Trauma/PTSD

Presenting Problem:

A participating PCP sent an email consultation requesting guidance regarding an 8-year-old child with significant aggressive and intensely defiant behaviors. This child presents with typical development, but does have a history of irritability, tantrum behaviors, and difficulty calming down. A diagnosis of ADHD at the age of six with subsequent initiation of a stimulant medication (since age seven) have provided inconsistent benefit. In addition to highly impulsive behaviors, there are reports of distraction and difficulty listening or following directions. These concerns occur in the context of the child witnessing longstanding parental conflict and violence in the home, with parents currently separated and in the process of going through a divorce. Additionally, the child was in a car crash two months ago, but sustained no physical injuries. The child has exhibited increased tantrum-like behavior when it is time to get in the car for school. Behavioral outbursts have escalated at home that have negatively affected daily routines and sleep and have also increased at school to the extent of suspension of school. The request is for strategies and resources for this child and family to address behaviors, while they wait for an appointment with a therapist.

Consultant's Response:

This is a challenging and complicated case, involving intertwined symptoms of ADHD, emotional dysregulation, traumatic stress, and intense psychosocial stressors. This case also highlights the importance of a PCP within the life of a child who unfortunately has a history of multiple, and ongoing, adverse childhood experiences (ACEs), which include violence within the home and separation from a caregiver, as well as the traumatic event of being in a car crash.

Children who experience ACEs have fundamental difficulty with emotional and behavioral regulation, and this can mimic or intensify core ADHD symptoms. Additionally, there seems to be at least some posttraumatic anxiety present since the car crash. The intense family discord makes it even more challenging for children to maintain stable emotional or behavioral responses to frustration or disappointment. This often results in increased experiences of punishment at home and school, and recommended consistent limits and punitive responses alone will not usually result in behavioral change. Therefore, a trauma-informed approach seems in order. Here are recommendations:

1) Promote understanding with caregivers of the impact of trauma and ACEs on the developing brain and on behavior, including how traumatic experiences can make ADHD seem worse.
2) A nurturing, supportive relationship between child and caregiver promotes the best outcomes. Recommend specific time for the child and caregiver to read, play, or cuddle each day.
3) When the child shows frustration through behavior, respond by naming that emotion to the child, and then identify that, together, they will work through the situation.
4) Encourage practice of calming techniques, first at bedtime and outside of stressful situations, and then prompt the child to use these skills with the caregiver when frustration starts.
5) To feel more comfortable in the car, gradually take steps to increase feelings of security or even enjoyment around cars. This starts with caregivers emphasizing evidence of safety. This could then involve playing with toy cars, playing with toys inside of the family's parked car, or taking a noticeably short trip to somewhere fun in the car.

6) If possible, encourage the family to reach out to the school to identify that the child has a history of adverse experiences and to request a “support plan” in addition to simply a “behavior plan.”
7) Continue to encourage therapy for the child, particularly with a therapist well-versed in trauma-focused treatment, such as Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Also, encourage caregivers to find the supportive services they need for themselves too, as this will help their child.

Research suggests that, for children who experience ACEs, having at least two non-parent adults who demonstrate they care about the child can help mitigate the long-term impact of ACEs as children grow up. Therefore, with a positive, caring connection with a primary care clinician, this child is already halfway there.