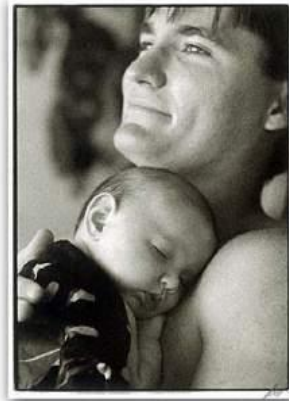
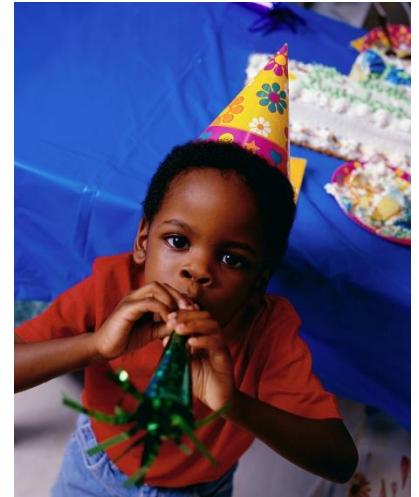


The Mental Health Needs of Children in Foster Care



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Life of a Child in Foster Care



What are their experiences?

- Loss
- Separation
- Trauma
- Poverty
- Lack of medical care
- Drug & alcohol exposure
- Biological factors



What are their experiences?

- **Multiple caregivers**
- **Unpredictability in relationships**
- **Unpredictability in environment**
- **Abandonment**
- **Lack of a secure safe and developmentally nurturing caregiver**



What are their feelings/ thoughts?

- **blaming themselves**
- feeling **guilty** about removal from their birth parents
- wishing to return to birth parents even if they were abused by them
- feeling **unwanted**
- feeling **helpless**
- having **mixed emotions / conflicted**
- feeling **insecure and uncertain** about their future
- reluctantly acknowledging positive feelings for foster parents

Children in Foster Care may Display

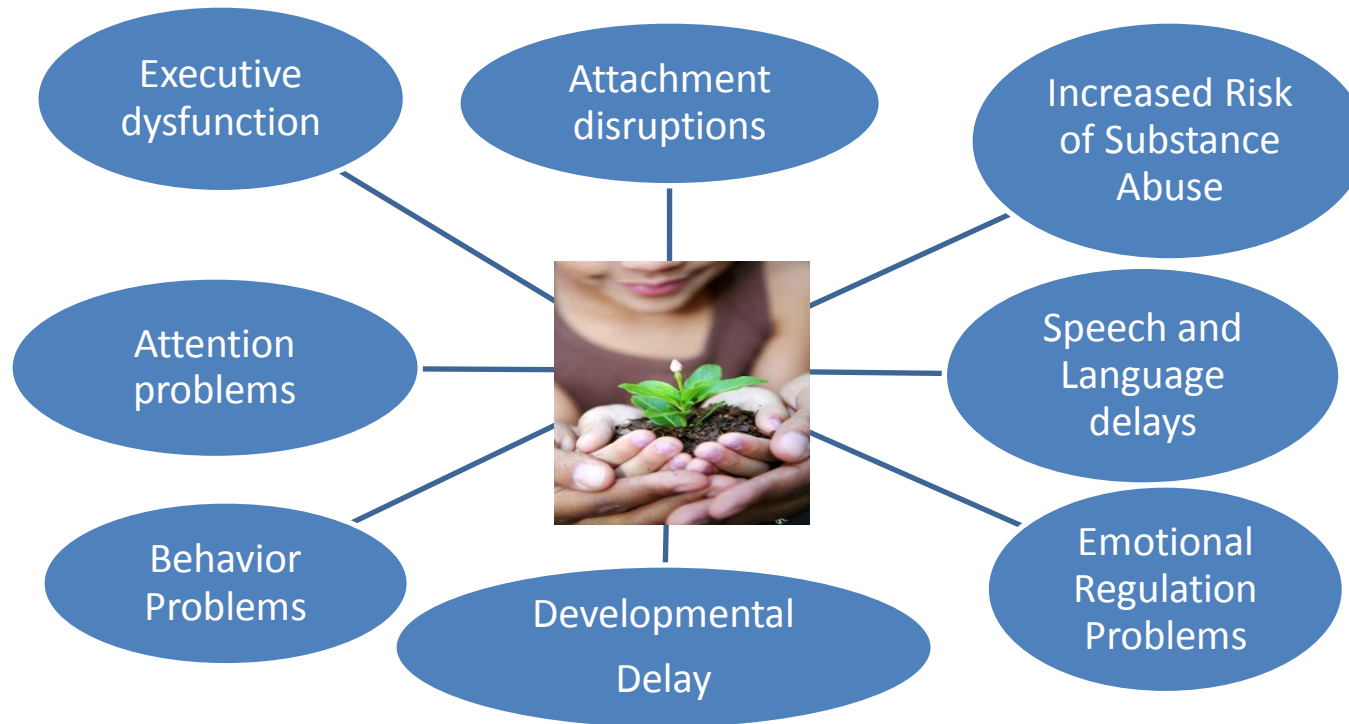
- a poor self image
- sexual acting out
- inability to trust or love others
- aggressive, disruptive, and sometimes illegal behavior
- anger and rage
- self destructive or self abusive behavior, suicidal thoughts
- passive, withdrawn or clingy behavior
- fear of entering into new relationships or activities
- anxiety and fears
- school problems or failure
- feelings of sadness or other symptoms of depression
- flashbacks, nightmares
- drug and alcohol abuse
- sleep problems

