



Oh, The Places We Could Go!: Navigating Complex Cases in ECMH

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About Us



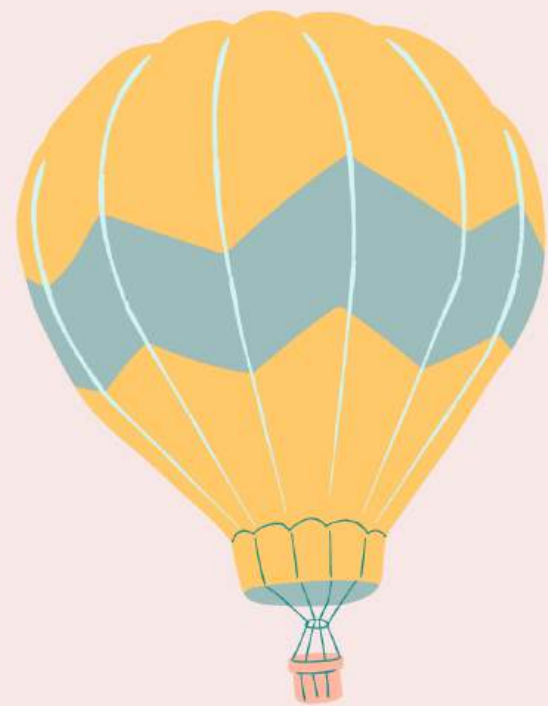
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Objectives

1. Define transdiagnostic symptoms
2. Explore approaches that can help with conceptualizing complex cases
3. Review and practice strategies for developing successful treatment plans for complex cases





Outline

1. Case Presentation
2. Transdiagnostic Symptoms
3. Assessment Questions
4. Conceptualizing Complex Cases
5. Differential Diagnoses
6. Putting the Pieces Together



“Victor”

Victor is a 3 year old African American boy, who was adopted by older resource parents at age 2. His resource parents are of European Ancestry.

His history:

- Exposed to methamphetamines and alcohol in-utero.
- Removed at 2 months old due to frontal head injury which occurred during a domestic violence incident. Severe neglect from 0-2 months. Was hospitalized for 2 months at removal.
- Medical complexity--requires growth shots weekly
- Moved to Polinsky Children's Center and then was in 2 separate resource homes, prior to moving with adopted family.
- Failed previous therapy trials (according to caregiver).

Current symptoms at referral:

- Emotional dysregulation—goes from “0 to 100” without low-level cues
- Aggression towards mother—scratching her, hitting her, choking her.
- Victor constantly has his hands on mother’s breasts and requires this to go to sleep. Only will sleep with her in his bed.
- Nightmares/night terrors
- Statements of wanting to die
- Impulsive—will run into the street
- Sensory seeking—tried to drink laundry detergent. Will mouth objects.
- Requires mother to carry him into appointments
- Separation anxiety from mother
- Echolalia and repeating movie songs/quotes
- Mother has called the police due to his behaviors at home

Strengths:

- Smart, articulate, loves to dance, sing, and does well at school (with high level structure).

Reflection



What would be your first thought at a diagnosis?
What else would you want to know?
What kind of therapy would you want to provide this
child/and or family?

≡ POLL



We all have such different ideas, and obviously this is not good when we are thinking about diagnoses for a young child.

So where do we go from here?!

