



# Recognizing and responding to the mental health and caregiver-child relationship needs of medically-complex foster children

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# Recognizing and responding to the mental health and caregiver-child relationship needs of medically-complex foster children

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# Who am I?

- I am a licensed child psychologist who specializes in infant and early childhood mental health and trauma.
- I'm an Indian American mother to two biracial boys (ages 6 and 3).
- I am a state trainer in Child-Parent Psychotherapy and the DC:0-5 diagnostic system. I am also nationally-certified to provide multiple evidence-based treatments for trauma.
- I am a strong supporter of the Safe Babies Court Team model and have engaged with the Pulaski County Safe Babies Court Team in Arkansas for several years.
- I co-direct the Arkansas Building Effective Services for Trauma Program (ARBEST), a legislatively funded program that aims to improve outcomes for children and families who have experienced trauma through excellence in clinical care, evaluation, training, and advocacy

# Objectives

1. Participants will recognize the relationship between medical illness and mental health for medically-complex children in foster care.
2. Participants will understand caregiver-child needs that may emerge in this population.
3. Participants will learn trauma-informed strategies to advocate for meeting the mental health and relationship needs in this population.



# What is Medical Trauma?

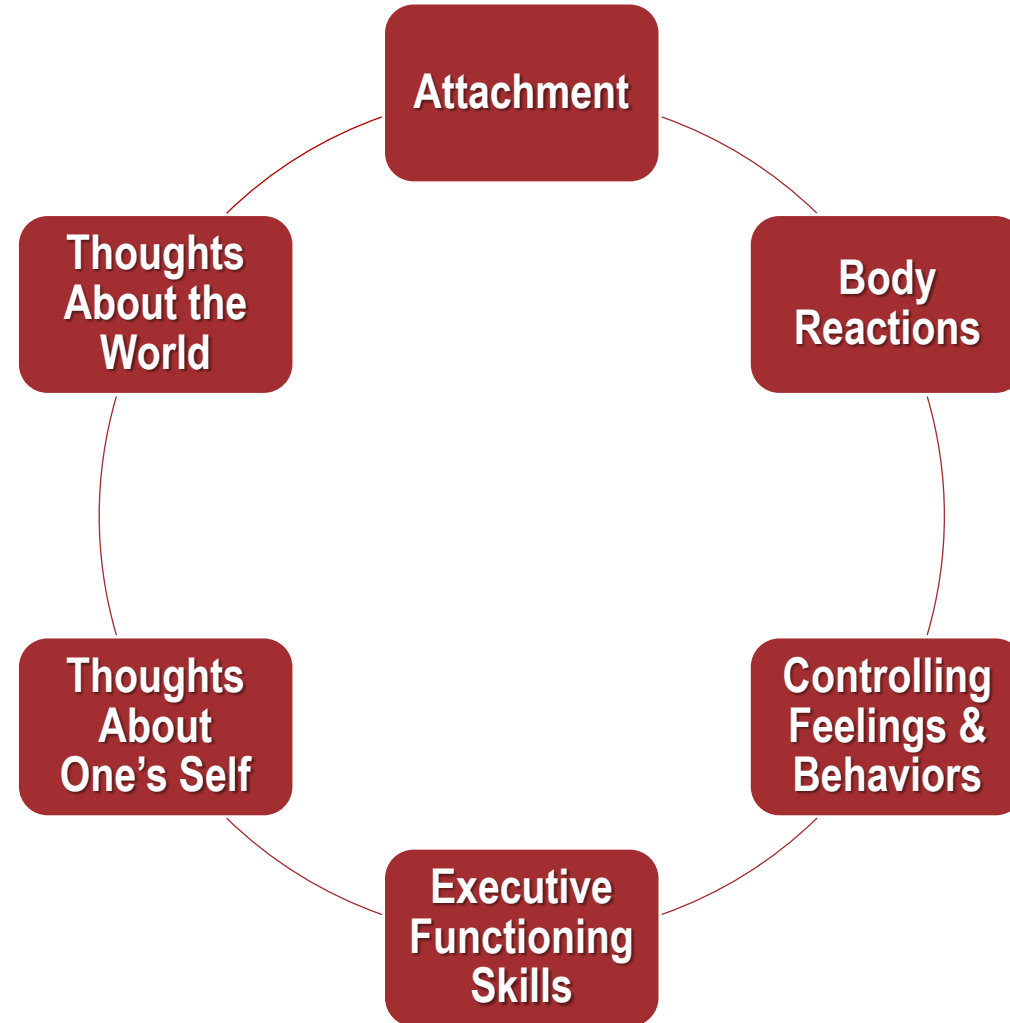
- Medical trauma can occur due to a single medical episode or a chronic medical condition.
- How a child and family experience the event is more strongly linked to traumatic symptoms than the severity of the medical condition.
- Many ill or injured children and their families (up to 80%) experience some traumatic stress reactions following a life-threatening illness, injury, or painful medical procedure.
- Between 20 - 30 % of parents and 15 - 25% of children and siblings experience persistent traumatic stress reactions that impair daily functioning and affect treatment adherence and recovery.





