

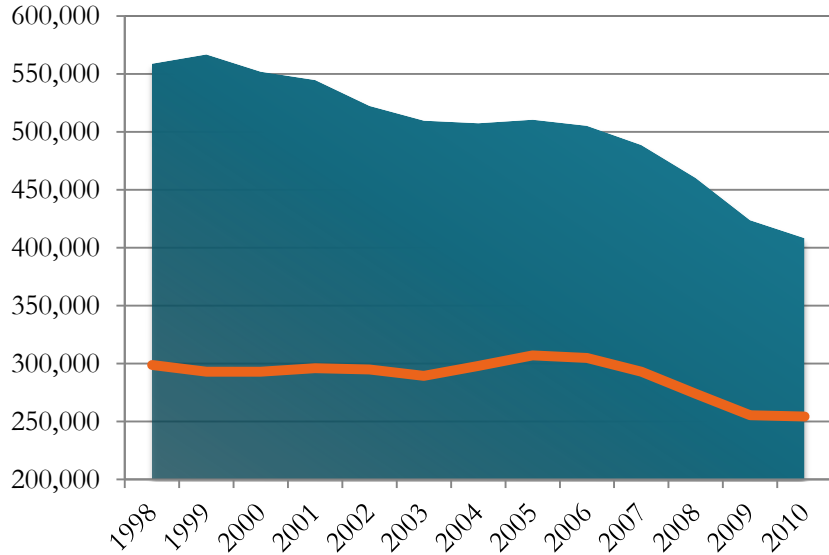
Trauma and Treatment in Child Welfare Policy and Practice

Bryan Samuels, Commissioner
Administration on Children, Youth and Families

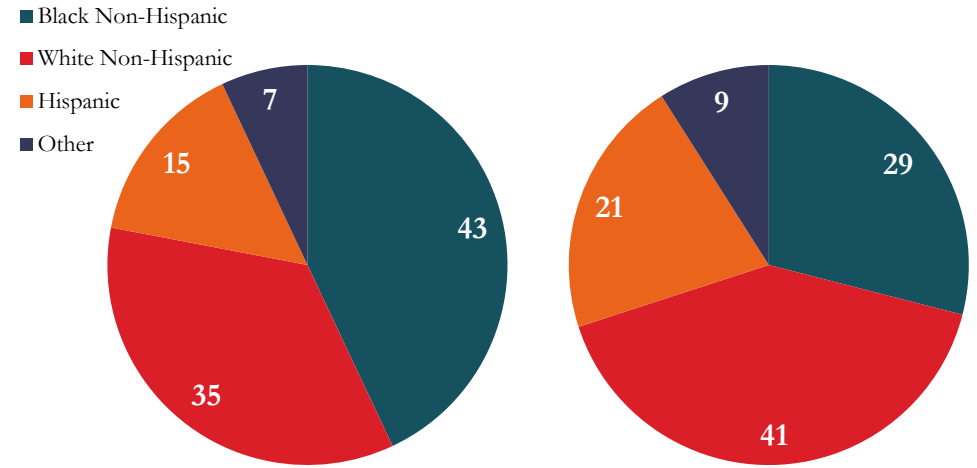
U.S. Department of Health and Human Services
Administration for Children and Families



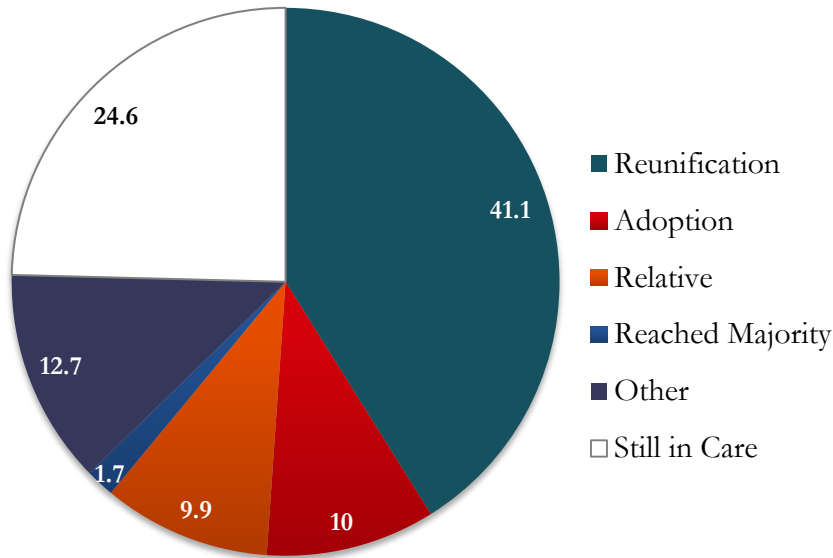
Foster Care Population on 9/30 & Annual Entries



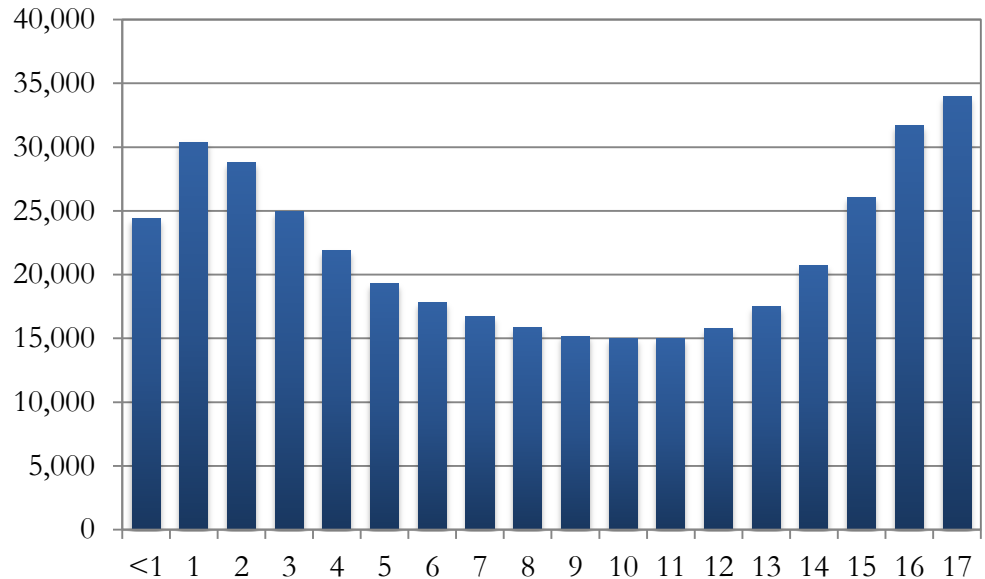
Racial Makeup of Foster Care Population, 1998 and 2010



