Child Development for Guardians ad Litem in Juvenile Court

Presented by:

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The Agenda

- Presentation
  - Goals
  - Development 101
  - Impact of Foster Care
  - Specific Disorders
  - Lunch
  - Common Medications
  - Case Studies
  - Question & Answer
  - References

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Goals and Objectives

- Participant will learn about developmental milestones, some developmental assessment tools and how to interpret their results.
- Participant will learn about impact of foster care on development and common health and developmental problems for children in custody

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Goals and Objectives

- Participant will learn about some mental health and developmental disorders affecting children in custody.
- Participant will learn about some common medications often used in children in foster care.
- Participants will use case studies to practically apply the presented information.

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DEVELOPMENT 101: Birth to 4 years (Preschool)

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Development 101: Birth to 4 Years (Preschool)

- Physical
  - Height and Weight, Head Circumference
    - Growth charts
    - Abnormalities: Genetic Defects- metabolic, congenital; Failure to thrive; Prematurity
  - Body Mass Index
    - "New Issue"

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Development 101: Birth to 4 Years

- Developmental Milestones are a set of functional skills or age–specific tasks that most children can do at a certain age range
  - Gross motor- using large muscles-feeding walking; running; stairs, jumping, dress self, skipping
  - Fine motor- using small muscles, balance- drawing figures, writing
  - Language- 2 areas: expressive (what a child says)-jargon, words, sentences-short then long; receptive (what is said to child) -following commands

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Development: Birth to 4 Years

- Developmental Milestones are a set of functional skills or age–specific tasks that most children can do at a certain age range
  - Cognitive- problem solving- identify caregivers, identify simple pictures, memory formation
  - Social- smiling, peek-a-boo; play with toys (i.e. dolls toys, etc.), social play

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Development: Birth to 4 Years

- Assessments that may be useful:
- Early Periodic Screening Diagnosis Treatment (EPSDT) well-child visits- ht & wt, BMI
- Screening Tests
  - Developmental Milestones
  - Behavior
- Developmental Tests
  - Occupational and Physical Therapy

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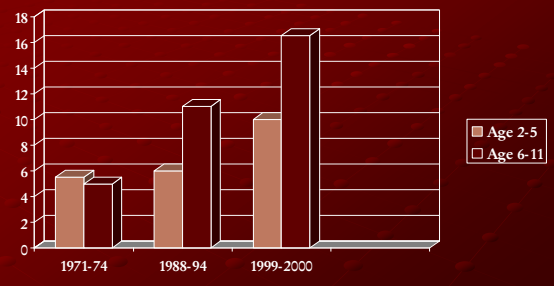
US Trends for Boys (NHANES)



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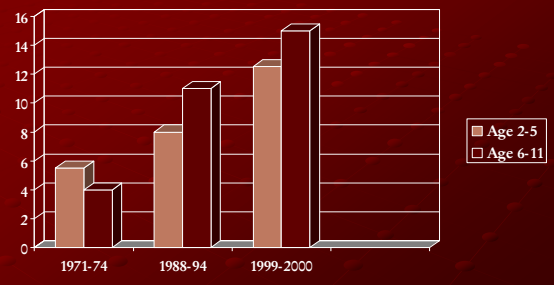
US Trends for Girls (NHANES)



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Co-morbidities & Extreme Obesity

- 75% have ≥ 1 related medical comorbidity
- 7 times the normal risk of diabetes
- 6 times the risk of hypertension
- 4 times the risk of arthritis
- 3 times the risk of asthma
- 4 times the risk of only fair to poor health
- 2 times the risk of all-cause mortality

Hensrud, Mayo Clin Proc 2006:81:s5

Slide by Robert Murray,MD

Development: Birth to 4 Years

- Social and Emotional
  - Based on Erik Erikson's *8 stages of Development*
- Development of Trust
  - Developed in the period between birth to 1 year of age
  - Babies depend on others for food, warmth, affection
  - If babies get their needs met, they trust, develop bonds, etc; Bowlby et al say this period forms the basis of all social relationships
  - If they don't get their need met, they distrust, develop dysfunctional bonds and attachment issues

