

Caring for Children in State Custody: Tips for the General Pediatrician

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Outline

- Trauma symptoms
- Supporting the child and the parent
- AAP recommendations

How to approach the visit

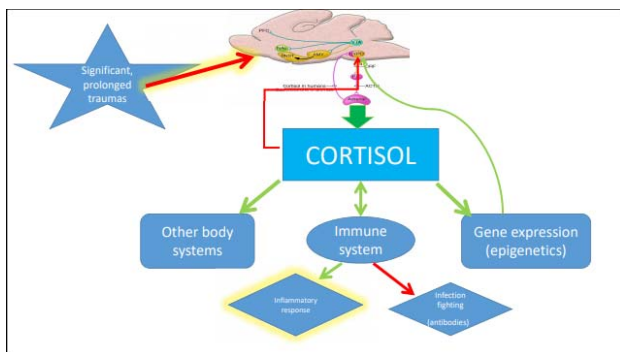
- Gathering records
- Trauma informed care: make more time if you can
- Talk to foster parent alone and older children alone

Trauma Informed Care

- The most important thing you can do as a pediatrician is give the foster parent perspective, hope, and tools.

Assume that all children who are in foster care have experienced trauma.

Stress response



Responses after Trauma

- I am in danger
- I am worthless
- I am powerless
- You are not reliable
- You cannot protect me
- You will be dangerous or rejecting



Shifting our focus

- What is wrong with you vs. what happened to you?



FRAYED: trauma symptoms

- Fits, Frets, and Fear
- Regulation disorder
- Attachment disorders
- Yelling and yawning
- Educational delays
- Defeated



Forkey et al.

Case example

- Jack: 8 year old male placed with his maternal aunt 2 weeks ago
- DV and drug use in the home
- Mother isn't showing up for visits
- He is becoming aggressive with other children in class, they are concerned about ADHD
- He can't fall asleep at night or wakes up frequently
- He is wetting the bed



What symptoms could be stress response?



THREADS to build resilience

- Thinking and learning brain
- Hope
- Regulation or self control
- Efficacy
- **Attachment**
- Developmental skill mastery
- Social connectedness



Attachment

- Safety and security
- Predictable compassionate availability
- Emotional container
- Keeping mind in mind

Caregiver needs to remain calm and give external support to traumatized child



Reassuring, Restoring Routine, Regulating

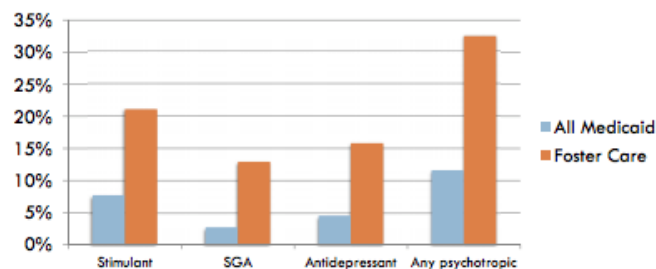
- Lots of reassurance of safety (blanket, hugs, song, etc.)
- Routines communicate safety, shutting down stress response
- Regulating feelings, need to identify feelings and call them what they are (angry vs not angry)



What does Toxic Stress look like?

- ADHD, ODD, Depression

Foster Care and Medication



**Many states have developed strategies to specifically address this issue

Know signs of trauma

- Medications are never the first line treatment for trauma
- Start with trauma focused therapy, building a strong parent-child (or adult-child) relationship
- Reassess previous diagnoses

What about the bio parent?

- Keep them involved in the care when appropriate
- Vaccine refusal

Don't forget about the foster parent!

- Are they a new parent? ...This may be the first time they are taking care of children or this age group
- Do they have other children in the home?
- Do they have a good support system?
- Do they have the resources they need?
- How are they related to the biological parent?
- Do they understand the medical problems?



Coordination of Care

- Communication with case worker and foster parent
- Frequent follow up calls or visits to ensure the patient is not lost to follow up
- Know community partners (therapy, dental, places that take Medicaid)



Frequent Follow Up

- **AAP recommendations**
 - Birth to 6 months: **every month**
 - 6 months to 2 years: **every 3 months**
 - 2 years and above: **every 6 months**

Know Community Resources

- Who takes Medicaid?
- Who does Trauma focused therapy?
- Clothing, car seats, diapers etc.

They are counting on you!

Resources

- Flaherty E, Legano L, Idzerda S, AAP COUNCIL ON CHILD ABUSE AND NEGLECT. Ongoing Pediatric Health Care for the Child Who Has Been Maltreated. *Pediatrics*. 2019; 143(4):e20190284
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