

## FOSTER CARE IN SC-TRAUMA INFORMED PRACTICE

RAMKUMAR JAYAGOPALAN, MD FAAP

## "KASSERIAN INGERA"?

### NOT SO GOOD !

- 50,397- Number of children that were involved in an investigation of abuse or neglect.
- 7,345- Received services after an investigation.
- 3,577- Children entered Foster care.

### SPECIAL HEALTH CARE NEEDS OF CHILDREN IN FOSTER CARE

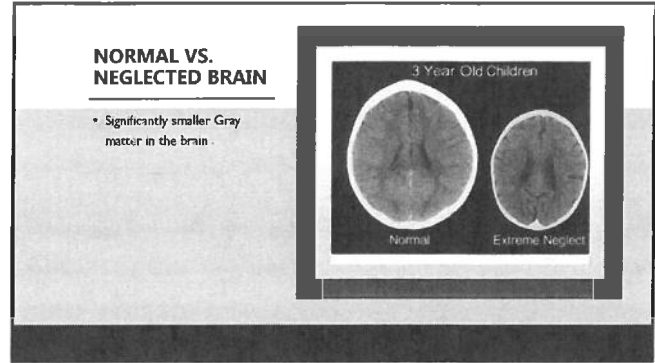
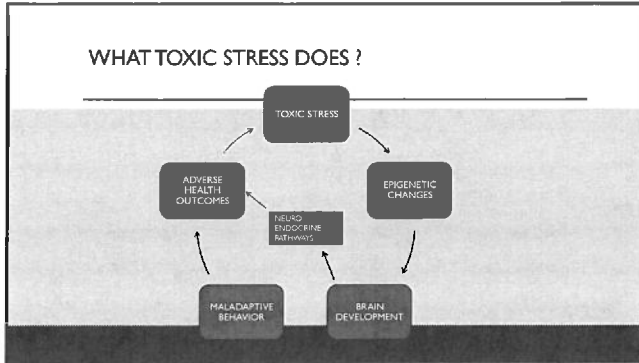
- >70% of children in foster care have a history of abuse or neglect
- >30% have chronic health conditions
- 80% have significant mental health needs
- 40% have oral health conditions
- 60% of children <5yo have developmental concerns

### TOXIC STRESS

- Extreme, frequent, extended activation of the stress response, without the buffering presence of a supportive adult.
- Neglect, abuse, extreme poverty, family violence, substance abuse, and parental health problems.
- These are examples of Adverse Childhood Events (ACEs).

### ADVERSE CHILDHOOD EXPERIENCE

- Greater than 90% of Foster kids have had at least one ACE and more than half of them have had more than 2 ACEs.
- ACE study- Adverse Childhood Experiences (ACE) study(1995-97 at HMO in CA)
- Attention problems, oppositional behavior, emotional dysregulation, sleep problems, toileting problems, anger, anxiety and depression- directly related to childhood adversity.
- High risk for adverse health outcomes as an adult- cardiovascular, cancers, asthma, depression and autoimmune diseases.
- High risk behaviors like alcohol and drug addiction.
- Enormous financial and personal cost.

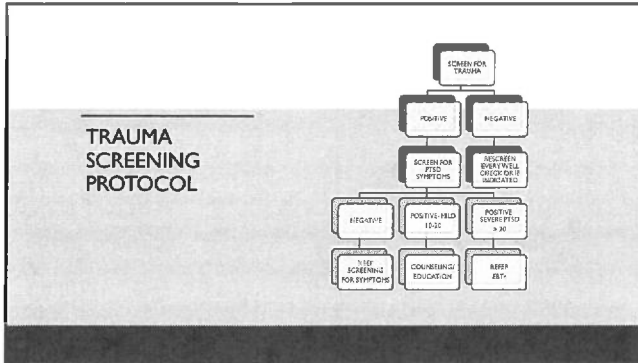


- ### WHAT CAN PEDIATRICIANS DO?
- Identify traumatized children
  - Screening for consequences of trauma
  - Effective interventions for treatment
  - Create a trauma sensitive office culture

- ### HOW TO SCREEN FOR TRAUMA?
- Open ended
    - Since the last time I saw your child (you), has anything really scary or upsetting happened to your child or anyone in the family?
  - Direct questioning
    - Do you have any concerns that your child is stressed or being exposed to a threat.
  - Standardized screening tools
    - **SEEK**
    - PTSD- RI
    - TSC- C
- Ideally should be done at all well child visits.

- ### HOW TO IDENTIFY TRAUMA SYMPTOMS ?
- Change in bodily functions- sleep, eating and toileting
  - Change in behavior- detachment, aggression, anxiety, fantasy
  - Impaired development and learning

- ### HOW TO RESPOND?
- Affirmation-
    - HELP – Hope, Empathy, Language, Patience
    - Provide education materials.
  - Anticipatory guidance
  - In-office treatments:
    - Self care- good sleep, exercise...
    - Focused breathing and relaxation techniques- pin wheel ?
  - Refer for treatment
    - PCPT
    - TF- CBT
- Know what are the evidence based treatments available.  
Know your community trauma resources.



- ### TRAUMA INFORMED PRACTICE (FOSTER CARE FRIENDLY)
- Educate staff and providers about the effects of Trauma
  - Provide trauma informed care and use trauma informed language.
  - Identify resources and coordinate referrals
  - Coordinate with child welfare agency
  - Focus on child's strengths and positive parenting principles.
  - Just tell them that you are there with them for them

- ### ASSESSMENT AND ENHANCED VISITATION SCHEDULES
- Initial health assessment within 72 hours of placement(AAP recommendation)
  - Comprehensive assessment within 30days
  - Ideally should have 3 health encounters over the first 3 months
  - Infants- seen monthly for the first 6 months of life, every 3 months from 6 to 24 months
  - At least every 6 months there after

- ### CHALLENGES AND BARRIERS TO CARE
- Health care for traumatized children is time-consuming and challenging with inadequate reimbursement.
  - Care coordination is especially difficult for most practices
  - Incomplete or unavailable health information
  - Difficulty identifying who has the authority to consent
  - Inadequate resources for evaluation and treatment

"KASSERIAN INGERA"?

" SAPATI INGERA"

