Ten Things Every Child Professional Should Know about Children in Foster Care

Moira Szilagyi M.D., Ph.D., F.A.A.P.
University of Rochester, Department of Pediatrics
Monroe County Health Department, Starlight Pediatrics
Faculty Disclosure Information

In the past 12 months, I have no relevant financial relationships with the manufacturer(s) of any commercial product(s) and/or provider(s) of commercial services discussed in this CME activity.

I do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.
Removal from family and all that is familiar is emotionally traumatizing for almost all children and teens.
Top Ten Things

10. Removal is traumatic
Top Ten Things

10. Removal is traumatic

9. The Things They Carry

moving again...
fit as much as you can into this

Box
My life crammed into a plastic bag

- faded photographs of other people
- every letter I had ever received
- mismatched holey socks
- dimestore tennies
- highwater jeans
- a tattered bible
- art supplies
- my pride
- hope

The official luggage of the foster care system
Number 9. The Things They Carry

- Enter care with their particular “history”
  - A tapestry of their temperament, experiences, coping skills, strengths
  - Complex childhood trauma
The Things They Carry
Maltreatment

• >70% Maltreated
  - Neglect
  - Physical abuse
  - Sexual abuse
  - Emotional abuse

• ~30% enter as PINS or JD

• <1% voluntarily placed
9b. The Things They Carry

Violence Exposure

- 69% had exposure to domestic violence
- 24% were living in families with active domestic violence*
- >80% have exposure to significant domestic & community violence**

*National Survey of Child and Adolescent Well-being (wave 1)
The Things They Carry
Caregiver Impairment

- 84% significantly impaired parenting skills*
  - 31% serious mental health problems
  - 25% active alcohol abuse
  - 37% active substance abuse
  - 12% cognitive impairment

*National Survey of Child and Adolescent Well-being (wave 1)
The Things They Carry
Poverty of a Normal Predictable Environment

- Multiple caregivers even before care
- Housing instability
- Parents
  - unemployed
  - single (limited social supports)
  - poorly educated
  - criminal justice involvement
  - 1/3 parents were maltreated as children
- Prenatal substance exposure
The Things They Carry
Or Not

• Health information
  – Birth history
  – Immunizations
  – Allergies
  – Medical problems
  – Names of health providers

• Medications

• Medical equipment
I WISH THAT MY MOTHER TURNING HER BACK

HAD LOOKED AND FELT LIKE THIS
Top Ten Things

10. Removal is traumatic

9. The Things They Carry
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
Number 8:
The Impact of Childhood Trauma

- Child abuse and neglect
- Violence
- Poverty
- Impaired caregiving

Brain
Complex Childhood Trauma

- Chronic elevation in stress hormones
- Alters areas of brain involved in
  - Regulation of emotion and behavior
  - Attention span
  - Cognition and rational thought
  - The association between emotion and thought

*Cook et. al. Complex Trauma in children & adolescents. Psych annals 35:390-98 (2005)*
Common Behaviors seen in Maltreated Children

- Insecure attachment in various forms
  - Indiscriminately friendly
  - Avoidant, ambivalent or disorganized
- Poor affect regulation
- Impulsivity (or overly controlled, rigid, hypervigilant)
- Hyperactivity
- Limited attention span
- Limited ability to manage transitions, inflexible
- Dissociation (or failure to integrate thoughts & emotions)
- (Limited cognitive abilities)
- (Poor self-concept)
THEY SAID I HAD ATTACHMENT DISORDER

REALLY, I HAD A LIFE DISORDER

I ATTACHED ACCORDINGLY
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
Number 7

Children in Foster Care are Children with Special Health Care Needs (CiFC=CSHCN)

- American Academy of Pediatrics
- Very high prevalence of physical, developmental, and mental health problems*

Health Problems: Prevalence

- Chronic health problems 35-60%
  - 10% Medically complex or fragile*
- Mental health problems (> 5y) 70-80%
- Developmental problems (<5y) 60%
- Educational problems (>5y) 45%
- Dental problems* 35%
- Family relationship problems 100%

*Starlight Pediatrics Data
Some Common Physical Health Issues

- Asthma (4x more prevalent)
- Obesity or FTT
- Enuresis, encopresis
- Neurological conditions & genetic disorders
- Medically fragile children
- Infections: STI’s, vertically transmitted infections, TB, Infestations
- Hearing and vision deficits
- Elevated lead levels
- Iron deficiency anemia
Physical Health Conditions

• High prevalence
  – Conditions are direct result of trauma
  – Medical neglect
  – Parent seeks foster care because unable to care for child

• Flares
  – Emotional stressors may precipitate
Mental Health & Developmental Problems

- Rooted in child’s history of trauma and deprivation
- Separation, loss & uncertainty can further erode child health and well-being
- Impact
  - Less likely to find permanency through
    - Reunification
    - Adoption
  - Stay longer in foster care
  - More placement changes
  - More likely to re-enter foster care
Why am I made to feel so...

