

Welcome to

When Trauma Reactions &
Neurodevelopmental Disorders Overlap

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...



Icebreaker Question (answer in the chat)

Today is Make Up Your Own Holiday Day – What holiday would you create?



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.

UPCOMING TRAININGS

mark your calendars!

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



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



04/25 | Navigating Unconscious Bias



05/07 | Direction, Alignment, Commitment



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



05/15 | Strengths-Based Leadership

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.



When Trauma Reactions & Neurodevelopmental Disorders Overlap

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Speaker SPOTLIGHT



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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

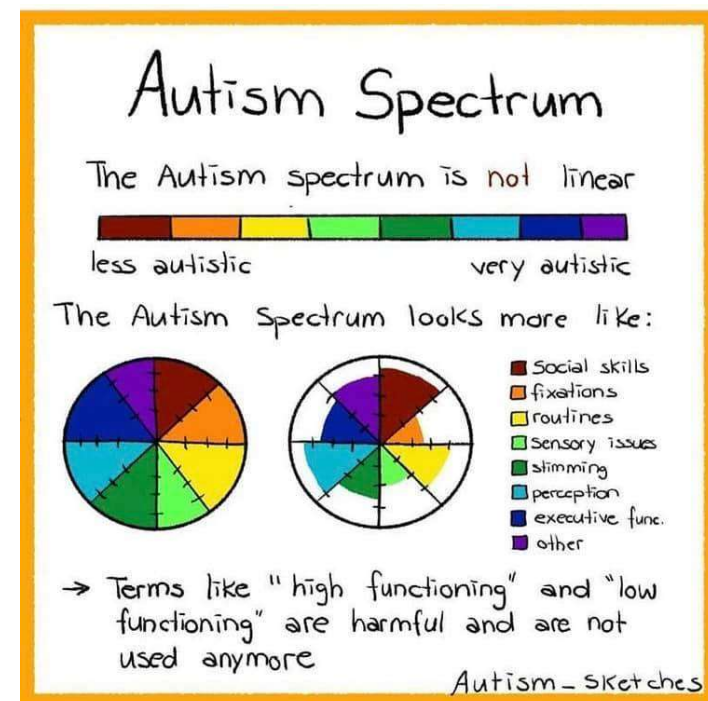




**What is your
current role?**

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.



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



What are Autism-focused services?

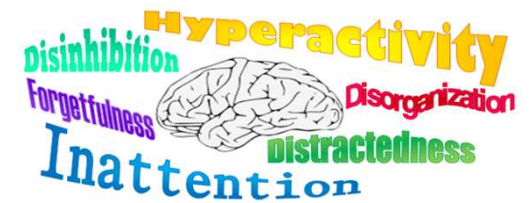
- Common early intervention therapies for young children with autism include speech/language therapy, occupational therapy, and Applied Behavioral Analysis (ABA Therapy)
 - Naturalistic, Developmental, Behavioral approaches to ABA focus are play-based and emphasize caregiver coaching & education
- Autistic 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.



Meet “Sandy” - Age 25 months



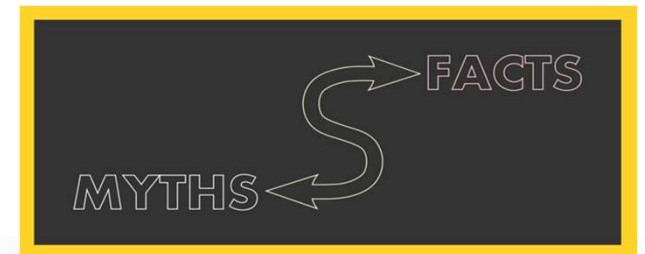
Attention Deficit Hyperactivity Disorder (ADHD)



- 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

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



What are ADHD-focused services?

