



What's behind the trauma?

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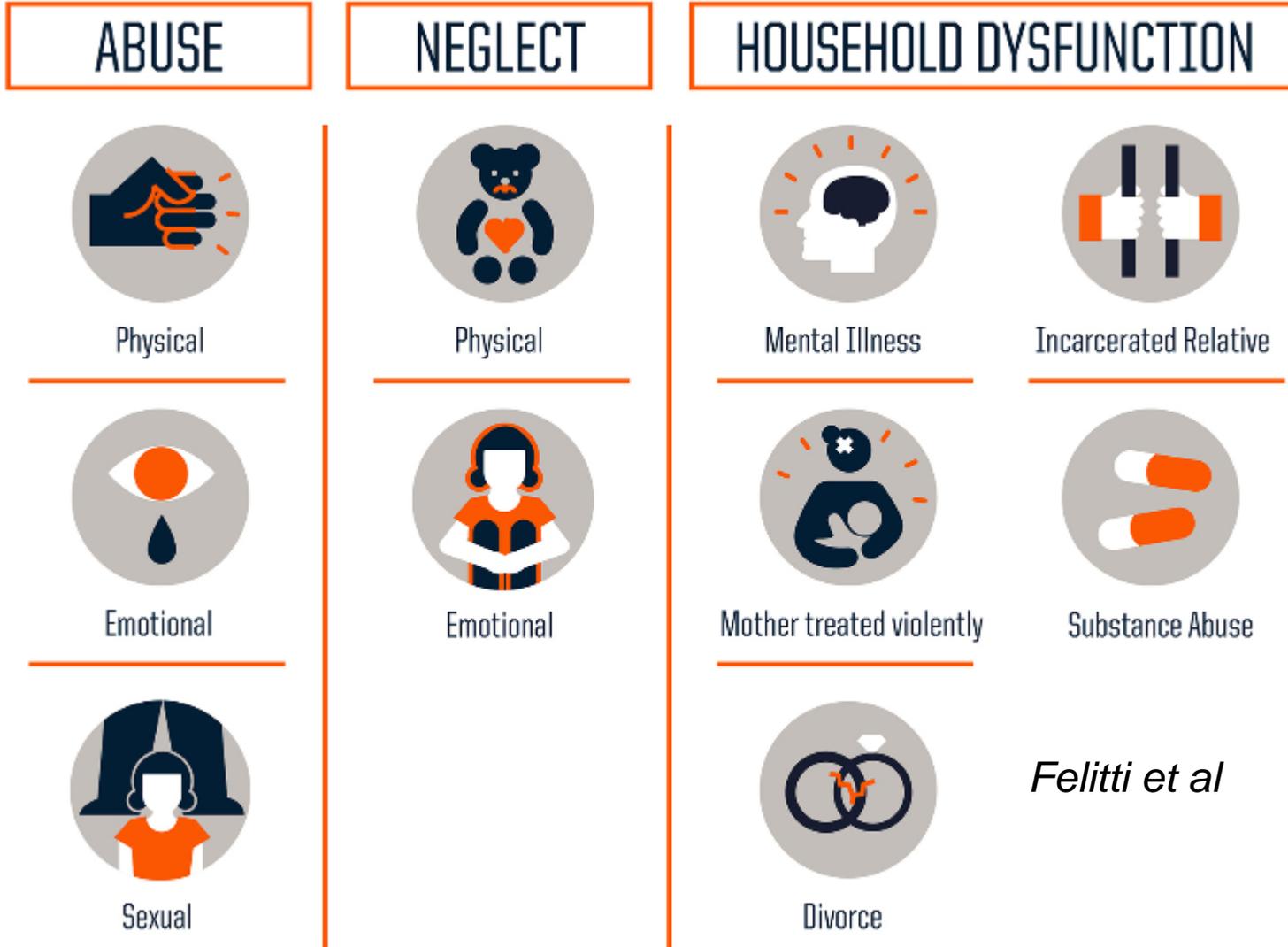


When I first saw him at age 9:

- Withdrawn and contemptuous of adoptive parents since about 1 month after placement aged 4^{1/2}
- “Resisting the relationship” with adoptive parents – would never go for comfort or problem-solving
- Frequent dissociation - “Blank”
- At school, compliant in the classroom, though sometimes “dreamy”
- Extremely aggressive in playground – stealing food



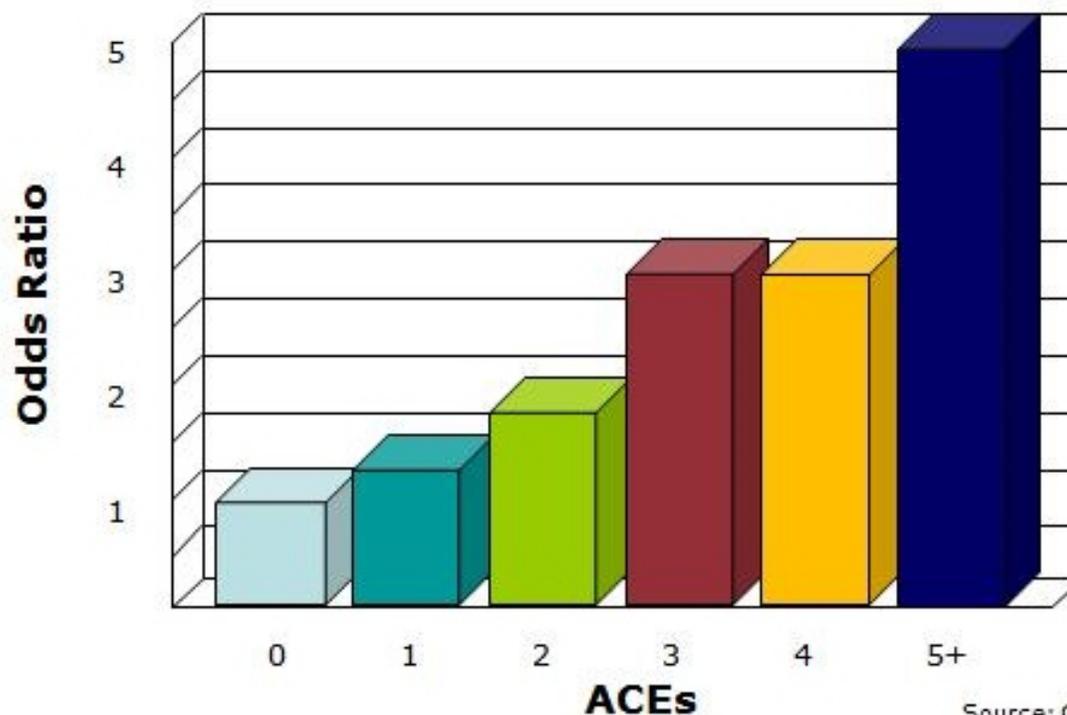
- Severe early neglect and family violence
- Neonatal abstinence syndrome (no evidence of pre-natal alcohol abuse)
- Wandering streets in pyjamas aged 20 months yet not placed in care until age 4.5 – very traumatic with police involvement





Center on the Developing Child
HARVARD UNIVERSITY

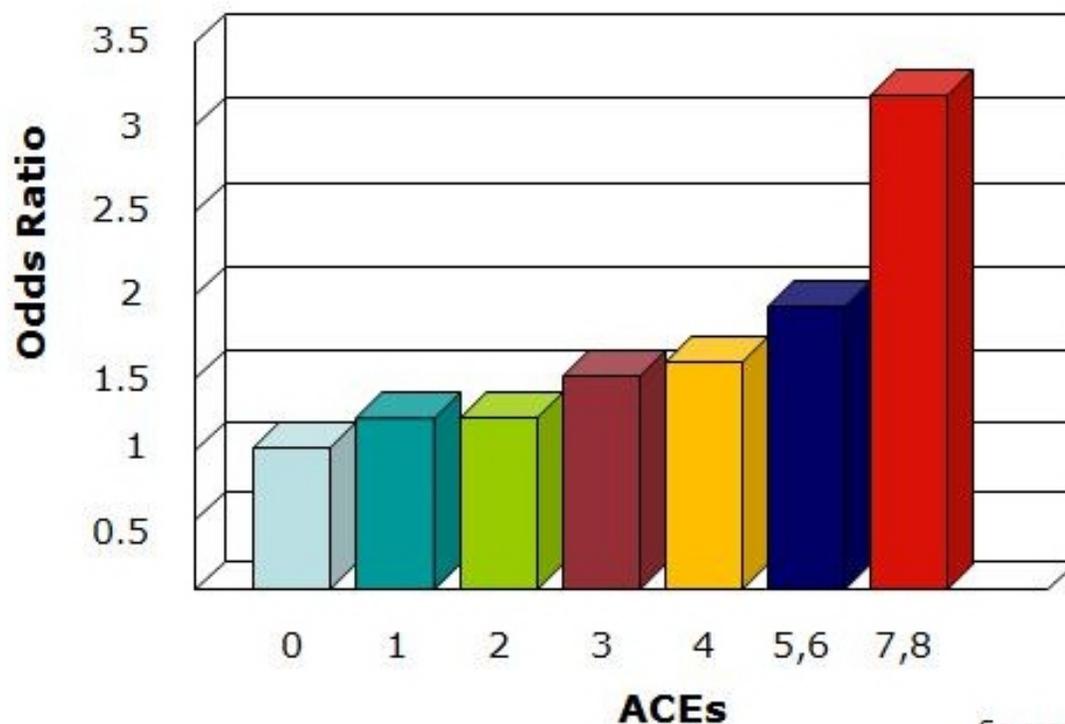
Risk Factors for Adult Depression are Embedded in Adverse Childhood Experiences



