

What Can We Do?
**Hope for Young Children with Developmental
Psychopathology and Trauma**

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Introduction

- I know we are trying not to use “official titles” at the conference, but you need to know the biases I carry
 - I went to medical school
 - I have worked in County government for years
 - I have worked in many settings (from Most Restrictive to Least)
 - I am a Child and Adolescent Psychiatrist
 - (I am getting to be kind of old)

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Today’s Topic

- You have heard other speakers talk about the consequences of being exposed to traumatic experiences
 - You have also heard presentations about children who are born with developmental risks
- My job is to talk about how we can help the children and families once the problems are identified

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Early brain development

- It is important to understand the rapid and tremendous amount of development that happens in the womb and the first 6 years of life
 - I am frequently bothered that children who are having problems are not noticed, are mis-understood, or are mis-treated for years without much success
- By the time I am called in to do an evaluation, there are multiple areas of problems and many years of suffering

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Developmental Risks at different stages of life

- In utero
- In the first 3 years
- In the first 6 years

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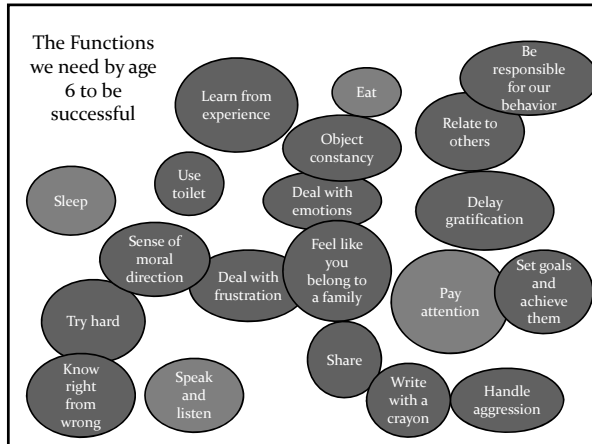
Early Risks lead to interruption of development*

First 6 years of life "build the foundation" for the **functions** we need to do well.

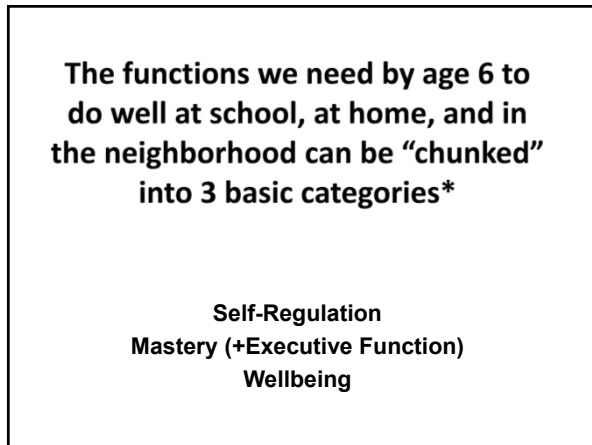
Interruptions in development impair these basic **functions** and this leads to problems

