Mental Illness and Foster Children

# Statement of the problem

Myth: Children don’t **experience mental health problems.**

Fact: Even very young children may show early warning signs of mental health concerns. Half of all mental health disorders show first signs before a person turns 14 years old and three quarters of mental health disorders begin before age 24.

(Mental Health Myths and Facts)

In the general population it is estimated that 20% of children will experience some form of mental illness. However, for foster children that number shoots up to 80%. (Stoner, et al) Foster children are twice as likely to suffer from Post Traumatic Stress Disorder (PTSD) than US war veterans .(Harvard Crimson). Depression is the most common disorder. (Stoner et al) Older adolescents with out-of-home care for six or more years were most likely to need mental health care. (Landsverk, et. Al)

However, many children who need mental health intervention won’t get it. Among foster children, those with a history of sexual abuse are more likely to receive services as are older youth. 25% of children who need services are not receiving them. (American Psychological Association)

The reasons are both simple and complex.

The problem is so great that it is recommended that

* Child welfare workers be informed about the importance of early identification and treatment
* A standard protocol for screening and assessment to be instituted upon a child’s entry into the child welfare system
* Educate child welfare workers about local resources and create partnerships with mental health providers to ensure rapid referrals to mental health care
* Monitor referrals and follow-up with foster parents to ensure that services are received. (Landsverk, et al)

The American Academy of Pediatrics stated:

Virtually all children in foster care have been abused and/or neglected. While they may have suffered physical injury, this is often the tip of the iceberg. Children who have experienced maltreatment often have developed different ways of perceiving and reacting to their world, ways that often prove maladaptive in a more normal environment. Foster and adoptive parents who do not understand these differences risk frustration and may feel resentment as they struggle to understand and raise their children. The resulting stress can disrupt placement and eventually lead to unfavorable outcomes for the children….Assume that all children who have been adopted or fostered have experienced trauma.

A trauma is a psychologically distressing event that is outside the range of usual human experience, one that induces an abnormally intense and prolonged stress response. (Practice Notes)

# Child Development Issues

The brain is not fully formed at birth.

Infancy – a child’s major developmental task during infancy is establishing trust.

Preschool: -- children have not yet developed logical thinking abilities and do not understand cause, effect, or permanence.

School Age – Children are beginning to understand cause and effect as well as time. They are beginning to form concrete and logical thoughts.

Adolescence – At this age, children will grieve like adults going through the five stages of grief: shock/denial, anger/protest, bargaining, depression, resolution.

(Fostering Perspectives)

How Children and Adolescents React to Trauma from Children’s Services Practice Notes

Ages 5 and younger – fear separation from parent, whimpering, screaming, immobility, and/or aimless motion, trembling, frightened facial expressions, and excessive clinging. May regress and return to behaviors exhibited at an earlier age (bed-wetting, fear of darkness). Children of this age are strongly affected by the parents’ reactions to the traumatic event.

Ages 6 to 11 – may show extreme withdrawal, disruptive behavior, and/or inability to pay attention. Regressive behaviors, nightmares, sleep problems, irrational fears, irritability, refusal to attend school, outbursts of ager and fighting are common. Child may complain of stomachaches or other bodily symptoms that have no medical basis. Schoolwork often suffers. Depression, anxiety, feelings of guilt, and emotional numbing or “flatness” are often present as well.

Ages 12 to 17 -- may exhibit responses similar to those of adults including flashbacks, nightmares, emotional numbing, avoidance of reminders of traumatic event, depression, substance abuse, problems with peers, and antisocial behavior. Also common are withdrawal and isolation, physical complaints, suicidal thoughts, school avoidance, academic decline, sleep disturbances, and confusion. May feel extreme guilt over his or her failure to prevent injury or loss of life, and may harbor revenge fantasies that interfere with recovery.

# Predictors/Causes

From: Parenting After Trauma: Understanding Your Child’s Needs

Children need homes that are safe and full of love. Children who have experienced trauma need more.

Forms of Trauma:

* Neglect
* Separations
* Violence between caregivers
* Natural disasters
* Accidents
* Physical abuse
* Mental abuse

A frightened child feels out-of-control and helpless. The body’s protective reflexes are triggered. This can make the child’s heart pound and blood pressure rise. This is the “fight or flight” response.

Some children are more sensitive than others. What is traumatic for one child may not affect another. Fear is guided by a child’s perception of what is frightening.

Trauma has more severe effects when:

* It happens again and again
* Different stresses add up
* It happens to a younger child
* The child has fewer social supports (healthy personal relationships)
* The child has fewer coping skills (language skills, intelligence, good health and self-esteem)

When something scary happens, the brain makes sure you do not forget it. Traumatic event are remembered in a special way. They are often experienced as a pattern of sensations with sounds, smells and feelings mixed together. Any one of these things can make a child feel like the whole event is happening again.