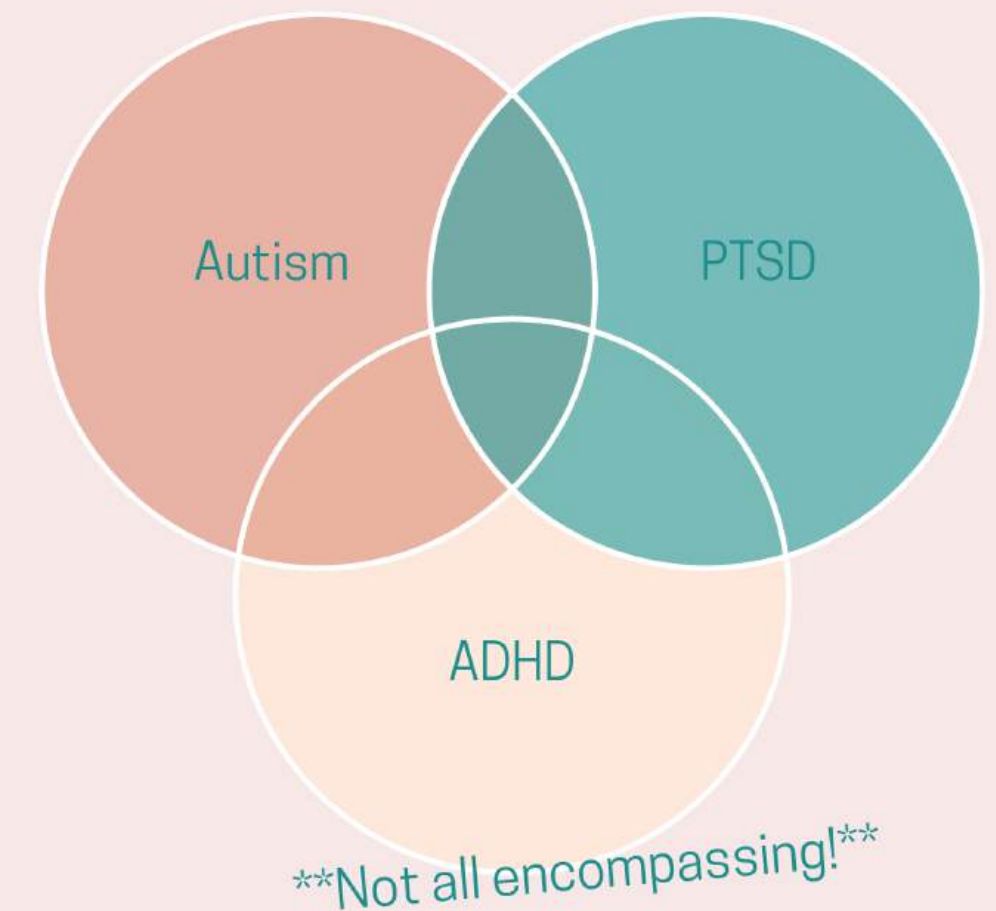


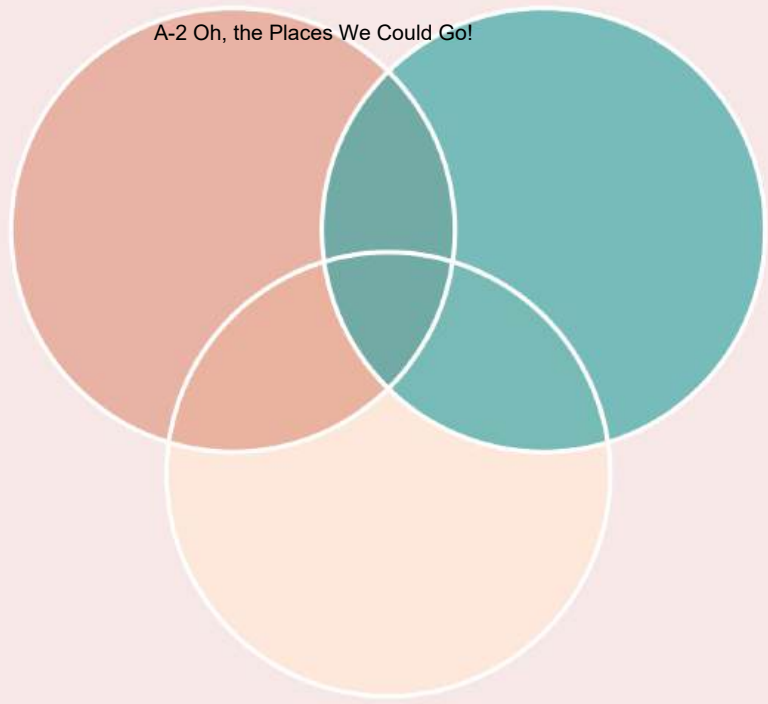
Transdiagnostic Symptoms

A symptom that can present across different diagnoses

- i.e.: Aggression, Inattention, Sleep difficulty, Impulsivity, Attachment concerns