Sometimes medication (usually in school age children and not as a first step)

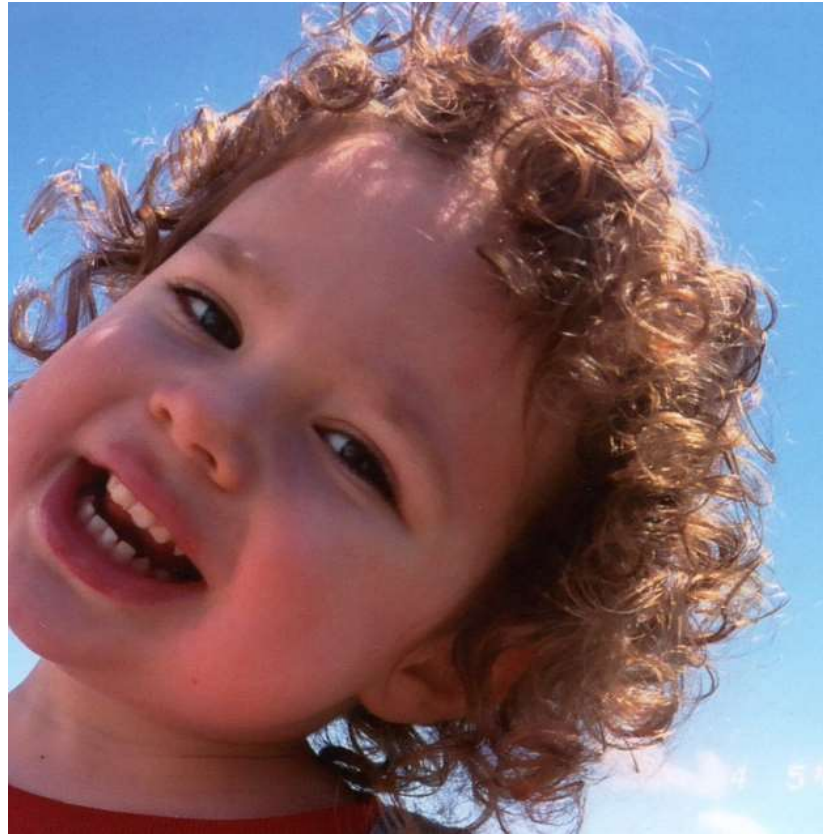
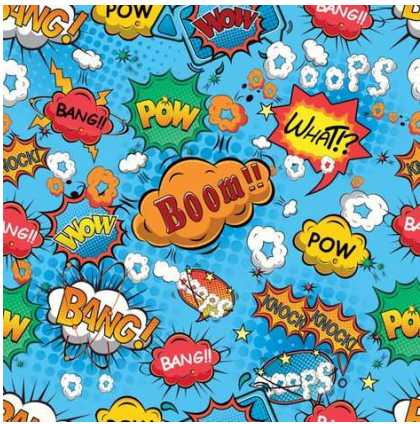
Behavioral therapy

Parent training to implement environmental controls

School services (IEP/504 Plan)



More About Sandy...



