



Development of a Child in Foster Care

presented by:

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Schedule

- **Goals & Objectives**
- **Presentation**
 - Normal Development
 - How Foster Care Affects Development
 - Addressing Special Populations
 - What do the Youth Say?
- **References**

Goals and Objectives

- Participant will learn about typical child development
- Participant will learn about normal brain growth and the implications for development
- Participant will learn about how foster care impacts typical child development
- Participant will learn about some special populations and how to address them
- Participant will learn how to effectively obtain information from children and adolescents

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I. Normal Development

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Normal Development



Normal Development



Normal Development



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Normal Development



Normal Development



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Normal Development:

- **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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Normal Development

- **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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Normal Development

- **Jean Piaget-** Swiss psychologist
- **Stages of Cognitive Development**
- **Sensorimotor Stage:** Infants and toddlers obtain knowledge through sensory experiences and manipulating objects.
- **Preoperational Stage:** Children learn through pretend play but still struggle with logic and taking the point of view of other people.
- **Concrete Operational Stage(7-11 yrs):** Children begin to think more logically, but their thinking can also be very rigid. They start to grapple with abstract and hypothetical concepts.
- **Formal Operational Stage(12+ yrs):** The final stage of Piaget's theory involves an increase in logic, the ability to use deductive reasoning, and an understanding of abstract ideas.

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Normal Development

- Erik Erikson- German born, American psychologist
- Stages of Psychosocial Development (Personality)

Stages	Ages
Trust vs. Mistrust	Birth to 2 years
Autonomy vs. Shame and Doubt	2-4 years
Initiative vs. Guilt	4-5 years
Competence vs. Inferiority	5-12 years
Identity vs. Role Confusion	13-19 years
Intimacy vs. Isolation	20-39 years
Generativity vs. Stagnation	40-64 years
Ego Integrity vs. Despair	65-Death

Normal Development

- John Bowlby
- American Psychiatrist
 - Theory of Attachment –describes dynamics of long-term human relationships. Its most important principle is that an infant needs to develop a relationship with at least one primary caregiver for normal social and emotional development to occur. Attachment theory explains how much the parents' relationship with the child influences development.

Normal Development

- **Periods of Massive Brain Growth**
 - **Ages 2-3 years**
 - Personality, Physical Growth, Cognition
 - **Ages 20-24**
 - Maturity, Integrative Cognition

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Normal 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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Normal Development: 5 to 14 Years

- **Assessments that may be useful:**
- **EPSDT**
- **School**
 - **Grades**
 - **Screening Tests**
 - **Occupational and Physical Therapy**
 - **Achievement Tests**

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Normal Development: 5 to 14 Years

- **Psychological Tests**
 - **Depression**
 - **ADHD**
 - **Conduct Disorder**

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Normal Development: 15 to 21 Years

- Assessments that may be useful:
- EPSDT
- School
 - Grades
 - Screening Tests
 - Vocational Assessments
 - Achievement Tests

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Normal Development: 15 to 21 Years

- Psychological Tests
 - Depression
 - ADHD
 - Conduct Disorder

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Questions

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II . Impact of Foster Care on Development

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Foster Care's Impact on Development- USA

- In 2011, there were 9.9 child victims per 1000 children (down from 10.3).
- 407,000 children in foster care
- Mean length of stay is 7.6 months (70.5%)
 - Children reunified
 - Overall decrease in number of reunified children that ended up back in custody- 11.8% (down from 13%)
- Only 31.8 % of children in foster care >24 months received permanent placements by end of 2011, with the # of placements increasing with each year a child spends in the system

Source: 2013, Adoption and Foster Care Analysis and Reporting System (AFCARS)

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Foster Care's Impact on Development -Tennessee

- During FY2011, 7643 children were in foster care
- 28% of children in custody were in urban areas.
- Mean age of children entering custody was 8.3 years
 - 53% of these children were 12 years or younger

Tennessee Department Children Services, Annual Reports FY 2011

Foster Care's Impact on Development

- **Children in foster care face multiple threats to their development including:**
 - **Poor physical health- immunizations, asthma**
 - **Attachment disorders**
 - **Comprised brain functioning- Executive Functioning**

Foster Care's Impact on Development

- **Children in foster care face multiple threats to their development including:**
 - **Decreased social skills- Oppositional Defiant/Conduct Disorder**
 - **Increased Mental Health Disorders-Depression, Bipolar Disorder, Attention Deficit Hyperactivity Disorder**

Foster Care's Impact on Development

- Research say that family stability can negate some of the adverse effects of coming into foster care.
- Characteristics of family stability that support healthy development:
 - Good parental mental health
 - Stable relationships with caregivers
 - Positive parenting

Foster Care's Impact on Development

Characteristics of family stability that support healthy development: Continued

- Home environment with:
 - Warmth
 - Age appropriate stimulation
 - Caregivers' emotional availability
 - Family cohesion

