



## Practice Parameters for Developmental and Mental Health Care

**C**hildren and adolescents entering foster care typically have not experienced an environment that promotes normal growth and development. Their families have been devastated by chronic poverty, homelessness, poor education, unemployment, substance abuse, mental illness, and domestic violence. The cumulative effects of these negative life experiences are compounded by the separation, losses, and uncertainty accompanying foster care placement.

Developmental, educational, and emotional problems affect more than 80% of children and adolescents placed in foster care and are testimonies to the adversities of their prior life experiences. Some children were born prematurely, prenatally exposed to drugs and alcohol, and some have a history of trauma including abuse and neglect. These adverse experiences create a long-term developmental and mental health agenda, the resolution of which often is the key to successful permanency planning outcomes.

Successful permanency planning requires developmental and mental health treatment plans that are comprehensive, well coordinated, and ongoing. They must include the child or adolescent, birth family, and foster caregivers. Treatment plans should be designed to support the immediate goal of a stable, nurturing foster care placement and long-term goal of a successful permanent placement.

Comprehensive developmental, educational, and mental health assessment is imperative for all children and adolescents entering foster care. Assessments must be performed by professionals with expertise in developmental, educational, and mental health conditions found in infants, children, and adolescents.

This chapter describes the necessary components of comprehensive assessments and critical elements of ongoing treatment and service planning. Initial assessments must include an evaluation of the goodness of fit between children or adolescents and foster care placement. The goal is to develop treatment plans that identify appropriate treatment services that support and stabilize foster care placement.

Periodic reassessment, ongoing treatment, and service planning address all the issues critical to the development of successful permanency plans. These include children's developmental, educational, and mental health needs, guidance to foster caregivers, and support for planned permanent families.

Developmental, educational, and mental health care are discussed together because they are inextricably linked. However, these services often are provided by separate sets of health care professionals. This chapter also describes the critical importance of developmental, educational, and mental health care coordination to ensure the integration of these services.

### **Parameters for Developmental and Mental Health Care**

Details are provided for the following events and encounters:

- Comprehensive assessment
- Treatment services
- Periodic assessments and review of the treatment plan
- Developmental and mental health care coordination

#### ***Comprehensive Assessment***

##### *Purpose*

1. To identify any and all developmental and mental health conditions or disorders in children and adolescents
2. To identify strengths, weaknesses, and areas of conflict in foster caregivers' ability to support developmentally appropriate care of children and adolescents in foster care placement

3. To identify strengths, weaknesses, and areas of conflict in the families or environments of proposed permanent placements
4. To develop diagnostic formulation and treatment plans
5. To develop, with foster care staff, foster parents, and, when possible, birth parents, a shared understanding of core concerns

#### *Time Frame*

This assessment must begin as soon as possible after children enter foster care and should be completed within 30 days.

#### *Performed By*

Qualified health care professionals with expertise in the developmental, educational, and mental health conditions of children and adolescents (*see* Chapter 8).

#### *Attended By*

Children or adolescents, foster parents, caseworkers, and, when possible, birth parents. Visits by qualified health care professionals to foster care and/or birth parents' homes are optimal in assessing the families' abilities to provide developmentally appropriate care for children or adolescents.

#### *Components*

1. Developmental and educational assessment
  - Should include assessment of the following domains
    - Gross motor skills
    - Fine motor skills
    - Cognition
    - Expressive and receptive language
    - Social interactions
    - Activities of daily living (ADL) skills
  - Measurement tools are not specified here because they will vary depending on the child's age, developmental stage, and previous history. Well-standardized measures should be used.

