Ongoing Pediatric Health Care for the Child who has been Maltreated

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Disclosures

- I have no financial relationships with any commercial interests.

Objectives

- Summarize the clinical care of children who are subjects of a child report who remain with their families or are returned to their families after foster care
- Recognize how to monitor for recurrent abuse
- Discuss ways that providers can support families and prevent recurrent abuse

Epidemiology

- 700,000 children victims of maltreatment
- 75% neglect and 17% physically abused
- 2/3 children with CPS involvement remain with their families
- Half of those placed in foster care returned in days to months
- Median length of stay is 8 months

History

- Reason for CPS intervention
- Outcome of the investigation
- Any services recommended

History

- If placed in foster care-visitation and cultural environment
- Medical history while in placement
- Injuries prior to placement
- Behavioral changes in the child
- Exposures while in foster care: lead, drugs, second hand smoke
- Ask the child
- Adolescents: HEEADSSS or SHADES

Developmental evaluation

- Effects of trauma
- Effects of abuse itself, especially AHT
- Effects of prenatal drug and alcohol exposure

www.aap.org/screening

Developmental evaluation

- Academic performance:
  - Child maltreatment leads to lower IQ send standardized test scores
  - Early as kindergarten
  - Adolescents:
    - Attendance: may miss more school and complete fewer years of school
    - Decreased cognitive flexibility (ability switch thinking between two concepts)

Physical exam

- Growth parameters:
  - Risk for obesity especially though adolescence
  - Risk for eating disorders
- Head-to-toe exam at each visit
- Oral exam:
  - 50% of children entering foster care needed dental care

Physical exam

- Stage of sexual development:
  - Affected by changes in the HPA axis with maltreatment:
    - Sexual abuse: earlier onset of puberty
    - Physical abuse: early and late onset of puberty

Sexual abuse

- May need follow-up STI testing
- HPV vaccine
- STI/pregnancy screening in adolescence due to risk of early initiation of sexual activity

Abusive Head Trauma

- Risk for micro- and macrocephaly
- Risk for cerebral palsy
- Hemiparesis
- Seizures
- Cranial nerve abnormalities
- Visual impairment-cortical and retinal
- Cognitive delays
- Behavioral disorders (Autism Spectrum Disorder)

Abusive Head Trauma-Endocrine effects

- Can evolve over time
- Disruption of HPA axis-Diabetes insipidus
- Growth Hormone deficiency
- Disturbance in puberty
- Monitor growth every 6 to 12 months after injury until stable

Timing of appointments

- Can follow recommendations for those in foster care: monthly for 3 months followed by every 6 months

or

- Or in the first week after return to family, then 1 month and 3 months

Adolescents transitioning care

- Preparation for transition: teaching to manage their own healthcare
- 30-40% have mental health needs
- One third have chronic illness
- May need to identify providers to refer to

Promoting resiliency

- Child factors associated with resiliency:
  - Temperament
  - Personality
  - Cognitive ability
  - Male sex
  - Older age
  - Higher education

Promoting resiliency

- Caring and supportive adult (one can be the pediatric provider)
- Supportive home environment: help parents understand children's behaviors
- Positive school experience and extracurricular activities may improve self esteem
- Greater spirituality, emotional intelligence and support from friends

Parents, Family, Caregivers

- Discuss the effects of CPS involvement on parents and siblings
- Observe parent-child interaction
- Ask about services provided by CPS (pediatrician may have to make referrals)
- Understand family's response to the CPS investigation

Parents, Family Caregivers

- Assess for measures of poverty, especially food insecurity:
  - " Within the past 12 months, we were worried whether our food would run out before we got money to buy more"
  - "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more"[1]

[1]Hager ER, et al. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26-32.

Monitoring for Recidivism

- Risk factors for recurrence of maltreatment:
  - Neglect
  - More than one type of maltreatment
  - Poverty
  - Poor parent-child relationship
  - Younger and a greater number of children
  - Children with disabilities
  - Low social support
  - Caregiver mental illness
  - Caregiver substance abuse
  - Child behavior problems
  - Caregiver history of abuse

Recidivism

- Rate of recurrence 1-2% for low risk and 65% for high risk
- Greatest during the 6 months after case disposition

Recidivism

- At each visit, ask about family stresses that led to the child protection report
- Discuss discipline methods[1]
- Screen for maternal/paternal depression

[1] Sege RD, Siegel BS, et al. Effective discipline to raise healthy children. *Pediatrics*. 2018;142(6):e20183112.

Family support

- Ask parents who they could ask to care for the child
- Ask the child who they would talk to if that had a problem with the parent

Community resources

- Reach Out and Read
- Home Visiting programs
- Early Head Start
- Programs in schools
- Quality child care
- Parent training programs

Community resources

- Triple P (Positive Parenting Program):
- Goals:
  - Strengthen parenting
  - Decreased conduct problems in preschool children
  - Reduce coercive parenting practices
- Components:
  - Level 1: Media and informational strategies on positive parenting
  - Level 2: Parenting seminars and individual parent consultation
  - Level 3,4: Skills training for parents on children's behavior problems
  - Level 5: Augmented for families with additional risk factors

Community Resources

- Parent Child Interaction Therapy:
  - Developed for children with conduct problems
  - Live coaching with direct feedback for parents
  - Has been used in preschool and school aged children who have been abused

Community Resources

- The Incredible Years:
  - Curricula to promote emotional and social competence and to prevent, reduce, and treat aggression and emotional problems in young children 0 to 12 years old
- SafeCare:
  - 0-5 years; improving the parent-child relationship, home safety and child health
- Attachment and Behavioral Catch-up therapy:
  - Birth – 24 months; both males and females; for low-income families who have experienced neglect, abuse, domestic violence, placement instability

- Flaherty E, Legano L, Idzerda S, AAP Council on Child Abuse and Neglect, Ongoing Pediatric Health Care for the Child Who Has Been Maltreated. *Pediatrics.* 2019.143(4):e20190284