Welcome to

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

When Trauma Reactions &
Neurodevelopmental Disorders Overlap

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? **Icebreaker Question** (answer in the chat)
Today is Make Up Your Own Holiday Day – What holiday would you create?

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Survey & Certificate of Completion
Available following the training.

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Hi, We're CalTrin!

Who we are
- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer
- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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UPCOMING TRAININGS
mark your calendars!

Visit caltrin.org to view and register for upcoming webinars or workshops

04/04 I Fostering Tribal-County Collaboration: The Cahto-Mendocino Experience

04/11 I Protective Factor: Concrete Support in Times of Need

04/25 I Navigating Unconscious Bias

05/07 I Direction, Alignment, Commitment

05/08 I Be Well>Do Well>Stay Awhile: A Practical Approach to Workplace Resiliency

05/15 I Strengths-Based Leadership

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Before We Begin...

DURING

Access the notetaking slides now! The link can be found in the chat.

Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

This presentation is being recorded.

AFTER

Complete the survey at the end of this workshop to receive your Certificate of Attendance.

A follow-up email will be sent to all participants within two days.

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When Trauma Reactions & Neurodevelopmental Disorders Overlap

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California Training Institute

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Agenda

Provide	overview of Autism Spectrum Disorders (ASD)
Provide	overview of Attention Deficit Hyperactivity Disorders (ADHD)
Provide	overview of Childhood Traumatic Stress/Posttraumatic Stress Disorder in Children (PTSD)
Talk about	treatment options available
Talk about	the overlap and distinctions
Go through	a case together
Talk about	positive progress and what you can do to support a child with complex needs

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What is your current role?

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What is Autism spectrum disorder (ASD)?

- Autism is a neurodevelopmental condition that includes differences in social communication and the presence of restricted and repetitive behaviors
- 1 in 44 children is on the autism spectrum
- Autism occurs in all racial and ethnic groups
- There is no one cause for autism. Research suggests that autism develops from a combination of genetic and environmental influences.

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Early Signs of Autism

- No big smiles or other warm, joyful expressions by six months
- No back-and-forth sharing of sounds, smiles, or other facial expressions by nine months
- No babbling by 12 months
- No back-and-forth gestures such as pointing, showing, reaching or waving by 12 months
- No words by 16 months
- No phrases by 24 months
- Any loss of speech, babbling, or social skills at any age

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What are Autism-focused services?

- Common early intervention therapies for young children with autism include speech/language therapy, occupational therapy, and Applied Behavioral Analysis (ABA Therapy)
  - Naturalistic, Developmental, Behavioral approaches to ABA focus are play-based and emphasize caregiver coaching & education
- Autistic children also often benefit from school supports & special education
- Some children with autism benefit from specialized medical care
- As children get older, they may benefit from mental health therapy. Some require significant support across the lifespan.

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Meet "Sandy" - Age 25 months
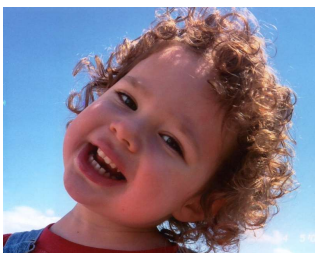
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Attention Deficit Hyperactivity Disorder (ADHD)

- A persistent pattern of **inattention** and/or **hyperactivity-impulsivity** that interferes with functioning or development:
- Several inattentive or hyperactive-impulsive symptoms present prior to age 12 years
- Several inattentive or hyperactive-impulsive symptoms present in two or more settings (e.g. at home, school or work; with friends or relatives; in other activities)
- Clear evidence that the symptoms interfere with life
- Symptoms are not better explained by another mental disorder or an event
- Different levels of severity

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Myths About ADHD

- ADHD isn't a "real" diagnosis
- All individuals with ADHD are hyperactive
- Individuals with ADHD cannot pay attention
- Individuals with ADHD are not smart
- Medication is the only treatment for ADHD

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What are ADHD-focused services?

- Sometimes medication (usually in school age children and not as a first step)
- Behavioral therapy
- Parent training to implement environmental controls
- School services (IEP/504 Plan)

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More About Sandy...

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What is Child Traumatic Stress?

- The physical and emotional responses to events that threaten the life or physical integrity of the child or of someone critically important to the child.