Source: Chapman et al, 2004



Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences





**The bigger the
load, the bigger
the risk**

**BUT...
not all children
with a big load
have problems**



Maltreatment-associated psychiatric problems

Minnis, 2013



Many of your most complex patients, and their parents, will have a history of trauma/child maltreatment/ ACEs

Maltreatment-specific problems

Disinhibited Social Engagement Disorder

In childhood: indiscriminate sociability with marked inability to exhibit appropriate selective attachments

In adolescence/adulthood: indiscriminate sociability, “boundarylessness”, excessive self-disclosure

In the context of abuse and/or neglect



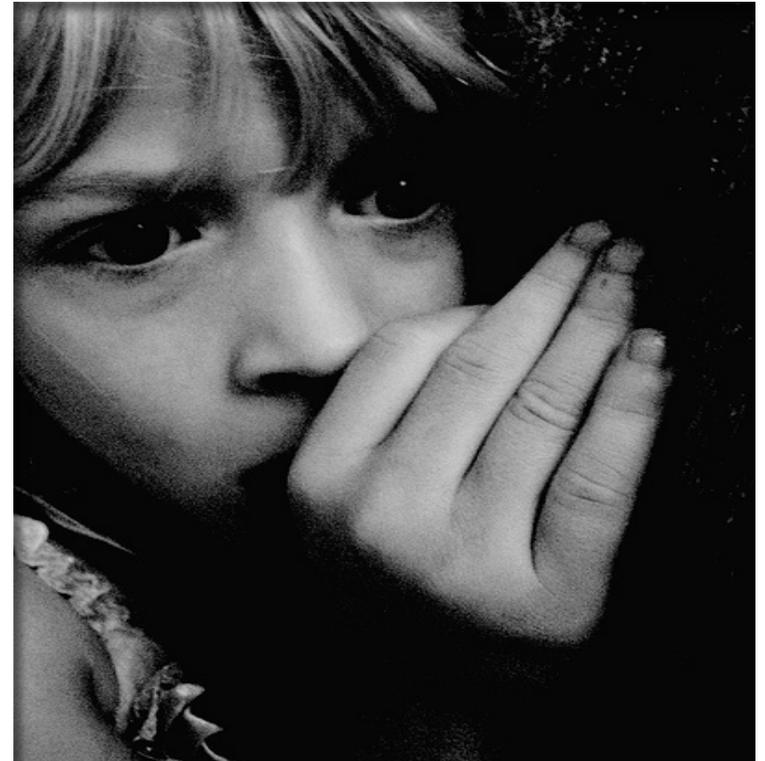


Reactive Attachment Disorder

In childhood: Failure to seek comfort, excessively inhibited, hypervigilant or highly ambivalent and contradictory responses

In adulthood: “trust issues”, poor emotion regulation

In the context of abuse and/or neglect





At age 9:

- Withdrawn and contemptuous of adoptive parents since about 1 month after placement aged 4^{1/2}
- “Resisting the relationship” with adoptive parents – would never go for comfort or problem-solving
- What would he have been like at 20 months?



University
of Glasgow

Institute of Health
& Wellbeing

A quick reminder about attachment...

Eh...excuse
me Dad...
I might have
pooped





- Attachment is a fundamental human instinct
- It works across ALL species
- When a young infant is stressed s/he **seeks comfort**
- Keeps stress hormones at safe levels for the brain
- Keeps us close to our “herd” and keeps us safe from predators
- Our herd introduces us to our world





- Comfort-seeking is essential for development
- We really can't fulfil our developmental potential without it
- Comfort-seeking in babies and toddlers involves **noise** and/or **movement**













Our wee boy at age 9 - failure to seek comfort

- Withdrawn and contemptuous of adoptive parents since about 1 month after placement aged 4^{1/2}
- “Resisting the relationship” with adoptive parents – would never go for comfort or problem-solving

Reactive Attachment Disorder



Is there anything else going on ?

- Withdrawn and contemptuous of adoptive parents since about 1 month after placement aged 4^{1/2}
- “Resisting the relationship” with adoptive parents – would never go for comfort or problem-solving
- Frequent dissociation - “Blank”
- **At school, compliant in the classroom, though sometimes “dreamy”**
- **Extremely aggressive in playground – stealing food**



Is there anything else going on ?

- **At school, compliant in the classroom, though sometimes “dreamy”**
- **Extremely aggressive in playground – stealing food**
- **Not overtly hyperactive at home, in fact often hypervigilant, but fidgety**

?ADHD



Maltreatment-associated psychiatric problems

Minnis, 2013



... the overlap/complexity
seems even greater for
people with a history of
trauma/maltreatment/ACEs



Maltreatment-associated psychiatric problems

Minnis, 2013



“Non-optimal psychosocial factors appear to interact with **minor neurodevelopmental problems** in the moulding of psychiatric disorders.”

Gillberg, 1983



The ESSENCE concept

Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examination



Gillberg 2010



The ESSENCE concept



Parents or professionals may be the first to express concern





The ESSENCE concept



Concerns about:

- General development
- Communication and language
- Social inter-relatedness
- Motor coordination
- Attention or activity
- Mood or behaviour
- Sleep





The ESSENCE concept



Overlap is the norm – not the exception





...and thinking about genetics...



ADHD is known to be highly heritable, and yet...

“Research into the inherited and molecular genetic contributions to ADHD suggest an important overlap with other neurodevelopmental problems, notably, autism spectrum disorders.”

Thapar et al, 2013



...and thinking about genetics...



In fact ALL neurodevelopmental problems share much heritability

“One general genetic factor was responsible for the wide-spread phenotypic overlap among all neurodevelopmental symptoms”
Pettersson, Anckarsäter, Gillberg & Lichtenstein, 2013

Do children exposed to maltreatment have an increased neurodevelopmental disorder (NDD) load compared to children not exposed to maltreatment?

The Child and Adolescent Twin Study in Sweden (CATSS)

- $N = 13,052$ (49.6% females) aged 9



Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis

Dinkler, L., Lundstrom, S., [Gajwani, R.](#), Lichtenstein, P., [Gillberg, C.](#), and [Minnis, H.](#) (2016) Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis. *[Journal of Child Psychology and Psychiatry](#)*, (Accepted for Publication)



- ***Do children exposed to maltreatment have an increased neurodevelopmental disorder (NDD) load compared to children not exposed to maltreatment?***



Maltreated



Not maltreated



Method – Childhood Maltreatment

Life Stressor Checklist-Revised (LSC-R) – *Wolfe & Kimerling, 1997*

- 1) **emotional neglect/abuse:** “Has the child ever been emotionally abused or neglected, for example, being frequently shamed, embarrassed, ignored, or repeatedly told that he/she were ‘no good’?”

- 2) **physical neglect:** “Has the child ever been physically neglected, for example, not fed, not properly clothed, or left to take care of him/herself?”

- 3) **physical abuse:** “Has the child ever been physically abused, for example, hit, choked, burned, beaten or severely punished by someone he/she knew well?”

→ Maltreated: 4.5% ($n = 590$, male-female ratio 1.7:1)

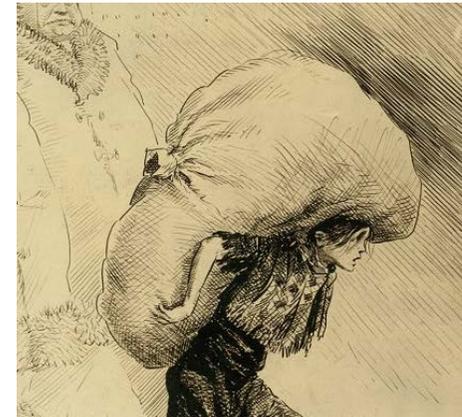
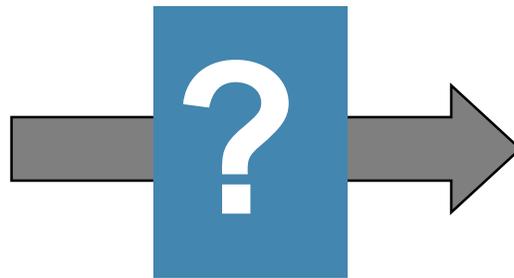
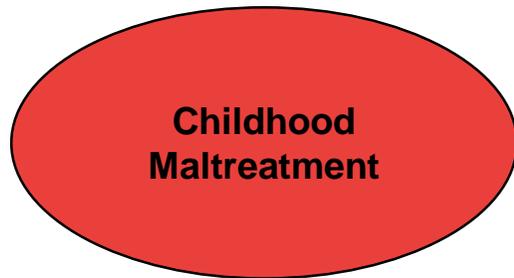