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Development: Birth to 4 Years

- Development of Autonomy
  - Developed between 1 to 2 years of age
  - Self-control and self-confidence begins to develop; separation anxiety comes into play
  - If maltreatment, child may doubt abilities, may not learn to choose and may not develop good self control
- Development of Initiative
  - Developed between 2 to 6 years of age
  - Impulse control and imagination begins to develop
  - If maltreatment, child may not recognize limits, and may not develop independence

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Development: Birth to 4 Years

- Intellectual and Psychological Development
  - Based on Jean Piaget's 4 *stages of Cognitive Development*
- Sensory Motor Period
  - Developed in the period between birth to 2 years of age
  - Babies go from reflexes to intentional actions, learn object permanence, cause and effect

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Development: Birth to 4 Years

- Preoperational Period
  - Developed in the period between 2 to 7 years of age
  - Child begins to use egocentric speech ("I, me); speech then becomes more social
  - Child goes from simple play to symbolic play
  - Has language to represent and thoughts about objects without object being present
  - Concepts formed are crude and reversible; from moral aspect- repeats do's & don'ts

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Recommendation for Court/Foster Care Review Board

Length of Discussion

20 minutes maximum

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DEVELOPMENT 101: 5-14 years (Grades K-8)

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Development: 5 to14 Years (School age-Kindergarten thru 8th Grade)

- Physical
  - Height and Weight
    - Growth charts-secondary sex characteristics
    - Gross Assessments of vision, hearing, teeth
  - Body Mass Index
    - New Issue
    - Nutritional Assessments
  - Diseases
    - Asthma

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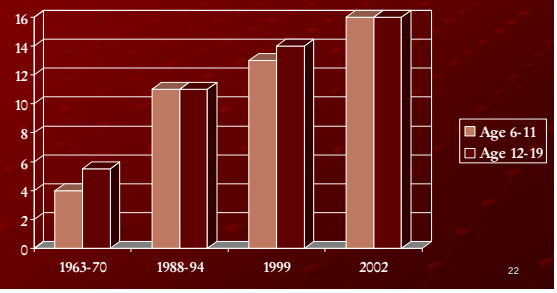
US Trends (NHANES)



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Medical Consequences of Obesity

- Psychosocial
- Medical
  - Lipidemia
  - Diabetes mellitus
  - Hypertension
  - Respiratory
  - Cardiac
- Medical
  - Polycystic ovary disease
  - Gall bladder disease
  - Osteoarthritis
  - Cancer
  - Steatohepatitis
- Mortality

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Development: 5 to 14 Years

- Assessments that may be useful:
- EPSDT
- School
  - Grades
  - Screening Tests
  - Occupational and Physical Therapy
  - Achievement Tests
- Psychological Tests
  - Depression
  - ADHD
  - Conduct Disorder

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Development: 5 to14 Years

- Social and Emotional
  - Based on Erik Erikson's *8 stages of Development*
- Development of Initiative
  - Developed between 2 to 6 years of age
  - Impulse control and imagination begins to develop
  - If maltreatment, child may not recognize limits, and may not develop independence

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Development: 5 to14 Years

- Development of Competence
  - Developed between 6 to 12 years of age
  - Children make things, use tools acquire some potential skills to be a worker
  - Transition begins from world of home to world of peers
  - If maltreatment, child may not take initiative, and may see themselves as inferior

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Development: 5 to14 years

- Development of Identity
  - Developed between 12 to 18 years of age
  - Preadolescents and adolescents ask the questions "Who am I?"
  - If teen has trouble with trust, autonomy, initiative and competence, he/she may sink into confusion, unable to make choices especially about vocation, sexual orientation and role in life in general.

