# Opposition Defiant Disorder & Post Traumatic Stress Disorder - Trauma Informed Care


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United Healthcare

# Disclosure

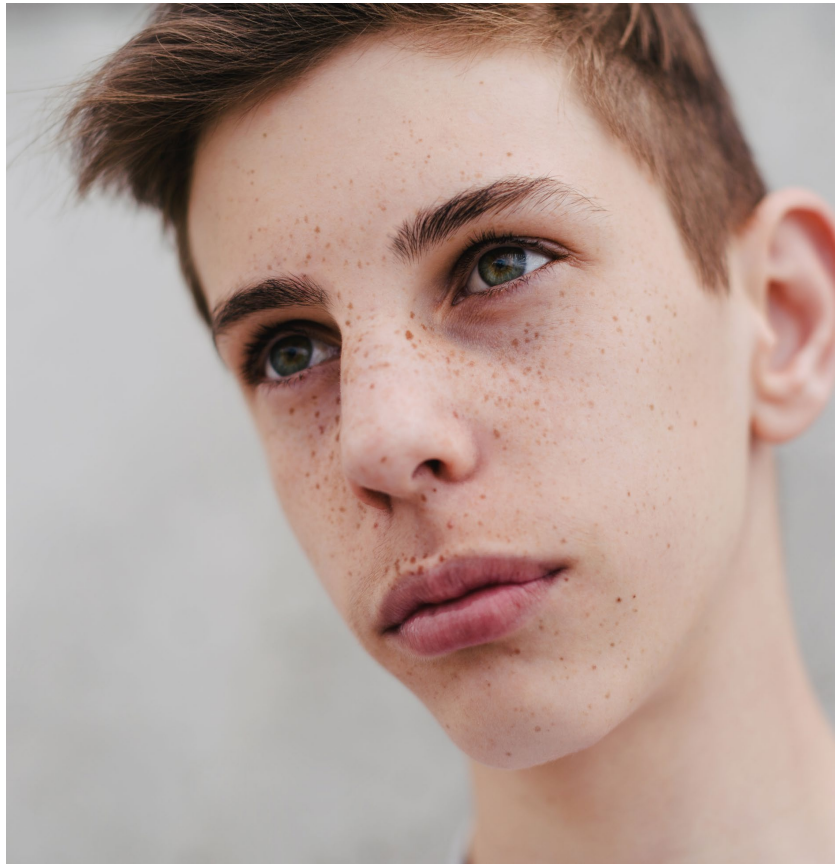
We have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

# Learning Objectives

- **ODD**
  - Age of onset
  - Occurrence percentages in children and teens
- **PSTD**
  - Symptoms – in children and teens
  - Occurrence percentages in adults and minority populations in US
- **Treatment Options** – *Recovery is Possible*
- **Define Trauma**
  - Identify trauma symptoms
  - Recognize causes and risk factors
  - Understand the impact of trauma on children, adolescents, and their families
  - Learn about Trauma-Informed Care and treatment modalities
  - Explore resources available to those impacted by trauma
- **Resources**
  - Service Coordinators
  - Members, Families, and Caregivers

# Vignette: Joshua

- *Joshua is a 12-year-old boy who attends Middle School as a 6th grader. Joshua has been in placement with his grandmother for several months.*
- *His behavior has been on the decline since his middle sibling was recently placed in the home with him. He was strongly reactive to any signs that his sister was receiving more attention than he was.*
- *He becomes easily angered, his moods shift from constricted to volatile, with frequent angry outbursts, that carryover to and interfere with school.*
- *Joshua shows multiple signs of arousal (e.g., difficulty sleeping, impaired concentration, edginess and irritability).*



# Oppositional Defiant Disorder (ODD)

**Signs and symptoms of ODD can be grouped into three categories:**

## Anger and irritability

- Lose their temper easily.
- Frequent outbursts of anger and resentment.
- Touchy and/or easily annoyed by others.
- Frequently angry and/or disrespectful.

## Anger and irritability

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## Vindictiveness

- Spiteful and seeking revenge.
- Saying mean and hateful things when angry or upset.



https://my.clevelandclinic.org/health/diseases/9905-oppositional-defiant-disorder

# Trauma and Stressor Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorders
- Other and Unspecified

- Complex PTSD/Developmental Trauma Disorder

# Trauma History: Jake

- 14-year-old male has been in the care of his grandmother since he was 18 months old at which time Child Protective Services removed him from his parents' care due to neglect, physical abuse and parental substance abuse
- Domestic violence within the household
- Grandmother admitted that caring for Jake was difficult because he was often irritable and rejecting of her attempts to console him
- At other times, he was very restless and clingy toward the mother, especially when the father was present

# Definition of Trauma

"Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individuals functioning and mental, physical, social, emotional or spiritual well-being."

# Post Traumatic Stress Disorder

- PTSD (post-traumatic stress disorder) is a mental health condition that some people develop after they experience or witness a traumatic event. The traumatic event may be life-threatening or pose a significant threat to your physical, emotional or spiritual well-being. PTSD affects people of all ages.
- People with PTSD have intense and intrusive thoughts and feelings related to the experience that last long after the event. PTSD involves stress responses like:
- Anxiety, depressed mood, or feelings of guilt or shame.
- Having flashbacks or nightmares.
- Avoiding situations, places and activities related to the traumatic event.
- These symptoms cause distress and interfere with your daily functioning.

