

Introduction



- Currently in Alabama, there are over five thousand children in foster care.
- There are about half a million in the US.
- The Department of Human Resources (DHR) has the philosophy that children should be protected from abuse and neglect and, whenever possible, families should be preserved and strengthened in order to nurture and raise children in safe, healthy, and stable environments.
- Drug and alcohol use contributes to the increase number of children in foster care.

Characteristics of Traumatized Children



- Babies placed in multiple foster care situations fail to form lasting attachments.
- Infants may appear lethargic or extremely irritable
- Often have sleeping and eating difficulties
- Hypersensitivity to the environment
- Often present with delays, especially in areas of social, emotional and communication
- May present with lots of variability and inconsistency—unpredictable responses
- Child likely to have attachment difficulties throughout life

Timely Evaluation of the Child (Now federally mandated)



- Medical, social-emotional, developmental and educational necessary for identifying and meeting the child's needs
- Facilitates both short and long-term planning
- Caregivers need adequate information about the child to help anticipate, interpret and meet the child's needs and training about the needs of traumatized children
- Availability of supportive and responsive social service providers and mental health professionals for foster parents and child

American Society for the Prevention of Cruelty to Animals, adopted 1866



The legal struggle for children's rights in the US begins with the story of Mary Ellen. When Mary Ellen was three she was in the care of New York City's Charities. Over the next years a landlady expressed concern for little Mary Ellen, who was never allowed outside or had enough clothing to keep her warm in winter or a bed to sleep in. The child had bruises all over her body. She was so malnourished that although she was nine, she had only attained the size of a five-year old. In desperation, the neighbor turned to a Methodist caseworker in the slums, Etta Wheeler, who began the long fight to save Mary Ellen. Mary Ellen's case sent reverberations around the nation and resulted in the foundation of the New York Society for the Prevention of Cruelty to Children (SPCC) in 1874.

Exposure



- Children in foster care have had an increased prevalence of exposure to alcohol, tobacco, and other illicit drugs in utero, known factors impacting brain development. Consequences of substance exposure experienced by children in foster care include:
- Birth defects
- Central nervous system impairment
- HIV infection

Foster Children Not Fairing Well



- Thirty to forty percent of children in the child welfare system have physical health problems.
- Approximately 60 percent of all have moderate to severe mental health problems.
- Adolescents living with foster parents or in group homes have about four times the rate of serious psychiatric disorders than those living with their own families.
- Over 12 percent of young foster children receive no routine health care, 34 percent receive no immunizations, and 32 percent have unmet health needs. And less than one-third of children in the child welfare system are receiving mental health services.
- Twenty-seven percent show high levels of behavioral and emotional problems.
- Thirty-nine percent display low engagement in school.
- Twenty-eight percent have a physical, learning, or mental health condition that limits their activities. <http://www.acf.dhhs.gov/programs/cb/publications/fafcars/june2001.htm>

So what?



- If the numbers continue to increase as they most surely will, there will be more and more children in foster care or some other form of state custody.
- As these children emerge in to adulthood with the vast problems of mental health conditions, the society will be stressed further.
- This can present a vicious cycle of dysfunctional families and more dysfunctional children.

Brain Growth And Development



- Glucose utilization in the brain rises from birth until 3 years and then reaches sustained values in most regions. This time course of glucose utilization alludes to “critical periods” of maximal learning capacity.
- During the first 3 to 4 years of life, the anatomic brain structures that govern personality traits, learning processes, and coping with stress and emotions are established, strengthened, and made permanent. If unused, these structures atrophy.
- It is known that emotional and cognitive disruptions in the early lives of children have the potential to impair brain development.
- New research (articles on Medline) from American Psychiatric Society that trauma in early childhood lead to various mental health deficits.

Early Intervention Benefits: Rationale For Screening



Individuals with Disabilities Education Act (IDEA)

**Better outcomes for participants:
Higher graduation rates, reduced teen
pregnancy, higher employment rates,
decreased criminality and violent crime
\$30,000 to >\$100,000 benefit to society**

Strategic Plan for DNP Project



- To develop guidelines from evidenced based resources addressing physical and mental health screening and suggestions for the types of early intervention that work best based on the evidence.
- The product was a CD ROM for dissemination in Alabama counties by DHR



The key- Intervention



- Foster children in the early critical years need early intervention by virtue of being in state custody that is so detrimental to development.
- There are primary reasons for intervening early with a child: to enhance the child's development, to provide support and assistance to the family, and to maximize the child's and family's benefit to society.
- Cognitive development suggests that early childhood, specifically the interval from birth to age three, offers a unique opportunity for interventions to change the life course of children.
- Nurse practitioners can make a positive impact on early childhood development by becoming actively involved in the fight for funding for early intervention program, and for starting the programs themselves.