Disposable?
Transitions & Critical Junctures

- Changes in visitation with parents
- Changes in foster care placement
- Changes in school or childcare
- Separation from siblings (or, sometimes, reunification with)
- Parent going to rehab or jail
- Court dates
- New child enters foster home (or a child leaves)
- Other siblings go home to parent
- Being freed for adoption
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Health Care
Number 6: Barriers to Improving Health Outcomes

- Diffusion of authority and responsibility
  - Birth parent is legal guardian, unless child freed for adoption
  - Foster parent has physical custody, but no authority
  - Child welfare agency/local Commissioner of social services has
    - “care and custody” of child
    - Responsibility to provide for health, safety and well-being of child
  - Court has oversight
Number 6: Lots of Barriers

- Consents for health care
- Lack of health information
- Lack of health care coordination
- Confidentiality concerns
- Limited information sharing across systems
- Lack of health insurance or under-insurance through Medicaid
- Transience of children in the system delays referrals
- Lack of knowledge of health system by caseworkers/foster parents
- Lack of knowledge about child welfare by Health Providers
- Lack of knowledge about child trauma and what promotes healing
QuickTime™ and a TIFF (Uncompressed) decompressor are needed to see this picture.
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care

5. Shared Goals
Number 6:
SHARED GOALS

- Goals of Foster Care
  - Temporary, healing intervention
  - Explicit goals for children
    - Health (Well-being)
    - Safety (includes emotional safety)
    - Permanency
      - Reunification (60-64%)
      - Adoption (20%)
Other Shared Goals of Foster Care

- Provision of services to:
  - Rehabilitate birth parents
  - Promote reunification of child with family when safely able to do so
    - 60% of children return to their parent
- Support and education of foster & birth parents
- Preparation of youth for successful independent living
FOSTER CARE IS NOT ALL BAD
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care

5. Shared Goals
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSH CN
6. Barriers to Care
5. Shared Goals
4. Foster Parent Role

"Now our family is complete!"

All I need is acceptance and a family! Support love
longed for understanding home
Number 6: Foster Parent

- On average:
  - Married
  - Older
  - Low middle income
  - Raised own children
  - Religious
  - High school educated

- Major therapeutic intervention
  - Under-trained
  - Under-paid*

*www.childrensrights.org/policy-projects/foster-care/hitting-the-m.a.r.c.
Foster Parents Need Our Support & Education

- Child’s health, including mental health and developmental health
- Help accessing needed services, including mental health and dental care
- Reframe behavioral concerns in context of child’s trauma history and development
- Advice on parenting & helping children heal
- Advice and support on managing transitions
- Support in managing their own grief and loss
Positive Parenting Advice for foster parents!!

• Learn what the child likes
  – Welcome with something small you know they like
  – Give them chance to decorate their room or at least an area of their room

• Children need some time to adjust
  – Have routines: schedules, explain routines so children know what to expect
  – Minimize changes
  – Prepare a child for transitions, including visits

• Involve the child in family activities

• TIME IN
  – Child directed play
  – Reading

• Family meals
Positive Parenting Advice for foster parents!!

- Use positive parenting techniques
  - Attentive, nonjudgmental listening
  - Positive attitude toward the birth parents and family
- Be a role model:
  - Provide language for feelings
  - Show how you manage feelings and stress
- Balance of expectations
  - Expectation set too high frustrate a child; it will take time for a child to adjust
  - Expectations set too low: can further undermine a child’s sense of self-efficacy
EVEN FOSTER KIDS WANT/NEED

music lessons...prom dresses...summer camp...

football equipment...yearbooks...art classes...

cookouts...teddy bears...karate lessons...curfews...

A CHILDHOOD
Normalizing Activities

• Build talents and interests
• Develop a sense of self-efficacy
• Develop healthy relationships with peers
• Increase access to positive adult role models
  • Children and teens with mentors do better
  • Caseworkers are often identified as mentors
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care
5. Shared Goals
4. Foster Parent Role
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care

5. Shared Goals
4. Foster Parent Role
3. Visitation
Number 3: Visitation is Important

- Best predictor of reunification
- Fraught with difficulty for children & parents
  - Relive separation from parent
  - Relive past trauma or rejection
  - Parent may make promises can’t keep
  - Parents may visit unpredictably
  - Parent may focus on their own issues, not child’s
  - Challenges if either birth parent or foster parent “sabotaging” the other
New Approaches

- Better models of visitation
  - “Icebreaker meetings”
  - At foster parent’s home
  - Coached
    - Trained visitation specialists
  - Therapeutic
    - Parent child interactive therapy

- Pediatric advice
  - Parents ideally work together for child
  - Prepare a child for transition
  - Send transitional object, healthy snack
  - Welcome a child home, re-entry time
I am a PERSON
not a CASE.
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care

5. Shared Goals
4. Foster Parent Role
3. Visitation
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care
5. Shared Goals
4. Foster Parent Role
3. Visitation
2. Medical Home
Medical Home

