INFORMATION PACKET

Post Traumatic Stress Disorder

and Children in Foster Care

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Summary

Children in the foster care system endure numerous traumatic experiences. These experiences may include the trauma that caused their removal from the home (perhaps due to abuse or neglect), the trauma of separation from their families, and the potential trauma involved with numerous removals and placements in out-of-home care (Racusin, Maerlender, Sengupta, Isquith, & Straus, 2005). As a result of trauma exposure and several other factors, including the severity and repetition of the trauma, proximity to the trauma, and their relationship with the victim (if they are not the victim themselves), children may be at risk for developing Post Traumatic Stress Disorder or “PTSD” (American Academy of Child & Adolescent Psychiatry, 2011).

According to the National Institute of Mental Health (n.d.), PTSD is an anxiety disorder that may develop following an individual’s experiencing or witnessing of a traumatic event, where the natural “fight or flight” response is damaged or altered. Although no longer in danger, the individual may feel stressed or intense fear following a situation in which they or another person experienced a threat to their life or incurred severe injury (Hamblen & Barnett, 2009).

Children may exhibit symptoms of PTSD differently than adults, including: “time skew,” when the memory is recalled, trauma-related events are mis-sequenced; “omen formation,” which is the belief that the trauma could be anticipated through warning signs; post-traumatic play, a representation of the trauma; or post-traumatic reenactment, where aspects of the trauma are behaviorally recreated (Hamblen & Barnett, 2009). Generally, the symptoms of PTSD can
be divided into three categories: re-experiencing symptoms, avoidance symptoms, and hyper-arousal symptoms (National Institute of Mental Health, n.d.).

It is not surprising that over 21% of foster care alumni suffer from PTSD, a staggering rate that is higher than that of U.S. war veterans (Pecora et al., 2005). Yet, this grim statistic does not come without hope. Being aware of PTSD symptoms and linking a child to appropriate treatment resources are the first steps in helping the child to manage and cope with their symptoms.

In addition, federal legislation may support diagnosis and treatment of PTSD among children in foster care. A provision of The Fostering Connections to Success and Increasing Adoptions Act of 2008 requires all states to increase their oversight of the health and mental health of foster care children, including initial and follow up health assessments to determine whether a child needs additional help (National Conference of State Legislatures, n.d.). A number of states have already amended their policies to meet these legislative mandates.

\footnote{For details on these three symptom categories, see \url{http://www.nimh.nih.gov/health/publications/post-traumatic-stress-disorder-ptsd/nimh_ptsd_booklet.pdf}, and for PTSD diagnostic criteria, see \url{http://www ptsd.va.gov/professional/pages/dsm-iv-tr-ptsd.asp}.}
Facts and Statistics

- On September 30, 2011, there were approximately 400,540 children in foster care (U.S. Children’s Bureau, 2012).

- Approximately 48% of children/youth in foster care have emotional or behavioral problems and 63% are victims of neglect (Casey Family Programs, 2011).

- PTSD symptoms are prevalent in 19.2% of children referred to child welfare for investigation and ultimately placed in foster homes (Kolko et al., 2010).

- In a study of children in foster care, 60% of those sexually abused were diagnosed with PTSD and 42% of those physically abused were diagnosed with PTSD (Dubner and Motta 1999). The same study found that 18% of foster children who experienced neither physical nor sexual abuse had PTSD. This may be from exposure to domestic violence, community violence, or other events (Marsenich, 2002).

- A recent study indicates that three evidence-based treatments for traumatized youth, Trauma-Focused Cognitive Behavioral Therapy (TB-CBT), Child-Parent Psychotherapy (CPP), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), are equally effective across racial groups and subgroups (Weiner, Schneider & Lyons, 2009).
Policies & Legislation

Early intervention, including trauma screenings and assessments, are necessary to help children with PTSD get the treatment they need (American Academy of Child & Adolescent Psychiatry, 2011). The Fostering Connections to Success and Increasing Adoptions Act of 2008 amended parts B and E of title IV of the Social Security Act to connect and support relative caregivers, provide for tribal foster care and adoption access, improve incentives for adoption, and improve outcomes for children in foster care; this Act includes provisions pertaining to the oversight and coordination of health care services for children in foster care, as well as transition planning around health care for youth aging out of foster care (nrcpfc.org, n.d.a; nrcpfc.org, n.d.b.). The Patient Protection and Affordable Care Act (P.L. 111-148) amends the Fostering Connections Act as it relates to services for youth aging out of foster care and the development of the plan for the oversight and coordination of health care services (nrcpfc.org, n.d.b.).

Section 205 of the Fostering Connections Act (p. 13 of the Act) requires States to develop a plan for the ongoing oversight and coordination of health care services for any child in foster care placement (nrcpfc.org, n.d.b.). The NRCPFC website offers the following summary of the provisions of Section 205 (nrcpfc.org, n.d.b.):

**Provisions of Section 205 – Health Oversight and Coordination Plan (Plan)**

1. As part of the title IV-B plan, State and Tribal child welfare agencies develop the Plan in coordination with the State Medicaid agency, and in consultation with pediatricians, other experts in health care, and experts in and recipients of child welfare services (section 422(b)(15) of the Act).

