

Moving from Smaller to Better

DIRECTIONS FOR CHILD WELFARE PRACTICE, POLICY, &
RESEARCH

Bryan Samuels, Commissioner

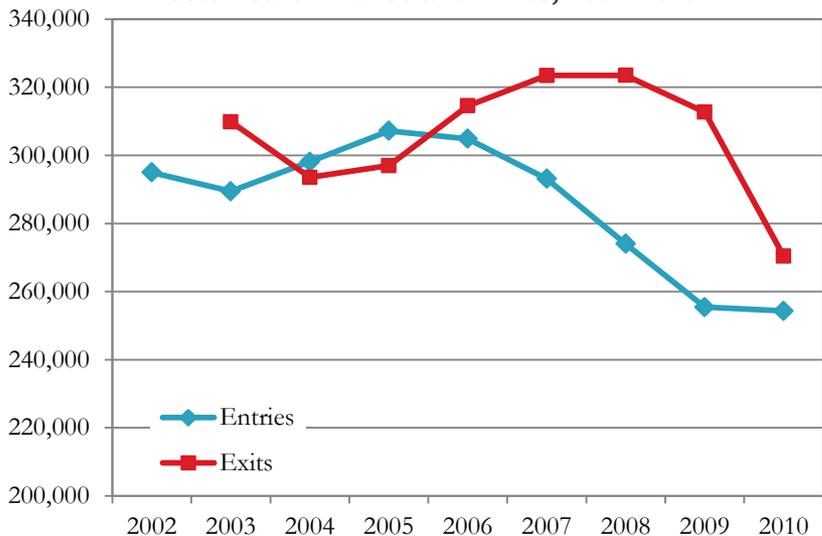
Administration on Children, Youth and Families

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

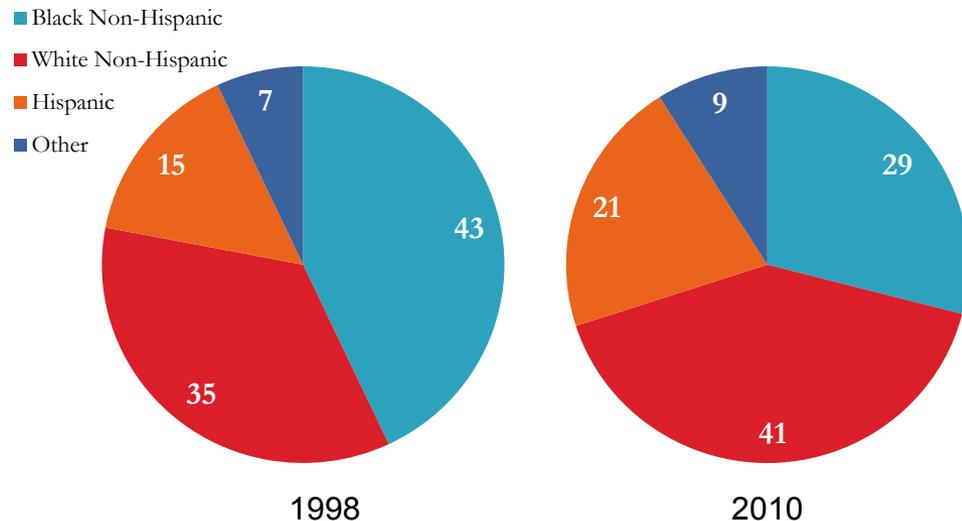


Changes in Child Welfare, 1998-2010

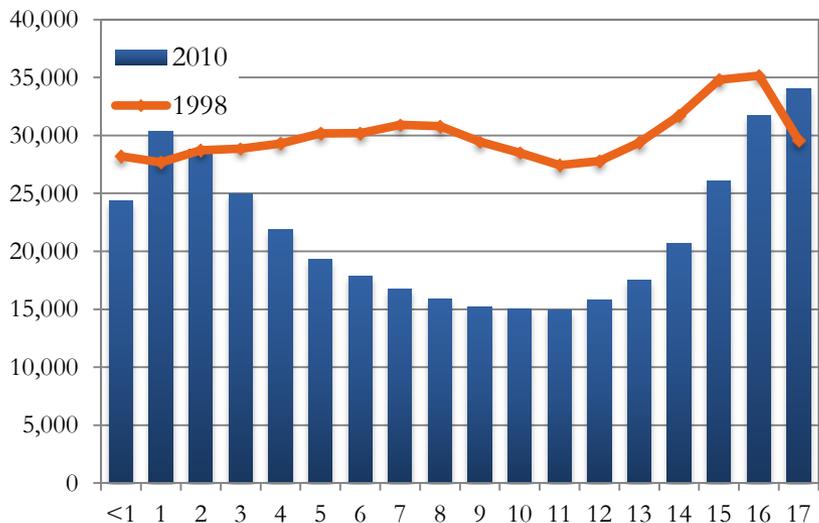
Foster Care Entries and Exits, 2002-2010



