Child Well-Being

Defined and in focus
What is Social and Emotional Well-Being?

- Attachment
- Cognition
- Affect Regulation
- Biology
- Behavioral Control
What happens when it’s not optimal?

**BIOLOGY**
- Sensorimotor developmental problems
- Analgesia
- Problems with coordination, balance, body tone
- Somatization
- Increased medical problems across a wide span (e.g., pelvic pain, asthma, skin problems, autoimmune disorders, pseudoseizures)

**ATTACHMENT**
- Problems with boundaries
- Distrust and suspiciousness
- Social isolation
- Interpersonal difficulties
- Difficulty attuning to other people’s emotional states
- Difficulty with perspective taking

**BEHAVIORAL CONTROL**
- Poor modulation of impulses
- Self-destructive behavior
- Aggression toward others
- Pathological self-soothing behaviors
- Sleep disturbances
- Eating disorders
- Substance abuse
- Excessive compliance
- Oppositional behavior
- Reenactment of trauma in behavior or play (e.g., sexual, aggressive)

**SELF CONCEPT**
- Lack of continuous, predictable sense of self
- Poor sense of separateness
- Disturbances of body image
- Low self-esteem
- Shame and guilt

**COGNITION**
- Difficulties in attention regulation and executive functioning
- Lack of sustained curiosity
- Problems with processing novel information
- Problems focusing on and completing tasks
- Problems with object constancy
- Difficulty planning and anticipating
- Problems understanding responsibility
- Learning difficulties
- Problems with orientation in time and space

**AFFECT REGULATION**
- Difficulty w/ emotional self-regulation
- Difficulty labeling & expressing feelings
- Problems knowing and describing internal states
- Difficulty communicating wishes, needs

http://www.springerlink.com.proxy.uchicago.edu/content/tr32721263478297/
The Role of Trauma on Well Being

“[There is a] complex interplay between social experiences and brain development wherein the brain’s malleability to experiences like abuse or neglect can result in maladaptive outcomes such as neurodevelopmental impairment, and its malleability to experiences encountered in the average, expectable environment can result in improvements in language abilities or behavior, even given initial biological and social constraints (Cicchetti & Curtis, 2006).”

Child Welfare and Well-Being
Social and Emotional Well-Being:

To focus on social and emotional well-being is to attend to children’s behavioral, emotional and social functioning – those skills, capacities, and characteristics that enable young people to understand and navigate their world in healthy, positive ways. While it is important to consider the overall well-being of children who have experienced abuse and neglect, a focus on the social and emotional aspects of well-being can significantly improve outcomes for these children while they are receiving child welfare services and after their cases have closed. ACYF is organizing many of its activities around the promotion of meaningful and measurable changes in social and emotional well-being for children who have experienced maltreatment, trauma, and/or exposure to violence.
Why Well Being & Why Now Now?

Percent Change in Foster Care Population, 2007-2010

Data Source: Adoption and Foster Care Reporting and Analysis System (2002-2010). Children’s Bureau, Administration on Children, Youth, and Families (USDHHS, ACF)
How are CW “graduates”?

- Major Depression Episode
- Panic Syndrome
- Modified Social phobia
- Generalized Anxiety
- PTSD

Bar chart showing the comparison between lifetime and past 12 months for each of the conditions.
What services does Medicaid Purchase for CW youth?

<table>
<thead>
<tr>
<th>Service</th>
<th>2010 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-patient under 21 years</td>
<td>-</td>
</tr>
<tr>
<td>Home &amp; Community Waivers</td>
<td>-</td>
</tr>
<tr>
<td>EPSDT Benefit</td>
<td>-</td>
</tr>
</tbody>
</table>

**2010 Medicaid/CHIP expenditures by service**

- **All children**: $1,500,000,000.00
- **Child Welfare Youth**: $1,277,254,097.00

The graph shows the distribution of expenditures for different services under Medicaid and CHIP programs for children and youth.
Do CW youth have identified MH needs?

- Children in foster care are nearly 2.5 times more likely to be diagnosed with chronic psychiatric problem than children only receiving public assistance.

- A nationally representative sample of children ages 2-14 involved in child welfare indicates that 48% were in the clinical range for either internalizing or externalizing problems at baseline.

- The costs of psychotropic medications for youth in the child welfare system are “upwards of $1482” per youth for the life of his/her time in Medicaid.
How Brave is Your State?

<table>
<thead>
<tr>
<th>In Foster Care</th>
<th>Rank</th>
<th>Not in Foster Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilify</td>
<td>1</td>
<td>Amoxil</td>
</tr>
<tr>
<td>Concerta</td>
<td>2</td>
<td>Ventolin</td>
</tr>
<tr>
<td>Catapres</td>
<td>3</td>
<td>Zithromax</td>
</tr>
<tr>
<td>Risperdal</td>
<td>4</td>
<td>Polymox</td>
</tr>
<tr>
<td>Seroquel</td>
<td>5</td>
<td>Proventil</td>
</tr>
<tr>
<td>Adderall</td>
<td>6</td>
<td>Singulair</td>
</tr>
<tr>
<td>Zoloft</td>
<td>7</td>
<td>Keflex</td>
</tr>
<tr>
<td>Vyvanse</td>
<td>8</td>
<td>Augmentin</td>
</tr>
<tr>
<td>Depakote</td>
<td>9</td>
<td>Mycostatin</td>
</tr>
<tr>
<td>Ventolin</td>
<td>10</td>
<td><strong>Concerta</strong></td>
</tr>
</tbody>
</table>
What does attending to Well Being Require?

- Screening and Assessment
  - Trauma Informed
  - Periodic, responsive, timely, clear
  - EPSDT Fundable (*yup*)

- Right Intervention, Right dose, Right time
  - EBPs

- Purchasing Outcomes
Who Does This?

- Medicaid
- Public Health
- Mental Health
- Child Welfare
We purchase what doesn’t work

INEFFECTIVE APPROACHES
- Parenting Classes
- Generic Counseling
- Congregate Care >9 months

RESEARCH-BASED APPROACHES
- Trauma Screening
- Evidence-Based Trauma Interventions
- Psychological First Aid
We can purchase outcomes