Assessing and Promoting Well-Being in Children with Complex Trauma

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Cooper
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NJ Health
New Jersey Department of Health

Atlantic
Health System

New Jersey Chapter
INCORPORATED IN NEW JERSEY
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Disclosures

- Neither I, nor my immediate family, have a financial interest or other relationship with any manufacturer/s of a commercial product/s or service/s which may be discussed in this presentation.
- I may discuss off-label uses of FDA approved medications in this presentation

Learning Objectives

1. Understand the interplay between complex traumatic stress and stressors that negatively impact a child's ability to thrive
2. Identify the underpinnings of behavioral challenges in children with a history of childhood stress and trauma
3. Recognize the comorbidity between complex trauma and ADHD and other mental health concerns.
4. Identify key concepts to help children with a history of trauma and stress heal and build a good life.

New Jersey Pediatric Psychiatry Collaborative

Regional Hubs

- **Atlantic Health Hub @ Newton Medical Center**
- **Atlantic Health Hub @ Goryeb Children's Hospital**
- **Hackensack Meridian Hub @ Hackensack University Medical Center**
- **Hackensack Meridian Hub @ Palisades Medical Center**
- **Hackensack Meridian Hub @ Middlesex and Mercer**
- **Hackensack Meridian Hub @ Jersey Shore University Medical Center**
- **Cooper Hub @ Cooper University Medical Center**
- **Cooper Hub @ Pennsville**
- **Essex County served by Rutgers University Behavioral Health Care.**
  More information on the Essex Hub can be found here: https://ubhc.rutgers.edu/clinical/community/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub/collaborative-behavioral-health-care-project-essex-hub.xml

Assessing and Promoting Well-Being in Children with Complex Trauma

Trauma ABCs (NCTSN)

- ⚠ Bullying
- ⚠ Community Violence
- ⚠ Complex Trauma
- ⚠ Disasters
- ⚠ Early Childhood Trauma
- ⚠ Intimate Partner Violence
- ⚠ Medical Trauma
- ⚠ Physical Abuse
- ⚠ Refugee Trauma
- ⚠ Sexual Abuse
- ⚠ Sex Trafficking
- ⚠ Terrorism and Violence
- ⚠ Traumatic Grief

Definitions

- Stress
- Complex Trauma
- Early Childhood Trauma

Types 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.

Complex Trauma

Exposure to multiple traumatic events
(severe, invasive, interpersonal)

AND

The effects of the exposure

Early Childhood Trauma

0-6 years old

Underestimating the Numbers

https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html

- 1,934,535 children in New Jersey
  - 70,179 CPS responses
    - 36.3/1,000 children
  - 3,655 children classified as maltreatment victims
    - 1.9/1,000 children

Administration for Children and Families Child Welfare Outcomes Report

NJ Numbers (2020)