Triggers

* Smells or sounds
* Places
* Postures
* Tones of voice (an angry voice may trigger a memory)
* Emotions (feeling anxious about something may trigger a memory)

Supportive, caring adults can help a child recover from trauma.

A child at risk for mental illness may have:

* Genetic predisposition
* History of persistent maltreatment
* History of trauma
* Developmental delays
* Coping mechanisms that don’t work in normal environments
* Multiple placements and school changes
* History in the child welfare system

Please note that foster care itself does not provoke the need for mental health services. Growing evidence suggests that children involved with the child welfare system but who remain with biological parents have just as great a need. In one study, nearly half of youth in the system aged 2 to 14 years old had clinically significant emotional or behavioral problems. (Landsverk, et al)

# Symptoms/Types

The most common mental disorders for foster children are:

* PTSD and abuse related trauma
* Disruptive behavior disorders including ADHD
* Depression
* Substance Abuse

Signs of PTSD

Children 5 and younger

Generalized fear including heightened arousal, nightmares, clinging to caregivers, exaggerated startle response to loud or unusual noises

Children 6 – 11

General fearfulness with guilt, aggression, social withdrawal, and loss of concentration

Children 12 to 18

Decline in school performance, rebellion at home or in school, eating disturbances, and trauma-driven acting out such as early sexual activity and other types of risk taking.

(Landsverk, et al)

Signs of Depression in Children

* Irritability or anger
* Continuous feelings of sadness and hopelessness
* Social withdrawal
* Increased sensitivity to rejection
* Changes in appetite – either increased or decreased
* Changes in sleep – sleeplessness or excessive sleep
* Vocal outbursts or crying
* Difficulty concentrating
* Fatigue and low energy
* Physical complaints such as stomachaches, headaches that don’t respond to treatment
* Reduced ability to function during events and activities at home or with friends, in school, extracurricular activities, and in other hobbies or interests
* Feelings of worthlessness or guilt
* Impaired thinking or concentration
* Thoughts of death or suicide.

Not all children will have all symptoms. In fact, most will display different symptoms at different times and in different settings (Web MD)

# Implications

Children who age out of the system are much more likely to have major depression or suicide ideation than the general population. (Kaspar)

Suicide attempts under the age of 12 are relatively rare, but girls are more likely to attempt it while boys are more likely to be successful.

Children may begin experimenting with sex and drugs. (Web MD)

Depression in adolescence is associated with substance use, academic underachievement, employment difficulties, risky sexual behavior and teenage pregnancy. (Stoner, et al)

To improve outcomes, we must

1. Examine barriers to mental health care
2. Maintain placement stability
3. Ensure educational success (American Psychological Association)

# Treatment

While all this sounds dire, a study of Romanian orphans show that traumatized children do better in foster care than in institutionalized settings. (The Free Library.) There was a study a few years ago that suggested foster children may be over-medicated. More recent research states that although over medication in some instances may be a factor, it is still true that a disproportionate number of foster children have mental illness and psychotropic drugs with cognitive behavioral therapy is still the most effective treatment. (Research Brief) There are problems with suicide ideation with SSRIs in children under 18 and the use of these drugs “off label” should be carefully monitored. A small study has confirmed that SSRI treatment for some children with PTSD proved effective. (Landsverk et al)

Some helpful things adults did to help me make sense of some of the things in my past was: first to acknowledge that it happened and that I didn’t have to do it alone. I was encouraged not to own the “label” but to keep going and to not let it be a hindrance or roadblock. – Eddye Vanderkwaak, age 20.

Trauma Informed Care can enable young people to move beyond functioning that is largely the result of unconscious processes based on basic survival. It frees young people to learn, develop and build relationships with supportive and caring adults. It’s important to understand the developmental impact of trauma on a child.

What makes a treatment or service “trauma-informed”?

1. An understanding of trauma that includes an appreciation of its prevalence among young people in foster care and its common consequences
2. Individualizing the young person
3. Maximizing the young person’s sense of trust and safety
4. Assisting the young person in reducing overwhelming emotion
5. Strength-based services

Involvement in your child’s mental health treatment and care if important. Outcomes were much better when foster parents were involved in decisions. (American Psychological Association)

# Strategies

Parent Management Training – This type of program is based on rewarding positive behaviors and ignoring or punishing deviant behaviors. Intervention is targeted for preschool-age children. The goal is to teach caretakers behavior management skills. It has been shown to have superior outcomes with children with conduct disorder. (Landsverk et al)

For school age and adolescent children, anger coping, problem solving and assertiveness training have been shown to be effective.