http://www.aacap.org/cs/root/facts_for_families/child_abuse_the_hidden_bruises

Prevalence

- Approximately **500,000** children in foster care (Children's Bureau, 2006)
- **80%** of the children have significant mental health issues (compared to 18 to 22% general population) -- ***We have a problem!!!***
- Co occurring
 - **Learning disabilities**
 - **Medical problems**
 - **Behavioral problems**
 - **Developmental delays**
 - **Speech and language delays**
 - **School difficulties/ expelled**

Developmental Vulnerabilities of Children in Foster Care

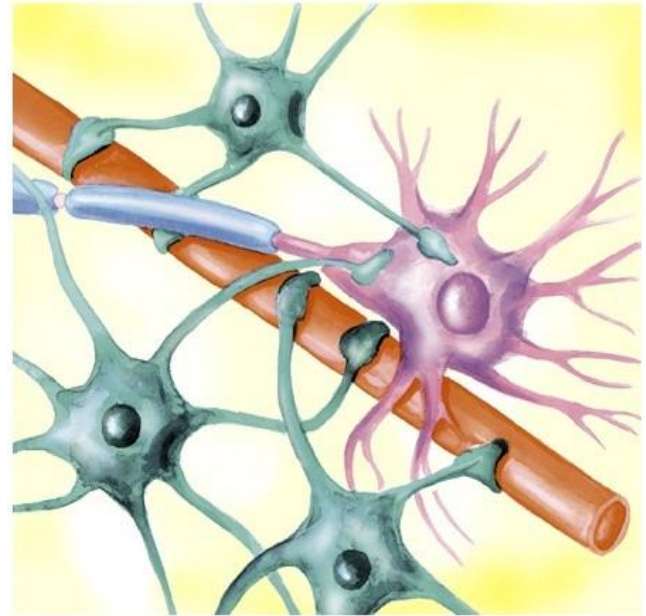


What are the risk factors for mental illness?

- **Biological compromises** - drugs, alcohol, lack of prenatal care, genetics, chemical imbalances, or damage to the central nervous system.
- **Environmental factors** - includes exposure to violence, extreme stress, or the loss of an important person
- **Relationships**

Impact of Maltreatment on Young Children

Maltreatment interferes with the healthy development of synaptic connections in the brain.

