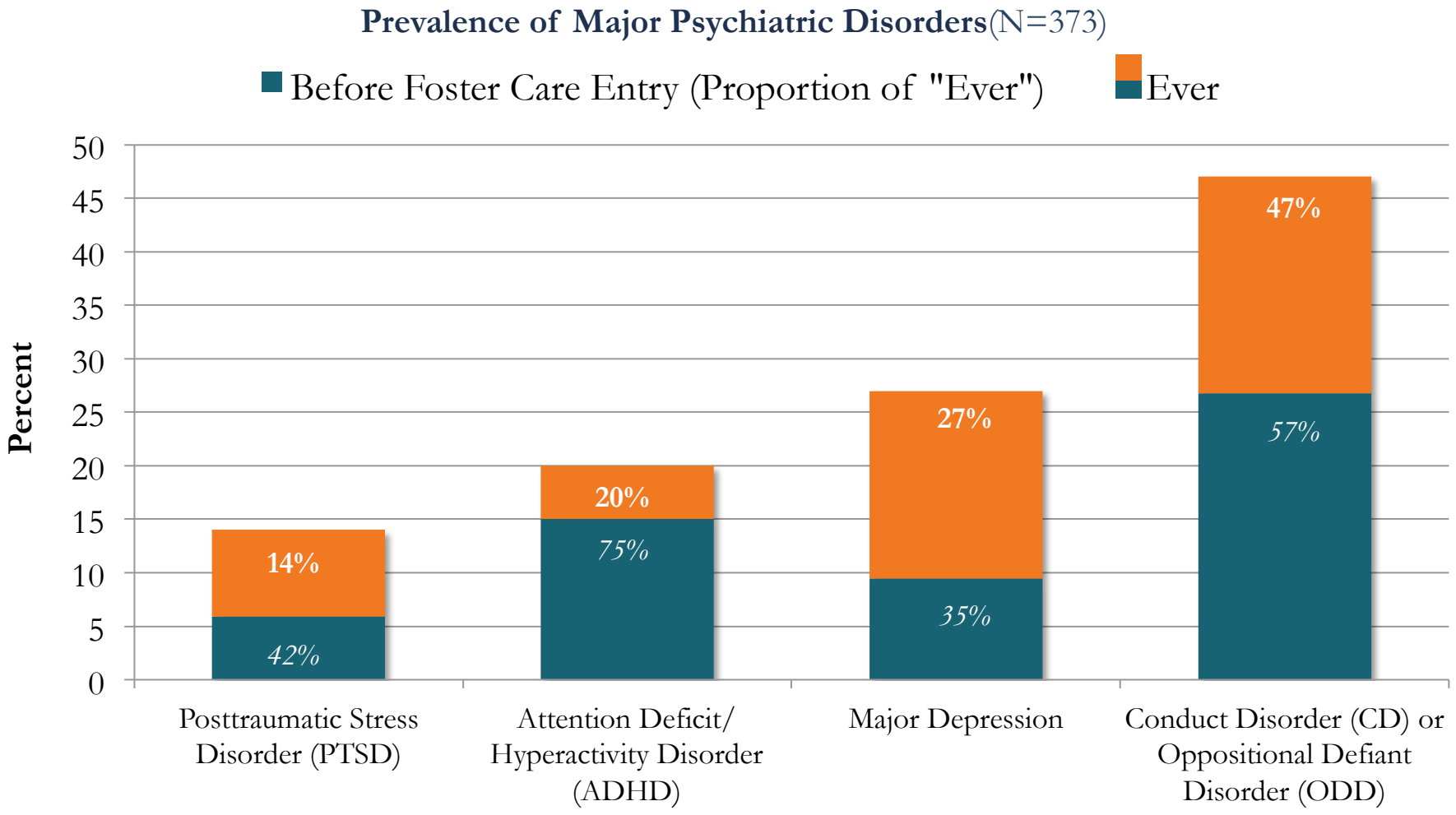
Using Evidence-Based & Evidence-Informed Interventions to Promote Social & Emotional Well-Being

