Looking to the Future
AN AGENDA FOR THE CHILDREN'S BUREAU'S NEXT 100 YEARS

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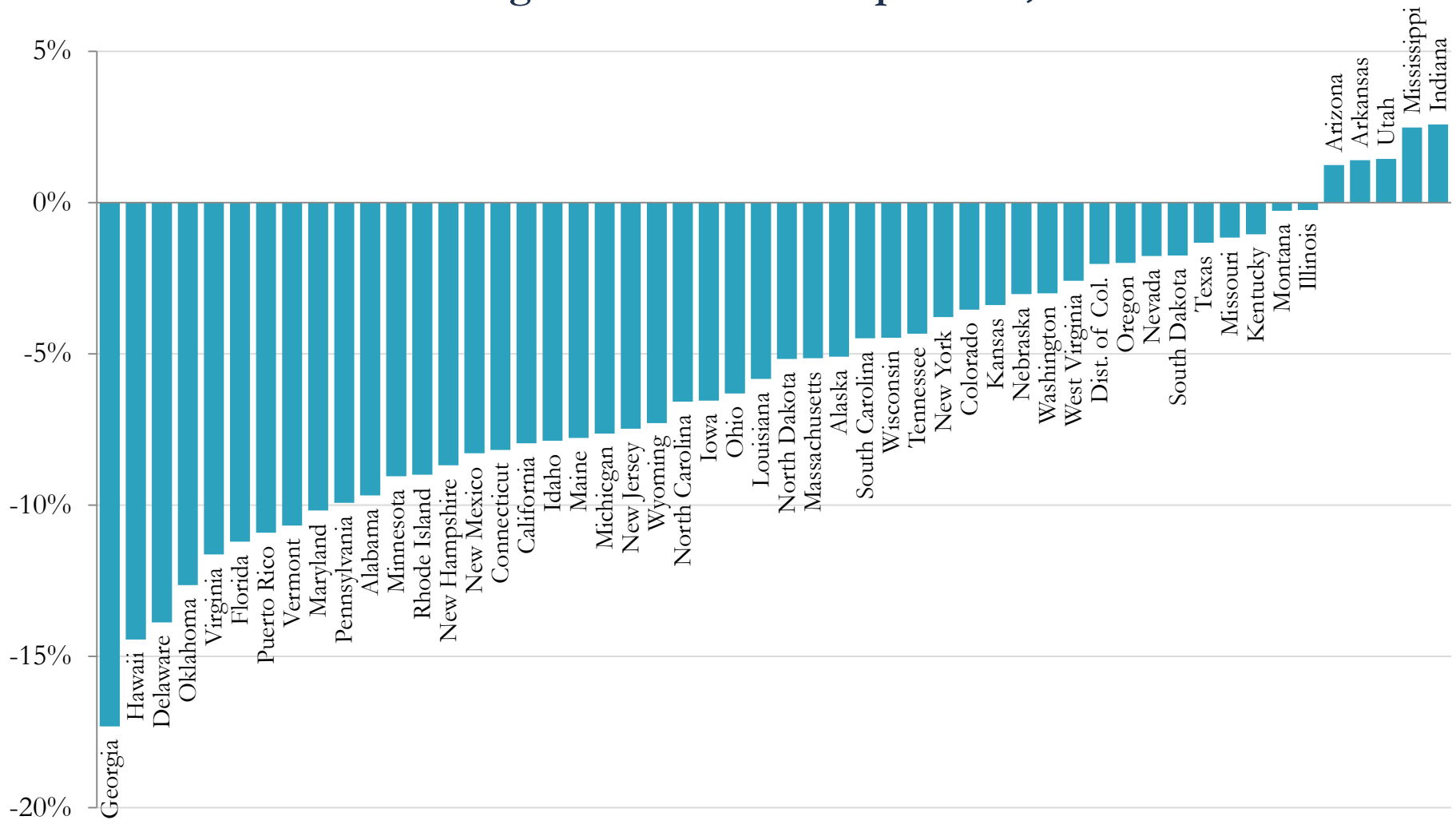
U.S. Department of Health and Human Services
Administration for Children and Families

