Clinical-Level Behavioral Problems among Children Known to Child Welfare

- Internalizing
- Externalizing

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<tr>
<th>Age (Years)</th>
<th>Internalizing</th>
<th>Externalizing</th>
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Behavioral Problems: Internalizing vs. Externalizing

• **Internalizing**: “Over control” of emotions, including social withdrawal, demand for attention, feelings of worthlessness or inferiority, and dependency. The Child Behavior Checklist has three scales for internalizing behavior: anxious, withdrawn, and somatic complaints.

• **Externalizing**: “Undercontrol” of emotions, including difficulties with interpersonal relationships, rule-breaking, and displays of irritability and belligerance. The Child Behavior Checklist has two externalizing scales: delinquent behavior and aggressive behavior.
Emotional, and Social Capacities Are Inextricably Intertwined Within the Architecture of the Brain
Three Levels of Stress

Positive
Brief increases in heart rate, mild elevations in stress hormone levels.

Tolerable
Serious, temporary stress responses, buffered by supportive relationships.

Toxic
Prolonged activation of stress response systems in the absence of protective relationships.
Toxic Stress in Home of Children Involved in Child Welfare

- History of domestic violence against caregiver
- History of abuse or neglect of primary caregiver
- Primary caregiver had serious mental health problem
- Active domestic violence against caregiver
- Active drug abuse by primary caregiver
- Active alcohol abuse by primary caregiver

Bar chart showing the percentage of children placed out of home versus those who remained in home for different factors.
Toxic Stress in Home of Children Involved in Child Welfare

- Prior reports of child maltreatment
- High stress on the family
- Low social support
- Family had trouble paying for basic necessities
- Child had major special needs or behavioral problems
- Primary caregiver had poor parenting skills
- Parent had unreal expectations of child
- Primary caregiver used inappropriate or excessive discipline
- Primary caregiver described or act toward child in predominately negative terms

**Graph:**
- Red: Child Placed Out of Home
- Blue: Child Remained in Home

**Percent:**
- 0
- 10
- 20
- 30
- 40
- 50
- 60
- 70
- 80

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“Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm’s way should be removed from a dangerous situation. However, **simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful.** The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.”


“Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, in conjunction with a criminal justice orientation. In contrast, when viewed through a child development lens, **the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of a family relationship crisis, which requires sophisticated expertise in both early childhood and adult mental health.**”

Optimizing Health: Building Capacity to Matching Needs with Interventions

Child Factors
- Case history and context
- Behavioral and Trauma Symptoms

Selected Evidence-Based Intervention

System and Practice Factors
- Available and Feasible EBIs
- Expected Outcomes from EBI

Expected Outcomes from EBI

Available and Feasible EBIs

System and Practice Factors

Selected Evidence-Based Intervention

Child Factors
- Case history and context
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Optimizing Health: Addressing Social & Emotional Well-being

Trauma-First Child Welfare Approach

- Developmentally specific approach
- Addressing secondary trauma
- Build capacity to deliver EBPs
- Trauma-informed screening and assessment
- Knowledge building for staff and foster parents
- Cross-system partnerships with Medicaid & Mental Health

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Practice Elements of Trauma-First Approach

Focusing on child- and family-level outcomes (as opposed to process outcomes alone)

Monitor progress for reduced symptoms and improved child/youth functioning

Promotion of healthy relationships

Proactive approach to addressing social and emotional needs

Trauma-informed case planning and management

Trauma-First Child Welfare Approach

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Optimizing Health: Addressing Social & Emotional Well-being

Policy
- Promoting Safe and Stable Families – Trauma Screening and Treatment
- Information Memoranda: Well-Being, Psychotropics, CQI
- IM: Title IV-E Child Welfare Waiver Demonstration Projects
- CMS: Early and Periodic Screening, Diagnosis, and Treatment
- Workforce

Program
- FOA: Screening, Assessment, and Services Array
- FOA: Regional Partnership Grants
- Protective Factors across Populations
- Ending Youth Homelessness (USICH)
- USAID

Practice
- Permanency Innovations Initiative – Illinois
- Collaboration with SAMHSA
- Waiver Demonstrations in 6 States
- FOA: Integrating Trauma into Child Welfare Services
- FOA: Supportive Housing and Child Welfare
- Neuroscience and Child Maltreatment

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