Bryan Samuels, Commissioner
Administration on Children, Youth and Families

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

The Big Picture: It's About More than Aging Out of Foster Care

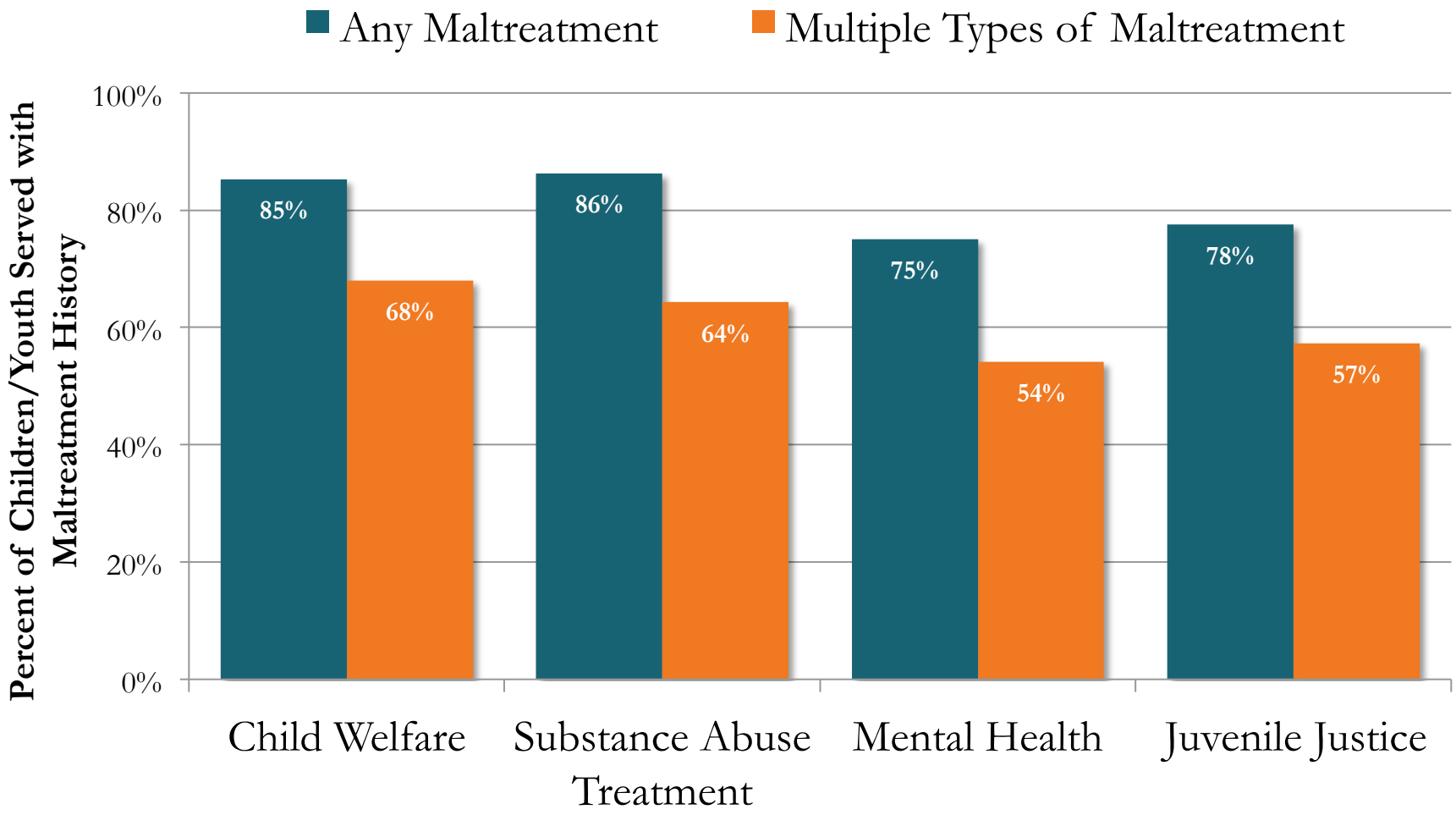


McMillan, et al, 2005. Sample youth were 17 years-old and in care at the time of study.

"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). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved fromwww.developingchild.harvard.edu

A History of Maltreatment Is the Norm among Children and Youth in Many Systems



Miller, EA; Green, AE; Fettes, DL; & Aarons, GA., 2011. Data come from a representative sample of 1,715 youths aged 6–18 who received services from one or more of five San Diego County public sectors of care.

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.

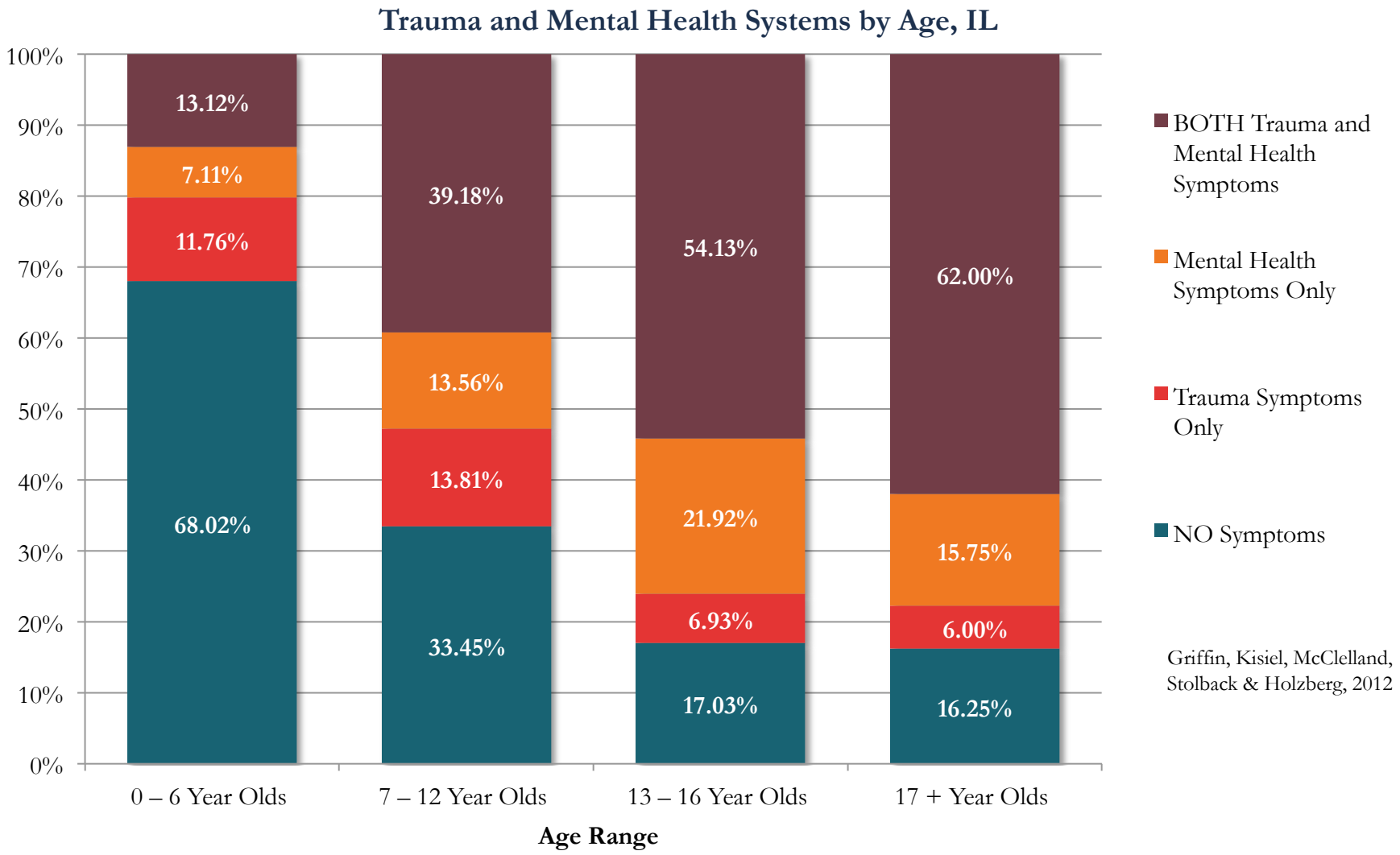
National Scientific Council on the Developing Child, 2010