Exits from Foster Care among 2000-2005 Entrants

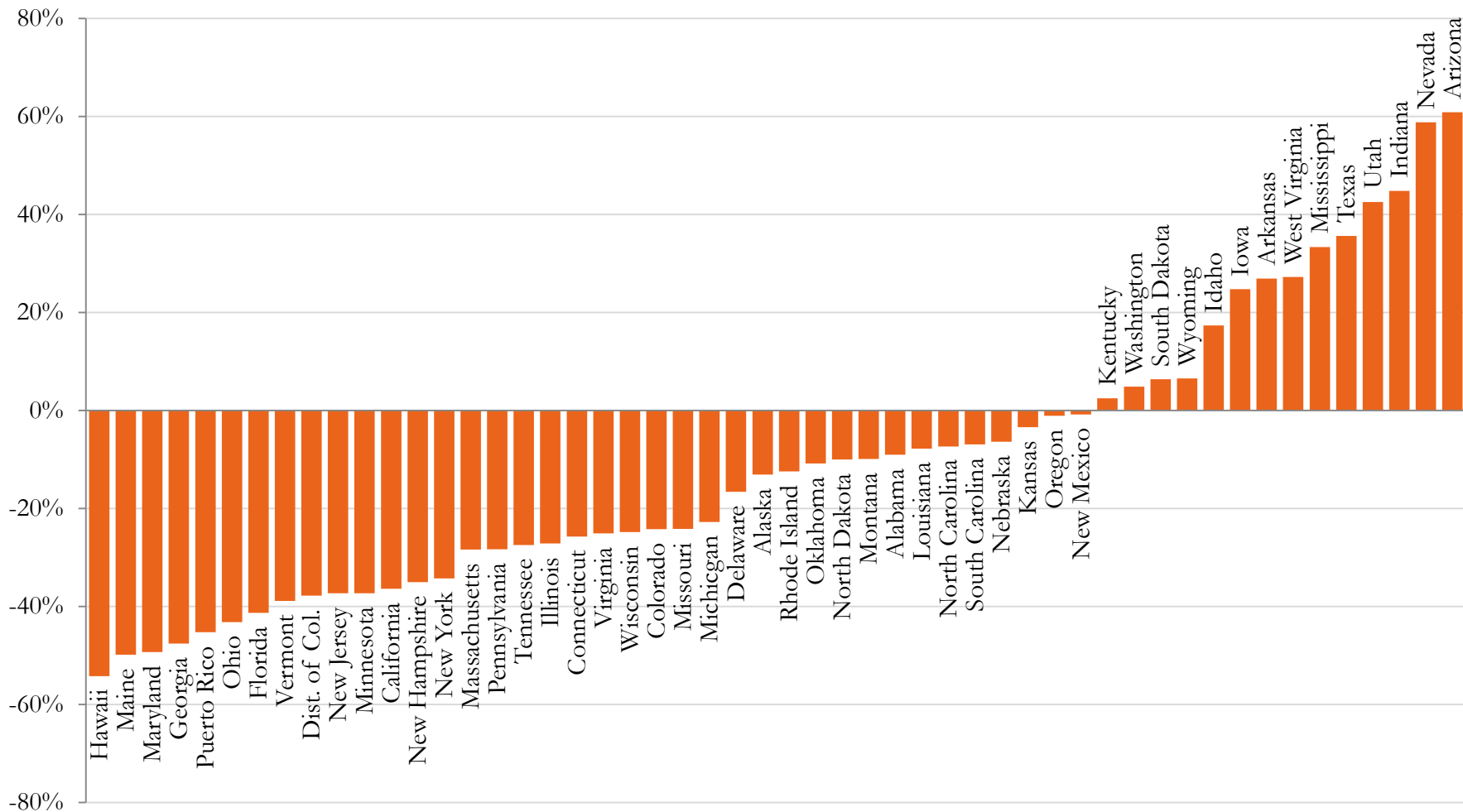


Age Distribution of Children in Foster Care, 2010



States Know How to Get Smaller

Percent Change in Foster Care Population, 2002-2010



Data Source: Adoption and Foster Care Reporting and Analysis System (2002-2010). Children's Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)

“Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm’s way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful. The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.”

Smaller Is Not Always Better

REUNIFICATION

- “Children who went home and stayed home had a four fold **increase in internalizing behavior** problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline” (Bellamy, 2008).