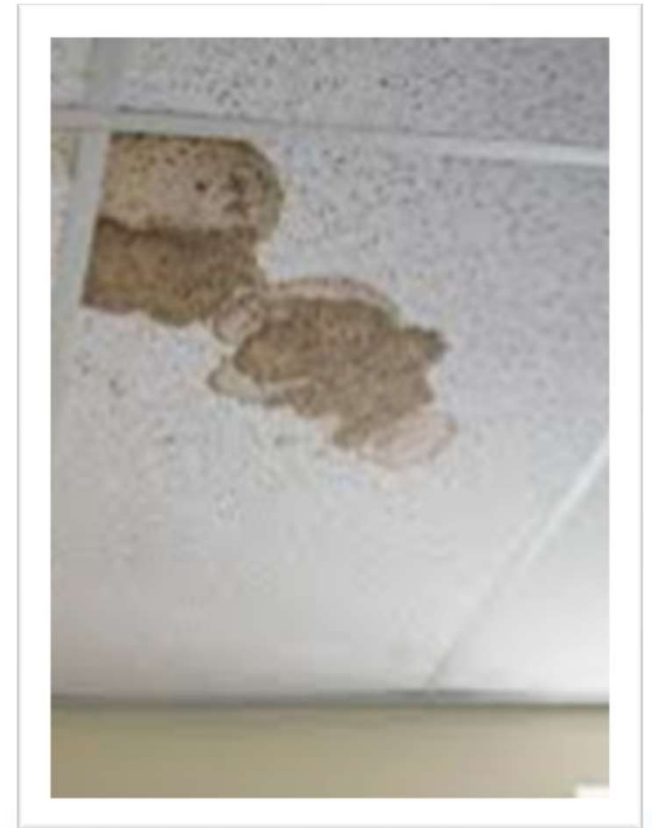


What is Child Traumatic Stress?

- 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

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



Characteristics of Wellness



Characteristics of Childhood Trauma

Returning to behaviors shown at earlier ages

Problems with toileting (bedwetting, soiling)

Thumb sucking

Fear of the dark

Loss of language skills and acquired language

Memory problems

More immature behaviors

Aimless motion, disorganized behaviors, and or/freezing

Behavior changes

Unable to comfort self

Fear of being separated from parent/caregiver

More clinging and dependent behaviors

More aggressive behaviors

More withdrawn behaviors showing little emotion

More crying, whimpering, screaming, tantrums

Difficulty falling asleep, night waking

Less ability to tolerate frustration

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

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.



Pediatric ACEs and Related Life Events Screener (PEARLS)

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

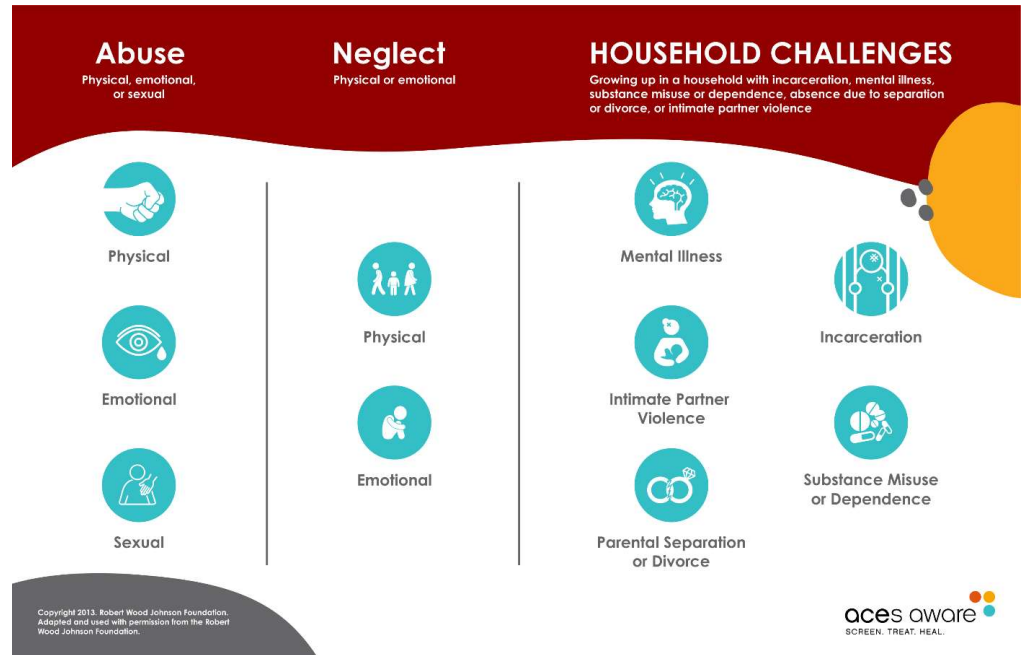
At any point in time since your child was born, has your child seen or been present when the following experiences happened? Please include past and present experiences.

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?