Mentors are usually volunteers who serve as role models and supportive adult figures to children. Children with mentors had better school performance, peer relations and family functioning. (Landsverk et al)

Hand-out – American Academy of Pediatricians “Trauma Specific Anticipatory Guidance”

Do Not Take the Child’s Behavior Personally

Keep Siblings Together: For children entering care, being with their siblings can enhance their sense of safety and well-being and provide natural, mutual support. The benefit in contrast to the traumatic consequences of separation, which may include additional loss, grief, and anxiety over their siblings’ well-being. Siblings have a shared history, and maintaining their bond provides continuity of identify and belonging. The benefits of keeping brothers and sisters together are most clearly evidenced from the perspectives of the youth themselves.

If Siblings can’t be placed together, there are strategies to preserve sibling ties thereby enhancing wellbeing. These include:

1. Place siblings with kinship caregivers
2. Place nearby
3. Arrange for regular visits
4. Arrange other forms of contact
5. Involve families in planning
6. Plan joint outings or camp experiences
7. Arrange for joint respite care
8. Help children with emotions (see same therapist, for example)
9. Encourage sustained contact

(Child Welfare Information Gateway)

HANDOUT

## Tips from Parenting After Trauma: Understanding Your Child’s Needs

* Learn to notice and avoid or lessen triggers. Find out what distracts or makes your child anxious. Work to lessen these things.
* Set up a routine for your child so she knows what to expect
* Give your child a sense of control. Give simple choices. Respect your child’s decisions.
* Do not take your child’s behaviors personally
* Try to stay calm. Find ways to respond to outbursts that do not make things worse. Lower your voice. Do not yell or show aggressions. Do not stare or look directly at your child for too long. Some children see this as a threat.
* When your child keeps you at a distance, stay available and responsive.
* When you can, stay away from discipline that uses physical punishment. For a child who was abused, this may cause panic and out of control behavior.
* Let your child feel the way she feels. Teach your child words to describe her feelings. Show acceptable ways for her to deal with feelings. Then, praise her for expressing her feelings or calming down.
* Be patient. It may have taken years of trauma or abuse to get the child in his current state of mind. Learning to trust again is not likely to happen overnight – or anytime soon.
* Be consistent, predictable, caring and patient. Teach your child that others can be trusted to stay with him and help him.
* Ask for help when you have concerns, questions, or are struggling. There are prove therapies to help children and parents adjust to trauma’s effects. You do not have to do this by yourself.

HANDOUT

From: Trauma and Children: An Introduction for Foster Parents

# What you can do:

**1. Don’t be afraid to talk about the traumatic event.** Children do not benefit from “not thinking about it” or “putting it out of their minds.” If children sense that caretakers are upset about the event, they will not bring it up. In the long run, this only makes the child’s recovery more difficult. Don’t bring it up on your own, but when the child brings it up, don’t avoid discussion. Listen to the child, answer questions, and provide comfort and support. We may not have good verbal explanations, but listening and not avoiding or overreacting to the subject, and then comforting the child, will have a critical and long-lasting positive effect.

**2. Provide a consistent, predictable pattern for the day**. Make sure the child has a structure to the day and knows the pattern. Try to have consistent times for meals, school, homework, quiet time, playtime, dinner, and chores. When the day includes new or different activities, tell the child beforehand and explain why this day’s pattern is different. Don’t underestimate how important it is for children to know that their caretakers are in control. It is frightening for traumatized children (who are sensitive to control) to sense that the people caring for them are, themselves, disorganized, confused, and anxious. Adults are not expected to be perfect; caregivers themselves have often been affected by the trauma and may be overwhelmed, irritable, or anxious. If you find yourself feeling this way, simply help the child understand why, and explain that these reactions are normal and will pass.

**3. Be nurturing, comforting, and affectionate, but be sure that this is in an appropriate context.** For children traumatized by physical or sexual abuse, intimacy is often associated with confusion, pain, fear, and abandonment. Providing hugs, kisses, and other physical comfort to younger children is very important. A good working principle for this is to be physically affectionate when the child seeks it. If the child walks over and touches you, return it in kind.

Try not to interrupt the child’s play or other free activities by grabbing them and holding them, and be aware that many children from chronically distressed settings may have what we call attachment problems. They will have unusual and often inappropriate styles of interacting. Do not tell or command them to “give me a kiss” or “give me a hug.” Abused children often take words very seriously, and commands reinforce a very malignant association linking intimacy/physical comfort with power (which is inherent in a caregiving adult’s command to “hug me”).

**4. Discuss your expectations for behavior and your style of discipline with the child.** Make sure that the rules and the consequences for breaking the rules are clear. Make sure that both you and the child understand beforehand the specific consequences for compliant and non-compliant behaviors. Be consistent when applying consequences. Use flexibility in consequences to illustrate reason and understanding. Utilize positive reinforcement and rewards. Physical discipline is not an option for North Carolina foster parents.