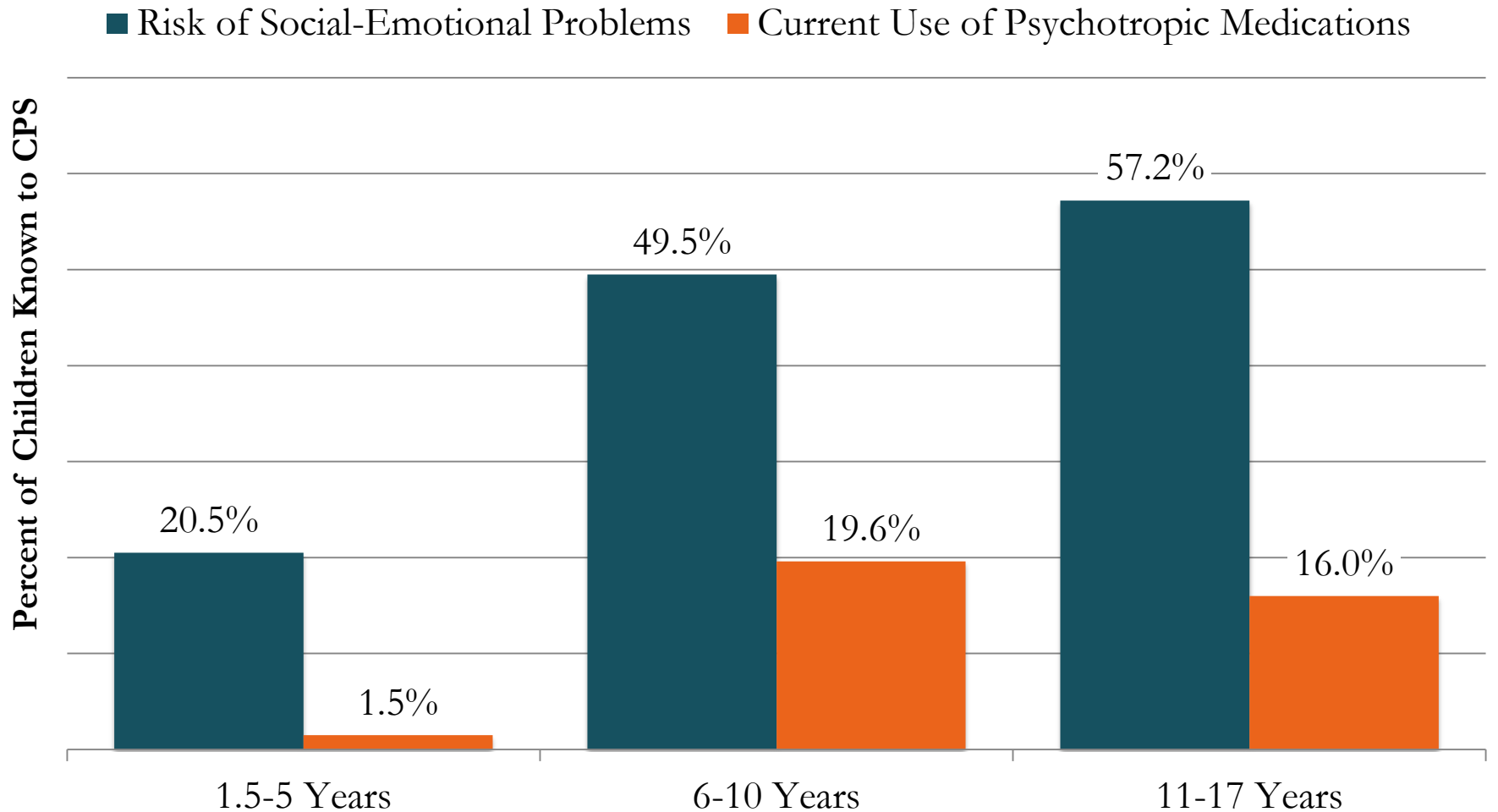
KINSHIP CARE

- “Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care. ...[M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child’s foster care experience enough to show significant differences” (Fechter-Leggett & O’Brien, 2010).

ADOPTION

- In assessments of children at 2, 4, and 8 years following adoption, “Adopted foster youth were more behaviourally impaired than their non-FC counterparts, although a striking number of **non-FC youth displayed behaviour problems** as well” (Simmel, et al, 2007).