# PTSD in Kids

- May have difficulty expressing how they're feeling, or they may have experienced trauma that you don't know about. They may seem restless, fidgety, or have trouble paying attention and staying organized.
- These symptoms can be confused with symptoms of attention-deficit/hyperactivity disorder (ADHD). Because of this, it's important to take your child to a specialist (like a child psychologist) who has experience in diagnosing PTSD.
- 3% - 15% girls with trauma & 1% -6% boys with trauma develop PTSD

# PTSD in Adults

- 3.5% of US adults are affected by PTSD every year.
- Women 2 times as likely to develop PTSD than men
- US Latinos, African Americans, and Native Americans/Alaska Native have higher rates of PTSD than non-Latino whites

# Trauma Related Symptoms

## Internalizing

- **Depression/Anxiety**
- Social withdrawal
- Feelings of loneliness, guilt, low worth
- Sad, nervous, fearful
- Difficulty concentrating
- Changes in sleeping or eating patterns
- Unexplained physical symptoms, i.e., headaches and stomach aches, not due to a medical condition

## Externalizing

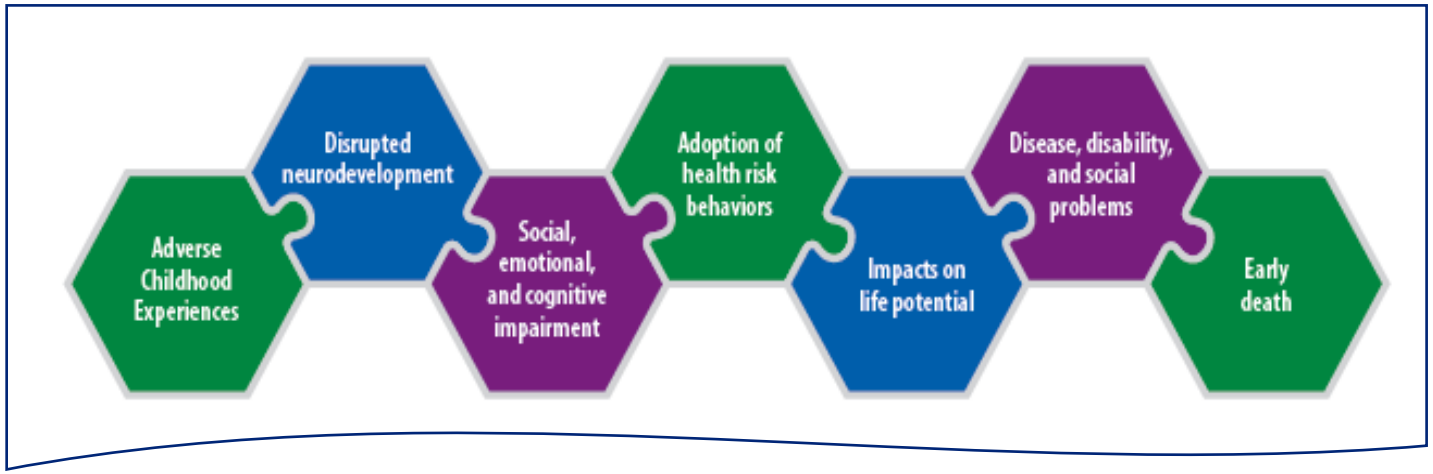
- **Conduct/Oppositional behaviors**
- Physical aggression
- Destruction of property
- Substance use
- Running away from home

# Trauma and ODD

Relationship between the two is not clear

Pre-existing biological trains can  be a risk factor and a buffer for others

# Impact of Trauma on Individuals




## Emotional & Psychological Effects

- Behavioral
- Attachment

## Cognitive and Developmental Effects

- Learning difficulties
- Delayed development

## Physical Health Effects

- Somatic complaints
- Chronic health issues

# ACE STUDY OF ADVERSE CHILDHOOD EXPERIENCE

**Retrospective Study by Kaiser**

- **N=17,337**
- **78% white**
- **Avg age was 57**
- **employed**
- **privately insured**
- **75 %college educated**