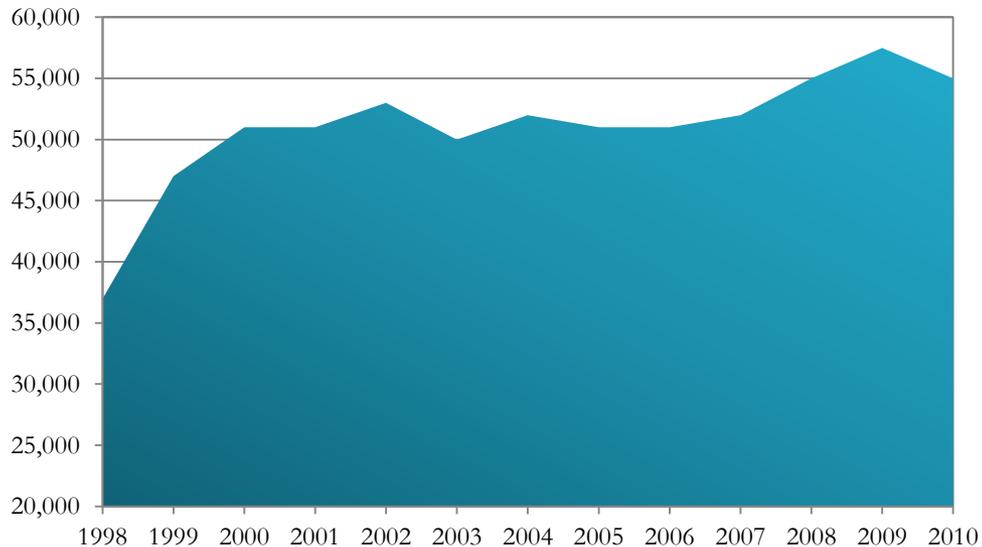
Racial Makeup of Foster Care Population, 1998 and 2010



Age of Foster Care Population, 1998 and 2010



Adoptions from Foster Care, 1998-2010



Moving from Smaller to Better Systems

To achieve better outcomes for children involved with child welfare system, we must build policies, programs, and practices on a wider body of empirical research.

We must connect traditional child welfare research to recent finding in other disciplines:

1. Physical Health Science/Adverse Childhood Experiences
2. Brain Science/Trauma Stress
3. Adolescent Health
4. Resilience

Adverse Childhood Experience & Adult Outcomes

“We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥ 50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.”

Felitti, VJ; et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*. 14(4):245.

Adverse Childhood Experience & Adult Outcomes

- The study demonstrates that the impact of maltreatment on physical health is pervasive and, in many cases, predictable.
This has implications for how success is defined in child welfare.
- Study shows that a clear majority of patients who were exposed to one category of childhood abuse or household dysfunction were also exposed to at least one other.
Given the number of children receiving in-home services and the majority of children in foster care who return home, child welfare systems need a better understanding of the effects of household dysfunction (e.g., domestic violence, caregiver substance abuse) on child outcomes.
- Secondary prevention of the effects of adverse childhood experiences requires increased recognition of their occurrence and the behavioral coping devices that are commonly adopted to reduce their emotional impact.
This has implications for the kinds of screenings children receive at intake and the extent to which they can identify not only diagnoses, but also maladaptive coping strategies, thought patterns, and behaviors.

Impact of Maltreatment on Brain Development

“...traumatic stress response during sensitive periods of development for children can alter the developmental trajectory of children's emotional, behavioral and cognitive development. In particular, the hippocampus and prefrontal cortex are key structures involved in children's cognitive development that are affected by the traumatic stress response. Cell loss and delays in myelination cause structural damage that may lead to functional deficits in memory and spatial processing, and attention and executive functioning, in the hippocampus and prefrontal cortex, respectively.”

Wilson, KR; Hansen, DJ & Li, M. (2011). The traumatic stress response in child maltreatment and resultant neuropsychological effects. *Aggression and Violent Behavior*. 16:87.

Impact of Maltreatment on Brain Development

- The experience of maltreatment is complex and not categorical. A child's response is a function of environment, the nature of the traumatic experience, the neurochemical cascade following the event, and subsequent changes in functioning. These changes can be cognitive, emotional, physical, and/or behavioral.

This implies that child welfare systems need a better understanding of brain development and the impact of trauma and maltreatment on that developmental trajectory

- When a child's trauma history is unknown, the symptoms of PTSD in children can be easily misinterpreted as behavior dysregulation, cognitive deficits, or ADHD, rather than as a response to trauma or maltreatment. Several researchers point to the potential misdiagnosis of ADHD in maltreated children.