- Training
- Screening
- Protocols
- Payment
- Treatment





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

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

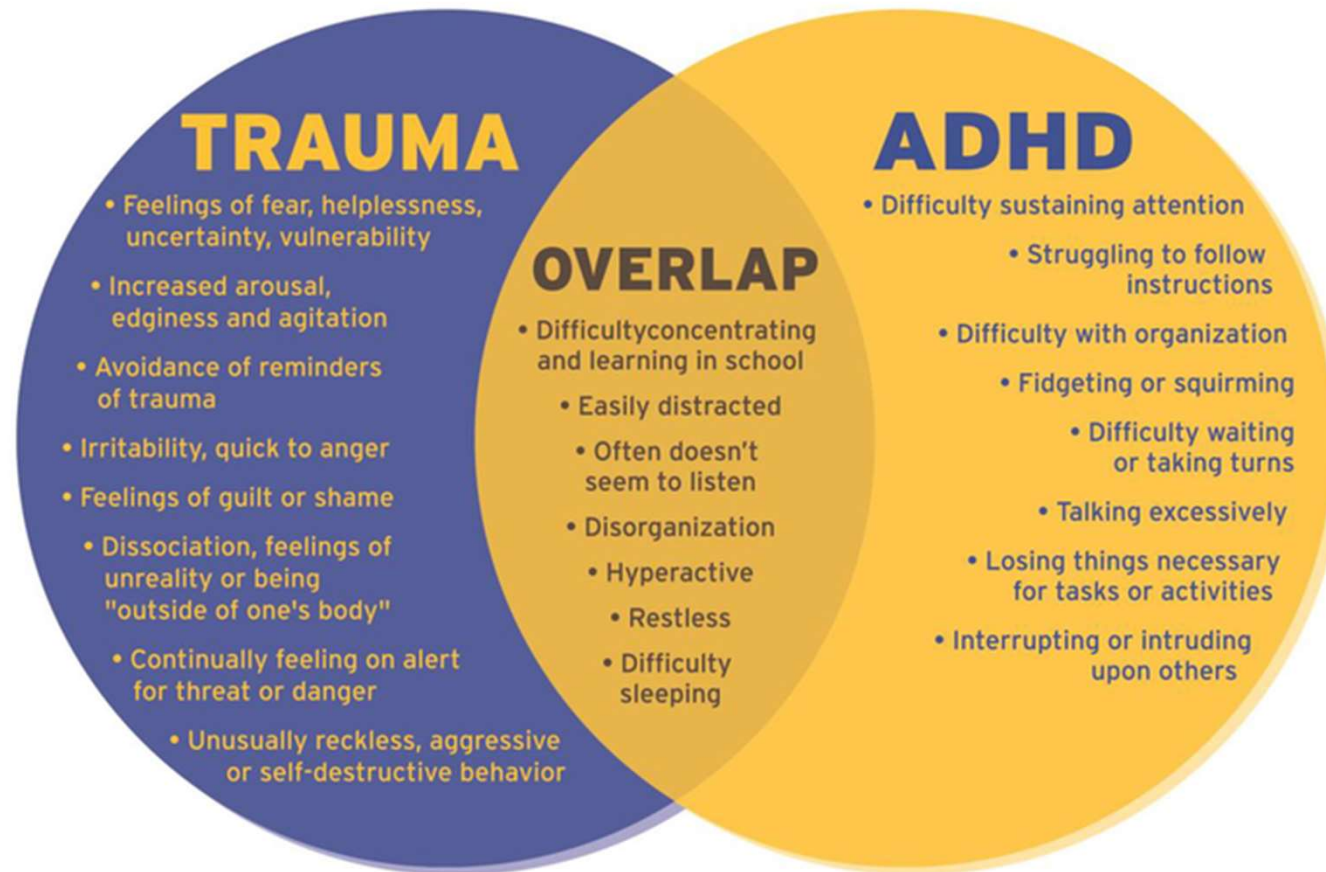
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Let's Break-Out!



