Drug Endangered Children: Mental Health Treatment Considerations

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DEC: Why Mental Health Treatment Considerations?

“The solution of adult problems tomorrow depends in large measure upon the way our children grow up today”.

Margaret Mead
What is Mental Health?

"a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community”

- World Health Organization
85% of States report substance abuse as one of the major problems in homes with suspected maltreatment of children.

Childwelfare.gov
DEC: Why Intervention? Long-term Outcome

- Intervention is crucial in light of recent research findings demonstrating high numbers of adverse events experienced by DEC

- Most importantly is the need for interventions to make a change in these potentially negative trajectories
  - Randall, Powell, Holtz (article in progress 2011)

- Cycles: The risk for substance use and abuse are significant for Drug Endangered Children
Early Assessment & Intervention can be a prophylactic – helping to prevent a prolonged acute, neurophysiological, neuroendocrine, and neuropsychological trauma response

Bruce Perry
Mental Health & Ecology

- All human development proceeds within a relational context – in synergy with the ecology

- Mental Health develops in synergy with neurodevelopment and ecology
  - 1st & PRIMARY Ecology: Fetal/Neurodevelopment
    - Caregiver/Child Dyad
    - Caregiving Environment
      - Home environment
    - Education Environment
      - SES
    - Parental Education
      - Parenting Styles
    - Etc…
There are various adaptive mental and physical responses to trauma, including physiological hyperarousal and dissociation. If they continue in healthy environments they become maladaptive.

- Adapted from B. Perry
The Child, Their Ecology & Mental Health: Templates

- Patterns of experience matter - memory.
- The more a system or ‘connection’ in the brain is activated, the more that system will build – or maintain – synaptic connections.
- Patterned repetitive activity creates a template – these templates can become so deeply engrained that our brain essentially habituates to them…
  - Example of Sally, men and sex

Adapted from Perry & Szalavitz
  - The Boy Who was raised as a Dog
Procedural memories laid down in infancy and early childhood are significant through life.

They direct and influence the behaviors, cognitions, and emotions of the adult.

This is most specifically seen in how these early experiences of procedural memory form the structure of interpersonal attachments and relationships.

  - Psychotherapy: Research, Theory & Practice Training
DEC: RISKS

Mental Health Considerations

- Physical
- Behavioral
- Emotional
- Neuropsychological
- Educational
- Meaning Making/Values
Keys to Appropriate Interventions

- Identifying and intervening – Internal Resources….

- Important to have accurate information regarding **medical status** – this impacts mental health interventions/strategies
  - Sensory Loss – Hearing, Vision etc
    - Behavioral impact
  - Allergies
    - Irritability, Aggression
  - Sleep Disturbances
    - Irritability, ADHD
  - Seizures
    - Irritability, lack of progress
Keys to Appropriate Interventions

- Identifying and intervening – Internal Resources….

- Important to have accurate information regarding **neuropsychological status** – this impacts mental health interventions/strategies
  - Cognitive Deficits – adjust level of intervention appropriate to developmental age
  - Language Disorder – adjust interventions that rely on ‘use your words’
  - Sensory Integration Deficits – implement sensory needs (vestibular, deep pressure etc) into interventions
Keys to Appropriate Interventions

- Identifying and intervening – Internal Resources….
- Low Threshold for Stimulation/Frustration
DEC: Core Intervention Goal
Ecology, Synergy & Mental Health

INTERVENTION

- You are developing new “TEMPLATES” by repetitive introductions to new patterns
- Changing trajectory to positive mental health and well being
Adults interpret the actions, words and expressions of children through the distorting filter of their own beliefs.