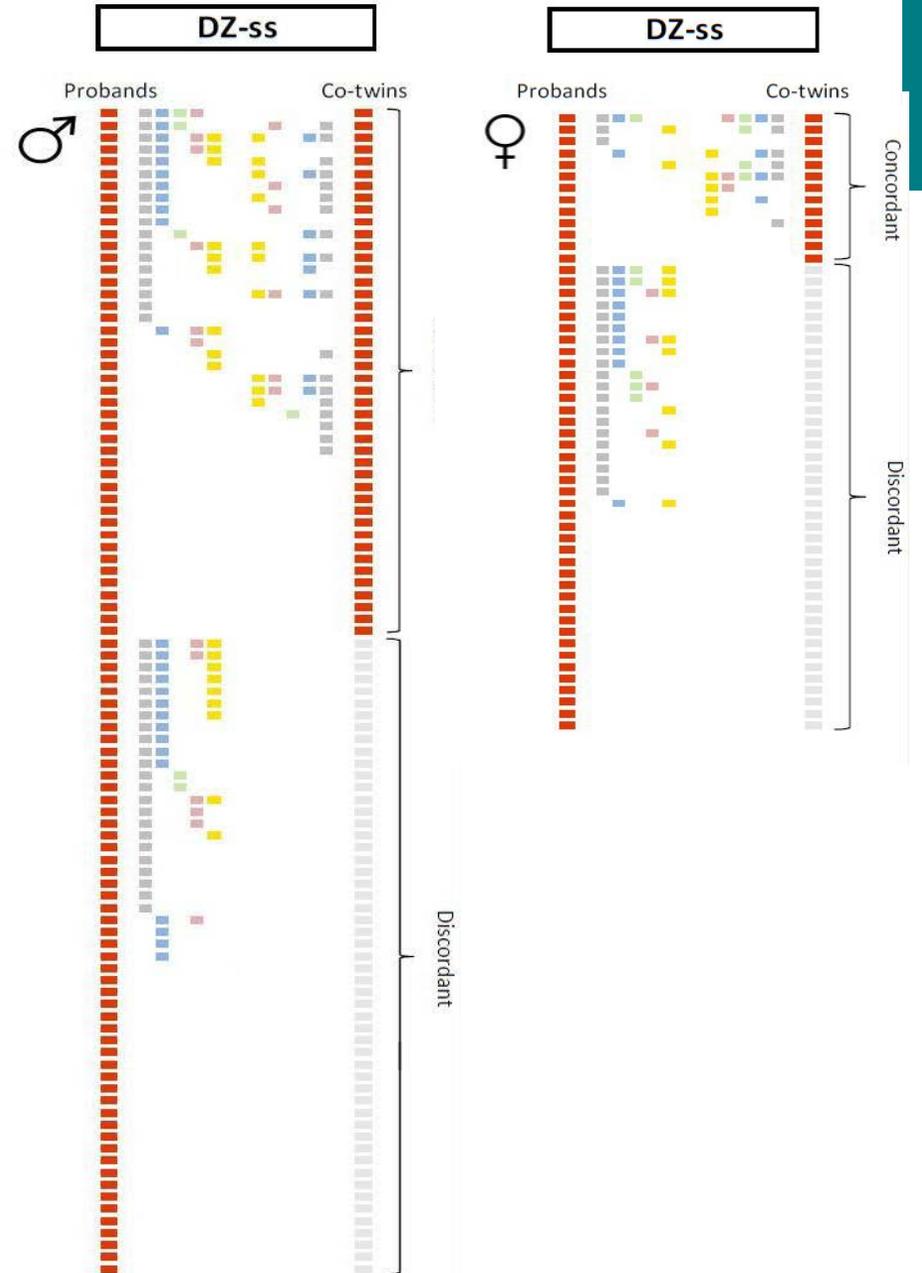
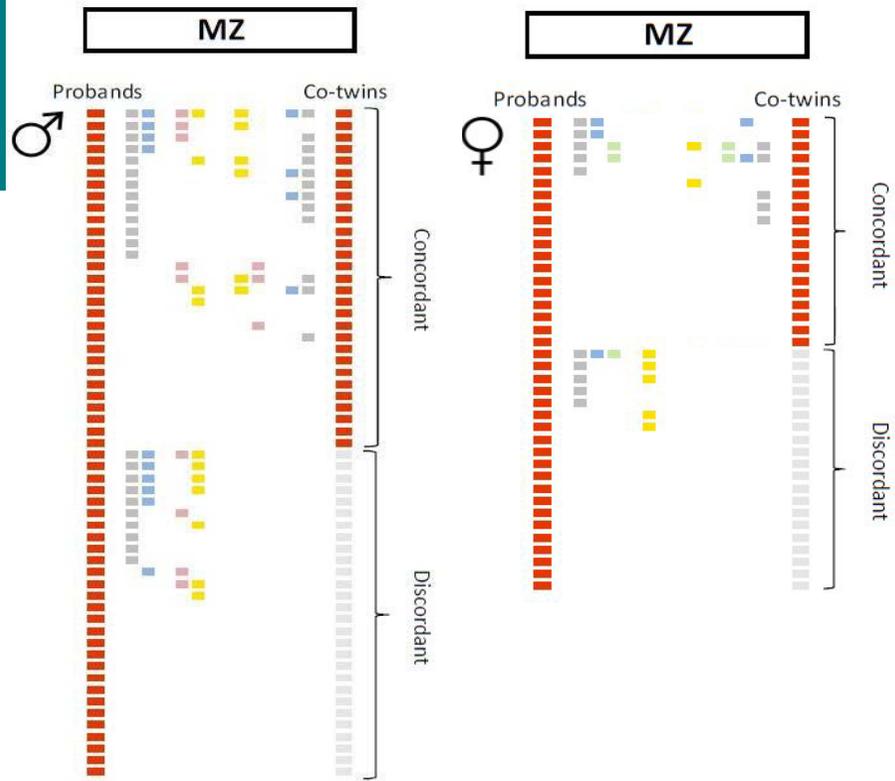
Yes!

*Maltreated children are nearly **ten times** as likely to have 3 or more neurodevelopmental problems*



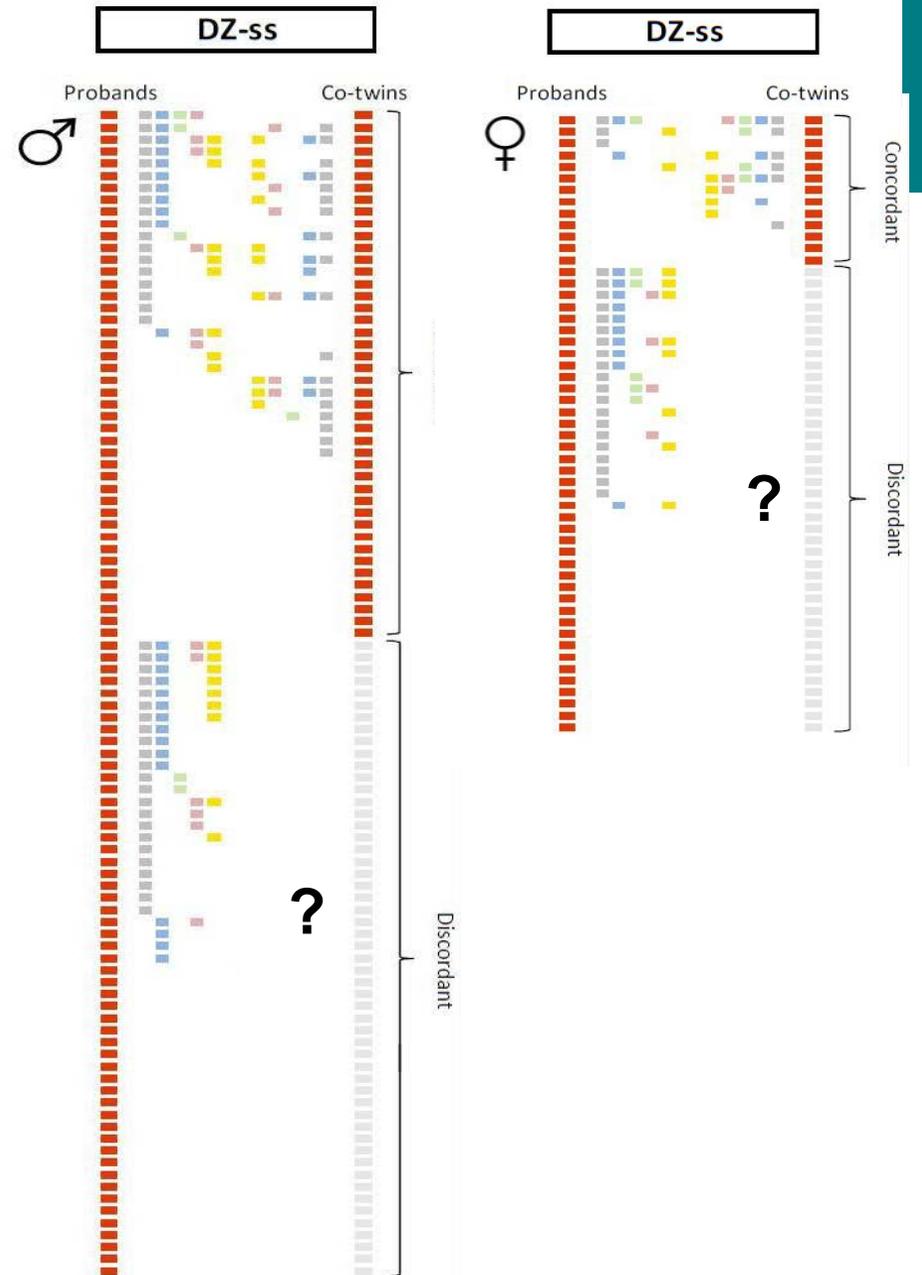
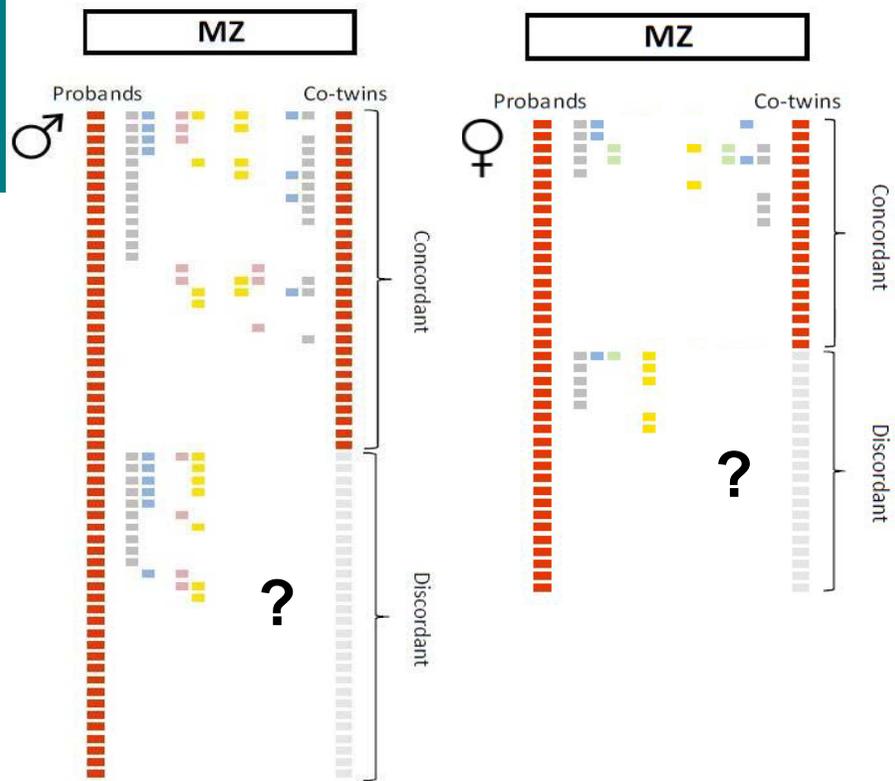
- ***Is CM a risk factor for an increased NDD load when controlling for familial effects?***





