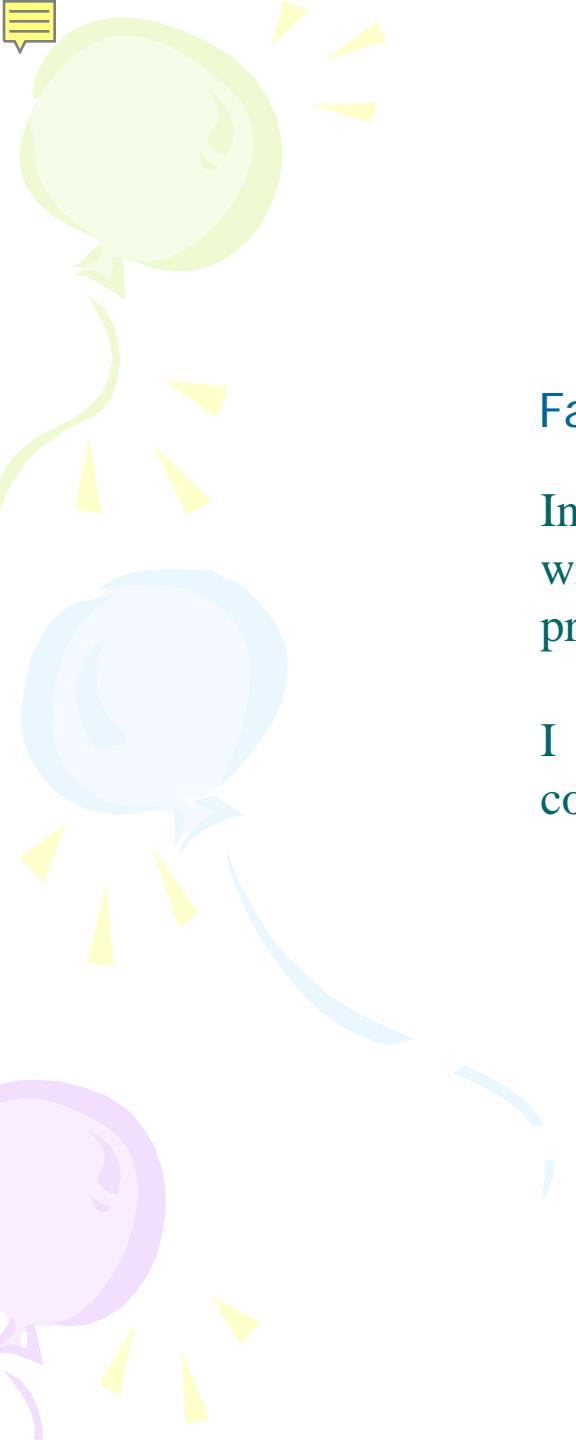


Ten Things Every Child Professional Should Know about Children in Foster Care

Moira Szilagyi M.D., Ph.D., F.A.A.P.

University of Rochester, Department of Pediatrics

Monroe County Health Department, Starlight Pediatrics



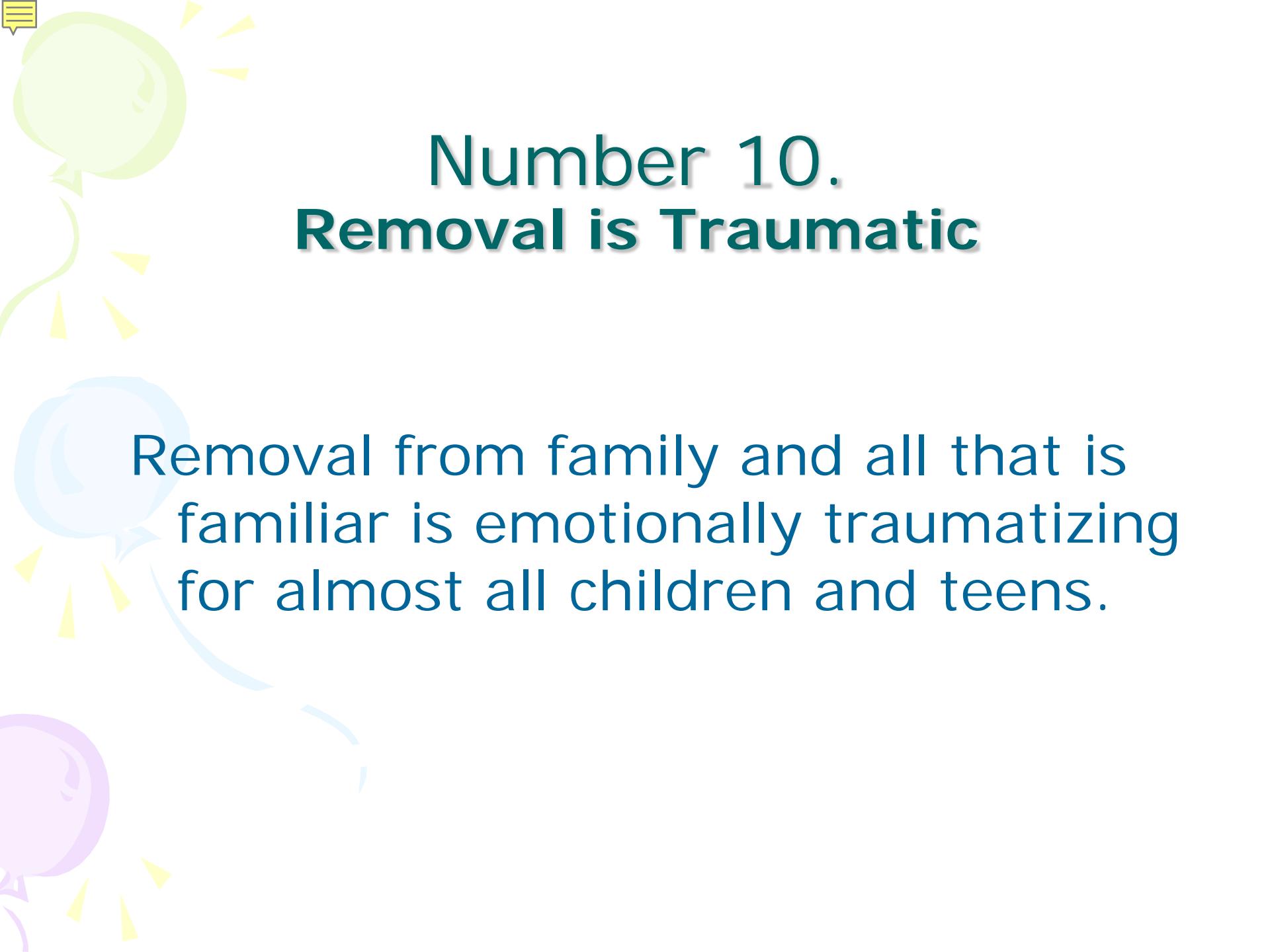
Faculty Disclosure Information

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.



