

Strategies for Working in Foster Care Settings

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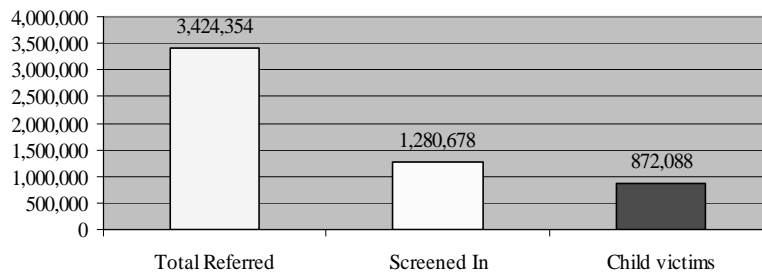
What we will Cover

- Why children and youth come into care
- What you need to know about the children and youth that come into care
- Working with the Child Welfare System

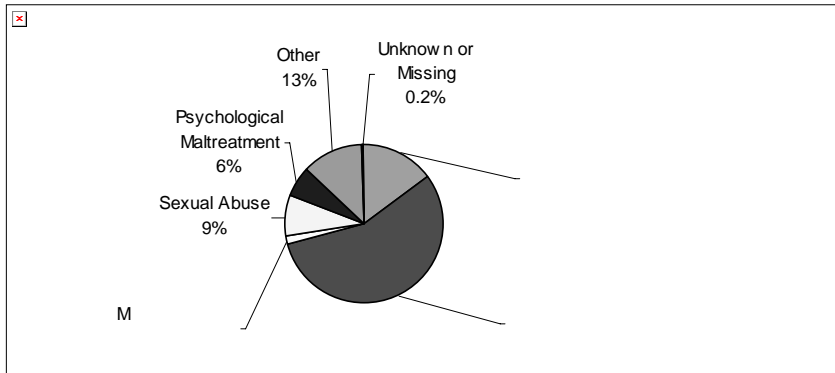
Why Children and Youth Come into Care

Children Referred to Child Welfare Agencies, 2004

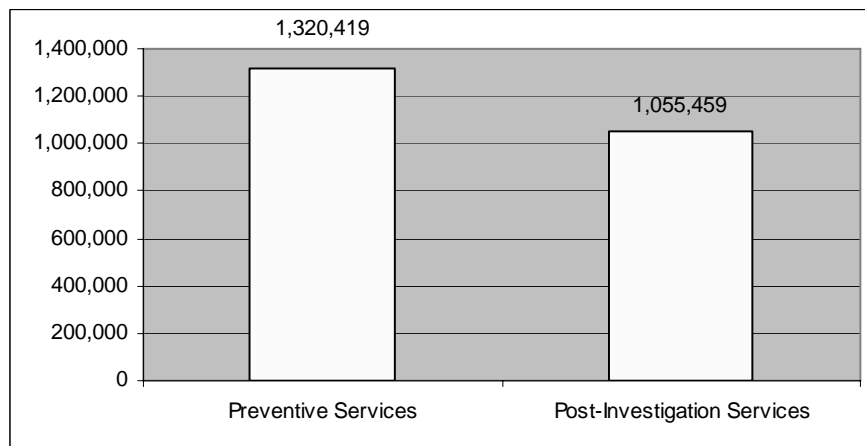