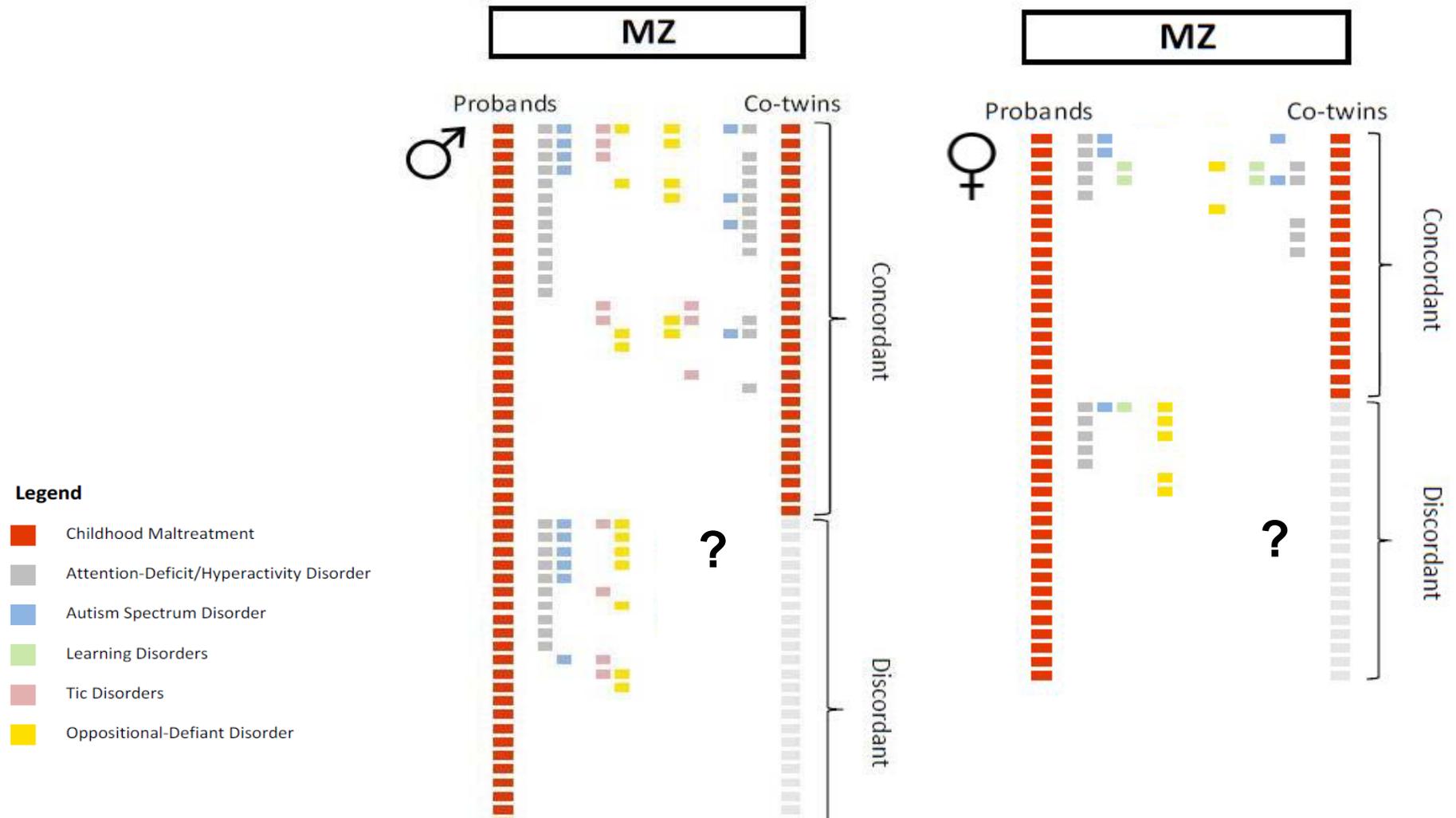
Legend

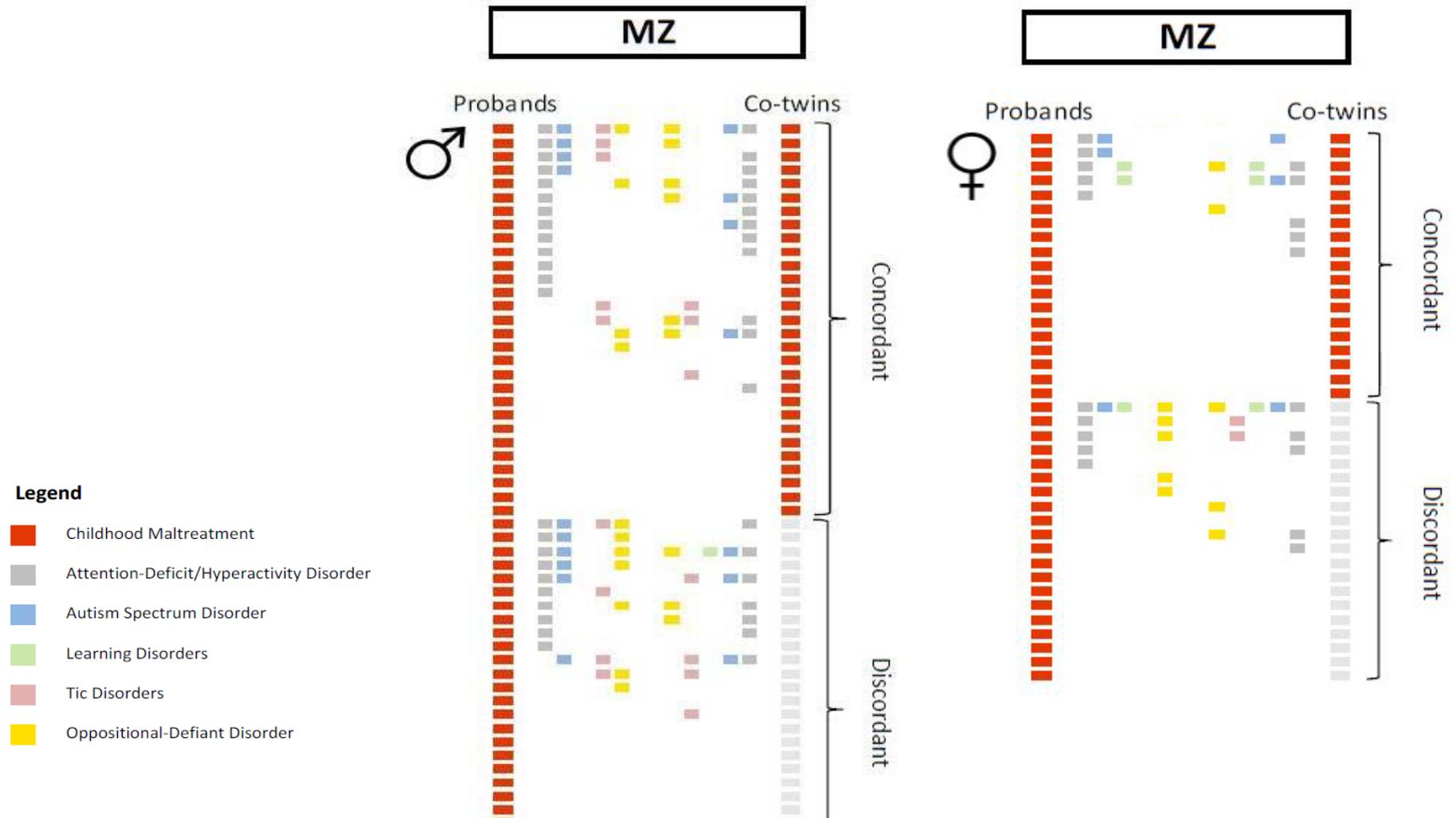
- Childhood Maltreatment
- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum Disorder
- Learning Disorders
- Tic Disorders
- Oppositional-Defiant Disorder