## Abuse

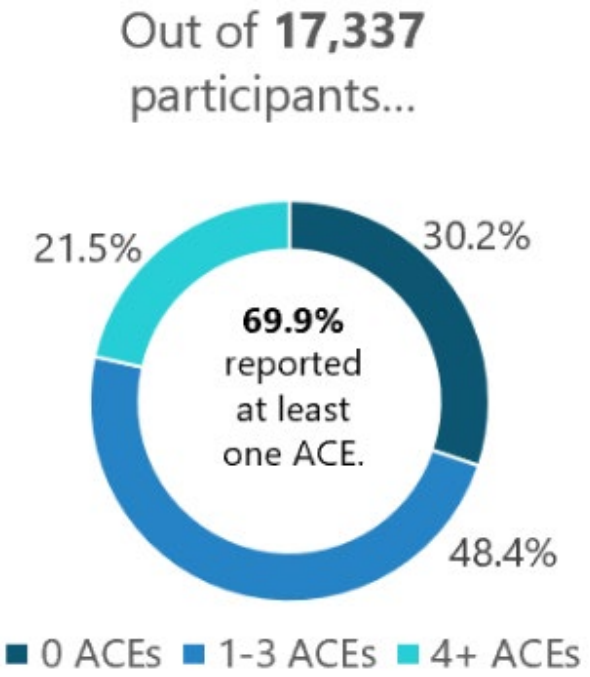
- Physical
- Emotional
- Sexual

## Household Dysfunction

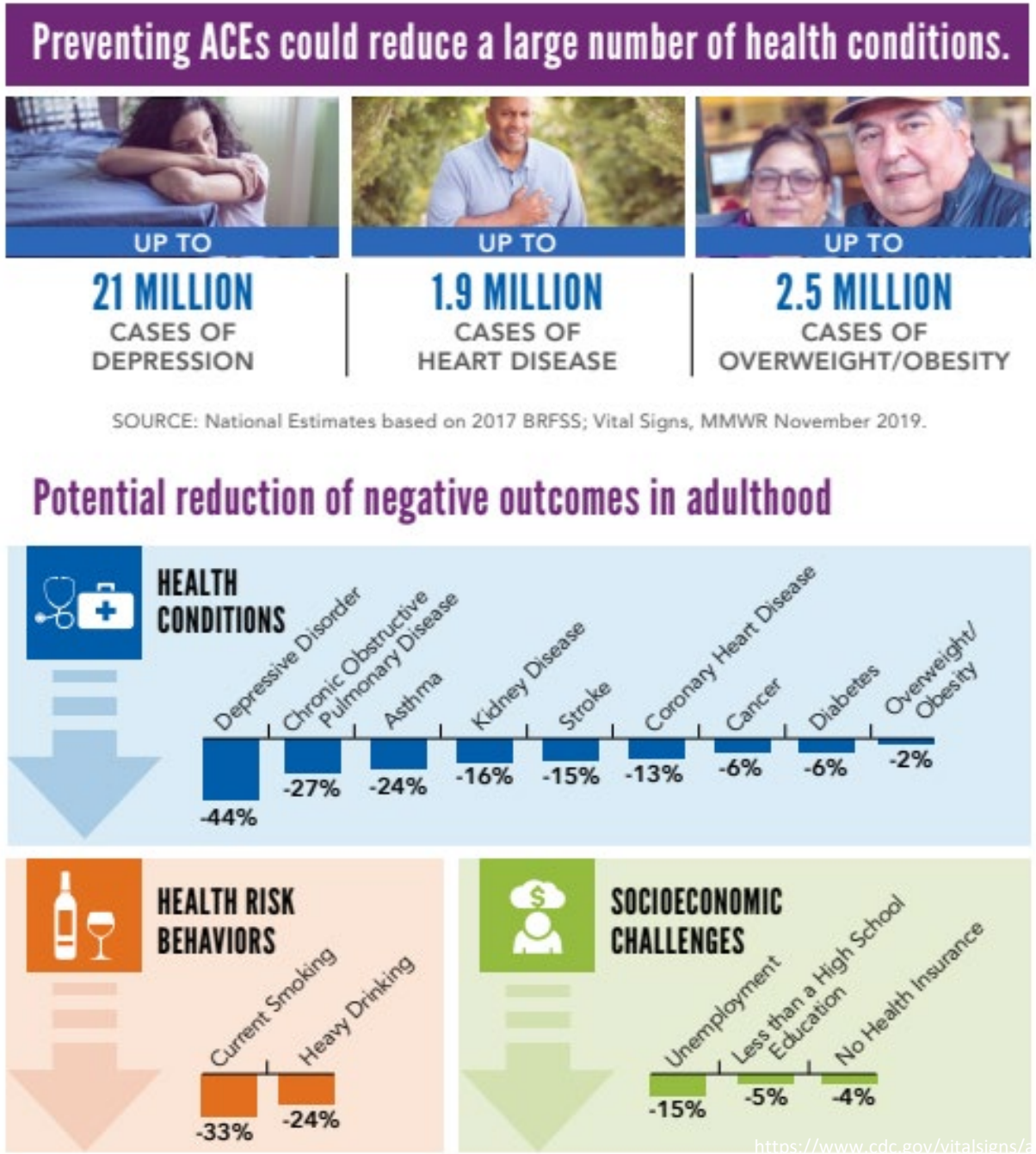
- Incarcerated Relative
- SUD
- Divorce
- Mental Illness
- Mother Treated Violently