# The Impact of Medical Trauma on Child Mental Health

# How Does Medical Trauma Impact Mental Health for Children?



# Body Reactions

- Increased physical complaints, such as headaches or stomachaches.
- Difficulties with sleeping, eating, or meeting developmental milestones (walking, talking, toilet training).
- Could become extra sensitive to being touched by others.
- Immune system may not work as well, making it difficult to fight illness.
- These are just the physiological effects of experiencing trauma. Compound this with the physical impacts related to a child's medical conditions!



# Controlling Feelings

- Children might be more fussy, hyperactive, or irritable.
- They may seem more sad, worried, or angry.
- They may also show blunted feelings.
- Over control and under control of feelings are both important to consider.



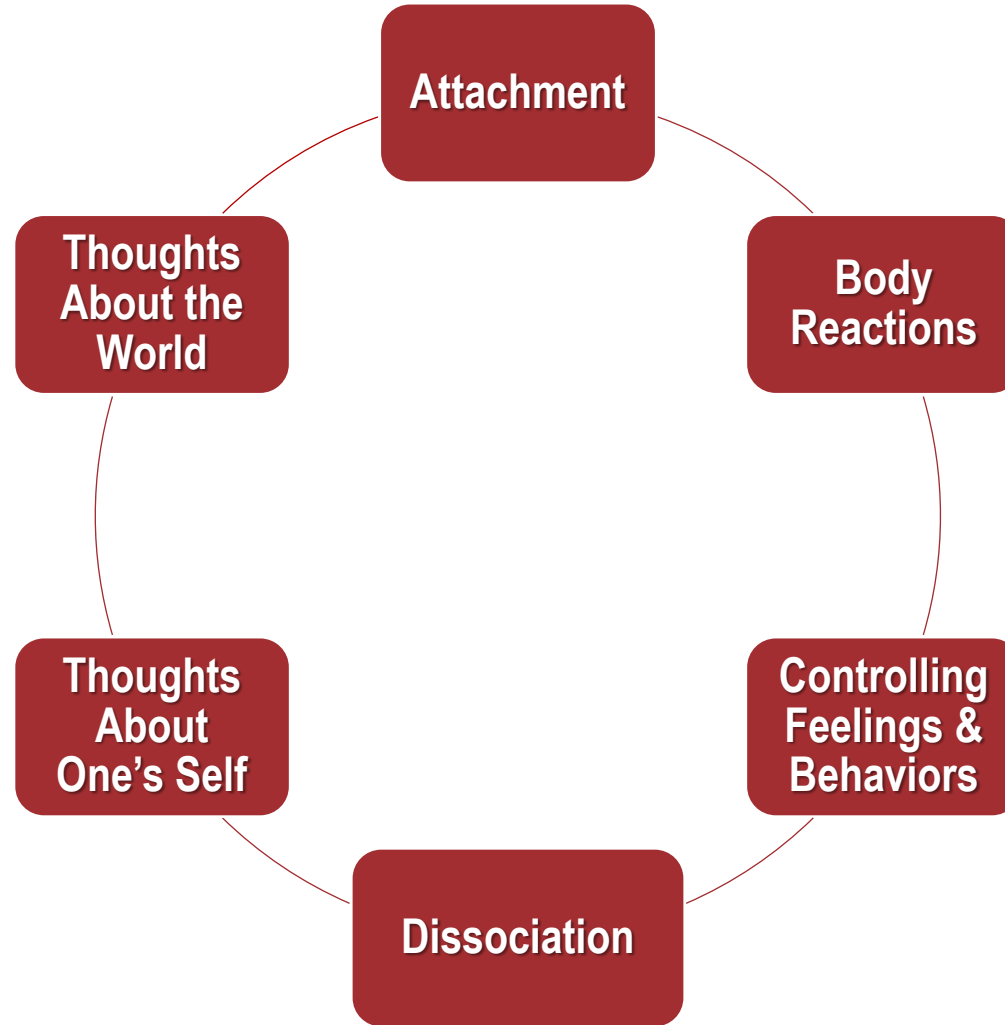
# Controlling Behavior



- **“I beHAVE SOMETHING TO SAY”**
- Children with traumatic experiences often have trouble controlling their behaviors when upset. This may include temper tantrums, long crying spells, or difficulty being happy.
  - They may have a short fuse even for things that seem small or unrelated to the trauma.
  - Their emotional reactions may appear exaggerated OR far less than we would expect.

# The Impact of Medical Trauma on Caregivers

# How Does Medical Trauma Impact Mental Health for Adults?



# Thoughts About the World – Impact of Medical Illness on Spirituality/Religiosity

- Experiencing medical trauma can impact views of the world that are rooted in spirituality or religiosity.
- For some, faith is an important form of coping with the heartbreak of medical trauma
  - “God would not give our family more than we can handle”
- For some, medical trauma undermines faith
  - “Why would God allow these things to happen to my child?”



# Dissociation

- Dissociation is sometimes present in those who have experienced trauma.
- Staying in the moment and interacting with your child, or anyone for that matter, can be difficult with dissociation.
- Dissociation is often developed as a protective mechanism during terrifying event.
- Why might a caregiver dissociate during a child's medical trauma?

# The Impact of Medical Trauma on the Caregiver-Child Relationship

# Principles of Child Development



- Memory starts at birth.