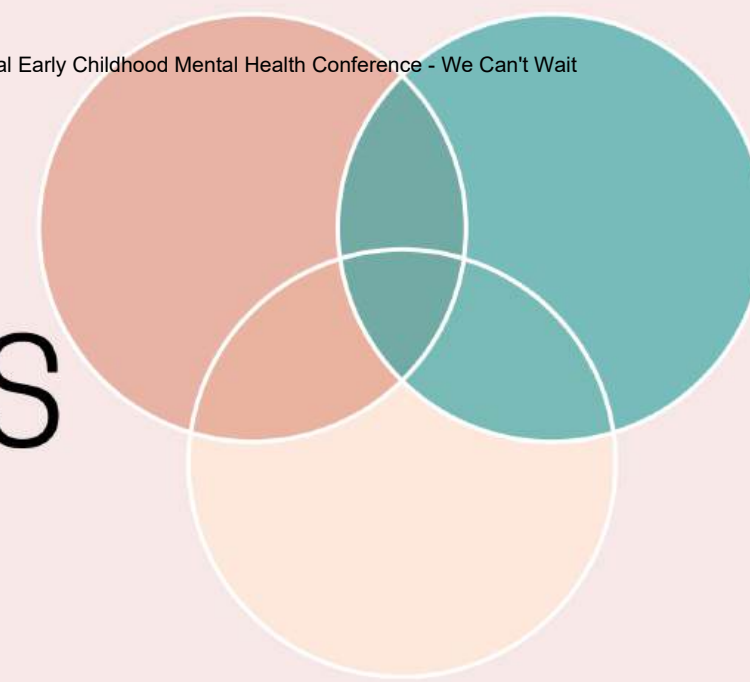
Need to have additional information and a method to organize the information in order to arrive at an accurate diagnosis and case formulation!





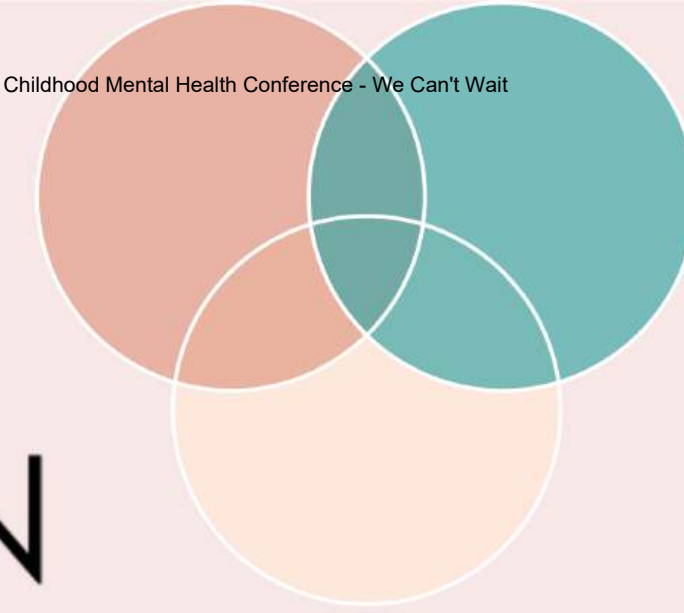
DISTINGUISHING HYPERACTIVITY/IMPULSIVITY

	Trauma	ADHD	Autism
How often does it occur?	intermittent	constant	intermittent
Under child's control?	no	mostly not	mostly not
Associated symptoms	mood or anxiety symptoms	mostly no, happens on its own	missing social cues
Antecedents/trigger?	reminder of trauma	unstructured time	sensory



DISTINGUISHING EMOTIONAL OUTBURSTS

	Trauma	ADHD	Autism
How often does it occur?	intermittent	intermittent	intermittent
Antecedents	reminders of trauma	nonpreferred activities	Feeling overstimulated, social pressure
What it represents	flashbacks/anxiety	impulsivity	Sensory overload, rigid pattern of thinking



DISTINGUISHING AGGRESSION

	Trauma	ADHD	Autism
How often does it occur?	intermittent	intermittent	intermittent
Antecedents	reminder of trauma	unstructured time	interrupted repetitive activity, change in routine
What it represents	modeling learned behavior, poor self-regulation	poor frustration tolerance, impulsivity	rigid pattern of thinking

Conducting a Thorough Assessment

- Clinical Interview to gather history
 - Open ended questions to obtain history in caregiver and child's words
 - Review of medical records and court records (if applicable)
 - Screening questions to complete a review of symptoms
 - Ask clarifying questions to better understand presenting concerns
- Assessment in *multiple* settings including school/daycare and home
- Use of assessment tools (Child Behavior Checklist, Pediatric Symptom Checklist, Trauma Symptom Checklist for Young Children)
- *Crucial* to ask about trauma and *observe* the caregiver-child dyad
- Caregiver mental health history*
- Referral for other assessments if still unsure or other identified concerns (i.e. developmental evaluation)



Screening Questions



Anxiety:

Things that s/he worries about or is afraid of? Trouble separating from you?

Mood:

Mood changes out of the blue? Mood symptoms underlying behavioral symptoms? Excessive sadness or anger?

Sleep Disturbance:

Trouble falling asleep or staying asleep? Nightmares?



More Screening Questions

Trauma:

Exposure to abuse or neglect or losses? Avoidance?
Hypervigilance? Play reenactment?