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Development: 5 to 14 Years

- Intellectual and Psychological Development
  - Based on Jean Piaget's 4 *stages of Cognitive Development*
- Preoperational Period
  - Developed in the period between 2 to 7 years of age
  - Child begins to use egocentric speech ("I, me); speech then becomes more social
  - Child goes from simple play to symbolic play
  - Has language to represent and thoughts about objects without object being present
  - Concepts formed are crude and reversible; from moral aspect- repeats do's & don'ts

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Development: 5 to 14 Years

- Period of Concrete Operations
  - Developed in the period between 7 to 11 years of age
  - Child begins to organized logical thought
  - Child begins to categorically label objects, classify and sequence

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Development: 5 to 14 Years

- Period of Formal Operations
  - Developed in the period between 11 to 15 years of age
  - Teen begins to form more abstract thoughts
  - Teen can develop multiple hypotheses, think through potential outcomes
  - Teen starts to think as-if and if-then steps

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Recommendation for Court/FCRB

Length of discussion for 5 to 10 years

30 minutes maximum

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Recommendation for Court/FCRB

Length of discussion for 11-14 years:

Entire time needed

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DEVELOPMENT 101: 15-18 years (Grades 9-12)

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Development: 15 to18 Years (School age- 9 thru 12th Grade)

- Physical
  - Height and Weight
    - Growth charts- secondary sex characteristics
  - Body Mass Index
    - New Issue
    - Nutritional Assessments

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Development: 15 to18 Years (School age- 9 thru 12th Grade)

- Physical
  - Diseases/Disorders
    - Asthma
    - Acne
    - Eating Disorders
  - Sexual Activity
    - Pregnancy, Sexually transmitted Diseases

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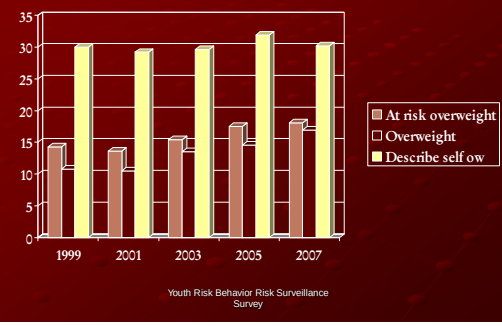
Tennessee Trends



Youth Risk Behavior Risk Surveillance Survey

Obesity & Psychological Issues

- Victimization/ bullying
- Sense of alienation
- Depression
- Behavioral problems
- Lifelong low quality of life
- Low self-esteem

Development: 15 to 18 Years

- Assessments the may be useful:
- EPSDT
- School
  - Grades
  - Screening Tests
  - Vocational Assessments
  - Achievement Tests
- Psychological Tests
  - Depression
  - ADHD
  - Conduct Disorder

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Development: 15 to 18 Years

- Social and Emotional
  - Based on Erik Erikson's *8 stages of Development*
- Development of Identity
  - Developed between 12 to 18 years of age
  - Preadolescents and adolescents ask the questions "Who am I?"
  - If teen has trouble with trust, autonomy, initiative and competence, he/she may sink into confusion, unable to make choices especially about vocation, sexual orientation and role in life in general.

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Development: 15 to 18 Years

- Intellectual and Psychological Development
  - Based on Jean Piaget's 4 *stages of Cognitive Development*
- Period of Formal Operations
  - Developed in the period between 11 to 15 years of age
  - Teen begins to form more abstract thoughts
  - Teen can develop multiple hypotheses, think through potential outcomes
  - Teen starts to think as-if and if-then steps

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Recommendation for Court/FCRB

Length of discussion for 11-14 years:

Entire time needed

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SESSION 2: IMPACT ON FOSTER CARE

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Statistics

- In September 2006, 510,000 children in foster care
- Average length of stay is 28.3 months
  - 37% of children spent < 11 months
  - 24% of children spent 3 years or longer
- 85% of children in care < 1 year experience 2 or fewer placements, with the # of placements increasing with each year a child spends in the system
- 49% of children reunite with their families but trends show the rate declining