Some of the **functions** can be restored, some cannot

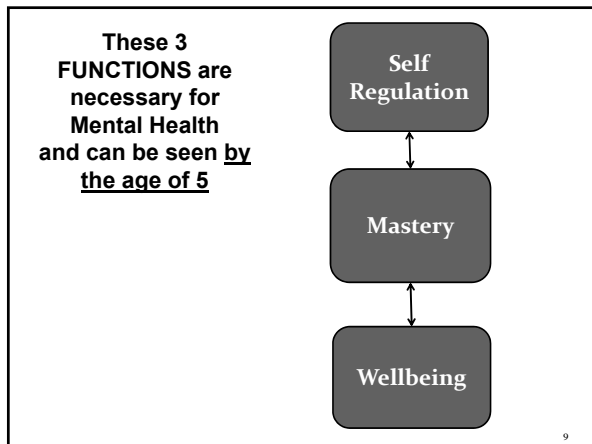
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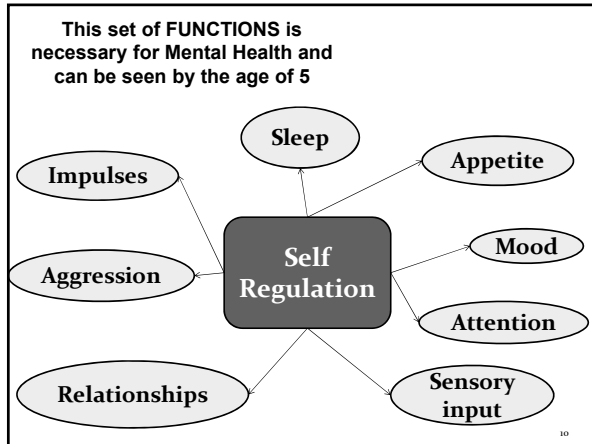
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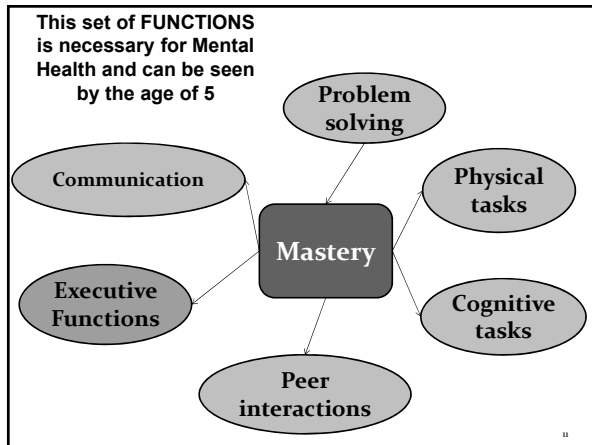
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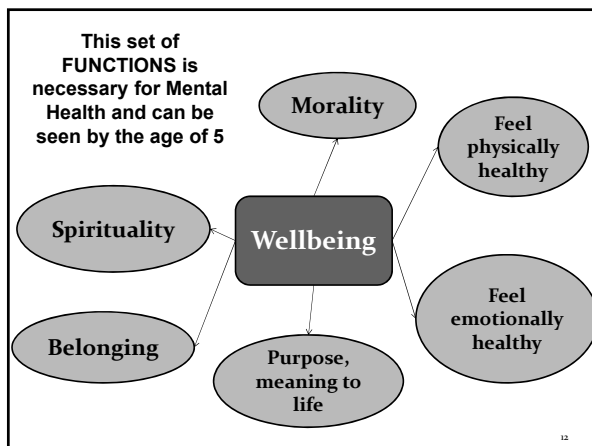
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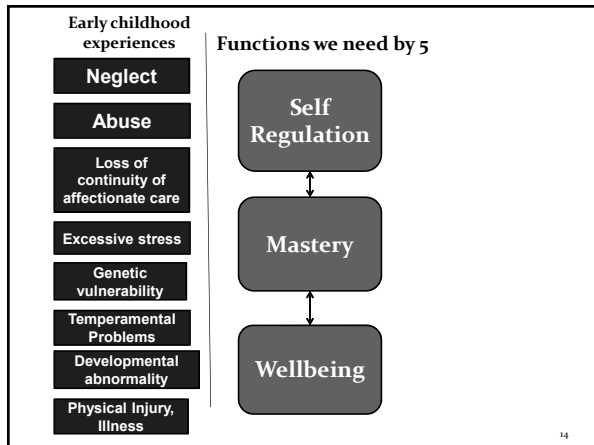
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What can happen, before age 5, to interfere with these 3 FUNCTIONS?*

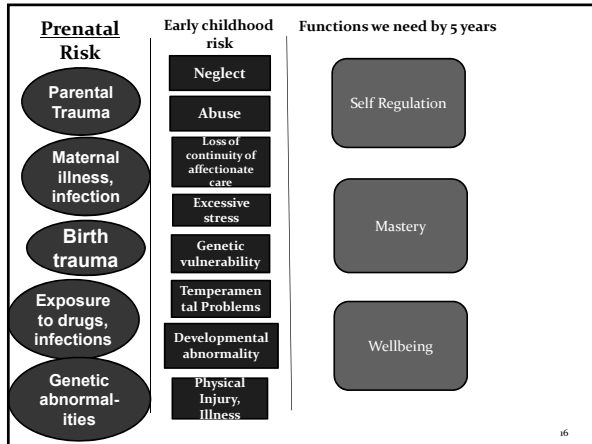
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There are even things that can happen before we are born, that impact our MH FUNCTIONS*

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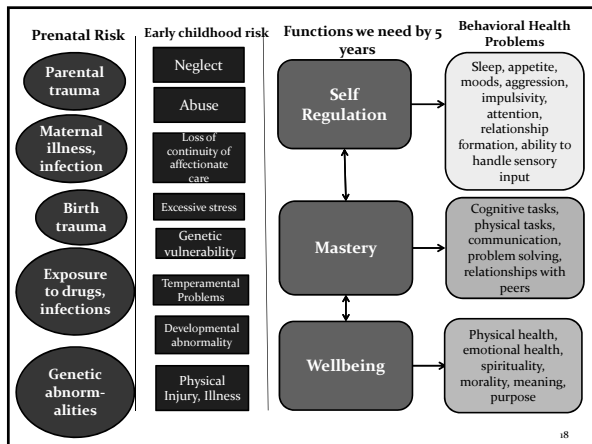


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Most of the troubles children have by the age of 5 have to do with difficulties related to these areas.*

What are the specific functions that get disrupted?

