Pediatric Mental Health Care Access Grant

Trauma- and Stressor-Related Disorders:

Increasing Awareness of the Source of Multiple Possible Reactions to Trauma and Stress

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OBJECTIVES

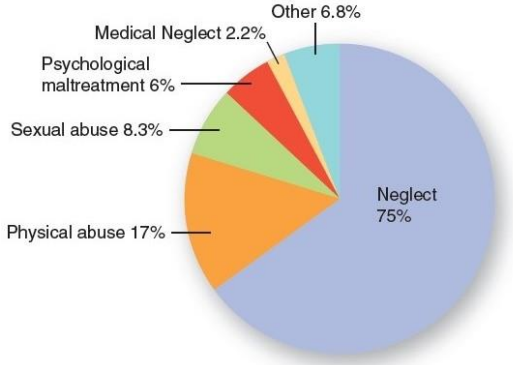
1. Outline the types of child abuse and neglect and their potential outcomes
2. Identify diagnostic criteria for Adjustment Disorder, Acute Stress Disorder, and Disinhibited Social Engagement Disorder
3. Identify treatment approaches for these trauma- and stressor-related disorders

INTRODUCTION

- Trauma- and Stressor-Related Disorder is a new category in the DSM-5
- Includes:
  - Adjustment Disorder
  - Acute Stress Disorder
  - Posttraumatic Stress Disorder (PTSD)
  - Reactive Attachment Disorder
  - Disinhibited Social Engagement Disorder

CHILD ABUSE AND NEGLECT

- In North America, it is estimated that 1 in 10 children receive harsh physical punishment that puts them at risk of injury and/or experience some form of sexual victimization



● **FIGURE 12.2** | Types of child maltreatment by percentage. "Other" forms of maltreatment include abandonment, threats of harm to the child, and congenital drug addiction. (Note that the percentages total more than 100% because children may have suffered from more than one type of maltreatment.)

Data from USDHHS (2016).

NEGLECT

- Physical neglect includes:
  - Refusal or delay in seeking health care, expulsion from the home, or refusal to allow a runaway to return home, abandonment, and inadequate supervision
- Emotional neglect:
  - Marked inattention to a child's needs for affection, refusal or failure to provide needed psychological care, spousal abuse in the child's presence, and permission of drug/alcohol use by the child
- Neglected children show behavior patterns vacillating between undisciplined activity and extreme passivity
- Educational neglect involves:
  - Allowing chronic truancy, failing to enroll a child of mandatory school age in school, or failing to attend to a child's special educational needs

EXAMPLES OF NEGLECT

Physical Neglect	Educational Neglect	Emotional Neglect
A 2-year-old who was found wandering in the street late at night, naked and alone	An 11-year-old and a 13-year-old who were chronically truant	Siblings who were subjected to repeated incidents of family violence between their mother and father
An infant who had to be hospitalized for near-drowning after being left alone in a bathtub	A 12-year-old whose parents permitted him to decide whether to go to school, how long to stay there, and in which activities to participate	A 12-year-old whose parents permitted him to drink and use drugs
Children who were living in a home contaminated with animal feces and rotting food	A special education student whose mother refused to believe he needed help in school	A child whose mother helped him shoot out the windows of a neighbor's house

PHYSICAL ABUSE

- Physical abuse includes multiple types of aggression (i.e., beating, punching, kicking, biting, burning, shaking)
- Injuries are often the result of over-discipline or severe physical punishment
- Physically abused children are often described as more disruptive and aggressive toward others

PSYCHOLOGICAL (EMOTIONAL) ABUSE

- Repeated acts or omissions that may cause serious behavioral, cognitive, emotional, or psychological maladjustment
- Exists in all forms of maltreatment
- Can be as harmful to a child's development as physical abuse or neglect

SEXUAL ABUSE

- Fondling a child's genitals, intercourse with the child, incest, rape, sodomy, exhibitionism, and commercial exploitation through prostitution or the production of pornographic materials
- May significantly affect behavior, development, and physical health of sexually abused children
- Reactions and recovery of sexually abused children vary, depending on the nature of the assault and responses of important others

EXPLOITATION

- Commercial or sexual exploitation:
  - Child labor
  - Child prostitution (human trafficking)
- Significant form of trauma for children and adolescents worldwide
  - As many as 10 million children worldwide may be victims of child prostitution, the sex industry, sex tourism, and pornography

DEMOGRAPHICS

- **Age**
  - **Younger children are more at risk for abuse and neglect, while sexual abuse is more common among older age groups (over 12)**
- **Gender**
  - **80% of sexual abuse victims are female, but with that exception, boys and girls are victims of maltreatment almost equally**
- **Race/ethnicity characteristics**
  - **The majority of substantiated maltreated victims are white (44%), African-American (22%), or Hispanic (21%)**
  - **Compared to children of same race or ethnicity in the U.S.**
    - **Highest rates of victimization are for children who are African-American (15.1/1000), American Indian or Alaska Native (11.6/1000), and multiple race (12.4/1000), white and Hispanic (8/1000), and Asian (2/1000)**