Most States Have the Capacity to Get Smaller

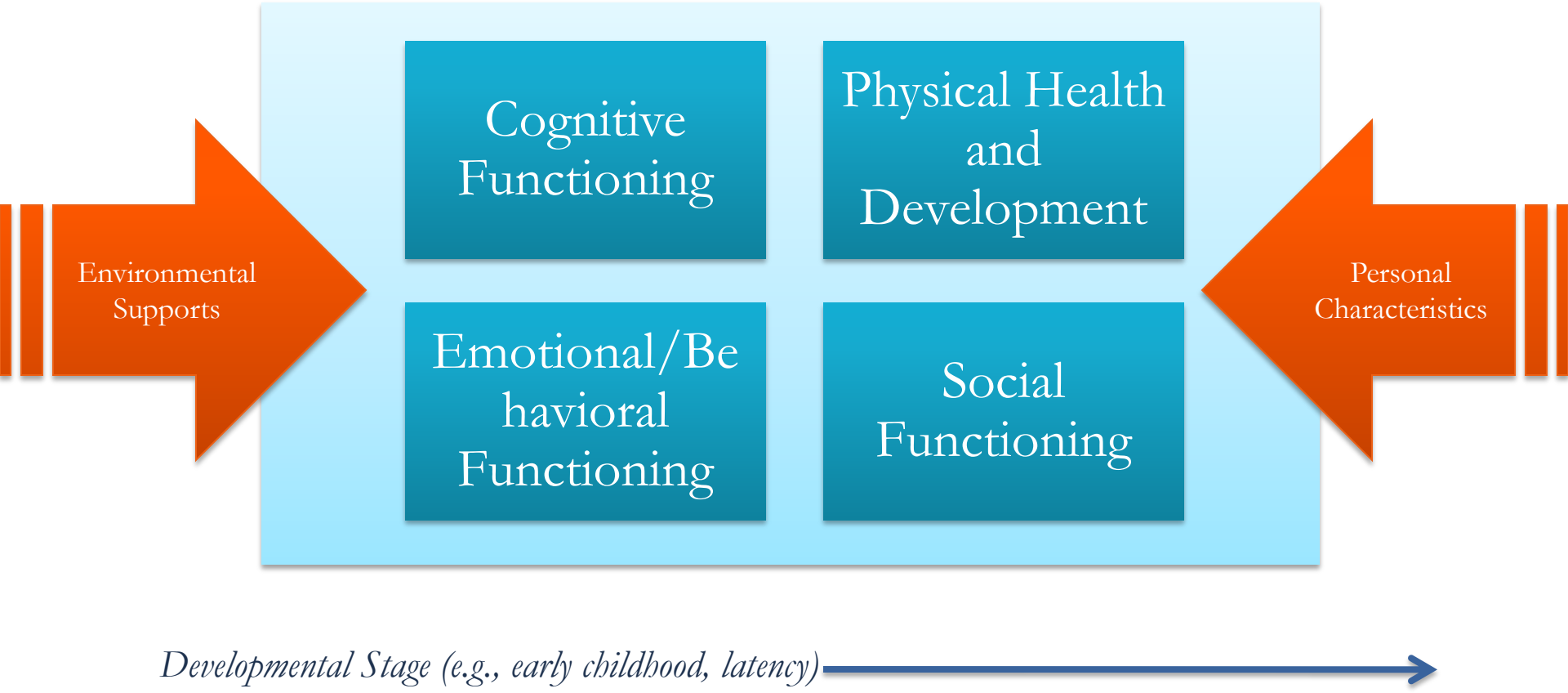
Percent Change in Foster Care Population, 2007-2010



Data Source: Adoption and Foster Care Reporting and Analysis System (2007-2010). Children's Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)

A framework for well-being

The framework identifies four basic domains of well being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities.



"Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm's way should be removed from a dangerous situation. However, ***simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful****. The child's memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious."*

National Scientific Council on the Developing Child, 2010.

