NH Community of Practice for Children's Mental Health: Focus on Trauma
Presentation for the 2014 Conference on School Climate and Culture

JoAnne Malloy
Kevin Murphy
August 21, 2014

1

Expectations

Be Responsible	■ Make sure you are comfortable & that your personal needs are met ■Address question/activity in group time before discussing "other" topics ■Ask questions and listen to understand
Be Respectful	■ Turn cell phones, beepers, PDA's, and pagers off or to vibrate/silent ■ Contribute to activities and conversations where possible
Be Prepared	■ Bring your learning hat, and leave other hats behind ■ Follow through on assigned tasks

Agenda

- Childhood Trauma and Toxic Stress-
- ACES Study
- Reflection and Discussion
- Communities of Practice- NH's Community

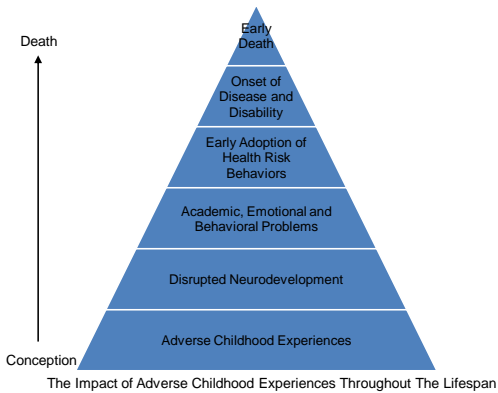## What is Complex Trauma and How Does it Impact Children and Youth?

- Video

_____

_____

_____

_____

_____

_____

_____

_____

The Adverse Childhood Experiences (ACE) Study

Summary of Findings:
- **Adverse Childhood Experiences (ACEs) are very common**
- **ACEs are strong predictors of later health risks and disease**
- **This combination makes ACEs *the leading* determinant of the health and social well-being of our nation**

_____

_____

_____

_____

_____

_____

_____

Death

Conception

Early Death

Onset of Disease and Disability

Early Adoption of Health Risk Behaviors

Academic, Emotional and Behavioral Problems

Disrupted Neurodevelopment

Adverse Childhood Experiences

The Impact of Adverse Childhood Experiences Throughout The Lifespan

_____

_____

_____

_____

_____

_____

_____

Categories of Adverse Childhood Experiences

- recurrent and severe physical abuse
- recurrent and severe emotional abuse
- contact sexual abuse
- emotional neglect
- physical neglect
- growing up in a household with:
  - an alcoholic or drug-user
  - a family member being incarcerated
  - a mentally ill, chronically depressed, or institutionalized family member
  - the mother being treated violently

Source: http://www.cdc.gov/ace

Risk Persists

Exposure to multiple adverse childhood experiences predicts increased risk for serious life adjustment problems
  - Academic failure
  - Peer and Teacher Rejection
  - Depression
  - Emotional and Behavioral Disorders

Schools as a Protective Factor
Osher, Dwyer, and Jackson (2004)

- Connection
- Academic Success
- Supported Transitions
- Positive relationships with adults and peers
- Caring interactions with pro-social peers
- Stability
- Positive approaches to disciplinary infractions

Child Maltreatment

Studies show a clear link between maltreatment and emotional and behavioral disorders:

- Cerezo-Jimenez, M. A., & Frias, D., 1994; Cook, A., Spinazzola, J., Ford, J., Lanktree, C., Blaustein, M., Cloitre, M., DeRosa, R., Hubbard, R., Kagan, R., Liautaud, J., Mallah, K., Olafson, E., & van der Kolk, B., 2005; De Bellis, M. D., 2005; Ethier LS, Lemelin JP, & Lacharité C., 2004; Herman, J. L., 1992; Hildyard, K. L., & Wolfe, D. A., 2002; Kim, J., & Cicchetti, D., 2003; Saigh, P. A., Yasik, A. E., Oberfield, R. A., Halamandaris, P. V., & McHugh, M., 2002; Schore, 2001; Toth, S. L., Manly, J. T., & Cicchetti, D., 1992; Widom, C. S., 1999; Zinzow, H.J., Ruggiero, K.G., Hanson, R. F., Smith, D. W., B. E. Saunders, B. E. & Kilpatrick, D. G., 2009

Poor School Performance and Maltreated Children

Cicchetti, Toth, & Hennessy, 1993;

Ethier, Lemelin, & Lacharit´e, 2004;