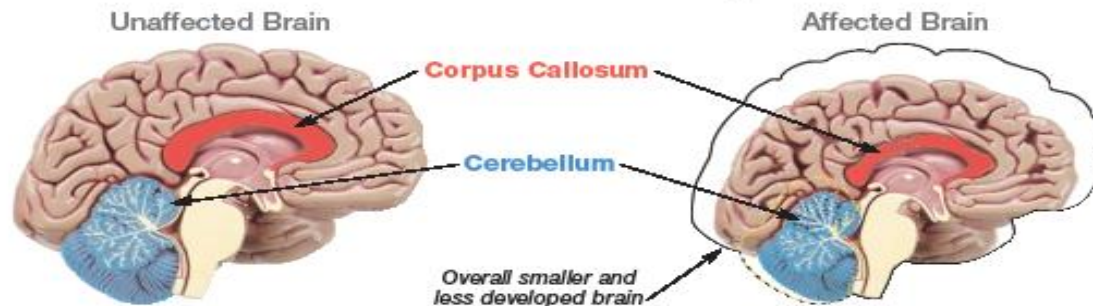


Building Blocks of Development

- ❑ Most of the growth of the brain occurs within the ***first 3-4 years*** after birth, and is due to the formation of those synapses or connections in the brain.
- ❑ ***Experiences*** in the first few years of life play an important role in developing healthy connections

Prenatal Alcohol Exposure

Brain Structures Most Sensitive to Prenatal Alcohol Exposure

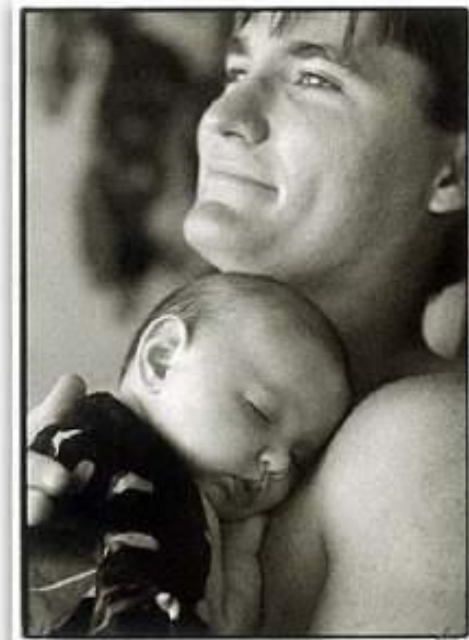


Brain Structure	Function	Prenatal alcohol exposure may result in problems with:
Corpus Callosum	Communicates motor, sensory and cognitive information between the two hemispheres of the brain	Storing and retrieving information, problem solving, attention and verbal memory
Cerebellum	Processes input from other areas of the brain to coordinate motor and cognitive skills	Controlling movements, maintaining balance and fine motor skills

National Organization on Fetal Alcohol Syndrome (NOFAS)
1.800.66NOFAS or visit www.nofas.org



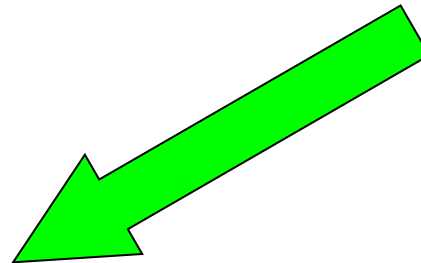
*The child-parent
relationship is
core to a child's
development*



Caregiver Responsiveness Influences Attachment



SECURE



Attachment

To promote attachment:

- Young children need frequent and consistent contact with their parents.
- Young children become attached to caregivers that meet their physical needs.
- Secure and stable attachment with a primary caregiver is the foundation for a child's future emotional and cognitive development.



Common Disorders?

