Foster Care

OCCUPATIONAL PERFORMANCE

How might time in foster care influence occupational participation?

While each individual will demonstrate their own unique strengths and needs, living in a home that is deemed "unsafe" creates an atmosphere for adversity and stress during critical developmental periods. Children in foster care may be challenged in the following areas of occupation.

Social Participation

- Difficulty expressing emotions in a healthy way
- Social cognition limitations, including difficulty understanding perspectives, and analyzing and responding to different social situations
- Difficulty self-regulating and controlling inhibitions (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007)
- Inappropriate boundaries with respect to personal space
- Difficulty forming healthy attachments with family, teachers, and peers

Activities of Daily Living (ADLs)

- Limited independence in ADLs, skills are often not commensurate with age
- Delayed hygiene awareness
- Sensory processing impairments that impact engagement in ADLs
- Difficulty accepting ADLs training from "new" caregivers

Education

- Increased risk of absenteeism from school (Zorc et al., 2013)
- Varying impact of birth family visits on academics (Fawley-Kinga, Traska, Zhang, & Aarons, 2017)
- Increased rates of grade retention and high school dropout (Scherr, 2007)

Instrumental ADLs (IADLs)

- Age-inappropriate IADLs (e.g., children becoming the primary caregiver for younger siblings)
- Lack of modeling and teaching in higher-level household management tasks
- Decreased knowledge and skills for independent living concepts of money earning and money management, health care management and maintenance, and proper safety procedures and emergency management

Play/Leisure

- Lack of play modeling and engagement prior to the child entering care
- Lack of time and opportunity to play due to constraints of meetings, counseling, and birth-family visits
- Fear of being outside or in play environments because of past experiences; some children experience "seasonal" avoidance of play and leisure activities due to the trauma triggers associated with seasonal changes
- Decreased opportunity to engage in extra-curricular activities
- Little exposure to, and often ensuing hesitancy to participate in, healthy leisure

Sleep/Rest

- Bed wetting and incontinence
- Challenges with sleep onset latency (due to sensory problems, fear and anxiety, etc.) and overnight sleep disruption (due to nightmares and night terrors)
- Sensory processing difficulties limiting ability to self-regulate and to tolerate the sensory aspects of co-regulation to prepare for sleep

OCCUPATIONAL THERAPY PRACTITIONERS use meaningful activities to help children and youth participate in what they need and/or want to do in order to promote physical and mental health and well-being. Practitioners focus on participation in the following areas: education, play and leisure, social activities, activities of daily living (ADLs; e.g., eating, dressing, hygiene), instrumental ADLs (e.g., meal preparation, shopping), sleep and rest, and work. These are the usual occupations of childhood and young adulthood. Task analysis is used to identify factors (e.g., sensory, motor, social–emotional, cognitive) that may limit successful participation in these areas across various settings, such as school, home, and community. Activities and accommodations are used in intervention to promote successful performance in these settings.

WHAT IS FOSTER CARE? PROCESS, PREVALENCE, AND EMERGING OT ROLE

According to Title IV-E of the Social Security Act, foster care provides safe and stable out-of-home care for children until the children are safely returned home, the children are placed permanently with adoptive families, planned arrangements for permanency are made, or the children age out of foster care (Child Welfare Information Gateway, n.d.; Social Security, n.d.). While year-end statistics indicate that more than 400,000 children reside in America's foster system, more children than this enter and exit foster care at some point during the year. For example, 640,000 children resided in foster care at some point in 2012 (Child Welfare Information Gateway, n.d.). On September 30, 2015, 35% of children in foster care had been there for 6 to 17 months, and 36% of children had been in foster care for longer than that. If a permanent home is not found, a child will age out of the foster care system between 18 and 21 years, depending on the state. Meanwhile, it is important to consider the approximately 205,000 children who do not remain permanently in foster care but were removed from a home that was deemed "unsafe" (U.S. Department of Health and Human Services, 2016).

Children enter foster care because of caregivers' inability to meet the child's basic living and health needs. A precipitating factor may include caregiver abuse (e.g., sexual or physical); unsafe living conditions (e.g., illegal drugs and alcohol abuse by caregivers); and caregiver neglect (e.g., physical, psychological, emotional, and medical) or abandonment. Many of these children may also experience prenatal exposure to toxins, thus compounding their vulnerability with a combination of prenatal stress and early childhood abuse and neglect (Charil, Laplante, Vaillancourt, & King, 2012). After separation from their biological family, children tend to experience multiple foster placements (Newton, Litrownik, & Landsverk, 2000). Continual disruption of living situations results not only in a change of family and home environment, but also changes in school, community, worship, and daycare environments. Such instability in placement may adversely impact social emotional development (Rubin, O'Reilly, Luan, & Localio, 2007). Any child who is removed from a home and placed, even briefly, into the foster care system is at risk for limitations in typical daily living opportunities of childhood, which may impact lifelong health and occupational well-being. For any child experiencing foster care even a single time, issues including caregiver incompetency, diminished child capacity, and system inefficiencies reduce the potential for occupational justice (Cross, Koh, Rolock, & Eblen-Manning, 2013). The impact of early adversity, trauma, and disruption to living situations experienced by these children negatively impacts their overall health and well-being (Anda et al, 2006; Nelson, 2012). The impact of occupational injustice, early adversity, and chronic trauma on youth in foster care may create impairments in areas including cognition, social skills, self-regulation, and emotional and physical well being, leaving these adults ill equipped

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OCCUPATIONAL THERAPY

This information sheet is part of a School Mental Health Toolkit at http://www.aota.org/Practice/Children-Youth/Mental%20Health/School-Mental-Health.aspx

for employment, maintaining a household, managing finances and healthcare, and sustaining relationships (Child Welfare Information Gateway, n.d.). The occupational injustice experienced translates across generations, as youth in foster care are three times more likely than their peers to become pregnant and attempt to find redemption in parenting their own offspring, despite their lowered parental readiness and skill (Dworskey & Courtney, 2010). Occupational therapy practitioners are emerging in the field of early adversity and foster care as much needed providers, offering a distinct approach to promoting permanency and stability for youth who have experienced foster care (Lynch, 2016; Schefkind, Newell, Ashcraft, & McCown-Lucas, 2015).