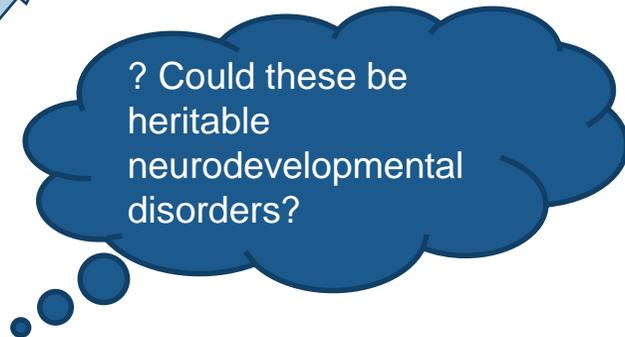
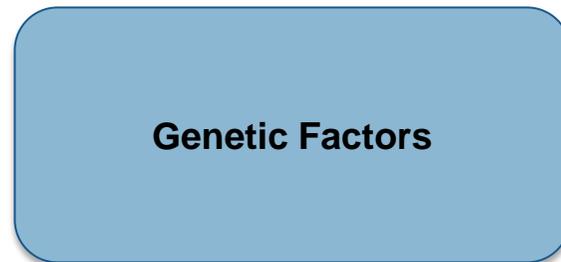


Legend

- Childhood Maltreatment
- Attention-Deficit/Hyperactivity Disorder
- Autism Spectrum Disorder
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- Oppositional-Defiant Disorder









1. Clinicians should be aware of:

- increased risk for maltreatment in children with multiple neurodevelopmental disorders
- increased risk for (multiple) neurodevelopmental problems/disorders in maltreated children

2. treatment strategies focusing on “trauma” unlikely to have an effect on the amount of neurodevelopmental problems – and recognising neurodevelopmental problems might help with therapeutic treatment

3. Need for assessment for neurodevelopmental disorders in children and adults with **“trauma-related disorders”**



Is there anything else going on ?

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- Extremely aggressive in playground – stealing food

- **?PTSD**



**POST-
TRAUMATIC
STRESS
DISORDER**

- Intrusive thoughts
- Nightmares and flashbacks
- Avoidance

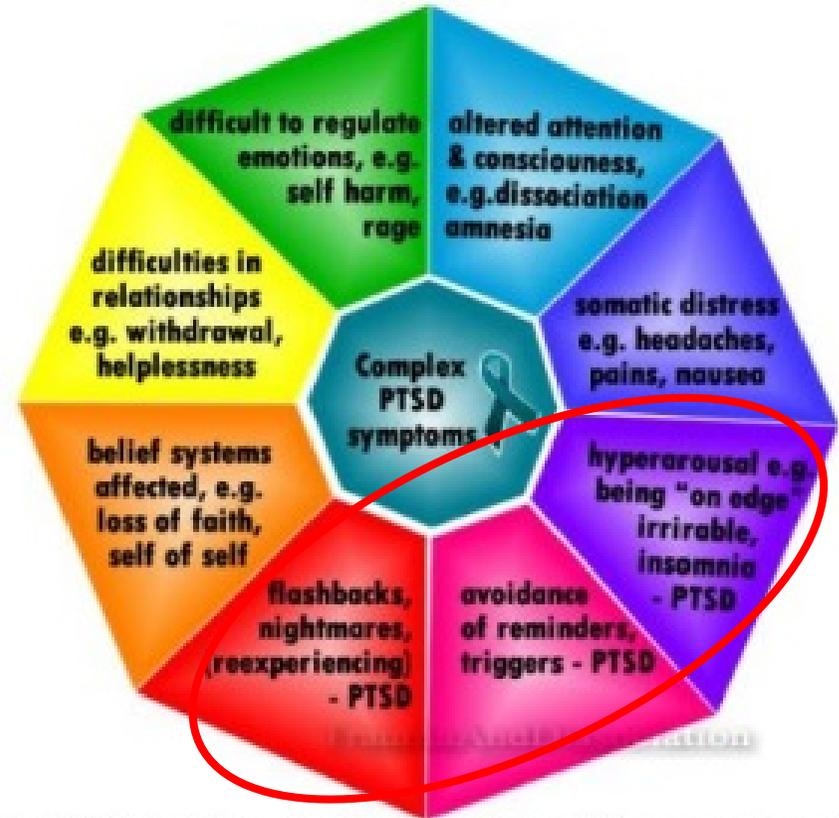


And what about PTSD?

**POST-
TRAUMATIC
STRESS
DISORDER**



What is Complex PTSD?



*Complex PTSD involves the core symptoms of PTSD plus additional groups of symptoms
source: ISTSS Expert Consensus Treatment Guidelines For Complex PTSD In Adults*

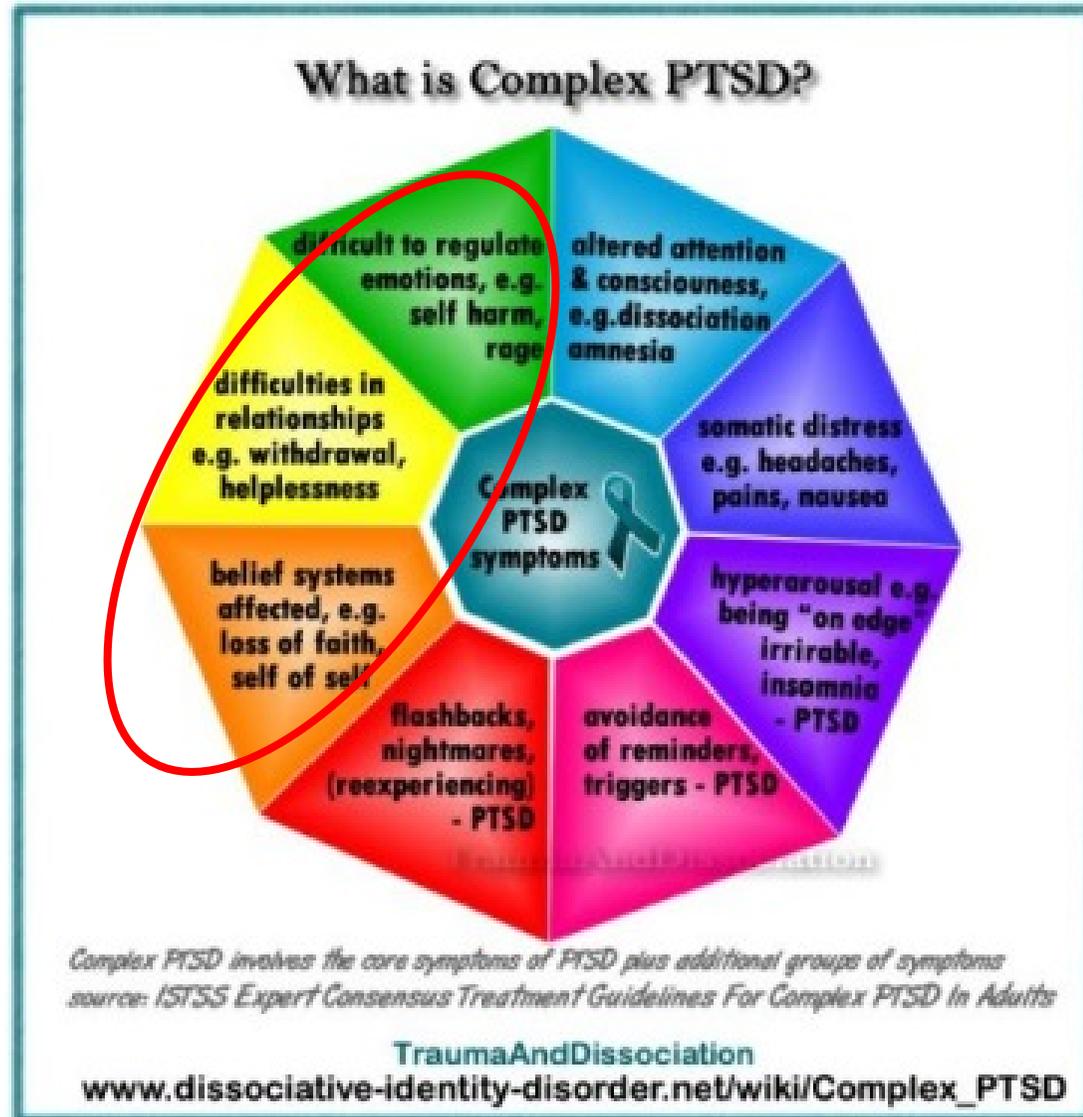
TraumaAndDissociation

www.dissociative-identity-disorder.net/wiki/Complex_PTSD



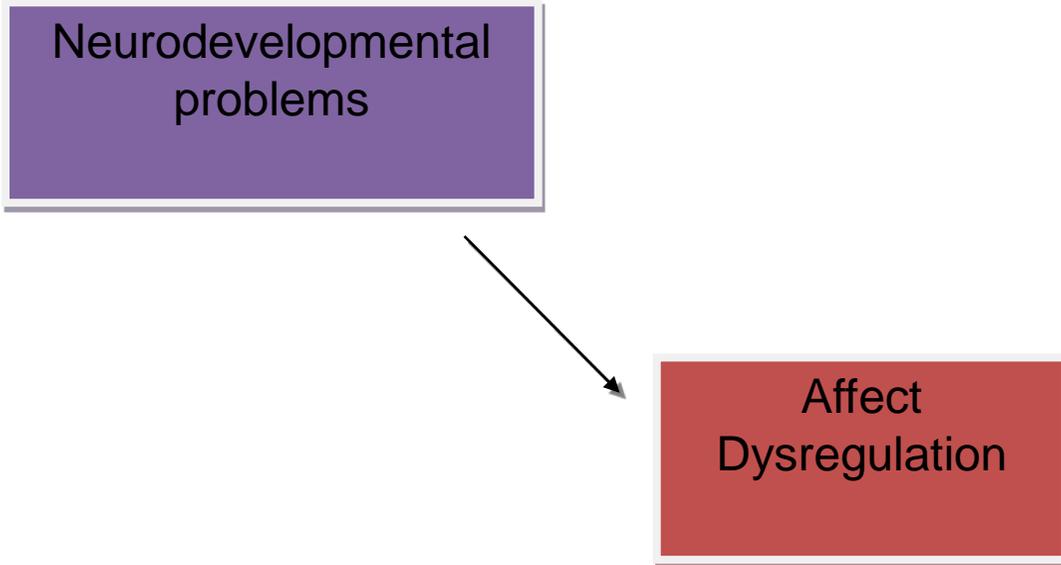
And what about PTSD?