## Neglect

- Physical
- Emotional

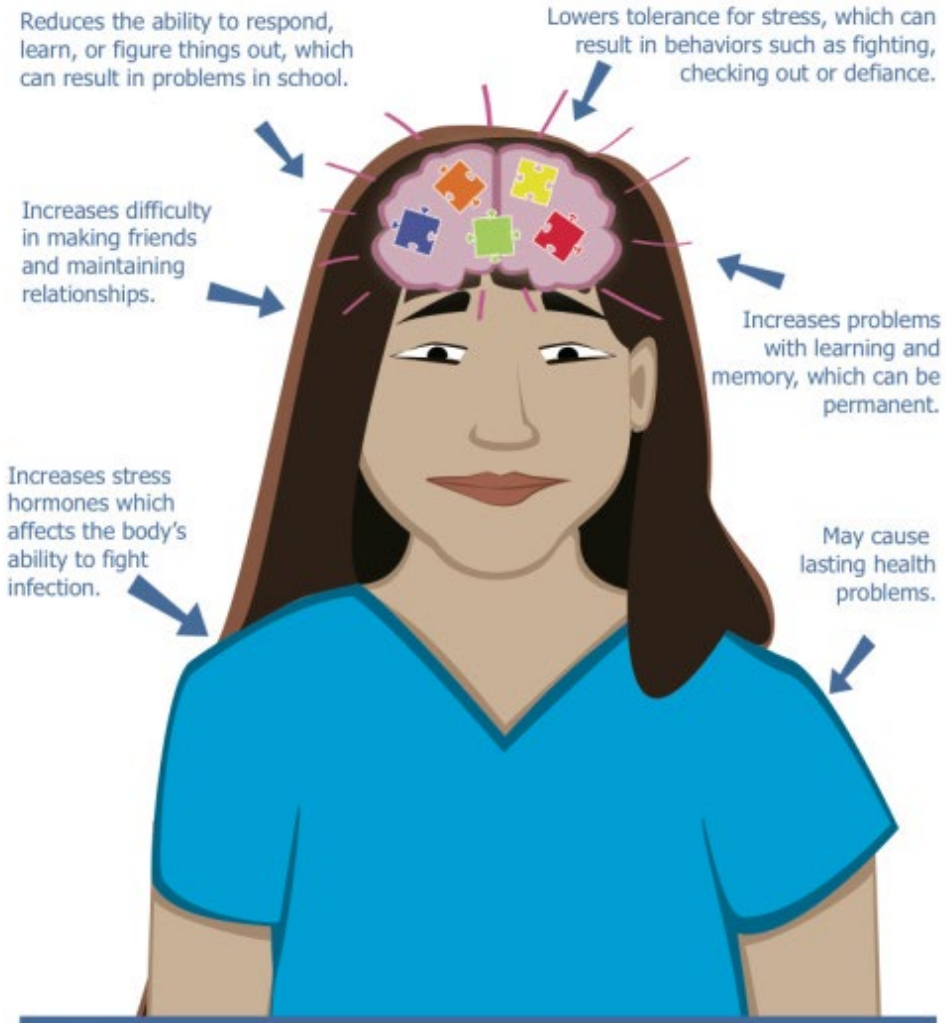


# The Impact of Preventing ACE



## How do ACEs affect health?

**Through stress.** Frequent or prolonged exposure to ACEs can create toxic stress which can damage the developing brain of a child and affect overall health.




**A Survival Mode Response** to toxic stress increases a child's heart rate, blood pressure, breathing and muscle tension. Their thinking brain is knocked off-line. Self-protection is their priority. In other words:
**"I can't hear you! I can't respond to you! I am just trying to be safe!"**

# Pharmacological Interventions

## Opposition Defiant Disorder

Medications alone generally are NOT used unless child also has another mental condition (e.g., ADHD)

- Antidepressants
- Mood stabilizers
- Stimulants
- Antipsychotics

Psychosocial treatments are the “gold standards” and most effective interventions for children with ODD

## Post Traumatic Stress Disorder

Prazosin – nightmares, hyperarousal

Propranolol – overall symptom decrease

SGAs – risperidone and quetiapine

Clonidine – re-enactment

Guanfacine - re-experiencing, hyperarousal, nightmares

Carbamazepine – sexual trauma

Divalproex sodium – overall reduction

# Joshua *(continued)*

He was recently diagnosed with oppositional defiant disorder and ADHD although he doesn't yet have an IEP.

Joshua's grandmother, who has her own history of childhood trauma, has become more depressed and overwhelmed by his emotional outbursts and she has had difficulty providing consistent caretaking to either of the children, including sending them to school.

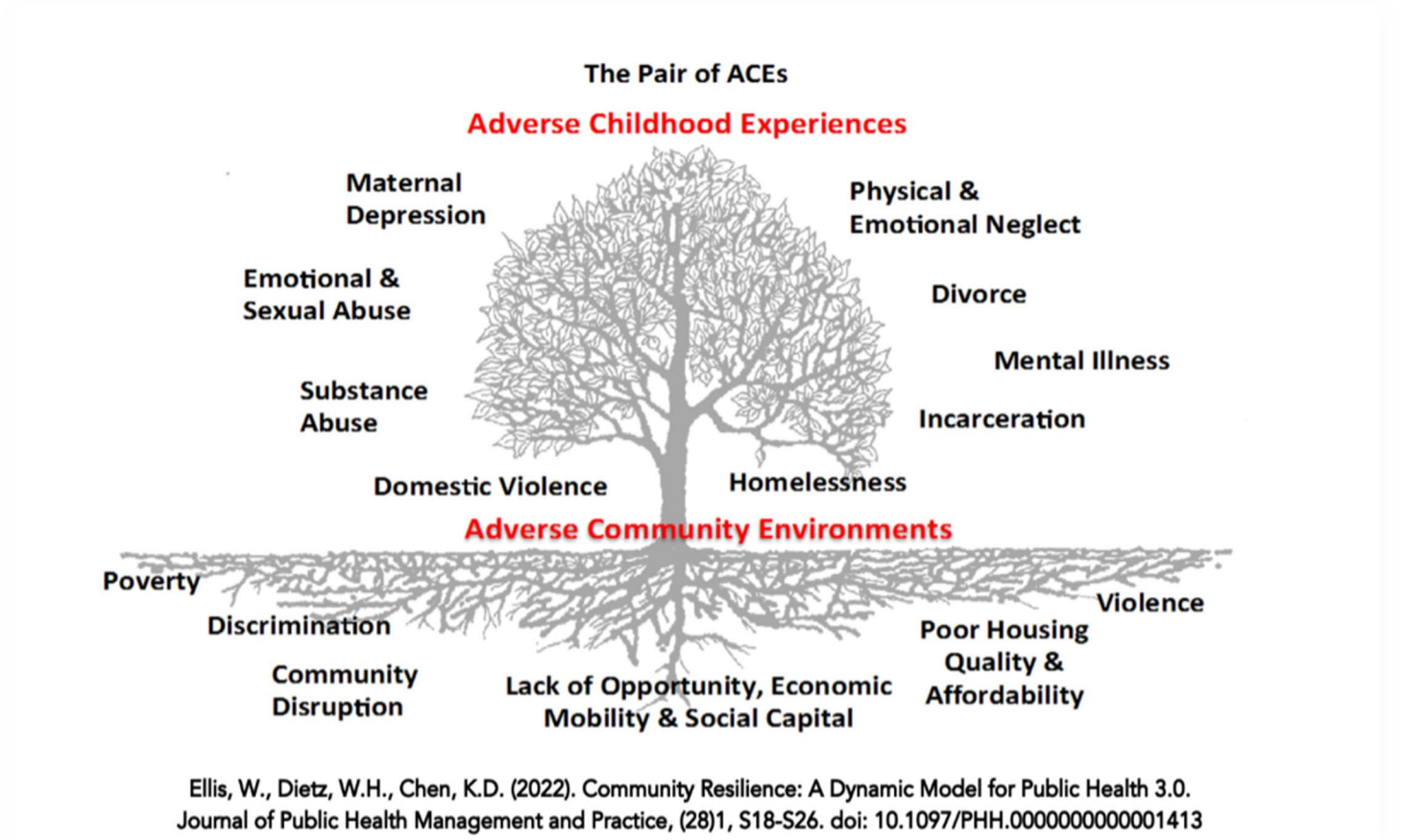
The mother admitted that she and her husband had a history of drug and alcohol abuse. At age 5, an attempt to reunify Joshua with his parents failed when he was once again removed from their care due to a report made by his Kindergarten of seeing bruises on Joshua's legs and arms.