Internalizing

- **Depressive Disorders**
 - Major Depression
 - Dysthymic Disorder
- **Bi Polar Disorder (must have at least 1 manic episode lasting 1 week)**
- **Anxiety Disorder**
- **Generalized Anxiety Disorder**
- **Obsessive Compulsive disorder (OCD)**
- **Post traumatic Stress Disorder (PTSD)**
- **Specific Phobic Disorders**
- **Sleep Disorders**
- **Eating Disorders**

Children's MH Disorders

Externalizing

- Attention Deficit /Hyperactivity Disorder
- Conduct Disorder
- Oppositional defiant Disorder
- Tic Disorders
 - Tourette's Syndrome
- Anxiety Disorders

Common Disorders

Other Disorders of Childhood

- Separation Anxiety Disorder
- **Selective Mutism**
- **Reactive Attachment Disorder** (begins before the age of 5 , impairment in social relatedness associated with grossly pathological care)

Inhibited – failure to respond to social interactions

Disinhibited –indiscriminate response

Other Disorders / co-occurring disorders

- Mental Retardation
- Pervasive Developmental Disorders

Differential diagnosis is critical
Developmental perspective is important

Parents with Mental Illness

- Parents of maltreated infants often have increased risks including:
 - poverty
 - substance abuse
 - mental illness
 - violence
 - limited social support

(Larrieau, 2000)

What can we do

- Intervene early
- Look at the world through the child's "lense"
- Developmentally appropriate services
- Family based
- Parent –child relationships/ interventions
- Clinically appropriate services
- Evidence based practices

Infants and Toddlers

- Early identification of needs
- Intervene as needed
- Frequent and educational visitation opportunities to build the parent-child bond & educate parents about their children's needs
- Educational parenting programs (with opportunities for modeling , coaching, guidance) -- **REFLECT**
- Parent-child psychotherapy
- Provide for corrective attachment experiences
- Plan for transitions
- Stability in placements

Signs of emotional problems in Toddlers/ Preschoolers



- **Very aggressive or very withdrawn**
- **Attention problems and deficits**
- **Lack of emotional attachment to others**
- **Sleep problems or disorders**

School Age Children

- Coordination with the school
- Identification of educational, behavioral, and emotional needs
- Advocate and ensure appropriate educational services to address child's disability
- Differential diagnosis is essential
- Build on strengths
- Plan and provide opportunities for positive social interactions

Adolescents

- Keep them in school
- Build success
- Positive peer groups
- Recognize risk factors and plan for intervention
- Develop and support a sense of belonging
- Drug & alcohol awareness/ education
- Relationships

Evidence Based Practices

Trauma – Focused Cognitive Behavior Therapy

Focuses on changing distorted beliefs and attributions related to the abuse, includes the non-offending parents (12-18 sessions)

P- Psycho education & parenting

R – Relaxation Techniques

A – Affective expression and regulation

C – Cognitive coping & processing

T – Trauma narrative

I – In Vivo exposure to non threatening events

C – Conjoint parent-child sessions

E – Enhancing personal safety & future growth

What can you do?

- Ensure that children have stable placements
- Transitions are planned and take into consideration child's developmental and emotional needs
- Facilitate / supervise/ educate parents during visitation (e.g., Positive and Productive visitation developed by FB CASA)
- Focus on strengths/ building resiliency
- Advocate
- Case Management
- Develop wraparound supports
- Information sharing and linkages
- Ask Questions????
- **Thank you**

Case example - Child

DSM-IV Diagnosis:

Axis I: Attention Deficit Hyperactivity Disorder

Post Traumatic Stress Disorder

Marijuana Abuse, by Self-Report

Axis II: Reading Disorder

Axis III: None Reported

Axis IV: Psychosocial Stressors: Child abuse, separation from family, multiple placements, school problems

Axis V: Global Assessment of Functioning: 55 (Current)

Case example – Parent

DSM-IV Diagnosis:

- Axis I: Psychotic Disorder NOS (Rule Out Schizophrenia, Paranoid Type)
Major Depressive Disorder, by History and Self-Report
Partner Relational Problem
- Axis II: Deferred
- Axis III: Deferred
- Axis IV: Psychosocial Stressors: CPS Involvement, Separation from Children,
History of Considerable Family Discord and Domestic Violence,
Recent Move and Separation from Family
- Axis V: Global Assessment of Functioning: 40 (Current)