ADJUSTMENT DISORDER

ADJUSTMENT DISORDER

- An adjustment disorder occurs when an individual is unable to adjust to, or cope with, a particular stress or major life event.
- Since people with this disorder normally have symptoms that depressed people do, such as general loss of interest, feelings of hopelessness and crying, this disorder is sometimes known as situational depression.
- Unlike major depression, the disorder is caused by an outside stressor and generally resolves once the individual is able to adapt to the situation.

ADJUSTMENT DISORDER

A. The development of emotional or behavioral symptoms in response to an identifiable stressor(s) occurring within 3 months of the onset of the stressor(s).

B. These symptoms or behaviors are clinically significant, as evidenced by one or both of the following: Marked distress that is out of proportion to the severity or intensity of the stressor, taking into account the external context and the cultural factors that might influence symptom severity and presentation.

ADJUSTMENT DISORDER

C. The stress-related disturbance does not meet the criteria for another mental disorder and is not merely an exacerbation of a preexisting mental disorder.

D. The symptoms do not represent normal bereavement.

E. Once the stressor (or its consequences) has terminated, the symptoms do not persist for more than an additional 6 months.

***Must be a significant impairment in social, occupational, or other important areas of functioning.**

ACUTE STRESS DISORDER

ACUTE STRESS DISORDER

A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:

- **Directly experiencing the traumatic event(s).**
- **Witnessing, in person, the event(s) as it occurred to others.**
- **Learning that the event(s) occurred to a close family member or close friend. Note: In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.**
- **Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains, police officers repeatedly exposed to details of child abuse).**

ACUTE STRESS DISORDER

B. Presence of nine or more of the following symptoms from any of the five categories of intrusion, negative mood, dissociation, avoidance, and arousal, beginning or worsening after the traumatic event(s) occurred:

Intrusion Symptoms

1.Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s). Note: In children, repetitive play may occur in which themes or aspects of the traumatic event(s) occurred.

2.Recurrent distressing dreams in which the content and/or effect of the dream are related to the event(s). Note: In children, there may be frightening dreams without recognizable content.

3.Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.) Note: In children, trauma-specific reenactment may occur in play.

4.Intense or prolonged psychological distress or marked physiological reactions in response to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

ACUTE STRESS DISORDER

Negative Mood
5. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).
Dissociative Symptoms
6. An altered sense of the reality of one's surroundings or oneself (e.g., seeing oneself from another's perspective, being in a daze, time slowing).
7. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

ACUTE STRESS DISORDER

Avoidance Symptoms
8. Efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
9. Efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

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(A) A pattern of behavior in which a child actively approaches and interacts with unfamiliar adults and exhibits at least two of the following:

(1) Reduced or absent reticence in approaching and interacting with unfamiliar adults.

(2) Overly familiar verbal or physical behavior (that is not consistent with culturally sanctioned and with age-appropriate social boundaries).

(3) Diminished or absent checking back with adult care-giver after venturing away, even in unfamiliar settings.

(4) Willingness to go off with an unfamiliar adult with minimal or no hesitation.

DISINHIBITED SOCIAL ENGAGEMENT DISORDER

(B) The behaviors in Criterion A are not limited to impulsivity (as in attention-deficit/hyperactivity disorder) but include socially disinhibited behavior.

(C) The child has experienced a pattern of extremes of insufficient care as evidenced by at least one of the following:

Social neglect or deprivation in the form of persistent lack of having basic emotional needs for comfort, stimulation, and affection met by caregiving adults.

Repeated changes of primary caregivers that limit opportunities to form stable attachments (e.g. frequent changes in foster care).

Rearing in unusual settings that severely limit opportunities to form selective attachments (e.g., institutions with high child-to-caregiver ratios).

TREATMENT

- **Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) has been adapted for abuse victims and others with complex trauma symptoms**
- **Interventions for physical abuse usually involve ways to change how parents teach, discipline, and attend to their children**
- **Treatment for child neglect focuses on parenting skills and expectations, coupled with teaching parents how to improve their skills in organizing important family needs**
- **Treatment programs for children who have been sexually abused provide several crucial elements to restore the child's sense of trust, safety, and guiltlessness**

HEALTHY FAMILIES

- Knowledge of child development and expectations
- Adequate coping skills and ways to enhance development through stimulation and attention
- Normal parent-child attachment and communication
- Includes a supportive family, peer contact, and opportunities to explore and master their environment for older children
- Provides a gradual shift of control from parent to the child and the community

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