Is this Trauma or ADHD? Tips to Address the Mental Health Care Needs of Youth in Foster Care in a Primary Care Setting

Wynne Morgan MD

Assistant Professor of Psychiatry

UMass Medical School

Disclosure & Conflicts of Interest

- None

Learning Objectives

- Gain a developmental understanding of the impact of trauma on behavior and mental health for child welfare involved youth
- Identify risk factors that can lead to the inappropriate use of psychotropic medications in this population
- Develop a more robust knowledge base on how to support transitional age foster youth

Overview

- Intro to Foster Care Population
- 3 Foster Care Cases Referred from Primary Care
    - ADHD/Trauma Case
    - Polypharmacy Case
    - TAY

- Questions & Discussions

FOSTER CARE STATISTICS

In 2013, there were

402,378

children in foster care in the U.S.

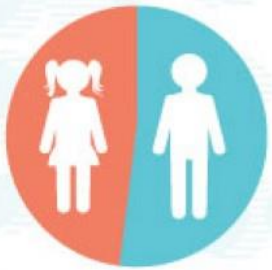
The average age of those in foster care was

8.9

years old.

48%

were female



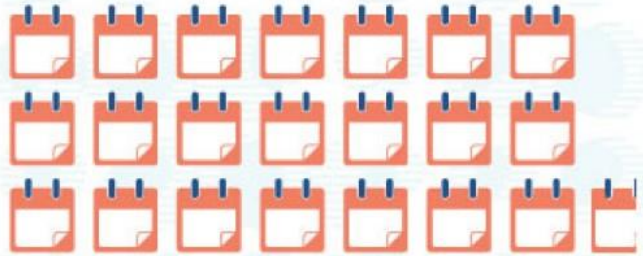
52%

were male

Zinda & Davis

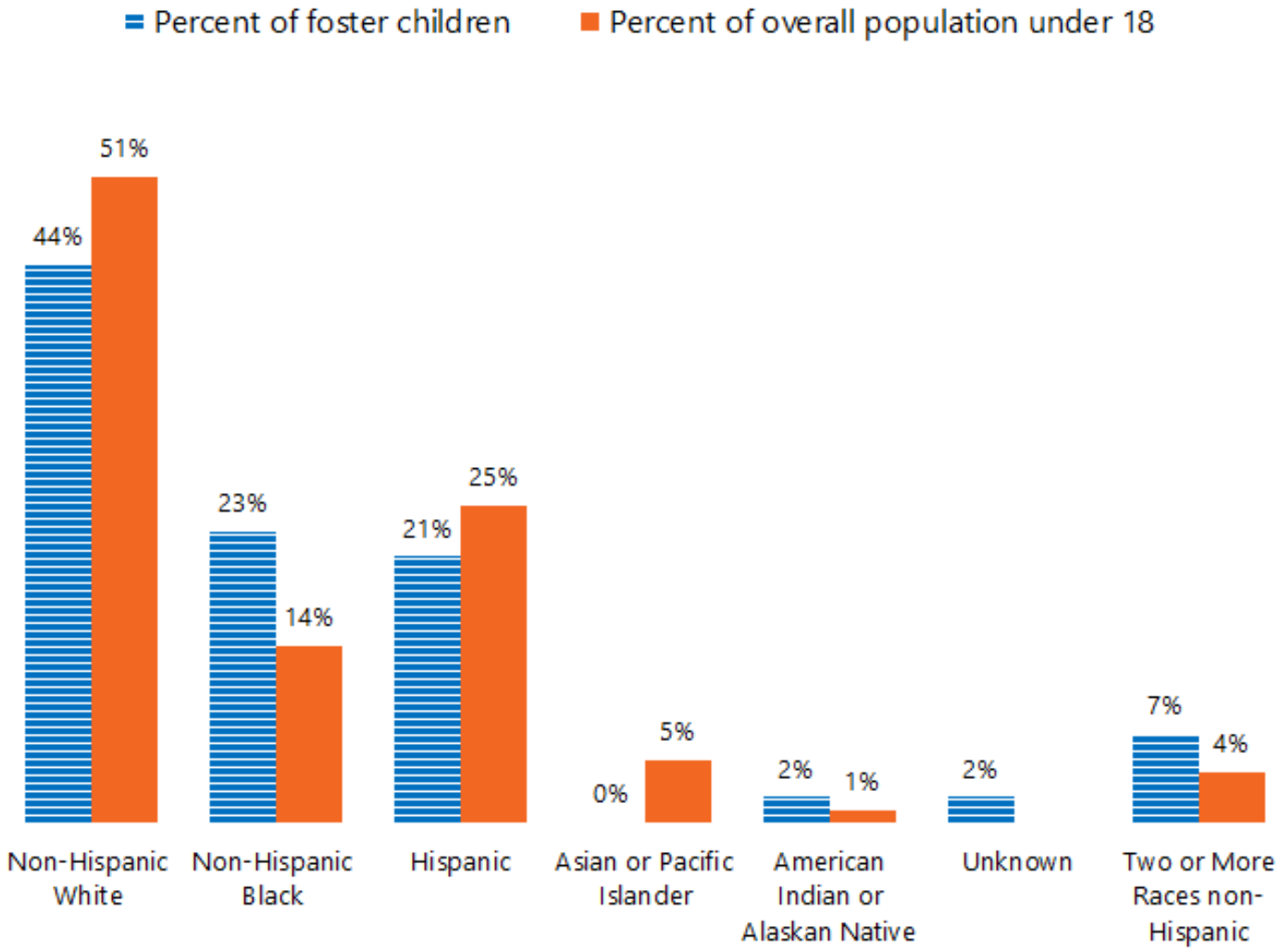
The average time spent in foster care was