- Developmental, educational, and mental health evaluations should include an assessment of the different homes and settings where the child or adolescent will receive care. Each state has its own system for providing these services. Health care professionals are advised to become familiar with the system in their localities.
2. Mental health assessment
    - Include a complete developmentally based mental status examination.
    - Assess family life events, circumstances of placement, and traumatic events.
    - Assess regulation of affect and behavior in different settings.
    - Assess relatedness and relationship to family members, caregivers, peers, and examiner.
    - Assess child's interests and activities.
    - Assess child's strengths and coping style.
    - Assess child's preferred mode of expression (eg, play, drawing, direct discourse) with attention to culture and ethnicity.
    - Look for signs and symptoms of
      - Risks of suicide and/or violence
      - Substance exposure, misuse, abuse, and addiction
      - Maltreatment, including physical, sexual, and emotional abuse and neglect
      - Risk of placement disruption
      - Risky sexual behavior
      - Risk of antisocial behavior
  3. Family assessment (birth and foster families)
    - Family background, composition, and household.
    - Family stressors.
    - Family's attitude toward and expectations for the child.
    - Family's strengths and weaknesses.
    - Assess need for specialized services and supports to stabilize the placement.

- Include caregiver's understanding of
    - Normal development
    - Child's specific developmental problems
    - Child's mental health needs, including effects of placement and abuse and neglect
  - Include caregiver's home environment and provision of
    - Appropriate stimulation to enhance development
    - Emotional safety, comfort, and pleasure
    - Appropriate structure, disciplinary measures, and setting of limits
4. Diagnostic formulation and treatment plan
- On the basis of the initial assessment, any identified diagnoses should be specified and a treatment plan should be developed that includes the following:
- Recommendations for treatment services for all conditions identified in the child and foster and birth families
  - Recommendations for services to enhance strengths of the child and foster and birth families
  - Recommendations for visitation with birth parents, if indicated
  - Recommendations for placement changes, if indicated
  - Recommendations for reassessment on a periodic basis
  - Identification of treatment professionals for the child and families.

### ***Treatment Services***

Treatment services should be designed to ameliorate the immediate and ongoing effects of disruption of attachments and reactions to placements in unfamiliar settings. These services should address the effect of the uncertainty that characterizes the lives of children and adolescents in foster care. Treatment must address all developmental, educational, and mental health conditions associated with biopsychosocial adversity.

### *Components*

Treatment services may include, but are not limited to, the following:

1. Developmental/educational treatment services
  - Early intervention services
  - Special education services for preschool or school-aged children
  - Speech and language therapy
  - Occupational therapy
  - Physical therapy
  - Services for the hearing or visually impaired
2. Mental health services
  - Psychotherapies such as individual, group, and cognitive-behavior therapy and social skills training.
  - Psychopharmacologic treatment (*see* Chapter 6) can be an important component of mental health services. This treatment is used in conjunction with other therapies and requires careful psychiatric assessment and monitoring. Regular medical and laboratory assessment is indicated by the specific psychotropic medication used.
  - Substance abuse treatment.
  - Family services including family therapy, parenting guidance, couples therapy, and individual therapy for caregivers.
  - Specific individual or group training for caregivers on topics such as behavior management, normal and abnormal development, and special problems of foster placement (eg, effects of disrupted attachments or abuse and neglect).
  - Peer-support groups for children or adolescents specifically related to issues of foster care placement such as separation and loss, loss of autonomy and control, and sexual abuse.

### ***Periodic Assessments and Review of the Treatment Plan***

#### *Purpose*

1. To ensure the continuing effectiveness of treatment services
2. To make necessary changes in the treatment plan to reflect patterns of normal development

3. To reevaluate treatment needs in anticipation of or response to critical junctures or transitions in foster care placement, which include, but are not limited to,
  - Disruptions or lapses in visitation with natural family
  - Termination of parental rights
  - Adoption or discharge from foster care
  - Separation from or reunion with siblings
  - Death or severe illness of foster caregivers or birth families
  - Uncovering or disclosure of abuse
  - Incarceration of a parent
  - Changes in foster care placement

#### *Time Frame*

Whenever critical junctures occur in the placement life of children in foster care. For all children younger than 3 years, reevaluations should occur at 6 months, 18 months, and 2 years of age. They should occur at least yearly for all children 3 years and older.

#### *Performed By*

Qualified health care professionals with expertise in the developmental, educational, and mental health conditions of children and adolescents.

#### *Attended By*

Children or adolescents, foster parents, caseworkers, and, when possible, birth parents. Visits by qualified health care professionals to foster care and/or birth families' homes are optimal in assessing the families' abilities to provide developmentally appropriate care for children or adolescents.