**5. Talk with the child.** Give them age appropriate information. The more the child knows about who, what, where, why, and how the adult world works, the easier it is to make sense of it. Unpredictability and the unknown are two things that will make a traumatized child more anxious, fearful, and, therefore, more symptomatic. They may become more hyperactive, impulsive, anxious, and aggressive, and have more sleep and mood problems. Without factual information, children (and adults) speculate and fill in the empty spaces to make a complete story or explanation. In most cases, the child’s fears and fantasies are much more frightening and disturbing than the truth. Tell the child the truth, even when it is emotionally difficult. If you don’t know the answer yourself, tell the child you don’t know. Honesty and openness will help the child develop trust.

**6. Watch closely for signs of reenactment (e.g., in play, drawing, behaviors), avoidance (e.g., being withdrawn, daydreaming, avoiding other children) and physiological hyperreactivity (e.g., anxiety, sleep problems, behavioral impulsivity).** All traumatized children exhibit some combination of these symptoms in the acute posttraumatic period. Many exhibit these symptoms for years after the traumatic event. When you see these symptoms, it is likely that the child has had some reminder of the event, either through thoughts or experiences. Try to comfort and be tolerant of the child’s emotional and behavioral problems. Again, these symptoms will wax and wane — sometimes for no apparent reason. Record the behaviors and emotions you observe and try to notice patterns in the behavior.

**7. Protect the child.** Do not hesitate to cut short or stop activities that are upsetting or re-traumatizing for the child. If you observe increased symptoms in a child that occur in a certain situation or following exposure to certain movies or activities, avoid them. Try to restructure or limit these activities to avoid re-traumatization.

**8. Give the child choices and some sense of control.** When a child, particularly a traumatized child, feels that they do not have control of a situation they will predictably get more symptomatic. If a child is given some choice or some element of control in an activity or in an interaction with an adult, they will feel safer and more comfortable and will be able to feel, think, and act in a more mature fashion. When a child is having difficulty with compliance, frame the consequence as a choice for them: “You have a choice — you can choose to do what I have asked or you can choose . . .” Again, this simple framing of the interaction with the child gives them some sense of control and can help defuse situations where the child feels out of control, and therefore anxious.

**9. If you have questions, ask for help.** These brief guidelines can only give you a broad framework for working with a traumatized child. Knowledge is power: the more informed you are and the more you understand the child, the better you can provide them with the support, nurturing, and guidance they need. Take advantage of resources in your community. While each community has agencies, organizations, and individuals coping with the same issues, you may need assistance finding the expertise that can help traumatized children.

# Self Care

It’s important that foster parents take care of themselves because they risk what is called Secondary Trauma. This occurs when people who work with others who have been traumatized internalize that trauma. You’re just one step away from it.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” Rachel Remen (Conrad).

Foster parents are at risk because

1. Empathy – empathy is an important tool that we use to help children and families who have been traumatized. If we over empathize or over-identify we place ourselves at risk of internalizing their trauma
2. Insufficient Recovery Time – foster parents often listen to their children describe horrifying events. They often hear the same or similar stories over and over. Foster parents are often deprived of “time off” to get needed distance. Secondary trauma is cumulative.
3. Unresolved personal trauma – Many foster parents have had some personal loss or even traumatic experience in their own life. This pain can be re-activated when they hear their foster child describe a traumatic situation.
4. Children are the most vulnerable members of our society – young children are completely dependent on adults for their emotional and physical needs. Foster parents are at an increased risk.

Symptoms of Secondary Trauma

* Anger
* Sadness
* Prolonged grief
* Anxiety
* Headaches
* Stomachaches
* Back aches
* Exhaustion
* Self-isolation
* Cynicism
* Mood swings
* Irritability

(Conrad)

You probably already know what to do to take care of yourself, but it is especially important that you do so if you’re foster parenting. So:

Eat right.

Exercise

Take time for yourself: read, take a bubble bath, quiet time alone, perform faith activities

Above all, manage your stress.

Respite care from your foster child could be important. Using respite care resulted in a reduction of placements and decreases family stress. (Landsverk et al)

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PRE-TEST/POST-TEST

MENTAL ILLNESS AND FOSTER CHILDREN

1. Very young children cannot be mentally ill
2. True
3. False
4. Foster children are more likely than combat veterans to have Post Traumatic Stress Disorder (PTSD)
5. True
6. False
7. I am responsible for my child’s behavior.
8. True
9. False
10. Trauma changes a child’s brain.
11. True
12. False
13. When a child brings up a bad experience, you should tell them not to think about it.
14. True
15. False
16. Children who have been sexually abused are more likely to receive mental health services.
17. True
18. False
19. Foster Parents should not be involved with treatment decisions.
20. True
21. False
22. Secondary Trauma is not something that Foster Parents need to be concerned about.
23. True
24. False

1. Respite care has no effect on the mental health of the foster child.
2. True
3. False
4. Foster Parents need to take care of themselves.
5. True
6. False