

Mental Health Needs of Children in Foster Care

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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”