

THE INFLUENCE OF THE RESIDENTIAL ENVIRONMENT ON THE STRESS ASSESSMENT IN TEENAGERS

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Abstract: *The main purpose of the article was to highlight the influence of the residential environment in assessing stress in adolescents. It was assumed that there were differences between adolescents in the institutionalized environment and adolescents in families in terms of how they assess stress. The Melgosa Individual Stress Assessment Inventory was used applied to two groups of adolescents: adolescents from families (N = 153 subjects) and a group of adolescents from placement centers (N = 141 subjects). The results show that there are statistically significant differences between the way stress assessment for adolescents in the family environment and those in the institutionalized environment in the sense that adolescents in the family environment have better stress assessment skills than those in the institutionalized environment. The difficulties of assessing stress by institutionalized adolescents are determined by their weak anchoring in reality, the low number of interpersonal relationships and the poverty of previous personal experience.*

Key words: *adolescents; family environment; institutionalized environment; evaluation of stress; differences in evaluation*

1. Theoretical framework

Adolescence is a period in which young people face a series of new and stressful experiences, starting with those in the emotional field and ending with those in the academic field. Given the characteristics of their age, they will try to solve these stressful situations on their own and independently and will build specific strategies for coping with stress.

The article does not aim to analyze the period of adolescence itself with its characteristics or definitions and classifications of stress. An attempt was made to analyze the articles in the specialized literature regarding the evolution and development of adolescents in the residential environment. Although, all over the world, it is argued that the time a child spends in a residential setting should be kept to a minimum and placed in foster care, a large number of children remain in the institutionalized environment for a long time, sometimes, even until the end of adolescence.

In the last decade, the population of children and young people in institutionalized centers has increased dramatically and the challenges of ensuring a permanent status for them have also increased. As the

institutionalized care system faces new requirements, policies and practice must respond in ways that provide these children and adolescents with the highest quality services possible (Barbell & Freundlich, 2006). York and Jones (2017) also state that internationally the number of children in care is increasing year by year. Mental health problems among these children are significantly higher than in the general population and their treatment and supervision is weaker. They conclude that the predictions are highly reserved for children with untreated mental health problems.

Goemans, van Geel and Vedder (2015) mention that every year an increasing number of chicks end up in care services and that the most important challenges for specialists are related to how to meet their development needs and how to avoid negative consequences of institutional care. They conducted a study in which they conducted a meta-analysis research to examine the longitudinal development of children in care. They showed that studies that presented research over a longer period of time reported a higher negative functioning of children than studies done for shorter periods of time. This supports the idea that long-term institutionalized care has negative consequences for the development of children and adolescents, especially by decreasing their resources and adaptive abilities.

The environment in which children grow up puts its mark on their physical and mental development and on the way, they analyze the situations they face or establish social relationships with others. Many articles in the literature refer to the study of the mental health of children and adolescents in the residential environment. Health problems prevail in the population of children and adolescents in residential care. Due to their high rates of health problems, including emotional health, developmental problems, they are one of the most vulnerable population groups. Adolescents make up almost half of this population and creating a specific health profile for them will allow the characterization of health patterns that are useful in planning services and health policies (Kools, Steven, Jones et al. 2012).

The percentage of physical and mental disorders among children and adolescents in placement centers is high, compared to the general population. Thus, Landsverk et al. (2006) state that between one-half and three-quarters of children in foster care have behavioral disorders or social skills difficulties.

Greeson et al. (2011) claim that many of the children in the public care system have a history of interpersonal trauma and that they present as a consequence a different degree of reactions in mute areas of functioning.

In turn, Hiller et al. (2020) report that many young people in the public care system have a history of trauma as a result of moving to the residential environment and that most young people in the residential system score high on exposure to trauma. The evidence presented by them suggests that young people in the residential environment who have a history of trauma, report in proportion of 92% multiple or chronic traumas.

Minnis et al. (2006) also state that over 90% of children have been previously abused or neglected and that 60% have obvious mental health

problems including behavioral, emotional, hyperactivity and relationship problems with peers.

Szilagy, Rosen, Rubin, and Zlotnik (2015) argue that children and adolescents in the care system, especially those who have been moved from their families of origin and placed in foster care, often have complex and serious developmental, physical health problems, and mental or psychosocial problems whose roots are in their childhood full of adversity and trauma. Because of this, they are included in the category of children with special health care needs.