Important to replace this with the child’s ECOLOGY
DEC: Intervention Considerations
Re-Triggered Templates

- Time for new procedural memories
  - Watch timing and type of intervention
    - i.e. abandonment/neglect – do not remove caregiver

- Stimuli/Events which trigger
  - Certain objects or toys etc
  - Amount of stimuli in the room

- Touchpoints
  - Stress – cortisol
    - Have learned new templates in ‘calm’ need to also lay down new templates in stress...
Dr Kiti’s Model
9 C’s for Intervention

- **CHILD CENTERED**
- **Caregiver Based** – Vital to include the caregiver(s)
- **Congruent** – based on ecology of individual
- **Consistent** – Child needs predictability for safety - patterns
- **Comprehensive** - Transdisciplinary assessment & involvement
- **Collaborative** - Use of co-treatments
- **Cooperative** – Engage the larger community ‘team’
- **Centralized** - Services provided for client access
- **Community** - Home and clinic based
The child’s deep need for connectedness (other people & meaning/spirituality) is essential to the child’s health and development.

- Attachment – biologically primed, increasingly discernable in the basic structure of the brain.

Key Treatment Considerations

Connectedness - Attachment

- Provide them the skills and the ‘language’
- Engage the Caregiver
- Teach delivery and reading of ‘cues’ to both caregiver and child
- Work with the caregiver you have
- Never ‘too attached’
- If child can learn foundations can transfer but this will be a ‘touchpoint’
- (be careful not to fragment their lives by system created touchpoints…)
Key Treatment Considerations

- Appropriate level of intervention & stimulation
  - Be at the child’s level
    - Gaps in development…
  - Simplify goals so it is possible for child to have successes

- Pharmacological interventions
  - When are they appropriate?
Key Treatment Considerations

- **Time In – Skills**
  - Do not learn incidentally - MODEL!
  - Need more time with you not less

- **Time Out**
  - Not used as intended – decrease of stimuli
  - Relational skill sets not taught in Time – Out
  - Particularly not a good strategy in cases of neglect and abandonment or children who need pressure/touch to calm down....
Key Treatment Considerations

- **Daily Routine - Trust**
  - Decrease hypervigilance
  - Develop positive patterns (neurodevelopment)

- **Monitor Stimulation - Regulation**
  - Examine day for time periods of over-stimulation

- **Stability - Security**
  - Home
  - School
Broad Goals of Treatment

- Know your clients ecology (relationship to their environment from a neurodevelopmental and psychological perspective)
- Increase protective factors and decrease risk factors
- Involve as many resources as possible
- Do not ignore addiction and family recovery when working with biological family
- Be consistent
TREATMENT CONSIDERATIONS

CORE of Intervention

- Safety, Structure, Predictability & Nurturance are key elements in successful intervention

- Primary source for these key elements – Caregiver (thus critical to train and intervene with caretakers)
  - Whomever the caregiver is
    - Adapted from work by Bruce Perry
Environment – an improved social environment has changed the heritable vulnerability into a positive behavioral asset

- The brain/environment relationship is ONGOING
- A reason for optimism!
- Trajectories can be altered…

Hardwired to Connect
The Impact of Trauma Is Not Always Easily Apparent - NOW
Complexity of Ecology & Synergy – Development

Growing into your disability – the ‘sleeper’ effect
Living & Effective Intervention

Evidenced Based Practice

Practice Based Evidence
San Bernardino County SART

- **Screening** – Identifies who is at risk
  - ASQ ASQ/SE
  - Sensory Profile
  - Parent Stress Index
  - ACE
  - Attachment Measure
    - NCAST
    - DPICS (Parent Child Interaction Therapy ®)
    - Marshak Interaction Method (Theraplay ®)

- **Assessment** – Determines what is needed
  - Variety of Assessments as determined by Transdisciplinary Team
SART, cont.