Children Referred to Child Welfare



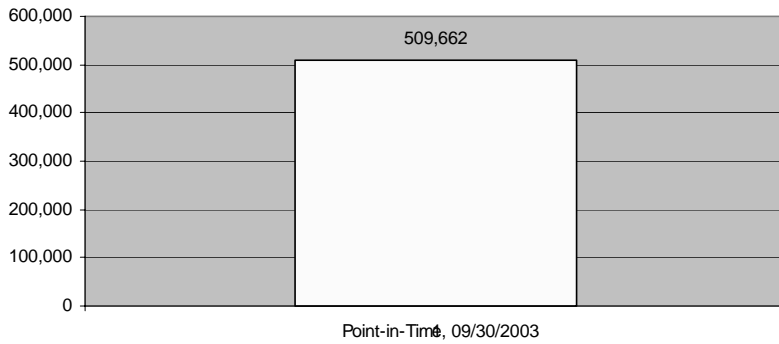
Victims by Maltreatment Type, 2004



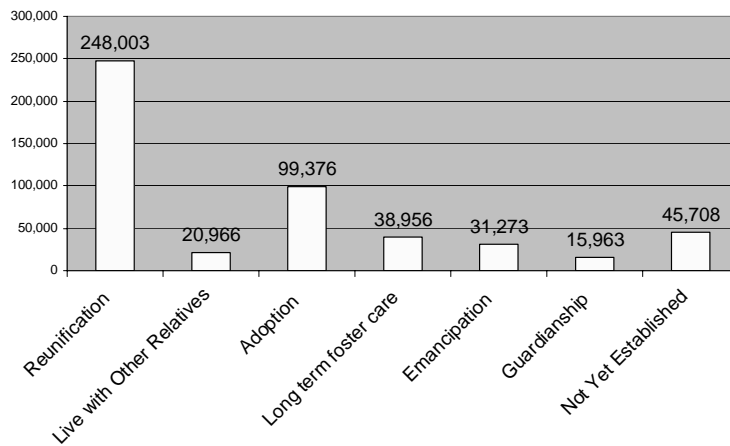
Children Who Received Services, 2004



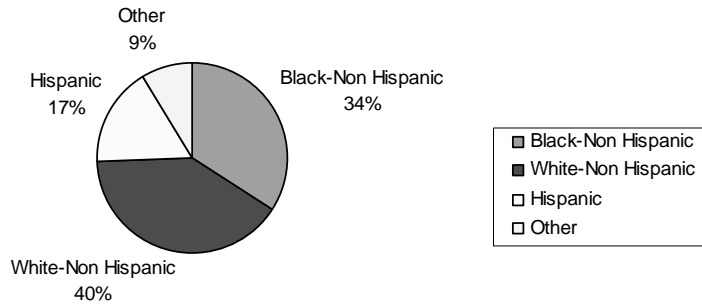
Children in Foster Care, 2004



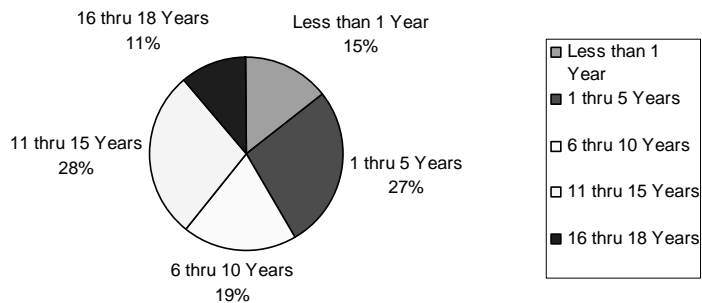
Children in Care, by Case Plan Goal, 2004



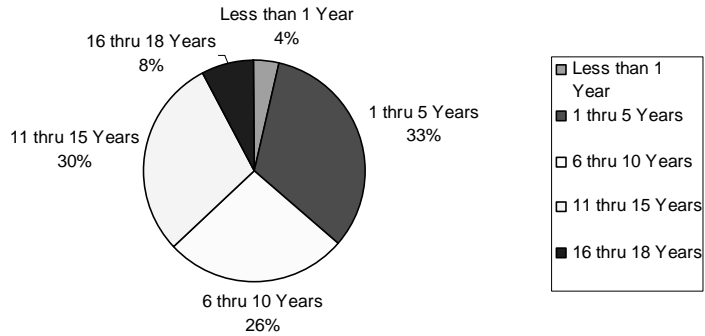
Racial/Ethnic Distribution of Children In Care, 2004