In two studies published in 2004, Rubin, Alessandrini, Feudtner et al (2004a; 2004b) found that children from residential care use medical services twice as often as children raised in families. Their results highlight the importance of regular health checks for these children in order to reduce medical expenses and the frequency of using medical services.

The article by McMillan, Zima, Scott et al. (2005) who argue that adolescents and young people in foster care have a disproportionately high rate of psychiatric disorders throughout their lives or in the last year. Their results support the recommendation to make initial and periodic medical evaluations for these adolescents and the creation of specialized services to help them when they leave the protection system, becoming young adults.

Farmer, Murray, Ballentine et al. (2017) examined the situations in the institutionalized system from the perspective of four qualitative criteria: environment, staff, safety and treatment. They conclude that better positive results were recorded where staff focused on the motivational system of adolescents, where there were age-specific materials, where adolescents perceived staff correctness and help, and where physical constraints were prohibited.

Steenbakkens, Van Der Steen and Grietens (2018) analyzed 64 studies in the literature on the needs of children in the care system and classified them into four categories: affiliation, psychological, medical and self-fulfilment needs. Their study shows that psychological needs are more often studied compared to other categories, which demonstrates a greater focus on children's mental health issues. They also found that research generally focuses more on how to meet children's needs and does not provide a concrete definition or conceptualization of these needs. They conclude that further studies are needed to use an adequate conceptualization of the needs and that will thus help to better solve them.

All these aspects related to the physical and mental health of the children in the placement centers are just as many sources of stressors. Zimmer-Gembeck and Skinner (2010) analyze typical patterns of development and coping with adolescent stress, which differ significantly from those of children and adults. They draw attention to differences in gender, race or ethnicity and other group differences that occur in the management of stress in adolescents. Understanding how teens react to stress, perceive stress, and consider stressful events can be a great help in preventive care services that

help teens avoid stressful situations and improve their ability to cope adaptively. Compass et al (2001) also address coping with stress throughout childhood and adolescence. They describe the relationships between coping and other types of stress response (such as temperament or stress reactivity). It also analyzes the association between coping and psychopathological symptoms, as well as the type of coping and the social and academic skills of children and adolescents.

Although adolescents in the institutionalized system are known to be at increased risk for their school performance, there is little research in the literature about their school experiences, such as victimization or teacher relationships, compared to adolescents their age who are raised in school families. Benbenishty, Siegel and Astor (2018) compare this aspect for institutionalized adolescents and their classmates. They say that given age, gender, and race, institutionalized adolescents have poorer academic performance and more negative school experiences than their peers. Their results suggest that negative school experiences are responsible for the lower academic performance of institutionalized adolescents.

Greeson (2013) also considers that the transition from adolescence to young adulthood is a significant stage of development in the evolution of a young person. Most young people receive family support to help them cope with the difficulties associated with this stage. When a young person leaves the public care system, he faces the challenges associated with this stage of development and runs the risk of facing them without family support. He proposes cooperation between youth services and social policies to help these young people achieve a harmonious and adaptive integration into society.

In the literature there are also studies that analyze the stress of adolescent caregivers in residential centers. Thus Vaughan, Feinn, Bernard et al. (2013) investigated the relationship between children's symptoms and caregivers' stress. The results showed that there were significant differences in caregivers' stress depending on the intensity of adolescents' symptoms: caregivers of young people who had symptoms in both internalization and outsourcing obtained the highest rates on the stress measurement scales.

2. Objective and hypothesis

The main objective of this article was to determine whether there is an influence of the environment in which adolescents live on how they assess stress. For this, we started from the hypothesis that statistically significant differences can be highlighted in the evaluation of stress between adolescents from families (FA) and those from the institutionalized environment (AI).

3. Methodology

Two groups of adolescents were studied: the FA group consisting of adolescents living in families (N = 153 subjects), who are high school students

in high schools in Arad; The group consists of adolescents who live immediately institutionalized (N = 141 subjects), and who are in foster care in Arad, Santana and Lipova.

Melgosa's Individual Stress Assessment Inventory (ISAI) was used as the data collection method (2005). The inventory contains 96 items grouped into 5 subscales that try to cover the major areas of stress: lifestyle, environment, symptoms, symptoms, school / occupation, relationships and personality. For each of the inventory items there are 4 possibilities from the answer: from 0 never meaning, to 3 with the meaning always. The data and information obtained with the help are relevant for establishing the areas in which the stress is evaluated as being higher. For the statistical processing of the obtained data, SPSS 17.0 was used, for the calculation of the basic statistical indices, of the means, of the differences between the means and of their significance.