2. The Plan shall ensure a coordinated strategy to identify and respond to the health care needs of children in foster care placements, including mental health and dental health needs.

3. The Plan shall include an outline of:
   - A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice
- How health needs identified through screenings will be monitored and treated
- How medical information for children in care will be updated and shared (may include implementing an electronic health record)
- Steps to ensure continuity of health care services (may include establishing a medical home for every child in care)
- The oversight of prescription medicines
- How the State actively consults with and involves physicians or other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care and in determining appropriate medical treatment.

For more information on the Health Provision of the Fostering Connections Act, as well as The Patient Protection and Affordable Care Act, visit NRCPFC’s “Fostering Connections: Health Care Services” page (http://www.nrcpfc.org/fostering_connections/health_care_services.html).
Programs Implementing Trauma-Informed Services

The information in the following section, “Integrating Trauma-Informed Practice in CPS Delivery,” is re-printed from Children’s Bureau Express, February 2012, Vol. 13, No. 1, “Spotlight on Trauma-Informed Care”:
https://cbexpress.acf.hhs.gov/index.cfm?event=website.viewArticles&issueid=132&sectionid=2&articleid=3392

Integrating Trauma-Informed Practice in CPS Delivery

Child welfare professionals are not always aware of the symptoms and consequences of trauma and may be ill-equipped to provide services. In the summer of 2011, the Children's Bureau issued a funding opportunity announcement for the Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery grant cluster. The applicants were asked to create trauma-informed child welfare systems and to replace portions of their current service array with evidence-based or evidence-informed treatments shown to reduce the effects of traumatic stress. In September 2011, the Children's Bureau awarded 5-year cooperative agreements to the following five organizations:

- **Massachusetts Department of Children and Families (DCF):** The Massachusetts Child Trauma Project (MCPT) will target children aged 0 to 18 years with complex trauma who are in care through MA DCF. MCPT will provide training and ongoing consultation on evidence-based treatments, such as Attachment, Self-Regulation, and Competency (ARC); Child-Parent Psychotherapy (CPP); and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Additionally, MCPT will use a Breakthrough Series Collaborative approach in each Area Office to support and coach local teams as they implement trauma-informed practice changes.
• **North Carolina Division of Social Services:** Project Broadcast will serve young children (ages 0 to 5) and youth (ages 13 to 18) disproportionately represented in the North Carolina child welfare system. It will provide training, support, and infrastructure to mental health professionals using the following models: the National Child Traumatic Stress Network’s Child Welfare Trauma Toolkit (CW TTT) and Resource Parent Curriculum (RPC), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), and Attachment and Biobehavioral Catch-up (ABC) across nine counties. Additionally, certain demonstration counties will receive training in TF-CBT and Parent-Child Interaction Therapy (PCIT). In addition, Project Broadcast will develop an online roster of trained clinicians, offer access to expert clinical consultation for those clinicians, and provide access to upcoming training opportunities for clinicians interested in learning evidence-based treatments (EBTs).

• **Connecticut Department of Children and Families (DCF):** The Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) will target trauma-exposed children aged 5 to 18 years in the Connecticut child welfare system. The project will help create a more trauma-informed workforce and institutionalize universal trauma screening, assessment, and referrals for trauma-focused services, as well as increase collaboration with community service providers. CONCEPT will implement TF-CBT and the Child and Family Traumatic Stress Intervention (CFTSI) in DCF facilities and community provider agencies. Additionally, the project will focus on infrastructure development and the modification of policies to support screening, assessment, and referrals.
• **The National Native Children's Trauma Center of the University of Montana:** The Transforming Tribal Child Protective Services (TTCPS) project will develop culturally responsive, evidence-based detection, treatment, and prevention mechanisms for children and families involved with the Tribal child welfare system. The project also will address secondary traumatic stress in the adult workforce. Initially, three Tribal demonstration sites will participate, with three additional sites joining in the third year of the project. TTCPS will conduct training for private agency clinicians on TF-CBT, Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Trauma-Informed Positive Behavior Supports (PBS), Secondary Traumatic Stress Intervention (STSI), ARC, and CW TTT.

• **University of Colorado Denver:** The Creating a Trauma-Infused Child Welfare System project will seek to expand the evidence-based mental health treatment available for children ages 0 to 18, ensure child welfare staff can perform trauma-focused assessments, and educate professionals and family members about trauma-informed care. The target population for this project is children aged birth to 18 who are involved with the Denver child welfare system. Key activities for this project include universal assessment of children's exposure to traumatic events and its effects and cross-system training for child welfare staff, administrators, and managers; juvenile court personnel and attorneys; probation staff; law enforcement; and resource parents. Project staff will also conduct training for private agency clinicians on evidence-based trauma treatments, such as CPP and Alternatives for Families – Cognitive Behavioral Therapy (AF-CBT).
The focus of the first year of this initiative has been on extensive assessment and planning activities, with the remaining 4 years focusing on implementation. Additionally, each project will conduct an evaluation of its activities and identify ways to sustain efforts.