#### *Components*

1. Review of interim history in all areas evaluated during the comprehensive assessment.
2. Evaluation of progress reports from all health care professionals providing treatment services, including interval reports from school personnel.

3. Selective reevaluation of areas suggested by interim history as determined by the care coordinator and performed by qualified health care professionals.
4. Modification of diagnostic formulation and/or treatment plan as indicated by this review and/or reevaluation.
5. Reassessment of family milieu, strengths, and weaknesses. This is particularly important in situations in which there has been a change in foster home placement or permanency plan.

### ***Developmental and Mental Health Care Coordination***

The assessment of developmental and mental health conditions and provision of needed treatments is an especially complex process for children and adolescents in foster care. Multiple factors, including children's ages and developmental stages, complexities of the children's life experiences, and issues related to permanency planning, affect the care of children and adolescents in foster care. An assessment plan cannot be specified until consideration of these issues plus a review of any prior evaluations has been completed. Specialists also have to work with multiple other health care professionals and complex family structures, as well as work within the confines of foster care regulations for consent and confidentiality. Therefore, a health care coordinator who is a professional trained in the field of developmental and mental health care is essential to determine the plan of assessments and coordinate the treatment of these children and adolescents.

Care coordination at the level of developmental or mental health services is critical to executing agencies' services and ensuring effective, frequent communication and collaboration between foster care agencies (via health care management and caseworkers), birth families, foster families, and primary care physicians. Care coordination is similar to but distinct from the role of health care management at foster care agencies (*see* Chapter 5), which oversees all aspects of



children's health care. There must be frequent, effective communication and collaboration between the two.

*Purpose*

1. To coordinate and arrange for comprehensive assessment of the individual child based on his or her age and review the history, including any prior evaluations
2. To coordinate and arrange for all treatment services recommended by the comprehensive assessment
3. To arrange for periodic reassessments and reviews
4. To ensure that the foster family and, when appropriate, birth family are educated about the child's and family's developmental, educational, and mental health needs
5. To ensure coordination and communication among all developmental, educational, and mental health care professionals
6. To communicate and coordinate care with the foster care agency through health care management (*see* Chapter 5)

*Time Frame*

Ongoing.

*Performed By*

Qualified health care professionals with expertise in the developmental, educational, and mental health conditions of children and adolescents (*see* Chapter 8).

*Components*

1. Acquiring information
  - Acquiring all information relevant to developmental, educational, and mental health conditions such as, but not limited to,
    - Birth family history of mental illness or developmental condition
    - History of psychosocial issues prior to placement
    - Previous developmental, educational, and mental health assessments and treatments, if any
    - School performance

2. Determining assessment services required and coordinating recommended treatment services
  - Review all available information.
  - Determine assessments required.
  - Coordinate referrals for developmental, educational, and mental health evaluations and services.
  - Ensure that all recommended treatment services are obtained, including referrals.
3. Follow-up services

Ensure that all periodic reassessments and reviews are conducted according to protocol, including any reassessments or additional developmental, educational, and mental health services needed as the result of significant changes in placement or disruptions in care.
4. Providing care coordination
  - Ensure that summaries of assessment findings are prepared and sent to health care management at the foster care agency (health care management is then responsible for further distribution of these reports).
  - Prepare summaries of treatment recommendations and progress and share these with health care management.
  - Act as the primary communication link between health care management at the foster care agency and developmental, educational, and mental health care professionals.
  - Provide coordination for all services required to support the goals of the developmental, educational, and mental health services plan including early intervention, school-based, and vocational services.
  - Provide summary reports and recommendations to the foster care agency for continued use of developmental, educational, and mental health services as part of the after-care plan.

5. Health education for families
  - Explain all findings and treatment service recommendations to the child or adolescent, his or her foster family, and, when appropriate, the birth family.
  - Respond to inquiries about developmental, educational, and mental health issues from the foster family, birth family, or child or adolescent.
  - Respond to inquiries about developmental, educational, and mental health issues from the foster care agency, primary care physician, and educational professionals.

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### **Internet Resources**

American Academy of Child and Adolescent Psychiatry:  
[www.aacap.org](http://www.aacap.org)