

Supporting Wellness in Children with Mental Illness

House of New Hope is focused on promoting the social and emotional well-being of children and youth who have experienced maltreatment and are receiving child welfare services. To focus on social and emotional well-being is to attend to children's behavioral, emotional and social functioning – those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways. While it is important to consider the overall well-being of children who have experienced abuse and neglect, a focus on the social and emotional aspects of well-being can significantly improve outcomes for these children while they are receiving child welfare services and after their cases have closed. House of New Hope is organizing many of its activities around the promotion of meaningful and measurable changes in social and emotional well-being for children who have experienced maltreatment, trauma, and/or exposure to violence.

The child welfare system has made significant strides in recent years. Today, there are 27% fewer children in foster care than there were in 1998. There are fewer children entering foster care and more exiting to permanency through reunification, adoption, and guardianship. The system's integration of knowledge about the importance of family connections and stable, nurturing relationships, as well as collaborative efforts among child welfare and other child-serving systems, made these advances possible.

However, there is a growing body of evidence indicating that while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient. Research that has emerged in recent years has suggested that most of the adverse effects of maltreatment are concentrated in behavioral, social, and emotional domains. The problems that children develop in these areas have negative impacts that ripple across the lifespan, limiting children's chances to succeed in school, work, and relationships. Integrating these findings into policies, programs, and practices is the logical next step for child welfare systems to increase the sophistication of their approach to improving outcomes for children and their families.

There is also an emerging body of evidence for interventions that address the behavioral, social, and emotional impacts of maltreatment. By (a) anticipating the challenges that children will bring with them when they enter the child welfare system, (b) rethinking the structure of services delivered throughout the system, and (c) de-scaling practices that are not achieving desired results while concurrently scaling up evidence-based interventions, meaningful and measurable improvements in child-level and system-level outcomes are possible.

Increasing the focus on well-being is not a move away from the child welfare system's essential emphasis on safety and permanency; rather an integrated approach is needed. Policies, programs, and practices can improve children's social and emotional functioning while concurrently working towards goals of reunification, guardianship, or adoption. Addressing the social and emotional elements of functioning for children in foster care can even improve permanency outcomes. For example, a study of adoption recruitment services demonstrated that, in addition to intensive recruitment efforts, ensuring that children receive effective behavioral and mental health services is critical to facilitating a smoother transition to an adoptive home, and can decrease the chances of a disruption of an adoption (Vandivere, Allen, Malm, McKindon, & Zinn, 2011).

A Well-Being Framework

There are many frameworks for understanding well-being of children and youth. While these frameworks differ in minor ways, they generally identify similar domains and definitions of well-being. In an effort to understand what well-being looks like and how to support it for young people who have experienced maltreatment, House of New hope has adapted a framework by Lou, Anthony, Stone, Vu, & Austin (2008). The framework identifies four basic domains of well-being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Aspects of healthy functioning within each domain are expected to vary according to the age or developmental status of children or youth. The framework also takes into account contextual factors, both internal and external to children, which may influence well-being. These include environmental supports, such as family income and community organization, as well as personal characteristics, such as temperament, identity development, and genetic and neurobiological influences.

Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities. For example, self-esteem, emotional management and expression, motivation, and social competence are important aspects of well-being that are directly related to how young people move through the world and participate in society. As was stated above, it is important to attend to the overall well-being of children and youth who have experienced maltreatment. By focusing on social and emotional well-being in particular, ACYF is not de-emphasizing other aspects of well-being. Rather, ACYF is prioritizing social and emotional well-being because: (a) the challenges that children face in these domains are great, (b) there are resources and policies that can be leveraged to improve child functioning in these areas, (c) effective practices and programs for promoting social and emotional well-being are available, and (d) outcomes for children and child welfare systems can significantly improve with an emphasis on social and emotional well-being.

Emerging Evidence on the Impact of Maltreatment

Researchers have extensively documented the impacts of abuse and neglect on the short- and long-term health and well-being of children. Emerging evidence demonstrates that these biological and psychological effects are concentrated in behavioral, social, and emotional domains. These effects can keep children from developing the skills and capacities they need to be successful in the classroom, in the workplace, in their communities, and in interpersonal relationships. As a result, this can hinder children's development into healthy, caring, and productive adults and keep them from reaching their full potential. The following points describe some of the impacts of abuse and neglect on children's behavioral, social, and emotional functioning. These findings argue that many of the children involved with child welfare have a set of complex challenges; these challenges may not be addressed by the system and services as they are currently designed. Integrating these recent findings into the design of systems and services will enhance child welfare's ability to improve outcomes for these children and their families.

- **Neurological Impact:** Early childhood is a time of rapid and foundational growth. During this time, the neurological development taking place is building the architecture for the skills and capacities that children will rely on throughout life (National Research Council and Institute of Medicine, 2000).

Neglect and abuse have distinct effects on the developing brain. During early childhood, neurons are created, organized, connected, and pruned to form the complex workings of the brain. These actions depend, in large part, on the environment in which a young child grows. Neglect (physical, emotional, social, or cognitive) hinders these neurological activities such that the brain does not develop along a normal healthy trajectory towards its full potential.