**FY 2012 Children’s Bureau Discretionary Grant Awards**

Fiscal Year 2012 Children’s Bureau Discretionary Grant Awards include funding for Initiatives to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare (HHS-2012-ACF-CO-0279). Grants were awarded to:

- Western Michigan University, Kalamazoo, MI
- Trustees of Dartmouth College, Hanover, NH
- New York University School of Medicine, New York, NY
- Rady Children’s Hospital, San Diego, CA
- Oklahoma Department of Human Services, Oklahoma City, OK
- University of Washington, Seattle, WA
- Franklin County Children Services, Columbus, OH
- Tulane University, New Orleans, LA
- District of Columbia Child and Family Services, Washington, DC

**Additional Programs**

A few additional programs implementing trauma-informed services for children, youth, and families are highlighted below.

**Home and Community Based Services (HCBS) Waiver Program “Bridges to Health”**

(New York)

While New York State’s HCBS Waiver Program has been in place for youth with severe mental illnesses for over 10 years, in 2008 the “Bridges to Health” (B2H) offshoot program was developed specifically for youth in foster care. To initially qualify for the B2H program, a child/youth must be in foster care, but if he/she transitions out of foster care, the service continues as long as the child continues to meet the mental health requirements of the program.

http://www.ocfs.state.ny.us/main/b2h/about.asp

**New Hampshire Bridge Project, Dartmouth Trauma Interventions Research Center**

The Dartmouth Trauma Interventions Research Center’s (DTIRC) New Hampshire Bridge Project integrates trauma treatment services across New Hampshire’s child protective services (Division for Children, Youth & Families), juvenile justice (Division for Juvenile Justice Services), and judicial branch (Judicial Branch Family Division) systems. The program involves training of service providers on the principles of trauma informed services and evidence-based trauma treatment options, while emphasizing collaboration among practitioners and other stakeholders.

New Hampshire Coalition Against Domestic and Sexual Violence (NHCADSV) - Mental Health Needs of Children Exposed to Violence in their Homes Planning Project

Under funding from a Planning Grant provided by the New Hampshire Endowment for Health, this NHCADSV project involved creating a comprehensive plan designed to increase systemic support and strengthen mental health services for children exposed to violence in their homes. The full report containing details and findings of this planning project can be accessed at:


Trauma Informed Systems of Care (TISC) (Texas)

The Foster in Texas (FIT) program uses a Trauma Systems Therapy model with their children and families. The program educates foster parents on the symptoms of trauma and helps them both understand the causes for their foster child’s behavior and how to help the child deal with his/her trauma in more appropriate ways.

http://www.fosterintexas.org/fostercare-child-trauma-informed-care/

Trauma Treatment Program, Children’s Research Triangle (Illinois)

The Trauma Treatment Program (‘‘TTP’’) serves children and adolescents ages 2-18 that have been exposed to trauma. A variety of treatment interventions are used, including Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Cognitive Behavioral Intervention for Trauma in Schools (CBITS), and Child-Parent Psychotherapy (CPP).

http://www.childstudy.org/samhsa-funded-trauma-treatment
Websites & Resources

National Resource Center for Permanency and Family Connections (NRCPFC)

http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/mental-health.html


Child Welfare Information Gateway

http://www.childwelfare.gov/

The National Child Traumatic Stress Network (NCTSN)

http://nctsn.org

The NCTSN, funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, is a network that provides trauma-informed resources to families, professionals, and systems, including health, mental health, education, law enforcement, child welfare, juvenile justice, and military family services systems.

National Center for PTSD

http://www.ptsd.va.gov/index.asp

The National Center for PTSD, established within the U.S. Department of Veterans Affairs, focuses on research and education regarding PTSD and traumatic stress-related disorders. Their website contains many resources pertaining to children and trauma.

National Institute of Mental Health (NIMH)


NIMN, part of the National Institutes of Health (NIH), a component of the U.S. Department of Health and Human Services, conducts basic and clinical research involving mental illnesses. Their website provides information and educational resources regarding a variety of mental health topics, including Post-Traumatic Stress Disorder (http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml).
Works Cited

American Academy of Child & Adolescent Psychiatry. (2011). Facts for families, No. 70: 
Posttraumatic Stress Disorder (PTSD). Retrieved from 
http://www.aacap.org/galleries/FactsForFamilies/70_posttraumatic_stress_disorder_ptsd.pdf

Casey Family Programs. (2011). Foster care by the numbers. Retrieved from 
http://www.casey.org/press/mediakit/pdf/FosterCareByTheNumbers.pdf

posttraumatic stress disorder. Journal Of Consulting And Clinical Psychology, 67(3), 

Retrieved from http://www.ptsd.va.gov/professional/pages/

Posttraumatic Stress symptoms in children and adolescents referred for child welfare 

Marsenich, L. (2002). Evidence-based practices in mental health services for foster youth. 
Sacramento, CA: California Institute for Mental Health. Retrieved from 
http://www.cimh.org/Services/Child-Family/Past-Projects/EBP-in-Mental-Health-
Services-for-Foster-Youth.aspx

response to the Fostering Connections to Success Act of 2008 health oversight and 
services/fostering-connections-act-health-oversight.aspx