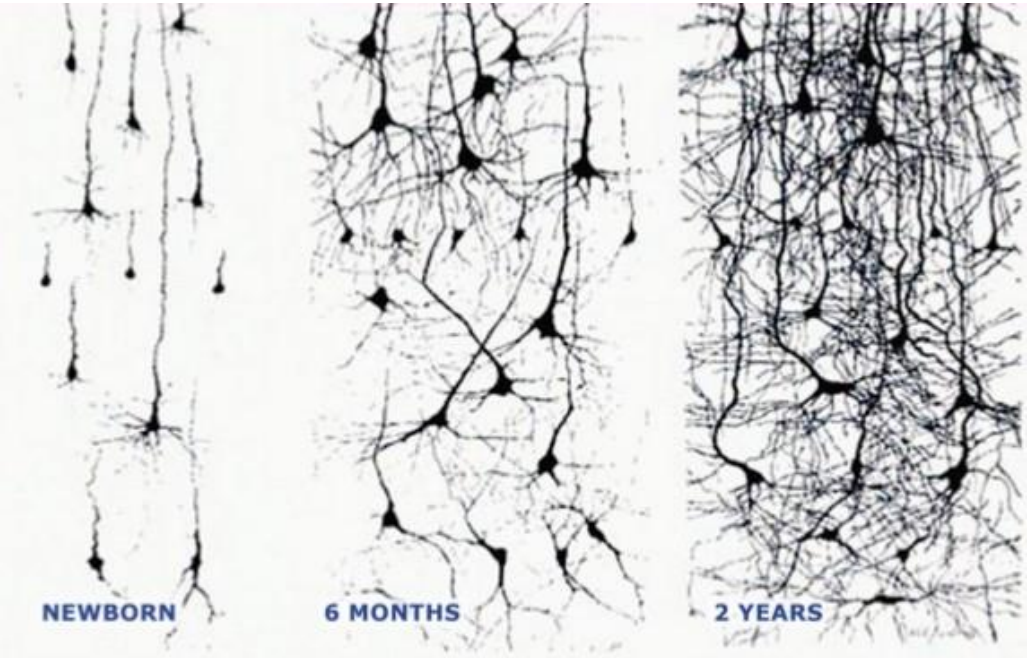
CPS Responses

Year	Number	Rate per 1,000
2016	73889	37.5
2017	74393	37.9
2018	77661	39.7
2019	78741	40.5
2020	70179	36.3

Classified as Victims

Year	Number	Rate per 1,000
2016	8264	4.2
2017	6614	3.4
2018	6008	3.1
2019	5132	2.6
2020	3655	1.9