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

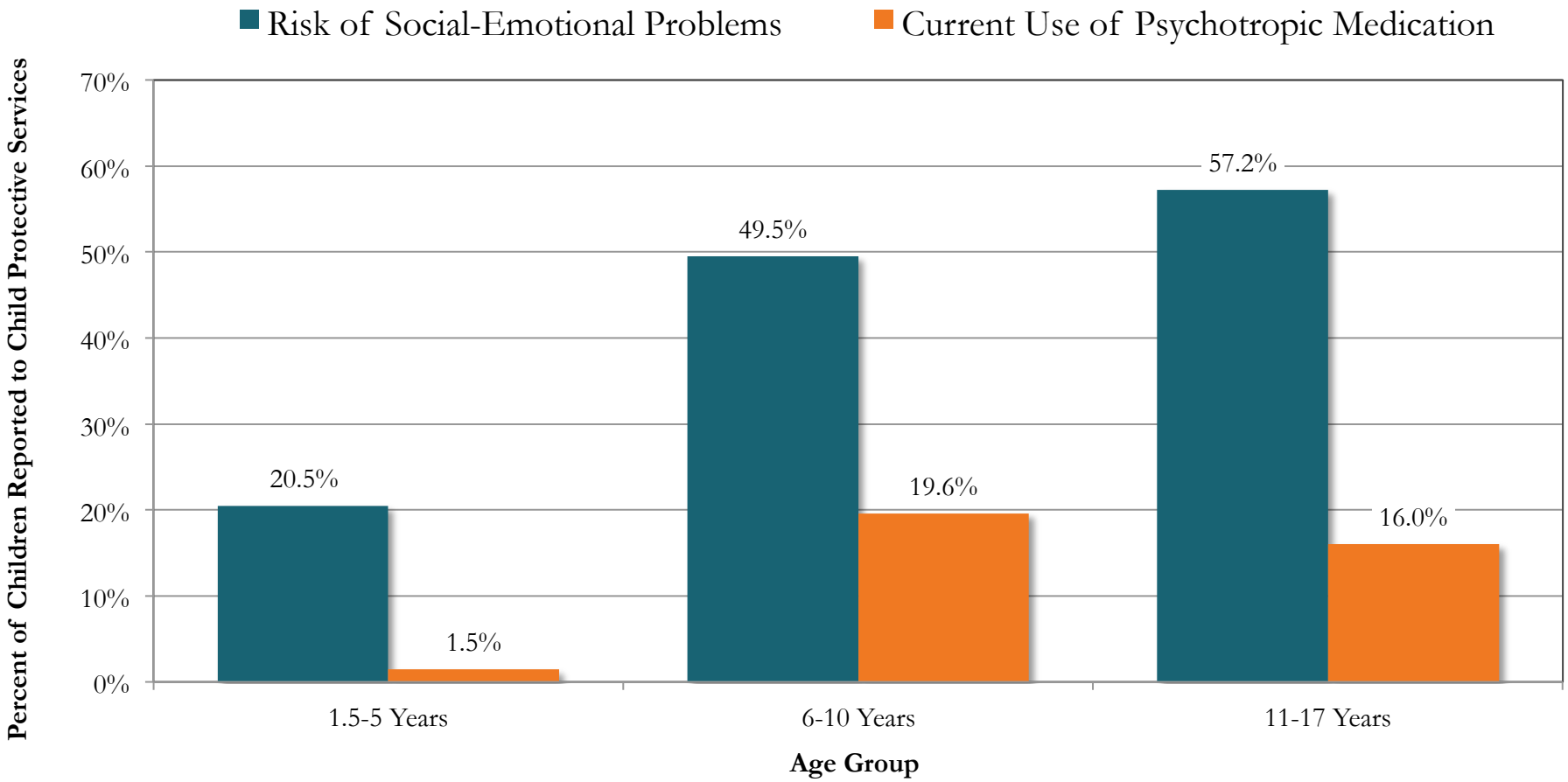
- After Trauma
  - Child is on Constant Alert
  - Child over-interprets signs of danger
  - Child overreacts to normal situations
  - Child has difficulty with attachment and trusting others, particularly authority figures