21.8 MONTHS



Source: www.acf.hhs.gov/sites/default/files/cb/afcarsreport21.pdf

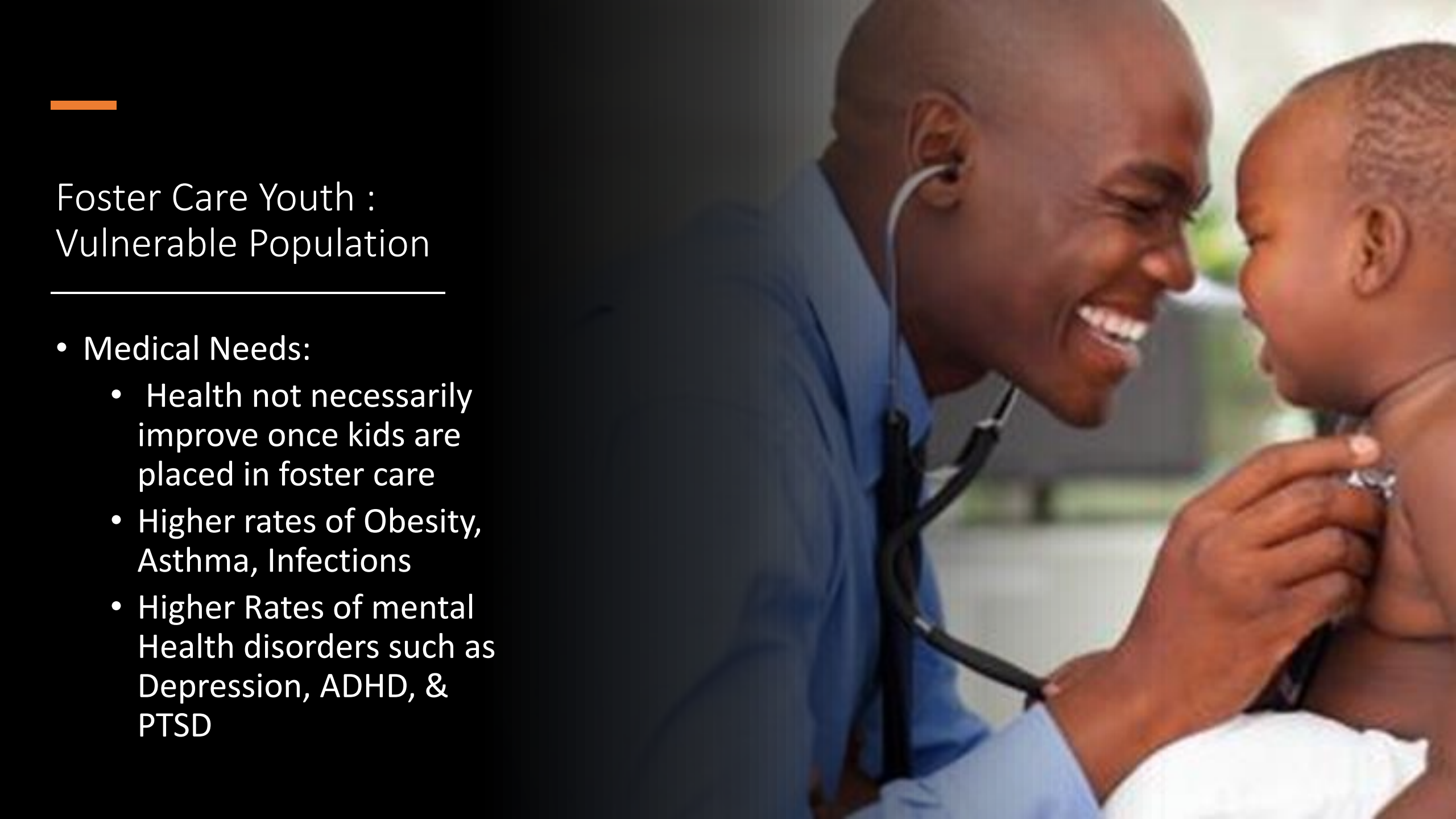
Percentage Distribution of All Children in Foster Care, by Race and Hispanic Origin: 2017*