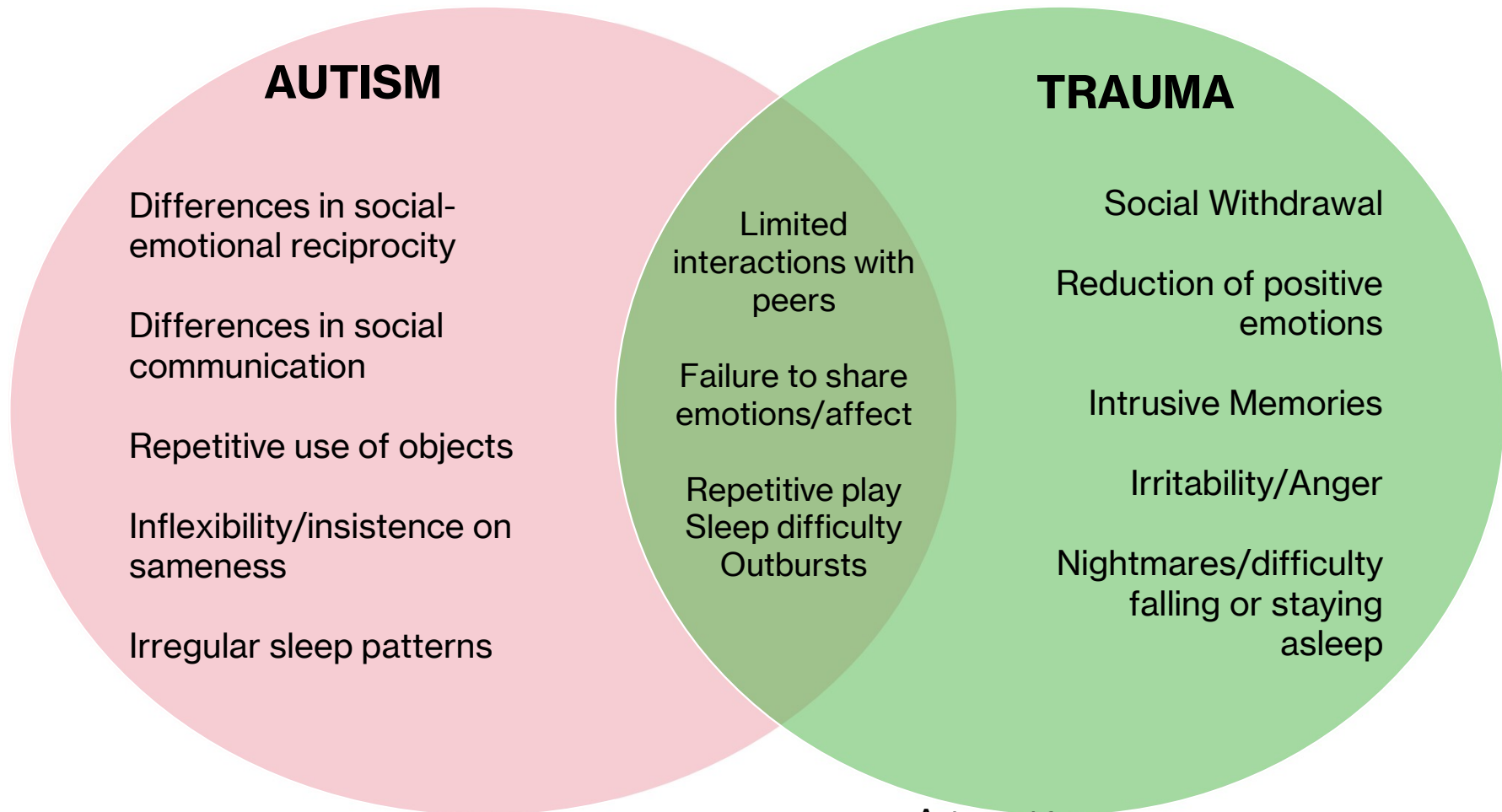
- **How would you help Sandy in your role?**
- **How did learning new information about Sandy change your work with her?**
- **What would you prioritize in your work with the family?**
- **Are there things you are already doing that work well with families like Sandy's? Where can you improve?**