ADHD:

Constant hyperactivity, impulsivity, inattention?

Autism:

Restricted and uncommon interests? Social challenges?
Repetitive movements? Rigid patterns of thinking?

“Do not target for change what you do
not yet understand”

-A Child Parent Psychotherapy Guiding Principle

On Trauma...

With trauma, it can be difficult to know if the child has been “triggered” especially if the trauma was pre-verbal

Trauma is stored in sensory memories, aka: “The body keeps the score”
Bessel van der Kolk, 2014

Example:

- Victor’s play included repetitive themes of a doll being struck/hit on the head.



Go Slow to Go Fast...

Especially with complex cases!

Caregiver contributions are key,
especially in 0-5 years.

Caregiver stress
Caregiver perceptions/projections
Caregiver trauma
Grief/loss Issues

Some ways to assess:

- Was this a planned pregnancy? What was it like to find out you were expecting?
- What were your hopes when you fostered/began adoption process?
- Trauma History using LSC and Angels In the Nursery
- Mental Health Screeners-- CESD, TSI



...On Knowing What You're Not Supposed to Know

“Children not infrequently observe scenes that parents would prefer they did not observe; they form impressions that parents would prefer they did not form; and they have experiences that parents would like to believe they have not had. Evidence shows that many of these children, aware of how their parents feel, proceed then to conform to their parents’ wishes by excluding from further processing such information as they already have, and that, having done so, they cease consciously to be aware that they have ever observed such scenes, formed such impressions, or had such experiences. Here, I believe, is a source of cognitive disturbance as common as it is neglected.”
Bowlby, 1988, pp. 101-102



Victor's Caregivers

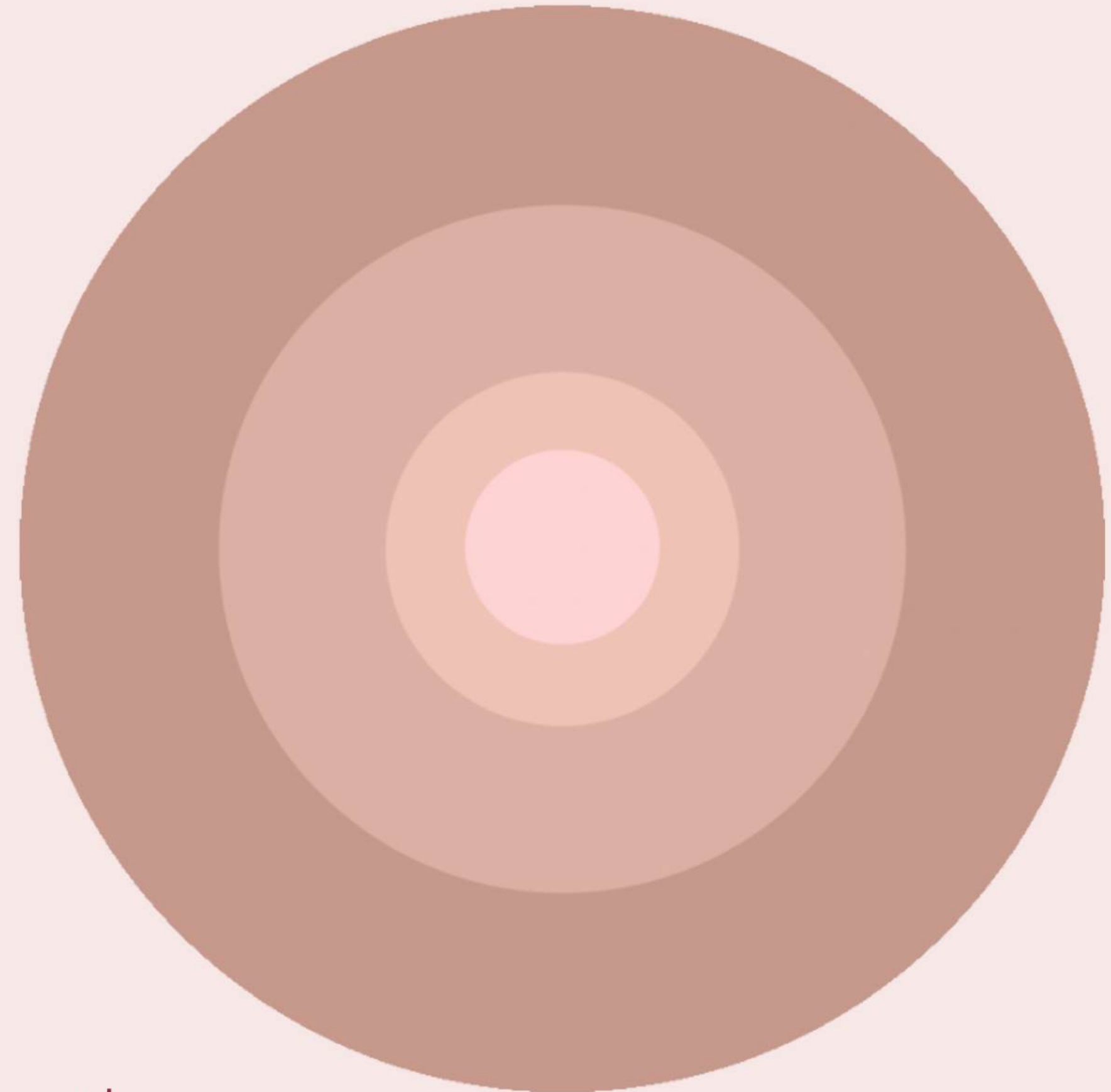
Caregiver History:

- Parents have 3 adult children and 1 grandchild
- Had not fostered/adopted previously
- Both mother and father have undergone cancer treatment this year
- Mother a survivor of physical abuse as a child, and domestic violence in prior relationships
- 2 years ago, their adult son died suddenly in a traumatic accident, which they witnessed
- Marital discord--Father did not want to foster or adopt

Caregiver statements regarding Victor:

- "He is violent"
- "I feel like a battered woman"
- "I am scared of him"
- Has made statements that she "wants to return him" and "can't do this anymore" in front of him.

How do you feel after hearing this information?
Where do you feel this in your body?
How would it feel to sit with this dyad?



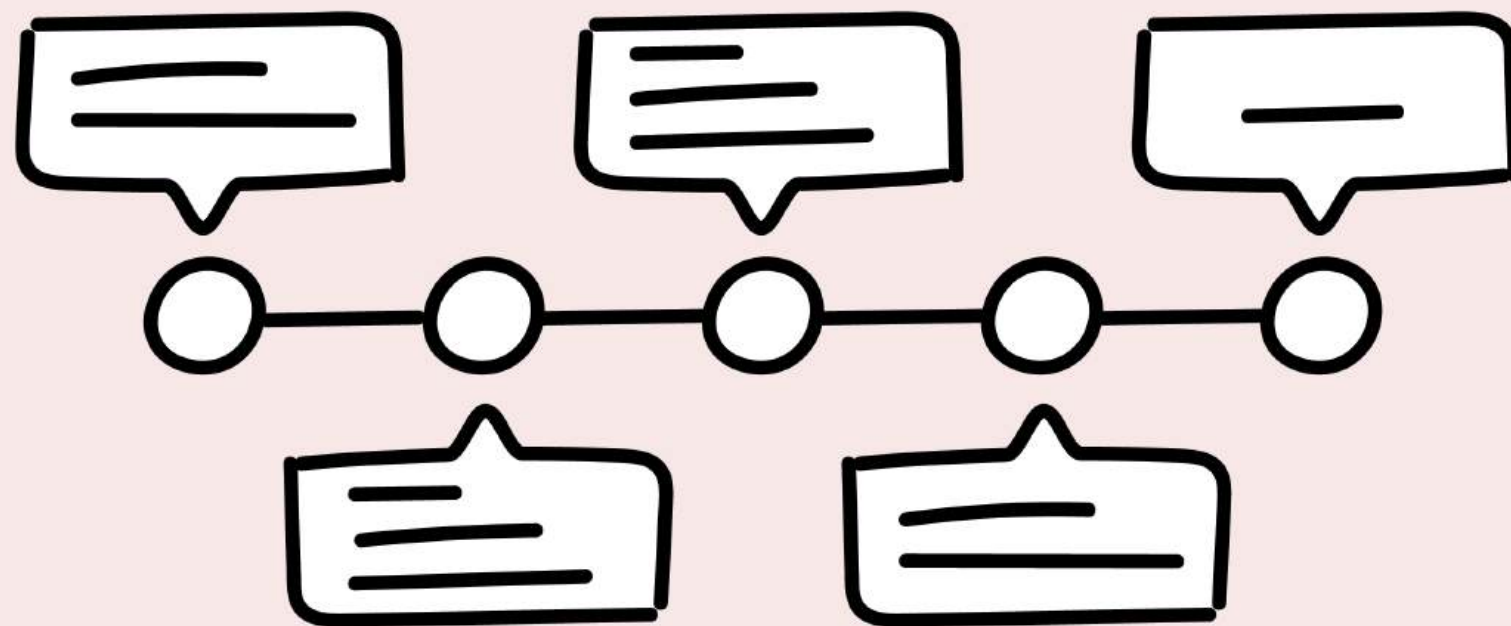
Let's pause...and breathe

Reflection



Given this extra information...
Now what are your thoughts on diagnosis?
On treatment?