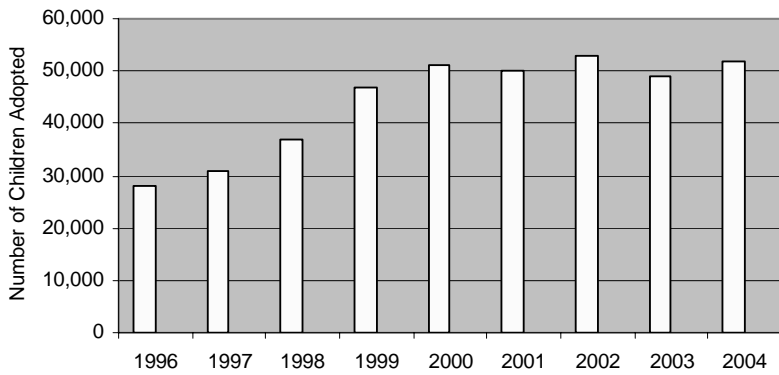
Age of Children Entering Care, 2004



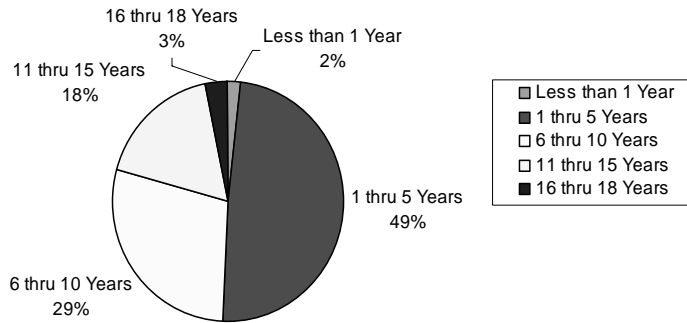
Age of Children Waiting to be Adopted, 2004



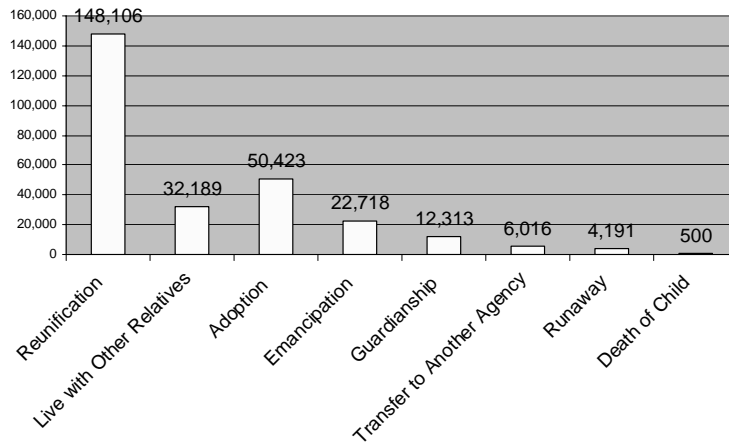
Children Adopted from Foster Care, 2004



Age of Children Exiting Foster Care, 2004



Number of Children Exiting, by Reason for Discharge, 2004



What are the needs of the children and youth in foster care

- Children in foster care have been repeatedly found to have clinical levels of mental health problems far in excess of children in the general population (Landsverk, et al., 2002).
- Most children in the child welfare system do not receive even the most basic mental health services, including screening, evaluation and referral (Burns, et al. 2004)
- Less than one-third of children who come into the child welfare system following an investigation of maltreatment receive mental health services, despite at least 60% having moderate to severe mental health problems (CWLA, 2004).