The Overlap of Trauma and Mental Health Symptoms



Griffin, Kisiel, McClelland, Stolback & Holzberg, 2012

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

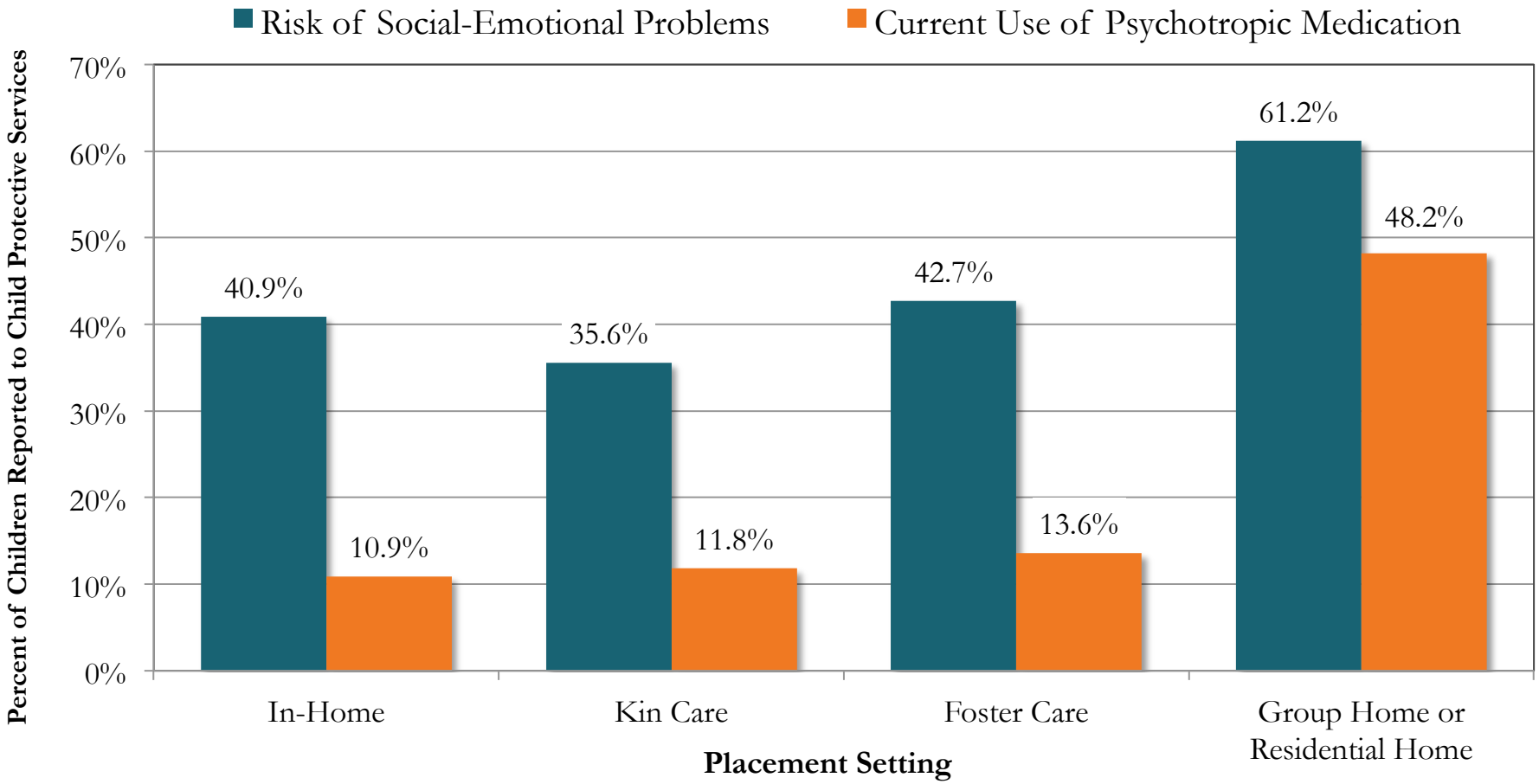


Data Source: National Survey of Child and Adolescent Well-Being II (NSCAW II). NSCAW II is a Congressionally required study sponsored by the Office of Planning, Research and Evaluation, Administration for Children and Families (ACF), U.S. Department of Health and Human Services (DHHS).

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;

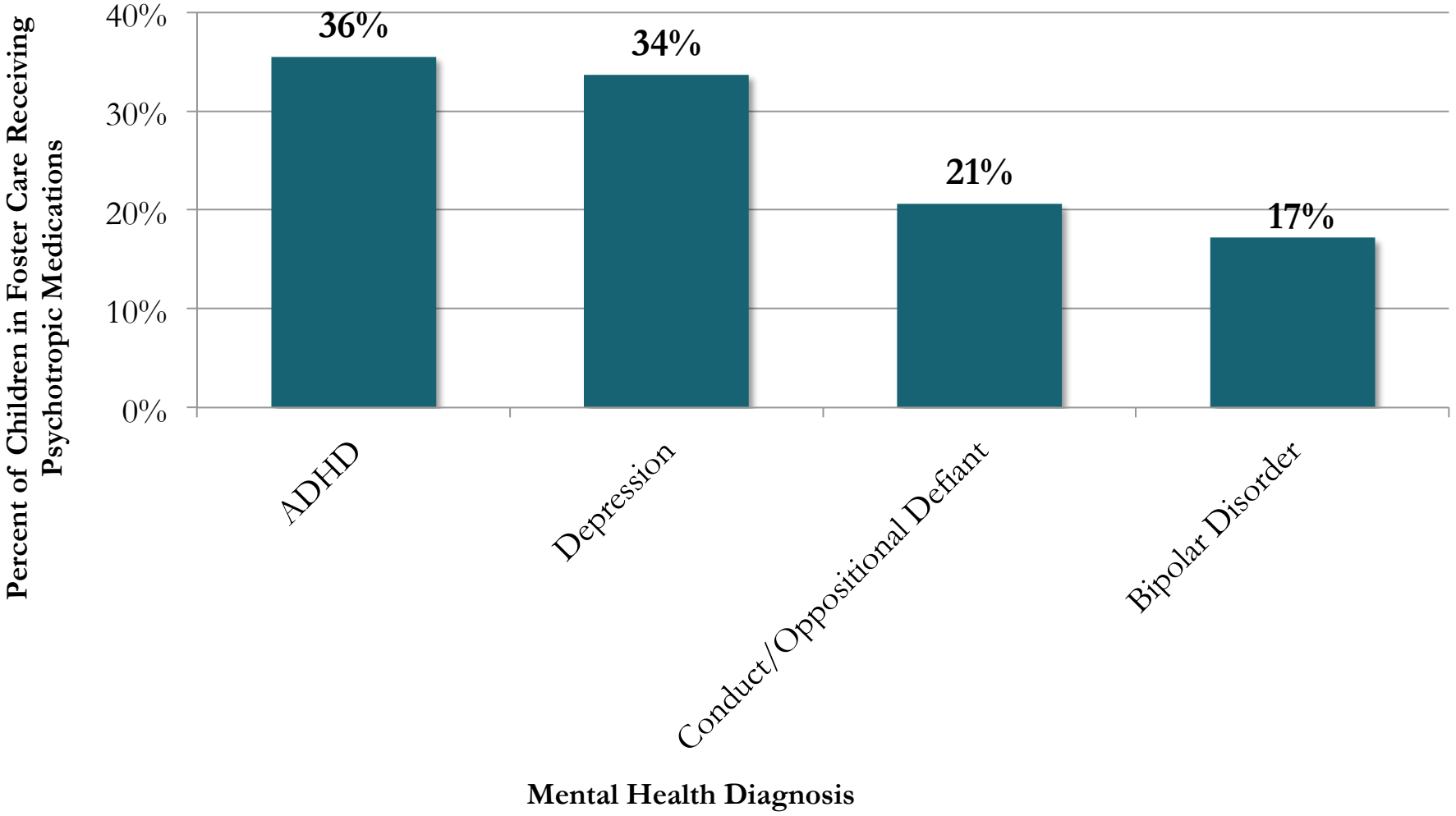
Risk of Social-Emotional Problems and Use of Psychotropic Medications among Children Known to CPS, by Placement Type