Shifting Focus to Better: Social & Emotional Well-being

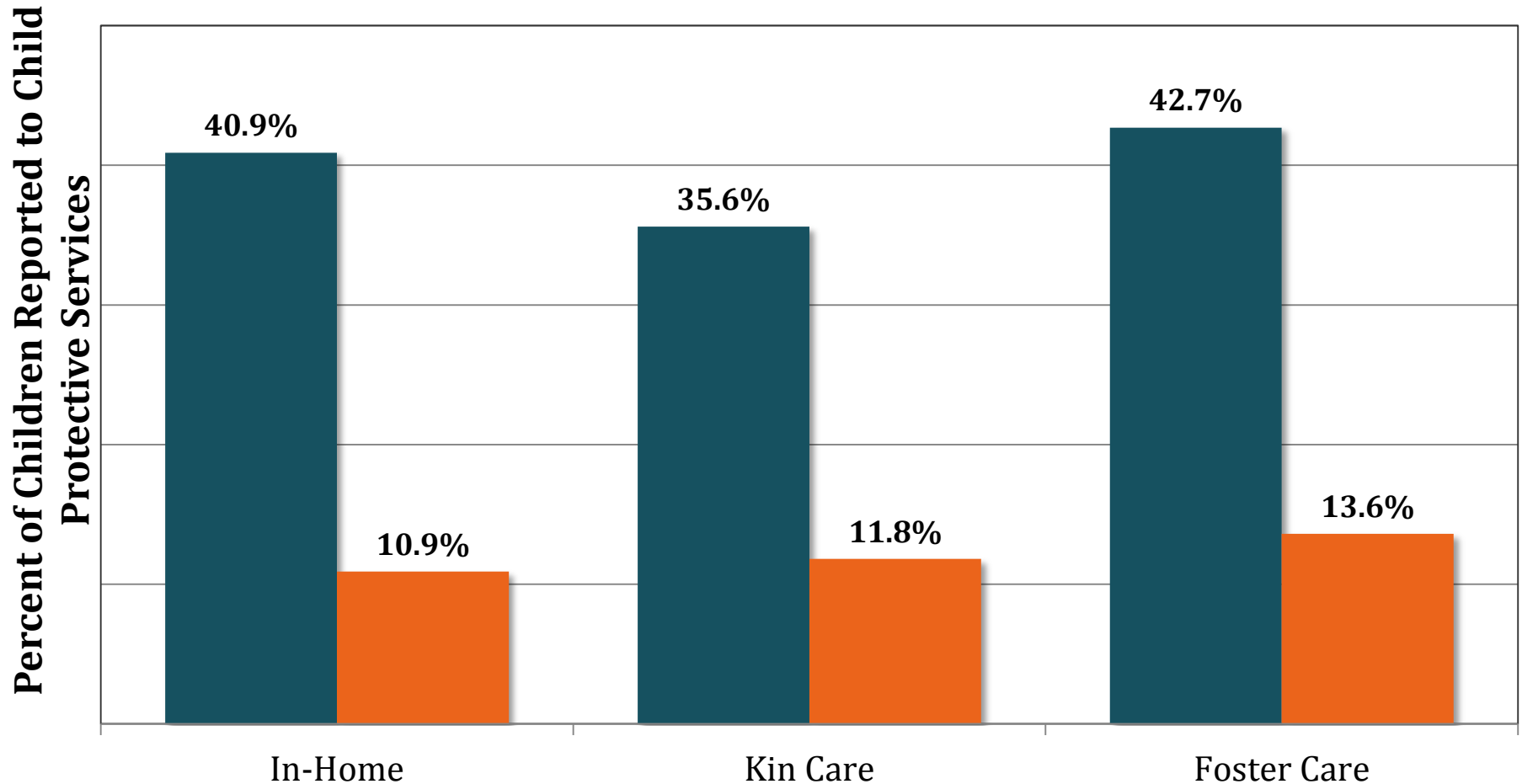


Risk of social-emotional problems was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing, or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5-18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6-18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).

Shifting Focus to Better: Social & Emotional Well-being

■ Risk of Social-Emotional Problems

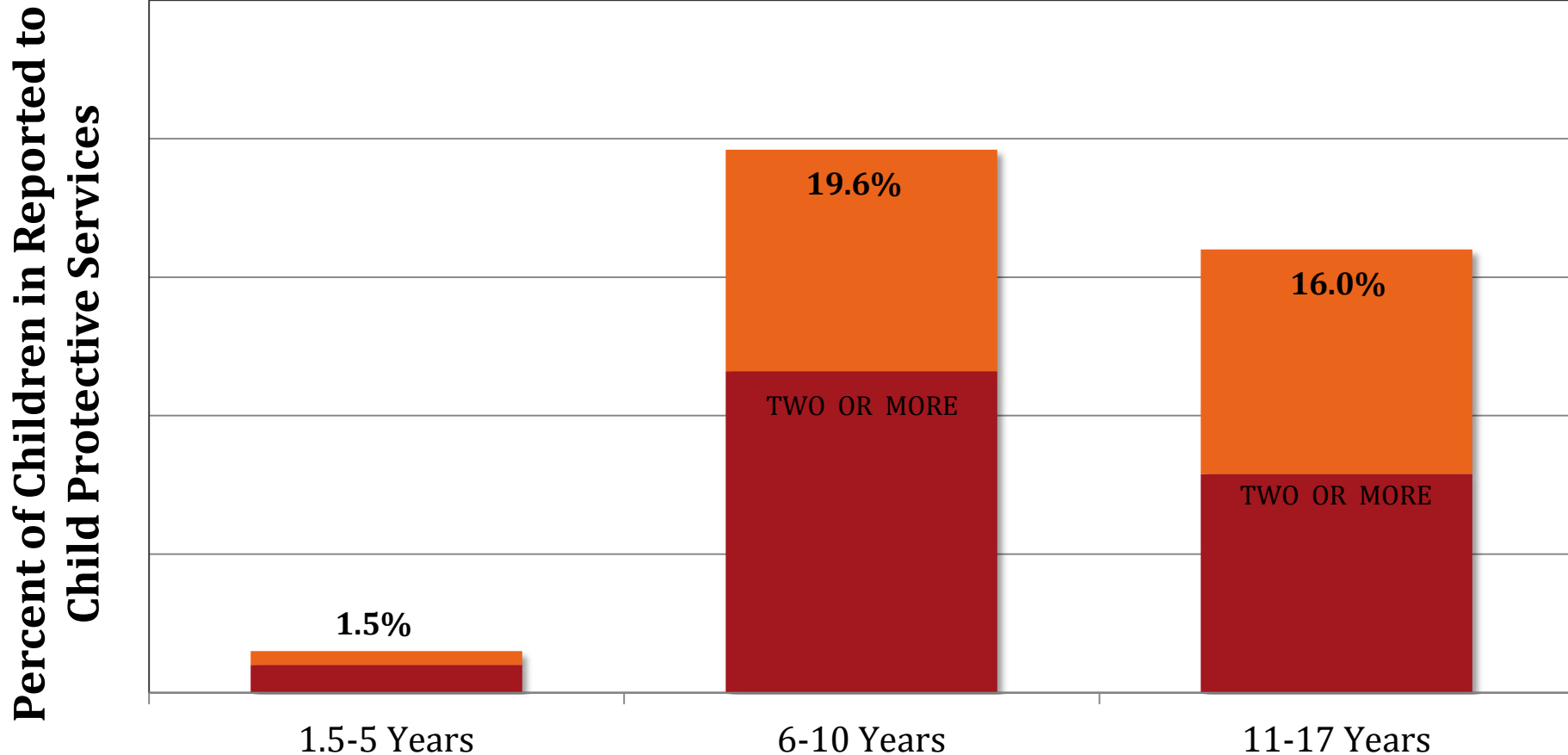
■ Current Use of Psychotropic Medication



Risk of social-emotional problems was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL; administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report Form (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD

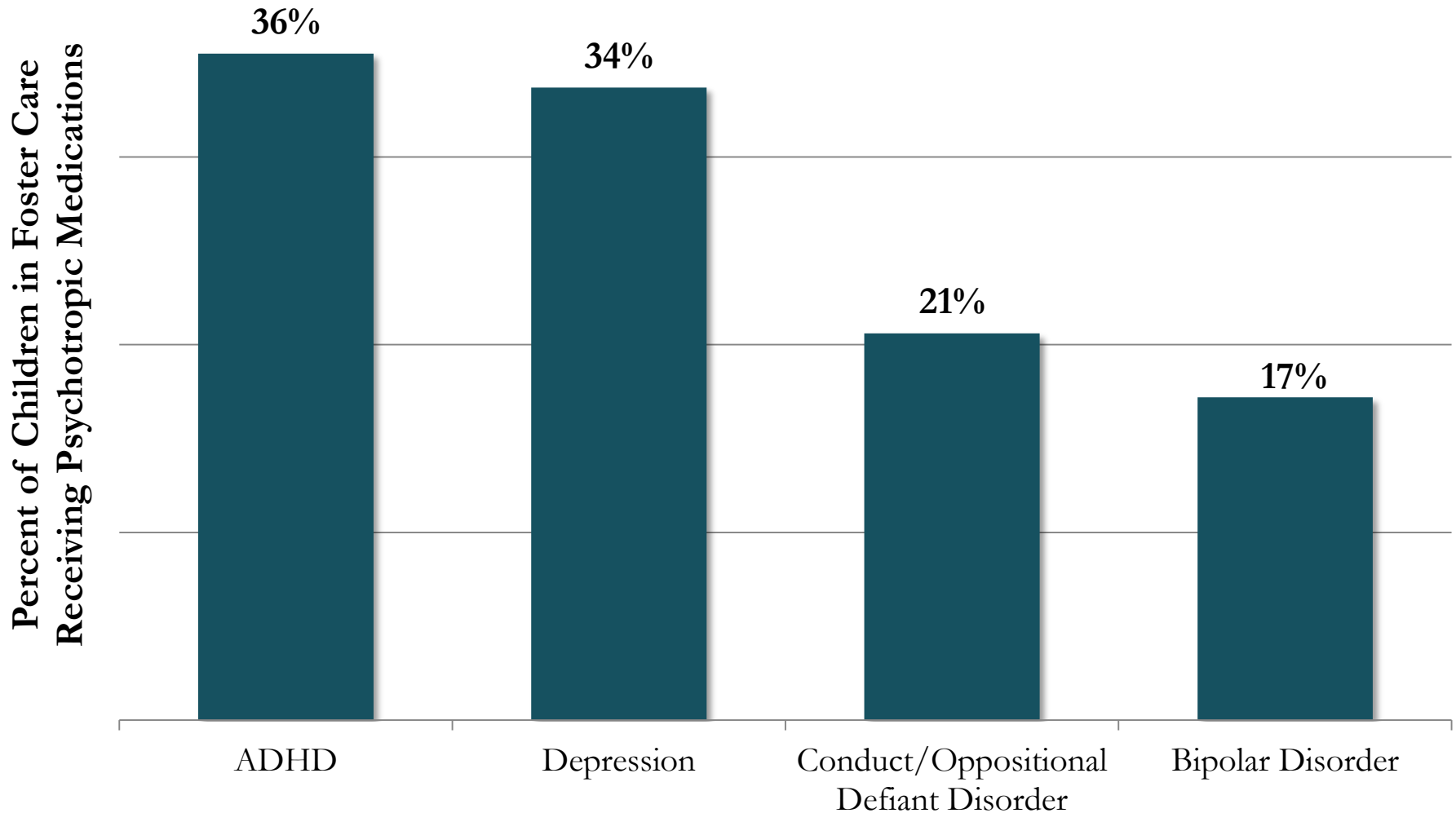
Shifting Focus to Better: Social & Emotional Well-being

- Currently taking ONE psychotropic medication
- Currently taking TWO OR MORE psychotropic medications



Data Source: National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a Congressionally required study sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).

Shifting Focus to Better: Social & Emotional Well-being



Zito, JM; et al. (2008). Psychotropic medication patterns among youth in foster care. *Pediatrics*. 121(1): e157.

HHS Workgroup on Child Welfare

ACF convened an interagency workgroup to explore the use of psychotropic medication among children in foster care and to develop a commensurate response.

- Workgroup members represented 6 agencies:

- Agency for Healthcare Research and Quality (AHRQ)
- Food and Drug Administration (FDA)
- Administration for Children and Families (ACF)
- National Institute of Mental Health (NIMH)
- Center for Medicare & Medicaid Services (CMS)
- Substance Abuse and Mental Health Administration (SAMHSA)

Shifting Focus to Better: Impact of Interpersonal Trauma

- “Acute care” forms of child and adolescent mental health services are poorly matched to the service needs of a disadvantaged child population presenting with complex attachment- and trauma-related psychopathology, and unstable living arrangements.¹
- Promoting well-being for children who have experienced maltreatment requires evidence-based screening and interventions that address their unique behavioral and mental health needs, as well as:
 - Help them understand their experiences
 - Support the development of new coping strategies
 - Address developmental stages and delays
 - Strengthen environmental buffers
- For children who have experienced complex interpersonal trauma, attention must be paid to their capacity to establish and maintain healthy relationships

1. Leslie LK; Kelleher KJ; Burns BJ; Landsverk J; & Rolls JA. (2003). Foster care and Medicaid managed care. *Child Welfare*. 82(3): 367-392.