Impact of Maltreatment on Brain Development

- Healthy development depends on the quality and reliability of a child's relationships with the important people in his or her life, both within and outside the family. Even the development of a child's brain architecture depends on the establishment of these relationships.

- Heightened stress has been shown to impair the development of the prefrontal cortex, the brain region that, in humans, is critical for the emergence of executive functions—a cluster of abilities such as making, following, and altering plans; controlling and focusing attention; inhibiting impulsive behaviors; and developing the ability to hold and incorporate new information in decision-making.

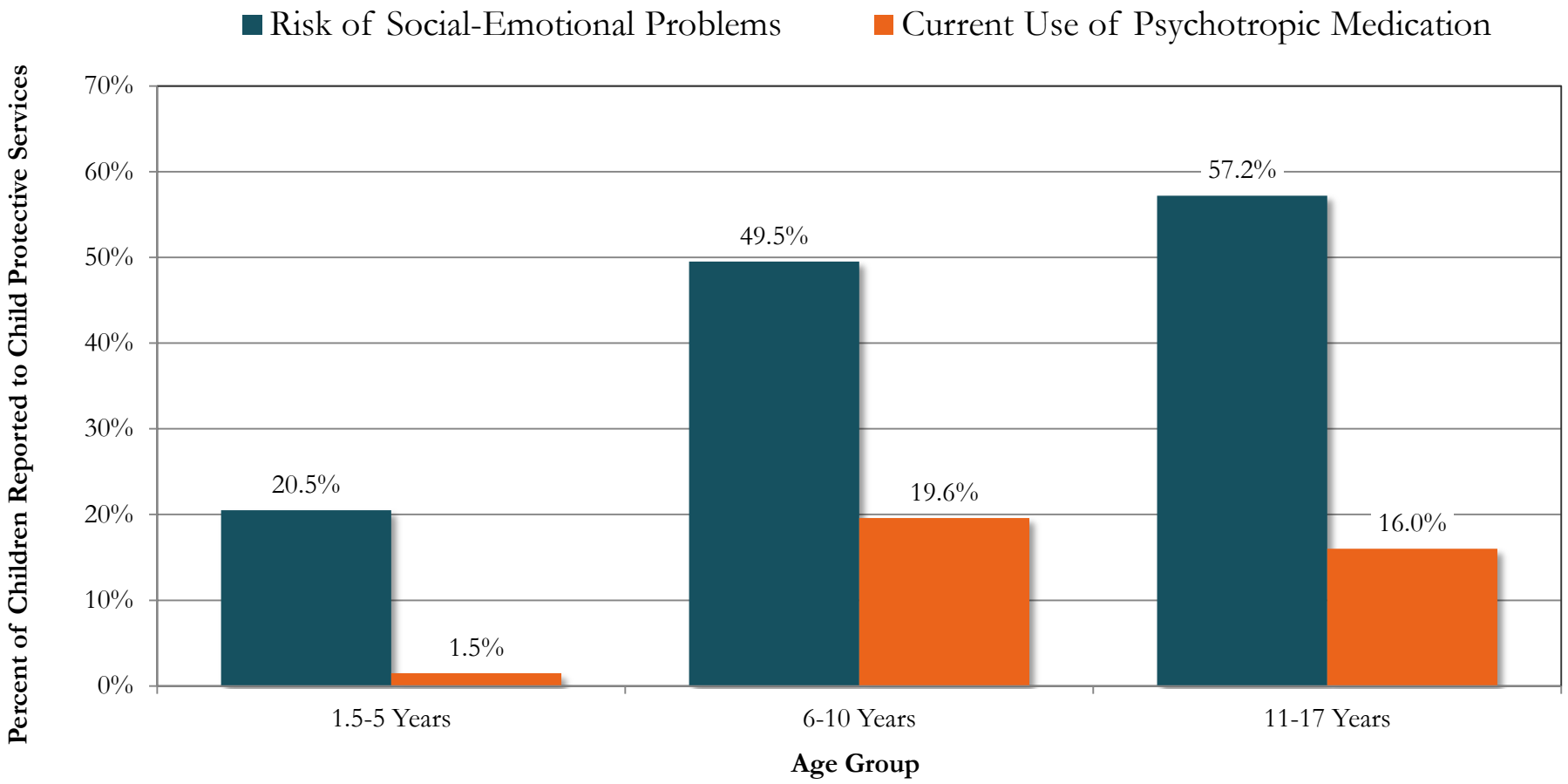
National Scientific Council on the Developing Child, 2010