Photo by
Taylor Olcott



Number 10. **Removal is Traumatic**

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



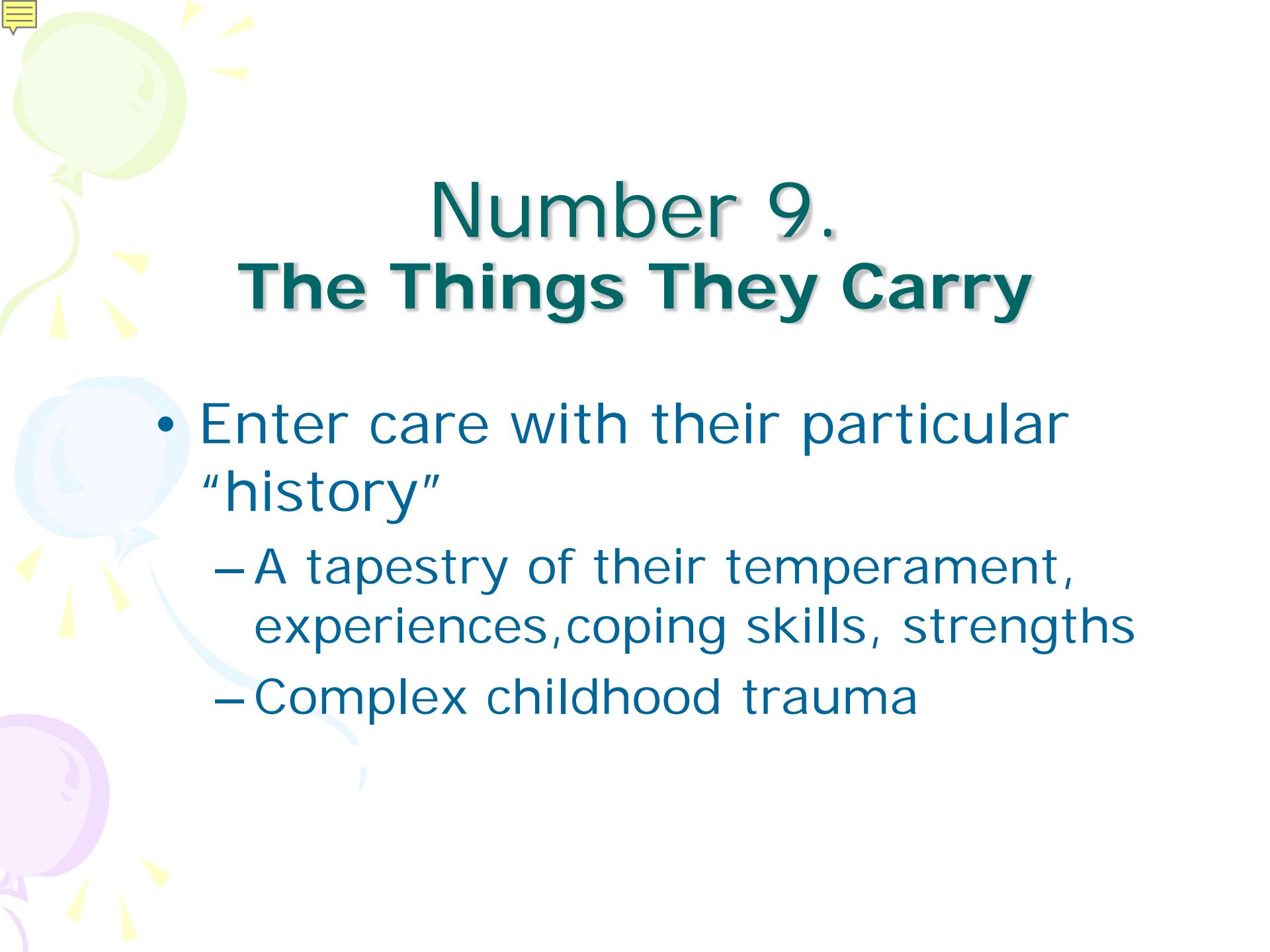


My life crammed into a plastic bag

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

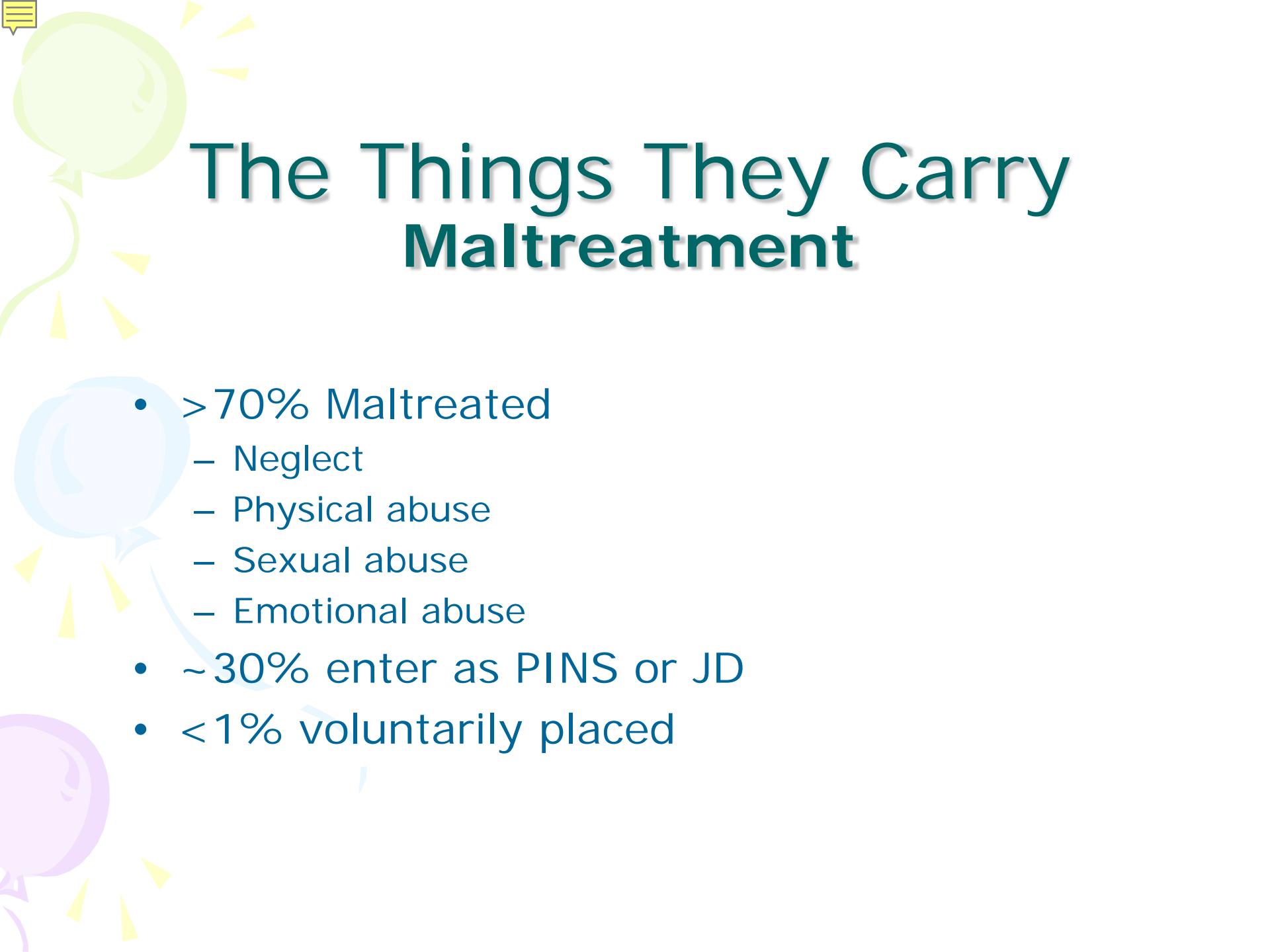


The official
luggage of the
foster care system



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

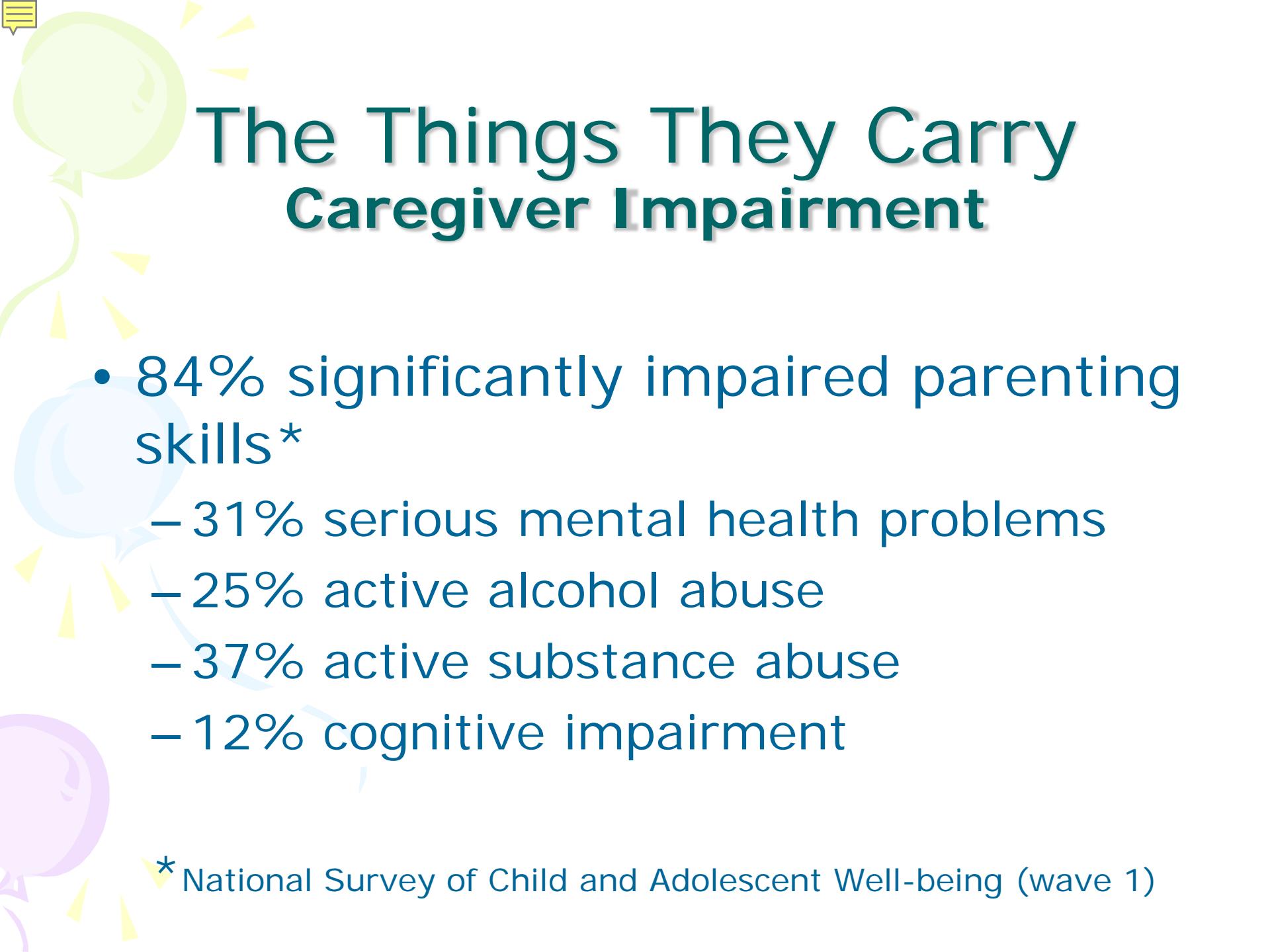


9b. The Things They Carry Violence Exposure

- 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)

**Stein et. al. J Am Acad Child Adolesc Psych 2001; 40:588-594

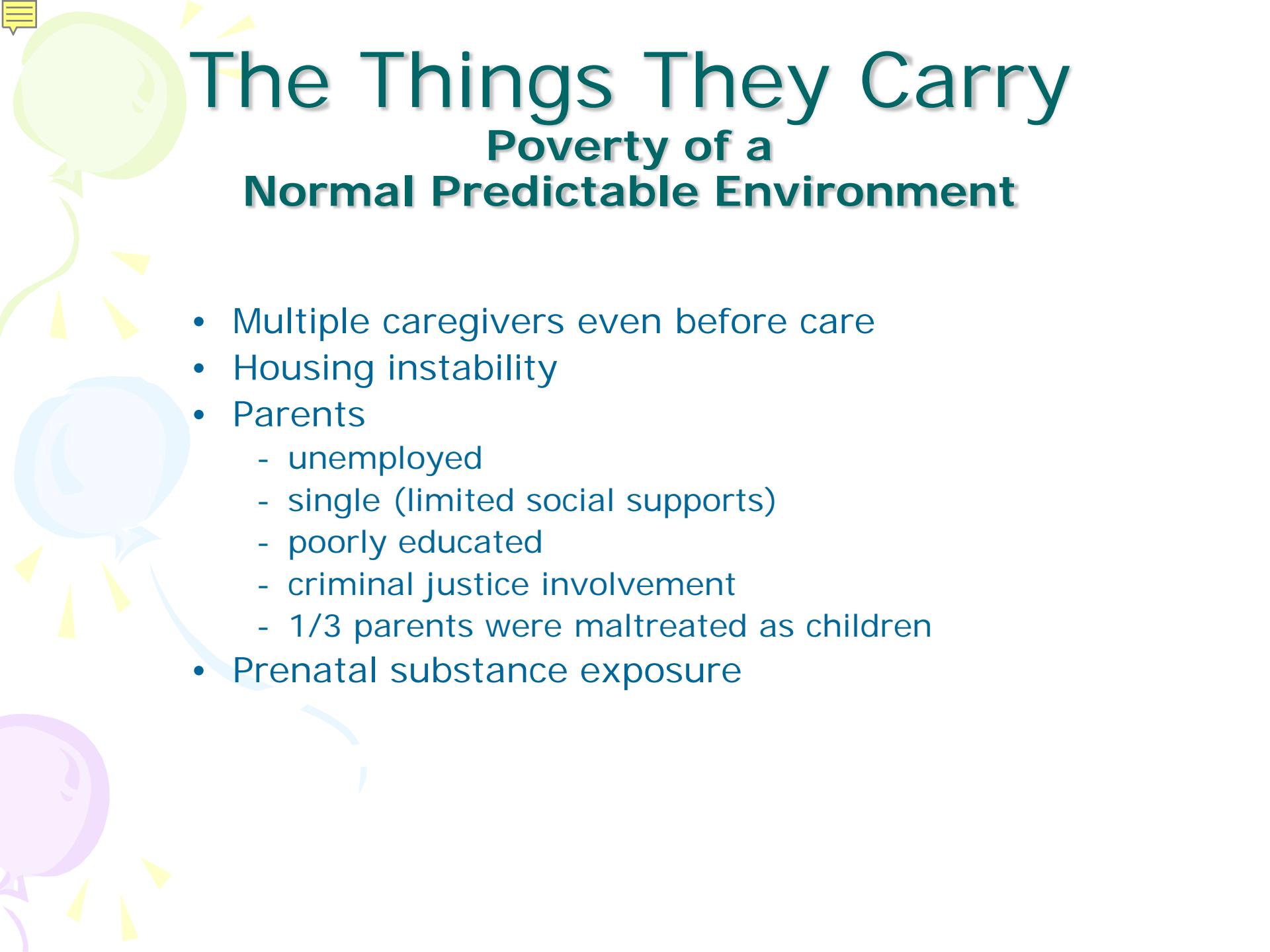


The Things They Carry

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

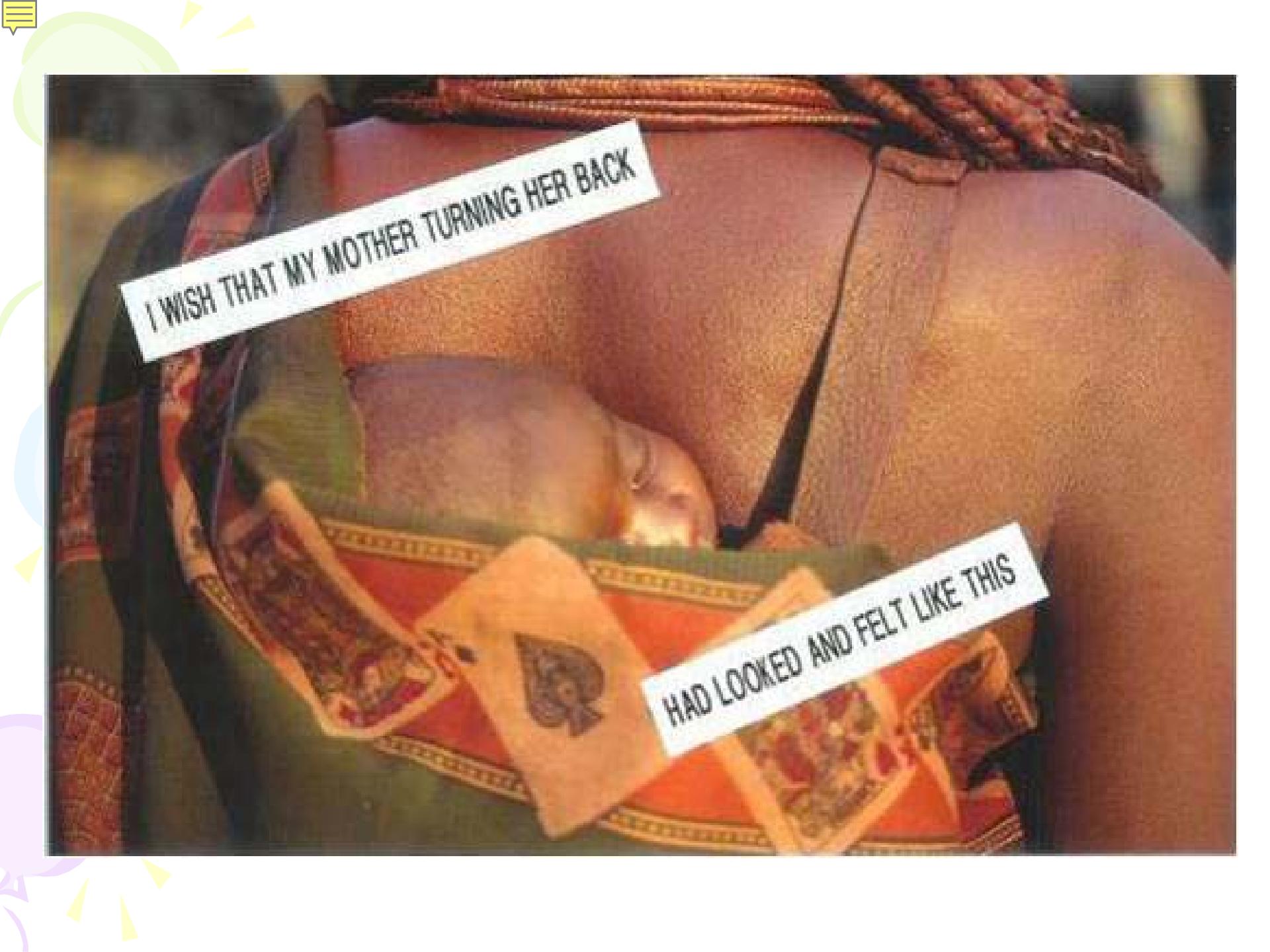
Poverty of a Normal Predictable Environment

- 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



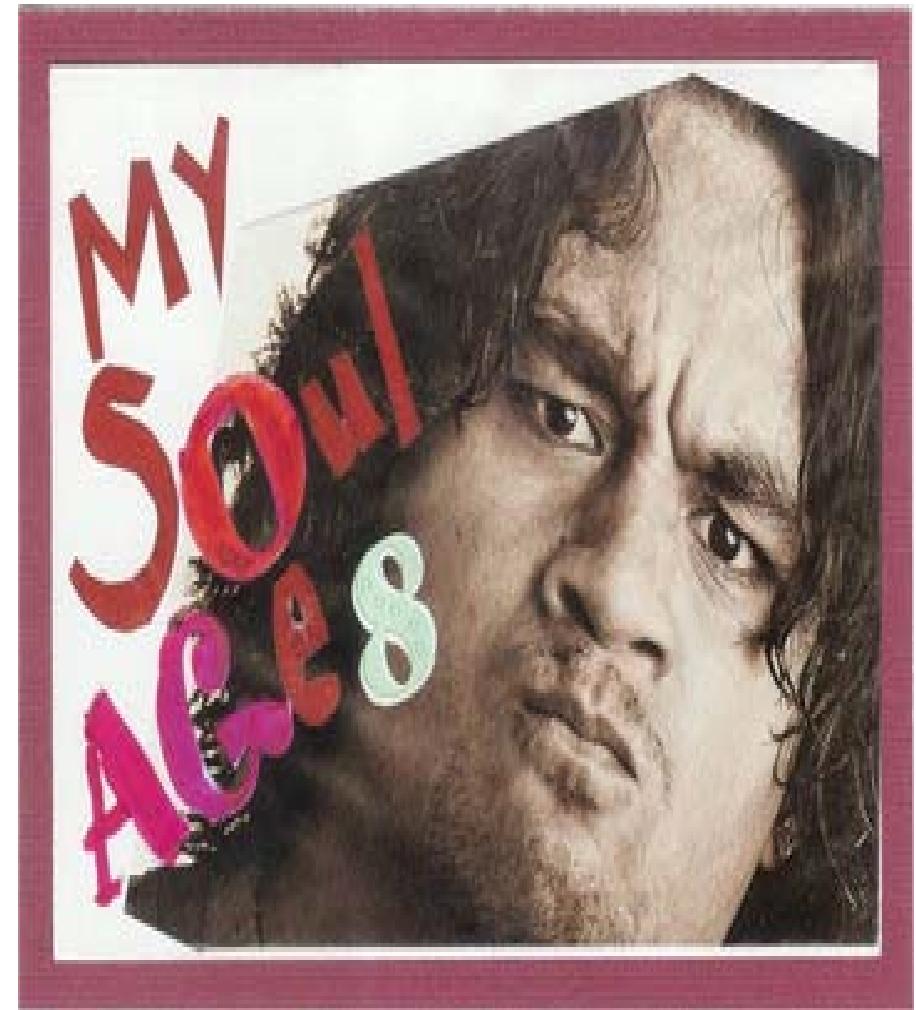
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9. The Things They
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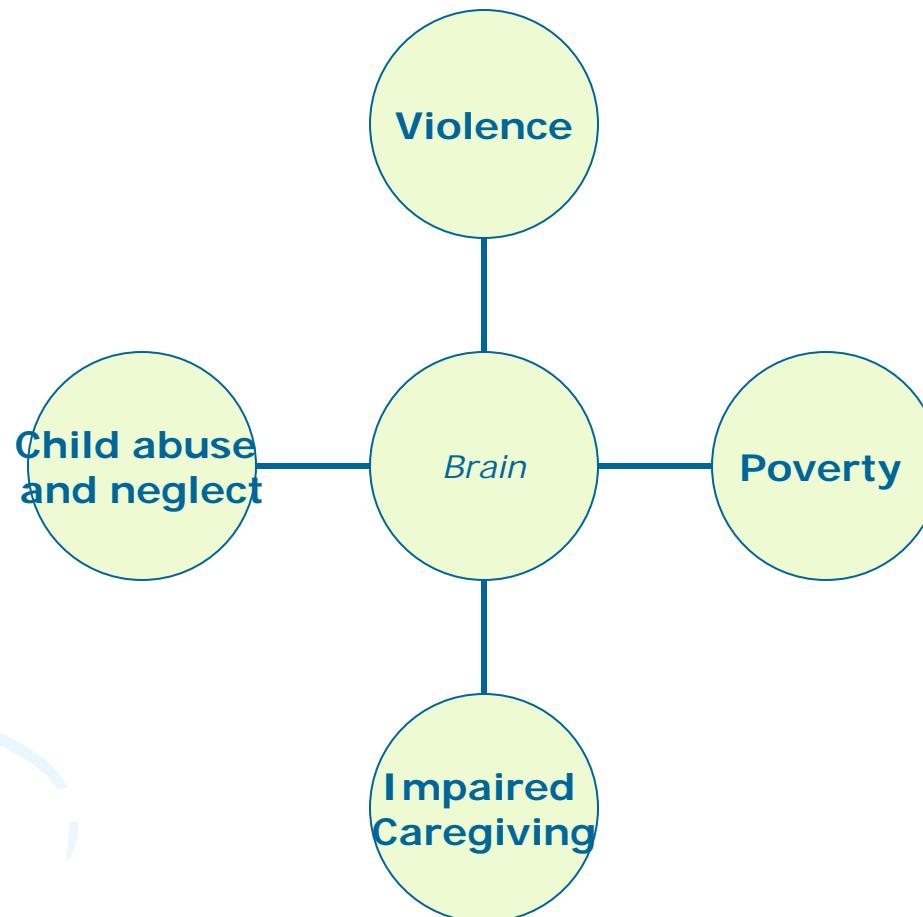
Top Ten Things