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The Interventions: Basic Principles*

Relationship
Focus
Fun
Frequency
Intensity
Duration
Measure

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Arousal Management

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Zones of Arousal*

3 Explosive
2 Upset, agitated
1 Calm
0 Under aroused

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Specific Interventions

Speech and language
Sensory processing*
Relationship interactions*
Coordination of output
Mood identification and management*
Executive function

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Sensory Processing

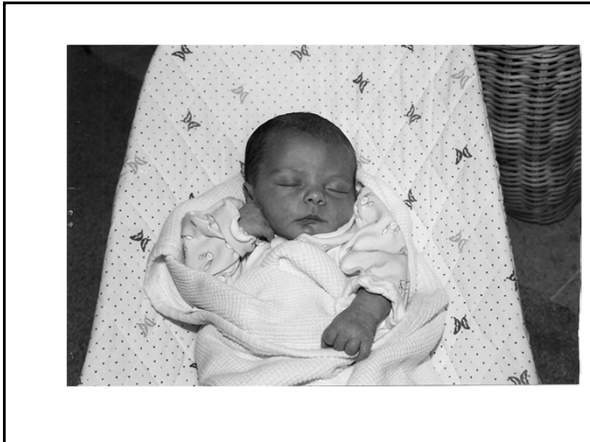
- What senses do we need to process every day
 - There are 5 senses (what are they?)
- What senses did you process this afternoon after lunch on your way here?
- What do children need to process everyday?
 - What does this do to their arousal levels?

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Touch

- Has multiple parts
 - Temperature
 - Rough/smooth
 - Sticky/slippy
 - Vibration
 - Proprioception
- All this input goes into our brainstem first, then up into our midbrain, then to our cortex
- There can be problems, or lack of developmental progress, at each level

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Intervening with touch problems

- Figure out the problem
- Specifically lower arousal (conditions that make the therapy possible)
- Introduce fun activities that involve that sensory activity (start with the least problematic and then move to more challenging exposure)
- Monitor arousal
- End with a more comfortable activity that is involved with sensory input.

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Breaking it down

- Problem is vibration, proprioception, movement
- Begin with very basic activities in the most stable position the person uses- depending on their developmental level, that could be on the ground on all 4s or it could be lying on floor, or it could be sitting.
- Introduce some pleasant music, (Hokey Pokey, Get Down Tonight, Happy Feet), something the child likes
- Begin rhythmic moving of an extremity (spend time on all 4). Then do 2 extremities, the 3, then all 4.
- Then back down to the floor with a favorite sensory toy

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Relationships and Interactions

- Begin from their experience- what relationships do they have?
 - Parent/child, sibling, peer, adult/child, romantic, etc
- With young children, play can be more powerful than talk.
 - The goal is to get the play about relationships to include talk
 - Then get the play and talk to lead to real interaction
 - Starting from the appropriate developmental level is key
 - Then try to move the sophistication of the relationship to the next higher level

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Specifics with relationships

- Let's focus on adult/child relationship with a very young child
 - Start with recognition that you are both in proximity
 - Attempt to facilitate engagement (get them to play with you)
 - Make the play fun, rhythmic, repetitive, soothing or pleasing (bouncing a ball, rolling a ball, batting a balloon)
- This can take work and time to find the "sweet spot" for you both
- Then introduce a "higher level"
 - Talking about what you are playing
 - Add a third person

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Mood Identification and Management

- At first, with young children, the work is done by the adult to learn the child's moods and what is necessary to predict, plan for, and support for mood challenges
 - The goal is to predictably return the child to Zone 1 by use of multiple maneuvers
- Later, through play, roll playing, and fun practice, you demonstrate, usually non-verbally, how the child can do this (with a doll, with someone else, with themselves)
- Overall goal is to help them identify their mood and what can help restore the mood to a more tolerable state

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Specific Mood Management

- Begin using mood oriented words and play
 - Reading of books with the child is helpful (stories in which a big mood occurs), watching movies (Inside Out) can be helpful
 - Playing with dolls, toys, or stuffed animals who have moods can be useful
- Play acting a mood (therapist has the mood, child has to help)
- Later, using a mood chart with pictures, to help identify and use words to describe moods
- Play acting certain situations

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Mood management (continued)

- Move to observing, identifying, and cueing child as to their moods
- Help them predict, plan, and practice what to do when a mood is big
 - Play acting can be helpful
- Support them in real world situations when a mood carries them to a high Arousal Zone
 - Use things that were planned and practiced
 - Praise and soothing when attempts made

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Complications

- Wrong diagnosis, incorrect intervention
- Specific trouble, overstimulating demands
- Frustration, anxiety, tension, weakens all areas of function
- New Problems- internal ones, external ones

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Wrong or missed diagnoses

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Difficult situations that overwhelm the
child's abilities

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Predictable situations that raise arousal
levels and lower other functions

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New problems on top of function
problems

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**Complex Cases require
Complex Interventions**

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Complex Cases

- Multiple function problem areas
- History of trauma and or neglect
- Medical problems
- Developmental problem
 - Autism
 - Cerebral Palsy
 - FASD
- Single parent
- Poverty
- Acculturation issues
- Service system issues
- Parental illness (medical, mental health, developmental)
- Lack of supports

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Case example

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Managing the case

- Case formulation
- Other tests or assessments needed?
- Any consultation needed?
- First treatment you would offer?
- Next treatments you would offer if first treatment goes well?

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Questions? Comments?

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