OCCUPATIONAL THERAPY'S ROLE IN THE FOSTER CARE SYSTEM

The distinct value of occupational therapy within the context of foster care is to promote everyday participation in meaningful occupations at the universal, targeted, or intensive levels of intervention (Paul-Ward & Lambdin-Pattavina, 2016).

Occupational therapy practitioners can support both the physical and mental health needs of children in the foster care system. They are key team collaborators, supporting and remediating the development of motor, social, cognitive, self-regulation, and sensory skills. Practitioners can advocate for system and individual programming to support the needs of children impacted by unsafe homes in early life, and to develop programs to prevent the scaffolding effects of long-term foster care. A client-centered occupational therapy approach that focuses on motivation, fun, and engagement supports these children in developing skills for independence in ADLs and IADLs, play, leisure, and overall wellness and satisfaction in independent living.

Universal — This level of intervention includes partnering with child welfare agencies, family safety preservation systems, schools, and residential treatment facilities. At this level, occupational therapists may consult with agencies and systems; meet with administrators; develop screening resources for occupational engagement; and develop programming and environmental modifications that match the needs of a child from foster care to promote access to developmental, academic, life skills, and leisure opportunities within the community.

Targeted — At this level, strategies may focus on developing programs and services for children in the foster care system or who are at risk for disruption within their biological family. An occupational therapy focus may include training and providing in-services to places such as schools, places of worship, clinics, and welfare agencies demonstrating the distinct value of occupational therapy; along with clinics or community-based screenings for children in foster care to identify those who may need additional evaluation by an occupational therapist. Practitioners may partner with child welfare agencies to provide training and education parenting classes for both birth families seeking to regain custody of their child and foster families working to understand the unique needs of foster children and strategies to help these children succeed in their homes. Additionally, practitioners can be instrumental in the planning, delivering, and evaluating occupation-based transitional programs in which youth transitioning out of foster care become successful by doing (Paul-Ward & Lambdin-Pattavina, 2016). Practitioners can implement attachment-based, trauma-informed program principles to build healthy relationships. In so doing, a stronger therapeutic alliance foundation develops, thus ensuring that children engage in meaningful occupations so they feel safe and supported (Purvis, Cross, Dansereau, & Parris, 2013). Occupational therapy practitioners can collaborate with others, developing community programming that promotes opportunities for social activities, play, and leisure interactions to reduce the impact of foster care on lifelong maladaptive activity choices, such as drugs and alcohol use (Pears, Kim, & Fisher, 2016). Targeted interventions improve placement stability and overall long-term well-being for children and youth in foster care (Fisher, Kim, & Pears, 2009).

Intensive — Individualized occupational therapy services for children in care from birth through ages 18 to 21 may occur within various environments, including the foster home, home environment pre- and post-reunification, daycare, school, welfare agency, or other natural environments for the individual. Practitioners advocate for individual children's needs at individualized education program (IEP) meetings to ensure the school understands that the potential impact of trauma and

Learn more about occupational therapists' role within an interdisciplinary trauma-informed-care approach to treatment
https://www.aota.org/~/media/corporate/files/practice/children/schoolmhtoolkit/childhood-trauma.pdf

Did you know? "Nearly 25% of children in foster care experience post-traumatic stress disorder (PTSD). This is double the rate of PTSD experienced by individuals active in military deployments, and more than six times the rate of the general public" (Deutsch et al., 2015, p. 293).

CHECK THIS OUT!
U.S. Department of Health and Human Services
www.mentalhealth.gov/

National Institute of Mental Health
https://www.nimh.nih.gov/index.shtml

National Alliance on Mental Health
https://www.nami.org/mentalhealthmonth

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov/children

foster care on the child's performance warrant special supports in school, including individualized occupational therapy services. Individualized services may also relate to developing parenting skills for birth parents hoping to re-gain or maintain custody of their children, or extended birth family members seeking temporary or permanent custody of children. Individual services for infants, toddlers, and elementary aged children include: training in and development of age-appropriate skills for completing ADLs, participating in education, developing skills for engaging in social groups in the school, improving motor skills, and learning self-regulation skills to support participation in school and community activities (e.g., sports and recreation programs). Occupational therapy practitioners can also collaborate directly with teachers to help teachers better understand the unique relationship challenges for children in foster care and the impact of positive relationships on academic performance. Practitioners can develop individualized learning and social strategies to improve the student's performance in the classroom. Therapists can develop social groups to promote play (Fabrizi, Ito, & Winston, 2016) and engagement with caregivers, peers, and teachers. Individual services for adolescents aging out of foster care or emancipated may include evaluation (including conducting a thorough occupational profile), and occupation based interventions in the areas of managing finances; managing and maintaining one's health; parenting; establishing and managing a home; preparing meals and cleaning up; creating safety and emergency plans; shopping; pursuing an education; identifying employment interests and pursuits; as well as seeking, acquiring, and maintaining employment. Occupational therapy practitioners can assist in training individuals on work skills to increase their employment potential (Pecora et al., 2006). They can also assist youth transitioning out of foster care to develop future goals and skills needed to achieve them (Paul-Ward & Lambdin-Pattavina, 2016).

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Additional Resources

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