What are the needs of the children and youth in foster care continued

- Children in foster care often receive psychological evaluations only after displaying highly disruptive behavior, such as suicidal ideation (Urquiza, et al., 1994)
- Recent studies have identified childhood trauma and adversity as a major risk factor for many serious adult mental and physical health problems (Harris, Putnam et. al.)
- Depression is at least three-fold higher in victims of child abuse than in the general population. Depression is one of the top public health problems in the world, costing the U.S. \$44 billion in lost worker productivity in 2003

Adapted from NCTSN presentation

What are the needs of the children and youth in foster care continued

- Nearly 80% of abused children face at least one mental health challenge by age 21, including depression, suicide attempts, and eating disorders (Association of State and Territorial Health Officials, 2005)
- African American and Hispanic children have lower rates of mental health service receipt than white children, in the child welfare system (Garland, et al. 1997 and Garland, et al., 2003)
- Maltreated children are more likely to have depressive symptomology, school behavior problems, difficulties with peer relationships resulting in more peer rejection and victimization, as well as difficulties with mood regulation. Further there is evidence to support that chronic maltreatment is associated with greater emotional and behavioral difficulties (Ethier, Lemelin, & Lacharite, 2004)

Risk Factors for Experiencing Mental Health Problems

- Prenatal damage from exposure to alcohol, illegal drugs, and tobacco
- Low birth weight
- Poverty
- Abuse and neglect
- Exposure to traumatic events or violence
- Parental mental health issues
- Youth who are homeless, run away from home, in foster or group homes, who are GLBT and who are incarcerated are more prone to have mental health needs

Other Issues to be Aware of

Trauma

- Minority groups fare worse in aftermath of trauma
- Minority children experience more severe symptomatology and more lasting detrimental effects following child abuse
- Striking disparities for minorities in utilization of mental health services
- Limited availability of culturally competent services
- Stigma and mistrust issues

Other Issues to be Aware of

Complex Trauma

- The term complex trauma describes the problem of children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development.
- Simultaneous or sequential occurrence of child maltreatment--including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence--that is chronic, begins in early childhood, and occurs within the primary care-giving system.

Other Issues to be Aware of

Complex Trauma continued

- Exposure to these initial traumatic experiences, and the resulting, loss of safety, direction, and the ability to detect or respond to danger cues, often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

Other Issues to be Aware of

Impact of Complex Trauma

- Leads to prevalent problems with the following:
 - Affect regulation
 - Attention
 - Self-image
 - Impulse control
 - Aggressive behaviors
 - Risk-taking
 - Somatization
 - Attachment

Key points

- Great need
- All have experienced trauma and many have complex trauma
 - Including trauma of removal from home, placement, being in care
 - Most common trauma where children receive services is for sexual abuse
- Often mental health needs not assessed but if assessed generally do not receive the services
 - If receive services generally for externalizing symptoms or behaviors
- Issues of disparity in the children/youth that do receive the services

Resilience

- What families and youth want
- Importance for at risk populations
- Key issues
 - Attachment relationships
 - A human brain in good working order
 - Opportunities to learn and experience effectiveness
 - Self-efficacy (I can do it motivation)
 - Self-regulation skills
 - A sense of belonging or meaning in life
- Resilience can be grown
- Developmental windows of opportunity – school transitions, early adolescence, emerging adulthood, out of home placement, family re-entry, and aging out of systems

Adapted from presentation by Anne Masten (2006)

Resilience:

Coping and Protective Factors for Trauma

- Parental and social support is key mediating factor in determining adaptation to victimization
- Believing and validating child's experience
- Tolerating child's affect
- Managing own emotional response

(Cook, Blaustein, Spinazzola, Van der Kolk, 2003)

Resilience:

Coping and Protective Factors for Trauma cont

- Positive attachments and connections to emotionally supportive adults
- Cognitive and self-regulation abilities
- Positive belief about oneself
- Intelligence
- Disposition/Temperament
- Special talents and creativity
- External attributions of blame

(Cook, Blaustein, Spinazzola, Van der Kolk, 2003)

Common Risk Factors for Child Abuse and Neglect

Child Risk Factors

- Premature birth, birth anomalies, low birth weight, exposure to toxins in utero
- Temperament: difficult or slow to warm up
- Physical/cognitive/emotional disability, chronic or serious illness
- Childhood trauma
- Anti-social peer group
- Age
- Child aggression, behavior problems, attention deficits