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9. The Things They Carry
8. The Impact of Childhood Trauma



Number 8:

The Impact of Childhood Trauma



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

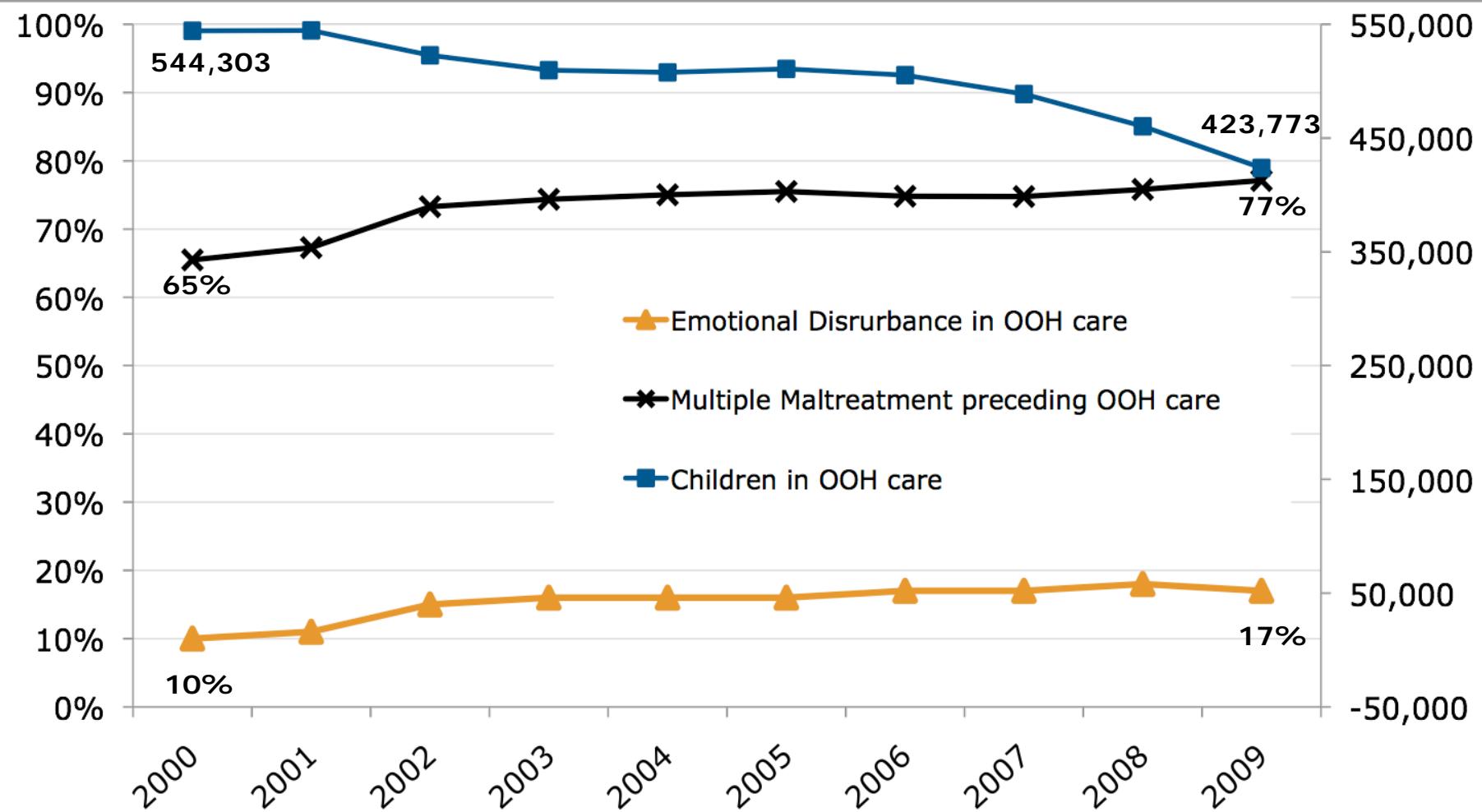
*Cook et. al. Complex Trauma in children & adolescents. Psych annals 35: 390-98 (2005)

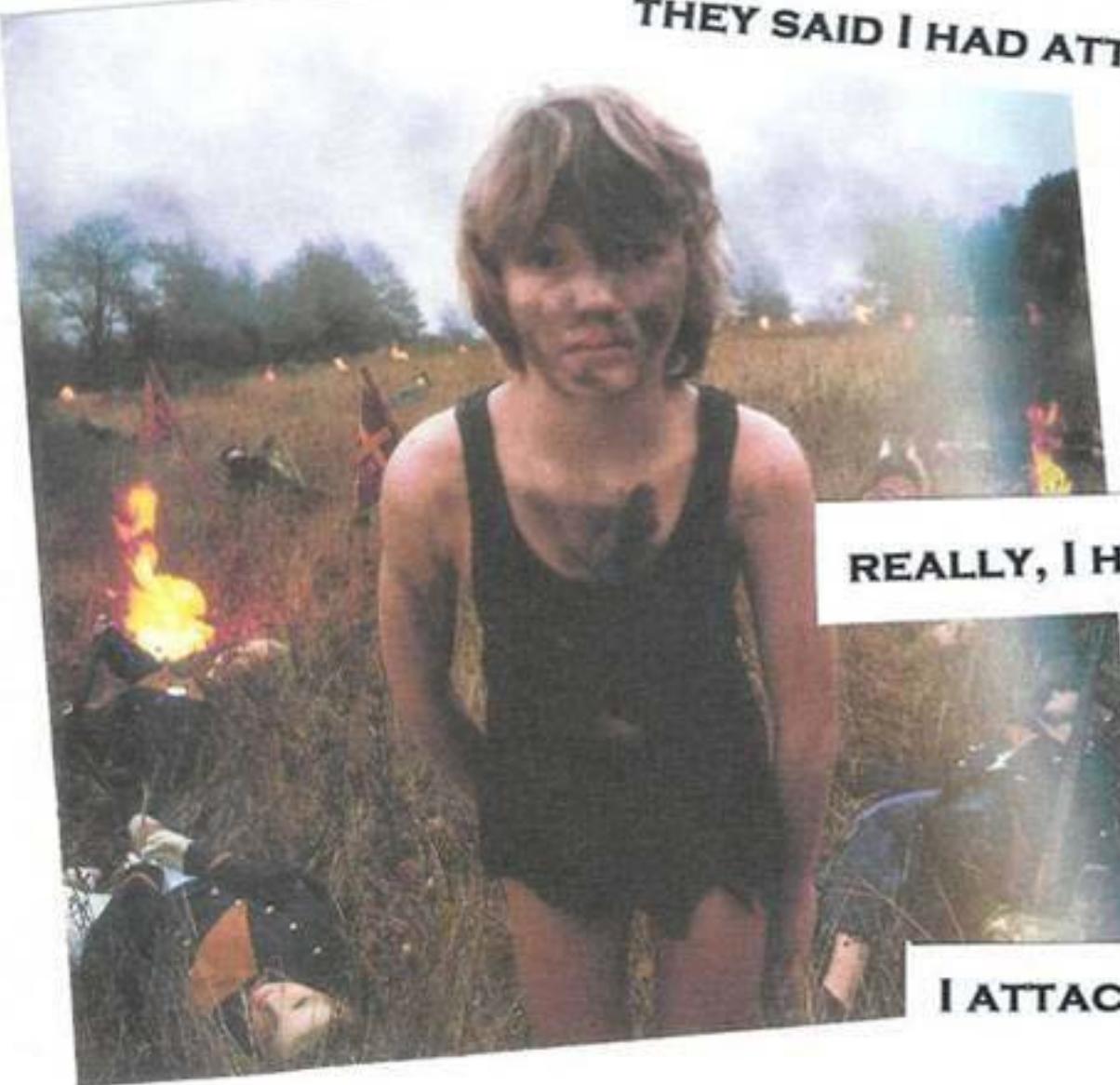


Common Behaviors seen in Maltreated Children

- 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)

Trends in Maltreatment and Emotional Problems





THEY SAID I HAD ATTACHMENT DISORDER

REALLY, I HAD A LIFE DISORDER



I ATTACHED ACCORDINGLY

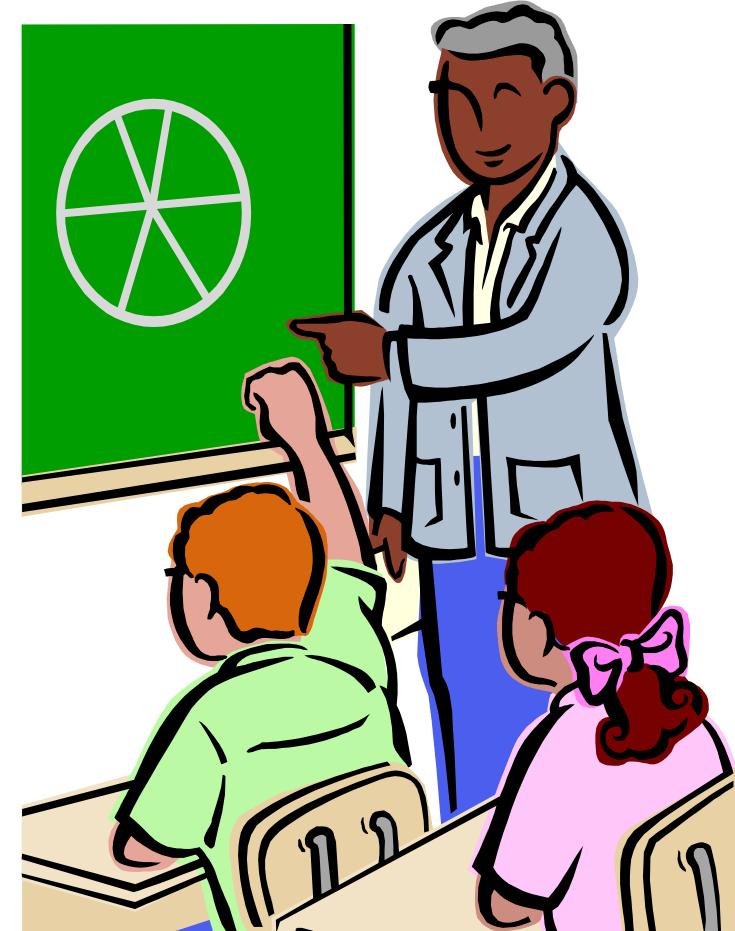


Top Ten Things

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9. The Things They Carry
8. The Impact of Childhood Trauma

Top Ten Things

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9. The Things They Carry
8. The Impact of Childhood Trauma
7. CiFC=CSHCN