Method to Organize Information



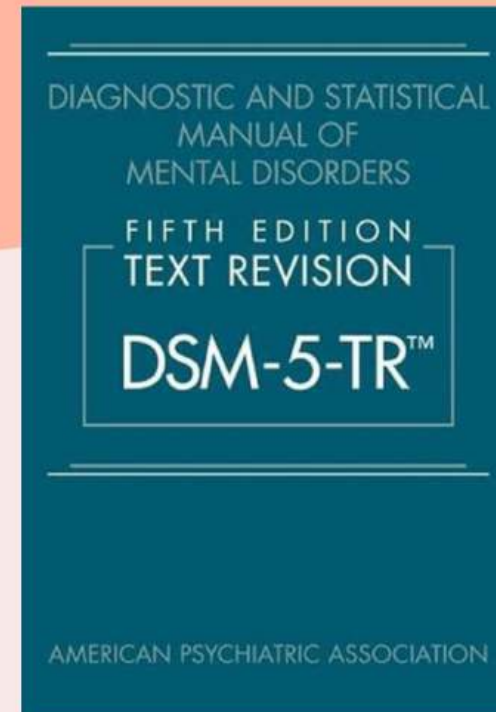
- Symptom characteristics over time
- Symptom clusters
- Use timelines or diagrams to organize the information
- Child's developmental level



Diagnosis

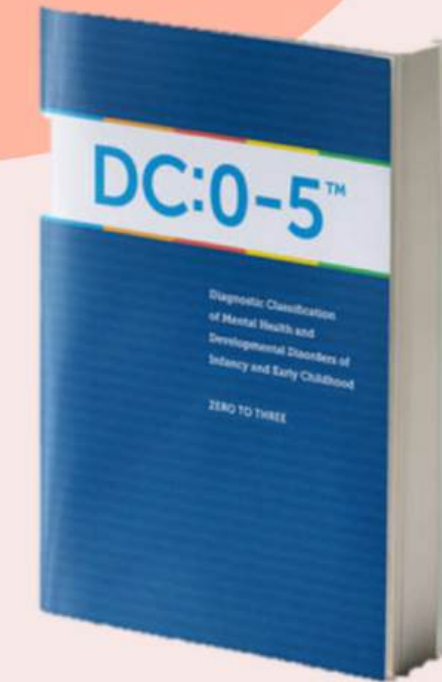
Diagnosis is complicated!

Often, not our “end goal”