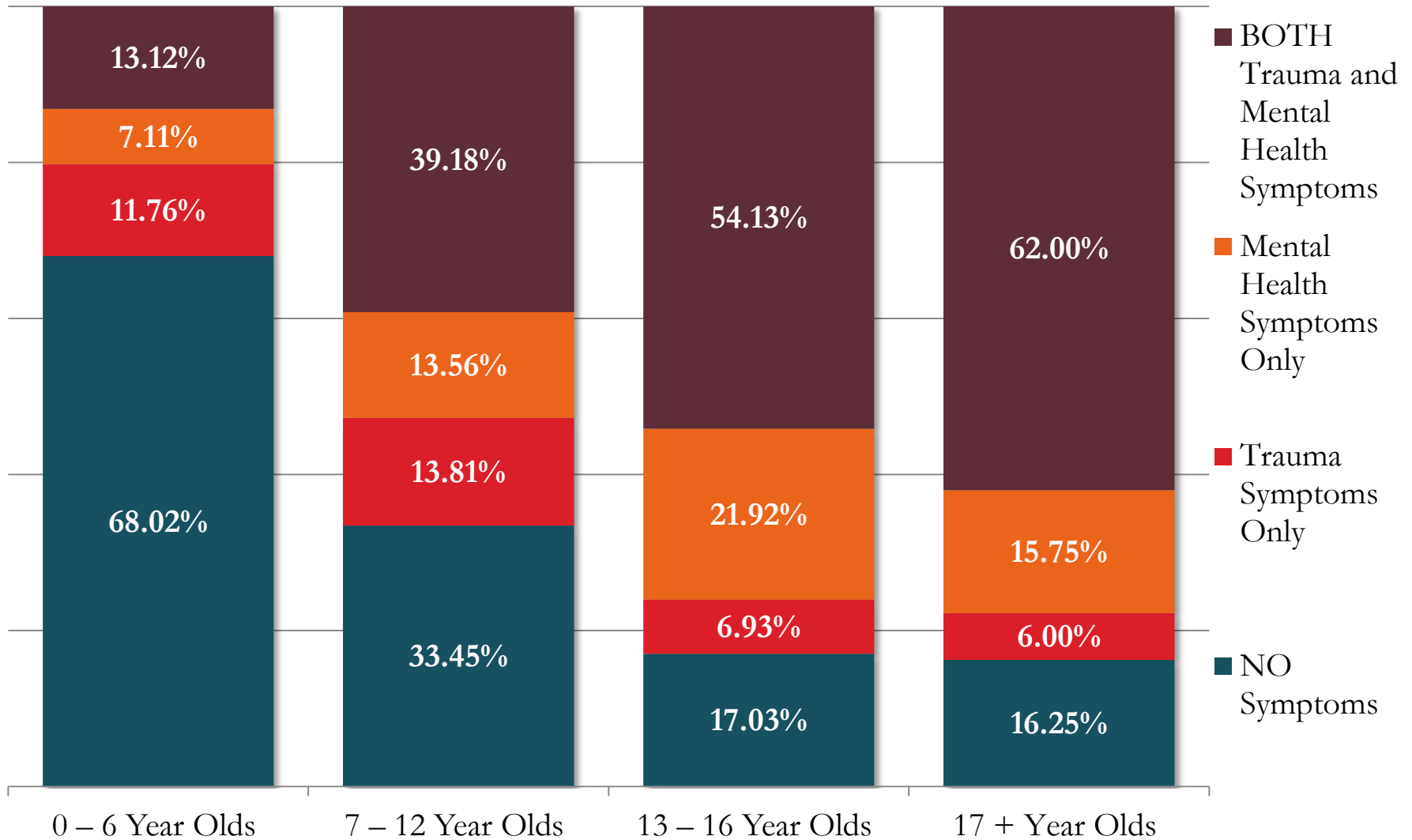
Shifting the Focus to Better: Impact of Interpersonal Trauma

- Advances in the science of child development tell us that significant fear-eliciting experiences early in life can **disrupt the typical development** of stress regulation as well as learning, memory, and social behavior
- The extent to which children with a **heightened attention bias to threat** view the world as a hostile and threatening place can be viewed as both a **logical adaptation to an abusive environment** and a potent risk factor for **behavior problems** in later childhood, adolescence, and adult life.
- Children who have had **chronic and intense fearful experiences** often lose the capacity to differentiate between threat and safety. This **impairs their ability to learn and interact with others**, because they frequently perceive threat in familiar social circumstances, such as on the playground or in school.

Shifting the Focus to Better: Role of Interpersonal Trauma

“[Complex trauma – also referred to as “developmental trauma disorder” or “chronic interpersonal trauma”] refers to children’s experiences of multiple traumatic events that occur within the caregiving system – the social environment that is supposed to be the source of safety and stability in a child’s life. Typically, complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are chronic and begin in early childhood. Moreover, the initial traumatic experiences (e.g., parental neglect and emotional abuse) and the resulting emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues, often lead to subsequent trauma exposure (e.g., physical and sexual abuse, or community violence)”