- Partnership
- Comprehensive, holistic care
- Accessible
- Continuity of care over time
- Coordination of care, communication across systems
- Compassionate (trauma-informed)
- Culturally competent (impact of foster care, uncertainty, separation and losses)
- Child-centered in context of multiple families
Fostering Connections to Success Act 2008

- Requires states to develop health system for children in foster care
- Include pediatricians in development
- Connect children with medical homes
- Measure outcomes
Healthy Foster Care America Web site
Health Issues and Needs of Children and Teens in Foster Care

Fact sheets, AAP policy statements, AAP and other publications, and Web sites links

- Physical health
- Oral/ dental health
- Mental/ behavioral health
- Developmental health
- Educational health
Health systems of care

Forms, Tip sheets, AAP family materials, other publications, and Web site links

- Health care standards
- Addressing barriers to good care
- Health care management and coordination
- Models of health care coordination
Fostering Health
Health Care for Children and Adolescents in Foster Care
2nd edition now available

AAP Publications Exhibits
ALF, NCE & More

AAP Online Bookstore
www.aap.org/bookstore

AAP Publications Catalog
888/227-1770
Top 4 Health Standards

• See “early and often”
  – 3 times within first 3 months
  – Assess health issues, treat, refer, support

• Mental Health Evaluation within 30 days

• Developmental/educational evaluation within 30 days

• Health Care Management
Health Care Management

- Responsibility of foster care agency/child welfare
- Requires health professional expertise
Components of Health Care Management

- Consents for health care
- Health information obtained & shared
- Communication
- Care coordination
- Ensure compliance with care & standards
- Education for foster, birth, kin parents and youth
- Information & Data management
- Integration of health plan into permanency plan
Tools and Resources

Forms, Tip sheets, AAP family materials, other publications, and Web site

- Health care professionals
- Mental health professionals
- Child welfare professionals
- Judges, attorneys, and child advocates
- Policymakers and administrators
- Children and families
A Special Place for Children and Families

Children, Teens, Alumni, Parents (foster and birth) and kin

Fact sheets, tip sheets, AAP parent materials, publications, and web links

- Behavioral challenges
- Post-traumatic stress disorder
- Depression
- Sexual and reproductive health
- Eating and feeding
- Attention deficit/ hyperactivity disorder
- Hygiene issues
- Encopresis
- Immunizations
- Autism
Top Ten Things

10. Removal is traumatic
9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN
6. Barriers to Care
5. Shared Goals
4. Foster Parent Role
3. Visitation
2. Medical Home
And now for Number 1.
Number 1

THE POWER OF YOU.........
Advocacy

Fact:
Everyone can do something to advocate on behalf of children and teens in foster care.

This section of the Web site has Tip sheets, Web links, and AAP publications related to advocating on behalf of children and teens in foster care.
can I have the life I always dreamed of?
HEALTH

Health care in Medical Home
Education of parents and youth
Advocacy
Liaison with child welfare
Tracking and coordination
Holistic approach to child in foster care
Admission Health Series

• Health screen within 72 hrs
  – Screen for acute/chronic illness, child abuse & neglect, acute mental health, support for child.

• Comprehensive health evaluation within 30 days including assessment/referral for
  – Mental health
  – Developmental or educational needs
  – Dental care

• Follow-up within 30-60 days
  – To ensure all evaluations complete and treatment underway
  – Health plan is part of child welfare plan
Health Standards
Preventive Health Care

- Preventive health care is enhanced
  - Monthly from birth to 6 months
  - Every 3 months from 6 to 24 months
  - Every 6 months from 2 to 21 years

- Don’t forget
  - Screening
  - Dental referral
Health Standards

Mental Health Issues

Reinforce positive parenting strategies
Focus on a child’s assets and strengths
Screen for behavioral or mental health problems
  • Using validated mental health screen
Refer for behavioral or mental health problems
  • Work with caseworker or local MH office to find resources
  • Evidence-based interventions*

*California Evidence-Based Clearinghouse for Child Welfare:
  www.cachildwelfare.clearinghouse.org/importance-of-evidence-based-practice
A Word on Psychotropic Medications

- Ideally, medication is but one part of a thoughtful, comprehensive plan for any child.
- Only after a full mental health evaluation, including a review of all existing health information, family & social history.
- Best prescribed by a child psychiatrist.
- Treatment is consistent with the MH diagnosis:
  - Start with a single medication
  - “Start low and go slow” & monitor closely
  - No more than one medication from a given class of drugs.
Health Standards
Developmental/Educational Health

- Validated Developmental Screen for children under age 6 years
- Educational records/evaluation for older children
- Refer for services as indicated
“He was the nicest man in the world, and he was there almost every time I went. He had a way of taking children seriously, which most adults can’t do. And he was even kinder to foster children than most pediatricians are to children with parents. He listened carefully and respectfully to everything I told him. He even seemed to believe me when I said I’d become a doctor someday. I was convinced he took me more seriously than I took myself.”

Francine Cournos, M.D.
from *City of One: a Memoir*