Are these symptoms actually Attachment Disorder symptoms?



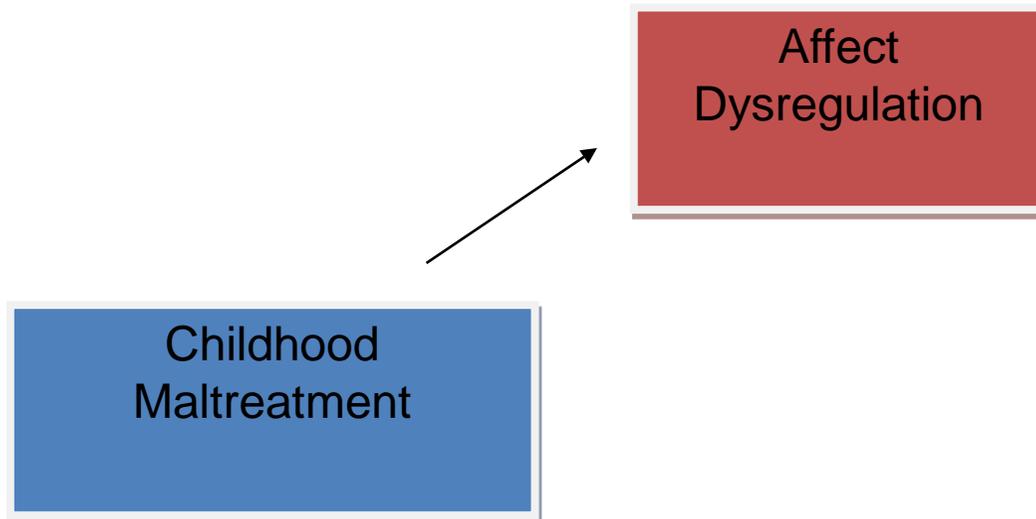


Double jeopardy



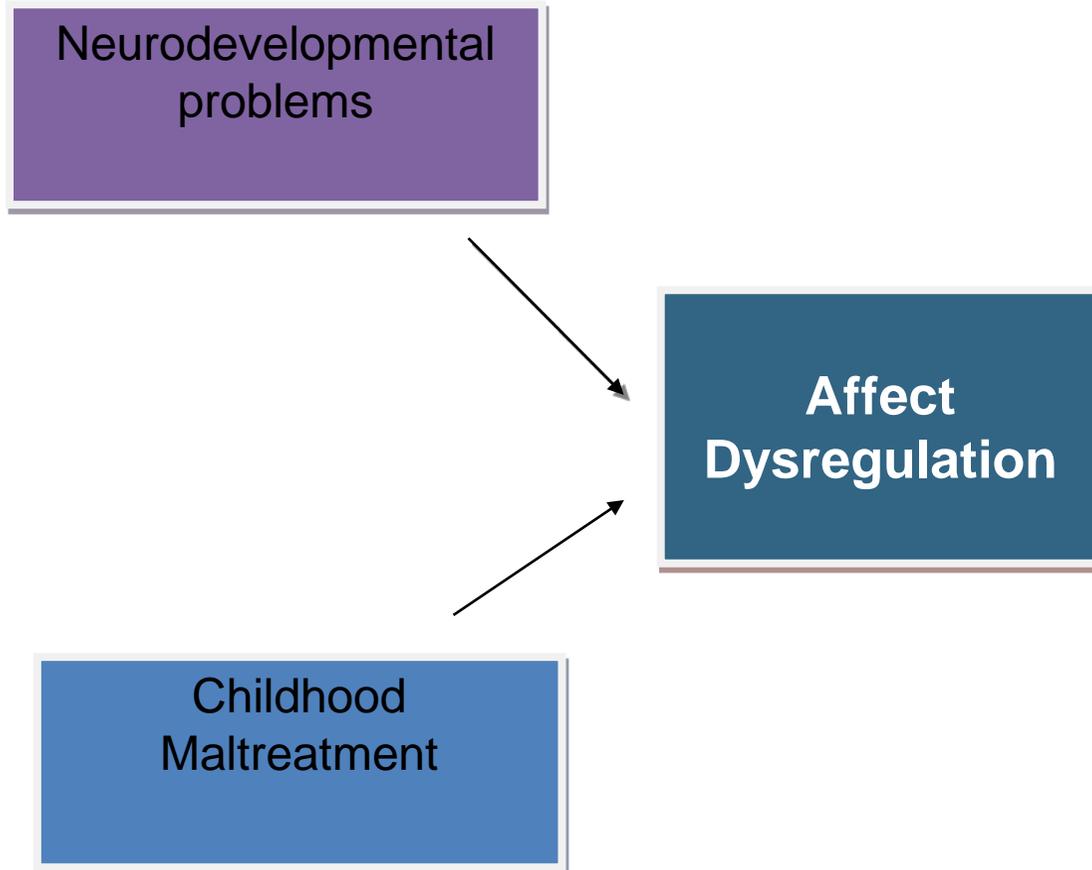


Double jeopardy



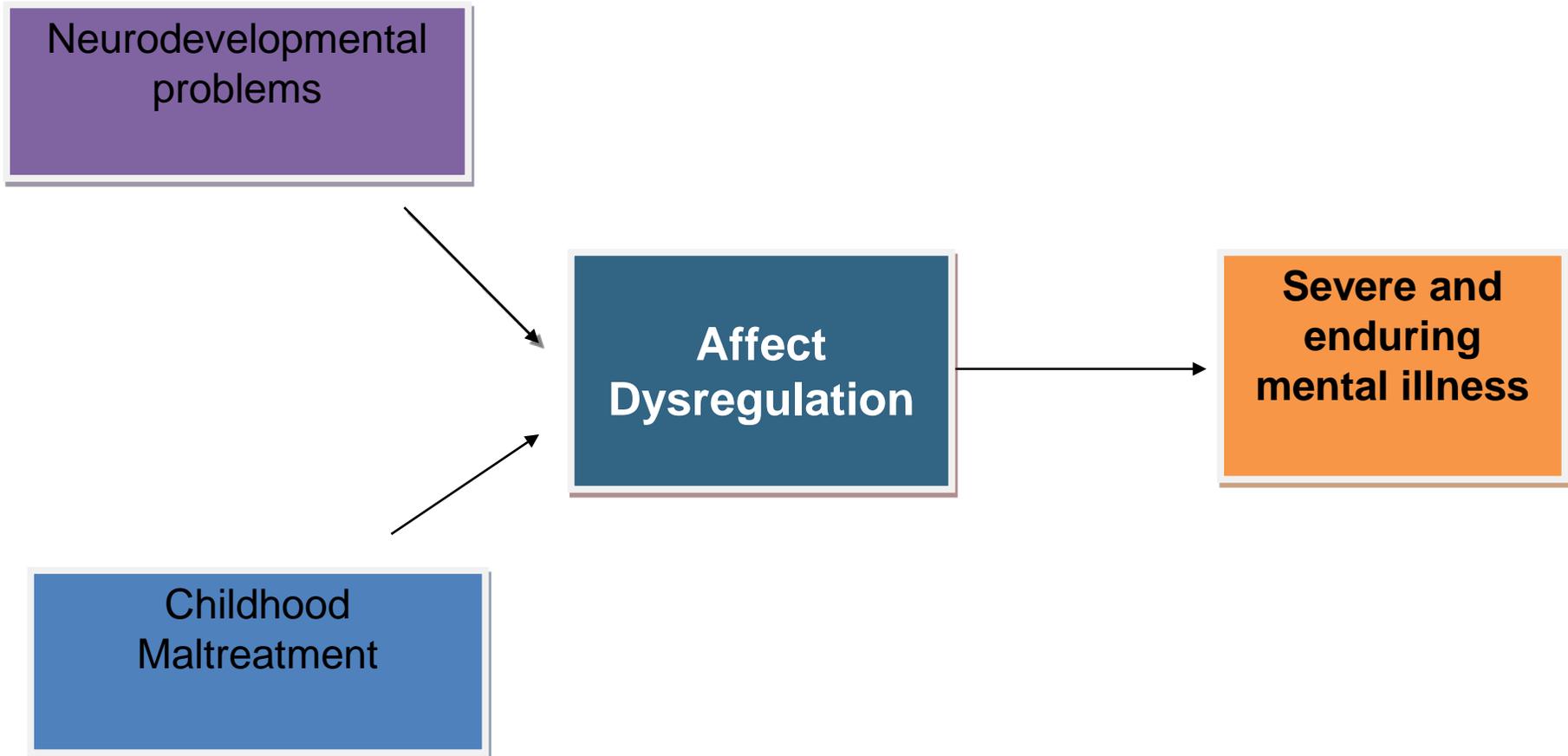