4. Results and discussions

The answers obtained by us from the subjects at ISAI were statistically processed, the means were calculated, the difference between the means with the t test and the significance of the difference. These results are presented in table no 1.

Table no. 1. Averages, the difference between means and their significance for the two lots (FA, N=153 and IA N=141)

	m1(IA lot)	M2 (FA lot)	t	signif.
ISAI total	160.29	152.17	3.84	p< .01
ISAI style	27.12	25.32	3.48	p< .01
ISAI environment	29.02	26.51	4.86	p< .01
ISAI symptoms	19.73	19.09	1.05	non signif.
ISAI school	24.02	24.17	.22	non signif.
ISAI relations	30.19	29.22	1.61	non signif.
ISAI personality	29.99	27.84	3.62	p< .01

It can be seen from the table that ISAI as a whole and three of its subscales (lifestyle, environment and personality) show differences between the averages of the two groups, which are significant at a significance level $p < .01$. It is not surprising if we consider that the lifestyle and personality of those who live in a residential environment bears its imprint and are totally different from the lifestyle and personality of adolescents living in the natural family.

The lack of significance that appears at the job / school subscales and symptoms is part of the general tendency of adolescents to treat various symptomatic manifestations, as well as their basic occupation (school) with

indifference characteristic of age. They are in the phase in which they consider that everything is good and beautiful and that nothing bad can happen (from the point of view of the presence of possible symptoms) and that school is not necessarily a sine qua non obligation for success in life.

Both groups look at the same occupation they have, that of a student and the activity they have to submit to school. It can be stated that for many of them, the school is not of special importance, although some of the subjects are in the 12th grade, the final grade and in front of a difficult exam - the baccalaureate. The image that adolescents form of school and its significance and role in adult life is strongly influenced by the media and public opinion. These, unfortunately, highlight many people who made a fortune without having many studies, hence the diminution and denigration of the role of studies for success in life.

At subscale symptoms, we expect them not to show significant differences due to the fact that at this age there are few adolescents who report some conditions or who give importance to organic manifestations. At a time when you "feel that you can do everything" and that you are "the strongest", no attention is paid to accusations considered minor or unwell. On the other hand, adults are largely inclined to attribute these accusations and ailments to the normal manifestations of the age at which adolescents are.

The absence of a significant difference in subscale relationships, can be attributed to the fact that adolescents, in general, tend to easily establish social contacts, to make friends quickly and easily with those of their age with them, to ally with some groups in which to find recognition, esteem and affection. But usually their relationships at this stage are limited to schoolmates, teachers and loved ones. This result was considered important because it shows that institutionalized adolescents do not consider themselves victims and were not discriminated against by their peers because they came from a residential environment and had no family.

The differences between the averages of the two groups can be observed more easily in figure no 1.

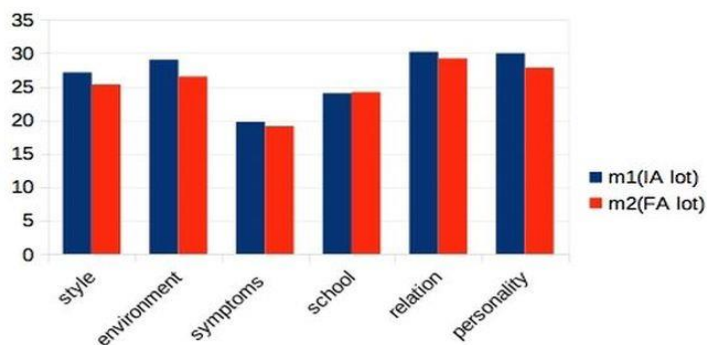


Figure no 1. The averages for the two groups at ISAI

It is also found that, in general, in the FA group the results of the scales extend over a larger range of values (min. Value = 103, max. Value = 203) compared to group IA (min. Value = 111, max value = 203). This situation could be explained by the tendency of the subjects in group IA to situate the answers they give, around the central values, which they consider neutral, in order not to stand out too much and not to attract attention on them.

Lifestyle and the environment in which they live are perceived differently by adolescents. Those who live in the family often enjoy a more permissive environment, without as many restrictions as those in the institutionalized environment. In addition, the environment is more affectionate, it is colored by the existence of the siblings and by the small conflicts and joys specific to a family. Adolescents in the institutionalized environment have a fair but cold environment, without the possibility of convincing someone to give them more freedom. The family is still the basis of society and is the main support for the future young person in society. Adolescents who have to leave the institution at the age of 18 do not enjoy such support or understanding. They have to deal with the harsh, surrounding reality: finding a job in order to earn enough to pay rent and support themselves.