Source: Jan 2008, Adoption and Foster Care Analysis and Reporting System (AFCARS) Preliminary FY2006 Estimates

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Impact

- The Top Health Issues for Foster Children
  - Immunizations not current
  - Inadequate treatment for chronic diseases such as asthma, allergies (eczema), ear infections
  - Inadequate treatment for acute conditions such as ear infections, dental conditions (caries, abscess)
  - Doesn't receive well visits and miss out on potential preventative care

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Impact

- The Top Health Issues for Foster Children (Continued)
  - High prevalence of developmental disorders
  - High prevalence of mental health disorders and behavioral problems
  - High prevalence of substance use disorders

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Statistics

- CPORT Results : Children in Custody
  - 50% of the children had a Mental Health Diagnosis
  - 44% with both Mental Health and Substance Abuse Diagnoses
- Department of Health Results
  - >92% of children receive timely EPSDT exams
  - > 90% of children receive immunizations

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Statistics

- CPORT Results : Juveniles in Custody
  - 83% with Mental Health Diagnosis
  - 12% of their parents with Mental Health Diagnosis
  - 79% with Substance Abuse Diagnosis
  - 55% with Polysubstance Abuse issues
  - 66% with both Mental Health and Substance abuse issue
  - 37% with a learning disability
  - 25% with ADHD diagnosis
  - 75% are sexually active

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Developmental Disabilities

- Economic
  - $30,000 to $100,000 per child

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Benefits of Addressing Developmental Disabilities EARLY

- Delayed pregnancy
- Higher employment rates
- Decreased criminality
- Higher HS graduation rates

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VISITATION

- Recommendations
  - Length
  - Responses
  - Transition

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EPSDT Form:

State Seal

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
Dear Dr. _____,
We provided a Child Health/EPSDT (early, periodic, screening, diagnosis and treatment) examination on _____ for your patient, _____
(date)
Unless otherwise noted in the "Addition Comments" section below, the examination included the seven required components:
Comprehensive history including interval history, and developmental history (includes developmental and behavior screening)
Hearing Assessment
Physical Examination-undothed
Vision Assessment
Health Education
Laboratory Test
Immunizations-up to date: Yes____ No _____ (see attached copy)
All screening results were within normal limits at this time.
Referable Conditions _____
_____
_____
_____
_____
Lab Results Pending- will notify if abnormal
Additional Comments: _____
_____
_____
_____
_____
_____
Referral has been made to: Dental Tennessee Early Intervention System
(unless seen in past 6 months)
_____ _____ _____
Provider Signature Date County
White-PCP Canary-DCS/CM Pink-Agency
PH-3789 (Rev 2/05) RDA 150

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SESSION 3: SPECIFIC DISORDERS

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Specific Disorders

- Attention Deficit Hyperactivity Disorder (ADHD)
- Autism Spectrum Disorder
- Bipolar Disorder
- Post Traumatic Stress Disorder

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ADHD

- 2003 National Survey of Children's Health-4.4 million children
  - Prevalence greater in non-Hispanic English speaking families with health insurance
  - Males more likely than females to receive medication
  - Minority children less likely to be taking medication than white counterparts.

ADHD

- Incidence : 3-5% of school age children
- Male to female ratio varies from 2:1 to 10:1, average of 6:1
  - Higher number of males may be due to referral bias
  - Girls:
    - later age of diagnosis
    - more often inattentive type
    - fewer oppositional defiant disorder (ODD) and conduct disorder (CD) symptoms

ADHD

Definition of ADHD

- Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV)
- A. Either 1 or 2
- 1. Six (or more) of the following symptoms of INATTENTION have persisted for at least six months to a degree that is maladaptive:
  - Often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
  - Often has difficulty sustaining attention in tasks or play activities
  - Often does not seem to listen when spoken to directly
  - Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand the instructions)

Definition of ADHD

- Inattention (continued)
  - Often has difficulty organizing tasks and activities
  - Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
  - Often loses things necessary for tasks or activities (e.g. toys, school assignments, pencils, books or tools)
  - Is often easily distracted by extraneous stimuli
  - Is often forgetful in daily activities