Appropriate Mental Health Screenings



- As a provider to children; mental health screenings are essential
- Screening tools are designed to help identify children who might have developmental delays. Screening tools can be specific to a disorder (for example, autism), an area (for example, cognitive development, language, or gross motor skills), or they may be general, encompassing multiple areas of concern.

EPSDT



- The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) mandate in Medicaid requires states to conduct regularly scheduled examinations (screens) of all Medicaid- eligible recipients under the age of 22 to identify physical and mental health problems
- To implement EPSDT, many states have chosen to develop or use a specific screen to identify mental health problems. Although constructing appropriate and useful mental health screening tools for pediatricians and other practitioners may be difficult, it is important in order to assess Medicaid-eligible children appropriately for mental health as well as physical health problems.
- <http://www.bazelon.org/issues/managedcare/moreresources/epsdt/factsheet.htm#>

Primary Care Detection Rates without screening tests



70% of children with developmental disabilities not identified

(Palfrey et al. *J PEDS*. 1994;111:651-655)

80% of children with mental health problems not identified

(Lavigne et al. *Pediatr*. 1993;91:649 - 655)

Detection Rates WITH Screening Tests



70% to 80% of children with developmental disabilities correctly identified

Squires et al, JDBP. 1996;17:420 - 427

80% to 90% of children with mental health problems correctly identified

Sturner, JDBP . 1991; 12: 51-64

Most over-referrals children with below average development and psychosocial risk factors

Glascoe, APAM. 2001; 155:54-59.

Reasons For Limited Use Of Screening Tests At Well Visits

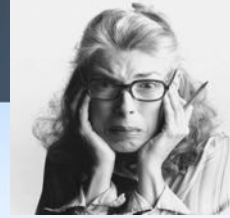


- **common screening tests too long**
- **many difficult to administer**
- **children uncooperative**
- **reimbursement limited**
- **referral resources unfamiliar or seemly unavailable**



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So what should we do?



Use newer, brief, accurate tools
Make use of information from parents/foster parents/family

Utility of Screens Using Information from Parents



- **Completed in waiting/exam rooms**
- **Sent with appointment reminders**
- **Mailed out to registries**
- **Administered over the telephone**
- **Eventually, web-based versions**



Selecting A Screening Tool



- **What to consider when selecting a screening tool**
- Domain or domains the screening tool covers. That is, what are the questions that need to be answered? What types of delays or conditions do you want to detect?
- Psychometric properties. These have to do with the overall ability of the test to do what it is meant to do.
 - The sensitivity of a screening tool is the probability that it will correctly identify children who exhibit developmental delays or disorders.
 - The specificity of a screening tool is the probability that it will correctly identify children who are developing normally.
- Characteristics of the children. For example, age and presence of risk factors.
- Setting in which the screening tool will be administered (for example, office, clinic, community screening).

Myths about Developmental Screening Tools



- **Myth:** There are no adequate screening tools for preschoolers.
Fact: Many screening measures have sensitivities and specificities over 70%.^{1,2}
- **Myth:** It takes a great deal of training to administer screening correctly
Fact: Training requirements are not extensive for most screeners. Many can be administered by paraprofessionals.
- **Myth:** Screening takes a lot of time.
Fact: Many screening instruments take less than 15 minutes to administer, and some require only about 2 minutes of professional time.
- **Myth:** Tools that incorporate information from the parents are not valid.
Fact: Parents' concerns are generally valid and are predictive of developmental delays. Research has shown that parental concerns detect 70% to 80% of children with disabilities..

• Committee on Children and Disabilities, American Academy of Pediatrics. Developmental surveillance and screening for infants and young children. 2001;108(1):192-6

Buyer Beware and Informed!!!



Test publication in the US is unregulated

Consumers need to look for evidence of:

- **Standardization** on a national sample
- **Reliability**
- **Validity** (especially comparison of screen to gold standard measures)
- **Accuracy**, meaning specificity (at least 70% of normal children correctly detected) and sensitivity (at least 70% of children with disabilities correctly detected)

Quality Tests



Parents' Evaluation of Developmental Status (PEDS) (0 through 8 years)

Child Development Inventories (CDIs) (0 to 6 years)

Ages and Stages (ASQ) (0 to 6 years)

Brigance Screens (0 through 8 years)

Battelle Developmental Inventory Screening Test (1 through 8 years)

Bayley Infant Neurodevelopmental Screen (3 – 24 months)

My Faculty Practice



- Research - Vineland assessment on children prenatally exposed to drugs
- DNP Project – Education about behavioral and cognitive problems in drug exposed children
- Assessment/screening/ranking for services (not diagnostic)
- Assessment of critically ill

Final Comments



Primary care providers are critical to case-finding and coordination

Primary care providers need:

- **information about tools that work**
- **phone numbers for referral resources**
- **frequent reminders and encouragement**
- **feedback on status of patients**

All providers need to use quality tools



Happy Keeester!

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