*Foster data are preliminary estimates as of August 10, 2018. Revised estimates may be forthcoming.
Note: Estimates for Asian and American Indian and Alaskan Native exclude those of Hispanic origin. Those of Hispanic origin may be of any race.

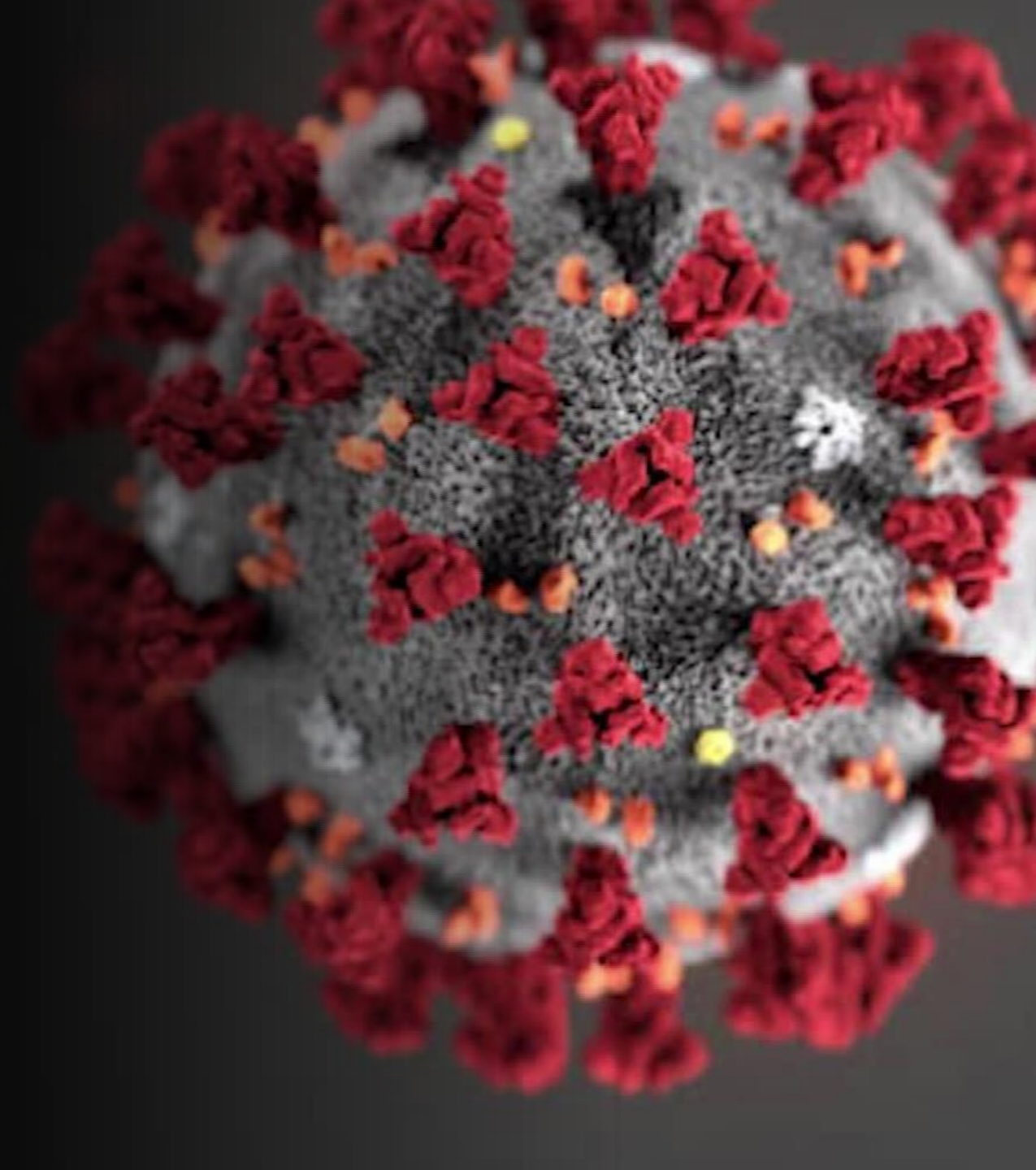
Foster Care Youth : Vulnerable Population