The Impact of Maltreatment: Trauma, Alarm, and Triggers

- Brain Development
  - Alarm System as a Survival Mechanism
  - Trauma damages the alarm system
  - Post trauma, the alarm system is too easily triggered and too slow to shut down

- After Trauma
  - Child is on Constant Alert
  - Child over-interprets signs of danger
  - Child overreacts to normal situations
  - Child has difficulty with attachment and trusting others, particularly authority figures

Risk of Social-Emotional Problems and Use of Psychotropic Medications among Children Known to CPS, by Age Group



Data Source: National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a Congressionally required study sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).
Citation: Casaneuva, Ringeisen, Wilson, Smith, & Dolan, 2011
Risk of social-emotional problems was defined as scores in the clinical range on any of the following standardized measures: Internalizing, Externalizing or Total Problems scales of the Child Behavior Checklist (CBCL: administered for children 1.5 to 18 years old), Youth Self Report (YSR; administered to children 11 years old and older), or the Teacher Report From (TRF; administered for children 6 to 18 years old); the Child Depression Inventory (CDI; administered to children 7 years old and older); or the PTSD section Intrusive Experiences and Dissociation subscales of the Trauma Symptoms Checklist (administered to children 8 years old and older).

Safety and Permanency are Necessary but not Sufficient to Ensure Well-Being

REUNIFICATION

- "Children who went home and stayed home had a four fold **increase in internalizing behavior** problems from baseline to 18-month follow-up. Though the percentage of children with behavior problems at 36-month follow-up decreased, still twice as many children met or exceeded clinical levels as compared to baseline"(Bellamy, 2008).

KINSHIP CARE

- "Kinship placements were **not predictive of mental health outcomes** regardless of the amount of time in kinship care. … [M]ultiple causes of mental health problems often occur previous to placement in care and may not be mediated by the child's foster care experience enough to show significant differences" (Fechter-Legget & O'Brien, 2010).