- Children develop within the context of relationships. Young children need their parents' help in learning to express and regulate strong emotions. Older children need their parents' to reinforce and model positive coping.
- The greatest predictor of resilience after experiencing trauma is the presence of at least one attuned caregiver that can buffer the negative impacts.



# Attachment

- Attachment” is a word that is often used to describe the relationship that children have with their caregivers. Note: relationships are bi-directional.
- Attachment behavior from a developmental perspective refers to how children behave with a caregiver when they are frightened (i.e., safety-seeking behavior).
- Children’s attachment to caregivers is a dyadic process built over the course of thousands of interactions.
- Early caregiving relationships influence how children develop relationships with others in their lives (e.g. siblings, friends, romantic partners, their own children).



# How Does Medical Trauma Impact the Caregiver-Child Relationship?

- Children often believe their caregivers are omnipotent (can know all and have the power to change everything). **How would that impact the way they view caregivers during medical trauma?**
- Caregivers are often responsible for a great deal of medical care. **How would this impact the caregiver's available resources for engaging in positive playful moments with children?**
- Caregivers often don't know how to explain complex things to children and resort to promising things that are not true (e.g., "this won't hurt" or "you're going to be just fine soon"). **How would this impact a child's trust in a caregiver?**

# What Can I Do In My Role?



Fostering Resilience in  
Children Means  
Investing in the Adults  
who Support Them

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# Engage in Team-Based Learning About Diagnoses

- Build in structures to allow teams to understand medical diagnoses of children they serve. Include caregivers in this learning, whenever possible.
- Reinforce the idea that it is the collective team responsibility to understand a child's well-being; we shouldn't silo different types of healthcare because families have to navigate all these systems at the same time.
- Find trusted doctors in your community that are willing to answer an email or phone call when needed.