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).

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;

Most Common Mental Health Diagnoses among Children in Foster Care Receiving Psychotropic Medications



Zito, JM; et al. (2008). Psychotropic medication patterns among youth in foster care. *Pediatrics*. 121(1): e157.

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

Lifetime Impact of Gender-Based Violence on Women

- Positive and statistically significant associations have been found between the number of types of gender based violence (intimate partner physical assault, rape, sexual assault, and stalking) reported for women and the prevalence of mental disorder.

No. of types of gender based violence experienced	DSM-IV lifetime mental disorder	DSM-IV lifetime mood disorder	DSM-IV lifetime anxiety disorder	DSM-IV lifetime substance use disorder	DSM-IV lifetime PTSD
1	57%	31%	38%	23%	15%
2	69%	34%	48%	34%	30%
3-4	89%	52%	77%	47%	56%

- Women exposed to one form of gender based violence reported increased rates of each of the disorders listed in the table, with the highest rates across the board for those who reported exposure to 3-4 types of gender based violence.

Rees, S. et al., 2011.

Maltreatment Impacts How Youth Form Relationships with Adults

- Maltreatment affects a child's health and well-being as well as the quality of his or her relationships. **Child maltreatment represents an extreme form of child–parent relationship disruption** (Harden, 2004; Milan & Pinderhughes, 2000).

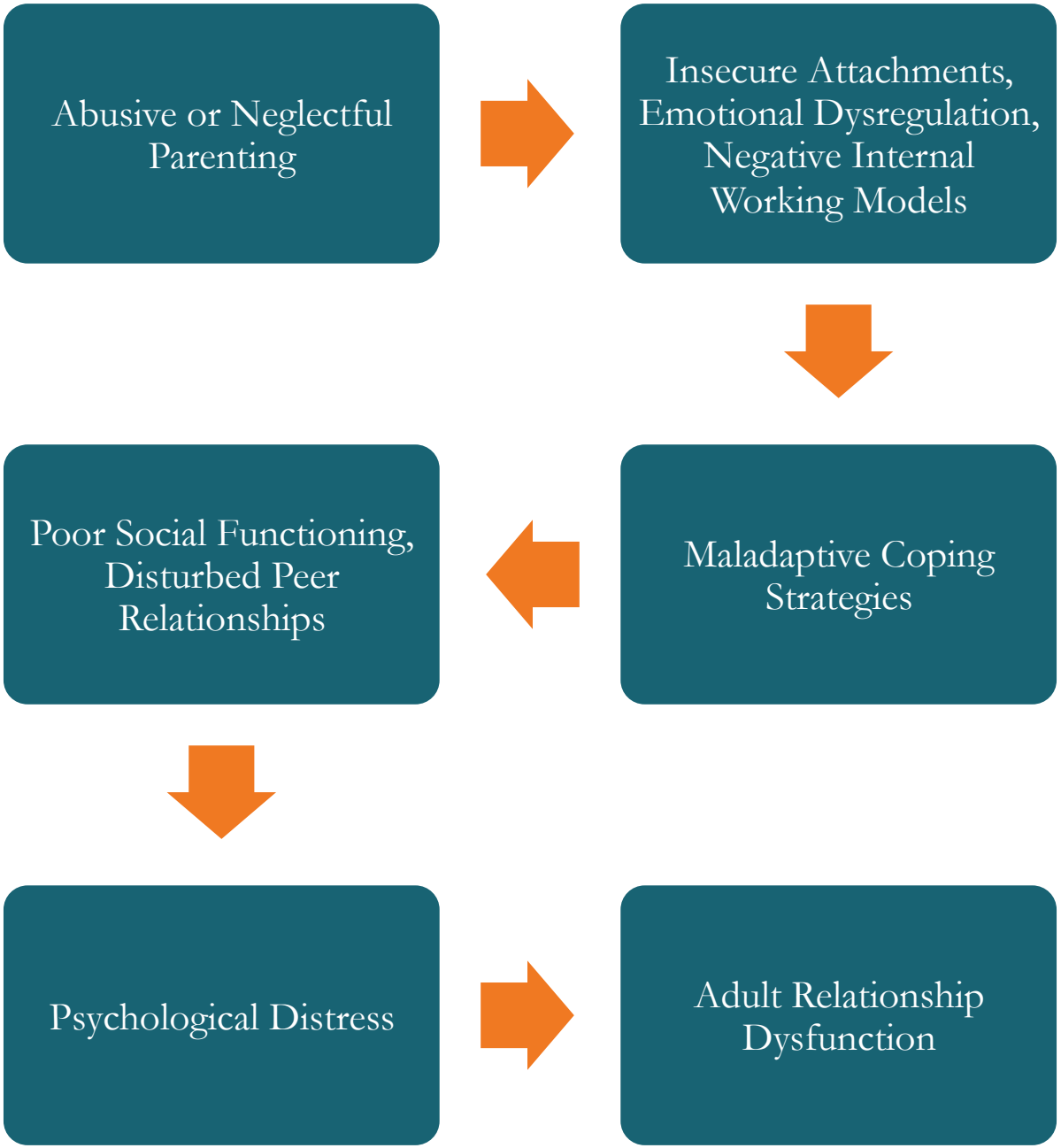
- Child maltreatment can be considered as a **chronic interpersonal trauma**, to which the child is exposed on a daily basis within the context of the caregiver-child relationship (Perry, 2008; van der Kolk, 2005).