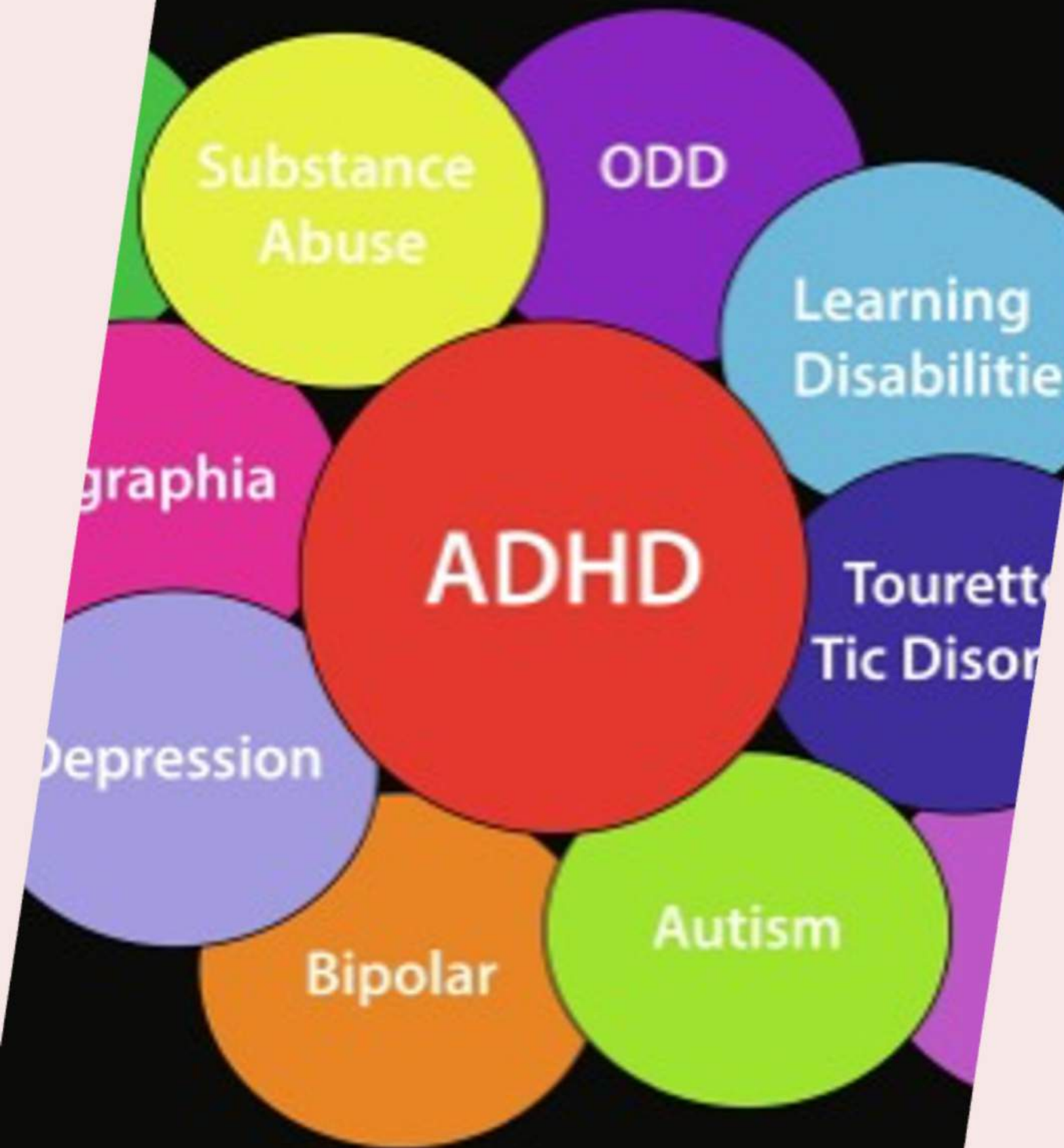
DSM/ICD

- Limitations
- Billing



DC 0-5:

- Age-appropriate symptoms
- Assessment of caregiver relationship
- Contribution of psychosocial stressors
- Factors in developmental domains
- Actual diagnosis may not reveal itself until child is older



Differential Diagnosis

See how the different clusters of symptoms relate to each other

- Which ones occur together?
- Which ones lead to others?
- Which ones seem to be independent of each other?

This process can help focus your diagnosis



Where do we begin? What would we be missing?

Targeting with Autism Therapies (i.e. ABA, DIR)

Missing caregiver trauma history and family systems role in behaviors

Question: Why is Victor able to do okay in school, but not at home?

Targeting with Developmental Services (OT, PT, Speech)

May miss the impact of early childhood trauma and abuse on his brain functioning and attachment.

Question: Why does Victor show elevated aggression just with mom and also have night terrors?

Targeting with Trauma Treatment (i.e. CPP, TF-CBT, EMDR)

May miss neurodevelopmental diagnoses and supports (Regional Center, IEP)

Question: Are some of Victor's large/intense meltdowns and eloping related to neurological challenges?

Targeting with Parenting Intervention (i.e. PCIT, PMT)

Missing effect of trauma and caregiver contributions

Question: What does the caregiver bring to the relationship, and why haven't other therapies helped?

Using a Transdisciplinary Approach

What if we can consult, refer, and have knowledge of all these areas?

How may we change the outcome of Victor's treatment?



Complex Cases
require us to use
all our lenses
and resources

Bringing a Transdisciplinary Team into the “Real World”

- Willingness to make a shift
- Shared framework of trust
- Sharing perspective of child/family
- Frequent and regular communication
- Documentation of teaming in the medical record
- Consensus