Definition of ADHD

- Impulsivity
  - Often blurts out answers before questions have been completed
  - Often has difficulty awaiting turn
  - Often interrupts or intrudes on others (e.g. butts into conversations or games

Definition of ADHD

- 2. Six (or more) of the following symptoms of HYPERACTIVITY-IMPULSIVITY have persisted for at least six months to a degree that is maladaptive or inconsistent with developmental level:
  - Often fidgets with hands or feet or squirms in seats
  - Often leaves seat in classroom or in other situations in which remaining seated is expected
  - Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
  - Often has difficulty playing or engaging in leisure activities quietly Is often "on the go" or often acts as if "driven by a motor"
  - Often talks excessively

Definition of ADHD

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before 7 years of age
- C. Some impairment from the symptoms is present in two or more settings
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of pervasive development disorder, schizophrenia, or other psychotic disorder and are not better accounted for by another mental disorder (e.g. mood disorder, anxiety disorder, dissociative disorder, or personality disorder).

ASD

- In 2007, Centers for Disease Control (CDC) reported the incidence of ASD was 1 in 150 children.
- In 2010, the CDC reported the incidence to be 1 in 110, 1 in 80 for boys

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Definition of ASD

- Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM IV) – disorders known as Pervasive Developmental Disorders
- Described as Autism Spectrum Disorders – has 5 disorders: Autism, Asperger's Syndrome (most common); Pervasive Developmental Delay Not Otherwise Specified; Rett Syndrome; Childhood Disintegrative Disorder

ASD

- All children with ASD demonstrate deficits
- 1) social interaction;
- 2) verbal and nonverbal communication; and
- 3) repetitive behaviors or interests.

ASD

- In addition, they will often have unusual responses to sensory experiences, such as certain sounds or the way objects look.
- Each of these symptoms runs the gamut from mild to severe.
- They will present in each individual child differently. For instance, a child may have little trouble learning to read but exhibit extremely poor social interaction.
- Each child will display communication, social, and behavioral patterns that are individual but fit into the overall diagnosis of ASD

ASD

- Does not babble, point, or make meaningful gestures by 1 year of age
- Does not speak one word by 16 months
- Does not combine two words by 2 years
- Does not respond to name
- Loses language or social skills

ASD

Some Other Indicators

- Poor eye contact
- Doesn't seem to know how to play with toys
- Excessively lines up toys or other objects
- Is attached to one particular toy or object
- Doesn't smile
- At times seems to be hearing impaired

Bipolar Disorder

- DSM-IV definition of Bipolar 1: The essential feature of Bipolar I Disorder is a clinical course that is characterized by the occurrence of one or more Manic Episodes or Mixed Episodes. Often individuals have also had one or more Major Depressive Episodes. Rule out Substance-Induced Mood Disorder, Mood Disorder, Schizophrenia, Schizoaffective Disorder.

Bipolar Disorder

- DSM-IV definition of Bipolar 2: The essential feature of Bipolar II Disorder is a clinical course that is characterized by the occurrence of one or more Major Depressive Episodes accompanied by at least one Hypomanic Episode. Hypomanic Episodes should not be confused with the several days of euthymia that may follow remission of a Major Depressive Episode. Rule out Substance- Induced Mood Disorder, Mood Disorder, Schizoaffective Disorder ,Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

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Incidence of Bipolar Disorder

- The researchers estimated that in the United States from 1994-1995, the number of office visits resulting in a diagnosis of bipolar disorder for youths ages 19 and younger was 25 out of every 100,000 people. By 2002-2003, the number had jumped to 1,003 office visits resulting in bipolar diagnoses per 100,000 people. (increased 40 X over the last decade)

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SESSION 4: COMMON MEDICATIONS