This negatively impacts a young person's capacity for optimal social and emotional functioning (Perry, 2002).

Abuse has a different, though still harmful impact on neurobiology. Experiences of mild or moderate stress in the context of a secure caregiving environment, such as being temporarily separated from a reliable caregiver or frustrated by the inability to complete a task, support children's development of adaptive coping. Chronic or extreme stress, however, such as maltreatment, has a different result. Children who experience abuse or neglect have abnormally high levels of cortisol, a hormone associated with the stress response, even after they are removed from maltreating caregivers and placed in safe circumstances. Such continuously high cortisol levels adversely affect stress responsiveness, emotion, and memory (National Scientific Council on the Developing Child, 2005). Studies have also shown that heightened stress impairs the development of the prefrontal cortex, the brain region that is critical for the emergence of abilities that are essential to "autonomous functioning and engagement in relationships" (Cook, Blaustein, Spinazzola, & van der Kolk, 2003, p.11). These "executive functions" include planning, focusing, self-regulation, and decision-making. Executive functions are necessary to successfully managing school, work, and healthy relationships.

- **Traumatic Impact:** Traumatic events can elicit mental and physical reactions in children, including hyperarousal and dissociation. If these acute "states" are not treated after children experience trauma, they can become chronic, maladaptive "traits" that characterize how children react in everyday, nonthreatening situations (Perry, 1995).

Maltreatment is distinct from other types of trauma because it is interpersonal in nature. A caregiver who is supposed to be a secure base—the source of attachment, safety, and security is also the source of hurt and harm. This creates a confused and ineffective attachment and serves as the model for other significant attachments (Bloom, 1999). Often referred to as "chronic interpersonal trauma" or "complex trauma," maltreatment's impact spans multiple domains, and its severity is further complicated depending on a child's developmental stage. Chronic interpersonal trauma can result in difficulties regulating emotional responses, accurately interpreting the cues and communications of others, managing intense moods (particularly rage and anxiety), regulating arousal states (resulting in dissociation), and accurately forming perceptions of self and others (Terr, 1991). Among children entering foster care in one State, a comprehensive assessment revealed that one in four exhibited trauma symptoms necessitating treatment, including traumatic grief/separation, adjustment reactions, avoidance, re-experiencing, numbing, and dissociation (Griffin, Kisiel, McClelland, Stolback, & Holzberg, 2012).

- **Behavioral Impact:** Whether or not children enter foster care, the prevalence of behavior problems rising to a clinical level³ is high among children who have experienced maltreatment. The National Survey of Child and Adolescent Well-Being (NSCAW), a longitudinal study of

children who were the subject of child protective services reports, provides data to demonstrate this: twenty-two percent of children who remain in their homes after a report of abuse or neglect have clinical-level behavior problems—the same rate as children who are removed and living with kin. Rates rise to 32% for children living in foster homes and nearly 50% for children in group homes or residential care (Casaneuva, Ringeisen, Wilson, Smith, & Dolan, 2011a).

- **Relational Competence:** Maltreatment also affects the way in which children and youth engage in social interactions and participate in relationships. NSCAW findings indicate that children who are the subject of child protective services reports are twice as likely as children in the general population to have significant challenges in the area of social competence (Casaneuva, Ringeisen, Wilson, Smith, & Dolan, 2011a). The effects of maltreatment can influence relationships across a person's lifetime, impacting the ability to form a new attachment to a primary caregiver, make friends, and engage in romantic or marital partnerships (Mikulincer & Shaver, 2007).
- **Mental Health:** Studies have demonstrated that rates of mental illness are high among children who have experienced maltreatment and have been in foster care. Posttraumatic Stress Disorder (PTSD), Attention Deficit/Hyperactivity Disorder (ADHD), Major Depressive Disorder (MDD), and Conduct Disorder (CD)/Oppositional Defiant Disorder (ODD) are the most common mental health diagnoses among this population. As McMillan, et al. (2005) demonstrated, many children meet diagnostic criteria for these disorders before entering foster care, indicating that it is frequently the experience of maltreatment rather than participation in foster care that predicates mental health problems. By the time they are teenagers, 63% of children in foster care have at least one mental health diagnosis; 23% have three or more diagnoses (White, Havalchack, Jackson, O'Brien, & Pecora, 2007).
- **Psychotropics:** According to a 2010 study of Medicaid-enrolled children in thirteen States, children in foster care, who represent only three percent of those covered by Medicaid, were prescribed antipsychotic medications at nearly nine times the rate of children enrolled in Medicaid who were not in foster care (MMDLN/Rutgers CERTs, 2010). Over three years, 22% of children in foster care will have taken a psychotropic drug at some point (Leslie, Raghavan, Zhang, & Aarons, 2010). Data from NSCAW show that rates of psychotropic medication use are comparable for children receiving in-home child welfare services (10.9%), children in kinship care (11.8%), and children in foster care (13.6%) (Casaneuva, Ringeisen, Wilson, Smith, & Dolan, 2011a). Although numerous studies have demonstrated that rates of psychotropic medication prescription are comparatively high, these rates, at least in part, reflect increased levels of emotional and behavioral distress necessitating treatment among this group.