- Children's capacity to adequately cope with stress depends largely on the nature of the stress and on the **attachment figure's capacity to diminish or counter the effects** linked to the stressor (Lyons-Ruth et al., 1999).

- The **developmental stage of the child at the onset of the abuse** and neglect will influence the type and severity of the consequences (Frederico, Jackson & Black 2005; Perry 1995).

- For many maltreated children, nurturing and supportive parental behavior was **inconsistent or unavailable**, resulting in children who **lack confidence to explore new environments and relationships** (Bretherton, 2000; Sorce & Emde, 1981).

Path of Maltreatment's Impact on Relationships throughout Life



Challenges Associated with Trauma

BIOLOGY

- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span (e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)

BEHAVIORAL CONTROL

- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Pathological self-soothing behaviors
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behavior
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

ATTACHMENT

- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people's
- emotional states
- Difficulty with perspective taking

SELF CONCEPT

- Lack of continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt

AFFECT REGULATION

- Difficulty w/ emotional self-regulation
- Difficulty labeling & expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes, needs

COGNITION

- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding responsibility
- Learning difficulties
- Problems with orientation in time and space

DISSOCIATION

- Distinct alterations in states of consciousness
- Amnesia
- Depersonalization and derealization
- Two or more distinct states of consciousness
- Impaired memory for state-based events