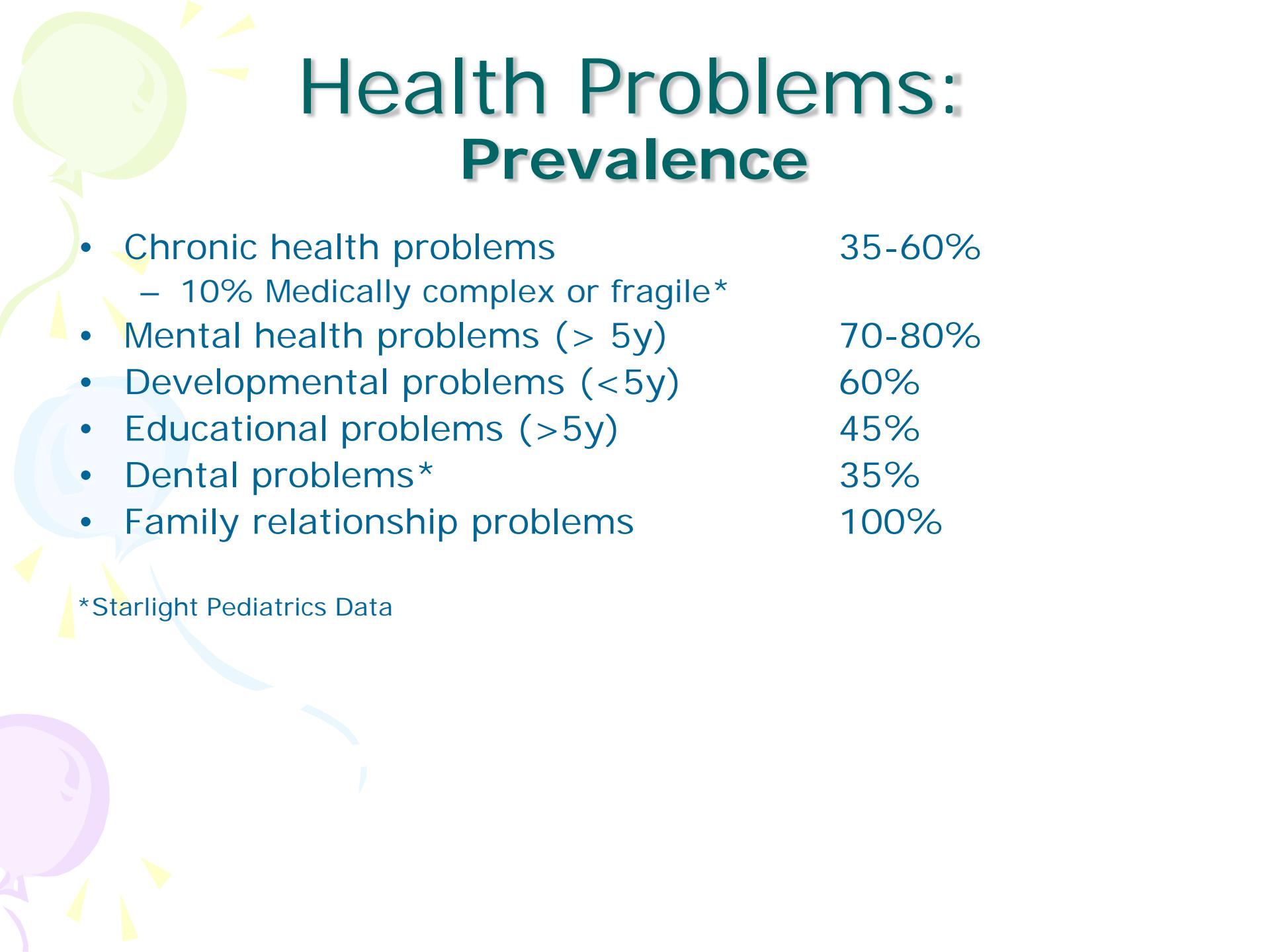


Number 7

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*

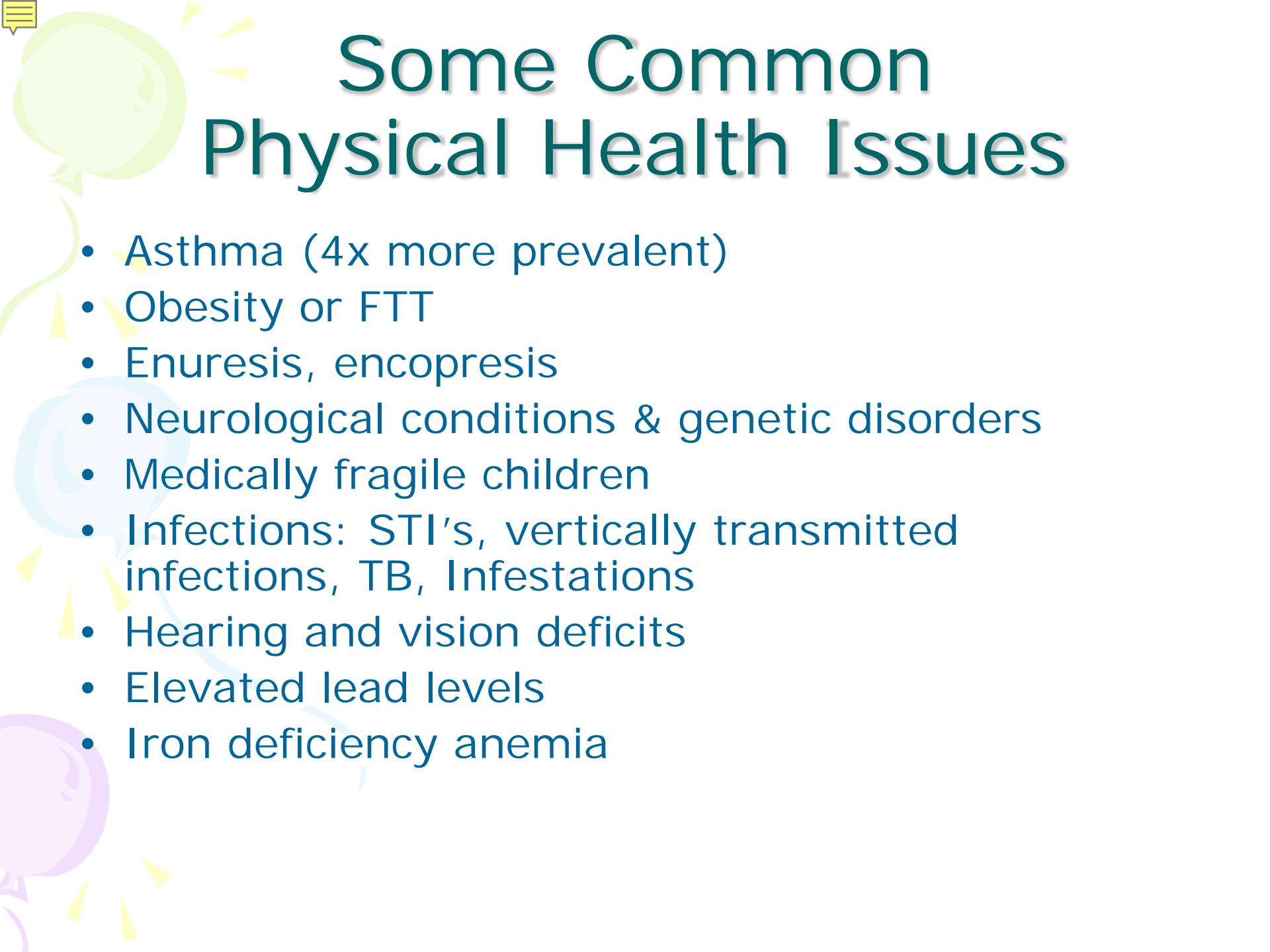
*McPherson et.al. Pediatrics. 1998;102:137-139.



Health Problems: Prevalence

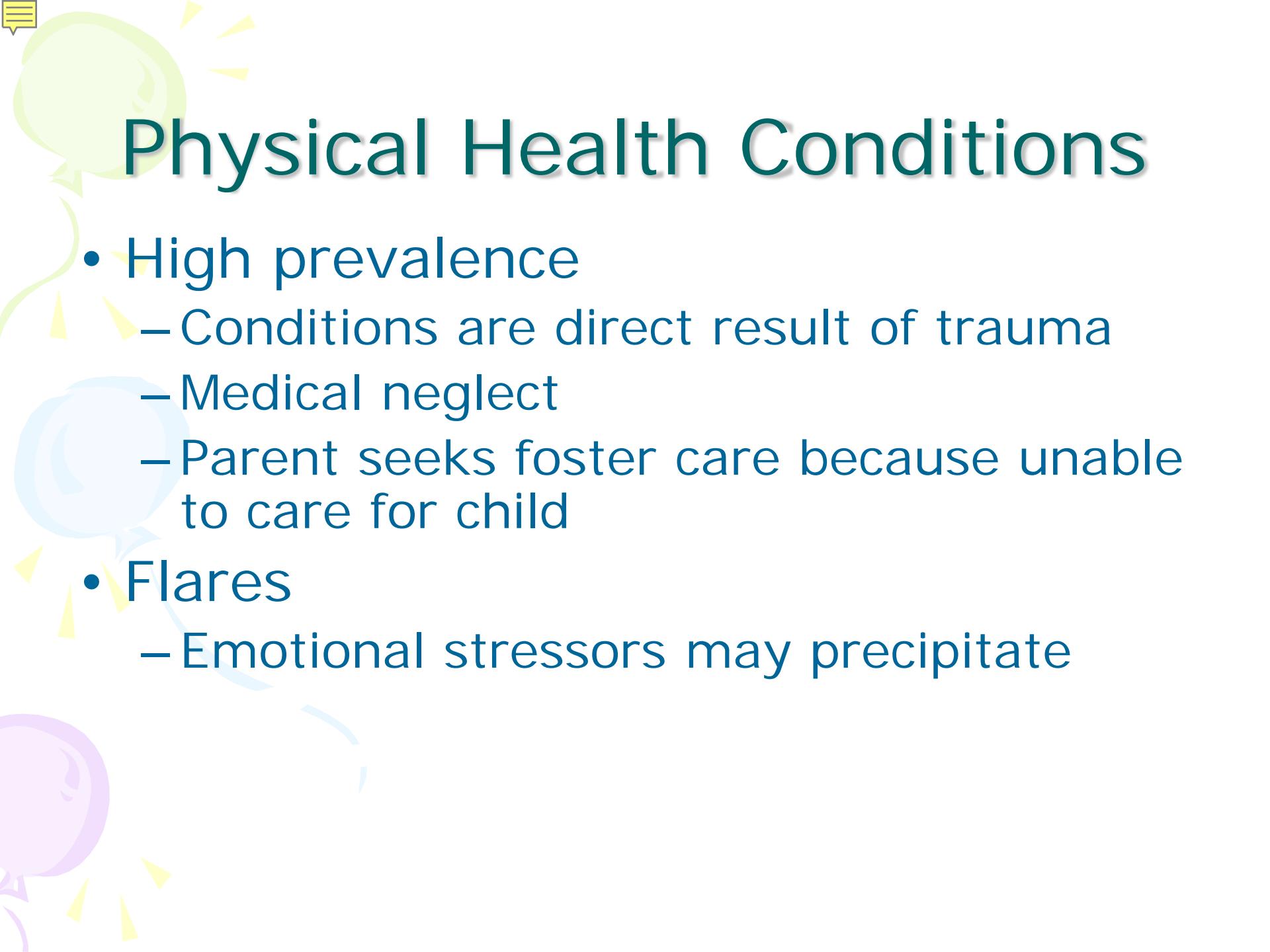
- Chronic health problems – 10% Medically complex or fragile*
- Mental health problems (> 5y) 70-80%
- Developmental problems (<5y) 60%
- Educational problems (>5y) 45%
- Dental problems* 35%
- Family relationship problems 100%

*Starlight Pediatrics Data



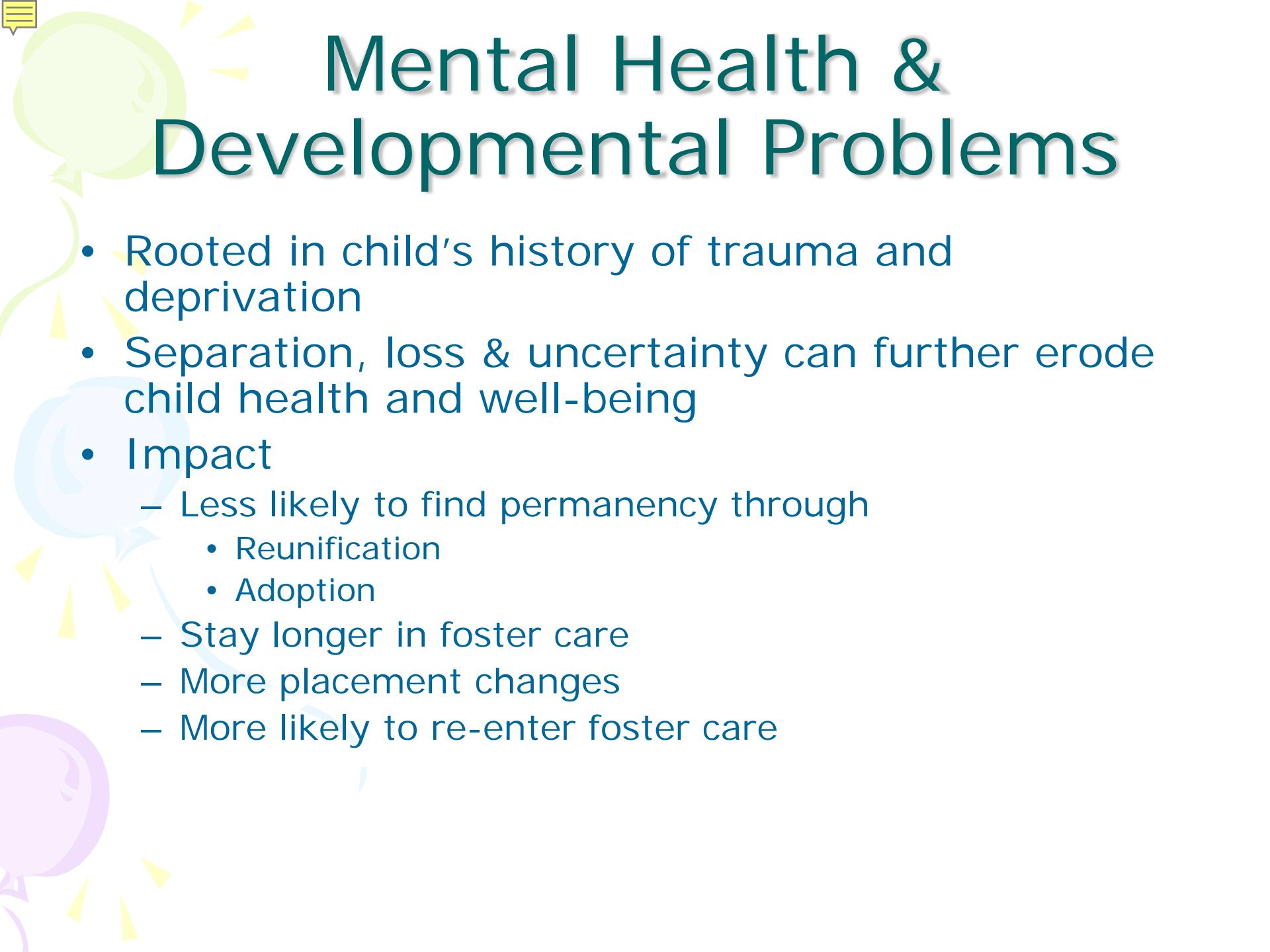
Some Common Physical Health Issues

- 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



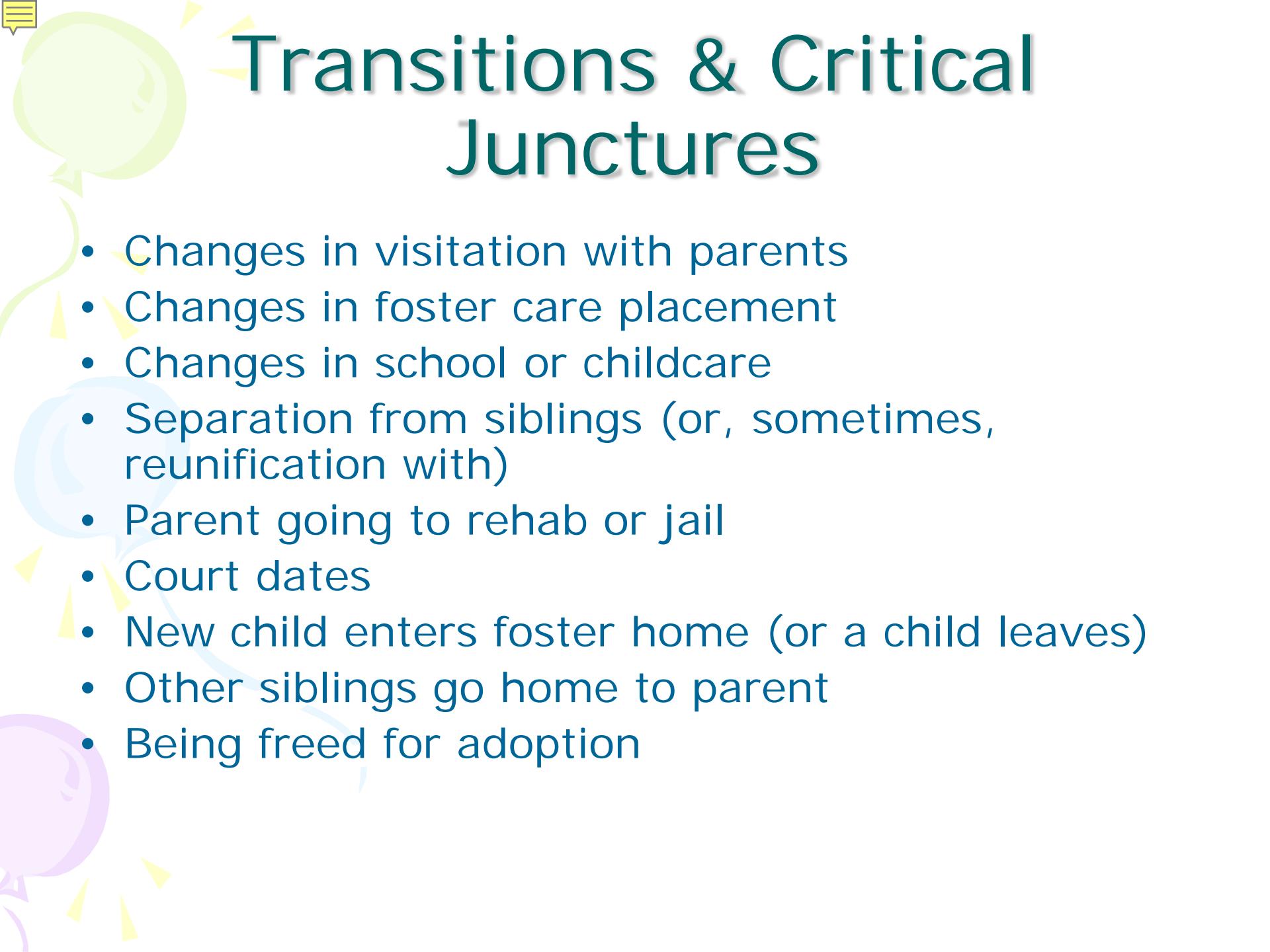
Mental Health & Developmental Problems

- 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...