5-Year NJ Numbers



Neurobiology

Neuroplasticity

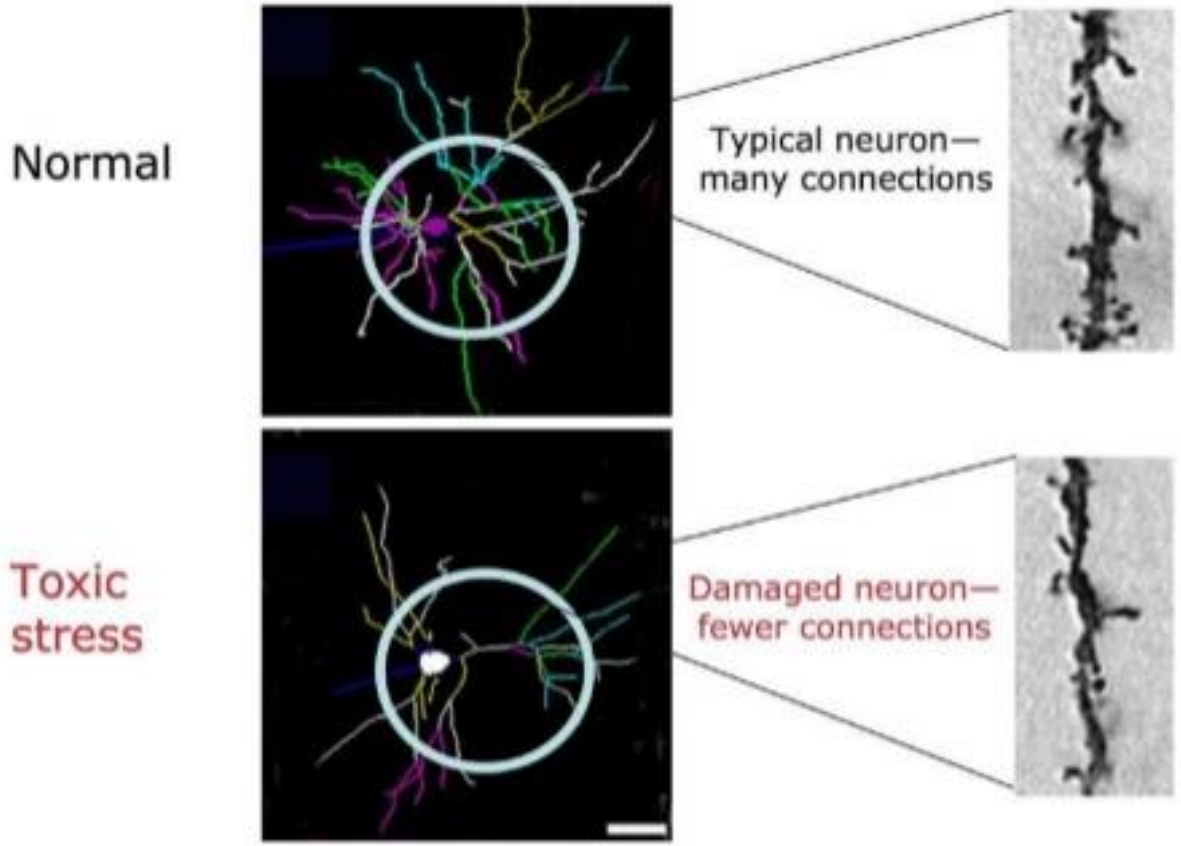
Brain structure

Neurophysiologic pathways

Neuroendocrine systems

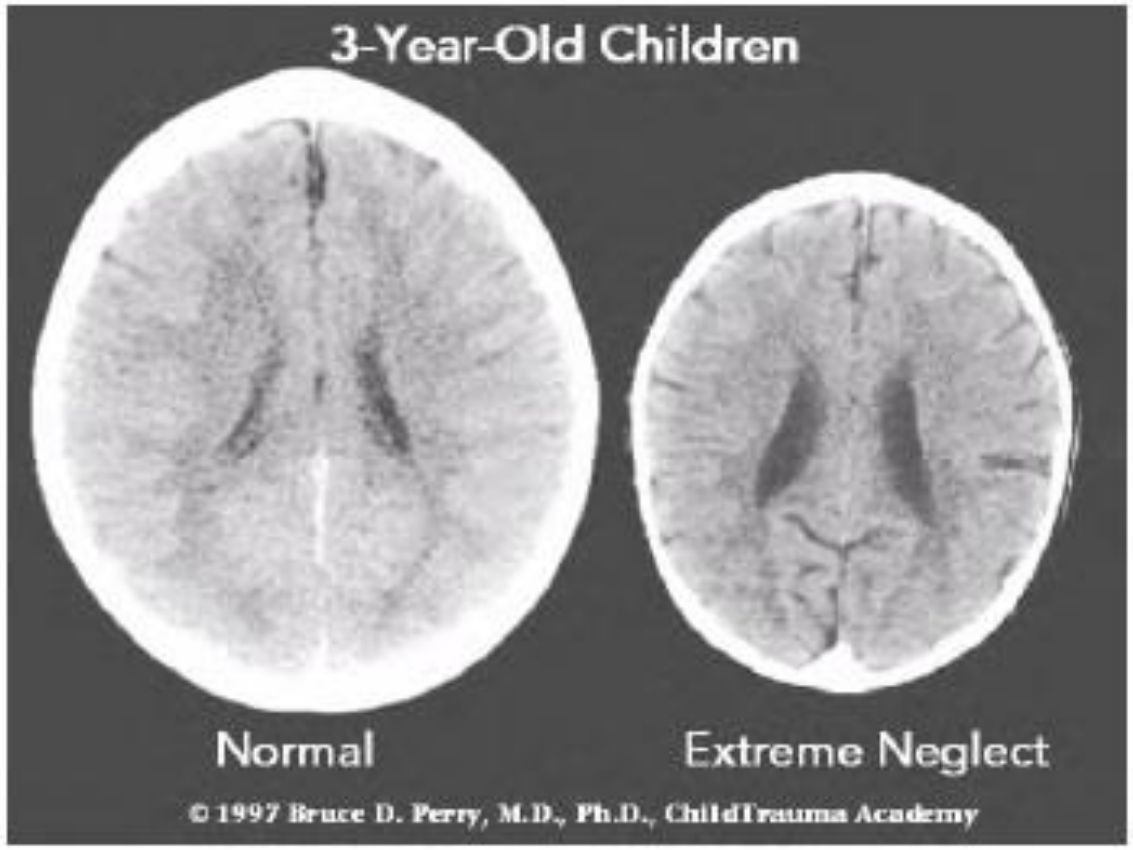
Center on the Developing Child
HARVARD UNIVERSITY