ADOPTION

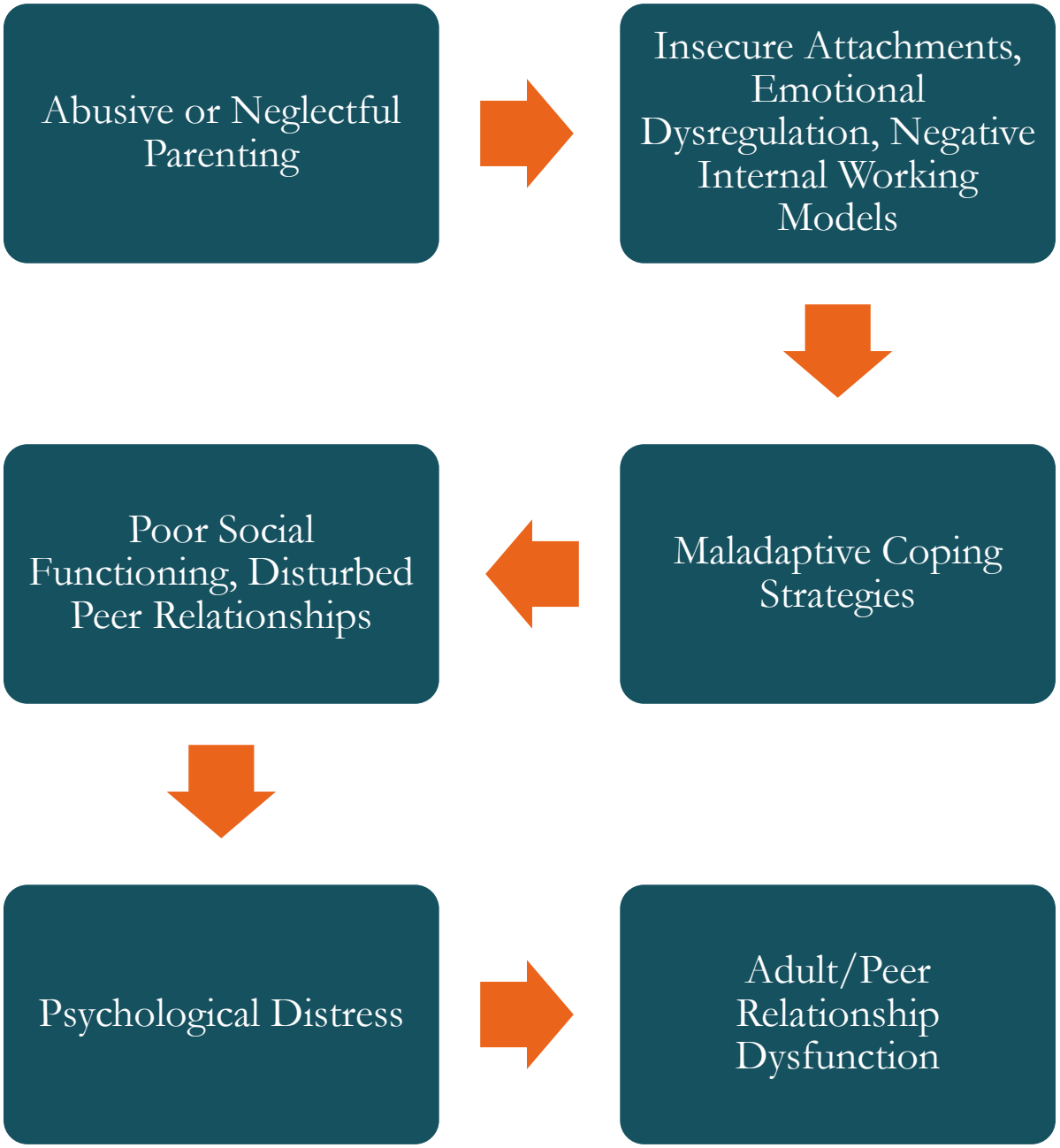
- In assessments of children at 2, 4, and 8 years following adoption, "**Adopted foster youth were more behaviourally impaired than their non-FC counterparts**, although a striking number of non-FC youth displayed behaviour problems as well" (Simmel, et al., 2007)

Typical Programs for Youth Yield Poor Outcomes

Chaffee Foster Care Independence Program Type	Outcomes Measures	Findings
Tutoring and Mentoring	Age percentile in reading and math, school grades, high school completion, highest grade completed, and school behavior problems	No statistically significant difference on key outcomes
Life Skills Training	High school completion, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant difference on key outcomes
Employment	High school completion, college attendance, current employment, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	No statistically significant difference on key outcomes
Intensive Case Management and Mentoring	High school completion, college enrollment and persistence, current employment, employment past year, earnings, net worth, economic hardship, receipt of financial assistance, residential instability, homelessness, delinquency, pregnancy, possession of personal documents, any bank account, and sense of preparedness in 18 areas of adult living	Higher rates of college attendance and persistence among treatment than control group youth but difference was largely explained by continued child welfare system involvement among youth in the treatment group