Double jeopardy





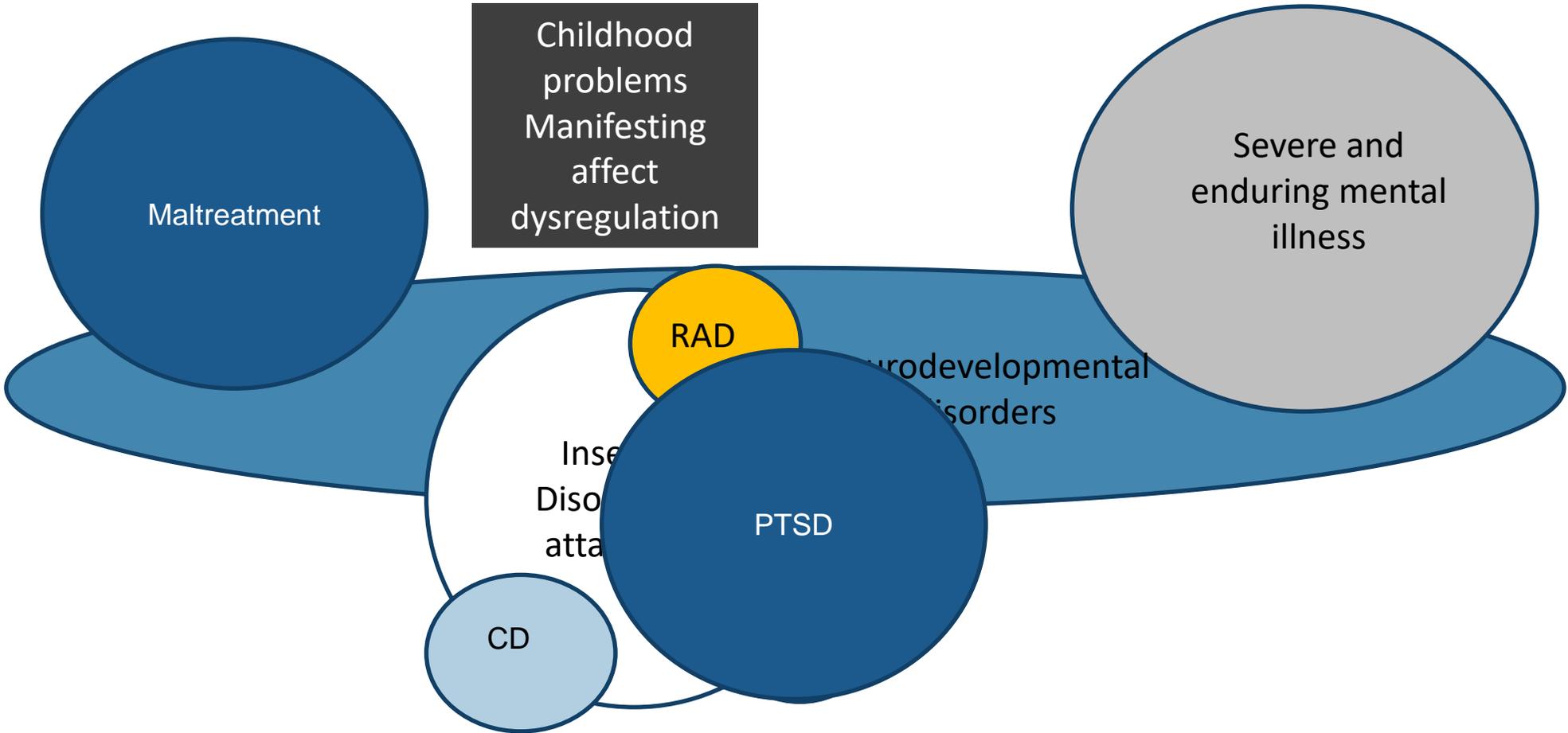
Double jeopardy





Birth

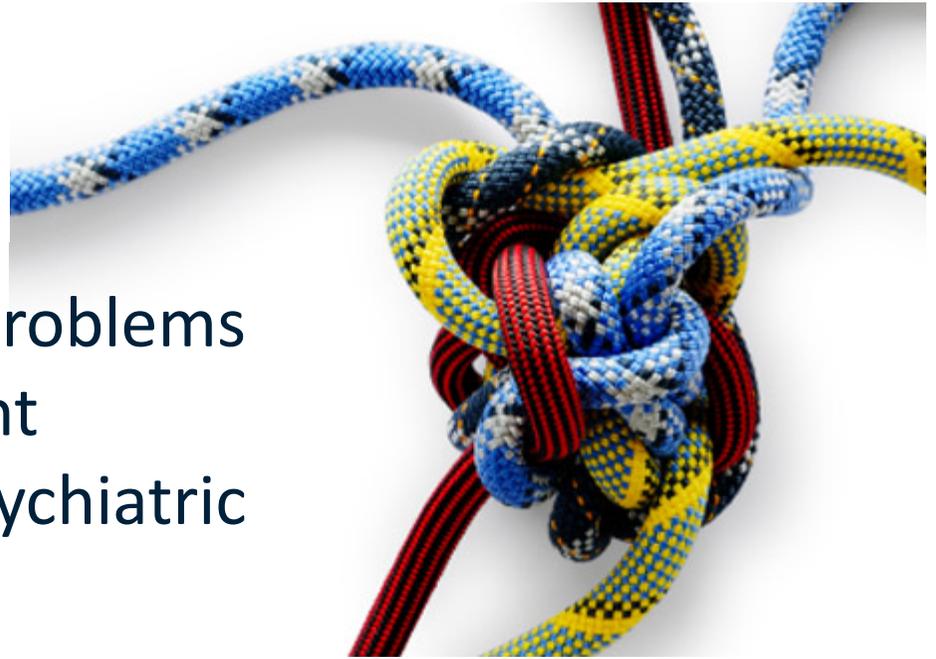
Adulthood



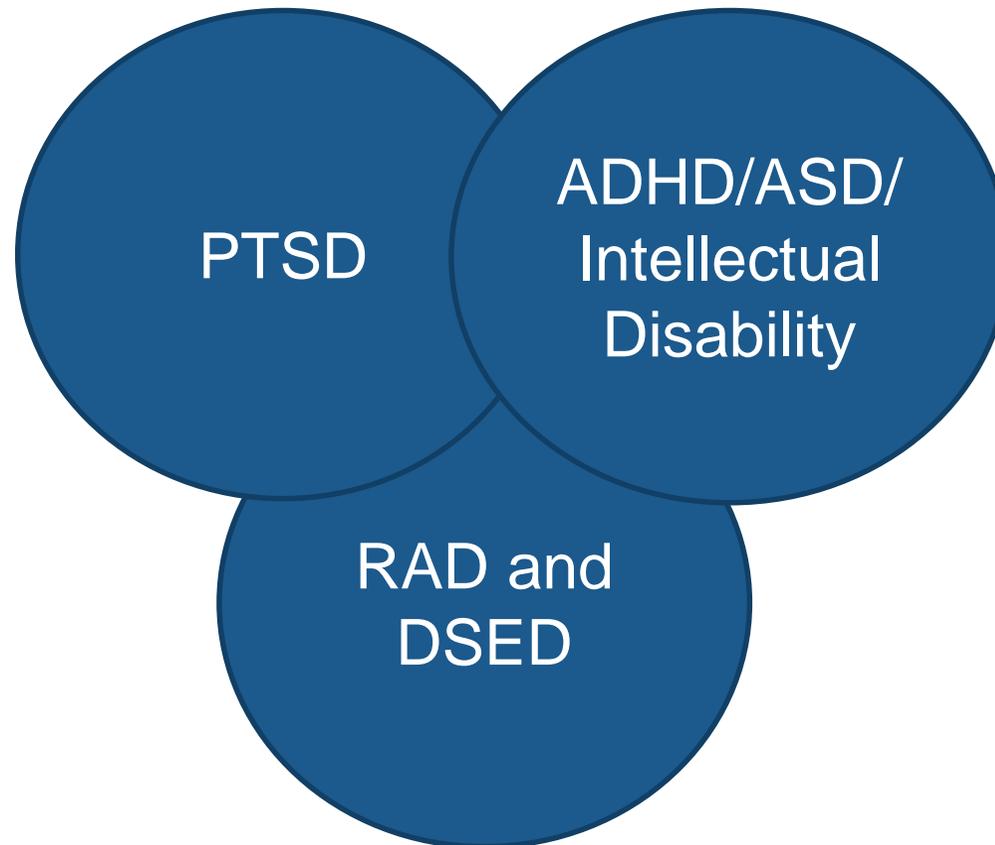


Aaaaargh!