He was placed back in care with his grandmother and has been with her since. His parents have separated, and he only sees his mother at family events and holidays.

He has had no contact with his father since the second set of allegations was substantiated when he was 5.

# Impact Of Trauma On Families

- Parental Stress
  - Increased stress
  - Mental health issues
- Family Dynamics
  - Communication breakdown
  - Increased conflict
  - Role reversal
- Social & Economic Impact
  - Social Isolation
  - Economic Strain

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*https://ccr.publichealth.gwu.edu/tools-resources/the-BCR-approach*

# How Is PTSD Treated In Children And Adolescents?

Some children show a natural remission in PTSD symptoms over a period of a few months,

For others:

- Trauma Focused psychotherapies have the most empirical support for children and adolescents
- Cognitive-Behavioral Therapy (CBT)
  - Research studies show that CBT is the most effective approach for treating children. The treatment with the best empirical evidence is Trauma-Focused CBT (TF-CBT). TF-CBT generally includes the child directly discussing the traumatic event (exposure), anxiety management techniques such as relaxation and assertiveness training, and correction of inaccurate or distorted trauma related thoughts.
- Play therapy
- Psychological First Aid
- Specialized interventions may be necessary for children exhibiting particularly problematic symptoms or behaviors, such as inappropriate sexual behaviors, extreme behavioral problems, or substance abuse.

