



Young Children with Special Health Care Needs in Foster Care

Continuing Study Outline

Stacey Cornett, LCSW, IMH E (IV)
 Edited by Angela Tomlin, Ph.D., HSPP, IMH-E (IV) and
 Stephan Viehweg, ACSW, LCSW

Goal

This continuing study outline will provide information about how the experience of removal from primary caregivers and placement in foster care affects young children in a variety of domains.

Preparation

In preparation for this continuing study activity please review the following resources:

Committee for early childhood, adoption and dependent care (2000).
 Developmental issues for young children in foster care. *Pediatrics*, Vol. 106,
 No. 5, 1145-1150. Available at:
<http://aappolicy.aappublications.org/cgi/reprint/pediatrics;106/5/1145.pdf>

Smariga, M. (2007). Visitation with infants and toddlers in foster care.
 Washington, DC: Zero to Three. Available at:
http://www.zerotothree.org/site/DocServer/Visitation_with_Infants_and_Toddlers_in_Foster_Care.pdf?docID=3981

Objectives

The participant will:

- A. Give two descriptions of the type of care that young children in foster care need to optimize brain development.
- B. Explain why separations from primary caregivers after the age of 6 months may have more negative consequences than separations prior to this age.
- C. Differentiate between acute and chronic stress reactions of young children.
- D. Identify the time frame in which an assessment should occur when an infant enters the child welfare system and at least 3 areas that should be assessed.
- E. Offer a rationale for why visitation between young children and their biological parents should be frequent and of substantial duration.

<h2>Overview</h2>	<p>Infants and toddlers are one of the fastest growing populations that are served in the foster care system. Despite this fact, the significant risk that removal from parents and placement in alternate care may pose to their overall development and mental health is often underestimated. The notion that young children are resilient, forget easily and reestablish easily with caring adults is strongly embedded into our culture. There is nothing more powerful and impactful to an infant than their primary caregiver and the experiences of being cared for by this person. The long-term effects of the relationship occur whether the relationship is primarily positive and supportive or less optimal. Although it is acknowledged that some parents struggle with establishing positive interactions with their children, the value of primary relationship dictates that we make every effort to safely maintain the child in their family. At times, despite the best efforts of parents and professionals, alternate placements, either temporary or permanent, are needed. In these situations it is critical that all infants and toddlers that are a part of the foster care system be afforded the right to a developmental and mental health screening to ensure that their unique needs are recognized and addressed.</p>
<h2>Expanded Objectives</h2>	<p>A: Stable, consistent and nurturing care is needed to give young children a sense of security. This type of environment supports development and nurtures the brain in a way that supports the developing structures related to emotional development as well as such executive functioning skills as attending, problem solving and impulse control. This may be even more critical in young children that have not experienced this type of care with their biological caregivers. Secondly, young children are in need of stimulation that will enhance their development. Attending to cues, animated gestures and verbal interaction are all way that this can occur.</p> <p>B: Before the age of 6 months an infant does not have the cognitive capacity to remember their caregiver in their absence. If another adult who meets the infant's needs substitutes for the caregiver the developing attachment is much more easily transferred to that person. After the age of 6 to 8 months an infant develops stranger anxiety which is a manifestation of specific preference for the primary caregiver.</p> <p>C: When an infant or young child is exposed to a new situation or stressor they may actively protest or resist the situation. They may initially cry, have tantrums, and then later become aggressive or withdrawn and inattentive. When stress is chronic there may be a more apathetic, withdrawn appearance with little resistance. Infants may exhibit failure to thrive, have eating problems and overall regulatory dysfunction.</p> <p>D: Within 30 days of entering the child welfare system an infant and parent should receive an assessment. Among the areas that should be assessed include their developmental functioning, (speech, motor, self-help, emotional and cognitive development), parental capacities, relationship capacities. Other areas include coping skills and behavior. These assessments should consider the needs of the child, be developmentally appropriate and address the effects that any one domain may have on another.</p>

	<p>E: Due to the fact that young children are in the process of developing an attachment and have not mastered the capacity to maintain the memory and benefits of a relationship that is not meeting their daily needs, visits should be frequent and long enough to provide for care-giving experiences that allow the infant to feel cared for.</p>
<p>Discussion Points</p>	<ol style="list-style-type: none"> 1. Invite participants to share ways in which they have been able to influence child protection workers to appreciate the special needs of young children. 2. Discuss the differences in the way that mental health workers, child protection workers, and other workers may think about and act on information related to child attachment status. In your community, what ways can you work to build a shared understanding of these issues? 3. What needs can participants identify related to building their own competency in the mental health assessment of young children? Consider knowledge, tools, and training that may be needed. 4. IAITMH welcomes your feedback about this and all of our training materials. Please send any comments to info@iaitmh.org.
<p>References and Recommended Readings</p>	<p>A large number of related materials can be found at the Zero To Three (zerotothree.org) site in the Policy section under <i>Court Teams</i>.</p> <p>Harden, B. (2007). <i>Infants in the child welfare system</i>. Washington, DC. Zero to Three.</p> <p>Dozier, M. & Rutter, M. (2008). Challenges to the development of attachment relationships faced by young children in foster care. In J. Cassidy & P. Shaver (Eds.) <i>Handbook of Attachment, Second Ed.</i> New York: Guilford.</p> <p>Mennen, F. & O'Keefe, M. (2005). Informed decisions in child welfare: the use of attachment theory. <i>Children and youth services review, 27</i>, 577-593.</p> <p>Nilsen, W. (2003). Perceptions of attachment in academia and the child welfare system: the gap between research and reality. <i>Attachment & Human Development, 5(3)</i>, 303-306.</p> <p>Troutman, B., Ryan, S. & Cardi, M. (n.d.). <i>The Effects of Foster Care Placement on Young Children's Mental Health</i>. Retrieved on May 12, 2009 from http://www.medicine.uiowa.edu/icmh/archives/reports/Foster_care.pdf</p>