- Overlapping developmental problems
- Changes through development
- Emergence of “adult type” psychiatric disorders later e.g. anxiety, depression, psychosis, PD
- Symptoms of neurodevelopmental and “adult type” psychiatric disorders can be similar



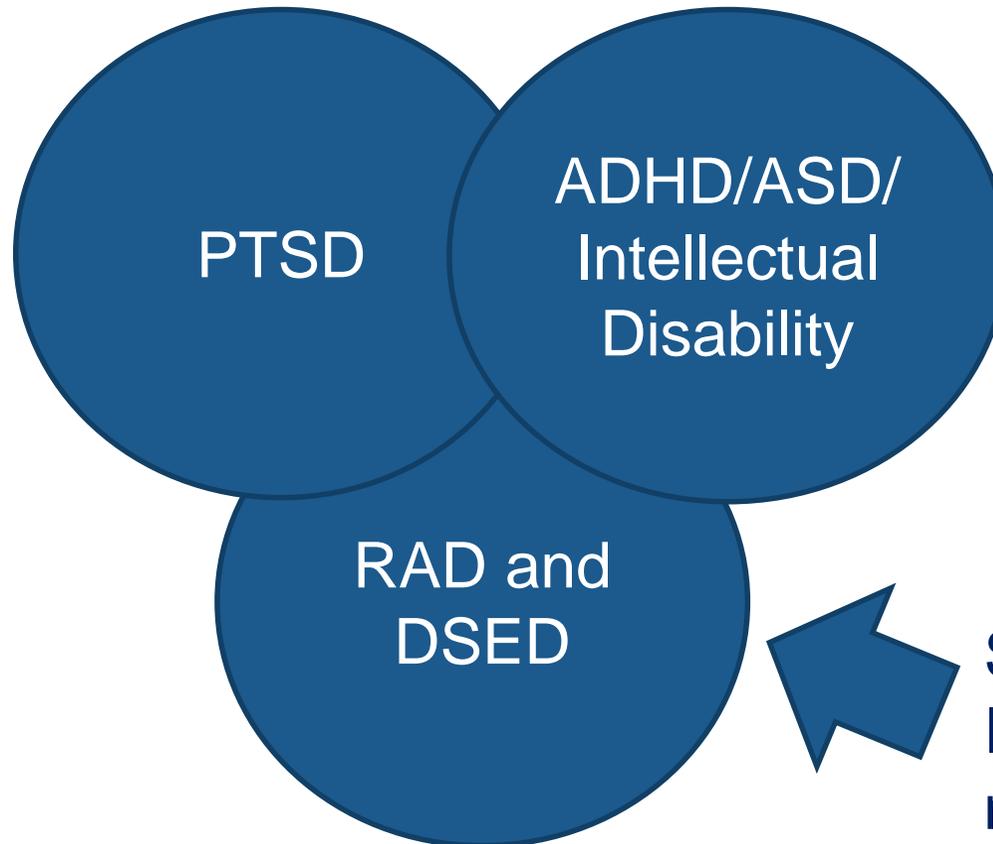
It's so complex!!!!!!





Does diagnosis help?

Societal?
Individual
need?



Societal?
Individual
need?

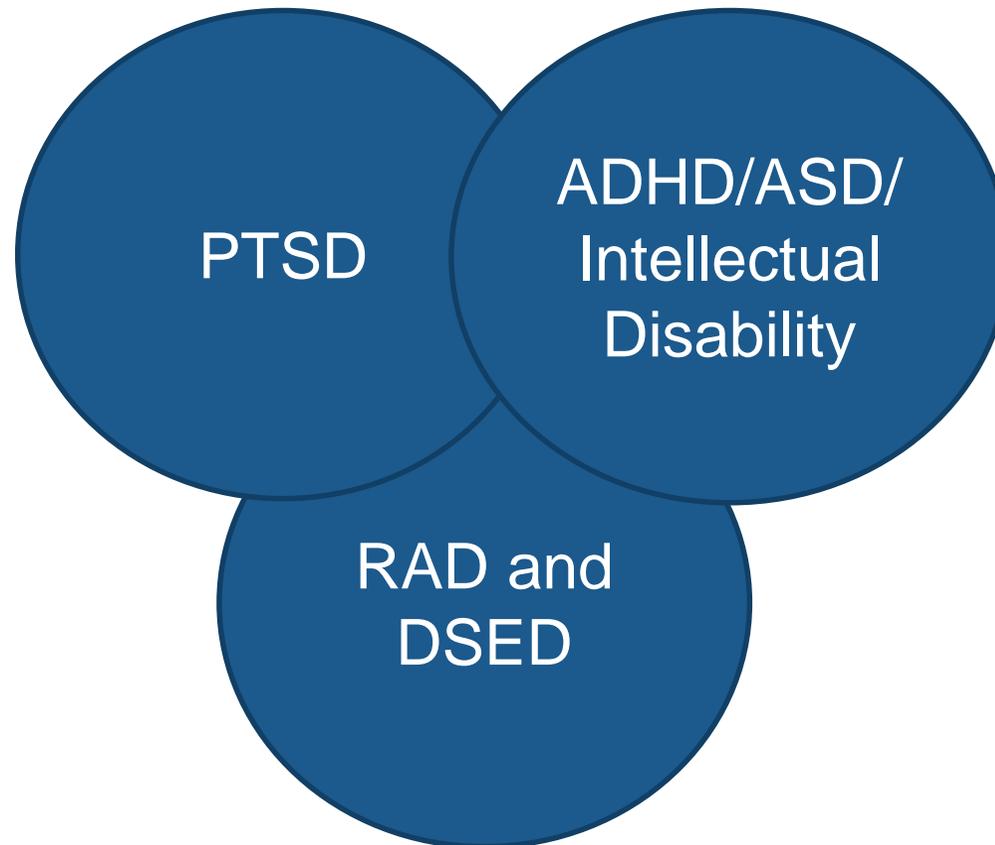


Societal?
Individual
need?





Formulation is for your patient's benefit





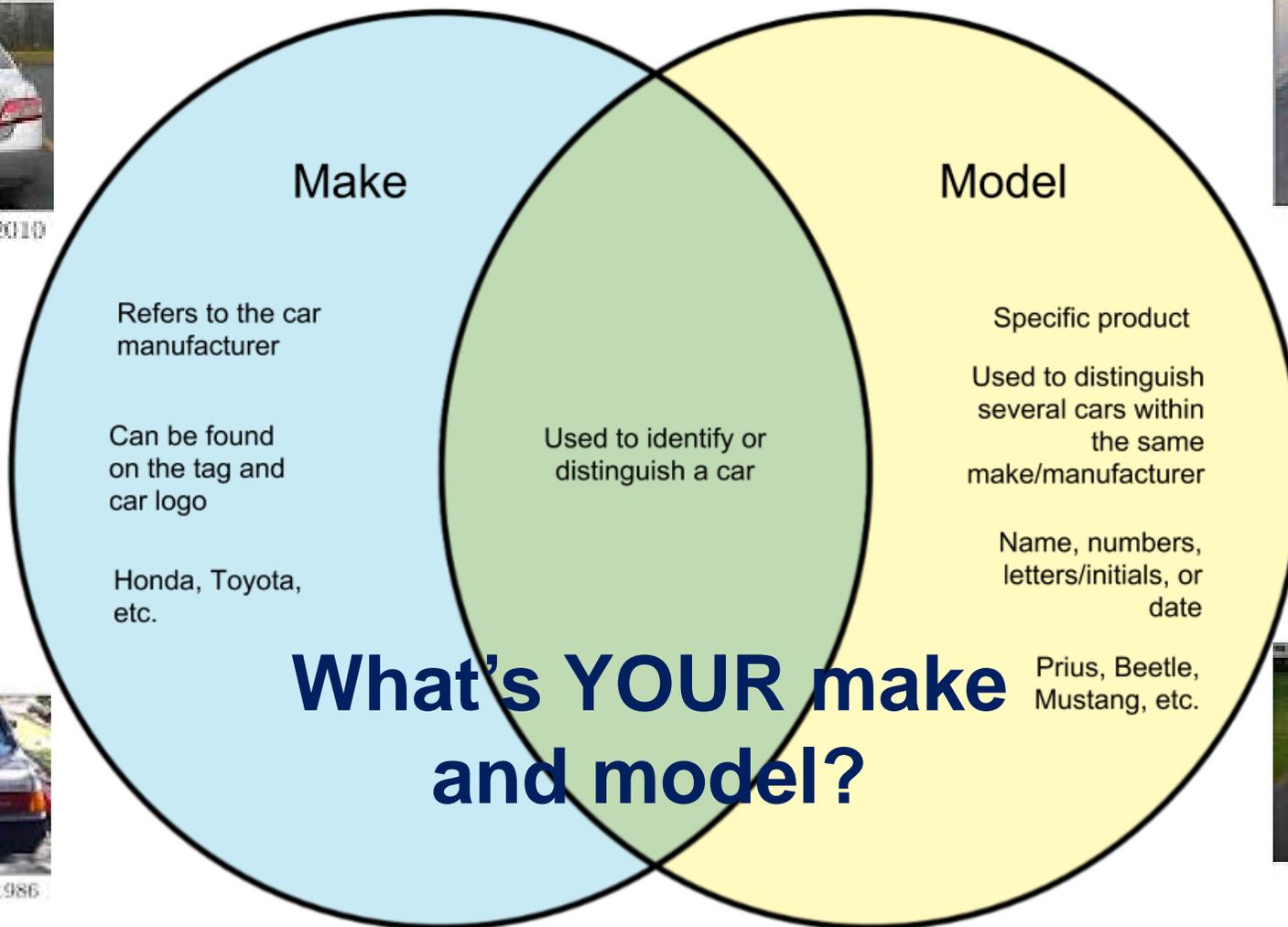
Formulation is for your patient's benefit



Toyota Camry 2010



Honda Civic 2015



What's YOUR make and model?



Toyota Camry 1986



Honda Civic 2010



- For ALL patients with a “trauma” history think... is there also ASD, ADHD, Tourettes, Learning disability?
- Use standardised tools and other colleagues to explore these (consult with SLT, OT, psychology, psychiatry, other expert colleagues)
- Treatment likely to be more effective if you understand BOTH neurodevelopmental disorders and more typically “trauma-related” disorders





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- Frequent dissociation - “Blank”
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- Step 1 – explain formulation to parents and school



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- Step 2 – support parents in explaining formulation to child and to “gently challenge”



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- Step 3 – treat ADHD



- Withdrawn and contemptuous of adoptive parents since about 1 month after placement aged 4^{1/2}
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- Frequent dissociation - “Blank”
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- Step 4 – treat PTSD



**Share Your
Thoughts**