Understanding and Diagnosing Complex Cases with Very Young Children

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Children with complex problems

- We don't like to think about it, but some little children (under the age of 6) have very serious problems
- These problems can be caused by multiple reasons
- Incorrect diagnosing can lead to incorrect or unhelpful treatments, which then cause its own problems

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Complexity

- Multiple types of behavioral health signs and symptoms
- Developmental difficulties
- Medical difficulties
- Family stress

- Severity
- Confusion

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Need a process to sort the information

- Many experienced clinicians have developed their own methods, but it can take years to become comfortable, competent, and confident in a method

- I will present a method that will lead to a formulation about a child's complex presentation,
  - Determine what other assessments are needed
  - Determine what treatments might be helpful,
  - Help prioritize those treatments
  - H-1 "Keeping it all Straight"

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First, get the "lay of the land"

- Attempt to get a broad sense of the "case" before delving deeply into any one area.
- There are 26 areas of difficulty for very young children
  - Grouped around related symptoms (H-2 "Getting the Lay of the Land")
- Once one problem in the group is found, it is good practice to ask about other problems in that group
- Frequently summarizing back to the child and caregiver about what you have heard can help "confirm" the story, but also begins to build a picture for the caregiver of the child's difficulties- often this leads to greater comprehension on their part

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Once you have the "lay of the land", determine when the problems started

- As very young children are going through very rapid neurological development, determining WHEN the problems started helps you focus on the expected developmental functions and milestones that SHOULD be achieved
- There is an interaction between BH signs and symptoms and failure to achieve a developmental milestone
  - Speech and language and emotional regulation
  - Attachment and self regulation
  - Physical coordination and strength and mastery and self identity

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Developmental functions needed by age 6

- The number and sophistication of abilities that we develop between 0 and 6 is amazing- hundreds, thousands
- It can range from sleeping at the right times to eating the right food, to paying attention, to walking and talking, etc
- To better remember the functions, we can ”chunk’ them into categories
  - Self-regulation
  - Mastery and Executive Function
  - Wellbeing

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By knowing when disruptions happen, you can look for disturbed functions and behavioral health symptoms

This will help you later develop your clinical interventions so you can focus on the developmental problem that may be contributing to the BH symptom (H-3 “The Big Chart”)

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Once you have the lay of the land and when troubles started, knowing the course of the problems can help with zeroing in on diagnosis

- Continuous pattern
- Episodic pattern
- "One thing led to another"
- "Old problems, new problems"

- You can also ask about the child's "sensitivity" to stimuli
  - Very sensitive such that minor things are upsetting
  - Very insensitive, not very responsive to intervention
- H-4 "Where are we in the Course of the Problems"

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The Concept of "mental age"

- Developing your internal "gauge" for what a "symptoms" is
  - Depends on how you view the maturity of the child
  - Is Chronologic Age the same as Mental Age- if yes, then you can decide which behaviors are "normal and expected for that age"
  - If not same, what is your evidence and how much difference is there between the 2?

- This can be a bit difficult to determine in young children, but developmental psychologists are quite good at "pegging" the developmental level of the child
- H-5 "How 'old' is the child"

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Sometimes family history helps, sometimes not

- For very young children, there are certain heritable conditions that can be relevant
  - Autism spectrum disorder
  - Genetic disorders
  - ADHD
  - Certain Anxiety Disorders
- Strong family history (multiple family members with similar conditions) can influence your diagnostic decision making
- H-6- Is the Family History helpful?

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Previous treatment

- Sometimes children have had such difficult early years that they start receiving interventions very early in their life
  - Paying attention to what treatments have been received, the response to these treatments, and the new signs and symptoms can help clarify the child's diagnosis and new needs
- If treatment has been done and hasn't been helpful, questions must be asked about accuracy of diagnosis and appropriateness of treatment
- H-7 "Did treatment help?"

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The role of early stress

- Stress isn't all bad, but severe, overwhelming stress is
- Traumatic Stress Equation*
  - Events
  - Vulnerabilities
  - Protective factors present
  - Resiliency developed
- ACE, PEARLs
- Developmental Trauma
- Developmental Psychopathology
- H-8 "Has the child experienced trauma? Excessive Stress? Are there Protective Factors in place to buffer these experiences?"

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A Few Words about Stress:

Childhood stress that is **master-able** or **manageable** can be protective and may be part of later resiliency to new stresses

Stress that is **unmanageable** can lead to multiple problems with emotions, self control, learning, social relationships, and development

Introduction and Context 14

Signs and Symptoms of TS

- Can have more symptoms than listed in DSM 5
- Developmental problems
  - Loss of abilities (language, toileting, eating, self care, sleeping in own bed)
  - Change to attachment relationship (clinging, avoiding, more whining and protest)
  - Attempts to self soothe, decrease arousal
- Extreme symptoms- hallucinations, thought form problems, obsessions, odd play themes, violence
- Repetitive play of the abuse theme
  - Sex, violence, aloneness, fears

Clinical Presentation 15

The Relative Risk of Becoming Traumatized

RR of Becoming Traumatized = The Potentially Traumatic Experiences + The Vulnerability of the Child - Protective Factors Present - Resilience Developed

Potentially Traumatic Experiences

- Experiencing, witnessing, or being confronted with an event or events that threaten death or injury
- Learning of the same in relation to someone you care about
- Neglect during developmentally sensitive phases

- Frequency, intensity, duration, unpredictability, violation of trust, inescapability are all important variables

The Vulnerability of the Child

- Are we all equally susceptible to trauma?
  - "Sensitive" versus "insensitive"
- What can make a person more vulnerable?
  - Age
  - Dependency on Caregiver for context, safety, and support
  - Life stresses sensitize or protect from future TS
  - Lack of emotional resources- defenses, perspective, ability to discriminate novelty from threat
  - Previous trauma
  - A functional deficit- physical, psychological, developmental

Protective Factors

- These mitigate, or buffer, the "power" of the traumatic events
- There are internal assets and external ones
  - Vary by age
- Protective relationships and experiences are part of building resilience
- The loss of an existing protective factor can be traumatic or upset the equation
  - Loss of an attachment figure
  - Loss of a school secondary to moving
  - Loss of set of friends

Resilience

- Resilience is something you develop over time
  - Experience
  - Overcoming or managing stress
  - Due to support from an important relationship
  - Due to the knowledge of your own capabilities
- The 7 "C"s of Resilience
  - Competence, Connection, Coping, Confidence, Character, Contribution, Control

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The Relative Risk of Becoming Traumatized

RR of Becoming Traumatized	=	The Potentially Traumatic Experiences	+	The Vulnerability of the Child	-	Protective Factors Present	-	Resilience Developed

Recognized Complex Behavioral Health Disorders

- Well recognized conditions that have defined signs and symptoms and known courses
- The impact on the child and family is usually profound
- There can be other co-occurring disorders in addition

- H-9- "Are there any RCBHDs?"

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Now that you have discovered all this clinical information, what is next?

- Develop the formulation*
- Determine if other assessments are needed
- Based on your hypotheses, determine your treatment ideas
- Prioritize those ideas

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What is most important to deal with first?

- Safety
- Self-regulation (the underpinning of early development)
  - Arousal levels
- Attachment relationship
  - Understanding parental and child styles
  - Teaching attunement
  - Teaching co-regulation

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A case

Let's see how we do using our new tools

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