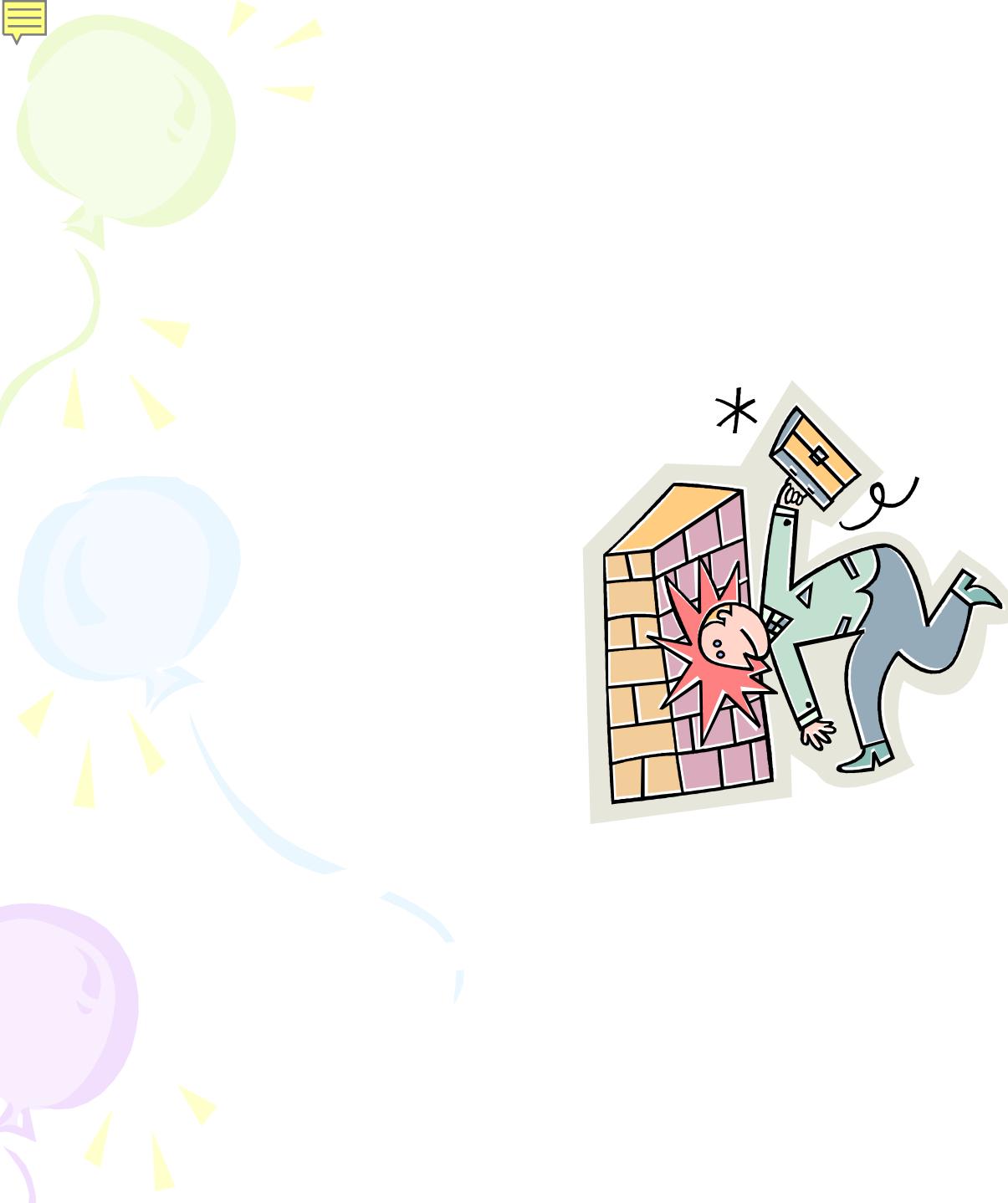


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Transitions & Critical Junctures

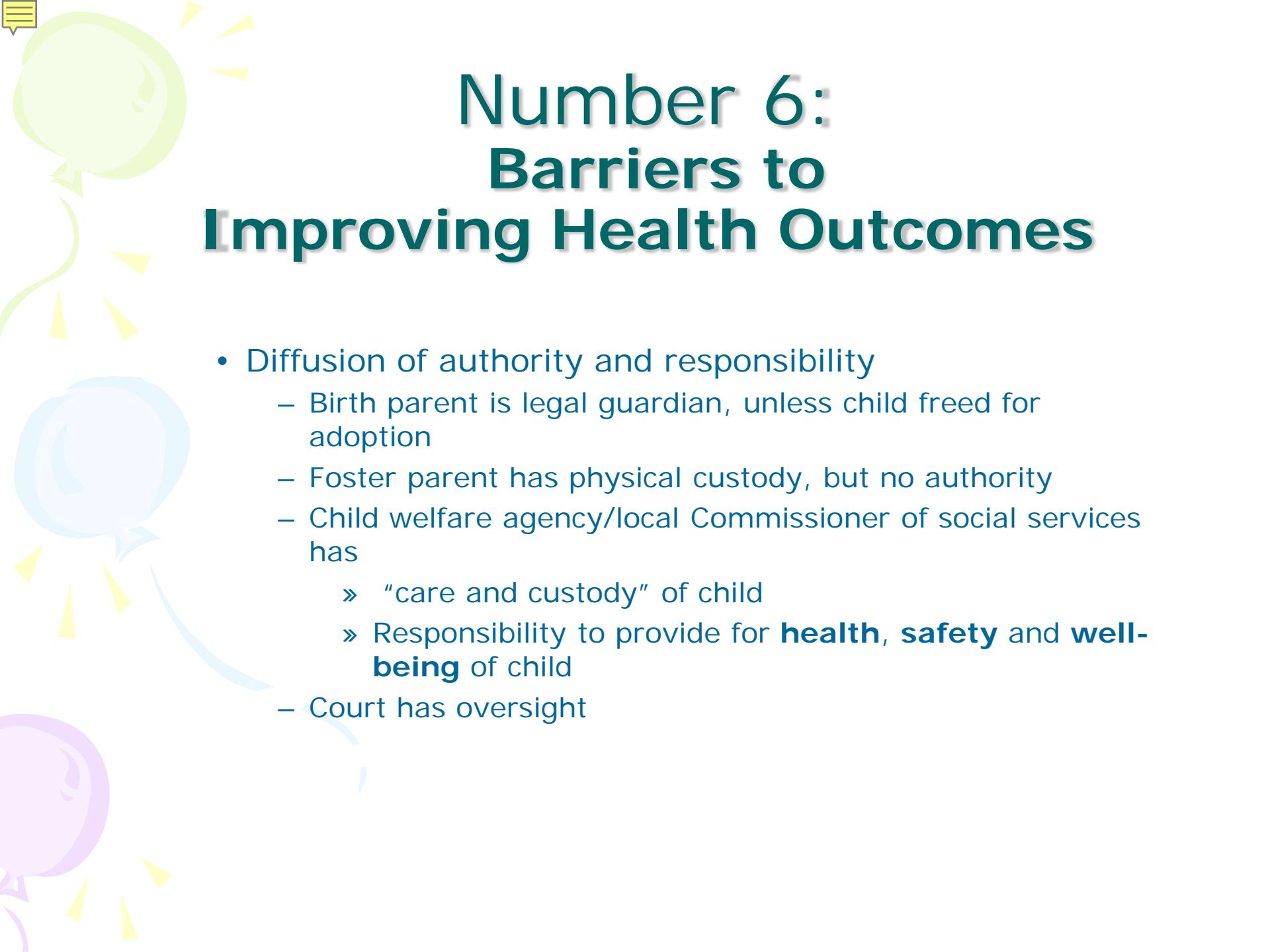
- Changes in visitation with parents
- Changes in foster care placement
- Changes in school or childcare
- Separation from siblings (or, sometimes, reunification with)
- Parent going to rehab or jail
- Court dates
- New child enters foster home (or a child leaves)
- Other siblings go home to parent
-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



Top Ten Things

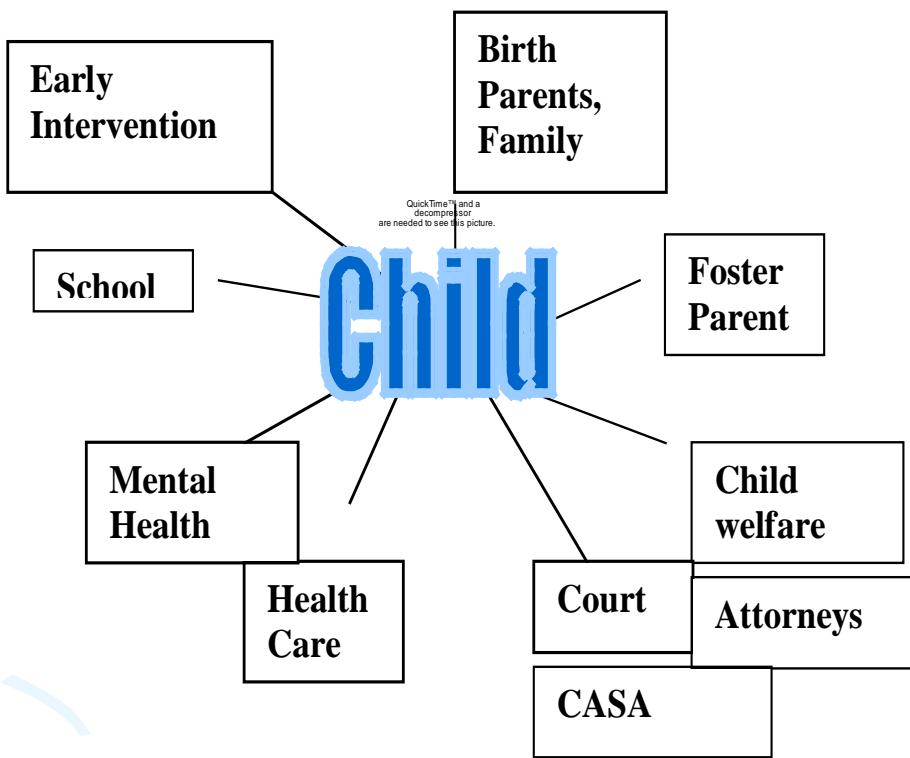
10. Removal is traumatic
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7. CiFC=CSHCN
6. Barriers to Health Care





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.

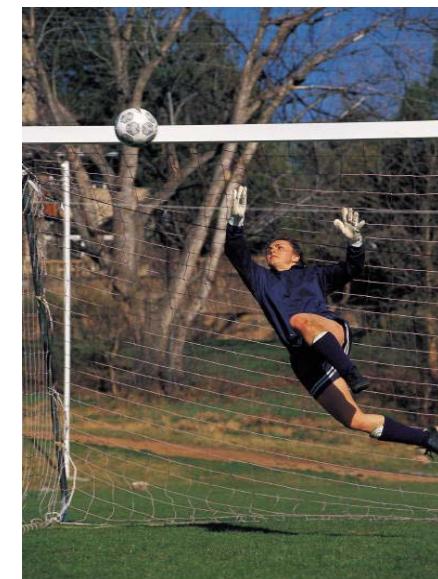


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Top Ten Things

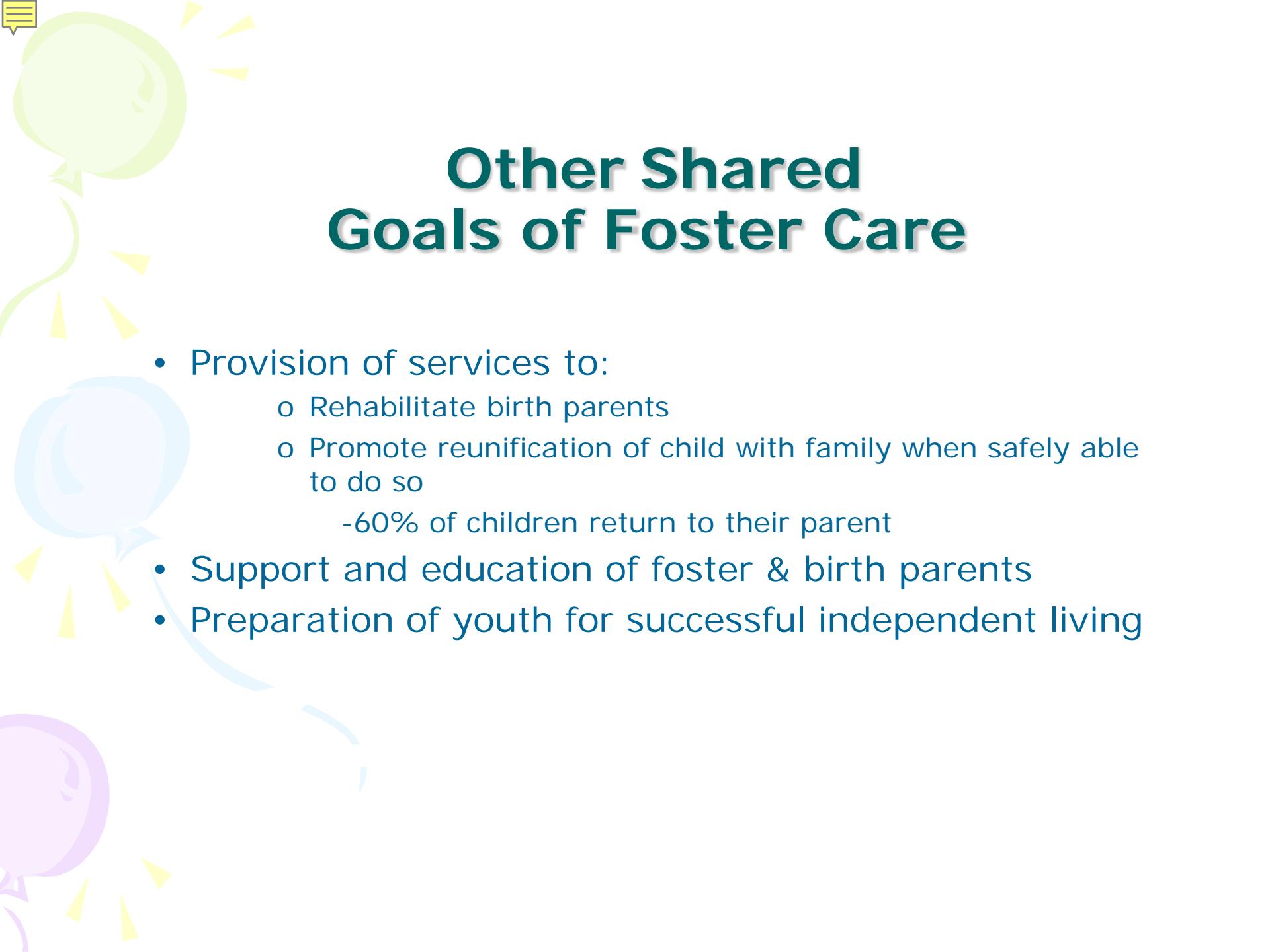
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- 5. Shared Goals





