FOSTER CARE IN SC-TRAUMA INFORMED PRACTICE
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"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
- 3,877: 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 <5yrs have developmental concerns

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

ADVERSE CHILDHOOD EXPERIENCE
- Greater than 50% of foster kids have had at least one ACE, and one in four had at least four
- ACE study-Adverse Childhood Experiences (ACE) study, 1995-1997 in WADU in CA
- Attention problems, oppositional behavior, emotional dysregulation, sleep problems, eating problems, anger, anxiety and depression; toxicity linked to childhood adversity
- High risks for severe health outcomes as an adult: cardiovascular diseases, asthma, depression and substance use disorders
- High risk for lifetime stress related alcohol and drug problems
- Increased raced and personal cost
WHAT TOXIC STRESS DOES?

NORMAL VS. NEGLECTED BRAIN
- Significantly smaller gray matter in the brain.

WHAT CAN PEDIATRICIANS DO?
- Identify immediate danger
- Screening for common signs
- Effective intervention for trauma
- Create a trauma sensitive clinic culture

HOW TO SCREEN FOR TRAUMA?
- Open-ended
  Scan the last time I saw your child. (any) has anything really scary or upsetting happened to you, your child, or anyone in the family?
- Closed questioning
  Do you have any questions that your child witnessed or being exposed to a stress?
- Standardized screening tools
  ABEK
  PSS: K
  BSC: K
  Studies should be done at all well child visits.

HOW TO IDENTIFY TRAUMA SYMPTOMS?
- Changes in body functions: sleeping, eating, and toileting
- Changes in behavior: detachment, aggression, anxiety, irritability
- Impaired development and learning

HOW TO RESPOND?
- Affirmation: IHS: Hope, Empathy, Language, Patience
  Provides insight into emotions
- Anticipatory guidance
- Specific interventions:
  Prevent: early childhood
  Personalized teaching and reintegration techniques: preschool, school
- Refer for treatment
  ICT: In
  Make what are the evidence based treatment available
  Show your community treatment 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 30 days
- Ideally should have 3 health assessments 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 resources
- Care coordination is especially difficult for most practices
- Insufficient or unavailable health information
- Difficulty identifying who has the authority to consent
- Inadequate resources for evaluation and treatment.

"KASSERIAN INGERA"?
"SAPATI INGERA"