Koball, et al., 2011

Path of Maltreatment's Impact on Relationships throughout Life



A Framework for Well-Being

	Intermediate Outcome Domains		Well-Being Outcome Domains			
	Environmental Supports	**Personal Characteristics**	**Cognitive Functioning**	**Physical Health and Development**	**Emotional/Behavioral Functioning**	**Social Functioning**
Infancy (0-2)	Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Temperament, cognitive ability	Language development	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior
Early Childhood (3-5)	Family income, family social capital, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Temperament, cognitive ability	Language development, pre-academic skills (e.g., numeracy), approaches to learning, problem-solving skills	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI	Self-control, self-esteem, emotional management and expression, internalizing and externalizing behaviors, trauma symptoms	Social competencies, attachment and caregiver relationships, adaptive behavior
Middle Childhood (6-12)	Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Identity development, self-concept, self-esteem, self-efficacy, cognitive ability	Academic achievement, school engagement, school attachment, problem-solving skills, decision-making	Normative standards for growth and development, overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competencies, social connections and relationships, social skills, adaptive behavior
Adolescence (13-18)	Family income, family social capital, social support, community factors (e.g., institutional resources, collective socialization, community organization, neighborhood SES)	Identity development, self-concept, self-esteem, self-efficacy, cognitive ability	Academic achievement, school engagement, school attachment, problem solving skills, decision-making	Overall health, BMI, risk-avoidance behavior related to health	Emotional intelligence, self-efficacy, motivation, self-control, prosocial behavior, positive outlook, coping, internalizing and externalizing behaviors, trauma symptoms	Social competence, social connections and relationships, social skills, adaptive behavior

Social and Emotional Well-Being Domains

Healthy Adult Functioning

Understanding of Relationships

- Understanding of the value, safety, reliability, and predictability of protective relationships
- Effective strategies for using relationships
- Appropriate concepts of normal behavior, roles, and responsibilities

Effective Verbal and Non-Verbal Communication

- Intuitive attunement to others' feelings; empathy
- Understanding of pragmatics, nuance, works for feeling, facial expression

Understanding of Self

- Good self esteem; coherent life story; healthy identity
- Awareness of personal strengths and limitations; valued roles and responsibilities; ability to exercise choice
- Safe personal boundaries

Understanding of the World

- Awareness of danger; ability to judge and manage risk
- Education; practical independence skills
- Parenting skills