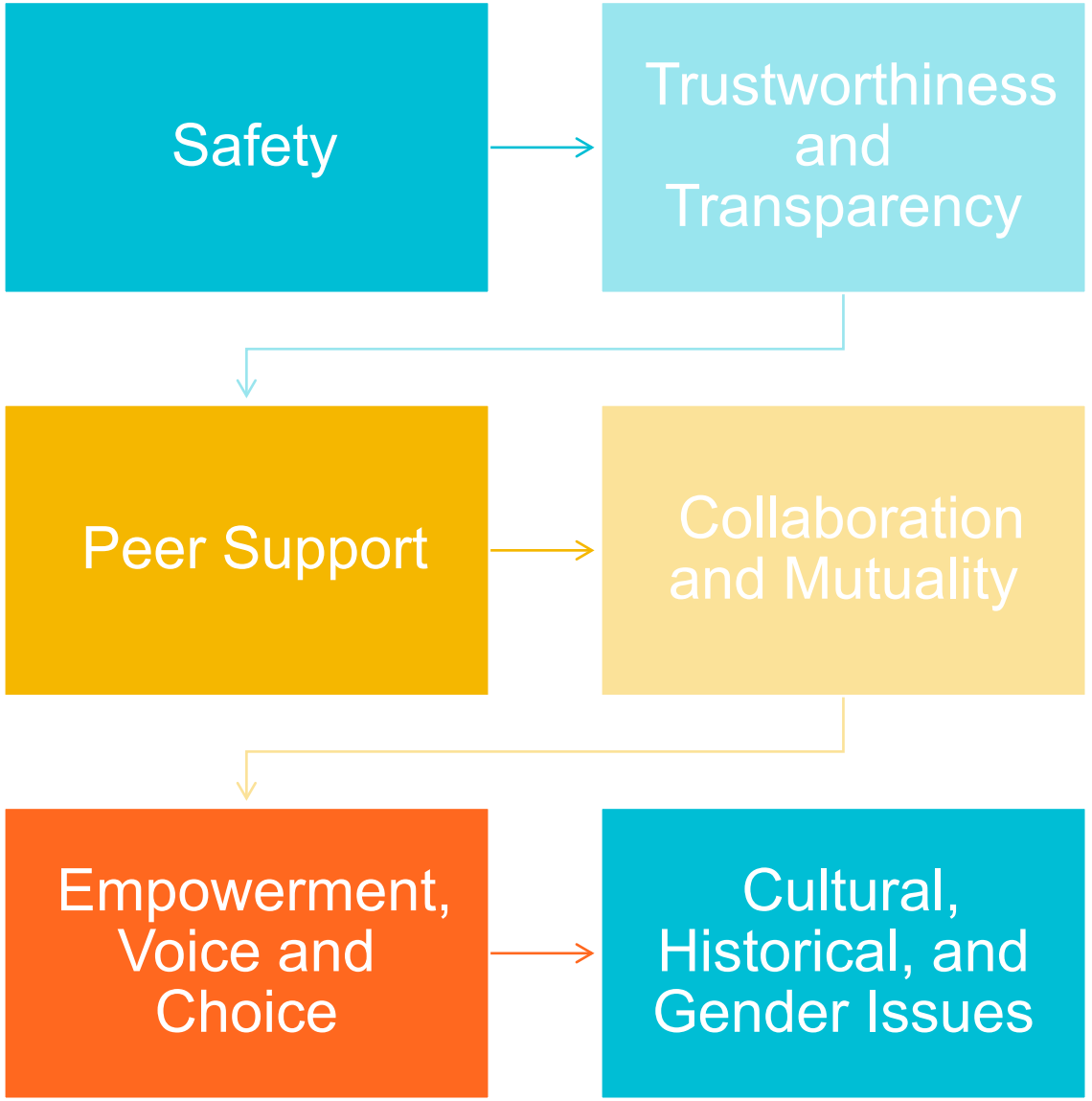
# Trauma-informed Treatment Options

| | |
|---|---|
| **Trauma Focused-Cognitive Behavioral Therapy TF-CBT** | TF-CBT is an evidence-based treatment model designed to help children and adolescents (and their families) overcome the negative effects of trauma. It integrates trauma sensitive interventions with cognitive-behavioral principles to address the unique needs of trauma survivors. |
| **Dialectical Behavioral Therapy DBT** | DBT is a structured therapeutic approach developed originally for treating borderline personality disorder but has since been adapted for other mental health issues. Its principles and techniques are highly beneficial for those dealing with trauma, including post-traumatic stress disorder (PTSD). |
| **Eye Movement Desensitization & Reprocessing** | EMDR is an integrative psychotherapy approach designed to alleviate distress associated with traumatic memories. The EMDR treatment model follows an eight-phase approach. |
| **Play Therapy** | Play therapy is an approach designed specifically for children to help them express feelings, thoughts, and experiences through play. It is effective in treating trauma by allowing children to process experiences in a safe and supportive environment. |

# Behavioral Health Advocacy Role

- BHA's are licensed mental health professionals
  - Providing support to members through community-based resources, referrals and behavioral health interventions
  - Use clinical analytical skills to assess member's needs and support them in locating community-based treatment options with educating them on coping skills and solutions to barriers
  - BHA's connect with members to collaboratively create a Plan of Care that addresses members gabs in care as well as SDOH
  - BHA's engage with members for up to 90 days for case management services and monitor for completion of goals identified in members Plan of Care often time educating and encouraging members to engage with resources and take steps to achieve goals that were set during initial engagement
  - Referrals are received for members via transitions from Inpatient settings, direct referrals from the health plan, and member request.

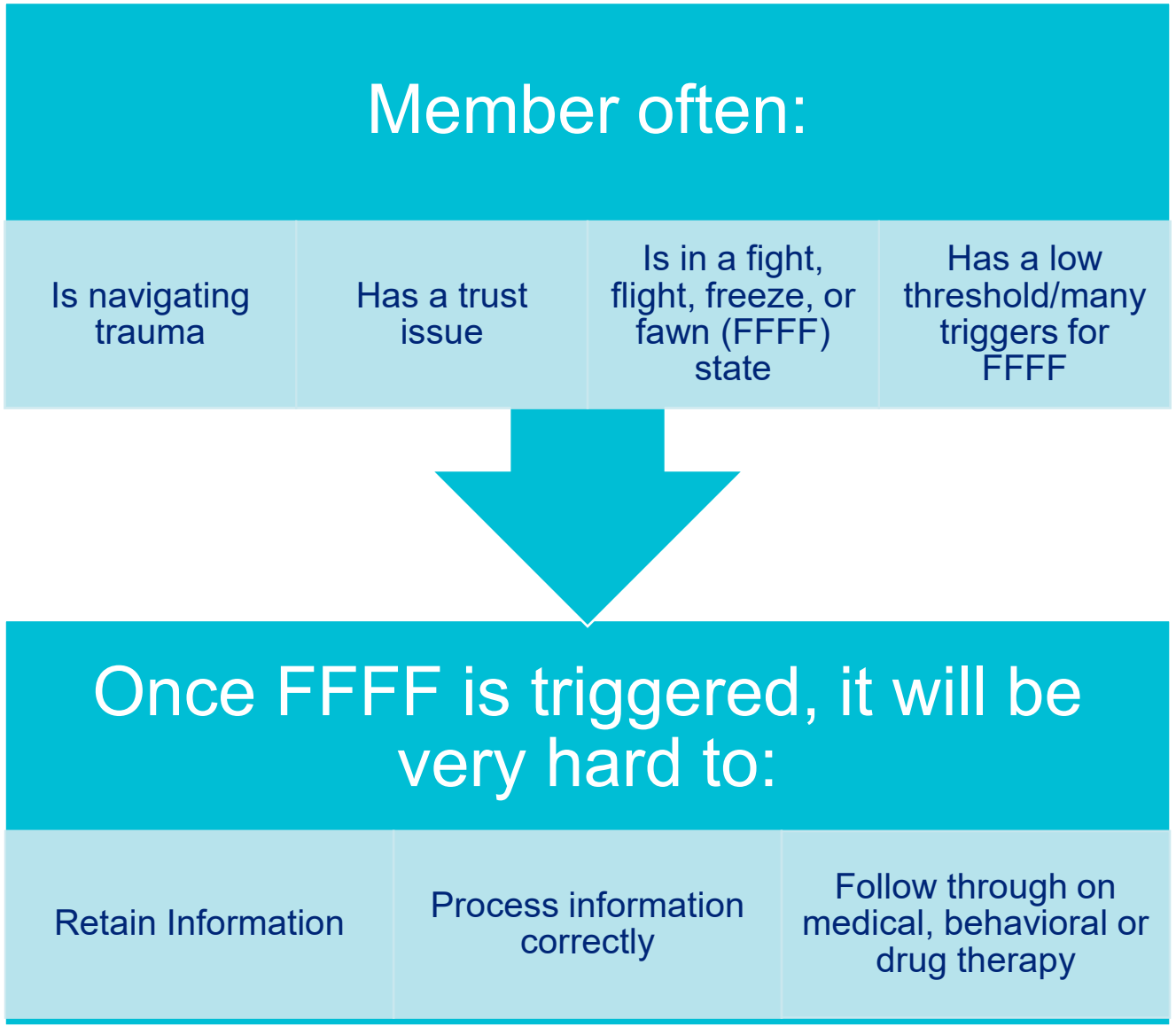
# SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH



# Peer Support Specialist

- Family Support
- Wellness Recovery Action Planning
- Support Groups
- Advocacy
- Community Supports

# What this means for our members…



# From the Member's Perspective…

- **Power**

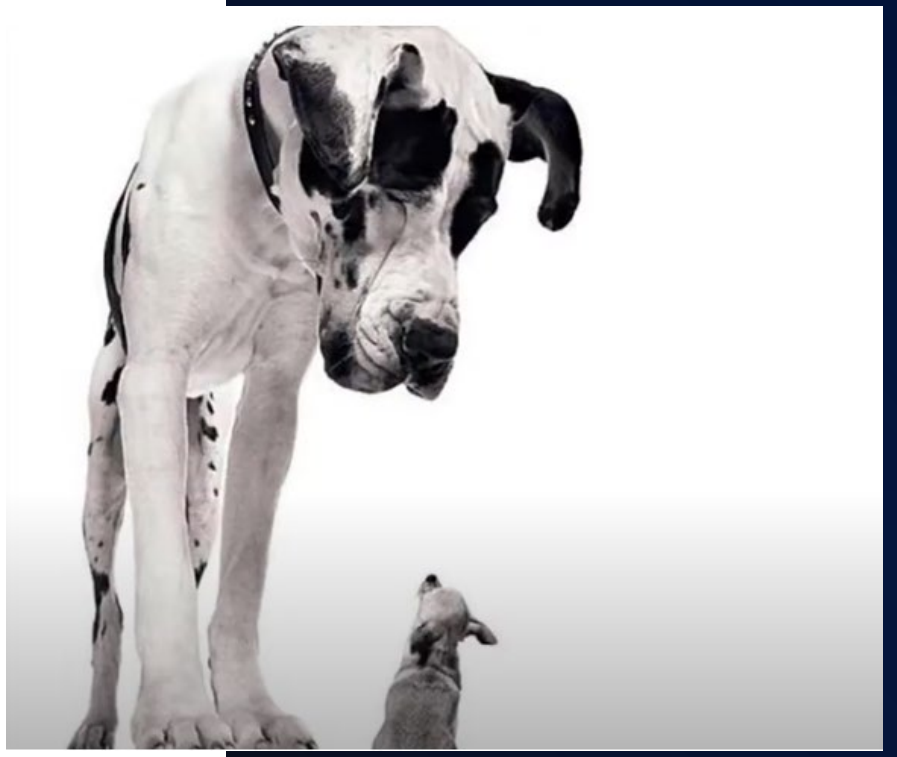
- The power differential may turn them off. If you come across as an authority figure, it can interfere with engagement.

- **Dis-engaging**

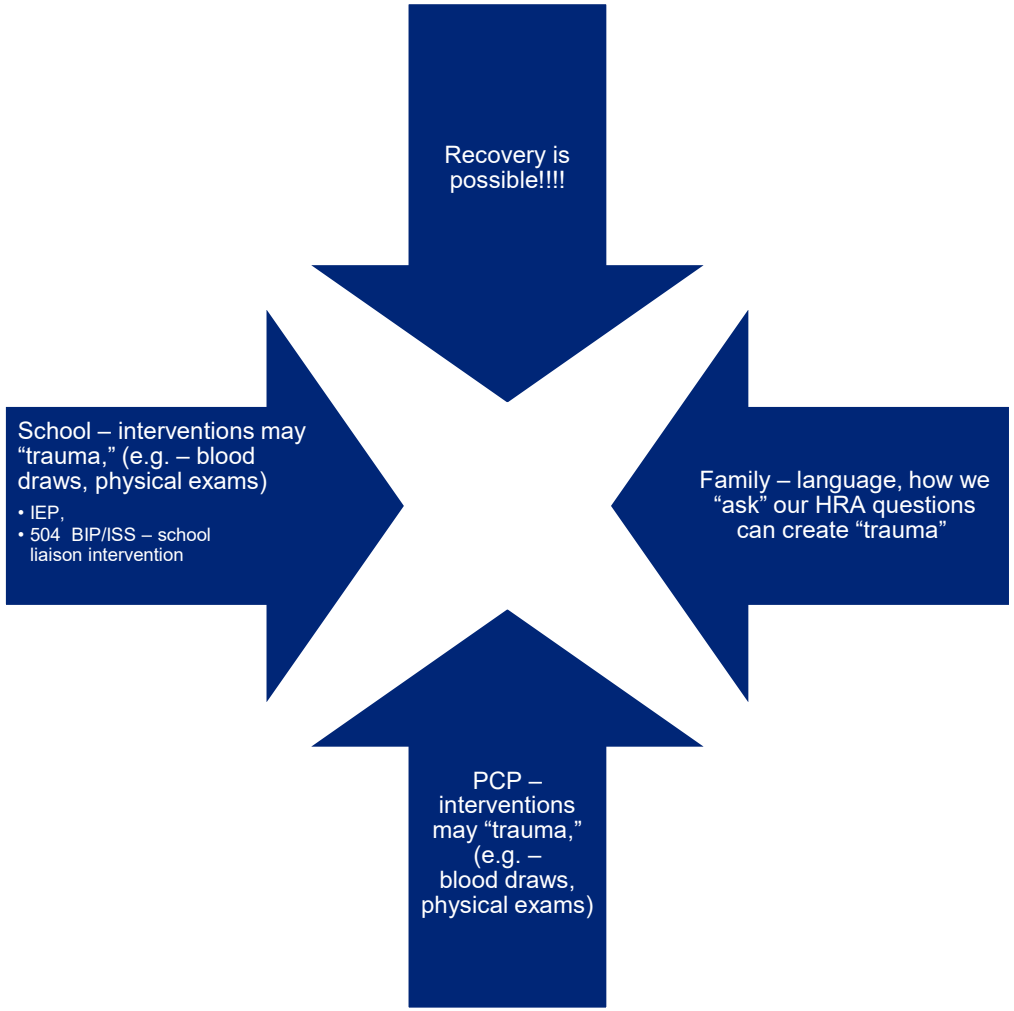
- Avoid over-assessing. If we ask too many questions right off the bat, it's off-putting. It can make it hard for the person to engage with you.