These scientific findings clearly demonstrate the profound impact that maltreatment has on social and emotional well-being. As such, focusing on ensuring safety and permanency alone for children who have experienced abuse or neglect is unlikely to resolve these complex biological and psychosocial issues. For this reason, child welfare policies, programs, and practices should give greater consideration to explicit efforts to reduce young people's impairment and improve their functioning.

Screening and Functional Assessment

Functional assessment is a central component of promoting social and emotional well-being for children who have experienced abuse or neglect. Traditionally, child welfare systems use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. Functional assessment, however, provides a more holistic evaluation of children's well-being and can also be used to measure improvement in skill and competencies that contribute to well-being. Functional assessment—assessment of multiple aspects of a child's social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the major domains of well-being. Rather than using a “one size fits all” assessment for children and youth in foster care, systems serving children receiving child welfare services should have an array of assessment tools available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups (O'Brien, 2011). They capture children's strengths, including skills and capacities, as well as potential difficulties (Humphrey, et al., 2011; Roeser, Strobel, & Quihuis, (2002) in a developmentally-appropriate manner, accounting for the trauma- and mental health-related challenges faced by children and youth who have experienced abuse or neglect. Similarly, some assessment tools can be used to measure parenting capacities and improvements over time.

Screening for symptoms related to trauma, specifically how experiences of trauma may impair healthy functioning, is an essential element of functional assessment. Trauma screening involves universal administration of a brief tool(s) to: (1) estimate the prevalence of trauma symptoms and/or traumatic experiences and (2) identify children who may require further assessment and intervention. Examples of trauma screening tools include the Child and Adolescent Needs and Strengths (CANS) Trauma Version, the Childhood Trauma Questionnaire (CTQ), and the Pediatric Emotional Distress Scale (PEDS).

Functional assessment tools can be used to inform decisions about the appropriateness of services. They can be useful tools, for example, for informing the design of outcomes-oriented case plans (Wotring, Hodges, & Xue, 2005). Functional assessments can also track progress toward social-emotional well-being outcomes. Several valid and reliable tools used to measure domains of social-emotional functioning with children and adolescents have been tested and normed with representative samples of children from the general population. Data from these assessments allow States and programs to measure a child's level of functioning and monitor how it compares with general populations of the same age group. In other words, assessment helps systems to determine not only whether a child meets the threshold for a particular concern but also how the child fares relative to the expected developmental trajectory for child functioning. This allows States and programs to better understand whether interventions are moving each child back on track developmentally within the well-being domains.

Additionally, the universal administration of these types of functional assessment tools to all children in a system at entry and at key follow-up periods can help systems track changes in children's social-emotional functioning compared to their own baseline during and after the delivery of services. This allows systems to generate data that help them understand whether their services are making a positive difference for children and youth. Continuously monitoring progress using these functional assessment tools also helps decision-makers reassess the appropriateness of the service array over time for individual children. Broader analyses of the aggregate data from assessments can help decision-makers at the program and systems levels to identify the best and most effective practices for all children in the target population and for particular subgroups (Wotring, Hodges, & Xue, 2005).

Effective Interventions

Recent research has expanded the knowledge base regarding interventions that treat the behavioral, social, and emotional problems that are common among children who have experienced maltreatment. While generic counseling is not consistently effective in reducing mental health symptoms for children in foster care, several evidence-based treatments have been successful when delivered with fidelity to the model; the same is true for parenting interventions and programs for youth. Many of these interventions have been rigorously tested and shown to reliably improve child functioning by targeting the impact of maltreatment and developing skills and competencies that help children navigate their daily lives. The emergence of promising and effective interventions at multiple levels – at the child level related to trauma and behavioral/mental health; at the older youth level related to relational health and social and emotional –well-being; and at the caregiver level related to increasing capacity to care for their children – provides an opportunity to impact the life circumstances of families as a whole.

Child welfare and mental health systems can develop the capacity to install, implement, and sustain these evidence-based and evidence-informed interventions by using research to identify effective and promising interventions that meet the needs of the specific population to be served; making needed adaptations to bring the interventions to scale within the child welfare system, developing an awareness of principles of evidence-based practices among staff at all levels; and reorganizing infrastructure to support implementation fidelity and further evaluations of these practices and interventions.

Evidence-based and evidence-informed practices have been developed to address the most common mental health diagnoses, trauma symptoms, and behavioral health needs of children and show measurable improvements or promising results. Many of these practices are available but have not been brought to scale or targeted to the foster care population even though they have been shown to improve functioning. Others have shown promising results, and should be evaluated more broadly as they are implemented more widely.

It is important to note that many of the evidence-based interventions that improve child functioning require the involvement of caregivers and specifically target their behaviors for change as well. Caregivers need support in managing the behaviors of children who have experienced maltreatment and in providing a nurturing environment in which healing can occur. In such supportive contexts, children can learn “the value, purpose and safety of relationships” (Rees, 2010). In order to achieve better outcomes for children who have experienced maltreatment, it is essential to engage families, whether biological, foster, or adoptive, in the process of healing and recovery.