# Center Mental Health Needs Within Medical Discussions

- Mental healthcare is one important aspect of medical care.
- Normalize checking in on mental well-being in addition to physical well-being as a routine part of my evaluations.
- Check in on pragmatic needs, as these often significantly impact mental health. Look into existing resources (e.g., respite care, in-home nursing, in-home counseling services) that may be particularly useful for families of children with complex medical needs.

# Get Families Assessed Early

- Don't wait until children develop severe problems to get them assessed by a mental health clinician.
- Starting early can help prevent serious difficulties and provides a real opportunity for bio parents to make changes needed to reunify.
- Starting early can stabilize placements with foster parents, resulting in less transitions and stress for children.

# Remember, and Explain to Families, That All Services Are Not Created Equal...

- Evidence-based services are treatments that have been rigorously studied and shown to work. Our families deserve the best we have to offer.
- Evidence-based services, particularly for young children, should be predominantly dyadic (meaning the child and caregiver are together within sessions).



# Adopt a Culturally-Humble Stance

- Recognize that trauma is not equally distributed within our population and cultural variables (e.g., race, sexual orientation, immigration status, ability status, gender identity, socioeconomic status, etc.) impact exposure and response to trauma.
- Similarly, marginalized groups often have increased difficulty in accessing evidence-based services.
  - Compared to White children with cancers that should be responsive to treatment, Hispanic kids with the same tumor types were 63% more likely to die, and Black children were 59% more likely to die,
  - Children of color consistently have lower access to mental health care after pediatric brain injury.
- Do I thoughtfully approach conversations of diversity, equity, and inclusion with families and ensure I am providing the support they need to engage in additional services?

# Be Thoughtful About Language

- Consider providing information in multiple ways: spoken, written, checking for understanding at the end.
- Understand why information may not always be consistent:
  - Trauma distorts memory; as trauma is processed, someone's ability to describe events may change.
  - Trauma disrupts cognitive and language development: using complicated language may be confusing. Healthcare language is immensely complicated (even for those of us who work in healthcare).
  - If you do not understand a term, be the one to ask a clarifying question. Families are often scared to ask questions for fear of the impression that might create on their ability to take care of their child.

# Get Curious

- Trauma is not deterministic.
- Be curious about the ways trauma might have impacted someone, instead of assuming someone with a trauma history is always impacted.
- We often assume that poor behavior reflects poor values but much of human behavior is not solely dictated by motivation/values.
- It is difficult to intervene on that which you do not understand; take even a few minutes to understand a behavior before you deliver a solution.
- Mental health therapists can help you understand how trauma has impacted the specific people you are serving.

# Recognize that Building Emotionally Safe Relationships Takes Time

- Relationships build over thousands of moment-to-moment interactions.
- We know we are safe and invested in helping families, so it is often difficult for us when a caregiver doesn't immediately trust our intentions. Remember, perceptions of threat are often heightened for those who have experienced trauma.
- We are also associated with systems (e.g., child welfare, healthcare) that are mistrusted by members of our community.
- Ask yourself: **what am I doing to create trust?** Am I being transparent, genuine, and forthcoming? Am I really listening to the perspectives I am eliciting?

# Questions?

## Contact Us:

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- ***October 12, 2021***
  - ***How to Develop a Strategic Plan (rescheduled from September 9)***
- ***October 13, 2021***
  - ***How to Develop a Leadership Succession Plan***
- ***October 20, 2021***
  - ***How to Recruit a Board***
- ***October 27, 2021***
  - ***How to Develop and Implement a Social Media Campaign for Awareness, Recruitment and Fundraising***

### ***The Relationships Between Poverty and Child Welfare and the Role of Intervention Strategies***

- ***October 7, 2021***

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