Reyome, 1993;

Eckenrode, Laird, & Doris, 1993;

Kendall-Tackett., & Eckenrode, 1996;

Leiter, & Johnsen, 1997;

Nelson, Benner, Lane, & Smith, 2011;

Shonk, & Cicchetti, 2001

SOME CHILDREN ARE MORE NEGATIVELY IMPACTED BY TRAUMA THAN OTHERS

Factors that relate to negative impact (aspects in place before the trauma)

- Female gender*, younger age, non-Caucasian race*
- Lower socioeconomic status, previous psychological dysfunction, less functional coping style
- Family dysfunction and/or history of psychopathology
- Previous history of trauma
- A hyperactive or dysfunctional nervous system
- Genetic predisposition,
- Greater distress at time of trauma

- *More likely to be exposed to trauma in past

Developmental Trauma Disorder
(van der Kolk, 2005)

"many problems of traumatized children can be understood as efforts to minimize objective threat and to regulate their emotional distress" (p.403)

- These are survival responses to disordered or dangerous environments

"{the child's} maladaptive behaviors tend to inspire revulsion and rejection…and is likely to lead to labeling and stigmatizing children for behaviors that are meant to ensure survival." (p. 404)

Maltreatment and Developmental Diagnostic Domains

PTSD Symptoms

Infancy

Attachment Disorders	Internalizing Disorders:	Externalizing Disorders:	Cognitive & Learning Disorders
	Separation-Anxiety Disorder	ADHD	Pervasive Developmental Disorder Symptoms
	Dysthymia	Oppositional Defiant Disorder	
	Chronic PTSD Major Depression	Suicide Attempts	Poor School Performance

to Early to Middle Childhood

to Adolescence

to Adulthood

Conduct Disorder Alcohol & Drug Abuse

Personality Disorders

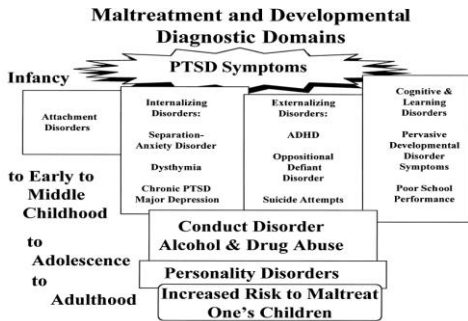**Increased Risk to Maltreat One's Children**

Figure 1. A developmental traumatology model for the intergenerational transmission of maltreatment. In this model the intergenerational transmission of child abuse and neglect is seen as transmitted through parental mental illness, and it is understood to be a result of (a) the impact of childhood traumatic stress on later parental biopsychosocial development, (b) consequent adverse parental brain development, (c) consequent parental mental illness, which may lead to (d) adverse parenting skills. This model is best thought of as multideter-mined (i.e., genetic and environment interactions leading to outcomes).

Look at Marcel Through a Trauma Lens

- Look for ways that the school responds to Marcel and his mother that are pro-active.
- Look for ways where there are problems in how individuals and systems responded to Marcel.

NH Children's Mental Health Community of Practice

The mission of the NH Children's Mental Health Community of Practice is to promote the social, emotional and behavioral well-being of all children by engaging diverse and multiple perspectives to influence policy, practice and systems on the national, state and local levels.

_____
_____
_____
_____
_____
_____
_____

Working together we can…

- Create new knowledge
- Collaboratively translate research into practical implementation tools and strategies
- Influence practice, policy and systems

_____
_____
_____
_____
_____
_____
_____

Leading by convening is…

- reaching out to others to address persistent problems and issues of common interest
- meeting people 'where they are' on the issue
- helping people 'lead in place' regardless of role, position or title
- finding ways to do mutual work that will address a persistent issue
- demonstrating outcomes, both obvious and distant
- building a personal commitment to inclusive work that will be more sustainable

_____
_____
_____
_____
_____
_____

Community of Practice

A *Community of Practice (CoP)* is a group of people that agree to interact regularly to solve a persistent problem or improve practice in an area that is important to them.

IDEAPartnership.org

Contact Information

JoAnne Malloy, Ph.D.
Clinical Assistant Professor
Institute on Disability at UNH
Joanne.malloy@unh.edu

National child Traumatic Stress
Network
http://www.nctsn.org/

Kevin J. Murphy, Executive
Director
Strafford Learning Center
Somersworth, New Hampshire
kmurphy@slc.k12.nh.us