Cook, et. Al., 2005

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

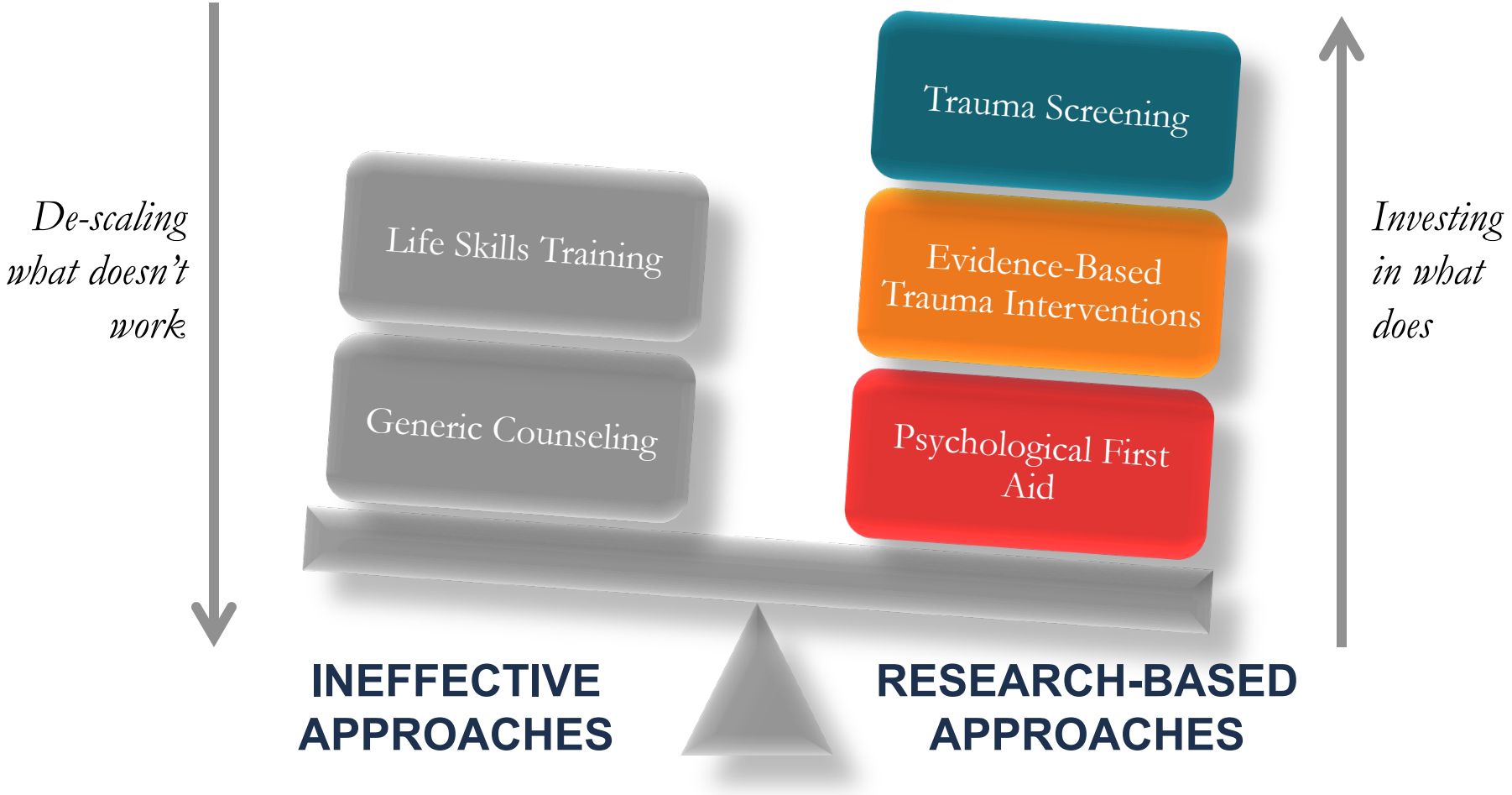
Adaptability and Resilience

- 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
Screening Activities	
Identification of Mental Health and Behavioral Health Issues	SCREENING TOOLS • Strengths and Difficulties Questionnaire (SDQ) • Pediatric Symptom Checklist (PSC) • Child Behavior Checklist (CBCL) • Child &Adolescent Needs & Strengths—Mental Health (CANS-MH)
Most Common Mental Health Diagnoses for Children in Foster Care	
Conduct Disorder/Oppositional Defiant Disorder	• Brief Strategic Family Therapy (BSFT) • Familias Unidas • Multisystemic Therapy (MST) • Multidimensional Treatment Foster Care (MTFC) • Parent-Child Interaction Therapy (PCIT) • Strengthening Families Program (SFP) • Early Risers – Skills for Success
Attention Deficit Hyperactivity Disorder	• Children's Summer Treatment Program • Parent–Child Interaction Therapy (PCIT) • Triple P
Major Depression	• Adolescents Coping with Depression • Cognitive Behavioral Therapy for Adolescent Depression • Alternative for Families-Cognitive Behavioral Therapy (AF-CBT) • Coping with Depression Program for Adolescents (CWD-A) • Etc.
Post-Traumatic Stress Disorder	• *See Next Slide*

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

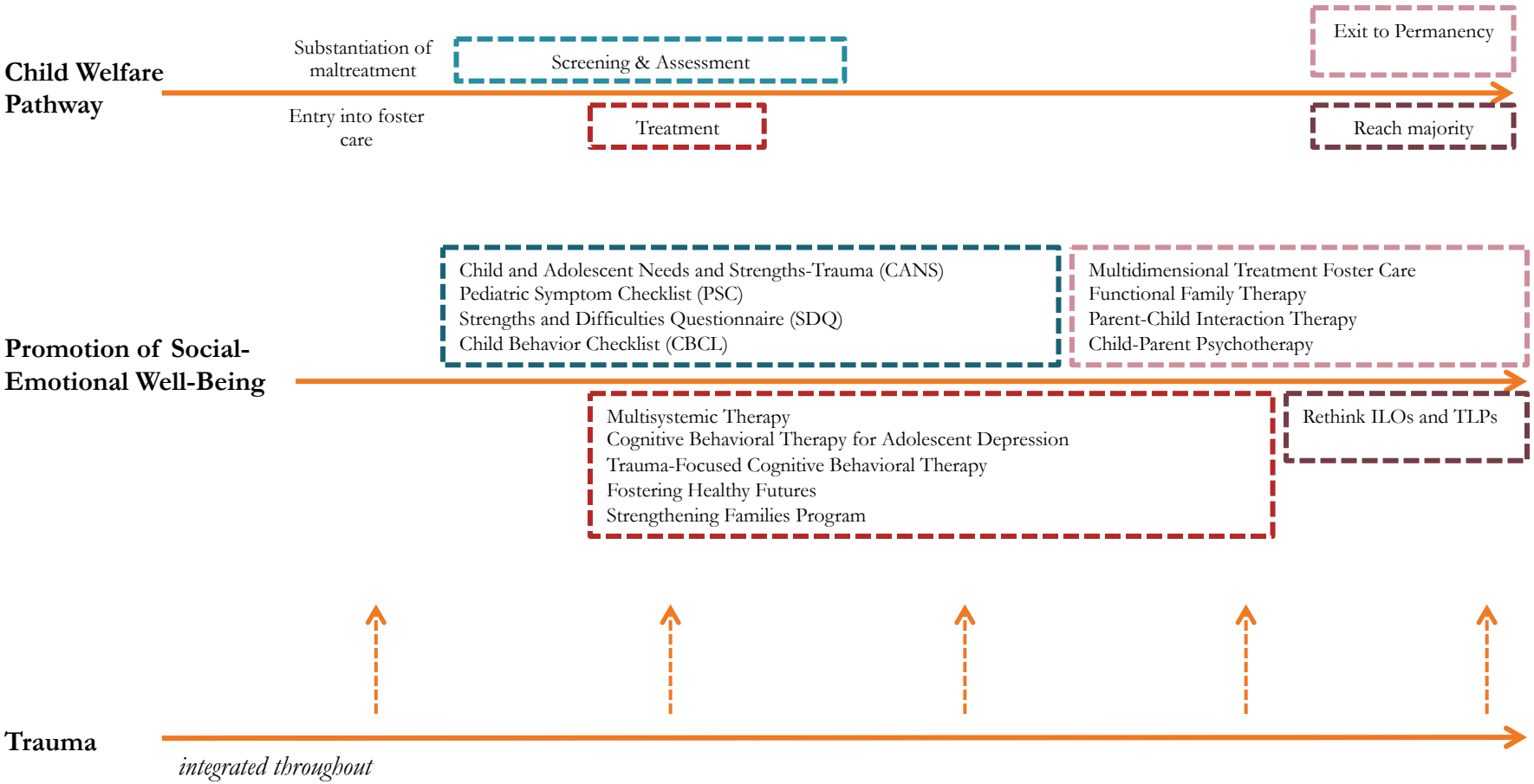
Diagnosis/Concern/Activity	Evidence-Based Interventions
Trauma	
Actionable trauma symptoms → *Posttraumatic Stress Disorder*	• Cognitive Behavioral Intervention for Trauma in Schools (CBITS) • Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse • Prolonged Exposure Therapy • Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) • SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress • AF-CBT: Alternatives for Families/Abuse Focused Cognitive Behavioral Therapy • TARGET-A: Trauma Affect Regulation: Guidelines for Education and Therapy for Adolescents and Pre-Adolescents • PCIT: Parent-Child Interaction Therapy • Child-Parent Psychotherapy (CPP)
Behavioral Concerns	
Internalizing/Externalizing Behaviors: Behavioral Problems and Relational Concerns	• Brief Strategic Family Therapy (BSFT) • Child Parent Psychotherapy (CPP) • Functional Family Therapy • Nurturing Parenting Programs (NPP) • Parenting Wisely • Promoting Alternative Thinking Strategies • Fostering Healthy Futures (FHF) – mentoring + skills training model • Triple P • Incredible Years