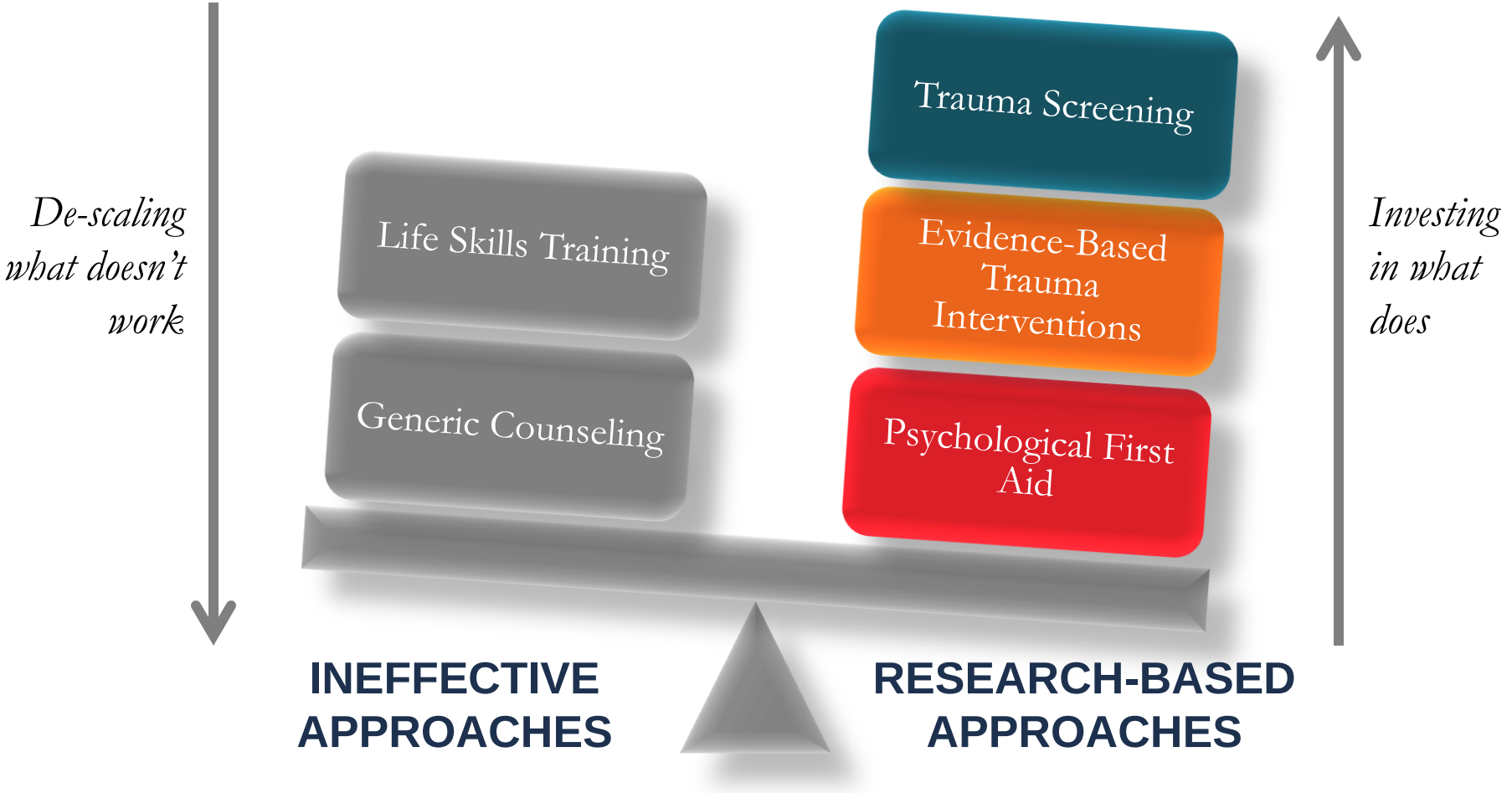
Adaptability and Resilience

- Safe coping and stress-regulation strategies
- Tolerance of change; ability to relinquish control
- Effective executive function: planning, concentration, learning from experience
- Ability to regulate emotion, anxiety, temper, mood
- Ability to "reframe," accept and learn from difficult experiences
- Ability to use services effectively

(Reese, 2010)

Focusing on Social & Emotional Well-Being:

DE-SCALING WHAT DOESN'T WORK, SCALING UP WHAT DOES



Common Concerns & Evidence-Based Interventions (1 of 2)

Diagnosis/Concern/Activity	Evidence-Based Interventions (Examples)	Age
Screening Activities		
Identification of Mental Health & Behavioral Health Issues	SCREENING TOOLS • Child & Adolescent Needs & Strengths—Trauma (CANS) • Pediatric Symptom Checklist (PSC) • Strengths and Difficulties Questionnaire (SDQ) • Child Behavior Checklist (CBCL)	0-18 4-16 4-17 4-18
Most Common Mental Health Diagnoses for Children in Foster Care		
Conduct Disorder/Oppositional Defiant Disorder	• Parent-Child Interaction Therapy (PCIT) • Strengthening Families Program (SFP) • Early Risers – Skills for Success • Brief Strategic Family Therapy (BSFT) • Multisystemic Therapy (MST) • Familias Unidas • Multidimensional Treatment Foster Care (MTFC)	2-7 3-16 6-12 6-17 9-17 12-17 12-17
Attention Deficit Hyperactivity Disorder	• Parent–Child Interaction Therapy (PCIT) • Triple P • Children's Summer Treatment Program (STP)	2-7 0-16 6-12
Major Depression	• Adolescents Coping with Depression (CWD-A) • Cognitive Behavioral Therapy (CBT) for Adolescent Depression • Alternative for Families-Cognitive Behavioral Therapy (AF-CBT)	13-17 13-25 4-16

Common Concerns & Evidence-Based Interventions (2 of 2)

