



TIPS FOR WORKING WITH CHILDREN AND TEENS IN FOSTER CARE

Children and teens in foster care may be likely to have common developmental and behavioral concerns (eg, enuresis, encopresis, sleep problems, attention deficit/hyperactivity disorder, and/or post-traumatic stress disorder).¹ However, due to the severe nature of these developmental delays and mental health disorders, many children and teens will require special services. Special consideration should be given around the time of visitation and court dates, as these events frequently create significant stress, and additional support may be needed for the child, teen, and parents (foster and birth) and kin. These needs may not be reflective of longer-lasting mental health concerns, but may reflect normative responses to stressful events. Listed below are just a few of the American Academy of Pediatrics (AAP) recommendations for the health care of children and teens in foster care:

- Consider referrals to early child development interventions. The Child Abuse Prevention and Treatment Act (CAPTA) allows referral and evaluation through the early intervention system for all children under age 36 months with a substantiated child abuse or neglect case
- Consider referrals to mental health professionals with expertise in childhood trauma, post-traumatic stress disorder, grief, and separation issues

What works?

- Therapeutic foster care/treatment foster careⁱ
- Early Intervention Foster Care^{2-8,ii}
- Intensive case management/wrap-around services
- Mentoring⁹
- Trauma-focused Cognitive Behavioral Therapyⁱⁱⁱ
- Adolescent Individual Psychotherapy¹⁰
- Evidence based mental health treatment^{iv}

With whom should health care professionals be communicating?

- Department of children and families (ie, case worker and/or public health nurse)
- Attorneys (child counselors, law guardians, *guardians ad litem*, county attorneys representing foster care agency)
- Judges in juvenile and family court system
- School personnel
- Juvenile justice organizations, if applicable
- Mental health professionals
- Early intervention professionals
- Court-appointed special advocate volunteers, if applicable

ⁱ The Oregon Social Learning Center (www.oslc.org) is one example of therapeutic foster care.

ⁱⁱ See A New Model of Foster Care for Young Children: The Bucharest Early Intervention Project (http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B7RM0-4WDG77S-J&_user=10&_coverDate=07%2F31%2F2009&_rdoc=1&_fmt=high&_orig=article&_cdi=25736&_sort=v&_docanchor=&view=c&_ct=59&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=88351059ec1d63f6da19ff63fe2635ce) for one example of an early intervention foster care program.

ⁱⁱⁱ For more information, visit www.cachildwelfareclearinghouse.org.

^{iv} For more information, visit <http://mentalhealth.samhsa.gov/cmhs/CommunitySupport/toolkits/about.asp>.



Tips for follow up:

- Provide support to foster parents regarding parenting, coping, and other mental health needs
- Involve foster parents, youth, caseworkers, and birth parent, in care plan as appropriate
- Assess interval growth and development
- Review school performance
- Encourage normalizing activities
- Review care plan, especially for unmet needs
- Focus on strengths of child and family at each encounter
- Monitor for adjustment problems
- Monitor for signs and symptoms of abuse or neglect at each visit
- Assure mental health follow-up is adequate for child's needs
- Ensure that dental, mental health, and other referrals have been made and kept
- Encourage teens to develop relationships with adult mentors
- For teens in foster care, look towards transition to adulthood, including what services may be needed (eg, job training, educational planning, health education)
- Assure health insurance, medical, and mental health services are available beyond aging out of the foster care system

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