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**

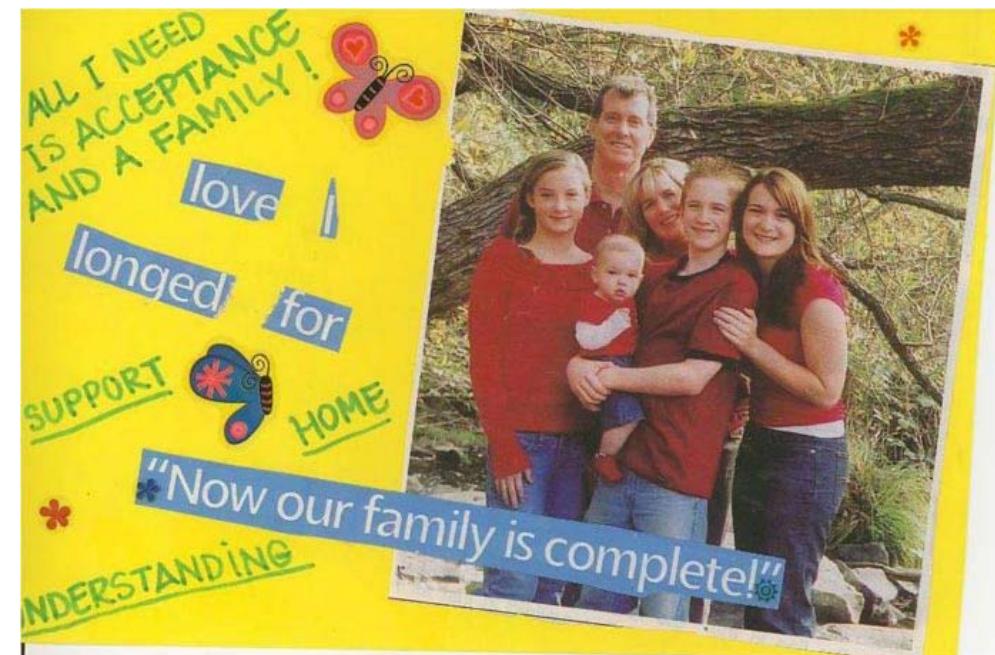


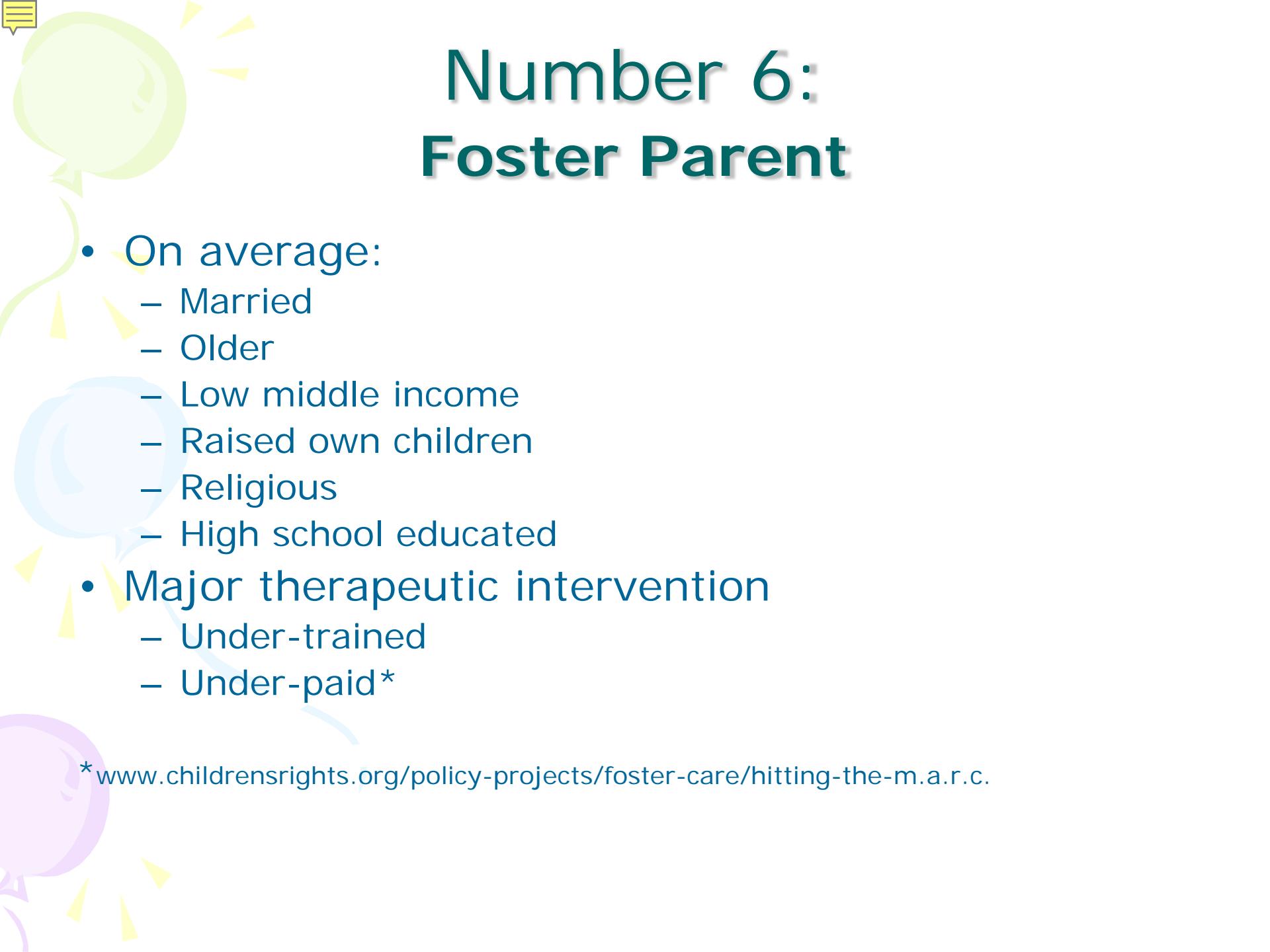
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- 6.. Barriers to Care
- 5. Shared Goals
- 4. Foster Parent Role





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.



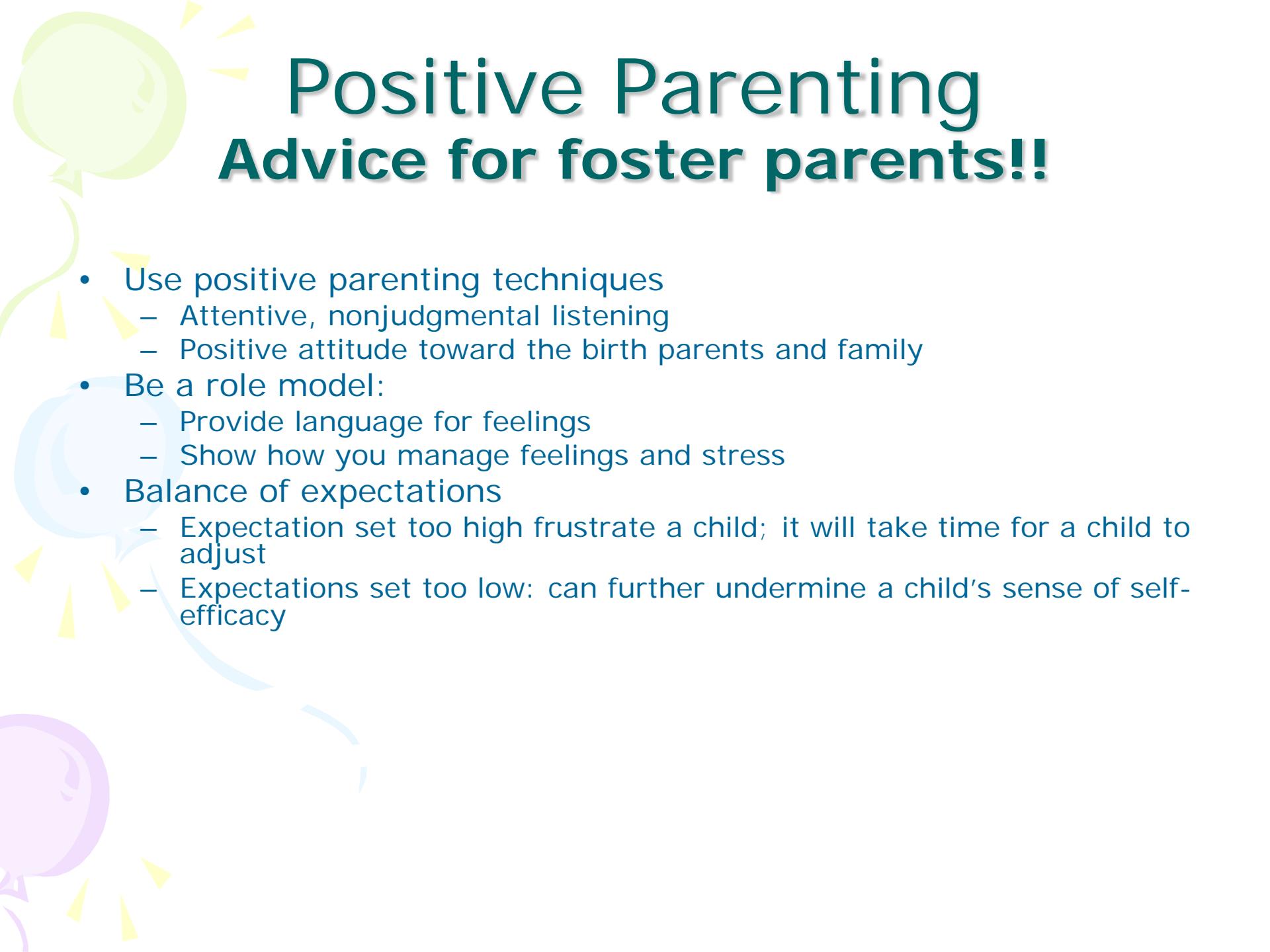
Foster Parents Need Our Support & Education

- 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!!

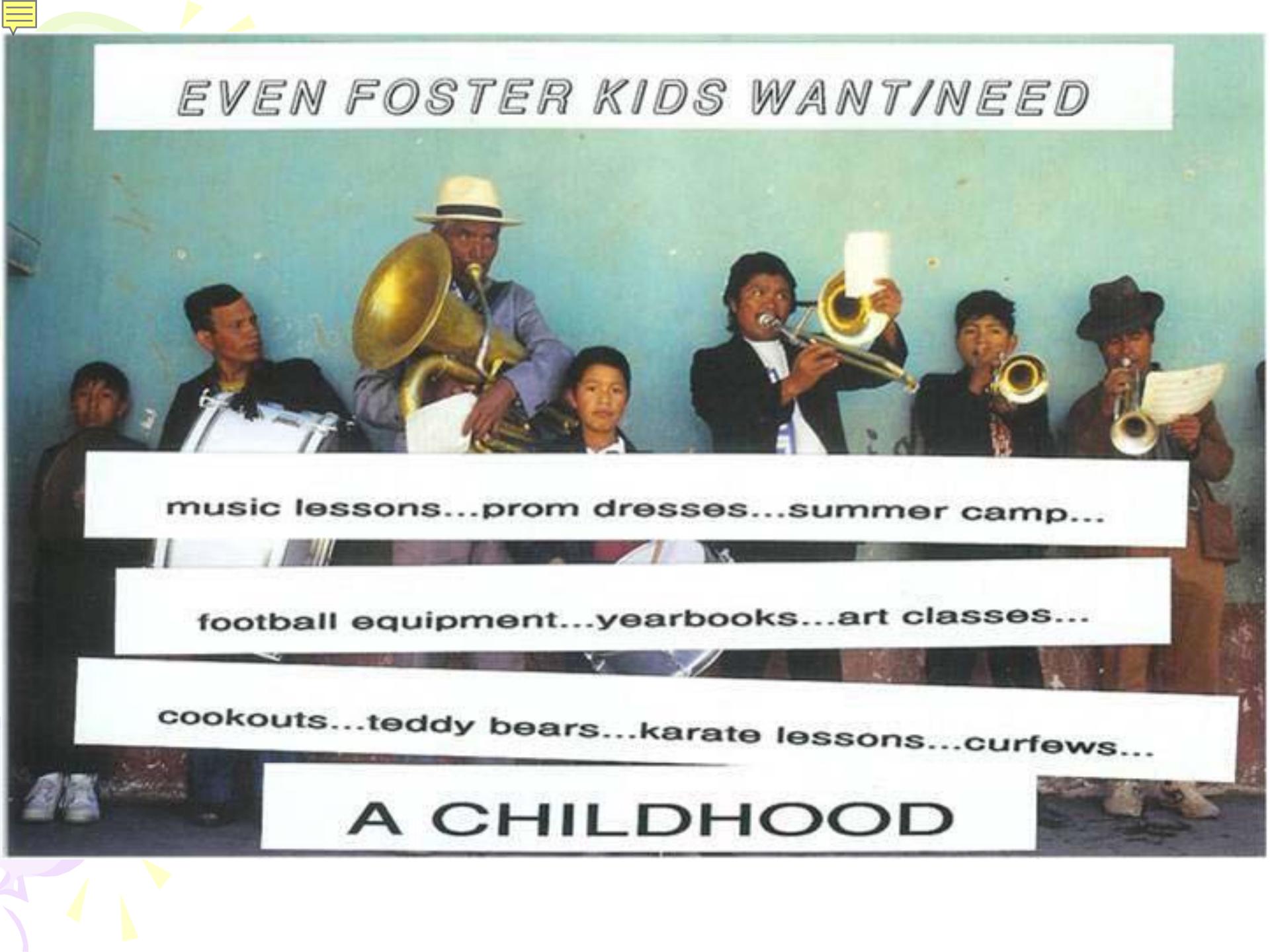
- Learn what the child likes
 - Welcome with something small you know they like
 - Give them chance to decorate their room or at least an area of their room
- Children need some time to adjust
 - Have routines: schedules, explain routines so children know what to expect
 - Minimize changes
 - Prepare 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

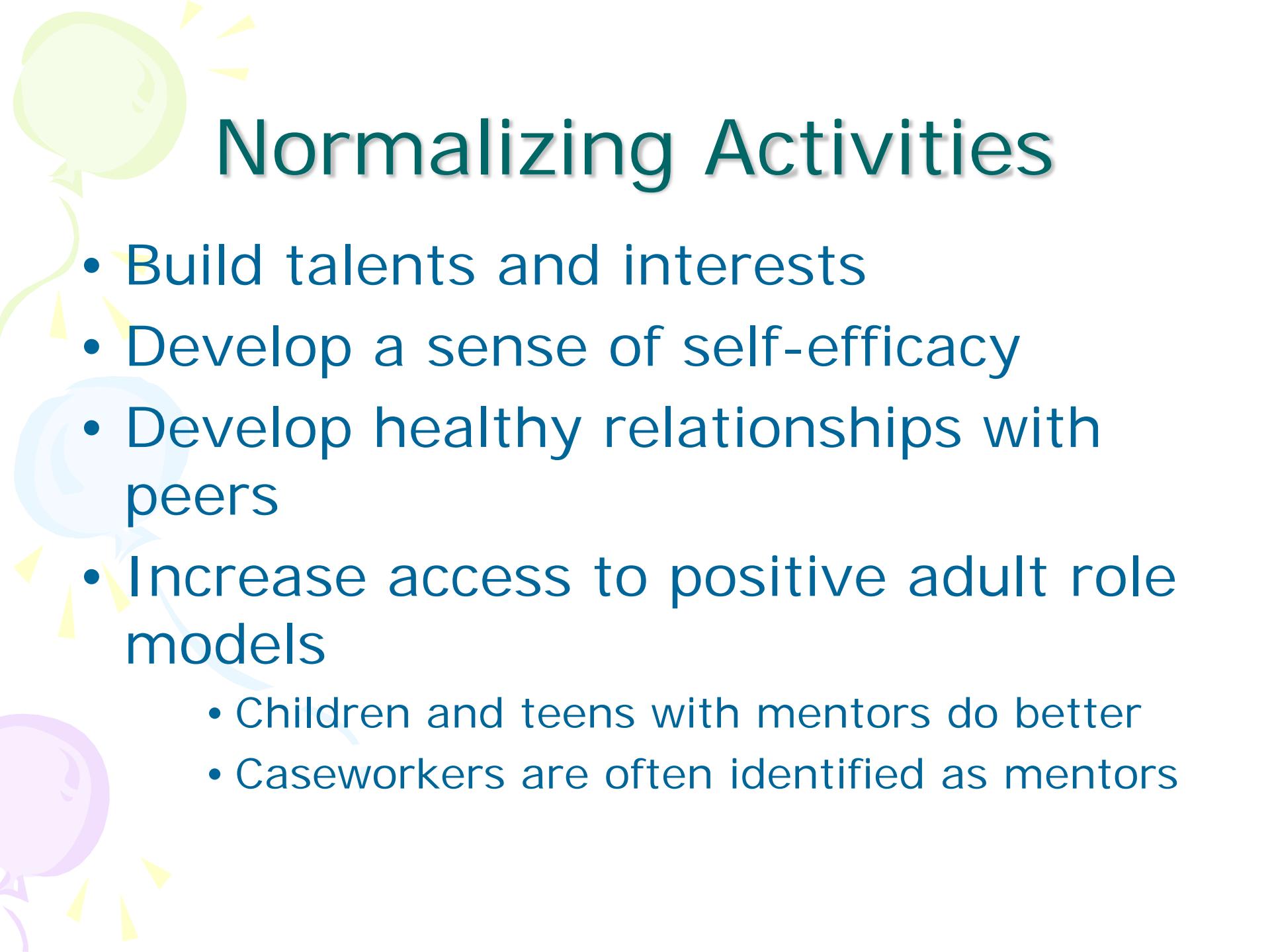


music lessons...prom dresses...summer camp...