Foster Care's Impact on Development

Characteristics of family stability that support healthy development: Continued

- **Caregiver**
 - Consistent
 - Remain constant
 - Connected (engaged) to child
 - Good mental health

Foster Care's Impact on Development

- **Good Family Stability usually results in positive outcomes in:**
 - **Health**
 - Decreased level of illness
 - Well-controlled chronic illness
 - Appropriate immunizations

Foster Care's Impact on Development

- **Good Family Stability usually results in positive outcomes in:**
 - **School/Education**
 - Better school performance
 - Increased teacher expectation
 - Increased school attendance
 - Decreased failure or grades
 - Decreased Dropout rate

Foster Care's Impact on Development

- **Good Family Stability usually results in positive outcomes in:**
 - **Social/Emotional Skills:**
 - Positive relationships with peers
 - Increased social skills
 - Decreased behavioral problems
 - Decreased mental illness

Foster Care Children: Birth to 4 Years

- **Things to Consider**
 - **Developmental Level**
 - **Physical and Mental Health**
 - **Age and length of custody**
 - **Medication**

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Children in Foster Care: 5 to 14 Years

- **Things to Consider**
 - **Developmental Level**
 - **Physical and Mental Health**
 - **Age and length of custody**
 - **School Level and Performance**
 - **Medication**

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Persons in Foster Care: 15 to 21 Years

- Things to Consider
 - Developmental Level
 - Physical and Mental Health
 - Age and length of custody
 - School Level and Performance
 - Transitional plan
 - Higher Ed, Military, Vocation
 - Sexual Orientation/Activity
 - Medication

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Questions

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III. Special Populations and Documentation

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Autism Spectrum Disorder

- **Centers for Disease Control-Prevalence**
 - 1 in 10,000 children (1993)
 - 1 in 150 children (2007)
 - 1 in 88 children (2012 based on medical records from 2008)
 - 1 in 50 children (March 2013) based on phone survey of parents in 2011-12. 2% of children aged 6-17 years

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Autism Spectrum Disorder

- **Centers for Disease Control-Prevalence**
 - **More children diagnosed earlier (by age 3). Average age of dx is 4 years and 6 years if Asperger's**
 - **The largest increases were African American and Hispanic**
 - **Most of the children did not have intellectual disability (62% with IQs > 70).**
 - **Boys are 5 times more likely than females**

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Autism Spectrum Disorder (ASD)

- **Definition-All person with ASD demonstrate the following deficits (DSM-V):**
 - **Qualitative impairment in social interaction;**
 - **Qualitative impairment in verbal and nonverbal communication; and**
 - **Repetitive behaviors and/or interests. Includes sensory responses and activity level**

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Attention Deficit Hyperactivity Disorder (ADHD)

- **New York Times-March 31, 2013- Incidence:**
 - 11% of school age children: 6.69 % in 1997-2008
 - Geographic differences: LA, SC, TN -23% vs CO, NV- <10%
 - 1 in 5 high school boys: 15% boys vs 7% girls
 - 6.4 million children aged 4-17: up 16% from 2007
 - 2/3 of the children received prescriptions for stimulants
 - \$ 4-9 billion/year (increase due to advertisement, teen abuse of meds)

www.nytimes.com

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Attention Deficit Hyperactivity Disorder (ADHD)

- **CDC: Prevalence of ADHD in children is increasing. It is 6.69%, which is up 33%**
 - Prevalence of learning disabilities- 7.66% (up 5.5%)
 - Hispanic children had lower prevalence of ADHD and learning disabilities than non-Hispanic whites or non-Hispanic blacks

* National Center for Health Statistics at Center for Disease Control

Attention Deficit Hyperactivity Disorder (ADHD)

- ADHD is a disorder where a pattern of inattentive and/or hyperactivity-impulsivity is more frequently displayed and impairs functions in a minimum of 2 settings.

* National Institute of Mental Health

Attention Deficit Hyperactivity Disorder (ADHD)

- Changes in *Diagnostic Statistic Manual of Mental Disorders- 5th Edition (DSM-V)* :
 - Symptoms resent before 12 y/o old (V) vs 7 y/o(IV)
 - Must have 6 of either of 2 categories (hyperactive-impulsive(HI) or inattentive (IA); no combined type in V
 - Older teens and adults must have at least 5 symptoms; not included in IV

Documentation –see handout

- EPSDT form
- Permanency Plan Sections-Health, Education, Mental Health
- Grades
- Psychometric Testing from Schools/Recommendations
- Rating Forms-ADHD
- Testing from Tennessee Early Intervention Services/Recommendations

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Questions

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IV. Getting the Youth to Talk

