efficacy, which are two normative tasks of adolescence (Wilson *et al.* 2005). It is also important that child welfare workers explore their own biases and experiences in regard to spirituality and religion, and how this may impact their work with youth.
2. Integrate spirituality into casework. Agency policies and procedures should ensure that spirituality is incorporated into casework for youth for whom spirituality is a source of strength and resilience. This could be accomplished through the use of spiritual assessments or integration of spirituality-related questions into existing assessments. Considering the impact of trauma and the diverse foster care experiences among young people in care, as well as the many definitions of spirituality, assessments will take time, trust, patience and compassion. Holistic assessments can provide caseworkers and foster parents with greater insight about the youth, which can inform targeted support and guidance earlier in the relationship and may contribute to improved mental health and functioning as young people transition to adulthood (Erikson 1986; Jones Harden 2004).
3. Provide youth with opportunities to experience spiritual activities positively. Youth engage in a wide array of spiritual and positive activities that foster inner strength and peace, reduce stress and build competence, creativity and community. These include, but are not limited to, attending services or groups organized around spiritual or religious beliefs (e.g. youth groups, community choirs), speaking with spiritual leaders, rites of passage programs or after-school programs focused on the arts or sports. Other activities are culture-specific ceremonies, tribal drumming, dancing, yoga, meditation, martial arts, writing or support groups focused on special issues. Youth should be supported by workers, foster families and birth family/extended family when possible, to gain exposure to, continue, and perhaps increase, their participation in activities they have identified as helpful. It is also important for workers to ensure that young people have resources (e.g. transportation, advocacy with foster parents or others, connections to spiritual

leaders and cultural activities, financial support) to join special groups or organizations and participate as often as they wish.

CONCLUSION

A major benefit of this study is that it allowed the youth an opportunity to answer several questions that directly addressed which beliefs, practices and activities they found helpful in the midst of tragedies and how helpful they perceived spirituality to be. The results signal a need for the child welfare system as a whole, to broaden its purview and incorporate into policy and practice efforts that promote youth resilience by ensuring ties to their cultural heritage, sense of connection, belonging and purpose.

A holistic approach to serving youth addresses their social, emotional, cognitive, physical and spiritual needs. Understanding the beliefs, values and practices youth in care embrace to strengthen themselves through trauma and uncertainty is an important element of culturally competent practice, whether that be caregiving within a foster family, support within a community, counselling or case management.

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Figure 1.
Beliefs and activities youth consider spiritual.

Figure 2.
Coping mechanisms for 'when something bad or tragic happens'.

Table 1

Past year participation in spiritual and other positive activities

	Not at all (%)	Occasionally (%)	Frequently (%)	All the time (%)
Helped friends with personal problems	8	25	33	35
Spent time with people who share spiritual views	18	28	30	25
Attended a spiritual class, workshop or retreat	35	36	19	10
Participated in food or clothing drives	37	38	19	7
Donated to charity	34	46	15	6
Explored spirituality online	87	6	4	3