Persistent Stress Changes Brain Architecture



Prefrontal Cortex and
Hippocampus

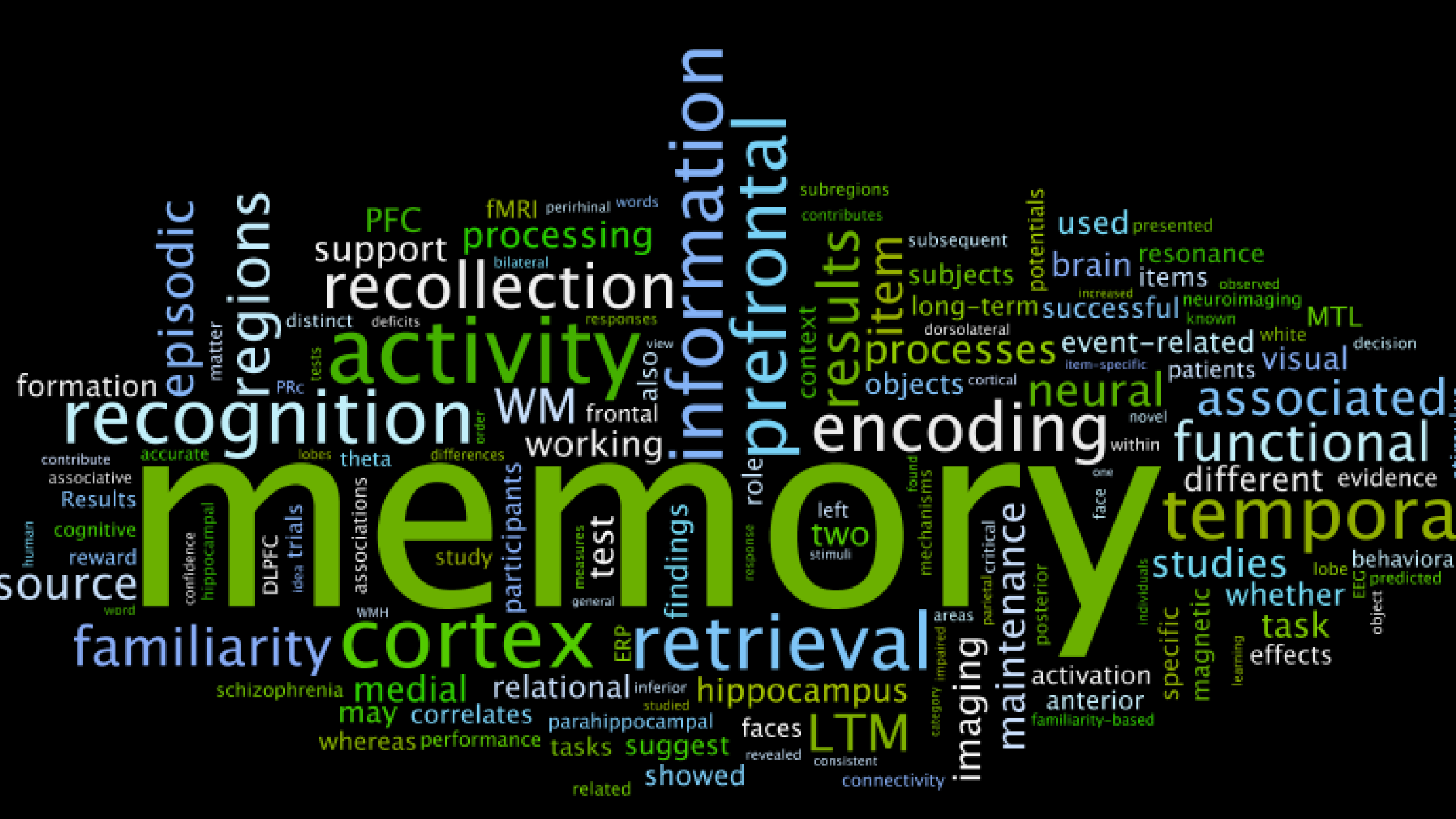
Sources: Radley et al. (2004)
Bock et al. (2005)