- Medical Needs:
  - Health not necessarily improve once kids are placed in foster care
  - Higher rates of Obesity, Asthma, Infections
  - Higher Rates of mental Health disorders such as Depression, ADHD, & PTSD



Impact of COVID-19 on youth in foster care

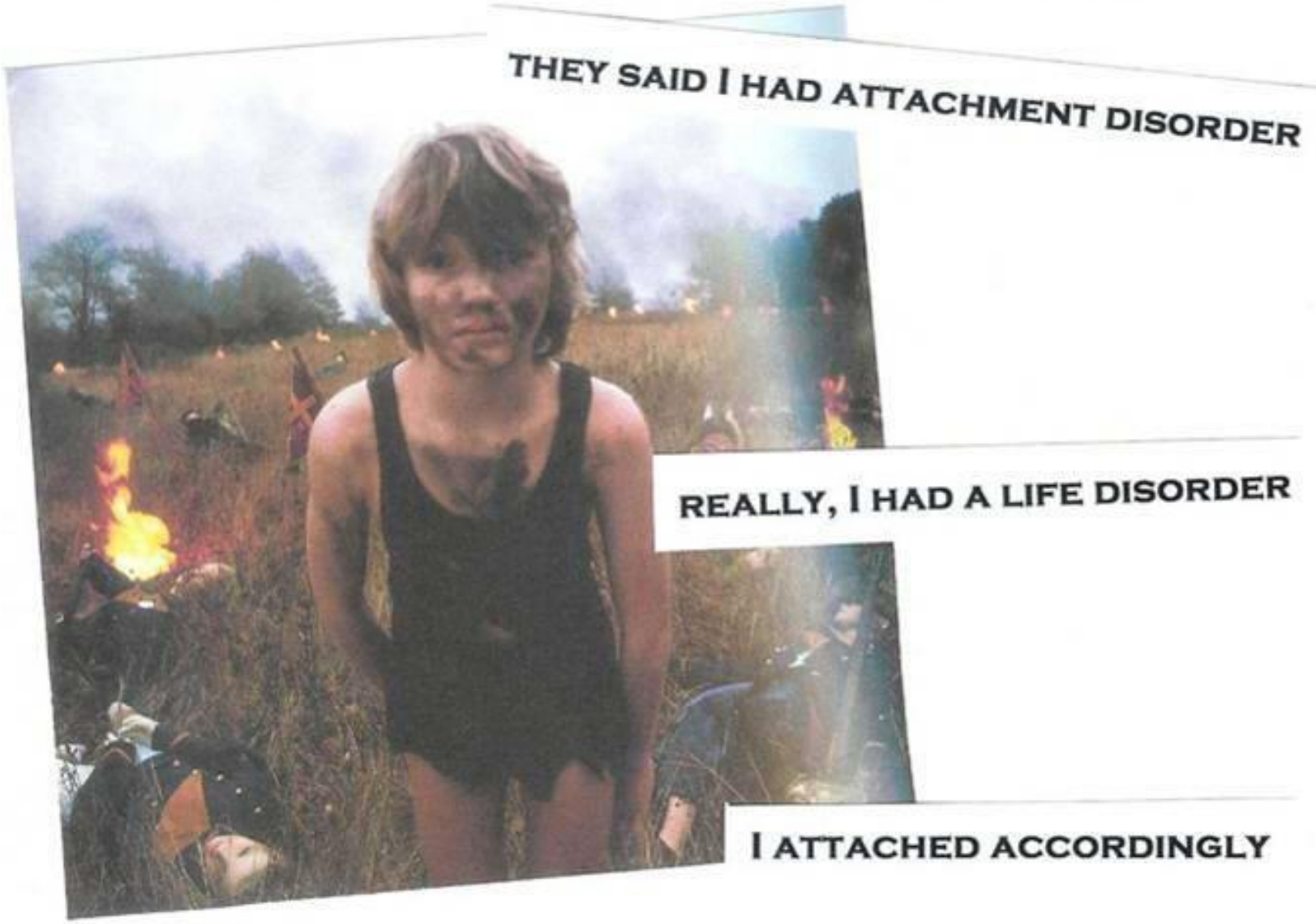
- Reduced presence in the community has led to a dramatic decrease in 51as
- Impact of Isolation
  - Loss of family connections
  - Worsening mental health
  - Regression in academics
  - Over use of medication, Lack of psychosocial supports