Subscale relationships do not show significant quantitative differences between the two groups of adolescents, but we are convinced that there is a qualitative difference between the relationships established by institutionalized adolescents compared to those in the family environment. If the relationships of adolescents in the FA group are characterized by ease, ease of contact, significant openness, those established by institutionalized adolescents have much to suffer. They bear the imprint of the way teenagers were formed and the rules they had to follow. Thus, in addition to inferiority complexes due to their background (institution) and the fact that they have no parents, institutionalized adolescents will be more withdrawn, for fear of making mistakes and not upsetting those around them, making it harder to establish contacts with them and only when they are sure that he will not laugh at them. Their attempts to establish relationships with those in their entourage are distorted by feelings of shame, isolation, defeat, helplessness but also envy towards others, of the same age, who have everything. Responses to scale items could very well be influenced not by what really exists, but by what adolescents would like to be.

The personality scale registers statistically significant differences between the two groups. The personality is still uncrystallized, being structured and the multiple turmoil of adolescents, the influences of models and age group make their mark in appreciating this area as stressful.

The living environment is perhaps the area of predilection in which the adolescent, always dissatisfied, finds countless sources of stress: too much noise or too much silence, lack of freedom or too much freedom (interpreted as lack of interest from others), conflict with authority (represented by parents,

teachers or educators) are just as many reasons to consider the environment as stressful.

The personality with the structure and all its features shows its influence on the lifestyle that the individual adopts, on the different physical or mental symptoms that may occur, on the occupation he has and the activity he carries out and last but not least on the relationships it establishes. Adolescents in group IA establish the majority of relationships in their occupational setting, ie at school. They do not have the opportunity, as teenagers in the FA group, to have the chance to go on visits with their parents, to establish relationships within the circle of family friends. The personal style is closely related to the manifestation of the person at work, but also to the attitude he has towards the required activities and the tasks incumbent on him.

For teenagers in the family environment, there is still no personal style, they easily switch from one style to another, looking for the one that suits them best. In this search they are influenced by the model they choose from adults or from a group of friends, from movies or books. Depending on the influence that these models have on him, the teenager will also adopt the style of the respective character, a style whose duration is not long, and can easily change when a new model appears. In addition, in today's high school education, every teenager tries to look as casual, nonconformist, shocking as possible, using any means to attract the attention of others and impose their style. All these things present special aspects in the case of institutionalized adolescents, to whom the conditions, rules and norms of the institutional environment require the adoption of a clear and well-defined style, which is in accordance with the normative system of the institution.

Thus, the hypothesis from which we started at the beginning of the research was confirmed in practice by the results obtained: there are significant differences in the way of assessing stress between adolescents in families and those in the institutionalized environment.

5. Conclusions

Long-term institutionalization and from an early age puts its mark on the normal physical and mental development of children and adolescents.

Adolescents and young people who have lived in institutions face a lack of adequate social skills for life outside the institution, a lack of a community support network and an inability to establish and maintain lasting relationships, thus reducing their chances of realizing their potential. real to its full capacity.

For institutionalized adolescents, the sources of stress characteristic of this age period are supplemented by the absence of parents, rejection from the family, prejudices from society and people outside the institution they end up facing.

For the Stress Assessment Inventory, the difference between the averages of the two groups of subjects FA and IA is significant at a threshold p

<.01 (with a $t = 3.84$). The subscales with the greatest significance of the differences between the environments are: average style and personality.

Adolescents living in families enjoy a more permissive, more affectionate environment, colored by everyday family events. Adolescents in the institutionalized environment live in a fair but cold environment, always facing the imminent arrival of the moment when they have to leave the institution and manage on their own, without support or support from elsewhere.

A real campaign must be carried out among the community to remove the labelling, marginalization and isolation of children and adolescents from placement centers. In addition, we believe that it is necessary to have a professional team in placement centers consisting of psychologist and social worker, to help adolescents go through this difficult stage of age and to contribute to the adoption of ways to properly assess stressful situations and environments. Once the assessment is done correctly, it is easier to adopt more appropriate coping strategies with stress and to reduce it and better adapt to adolescents.

Acknowledgement: *We hereby state that the subjects involved in our research were informed about the voluntary character of participation in this research, about the understanding of information and of that fact that withdrawal from research is possible at any time without negative consequences upon the participant. The research complied with all ethical research standards, the research participants/participants' guardians giving their consent to participate in the research.*

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