

# Mental Health Needs of Children in Foster Care

Rachel Burrows, Ph.D.  
Edmund Ervin Pediatric Center  
May 7, 2025

# Children in foster care ARE children who have experienced trauma

- What is trauma?
- ACES
- Toxic Stress
- Complex trauma
- Types of traumatic experiences:
  - Abuse and neglect
  - Exposure to community violence
  - Witnessing domestic violence
  - Lack of caregiver availability due to substance use
  - Separation from family or sudden loss of caregiver
  - Exposure to other traumatic events (painful medical procedures, dog bites, accidents, natural disasters, terrorist attacks)

# Children in foster care ARE children with complex medical needs

## Common Physical Health Issues in Traumatized Children Less Than 3 Years Old

- Asthma (4x more prevalent)
- Obesity or organic FTT
- Neurological conditions
- Genetic disorders
- Medically fragile children
- Infections: vertically transmitted infections, TB, Infestations
- Hearing and vision deficits
- Elevated lead levels
- Iron deficiency anemia
- Conditions that are direct result of trauma (head injury)
- Conditions that are the direct result of neglect (FTT)
- Medical neglect (lack of appropriate care for a medical problem)
- Lack of adequate health care services
- Flares – e.g., eczema, asthma
- Prenatal substance exposure and sequelae

# Impact of Trauma

The impact of trauma on children is dependent on:

- Relationship to the abuser
- The type of trauma
- Chronicity of the maltreatment
- Age at first trauma experience
- Child's temperament
- And, the presence/absence of protective factors
  - Attachment!

# Effects of Trauma on the Body/Brain

- Physiological response
  - Increased heart rate
  - Quickened breathing
  - Elevated blood pressure
  - Blood flow shifts from gut to skeletal muscles
  - Blood flow shifts from higher cerebral cortex to lower primitive areas
  - Digestion turns off to prioritize resources elsewhere
- Stress is an adaptive response to immediate threat/danger, but is dependent on return to calm state baseline.
- Trauma overwhelms the system; Chronic trauma disrupts the regulation of these systems

# Effects of Trauma on the Brain

- Maltreatment and neglect or impaired caregiving, especially in the first 3 years of life, modulates the short and long term outcomes for children through its impact on the developing brain.
- Neuroplasticity
- Complex Childhood Trauma results in...
  - Chronic elevation in stress hormones → methylation patterns of DNA → alterations in gene expression → alters areas of the brain
  - Trauma “wires the brain for danger”
  - Trauma is “toxic” to brain development

# Attachment

- “lasting psychological connectedness between human beings.” — Bowlby
- Four distinguishing characteristics: proximity maintenance; safe haven; secure base; separation distress
- Key propositions: Consistent care leads to trust; early experiences are critical; Expectations stem from experiences
- Attachment is the context in which all development occurs
  - Keeps humans alive
  - Supports affect regulation
  - Self as worthy and competent
  - World as safe
  - BUFFERS IMPACT OF TRAUMA

# Thinking Developmentally...

- Toxic Stress/Trauma affect development
- The impact varies on the age/developmental level of the child
- Cascading effects on development

*Early childhood experiences, both adverse and positive, appear to be biologically embedded and influence both disease and wellness across the life course*

# Infancy

- Infancy is the most vulnerable time
- Babies do remember!/"But, my baby was sleeping"
- Developmental tasks of infancy
  - Eating/Sleeping
  - Attachment
  - Engagement/curiosity/exploration
  - Emotional expression
  - Communication
  - Movement
  - Regulation

# Infancy

## Watch for:

- unusually high levels of distress when separated from their parent or primary caregiver or lack of concern for separation
- a kind of ‘frozen watchfulness’ – the child may have a ‘shocked’ look
- giving the appearance of being numb and not showing their feelings or seeming a bit ‘cut off’ from what is happening around them
- loss of (lack of) playful and engaging smiling and ‘coo-ing’ behavior
- loss of eating/feeding skills
- avoiding eye contact
- being more unsettled and much more difficult to soothe
- regression in their physical skills such as sitting, crawling or walking and appearing more clumsy.

# Young Childhood

## Developmental Tasks of Young Childhood

- Learning (cause and effect, preacademic skills, sustained attention)
- Communication (use and understanding)
- Motor development, planning, and coordination
- Emotional expression
- Emotional/behavioral regulation
- Self-efficacy/independence/confidence
- Social interaction (with adults and peers)
- Imaginative and interactive play

# Young Childhood

## Watch for:

- Language delays or regression
- Increased aggression/externalizing problems
- Difficulty managing emotions
- Poor impulse control
- Impaired social interactions and peer relationships
- Delayed cognitive development
- Sleep disturbance
- Fear of being alone or of separating from caregiver.
- Developmental regression – e.g., toileting
- Differences in play
- Lack of confidence/preconsciousness
- Problems with Attachment
- Social withdrawal OR indiscriminate social behavior

# School age children

## Developmental tasks of middle childhood

- Learning/school achievement
- Autonomy and independence
- Establishing friendships/peer relationships
- Improved emotional/behavioral regulation/impulse control
- Executive functioning
- Self-concept/self-esteem

# School Age Children

## Watch for:

- Challenges with learning
- Poor attention/concentration and impaired executive functioning
- Regression in skills (e.g., toileting or self-care)
- Poor social or personal boundaries
- Interpersonal challenges/difficulty making and keeping friends
- Areas of “accelerated development”
- Emotional disorders (anxiety, depression, etc.)
- More classic posttraumatic stress presentation
- Behavioral problems
- Poor self-esteem

# Teens

## Developmental tasks of the teen years

- School achievement/academic learning
- Close interpersonal relationships with peers
- Intimate/romantic relationships
- Emotional regulation
- Improve attention and executive functioning
- Future planning
- Sense of self/identity and self-confidence
- Independence/adaptive skills

# Teens

## Watch for:

- School failure/underachievement and school disengagement
- Risky behavior (substance use, sexual behavior, criminality)
- Disengagement from family, friends, community
- Depression, anxiety, PTSD
- Low self-efficacy/self-esteem
- Social withdrawal or engagement in a concerning peer group
- Limited skills needed for independence
- Lack of a plan for the future

# Changing the trajectory...

- Safe, stable, consistent, permanent home
- Secure attachment to a permanent caregiver
- Promote development/early intervention and support
- School/academic “success”
- One good friend
- An area of success/confidence
- Mentorship/close trusting relationships outside the family
- A sense of belonging (to a team, community group, etc.)
- Physical health/wellness

# Take Home Messages

- Look at the whole child and their environment
- Think developmentally
- Start early; do not “wait and see”
- Promote resiliency/ “ordinary magic”