Shifting the Focus to Better: Role of Interpersonal Trauma



Shifting the Focus to Better: Role of Interpersonal Trauma

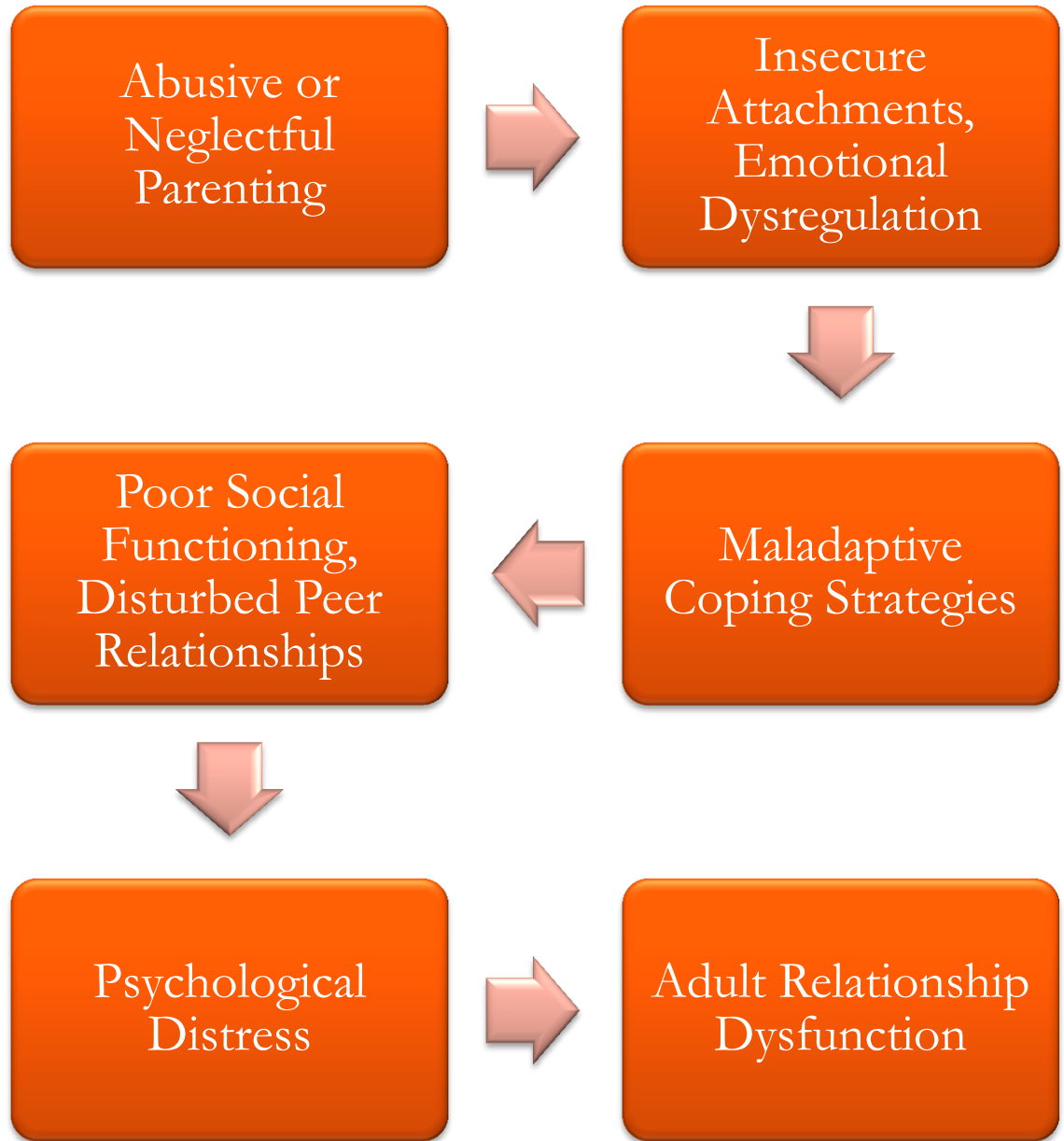
| Mental Illness | Overlapping Symptoms | Trauma |
|--|---|---------------------|
| Attention Deficit/ Hyperactivity Disorder | Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity | Child Trauma |
| Oppositional Defiant Disorder | A predominance of angry outbursts and irritability | Child Trauma |
| Anxiety Disorder (incl. Social Anxiety, Obsessive- Compulsive Disorder, Generalized Anxiety Disorder, or phobia | Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction | Child Trauma |
| Major Depressive Disorder | Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties | Child Trauma |

Adapted from Griffin McClelland, Holzberg, Stolbach, Maj, & Kisiel (2011)

Shifting the Focus to Better: Interpersonal Trauma Interventions

| Diagnosis/Concern/Activity | Evidence-Based Interventions |
|--|--|
| <i>Trauma</i> | |
| Actionable trauma symptoms → <i>Posttraumatic Stress Disorder</i> | <ul style="list-style-type: none"> • Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Prolonged Exposure Therapy • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress • TARGET-A: Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents • AF-CBT: Alternatives for Families/Abuse Focused Cognitive Behavioral Therapy • ARC: Attachment, self-regulation, and competency • PCIT: Parent-Child Interaction Therapy • Child Parent Psychotherapy |
| <i>Behavioral Concerns</i> | |
| Internalizing/Externalizing Behaviors: Behavioral Problems and Relational Concerns | <ul style="list-style-type: none"> • Brief Strategic Family Therapy • Child Parent Psychotherapy • Functional Family Therapy • Nurturing Parenting Programs (NPP) • Parenting Wisely • Promoting Alternative Thinking Strategies • Triple P • Incredible Years |

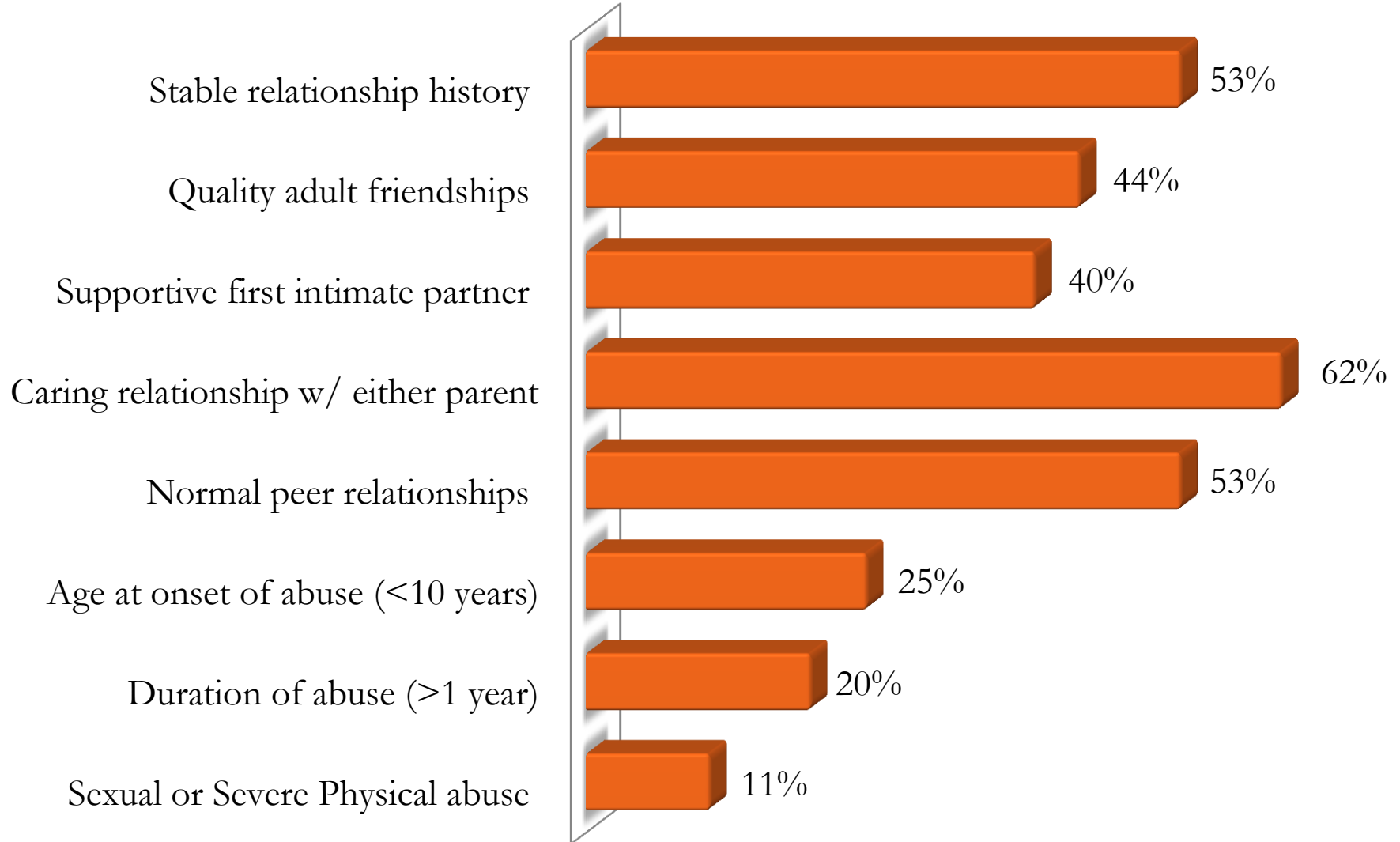
Shifting the Focus to Better: Trauma's Impact on Relationships