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Treatment of ADHD

- Treat Co-morbid Conditions!!!!!!!!
- Overview
  - Stimulants
    - Ritalin/Ritalin XR Ritalin LA-Methyphenidate
    - Methylin/Methylin ER -Methlyphenidate
    - Metadate ER/Metadate CD-Methylphenidate
    - Foculin/Focalin XR-Methylphenidate
    - Daytrana (patch)- Methylphenidate
    - Concerta- Methylphenidate
    - Vyvanase- Dextroampetamine

Head Start 2008

Medications

- Medication Therapy
  - **Stimulants:** Works primarily on the dopamine system
    - Methylphenidate HCL (Ritalin),
    - Amphetamine (Dexadrine))
    - Dexadrine (Dextramphetamine)
    - Adderall
    - Concerta
  - **Non-stimulants:** Works primarily on the norepinephrine system (Tricyclics, Bupropion, Clonidine, Guanfacine, Atomoxetine)
  - Other- Tegretol, Lamictal

NMA 2005

Medications

- Medication Therapy
  - Psychotrophic Meds
    - Abilify-Schizophrenia, bipolar disorder
    - Risperdal-Schizophrenia
    - Seroquel-Schizophrenia
    - Cymbalta-Depression
    - Pamelor- Depression
    - Prozac-Depression
    - Pristiq-Depression
    - Zoloft-Depression
    - Trazodone--Depression

MEDICATION

- Documentation
  - Dosage & administration
  - Summary of effectiveness-minimum of quarterly
- Appropriate Lab tests scheduled

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SESSION 5: CASE STUDIES

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Case Study #1

- Jose is a 16 year old young man, who came into custody in August 2010 for neglect and abuse. His date of birth is 7/31/94. He has been placed in a different foster home than his 13 y/o sister and 6 year old brother. His permanency goals are: 1) return to parent; and 2) exit custody.
- Jose is in the 11th grade but will not graduate prior to turning 18. He is a bright young man but his grades do not reflect his ability. Jose has missed a lot of days from school. He spent a lot of time at neighbor's trailer two doors down, which is a known drug house. He admits to "drinking a lot of beer" and being "sad" most of the time. His body mass index (BMI) is 29, in the obese range. He has several obvious cavities.

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Case Study #1

- Jose's mental health diagnoses are Bipolar Disorder and ADHD. His medications include Focalin, Seroquel, Abilify and Zyprexa. Recently, he has been complaining of frequent headaches and "feeling anxious."

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Case Study #2

- Denise is a 3 year old young girl, who came into custody in September 2009 for neglect. Her father was arrested and is currently in jail for writing bad checks Her mother is now out of jail for drug charges and is working part-time. Her date of birth is 3/9/08. She is staying in a foster home with her younger brother, who is 2 years old. Her two older brothers, 7 & 5 years old, are staying in another foster home. The permanency goals are: 1) to return to parent; and 2) adoption.
- Denise's speech was noted to be delayed on the EPSDT summary form. She has less than 25 words, makes little eye contact and often does not answer or respond to the calling of her name. Her immunizations are also behind.

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Case Study #2

- Denise and her brother get supervised visits with her mother for 4 hours a month. She has not seen her older siblings but once since she entered custody. She will start Early Head Start this fall.

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Case Study #3

- Billy Joe Parker is a 7 year old boy who came into custody in 2008 for physical abuse and neglect. He was taken into custody after his parents were arrested while making methamphetamine in their home. Their parental rights are in the process of being terminated.

  Billy Joe is the oldest of three children and has not seen his siblings in over a year, as they reside in another foster home. His sister is 5 and brother is 3.

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Case Study #3

- On his most recent EPSDT health exam his BMI is greater than the 85th percentile, BP 94/50. His physical exam is otherwise normal. He is not doing well in school. He just started his third school in the last year. He cannot read. His math skills are at the kindergarten level. He is described as "always daydreaming."

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Encouragement

"God doesn't call us to be successful, He calls us to be faithful."

Mother Teresa

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SESSION 6: QUESTIONS AND ANSWERS

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