The traumatized brain is different than it would have been without the trauma

Learning

The earliest learning…


memory
recognition
activity
cortex
retrieval
encoding
information
prefrontal
episodic
regions
recollection
familiarity
source
temporal
functional
associated
neural
results
item
processes
WM
working
frontal
PFC
fMRI
processing
support
hippocampus
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novel
within
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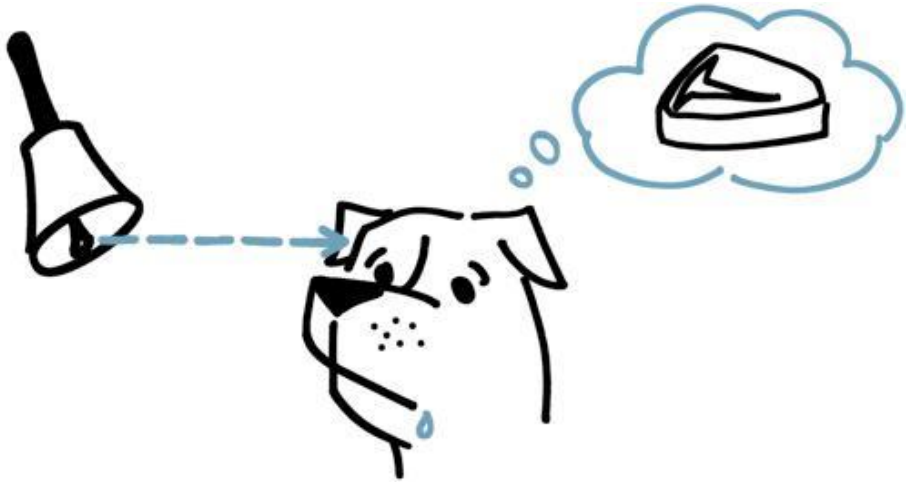
word
idea
contribute
Results

Memory → Learning



STATE
LAW
STOP
FOR
WITHIN
CROSSWALK

The traumatized child is a different person than s/he would have been.

Foundation of Self

A child's experience is part of who she is

- You cannot change who a child is, the foundation of self that he built and his understanding of the world, simply by telling him to act different, feel different, be different. He must experience the world and those in it in a different way.
- Try to shift perspective to admire what he has done to survive.
- Still, to move forward a child must learn socialization and behavioral regulation

PTSD (DSM)

- Trauma Exposure
- Re-experiencing
  - Distressing dreams, memories, thoughts, physiological reactivity, intense psychological distress
- Avoidance
  - Places, people, activities
  - Trauma-related thoughts & feelings
- Arousal
  - Problems with sleep, irritability, concentrating, hypervigilance, exaggerated startle
- > 1 month; causes distress/impairment

Children aged 0-2 exposed to traumatic stress may:

- Act withdrawn
- Demand attention through both positive and negative behaviors
- Demonstrate poor verbal skills
- Display excessive temper tantrums
- Exhibit aggressive behaviors
- Exhibit memory problems
- Exhibit regressive behaviors
- Experience nightmares or sleep difficulties
- Fear adults who remind them of the traumatic event
- Have a poor appetite, low weight and/or digestive problems
- Have poor sleep habits
- Scream or cry excessively
- Show irritability, sadness and anxiety
- Startle easily

NCTSN The National Child Traumatic Stress Network

Children aged 3-6 exposed to traumatic stress may:

- Act out in social situations
- Act withdrawn
- Demand attention through both positive and negative behaviors
- Display excessive temper
- Be anxious and fearful and avoidant
- Be unable to trust others or make friends
- Be verbally abusive
- Believe they are to blame for the traumatic experience
- Develop learning disabilities
- Exhibit aggressive behaviors
- Experience nightmares or sleep difficulties
- Experience stomachaches and headaches
- Fear adults who remind them of the traumatic event
- Fear being separated from parent/caregiver
- Have difficulties focusing or learning in school
- Have poor sleep habits
- Imitate the abusive/traumatic event
- Lack self-confidence
- Show irritability, sadness and anxiety
- Show poor skill development
- Startle easily
- Wet the bed or self after being toilet trained or exhibit other regressive behaviors

Trauma To-Do List

- Stay alive
- Try not to get hurt
- Get fed
- Try get someone's attention
- Get some love

Fight / Flight / Freeze / Fawn

- Brilliant! Adapted for self-protection and survival!
- Maladaptive in other situations.
- Traumatized children learn (lay down pathways in the brain) to survive—survival strategies become their automatic responses.

S/he just _____s for no reason.