Common Risk Factors for Child Abuse and Neglect

Parental/Family Risk Factors

- Personality Factors
- External locus of control
- Poor impulse control
- Depression/anxiety
- Low tolerance for frustration
- Feelings of insecurity
- Lack of trust
- Insecure attachment with own parents
- Childhood history of abuse
- High parental conflict, domestic violence

Common Risk Factors for Child Abuse and Neglect

continued

- Family structure—single parent with lack of support, high number of children in household
- Social isolation, lack of support
- Parental psychopathology
- Substance abuse
- Separation/divorce, especially high conflict divorce
- Age
- High general stress level
- Poor parent-child interaction, negative attitudes and attributions about child's behavior
- Inaccurate knowledge and expectations about child development

Common Risk Factors for Child Abuse and Neglect

Social/Environmental Risk Factors

- Low socioeconomic status
- Stressful life events
- Lack of access to medical care, health insurance, adequate child care, and social services
- Parental unemployment; homelessness
- Social isolation/lack of social support
- Exposure to racism/discrimination
- Poor schools
- Exposure to environmental toxins
- Dangerous/violent neighborhood
- Community violence

Common Protective Factors for Child Abuse and Neglect

Child Protective Factors

- Good health, history of adequate development
- Above-average intelligence
- Hobbies and interests
- Good peer relationships
- Personality factors
- Easy temperament
- Positive disposition
- Active coping style
- Positive self-esteem
- Good social skills
- Internal locus of control
- Balance between help seeking and autonomy

Common Protective Factors for Child Abuse and Neglect

Parental/Family Protective Factors

- Secure attachment; positive and warm parent-child relationship
- Supportive family environment
- Household rules/structure; parental monitoring of child
- Extended family support and involvement, including caregiving help
- Stable relationship with parents
- Parents have a model of competence and good coping skills
- Family expectations of pro-social behavior
- High parental education

Common Protective Factors for Child Abuse and Neglect

Social/Environmental Protective Factors

- Mid to high socioeconomic status
- Access to health care and social services
- Consistent parental employment
- Adequate housing
- Family religious faith participation
- Good schools
- Supportive adults outside of family who serve as role models/mentors to child

Working with the Child Welfare System

- Trends in child welfare
- Challenges to working with children/youth in care
- What you can do

Trends in Child Welfare

- CFSR/PIPs
 - Requirement to meet the mental health needs of children in care
 - Greater Involvement of the child/youth and family
- Permanency
 - Attention paid to the group of youth who are aging out of care
- Child and Family Teams
- Foster Parents as mentors for the bio family
- System reform efforts - e.g. SOC

Challenges to working with children/youth in care

- Issues for the children and youth
 - Often have multiple moves – while in care and back and forth into care
 - Loss of connections – with family, school, friends
 - Difficulties in maintaining connections
 - Significant amount of uncertainty – courts/others make the decisions
 - Changes in case workers
- Lack of Assessments and/or comprehensive assessments
- Difficulty of obtaining accurate Diagnosis
- Lack of access to effective treatment and providers who know how to work with this population of children/youth

Challenges to working with children/youth in care

- Workers don't always have all the background info regarding prior treatment, provider names, etc.
- Insurance coverage/funding
- Linking services/coordination of services
- Workforce issues
- Workload issues
- Access to supports
- Increasing accountability

What you can do

- Working with
 - child welfare case worker
 - the caregiver(s)
 - could be a foster parent, group home/residential staff, kinship care giver, bio family
- Being part of the team
- One plan
- Documentation – court issues/timeframes

Resources

- A Family's Guide to the Child Welfare System www.cwla.org/familyguide.htm
- Millicent Williams, Director of Foster Care Services 202- 942-0243 or mwillia@cwla.org
- Julie Collins, Director of Mental Health 202-639-4932 or jcollins@cwla.org