How Youth Come into Foster Care

- 70% Maltreatment
  - Neglect, physical abuse, sexual abuse, emotional abuse, or abandonment

- Before Coming Into Care –
  - 80% exposed to violence – home & community
  - Chaotic households
  - Homelessness
  - Multiple caregivers


THEY SAID I HAD ATTACHMENT DISORDER
REALLY, I HAD A LIFE DISORDER
I ATTACHED ACCORDINGLY


TRAUMA

Case 1 : Josiah

5yo with dx of ADHD referred for diagnostic work-up questioning ADHD dx vs Trauma.

Consult Question -

- Does Josiah need to go back on his Ritalin?

Foster Parent Voice

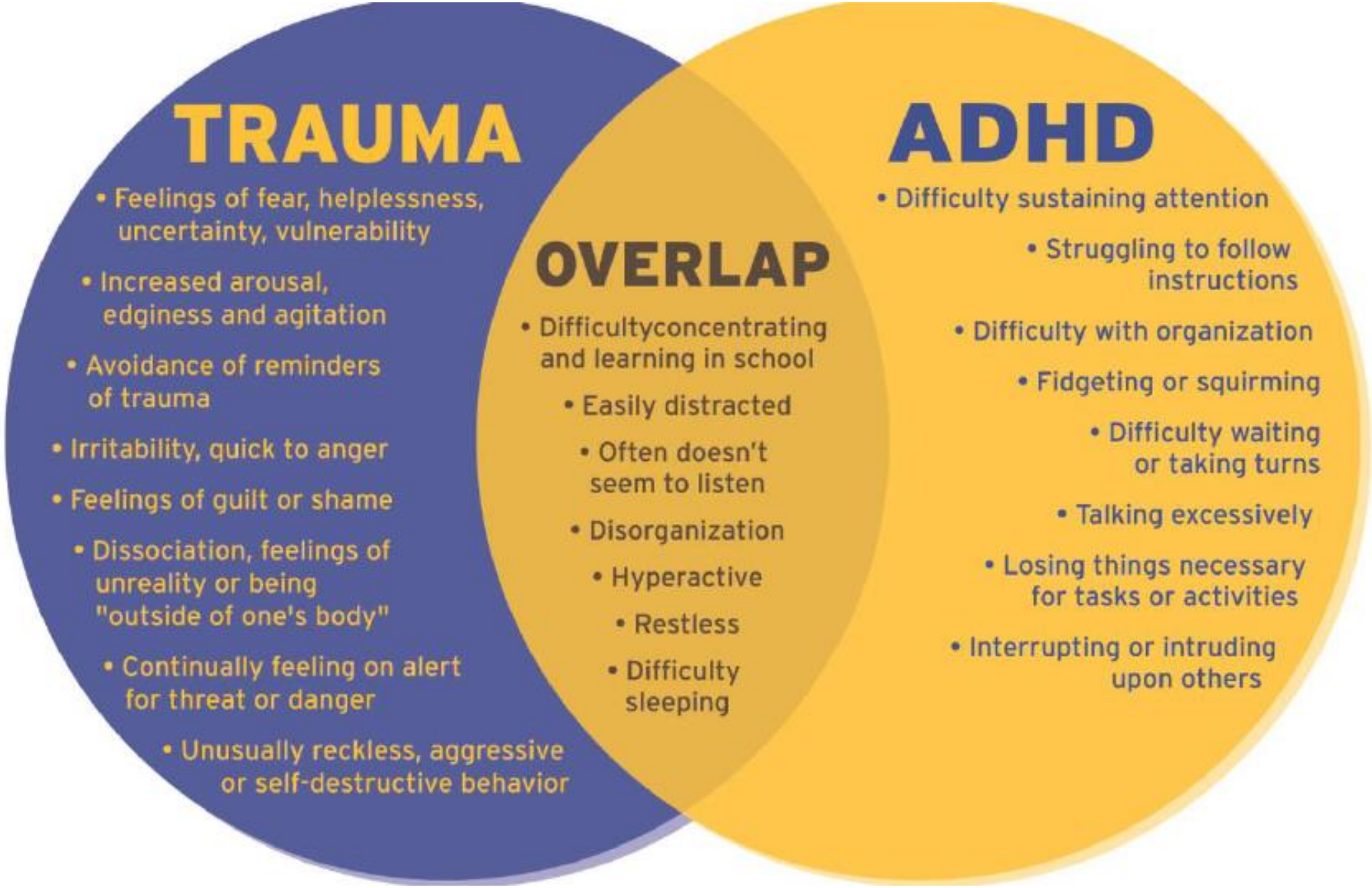
- Very playful
- Loud & Energetic
- Excited to go to Kindergarten
- Big issues with sleep and bed time routine