Diagnosis/Concern/Activity	Evidence-Based Interventions (Examples)	Age
Trauma		
Actionable Trauma Symptoms → *Posttraumatic Stress Disorder*	• Child-Parent Psychotherapy (CPP)	0-6
	• Parent-Child Interaction Therapy (PCIT)	2-17
	• Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse (CPC-CBT)	3-17
	• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	4-55
	• Alternatives for Families/Abuse Focused Cognitive Behavioral Therapy (AF-CBT)	5-17
	• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	6-12
	• Trauma Affect Regulation: Guide for Education and Therapy (TARGET-A)	10-55
	• Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)	13-21
	• Prolonged Exposure (PE) Therapy for Youth 18-25	18-25
Behavioral Concerns		
Internalizing/Externalizing Behaviors → *Behavioral Problems and Relational Concerns*	• Child Parent Psychotherapy (CPP)	0-6
	• Promoting Alternative Thinking Strategies (PATHS)	0-12
	• Incredible Years	0-12
	• Triple P	0-16
	• Parenting Wisely	0-17
	• Nurturing Parenting Programs (NPP)	6-12
	• Brief Strategic Family Therapy (BSFT)	6-17
	• Fostering Healthy Futures (FHF) – mentoring + skills training	9-11
	• Functional Family Therapy (FFT)	10-18

Functional Assessment

- Traditionally, child welfare systems use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. Functional assessment, however, provides a more holistic evaluation of children's well-being and can also be used to measure improvement in skill and competencies that contribute to well-being.

- Functional assessment—assessment of multiple aspects of a child's social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the major domains of well-being.

- Rather than using a "one size fits all" assessment for children and youth in foster care, systems serving children receiving child welfare services should have an array of assessment tools available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups (O'Brien, 2011).

- They capture children's strengths, including skills and capacities, as well as potential difficulties (Humphrey, et al., 2011; Roeser, Strobel, & Quihuis, (2002) in a developmentally-appropriate manner, accounting for the trauma- and mental health-related challenges faced by children and youth who have experienced abuse or neglect.

Examples of Valid and Reliable Instruments for Screening and Assessment

Valid and reliable mental and behavioral health and developmental screening and assessment tools should be used to understand the impact of maltreatment on vulnerable children and youth. Screens and assessments should be sensitive enough to distinguish symptoms of trauma reactions and mental health disorders.

Trauma Screening

- Child and Adolescent Needs and Strengths (CANS) Trauma Version
- Childhood Trauma Questionnaire (CTQ)
- Pediatric Emotional Distress Scale (PEDS)

Functional Assessment

- Strengths and Difficulties Questionnaire (SDQ)
- Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)
- Emotional Quotient Inventory Youth Version (EQ-i:YV)

Making Meaningful and Measurable Improvements in Outcomes

Anticipating the **challenges** that children will bring with them when they enter the child welfare system

Rethinking the **structure** of services delivered throughout the system

De-scaling practices that are not achieving desired results while concurrently **scaling up** evidence-based interventions

A Child Welfare System that Focuses on Improving Social and Emotional Well-Being:

- Reviews assessment tools to ensure that they are valid, reliable, and sensitive enough to distinguish trauma and mental health symptoms
- Screens children for trauma when their cases are opened
- Delivers services that have been demonstrated to improve parenting capacities and children's social-emotional functioning to in-home caregivers
- Provides ongoing training to staff and foster parents on issues related to trauma and mental health challenges that are common among youth being served by the system
- Conducts assessments at regular intervals to determine whether services being delivered to children and youth are improving functioning
- Utilizes independent and transitional living programs to support youth's development of self-regulation and positive relational skills

Vehicles for Promoting Social and Emotional Well-Being

- Flexible Funding Waivers
- Discretionary Funding:
  - Trauma and Mental Health Screening, Assessment, and Treatment
  - Educational Stability
  - Early Childhood-Child Welfare Linkages
  - Youth Services
  - Child Welfare-Supportive Housing
- President's Budget Proposal - $250 billion/10 years
- Regional Partnership Grants
- High Priority Goal on Trauma
- Psychotropic Medication Oversight and Monitoring

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