

Care of the child in foster care

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Objectives

Medical care for a child in foster care

1. Describe the health care needs of children in foster care and why they are considered children with special health care needs.
2. Define adverse childhood experiences/toxic stress and why children in foster care are at risk for long-term consequences
3. Explain the role of the primary physician for children in foster care

Children in foster care are at risk!



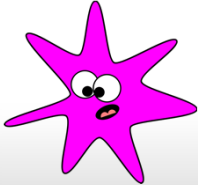
- Children with special health care needs
 - American Academy of Pediatrics
 - Like children with chronic diseases who need long-term care
- Multiple adverse childhood experiences
 - 80% have been exposed to violence
 - 70% have documented abuse and/or neglect



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Mental Health Concerns

- Children in foster care have risk for mental health conditions
 - Up to 80% enter foster care with a mental health need
 - 3 times the rate of psychotropic medications




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Unmet medical needs

- 30-80% of children in foster care
- 1/3 have a chronic medical condition
 - Medical neglect
- 40% have significant oral health needs




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Educational Concerns

- 40% have educational difficulties
- 3x high school dropout rates
- 50% actually graduate from high school
- Only 1-2% of foster care alumni graduate from college



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WHY?



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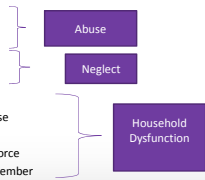
TRAUMA!!!

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Adverse Childhood Experiences

- Felitti and Anda
- 10 adverse childhood experiences
 - Emotional abuse
 - Physical abuse
 - Sexual abuse
 - Emotional neglect
 - Physical neglect
 - Mother treated violently
 - Household substance abuse
 - Household mental illness
 - Parental separation or divorce
 - Incarcerated household member




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Consequences of adverse childhood experiences

- Greater risk of:
 - Heart disease
 - Lung disease
 - Cancer
 - Autoimmune disease
 - Early death
 - Early sexual experiences
 - Etc....




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Why?

- Increased stress on the brain and body?
 - Poor lifestyle choices
 - Smoking, eating, drugs
- But, autoimmune diseases?
- It's more than that...





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What happens?


- For example...
- You are walking in the woods one day, enjoying nature and....

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Fight or flight or freeze





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But...

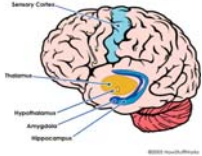
- What if the bear is in your home?
- CHRONIC activation of this process



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Parts of the Brain Involved in Fear Response



What happens?

- Causes an increase in the hypothalamic-pituitary-adrenal axis
- Chronic cortisol release
- Amygdala, hippocampus, prefrontal cortex
- **Maladaptive behaviors**
- Permanent brain changes!!!
 - Poor emotional regulation
 - Aggression
 - Hyperactivity
 - Inattention
 - impulsivity

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Stress, another way of looking at things

- Positive stress
 - Normal life stressor e.g. starting school, immunizations, speaking event
 - Provide growth especially with a supportive adult
- Tolerable stress
 - Greater stress e.g. death of a family member, serious injury, natural disaster
 - Buffered by supportive adults
- Toxic stress
 - ACEs
 - Absence of supportive adult

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Outcomes

- Increased ACEs have increased risk for:
 - Autoimmune disease
 - Headaches
 - Poor health quality of life
 - Ischemic heart disease
 - COPD
 - Liver disease
 - Lung cancer

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Outcomes

- More likely to have:
 - Drug abuse
 - Obesity
 - Risky sexual behavior
 - Earlier initiation
 - More sexual partners
 - Depression
 - Suicidal attempt/ideation

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Medical care




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At the time of removal

- Medical History
 - Gathered by child welfare
 - From the parents, family, physician etc
- Important information
 - Primary physician
 - Medical conditions
 - Medications
 - Allergies
 - Hospitalizations
 - Immunizations



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At the time of removal

- Ensure that the child has
 - Medications
 - Medical equipment
 - Nebulizer, hearing aids
 - Eye glasses



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Screening medical examination


Within 72 hours of entry to foster care (or sooner if needed)

- Assess immediate medical needs
- Medications
- Urgent referrals
- Suicidal ideation

- Performed by primary physician or other physician with specialized training in abuse/neglect
- NOT the urgent care or ED (unless they are critically ill)




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Screening medical examination

- Height/weight
- Vital signs
- Physical examination including
 - Full skin examination
 - Assessment of chronic conditions
 - Dental/vision screens
- Assessment for
 - Developmental delay (somewhat limited)
 - Depression
 - Suicidal thoughts




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Screening medical examination

- Referrals to specialists
- Mental health recommendations
- Medications for chronic or new conditions



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Comprehensive Health Assessment

- EPSDT...
- 30 days
- Primary physician
- All of the above and...
 - Comprehensive developmental screen (with current caregiver)
 - Follow up on any conditions identified at screening examination
 - Immunizations

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Comprehensive Health Assessment

- Age-appropriate screens
 - Developmental
 - Mental health including violent behaviors, adjustment issues
 - Sleep
 - Eating
 - Acting out
 - Adolescent survey
 - HEADSS...
 - Trafficking concerns?
- Ongoing case management with the caregivers

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Follow up assessment

- 30 days after the comprehensive assessment or sooner as needed.
- Continued support for the family
- Address any new issues or concerns
- Follow up on any identified issues from the prior examination.

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Role of the primary provider

- Advocate for the child
 - Assess for unmet medical needs
 - Continuity of care
 - Educate caregivers on child's needs and risks
 - Toxic stress
 - Mental health care
- Provide ongoing medical care
- Transition to permanency

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Medical neglect

- The parent(s) action/inaction by not following medical recommendations is causing harm or putting the child at risk for harm.
- Usually result from the same issues we see with general neglect
 - Chaos
 - Mental health concerns
 - Poverty
 - Drug use
 - Intellectual disability
- Parents may function fairly well with a normal child, but...

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Common medical conditions for neglect

- Asthma (severe)
- Failure to thrive
- Type I diabetes
- Cystic Fibrosis
- Cancer
- Any other chronic disease which requires long-term treatment

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A word about the adolescents

- Children with borderline care as a school age child
- Develop into significant compliance issues when the child becomes a teenager
- Can you force a teen to take his/her medication?!
- EARLY identification and intervention!!!!

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Mental Health Conditions/Treatment

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Diagnosis of mental health conditions

- Trained provider who understands trauma
- Ensure they have all the collateral information!!!

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Therapy or medications??

- Therapy is the mainstay
- May need both to allow them to actually benefit from therapy

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Psychotropic medications

- Easy to prescribe, but may not be the right thing
- PTSD can mimic
 - ADHD
 - Anxiety disorders
 - Depression
 - Etc...
- Ask and be an appropriate consumer
- Most primary physicians can treat anxiety, depression and ADHD
 - BUT, not usually in the context of trauma!!!

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So...what can be done?

- Early identification
- Early intervention
- Trauma-informed providers

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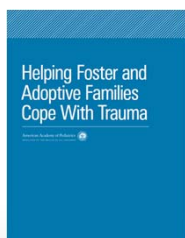
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Above all...

- Stable, safe placement!!!!



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Resources

- AAP trauma guide: <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/Trauma-Guide.aspx>
- CDC ACE website: <http://www.cdc.gov/violenceprevention/acestudy>
- Health Care Issues for Children and Adolescents in Foster Care and Kinship Care, American Academy of Pediatrics Technical Report, 2015.



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