- **Telling**

- Telling them how to fix their problem. Offering solutions can work against engagement.



# Service Coordinator Role:




- **Supports and Services to help Members who have BH concerns, can be obtained by contacting the Local IDD Authority (LIDDA).**
- LIDDAs serve as the point of entry for publicly funded intellectual and developmental disability (IDD) programs, whether the program is provided by a public or private entity.
- The LIDDAs:
  - provide or contract to provide an array of services and supports for people with intellectual and developmental disabilities.
  - are responsible for enrolling eligible individuals into the following Medicaid programs:
    - ICF/IID, which includes state supported living centers.
    - Home and Community-based Services (HCS)
    - Texas Home Living (TxHmL); and
    - are responsible for Permanency Planning for individuals under 22 years of age who live in an ICF/IID, state supported living center or a residential setting of the HCS Program.
- Local Intellectual and Developmental Disability Authorities Directory https://apps.hhs.texas.gov/contact/la.cfm

# STAR Kids School Liaison

- SLs are special education teachers that assist any SK member by supporting their ability to understand educational services and supports. SLs provide person-centered clinical and transitional services for SK members including case management, assessments, interventions, coaching, resource coordination and transition planning.

## 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:** Please check "Yes" where apply. ☑

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? ☐
6. Has your child ever lacked appropriate care by any caregiver?
   *(for example, not being protected from unsafe situations, or not cared for when sick or injured even when the resources were available)* ☐
7. Has your child ever seen or heard a parent/caregiver being screamed at, sworn at, insulted or humiliated by another adult? ☐

   Or has your child ever seen or heard a parent/caregiver being slapped, kicked, punched beaten up or hurt with a weapon?
8. Has any adult in the household often or very often pushed, grabbed, slapped or thrown something at your child? ☐

   Or has any adult in the household ever hit your child so hard that your child had marks or was injured?

   Or has any adult in the household ever threatened your child or acted in a way that made your child afraid that they might be hurt?
9. Has your child ever experienced sexual abuse? ☐
   *(for example, anyone touched your child or asked your child to touch that person in a way that was unwanted, or made your child feel uncomfortable, or anyone ever attempted or actually had oral, anal, or vaginal sex with your child)*
10. Have there ever been significant changes in the relationship status of the child's caregiver(s)? ☐
    *(for example, a parent/caregiver got a divorce or separated, or a romantic partner moved in or out)*

**How many "Yes" did you answer in Part 1?:** ☐

CENTER for YOUTH WELLNESS | UCSF Benioff Children's Hospital Oakland

*Please continue to the other side for the rest of questionnaire* →

This tool was created in partnership with UCSF School of Medicine.



**PART 2:** Please check "Yes" where apply. ☑

1. Has your child ever seen, heard, or been a victim of violence in your neighborhood, community or school? ☐
   *(for example, targeted bullying, assault or other violent actions, war or terrorism)*
2. Has your child experienced discrimination? ☐
   *(for example, being hassled or made to feel inferior or excluded because of their race, ethnicity, gender identity, sexual orientation, religion, learning differences, or disabilities)*
3. Has your child ever had problems with housing? ☐
   *(for example, being homeless, not having a stable place to live, moved more than two times in a six-month period, faced eviction or foreclosure, or had to live with multiple families or family members)*
4. Have you ever worried that your child did not have enough food to eat or that the food for your child would run out before you could buy more? ☐
5. Has your child ever lived with a parent/caregiver who had a serious physical illness or disability? ☐
6. Has your child ever been separated from their parent or caregiver due to foster care, or immigration? ☐
7. Has your child ever lived with a parent or caregiver who died? ☐

**How many "Yes" did you answer in Part 2?:** ☐

# Resources

- National Alliance on Mental Illness (NAMI) https://www.nami.org/
- The National Child Traumatic Stress Network https://www.nctsn.org/
- American Academy of Pediatrics https://www.aap.org/en/patient-care/trauma-informed-care/resources-for-families/
- American Academy of Child & Adolescent Psychiatry Resource Centers (aacap.org)
- National Center for PTSD https://www.ptsd.va.gov/

# Questions ?