Common concerns/ complaints

- She is parentified/immature for her age
- He is loud/withdrawn
- She is overly friendly/not affectionate
- He cries for no reason/seems not to care
- She can’t control her anger/goes along with anything
- He is oppositional/submissive
- She doesn’t get along with peers/is a follower
- He has problems with sleep/eating/toileting

Problematic Behavior

- May seem “out of the blue”
- May seem “over the top”
- May seem “out of proportion”
- May seem “illogical”

"Not realizing that children exposed to inescapable overwhelming stress may act out their pain, that they may misbehave, not listen to us, or seek our attention in all the wrong ways, can lead us to punish these children for their misbehavior."

Mark Katz (On Playing a Poor Hand Well)

Why don't people want me?
I'm not worthy of love.
SHAME
What's wrong with me?
I must not let anyone really see me!

Behavior Management

- Discipline/guidance may trigger shame
- What is the motivator for the undesired behavior?

Problematic Behaviors

- Does not follow directions
- Control-seeking
- Attention-seeking
- Hoarding
- Stealing
- Possessiveness
- Lying
- Sexualized behavior
- Separation-Anxiety
- Sleep

Healing

- Within the context of a consistent relationship with someone who understands the impact of trauma

- Empathetic, educated adults

Comorbidities

- Posttraumatic Stress Disorder
- Other Trauma Disorders
- ADHD
- Depression/anxiety
- Serious Psychiatric Illness
- Sensory Integration Deficits

Oppositional Defiant Disorder

WHY???

Complex Trauma: Information for Non-Mental Health Professionals

- Has the child experienced early and repeated exposure to overwhelming events in the context of a caregiver/family setting or in the community?
- Is the child having difficulty regulating or controlling behavior, sometimes appearing hyperactive, engaging in risky behaviors, or having difficulty with complying with rules? (There may be a diagnosis of ADHD treated with limited success).
- Is the child having difficulty with sustaining attention, concentration or learning?
- Is the child showing persistent difficulties in his/her relationships with others?
- Does the child have difficulty regulating bodily states and emotions, including problems with sleep, eating, sensory processing, and/or difficulties with regulating or identifying/expressing feelings?
- Does the child have multiple mental health diagnoses without anyone sufficient diagnosis explaining his/her problems?

https://www.nctsn.org/resources/assessment-complex-trauma-information-non-mental-health-professionals

Treatment

- Earlier is better
- Must change the brain
- Trusted team
- Persistent though shifting over the stages of development

Treatment

- Relational
- Day to day experiences
- Therapy
- Medication

Therapies

- Child-Parent Psychotherapy (CPP)
- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Attachment, Self-Regulation, and Competence (ARC)
- Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)

Medication

Correct diagnosis/correct medication

- Do not overuse OR underuse
- Do not overdose OR underdose

Protective Factors

- Early intervention
- Placement stability
- Relationships
- Cognitive capacity/insight
- Addressing comorbidities

Not repeating trauma

Trauma changes a person's…

…childhood

…adolescence

…adulthood

…brain

…body

…self

…….entire life….

What to do?

- Learn and understand complex trauma
- Intervene early
- Avoid retraumatization
- Placement stabilization
- Psychoeducation
- Treatment
- Prevention is the ultimate goal—next generation?

Lack of mental health treatment leads to myriad poor outcomes

NJPPC Hub Benefits

- A child and adolescent psychiatrist available for consultative support through the Child Psych. consult line
- A psychologist/social worker available to:
  - Assist the pediatrician with diagnostic clarification and medication consultation,
  - Speak with a referred child's family regarding the child's mental health concerns and to assist in providing diagnostic clarification.
- One-time evaluation by a child and adolescent psychiatrist (CAP) at no charge to the patient when appropriate.
  - Based on the recommendation of the CAP, the PPC Hub staff will work with the family to develop the treatment and care coordination plan.
- Continuous education opportunities in care management and treatment in the primary care office for the common child mental health issues: ADHD, depression, anxiety, etc.

NJPPC Hub Telepsychiatry Services

Implementation rolling out as an expansion of the NJPPC

- Three platforms to be utilized
  - Face to face
  - Telepsych from home
  - Telepsych from pediatric offices

- Notify your Regional Hub if interested

Thank you!

For more Information or to Register for the NJPPC

Visit:

https://njaap.org/mental-health/njppc/

Contact:

NJAAP

Mental Health Collaborative

609-842-0014

mhc@njaap.org