Increasing safety for youth in and leaving foster care

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Topics

• Introduction
• Impact of maltreatment
• Use of psychotropic medications
• Suicidality among youth
• Commercially sexually exploited children (CSEC) and foster care
• Recommendations
Impact of maltreatment

• 40%-60% of maltreated children have mental health problems (Linares et al, 2013).

• Self-regulation
  – Executive functioning
  – Managing strong feelings and impulses

• Social-emotional processing
  – Compromised interpersonal relationships
Dysregulated stress response system

- Trained at biological level to be on alert
- Can’t turn off trauma-induced activation of stress response system
- Once adaptive and protective
- Now maladaptive and can increase dangers
Impact on development over time

• Influence on brain, social, and identity development going forward
• Compounded by broken or disturbed attachments
• Unresolved trauma and unresolved grief add to internal burden, creating risks from others and from the self.
Poor mental health presents risks to safety

• Contributes to:
  – to school failure
  – Unemployment
  – Poverty
  – Early parenthood
  – Lack of medical treatment
  – Homelessness
  – Victimization and exploitation
  – Suicide
  – Violence to others
Psychotropic medication and children in foster care

• Use of mental health services 15-20 times that of children in general population (Wolff et al, 2013)

• 40%-60% meet criteria for at least one psychiatric disorder (Wolff et al, 2013)

• By adolescence, 63% have at least one diagnosis; 23% have three or more. (White et al, 2007)

• Psychotropic meds: 13%-40%, compared with 4%-6% in general population. (Wolff et al, 2013; Lyons et al, 2013; Burcu et al, 2013)
• Polypharmacy (multiple medications concurrently) – children in care take greater average number of medications (Lyons et al, 2013)

• More frequently prescribed antipsychotics, especially for ADHD, than general population. (Linares, 2013)

• Nearly 9 times rate of Medicaid-enrolled children not in care (USDHHS, 2012)
Which children?

- Those in most restrictive placement settings
- White males
- Males with behavior problems
- Use and use of multiples higher among 6- to 10-year-olds than 11- to 17-year-olds
- Those under 1 year have 0.3%-2/1%, compared with 0.1%-1.2% of those not in care. (USDHHS, 2012)
Safety risks in adolescence: suicidality

• Youth in child welfare and juvenile justice systems 3-5 times more likely to die by suicide (National Center for Prevention of Youth Suicide, 2013).

• Children and youth in care at greater risk of suicide and attempting suicide (Katz et al, 2011)

• Trauma involving assaultive violence and child sexual abuse predicts suicidal behavior.

• Depressive symptoms play major role.
Suicidality: which youth?

- **Deaths**: males
  - 10-14 yrs: 3.8 to 1
  - 15-19 yrs: 4.7 to 1
  - 20-24 yrs: 6.7 to 1.
- **Attempts**: females more frequent in teen years
- Those with foster care histories 4 times more likely to report suicidal ideation.
- Homelessness and child sexual abuse increase risk (Corbett et al, 2012)
- Among maltreated 8-yr-olds: 10% reported wanting to kill themselves.
Safety risks in adolescence: sex trafficking

• 50% of those sold into trafficking in CA and 85% in NY have child welfare
• Among survivors of trafficking, 98% had cw involvement
• High rates of sexual assault in childhood.
• Recruited at younger ages
• Male, female, ethnically diverse, LGBT (Lillie, 2013; Spangenberg, 2001)
Sex Trafficking and Homelessness

• 22% of youth aging out become homeless
• 75% of all victims were at one point homeless
• 1 in 3 homeless teens lured into CSE within 48 hours.
• Recruited youth have aged out, run away, or been lured away from home.
**Recommendation #1**

- Use of psychotropic medications should be carefully considered and based on screening, assessment, and treatment planning.
  - Consider availability of nonpharmacological interventions
  - Weigh risks and benefits of psychotropics in children
  - Use should always entail effective medication monitoring, and informed, shared decision-making and ongoing communication.
  - Mental health experts, including board certified psychiatrists, should provide consultation when establishing processes of consent and monitoring.
Recommendation #2

• **Screenings** (for depression, for trauma and status of trauma resolution, for cognitive, behavioral, emotional, and social development relative to normative development) should take place prior to entry into care, at entry, at regular intervals, during transition planning, and at exit from care.
Recommendation #3

• When psychotherapy is indicated, tailor treatment to individual youth rather than disorder.
  – Consider symptoms, strengths, vulnerabilities, culture, history, developmental status, current situation/environment, available treatments, evidence of effectiveness.
  – Consider gender, ethnicity, and culture
  – Address trauma- and attachment-related issues.
Recommendation #4

• Ensure the **maximum placement stability** and, with cooperation from school districts, **school stability**, especially during middle school (a time of high sensitivity to changes in environment) and high school.
Recommendation #5

• Begin **planning for post-secondary education or career training** during middle school.
  – Monitor educational progress toward goals at regular intervals.

• **Academic achievement is a protective factor**, building self-esteem, positive identity, and future employment potential.
  – Attendance at 4-year college prevents homelessness.
Recommendation #6

• Sex trafficking prevention:
  – Document nature and extent of problem in LA County
  – Increase awareness of problem
  – Train law enforcement and social workers to recognize possible indicators.
  – Involve youth as partners in developing policies, programs, and resources.
Recommendation #7

- **Transition planning with youth:**
  - Careful assessment of availability of caring others and social support network, including cultural and spiritual dimensions
  - Remediation of gaps prior to exit.
  - **Network assessment should include biological and extended family** (potential sources of strength, but often continuing stressors and risks to fragile well-being.
  - Provide services aimed at ameliorating family relationships prior to exit from care.
Recommendation # 8

- **Build in safeguards against homelessness** following discharge from care
  - Onsite visits to planned living arrangement.
  - No discharge without certainty of housing.
  - Monitoring of housing stability for the year (or more) following discharge.
References


References, cont’d.


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