Focusing on Social & Emotional Well-Being:
UNDERSTANDING IMPACT OF MALTREATMENT, ANTICIPATING CHALLENGES

- An understanding of the impact maltreatment has had on children when they come to the attention of the child welfare system allows providers to be more proactive, knowing what to look for and anticipating the services that may be needed. This capacity is necessary at the caseworker-level, but also at the level of administrators who are making decisions about the array of services needed internally or through contracts.

Focusing on Social & Emotional Well-Being:

RESPONDING AND INTERVENING ALONG THE CHILD WELFARE CONTINUUM



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

References

Bellamy, J. (2008). Behavioral problems following reunification of children in long-term foster care. Children and Youth Services Review. 30:216.

Bretherton, I. (2000). Emotional availability: An attachment perspective. *Attachment & Human Development* 2(2):233.

Casaneuva, C; Ringeisen, H; Wilson, E; Smith, K; & Dolan, M. (2011b). NSCAW II Baseline Report: Children's Services, OPRE Report #2011-27b, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Cook, A., Spinazzola, J., Ford, J., Lanktree, C., et. al. (*2005*) *Complex trauma* in *children and adolescents*. Psychiatric Annals, 35:5, 390-398.

Fechter-Leggett, MO & O'Brien, K. (2010). The effects of kinship care on adult mental heath outcomes of alumni of foster care. Children and Youth Services Review. 32(2):206.

Frederico, MM; Jackson, AL; & Black, CM. (2005). Reflections on Complexity: The 2004 Summary Evaluation of Take Two. Bundoora, Victoria: School of Social Work and Social Policy, La Trobe University.

Griffin, E; Kisiel, C; McClelland, G; Stolback, B; & Holzberg, M. (2012). Diagnosing trauma before mental illness in child welfare. *Child Welfare*.

Harden, BJ. (2004). Safety and stability for foster children: A developmental perspective. *Future of Children*. 14(1):30.

Koball, Heather, et al. (2011). *Synthesis of Research and Resources to Support At-Risk Youth, OPRE Report # OPRE 2011-22,* Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Lyons-Ruth, K; Bronfman, E; & Atwood, G. (1999). A relational diathesis model of hostile-helpless states of mind: Expressions in mother-infant interaction. In: Solomon J & George C (Eds.). Attachment disorganization (pp. 33-69). New York: Guilford.

McMillan, CJ; et al. (2005). The prevalence of psychiatric disorders among older youths in the foster care system. Journal of the American Academy of Child and Adolescent Psychiatry. 44:88.

Miller, EA; Green, AE; Fettes, DL; & Aarons, GA., 2011. Prevalence of maltreatment among youths in public sectors of care. *Child Maltreatment*. 16(3):196.

Milan, SE & Pinderhughes, EE. (2000). Factors influencing maltreated children's early adjustment in foster care. *Development and Psychopathology*. 12(1):63.

National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved fromwww.developingchild.harvard.edu

Perry, BP. (2008). "Child maltreatment: A neurodevelopmental perspective on the role of trauma and neglect in psychopathology." In Beauchine, TP & Hinshaw, SP. (Eds.). Child and Adolescent Psychopathology (pp. 93-128). Hoboken, NJ: John Wiley & Sons.

Rees, CA. (2010). All they need is love? Helping children to recover from neglect and abuse. *Archives of Disease in Childhood*. 96:969.

Rees, S. et al., Lifetime Prevalence of Gender-Based Violence in Women and the Relationship With Mental Disorders and Psychosocial Function, *JAMA. 2011:306(5):513-521*.

Simmel, C.; et al. (2007). Adopted youths psychosocial functioning: A longitudinal perspective. Child and Family Social Work. 12(4):336.

Sorce, JF & Emde, RN. (1981). Mother's presence is not enough: Effect of emotional availability on infant exploration. *Developmental Psychology*. 17(6):737.

van der Kolk, BA; Roth, S; Pecolvitz, D; Sunday, S; & Spinazolla, J. (2005). Disorders of extreme stress: The empirical foundation of a complex adaptation to trauma. *Journal of Traumatic Stress*. 18(5):389.