Overview

• What do we know about the health of children who enter foster care
• What are some health issues to be aware of for kids in foster care urgently and over time
• How can you work with the doctor for best outcomes?
Why do we worry more about the health of kids in foster care

- Up to 60-92% at least 1 chronic health problem
- 25-40% 3 or more chronic health problems
- 25-33% fail vision or hearing screens
- 40% low birth weight
- Obesity rates up to twice as high as matched peers
- 30-60% developmental disability
- Up to 85% prevalence of mental health disorders

Children in foster care are 42% more likely to die than children in the general population.
Toxic stress results when there is absence of protective relationships

Source: Permission granted by Center on the Developing Child at Harvard University. Retrieved from http://developingchild.harvard.edu
Coordination with bio family, foster family, medical, mental health, early intervention, school, court
Follow up visits more frequent schedule

- 0-6 months: Monthly
- 6mo to 2 years: Every 3 months
- Over 2: Twice per year
Information management – how to get information about your child and how to get it to people who should have it
Information exchange: Medical memory
Information in

Contact at child welfare office, or protocol to have referrals made
Information: What foster families need

• Foster parents frustrated by
  • Lack of medical information on children in their care
  • Unique medical and behavioral health issues of children in foster care have
  • Having to get info themselves
  • Need support with health needs – fighting for things that should be automatic, safety of children with health needs a concern

• (Greiner, Ross et al. 2015)
Information – What is required

• Releases – consents
  • State and county rules about who to share info with, what need to get info
Information – issues of confidentiality

• Confidentiality concerns
  • Parent's health history is confidential (parent can share it him/herself)
  • Child’s **medical** history is not restricted: child welfare, foster parent or medical provider - all **providers of care** and thus need to have information to provide care
  • HIPPA rules impact who can share information with you, what documentation you need to get it
Recommended to be seen before 7 days post placement for screening
Getting access - scheduling
“The morning of my placement into foster care I first went to (the headquarters of the foster care agency) to have a physical examination, and, I imagined, do whatever else must be done to transform me into a foster child. I had trouble believing it was happening. I was a horse and they were checking my hooves and teeth. I saw myself being sold into slavery. Before I could go to the foster home, they had to examine me for defects and diseases. I wondered what they would do if they found any.”

Health Evaluations: Initial evaluation

- Vitals: height, weight, blood pressure in older kids
- Signs of injury, neglect
- Active medical/psychiatric problems: illness, injury, disability
- Developmental and MH screening
- Medications
- Allergies to foods, med, environment
- Upcoming medical appts
- Need for eyeglasses, hearing aids, or other medical equipment
- Infant: delivery hx (where, when, how, tox screen, complications)
Height, weight, blood pressure
Growth concerns
Urgent things to identify

Dental concerns
Evaluations: Substance exposure

- Substance exposure
  - Fetal Alcohol Syndrome/ Alcohol Related Neurodevelopmental Disorder
  - Cocaine exposure
  - Opiate exposure
  - Methamphetamine exposure
- Newborn screen info
Medications: Review prescriptions, what to give and when
Durable Medical Equipment
Initial evaluations provide first information to identify medical resource
Health Evaluations: Comprehensive Evaluation within 30-45 days of placement

- Medical
- Developmental/academic
- Dental
- Substance abuse
- Mental health
Physicals need to be complete
Concerns

Developmental Evaluation

Evaluations: Substance abuse

- Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
- Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?
- Do you ever use alcohol or drugs while you are by yourself, alone?
- Do you ever forget things you did while using alcohol or drugs?
- Do your family or friends ever tell you that you should cut down on your drinking or drug use?
- Have you ever gotten into trouble while you were using alcohol or drugs?
Evaluations: Laboratory studies needed

- Routine
  - CBC – Anemia concerns
  - Tuberculosis testing if needed
  - Lead for kids under age 6 or if delays that lead to hands in mouth
Laboratory issues

- To consider if risk factors present: Vertical transmission or exposure thru sexual abuse
  - HIV:
  - Hepatitis B, C
  - Syphilis
  - Urine testing – GC, chlamydia, trichomonas
- Appropriate to risk
  - Pregnancy
  - Lipids
  - Diabetes testing - Hemoglobin A1C
Immunizations

- Tdap
- HPV
- Meningococcal
- Influenza
- Chicken pox
- Rotavirus
- Pneumococcal
- Hepatitis A
- .....covid 19???
Risk factors for early initiation of sexual activity

Child welfare usually not have policies to address these issues with teens in care.
Relationships with bio family, missing siblings, lack of involvement in normalizing activities are issues.
Attention to visits with parents
Reassuring, Restoring Routine, Regulating
Reassurance – restoring safety

Danger
Restoring safety

- Relaxation techniques
- Use 5 senses
Restoring safety
Routines communicate safety, shutting down stress response
Routines of positive interactions: predictable compassionate availability
Regulation

- Trauma limits self-regulation, ability to describe feelings or internal states, and ability to communicate wishes and desires
Anger example
Sesame street resources
Identify resources in your community

• Trauma focused therapies best supported by evidence
  • Young children
    • Child Parent Psychotherapy (CPP): 0-6 years
    • Parent Child Interaction Therapy (PCIT): 2-12 years
  • Children and Adolescents (3-18 yo)
    • Trauma Focused – Cognitive Behavioral Therapy (TF-CBT)
  • Complex trauma
    • Attachment, Self Regulation and Competency (ARC)
    • Integrative Treatment of Complex Trauma for Children and Adolescents (ITCT-C, ITCT-A)