- **Referral** – Connects child/family to resources
  - Refer to Community Organizations (schools, private and public)

- **Treatment** – Fosters development and growth for child/family
  - Individual Counseling
  - Parent Education/Training
  - Parent Child Interaction Therapy®
  - Theraplay®
  - Dyadic Treatment
  - Attachment/Attunement Treatment
Children’s SART

Repeat ASQ  Borderline

Screen at intake for direct parent call-ins

Intake 1-800

Pos

Social/emotional
Developmental only

Assessed by Regional Center

Monitor

Regional Center
Children's Center
Community Treatment
Transdisciplinary Team Approach

Developing the Diagnosis

- Child, Caregiver, Nurse
- OT/PT
- Social Worker
- Speech & Language
- Disability Services
- Neuro-Developmental Psychologist
- MD
- Clinician
- Education
Referrals for Caregiver and Child

- Developmental Disabilities Centers
- Speech and Language
- Occupational Therapy
- Neurodevelopmental
- Medical Evaluation/Neurological
- Medication Management
- Educational Evaluation
- Hearing
- Vision
- Dental
Treatment Considerations

- Dyadic Therapy
- Sensory Based Therapy
- Attachment/Attunement Therapy
- Group Therapy (Theraplay ®)
  - Nurturance
  - Engagement
  - Structure
  - Challenge
Treatment, cont.

- Trauma intervention
- Model and Teach
- Referrals
Dyadic Therapy

- Therapy focuses on the relationship between the caregiver and the child.
  - Provide structure to the therapy
  - Teach/model for parent/caregiver appropriate responses and interactions
  - Practice
  - Praise
  - Repeat
Dyadic Therapy, cont.

- Relationship Enhancement
  - Child Directed Interaction
  - How to Respond to Your Child’s Skills
    - Teaches parents skills that will change negative interaction style with their child.
    - Constructive skills are taught to replace negative interaction patterns.
    - Integrating more positive, warm and loving interactions.
Dyadic Therapy, cont.

- Behavior Management component
  - Parent Directed Interaction
  - Direct Skills
    - Establishes child compliance
    - Assists parents in developing skills to manage/redirect child’s disruptive behaviors
Dyadic Therapy, cont.

- Emphasis is on restructuring parent-child patterns.

- Use of homework to assist with empowering parent as change agent and enhances generalization of skills.

- It is fun and teaches parents to play and have fun with their children.
Dyadic Therapy, cont.

* Decreases child behavior problems
* Improves parenting skills
* Enhances the quality of the relationship between parent and child
* Decrease abuse potential
* Decrease mental health problems
Dyadic Therapy…How It Works…..

Information  →  Skill Acquisition  →  Practice  →  Mastery  →  Generalization
Sensory Based Therapy

THEORY AND MODEL DESCRIPTION

Structure
- Relieve the child of burden to maintain control of situation
- Adult sets limits, defines boundaries, maintains safety, and controls activities

Engagement
- Establish and maintain relationship with child
- Encourages spontaneity, new experiences, and fun
Sensory Based Therapy, cont.

- **Nurture**
  - Reinforce child’s self-worth
  - Adults provide loving care without child having to ask

- **Challenge**
  - Child feels competent and confident
  - Child encouraged to take risks
  - Child experiences successful completion of activity
Sensory Based Interventions

- **Structure:**
  - Eye Signals
  - Bean Bag game
  - Peanut Butter and Jelly

- **Engagement:**
  - Beep and Honk
  - Peak a Boo
  - Row Your Boat

- **Nurture:**
  - Feeding
  - Lotion
  - Twinkle song

- **Challenge:**
  - Feather blow
  - Newspaper punch
  - Thumb wrestling
Attachment/Attunement Therapy

- Focus on the relationship
- Teach parent/caregiver how to attune to the child and their needs
- Structure
- Nurture
- Engagement
- Challenge
Group Therapy

- Same principles with multiple children and families
Trauma Informed Intervention

- Immediate intervention
- Provide safety
- Individual treatment with caregiver/parent
- Individual treatment with child
- Practice clear, honest, direct communication
- Dyadic treatment
- Transdisciplinary treatment
Model and Teach

- Constantly
- Consistently
- Kindly
- Safely
AT RISK BUT NOT DOOMED

This is not a lost generation!
http://dmselpa.sbcss.k12.ca.us

website

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