- Traumatic events overwhelm a child's capacity to cope and elicit feelings of terror, powerlessness, and out-of-control physiological arousal

- Type of trauma: acute, chronic, complex

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Multiple Dimensions of Trauma

•The trauma

•Child's temperament or personality characteristics

•Caregiver's ability to help child cope and provide sense of protection and safety

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Characteristics of Wellness

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Characteristics of Childhood Trauma

Returning to behaviors shown at earlier ages	Fear of being separated from parent/caregiver
Problems with toileting (bedwetting, soiling)	More clinging and dependent behaviors
Thumb sucking	More aggressive behaviors
Fear of the dark	More withdrawn behaviors showing little emotion
Loss of language skills and acquired language	More crying, whimpering, screaming, tantrums
Memory problems	
More immature behaviors	Difficulty falling asleep, night waking
Aimless motion, disorganized behaviors, and or/freezing	Less ability to tolerate frustration
Behavior changes	
Unable to comfort self	

•National Childhood Traumatic Stress Network (NCTSN).www.nctsn.org

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What is trauma-informed care and trauma-specific services?

- The Trauma Assessment Pathway (TAP) – a model developed at Rady Children's Chadwick Center to help develop a unique client picture and select an evidence-based treatment plan for a child with trauma
- Trauma work with young children involves the primary caregiver and may include looking at the caregiver's own histories of trauma and how it may impact the caregiver-child relationship
- Some common early intervention therapies for young children with trauma include Child Parent Psychotherapy (CPP), Trauma-Focused Cognitive Behavior Therapy (TF-CBT), Eye Movement Desensitization and Reprocessing (EMDR).
- A sensitive and respectful approach to alerting selected school personnel about a child's history is important so behaviors can be understood and not misinterpreted.

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Slide 22

Pediatric ACEs and Related Life Events Screener (PEARLS)

CHILD - To be completed by: **Caregiver**

At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

Please note, some questions have more than one part separated by "OR." If any part of the question is answered "Yes," then the answer to the entire question is "Yes."

PART 1:

1. Has your child ever lived with a parent/caregiver who went to jail/prison?
2. Do you think your child ever felt unsupported, unloved and/or unprotected?
3. Has your child ever lived with a parent/caregiver who had mental health issues? *(for example, depression, schizophrenia, bipolar disorder, PTSD, or an anxiety disorder)*
4. Has a parent/caregiver ever insulted, humiliated, or put down your child?
5. Has the child's biological parent or any caregiver ever had, or currently has a problem with too much alcohol, street drugs or prescription medications use?

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Slide 23

aces aware
SCREEN. TREAT. HEAL.

- Training
- Screening
- Protocols
- Payment
- Treatment

Abuse Physical, emotional, or sexual

Neglect Physical or emotional

HOUSEHOLD CHALLENGES Growing up in a household with Incarceration, mental illness, substance misuse or dependence, absence due to separation or divorce, or intimate partner violence

Physical
Emotional
Sexual

Physical
Emotional

Mental Illness
Intimate Partner Violence
Parental Separation or Divorce

Incarceration
Substance Misuse or Dependence

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Slide 24

Sandy: Her History

Family History & Functioning

- Was recently removed from her mother and placed in an emergency shelter and then resource home
- Children were exposed to parental domestic violence
- Parents separated when she was 2 months old
- Father is incarcerated
- Both parents have a history of substance abuse
- Older and younger brothers with developmental delays and behavioral problems. Autism suspected.
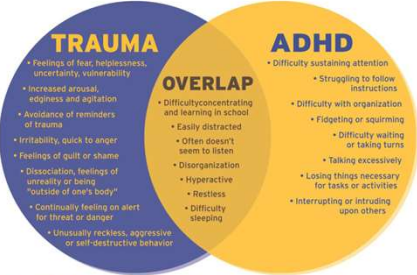- Mother reported she was diagnosed with ADHD as an adult

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Slide 25

Sandy – The Whole Story!

- Has no words
- Does not respond to her name
- Poor eye contact and no social smile
- No interest in interaction with others

- She is very active – runs around as if "driven by a motor"
- Sensory seeking
- Moves quickly from one toy to another
- Picks things up and throw them around – no purposeful play with toys
- Screams with transitions

- Was recently removed from her mother and placed in an emergency shelter and then resource home
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- Father is incarcerated
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- Older and younger brothers with developmental delays and behavioral problems. Autism suspected.
- Mother reported she was diagnosed with ADHD as an adult

Let's Break-Out!