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Survey

- **19 Item Survey**
- **17 questions**
- **2 categories of youth- Aged 14-18**
- **Youth in Residential center- 77 youth**
 - **Adjudicated Delinquent**
- **Youth in Foster Care- single home setting – 144 youth**
 - **Adjudicated Neglect**

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Survey Results

	Non YDC Youth	YDC Youth
Who informed you about when your court case ?	DCS -64% Court-22%	DCS-48% Court-32%
Know when I should return to court?	65%	35%
Someone tells me I should return to court	83%	44%
Gone to court at least once	95%	68%

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Survey Results

	Non YDC Youth (7)	YDC Youth (25)
Why haven't you gone to court?		
* Don't know when	29%	25%
*Someone told me I didn't need to go	14%	21%
*Didn't know I could	0%	29%
*Other Reasons	57%	18%
Perm plan updated ; rescheduling; didn't need to be there; is scheduled in future		Guilty plea;" He didn't want me there;" Pending charges
Would like to attend court for case in the future?	71%	83%

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Survey Results

	Non YDC Youth (137)	YDC Youth (52)
Tell us about your time in court		
* Hard to talk to judge with everyone present	67%	59%
* Judge used jargon I didn't understand	47%	58%
* Judge knows enough to make choices for my life"	81%	61%
* Judge makes FAIR choices for my life	94%	71%
* There is info that I want to tell the judge, but don't get to	59%	67%
* There is info that I want to tell the judge, but do not know how	57%	67%

Survey Results

	Non YDC Youth (137)	YDC Youth (52)
Tell us about your time in court (continued)		
* Judge offered to talk in private	16%	23%
* Judge tells me to ask questions	54%	54%
* Judge asks me what I want to happen in my DCS case	68%	49%
* Judge asks me about important persons in my life	64%	55%
* Judge asks me about school	88%	60%
* Judge asks about my health	56%	51%
* Judge asks if I understand his/her orders	83%	87%
* Judge plans court dates to keep me from missing school	58%	62%

Survey Results

	Non YDC Youth (137)	YDC Youth (52)
Tell us about your time in court (continued)		
*Judge tells me I should attend my future court date	77%	88%
*Judge thanks me for coming to court	70%	51%
*Have you talked to the judge while at court for your DCS case	71%	75%

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Survey Results

	Non YDC Youth (40)	YDC Youth (13)
Why haven't you talked to the judge while at court for your DCS case?		
*No one asked me to talk to judge	34%	50%
*I didn't know I could talk to the judge	22%	25%
*I didn't want to talk to the judge	14%	19%
*I was afraid to talk to the judge	17%	6%
*I didn't talk to the judge because:	14%	0%
<i>'He already made up his mind"; "DCS always answers the questions for me"; "I never got called into the room with the judge only my sisters and I hope to talk to him next"; "I have not seen the judge since I have been in DCS custody"</i>		

Survey Results

	Non YDC Youth (137)	YDC Youth(52)
How often have you talked to the judge?		
*Talked to the judge almost every time I've gone to court	54%	58%
*Talked to the judge about half the time I've gone to court	40%	33%
*Talked to the judge almost none of the time I've gone to court	6%	8%
*Where do you talk to the judge?		
*Courtroom	83%	89%
*Judge's office	9%	11%
*Somewhere else Another room police station hearing room in the community		

Survey Results

	Non YDC Youth (137)	YDC Youth(52)
Who asks you if you would like to talk to the judge?"		
* GAL	16%	19%
*Case worker/social worker	26%	25%
* Judge	30%	23%
*Foster parent/caregiver	7%	2%
*Courtroom	83%	89%
*No one	19%	29%
*Someone else Counselor; mother	2%	2%
*Someone else Parents		
"Do you feel like the judge listens to you?"	97% -Yes	84%-Yes

Tips on Talking With Children/Teens

- Child/ teen should be in a “child-friendly or teen-friendly” place.
- Prior to their case, a child/teen should be shown the actual room for the meeting /court and have the roles of the various participants explained.



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Tips on Talking With Children/Teens

- Talk with the child about school, likes and dislikes, friends, etc. to put them at ease, build rapport.
- Try to find common interests
- Display a non judgmental demeanor
- Use a non judgmental tone of voice
- Do NOT use legal jargon



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Tips on Talking With Children/Teens

- Person questioning small child 3-10 years should be at eye level if possible.
- Use developmentally appropriate language to ask questions
- If child has ASD or some other disability, make sure they understand your information



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Tips on Talking With Children/Teens

- Notes to Signal a "Break"-
 - Increasing squirming or shuffling,
 - Laying head down,
 - Fussing, speaking out, crying, etc
 - Not answering questions
 - Mumbling, "shutting down," etc.
- Resume the proceeding when child/teen is ready to return.

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References

- **Bibliography** –see handout
- **Websites**
 - www.cdc.gov
 - www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/cwo
 - www.nytimes.com

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Questions

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