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



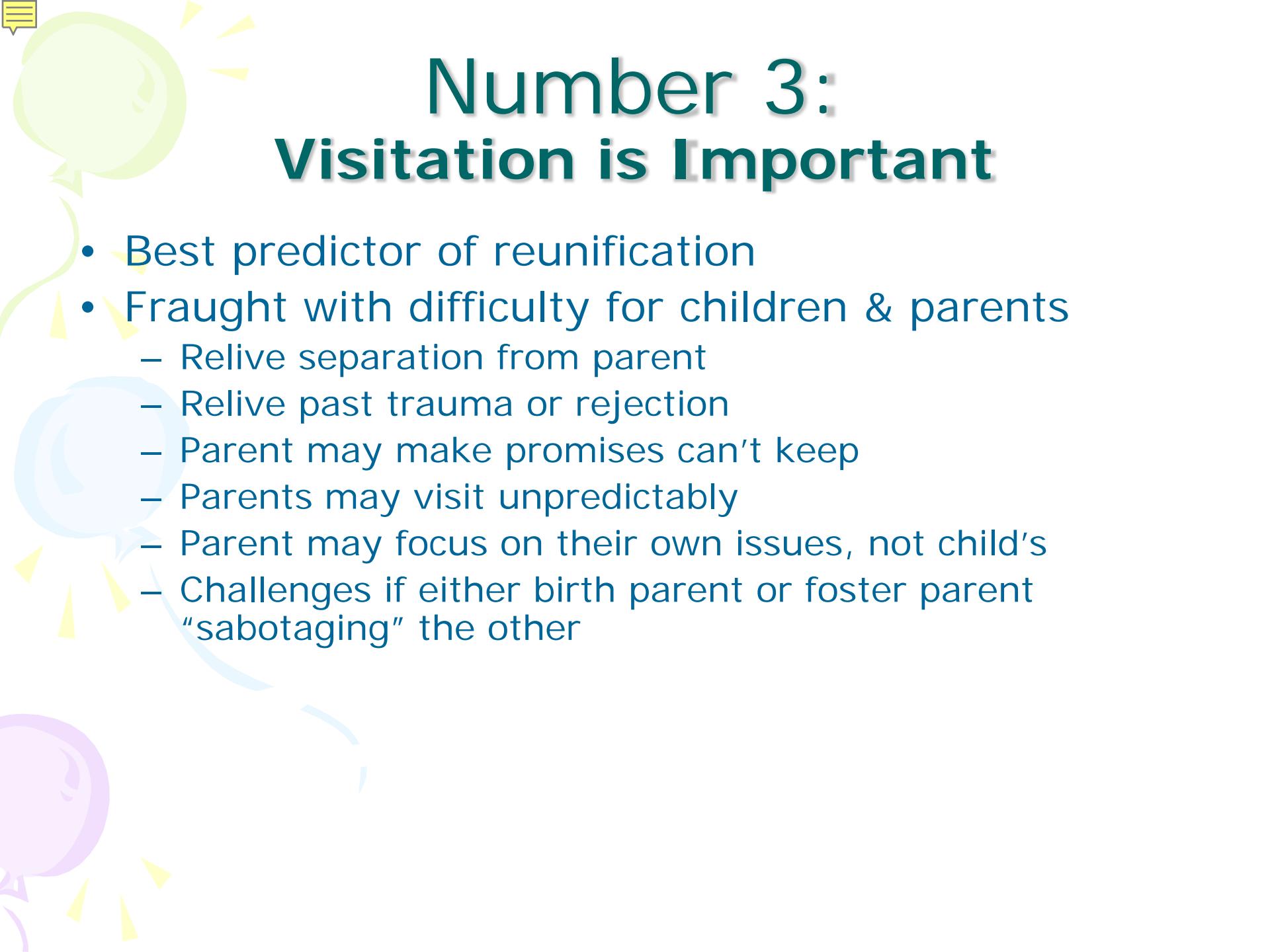
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5. Shared Goals
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- 3. Visitation





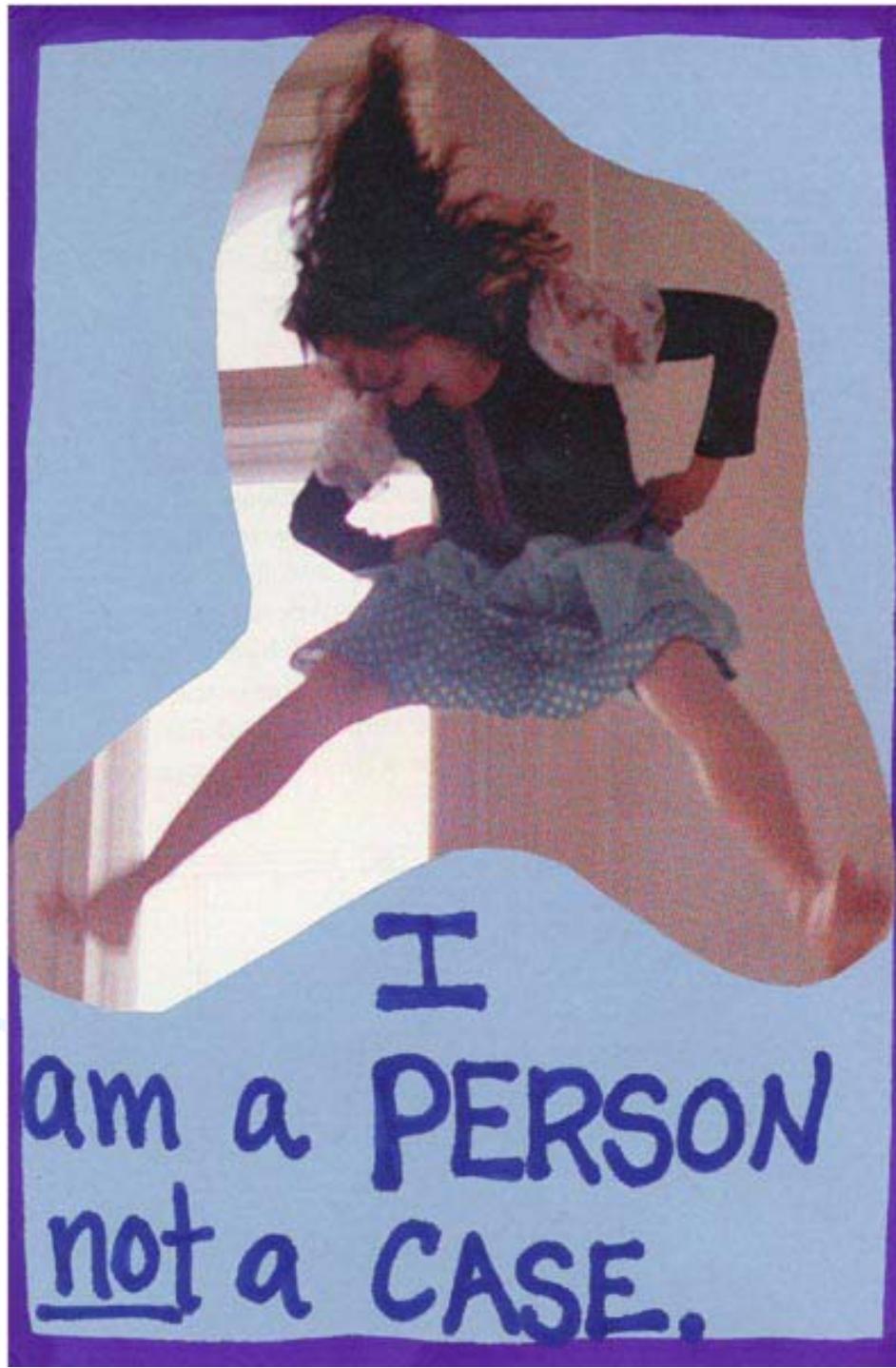
Number 3: **Visitation is Important**

- 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.



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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

- 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

Healthy Foster Care America Web site

The screenshot shows the homepage of the Healthy Foster Care America website. At the top, there's a navigation bar with links to Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, and News. Below the navigation is the organization's logo, which includes a yellow heart with a silhouette of a family inside. A large photograph of two young boys smiling is the main visual element. A banner at the bottom of the page states, "The average length of stay in foster care is 33 months, nearly three years." On the left side, there's a sidebar with a "Special Place" section for children, teens, alumni, care givers, and foster parents, featuring a photo of a woman. The main content area has a heading "Vision Statement" and a paragraph about their mission to provide a valued, healing, healthy, and empowering resource for children, teens, families, and communities.



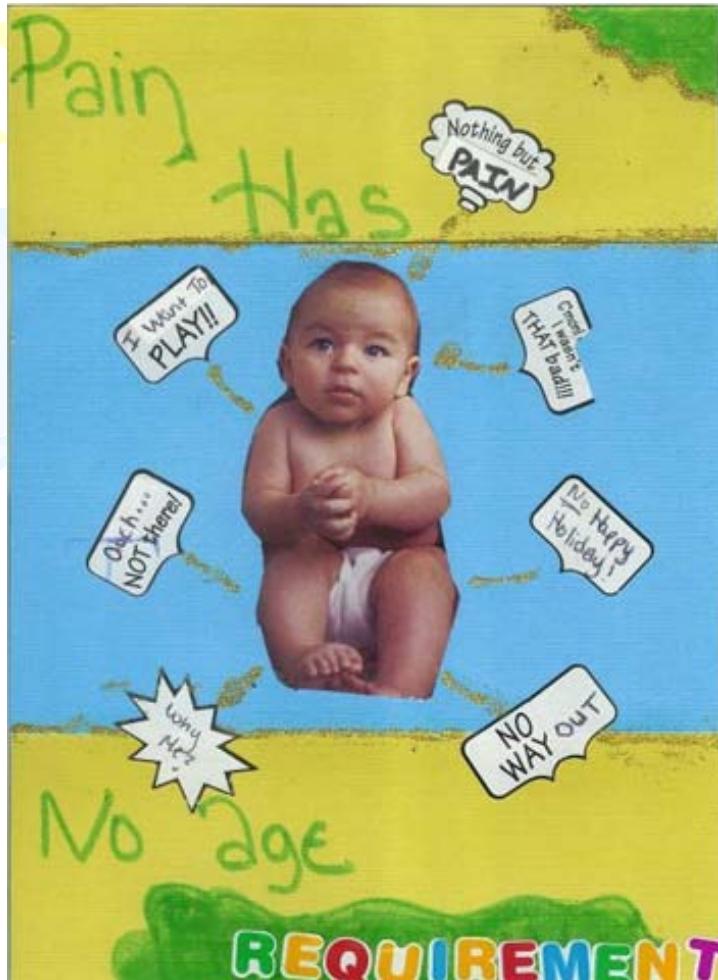
Health Issues and Needs of Children and Teens in Foster Care

The screenshot shows the homepage of the Healthy Foster Care America website. At the top, there's a navigation bar with links to Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, Members, and About. Below the navigation is a logo for the American Academy of Pediatrics (AAP) with the tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN". A large orange banner across the top features the text "Healthy Foster Care America" next to a yellow heart icon with two children inside. On the left side, there's a vertical sidebar with links to Home, About Us, Health Issues and Needs (which is currently selected), Health Systems of Care, Tools and Resources, Facts and Figures, Policy Statements, Advocacy, Frequently Asked Questions, and Contact Us. Below this sidebar are two sections: "A Special Place" featuring a photo of a child and text for Children, Teens, Alumni, Care Givers, and Foster Parents; and "In Their Own Words" featuring a photo of three children and a quote from a child about their mother. The main content area has a heading "Health Issues and Needs" with a subtext explaining foster care as a window of opportunity for healing from trauma and loss. It includes a photo of children with a caption "I wish my mother would stay back" and another photo of children with a caption "I like foster care because it's safe". A yellow box contains the text "Children in foster care are children with special health care needs." At the bottom, there's a paragraph about the range of health concerns for children 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

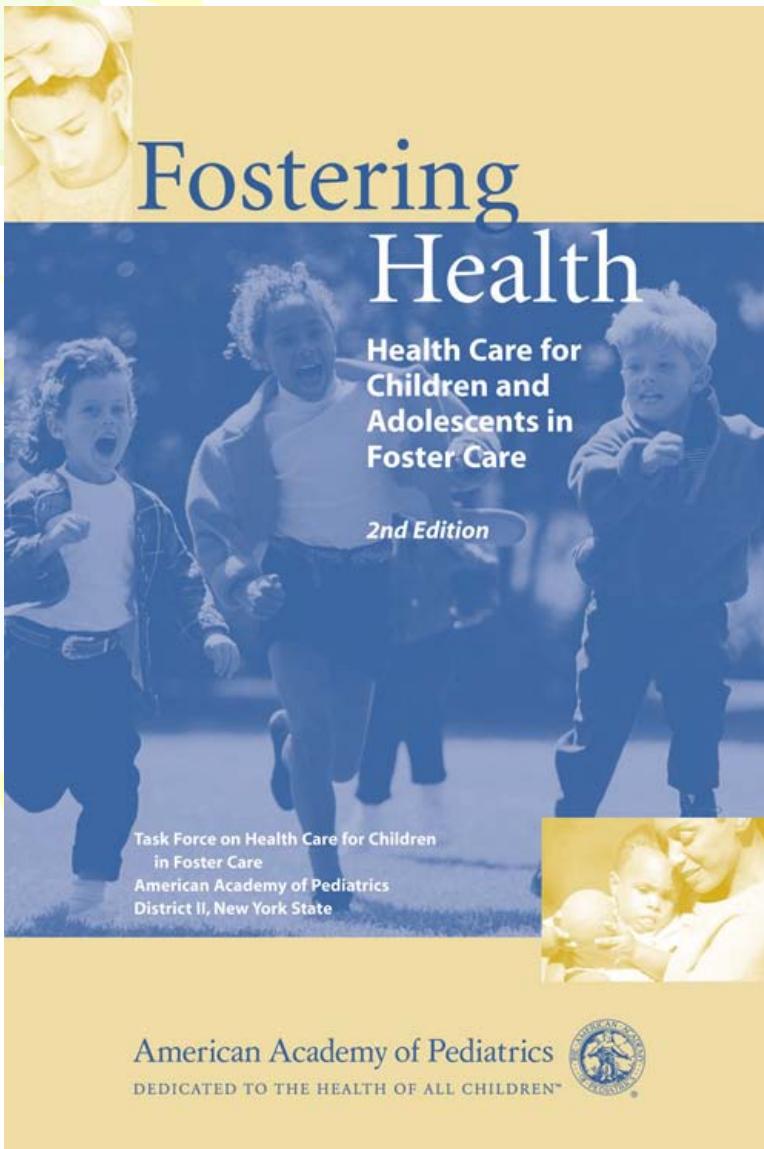
Health Care for Children and Adolescents in Foster Care

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

The screenshot shows the Healthy Foster Care America website under the American Academy of Pediatrics. The main page features a green sidebar with links like Home, About Us, Health Issues and Needs, Tools and Resources, and Contact Us. A central column has a heading 'Mental Health Professionals' with a sub-section titled 'In Their Own Words'. To the right is a graphic with butterflies and the text 'my DREAM IS FOR YOU TO BE HAPPY IN THEIR OWN WORDS'. Below this are sections for 'Forms' (with checkboxes for 'Back to Sleep for Babies in Foster Care' and 'Consent to Obtain Confidential Records or Information') and 'AAP Parent Materials - continued' (listing documents like 'Sleep Problems in Children', 'Temper Tantrums: A Normal Part of Growing Up', 'Tips For Parents of Adolescents', 'Your Child's Growth: Developmental Milestones', 'Your Child's Mental Health: When to Seek Help and Where to Get Help', and 'Other Publications' like 'Insecure Attachment and Attachment Disorders').