- How would you help Sandy in your role?
- How did learning new information about Sandy change your work with her?
- What would you prioritize in your work with the family?
- Are there things you are already doing that work well with families like Sandy's? Where can you improve?

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Slide 26

When ADHD and Trauma Overlap

TRAUMA
- Feelings of fear, helplessness, uncertainty, vulnerability
- Increased arousal, edginess and agitation
- Avoidance of reminders of trauma
- Irritability, quick to anger
- Feelings of guilt or shame
- Dissociation, feelings of unreality or being "outside of one's body"
- Continually feeling on alert for threat or danger
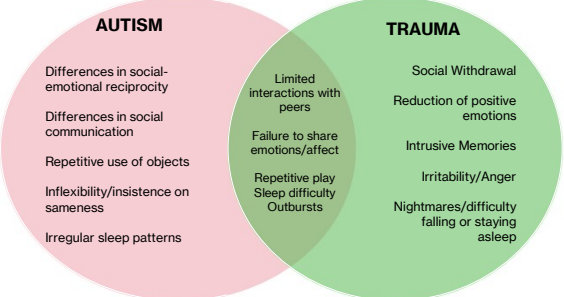- Unusually reckless, aggressive or self-destructive behavior

OVERLAP
- Difficulty concentrating and learning in school
- Easily distracted
- Often doesn't seem to listen
- Disorganization
- Hyperactive
- Restless
- Difficulty sleeping

ADHD
- Difficulty sustaining attention
- Struggling to follow instructions
- Difficulty with organization
- Fidgeting or squirming
- Difficulty waiting or taking turns
- Talking excessively
- Losing things necessary for tasks or activities
- Interrupting or intruding upon others

Ref: The National Child Traumatic Stress Network, 2016

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Slide 27

When Autism and Trauma Overlap

AUTISM

Differences in social-emotional reciprocity

Differences in social communication

Repetitive use of objects

Inflexibility/insistence on sameness

Irregular sleep patterns

Limited interactions with peers

Failure to share emotions/affect

Repetitive play
Sleep difficulty
Outbursts

TRAUMA

Social Withdrawal

Reduction of positive emotions

Intrusive Memories

Irritability/Anger

Nightmares/difficulty falling or staying asleep

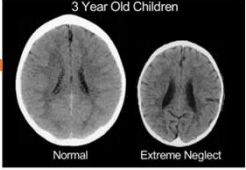Adapted from Kuhl-Meltzoff Stavropoulos, et al 2018

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3 Year Old Children

Normal   Extreme Neglect

Kansas Health Foundation 2005 Leadership Institute. • PROPER ATTRIBUTION OF THIS WORK: "From studies by Bruce D. Perry, M.D., Ph.D. at the Child Trauma Academy (www.ChildTrauma.org).

Journal of Child and Adolescent Psychiatry. 1999 May;40(4):537-49

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What to do for Sandy?

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Strengthening Families
Protective Factors Framework

parental resilience

understanding child development

5 PROTECTIVE factors

social-emotional competence of children

concrete support

social support

*Source: https://familynurturingcenter.org/5-protective-factors/

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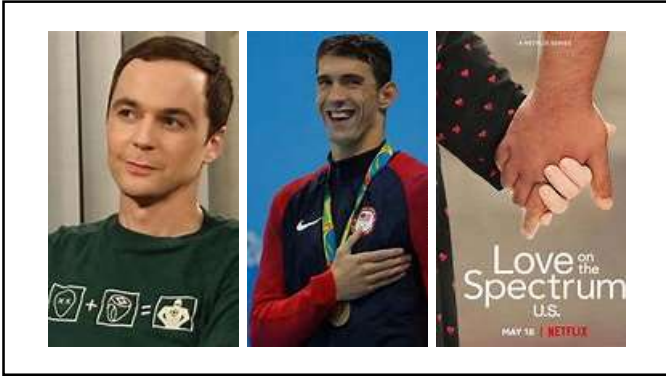
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Positive improvements in society

- Neurodiversity movement
- Language we use
- Destigmatizing trauma

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Questions?

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Thanks for joining us!
WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*

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