Shifting the Focus to Better: Trauma's Impact on Relationships

- Maltreatment affects a child's health and well-being as well as the quality of his or her relationships. Child maltreatment represents an **extreme form of child–parent relationship disruption** (Harden, 2004; Milan & Pinderhughes, 2000).
- Child maltreatment can be considered as a **chronic interpersonal trauma**, to which the child is exposed on a daily basis within the context of the caregiver-child relationship (Perry, 2008; Kolk, 2005).
- To survive in an abusive child–parent relationship, a young child must be able to **adapt with flexible proximity seeking, avoidance, and resistance** according to the shifting needs of an **unpredictable parent** (Crittenden, 1988).
- The developmental stage of the child at **the onset of the abuse and neglect** will influence the **type and severity of the consequences** (Frederico, Jackson & Black 2005; Perry 2005).

Shifting the Focus to Better: Trauma's Impact on Relationships



Shifting the Focus to Better: Changing Policy

Child and Family Services Improvement and Innovation Act

- State plans shall include an outline of “how health needs identified through screenings will be monitored and treated, *including emotional trauma associated with a child’s maltreatment and removal from home.*”
 - Plans must include a description of “the oversight of prescription medicines, *including protocols for the appropriate use and monitoring of psychotropic medications.*”
- New waiver authority requires States to address at least two program improvement policies listed in legislation. One option is:
 - The development and implementation of a plan for *meeting child-specific, comprehensive, and consistent health and mental health needs of children in foster care*, through such means as ensuring that the child has a medical home and regular wellness medical visits, and when appropriate, *addressing the issue of trauma.*

Shifting the Focus to Better: New Funding for Interpersonal Trauma

The purpose of this program:

- Support public child welfare systems in their efforts to provide effective mental and behavioral health services for children and families and to further develop trauma-informed systems that promote safety, permanency, and well-being;
- Assist child welfare systems to target and divert existing resources to the implementation and/or expansion of effective clinical, trauma-focused treatments;
- Support the implementation of trauma-focused treatment models with high fidelity in child welfare systems; and
- Improve the social and emotional well-being of targeted children in child welfare systems who experience trauma and are exhibiting trauma symptoms;
- Evaluate the effect of trauma-focused treatments on safety, permanency, well-being and adoption outcomes.

Shifting the Focus to Better: New Funding for Relational Health

Goal of program is to support the development of strategies to help youth at risk of aging out or who are 18-21 **to develop skills to strengthen and manage relationships** with biological family members and other important individuals in their lives.

The critical part of the work is to develop, implement, and support a framework or practice model to increase capacity to build lasting healthy relationships.

Projects funded will be expected to:

1. Build **protective mechanisms** (i.e. self-regulation, coping, and self-efficacy) and factors with youth to promote relational competencies and the ability to successfully seek out environments that support their development now;
2. Demonstrate effective strategies to promote **connecting youth with adults** in a long-lasting and meaningful way;
3. Develop models or strategies of youth **relational competency**, youth leadership, employment and educational achievement; and

Social-Emotional Well-Being: Measures of Success

SELF-MANAGEMENT

Age-appropriate autonomy, emotional self-regulation, persistence, constructive time use

AGENCY

Planfulness, resourcefulness, positive risk-taking, realistic goal-setting, motivation

SENSE OF PURPOSE

Believing one's life is meaningfully connected to a larger picture

CONFIDENCE

Positive identity and self-worth

POSITIVE RELATIONSHIPS WITH PEERS, SIBLINGS, FAMILY, ETC.

Warmth, closeness, communication, support, positive advice

ENVIRONMENTAL AWARENESS & BEHAVIOR

Knowledge, positive behaviors

RISK MANAGEMENT SKILLS

Skills and knowledge to avoid drug and alcohol use and risky sex

CRITICAL THINKING

Evaluation/analytical/problem-solving skills

KNOWLEDGE OF ESSENTIAL LIFE SKILLS

Financial management, decision-making skills, home maintenance, etc.

SOCIAL INTELLIGENCE

Communication, cooperation, conflict-resolution skills, trust, intimacy

Adapted from: Lippman, LH; Moore, KA & McIntosh, H. (2011). Positive indicators of child well-being: A conceptual framework, measures, and methodological issues. *Applied Research in Quality of Life*. Accessed on August 16, 2011. <http://www.springerlink.com.proxy.uchicago.edu/content/tr32721263478297/>.