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

The screenshot shows the homepage of the Healthy Foster Care America website. At the top, there's a navigation bar with links to Home, Parenting Corner, Health Topics, Bookstore & Publications, Professional Education & Resources, Advocacy, Members, and About. Below the navigation is a logo for "Healthy Foster Care America" featuring a yellow heart with two children inside. The main title "A Special Place for Children and Families" is displayed in large blue text, with the subtitle "Children, teens, alumni, parents (foster and birth) and kin" underneath. A large graphic on the right side features the text "EVERY child DESERVES TO KNOW THEY ARE LOVED IN THEIR OWN WORDS". The left sidebar contains links to Home, About Us, Health Issues and Needs, Health Systems of Care, Tools and Resources, Facts and Figures, Policy Statements, Advocacy, Frequently Asked Questions, and Contact Us. A "A Special Place" section is highlighted with a photo of three children and a "Click here to visit" button. The "Resources" section includes links to Fact Sheets (Foster Care Journey, Early Education and Child Care Transitions COMING SOON), Tip Sheets (Helping Children and Teens in Foster Care with Transitions COMING SOON), and AAP Publications (Caring for Your Baby and Young Child (Birth to Age Five)). Other Publications include Connect: Supporting Children Exposed to Domestic Violence and Insecure Attachment and Attachment Disorders.

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

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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



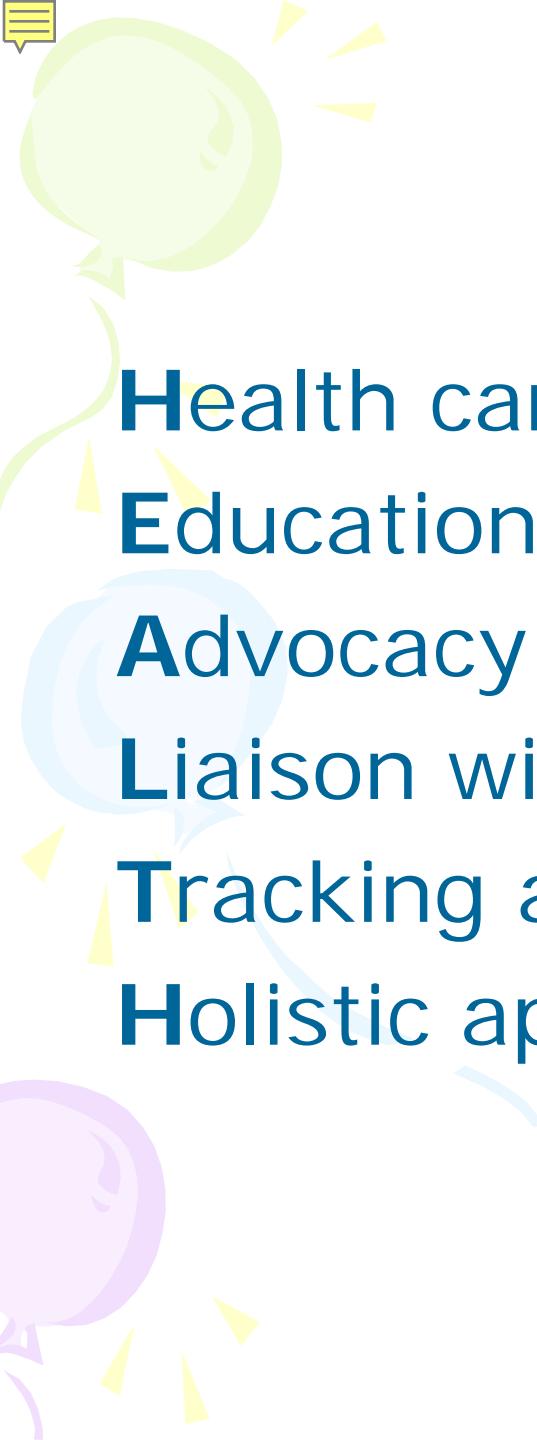
Fact:

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

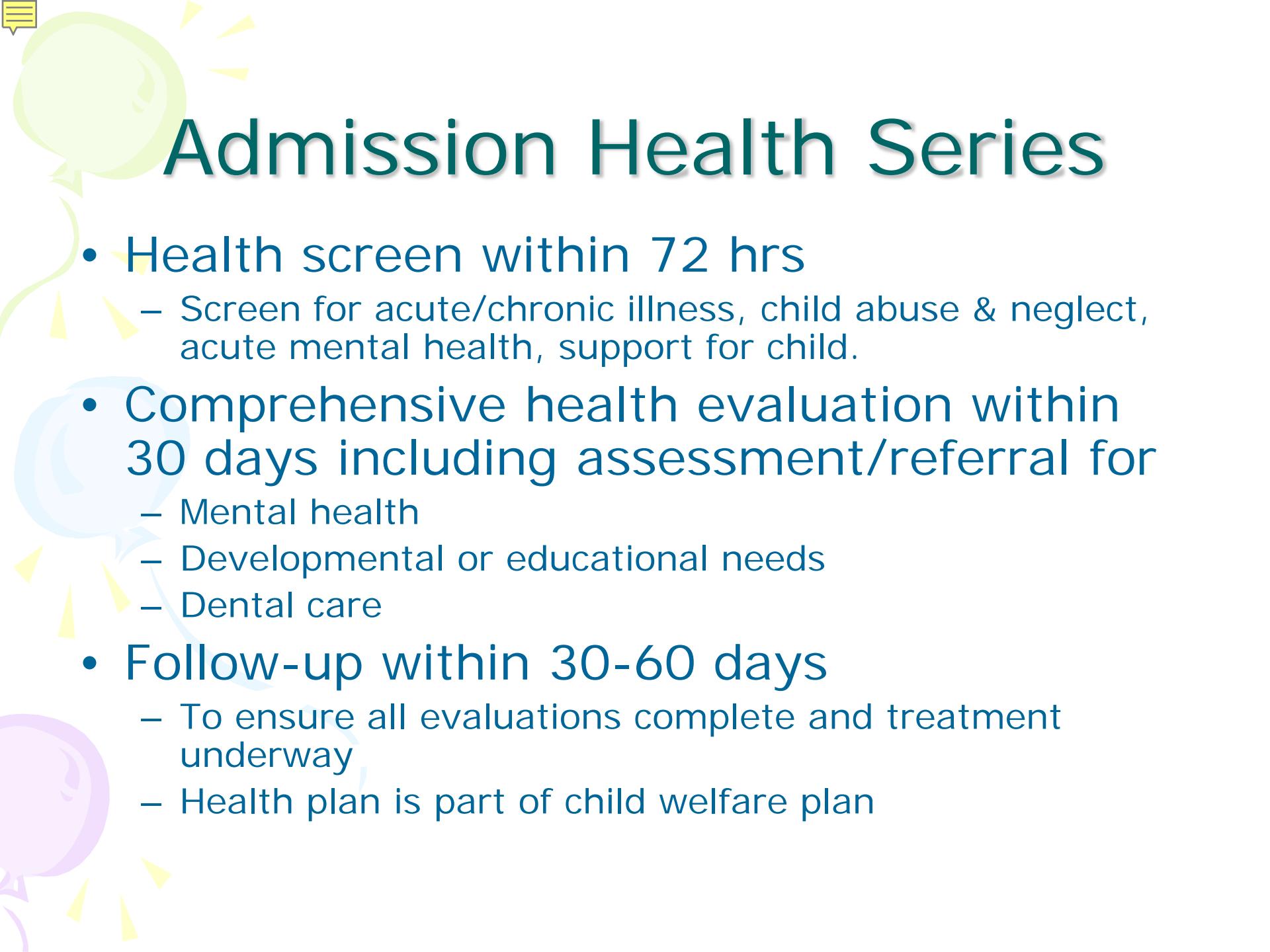
can I have the life I
always dreamed of ?





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

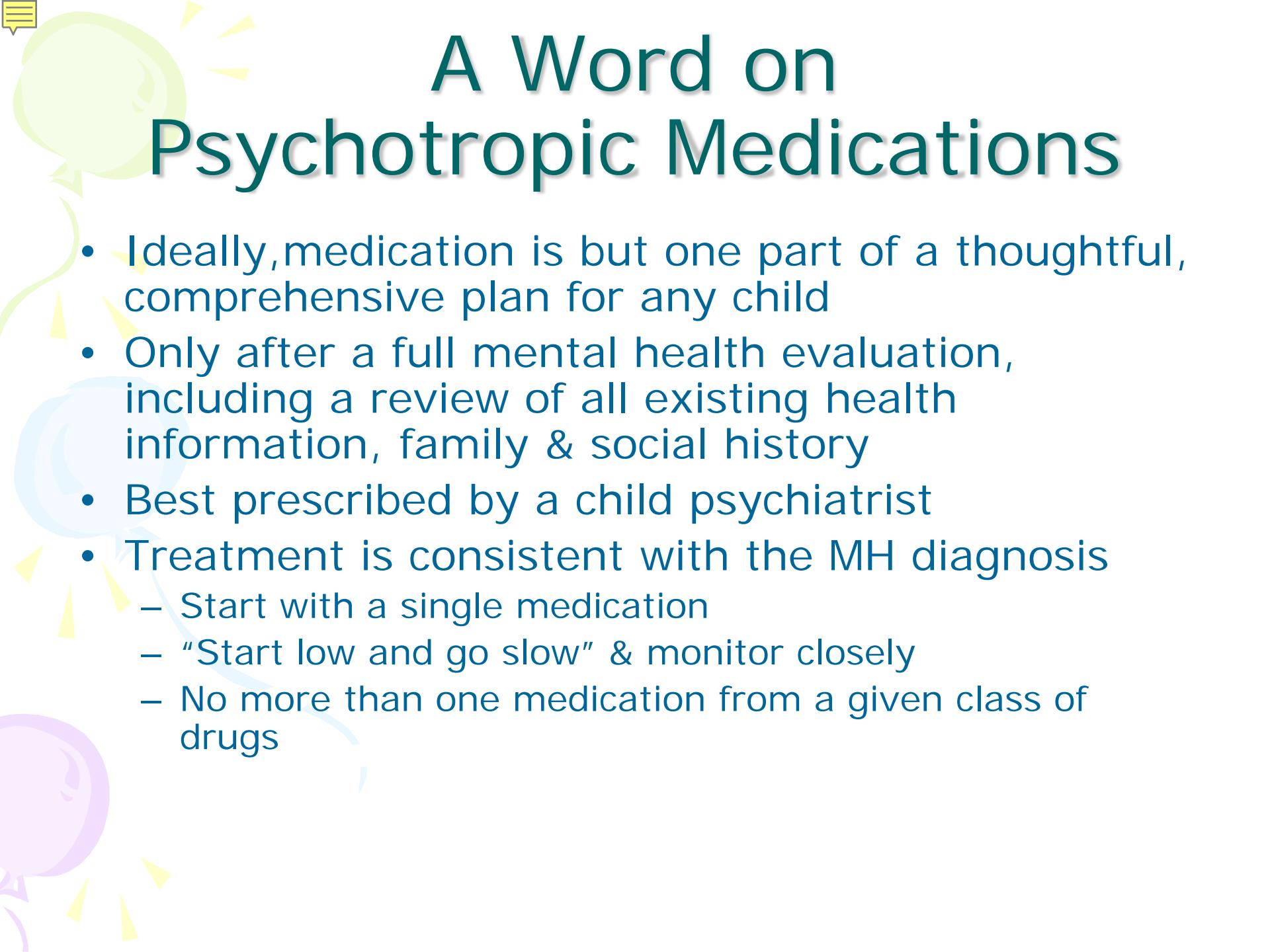
- Using validated mental health screen

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.cachildwelfareclearinghouse.org/importance-of-evidence-based-practice



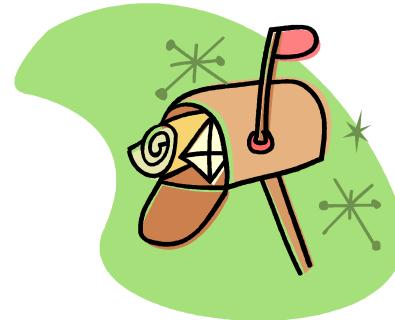


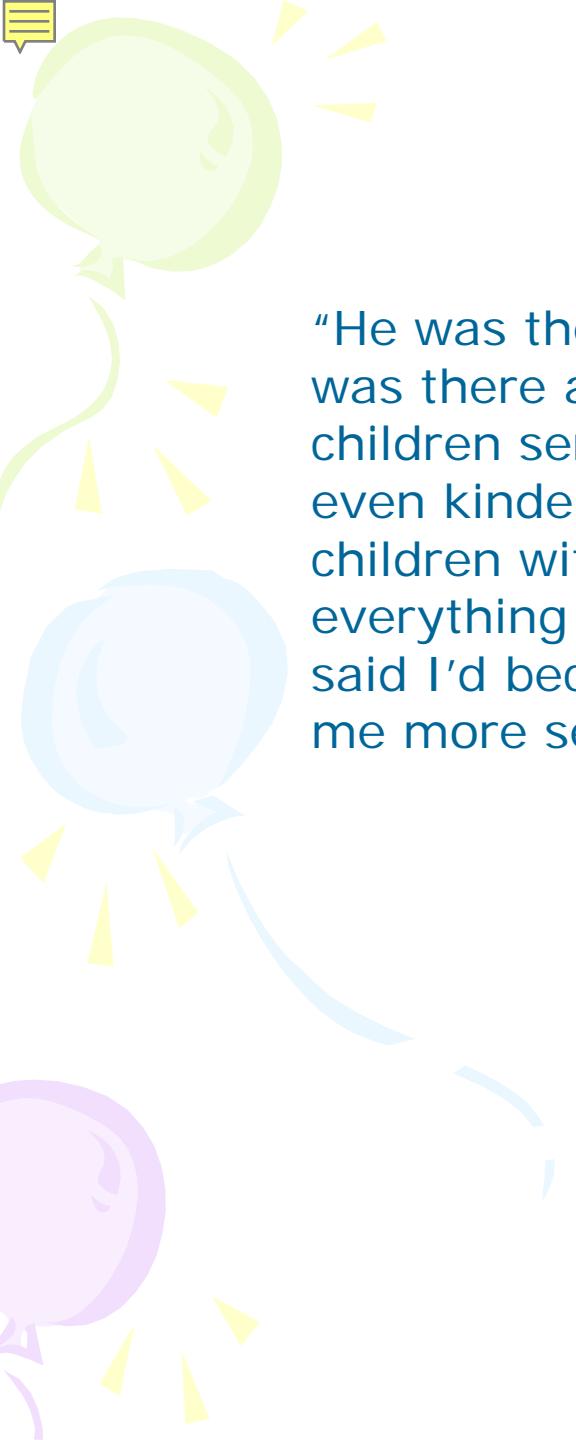
A Word on Psychotropic Medications

- 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*