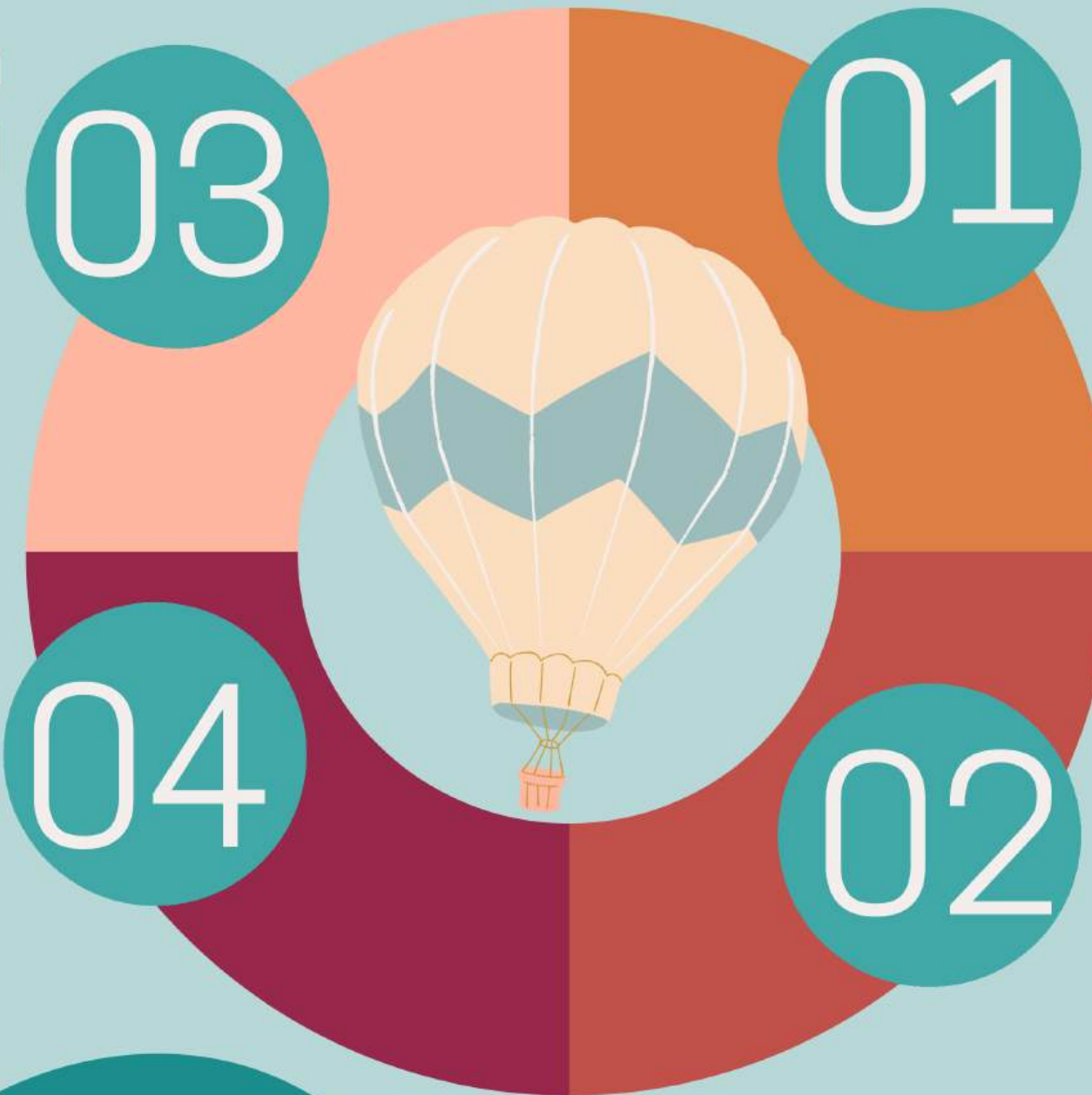
When to Consider Medication

- In most cases, as a late option, if there is minimal progress with other services
- When considering for disruptive behavior, address underlying cause
 - Developmental delay, anxiety, ADHD, etc.
- Certain cases, may consider medication earlier on
- Intensity of behavior makes it difficult to provide other services
- Severe aggression, self injury, emotional dysregulation, severe safety concerns



Victor

Where *did* we go?



01

Referral to Psychiatrist and Developmental Psychologist for full developmental evaluation

02

Caregiver support and mental health treatment. Medication management/therapy for caregiver's trauma history and unresolved grief.

03

Child-Parent Psychotherapy along with in-home supports and Occupational Therapy.

04

Supporting family in strengthening supports, including respite, connection to other adoptive families.

Maintaining medication and IEP in school.



Victor

Diagnoses:

- PTSD
- Autism + related Sensory Needs
- FAS
- Parent-Child Relational Problem



Takeaway



Regardless of where you work, in serving the needs of complex children and families, there is a need to:

- Consult
- Refer
- Reflect

Questions?



A-2 Oh, the Places We Could Go!

15th Annual Early Childhood Mental Health Conference - We Can't Wait