When ADHD and Trauma Overlap

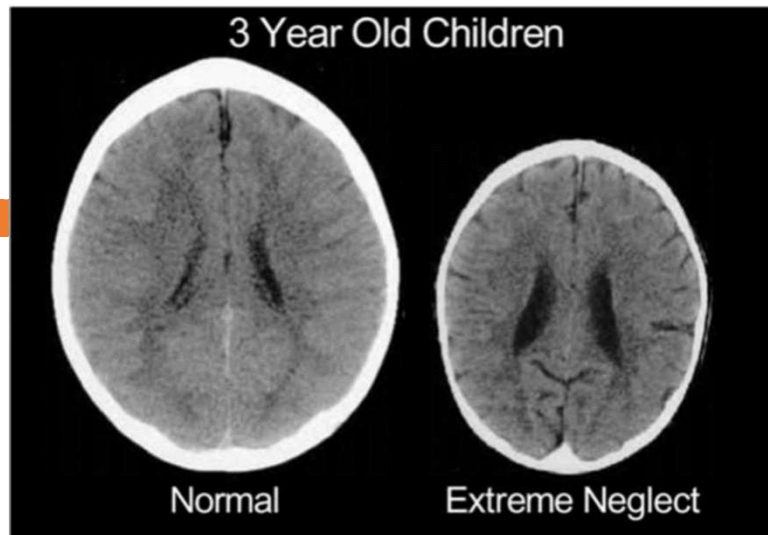


Ref: The National Child Traumatic Stress Network, 2016

When Autism and Trauma Overlap



Adapted from Kuhl-Meltzoff Stavropoulos, et al 2018



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

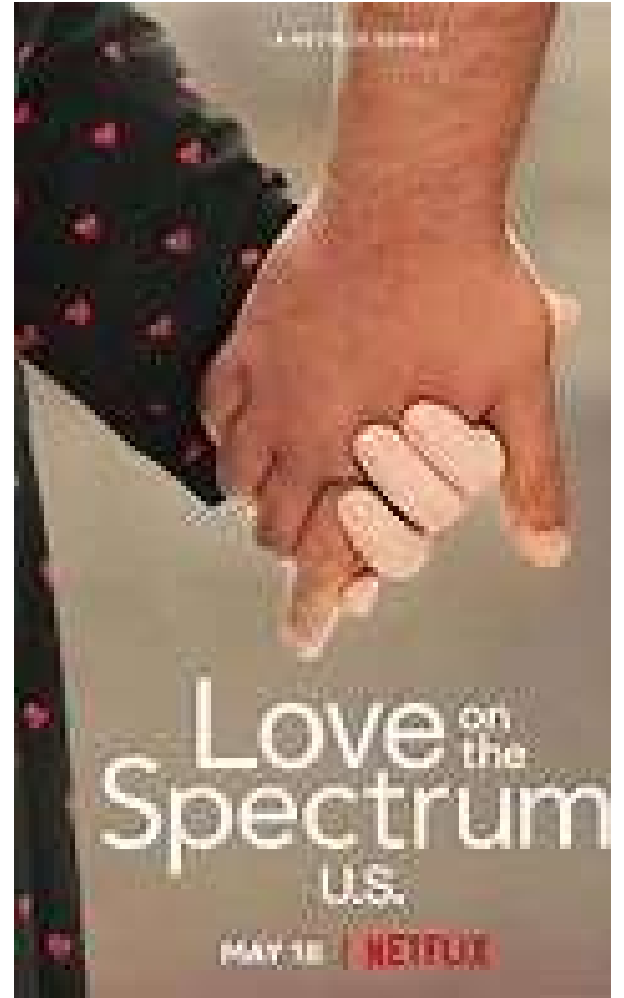
What to do for Sandy?



Strengthening Families Protective Factors Framework



•SourceL <https://familynurturingcenter.org/5-protective-factors/>



Positive improvements in society

- Neurodiversity movement
- Language we use
- Destigmatizing trauma



Questions?



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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