The implication is that accurate diagnosis requires a comprehensive understanding of the trauma history of children who have experienced maltreatment.

- While cognitive ability and perceived ability mediate academic performance in maltreated children, dissociative and destructive behaviors can affect their ability to function in the school environment and limit their scholastic success.

This implies that poor educational outcomes for children in foster care may not simply be the result of insufficient exposure to appropriate instruction, but rather have something to do with the coping strategies maltreated children employ.

Developmental Impact of Maltreatment

“...maltreatment is not merely a risk factor for later outcomes, but also a causal agent, and, [...] its effect is conditioned by the developmental stage at which the maltreatment occurs.

Childhood-limited maltreatment significantly affects drug use, problem drug use, suicidal thoughts, and depressive symptoms – reactions to stress that are more inwardly directed. In contrast, maltreatment that occurs in adolescence has a more pervasive effect on early adult development, affecting 10 of the 11 outcomes including involvement in criminal behavior, substance use, health-risking sex behaviors, and suicidal thoughts.”

Thornberry, TP; Henry, KL; Ireland, TO & Smith, CA. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health*. 46:359.

Developmental Impact of Maltreatment

Study calls into question the assumption that early maltreatment has stronger and more enduring negative effects on future adaptation than later exposure because it disrupts the early course of human development. Recency and persistence of maltreatment both impact its effect on outcomes.

This has implications for the case planning that takes place at entry into care. Depending on the timing of maltreatment, a child's needs will vary.

Study highlights the importance of using developmentally specific measures of maltreatment in assessing its subsequent effect. When a global measure of any maltreatment was used, maltreatment does not appear to be causally related to early adult outcomes. When developmentally specific measures are used, however, there is a strong, pervasive effect of adolescent maltreatment on these outcomes.

This implies that child welfare systems should not screen all children and youth the same way, with the same tools, regardless of their age at entry or timing/persistence of their maltreatment experience.

Study suggests need to develop effective and developmentally appropriate programs for adolescent victims. Few treatment programs exist for adolescent victims than for child victims, and many adolescent interventions are either downward extensions of adult programs or upward extensions of child programs.

These findings have implications for the array of placement options available for older youth as well as activities in transition planning. Additionally, it has implications for how programs are designed.

Resilience in Face of Maltreatment

“Our findings derive from a population-based study, followed prospectively over a 30-year period. The Isle of Wight study contained rich and detailed information on important aspects of abused individuals’ lives: characteristics and context of the abuse, adolescent family life, relationships with others, and adult psychopathology.....Risks for adult recurrent depression, suicidal behavior, PTSD, and substance abuse were elevated several-fold among abused individuals, even controlling for prospective indicators of other types of adolescent family adversity. **However**, not all individuals with abusive experiences showed such difficulties—a substantial proportion reported no psychiatric problems over the 30-year follow-up period. Further tests also showed positive adaptation in other domains such as health, inter-personal relationships and non-criminality in this non-disordered group, supporting the view that these individuals can be described as “resilient” in the face of abuse.

Collishaw, S; Pickles, A; Messer, J; Rutter, M; Shearer, C & Maughan, B. (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse and Neglect*. 31:211.

Resilience in Face of Maltreatment

Study provides evidence that child abuse is associated with difficulties in interpersonal relationships.

- Almost half of those reporting abuse in adulthood had been rated as showing significant abnormalities in interactions with peers in adolescence.
- These findings provide further support for the view that impairments in interpersonal relationships are of crucial importance for understanding the effects of child abuse on mental health outcomes.

Similarly, resilience and relationship quality are strongly and independently linked.

- Rates of resilience were also considerably higher among adults reporting the presence of at least one parent rated as very caring.
- Peer relationships in adolescence, the quality of adult friendships and the stability of adult love relationships were all strongly related to resilience.

Resilience is not seen as good fortune arising from chance encounters with a supportive friend, peer or partner, but rather as an ongoing process of developing the competencies necessary to form, maintain and benefit from supportive interpersonal relationships.

Moving from Smaller to Better

1. How do we move toward examining the more common trajectories among children and youth exiting foster care?
2. In understanding outcomes, how do we account for the role of maltreatment and other adverse childhood experiences prior to placement and avoid overstating the role of foster care?
3. Given the unique characteristics of foster youth, what are the relevant comparison groups for use in child welfare research?
4. How do we ensure that research designs account for the developmental sequelae attached to different forms of maltreatment?
5. What could be gained from the use of a multidisciplinary knowledge base to inform future child welfare research, policy, and practice?