Diagnostic Scales

- Vanderbilt ADHD Parent Report & Teacher Report
- Trauma Screen

Past History

- Limited outside of past diagnosis of preschool ADHD while in care of birth parents


TRAUMA
• Feelings of fear, helplessness, uncertainty, vulnerability
• Increased arousal, edginess and agitation
• Avoidance of reminders of trauma
• Irritability, quick to anger
• Feelings of guilt or shame
• Dissociation, feelings of unreality or being "outside of one's body"
• Continually feeling on alert for threat or danger
• Unusually reckless, aggressive or self-destructive behavior
OVERLAP
• Difficultyconcentrating and learning in school
• Easily distracted
• Often doesn't seem to listen
• Disorganization
• Hyperactive
• Restless
• Difficulty sleeping
ADHD
• Difficulty sustaining attention
• Struggling to follow instructions
• Difficulty with organization
• Fidgeting or squirming
• Difficulty waiting or taking turns
• Talking excessively
• Losing things necessary for tasks or activities
• Interrupting or intruding upon others

NCTSN.org

Response to Trauma: Bodily Functions

FUNCTION	CENTRAL CAUSE	SYMPTOM(S)
Sleep	Stimulation of reticular activating system	1. Difficulty falling asleep 2. Difficulty staying asleep 3. Nightmares
Eating	Inhibition of satiety center, anxiety	1. Rapid eating 2. Lack of satiety 3. Food hoarding 4. Loss of appetite
Toileting	Increased sympathetic tone, increased catecholamines	1. Constipation 2. Encopresis 3. Enuresis 4. Regression of toileting skills

Treatment Planning -

Address the symptom causing the most functional impairment

Listening to Child's Voice

- He has good reason to not like the night
  - Family lived in car for a year, traveled up from Texas over, lived in multiple states
  - Night time was scary
  - Parents struggled with substance use and youth left alone often

Treatment Planning

1. Address symptoms that is causing the most functional impairment
2. Therapeutic supports in place to treat trauma symptoms
3. Communication with school to address classroom needs – 504 plan
4. Once youth has a period of stability, continue to assess ADHD symptoms over the next school year with communication from school

Take away – ADHD or Trauma?

- Many overlapping symptoms between ADHD & Trauma
- Collateral information is key
- Reevaluate ADHD symptoms over time

Case #2 - Britney

Medication List

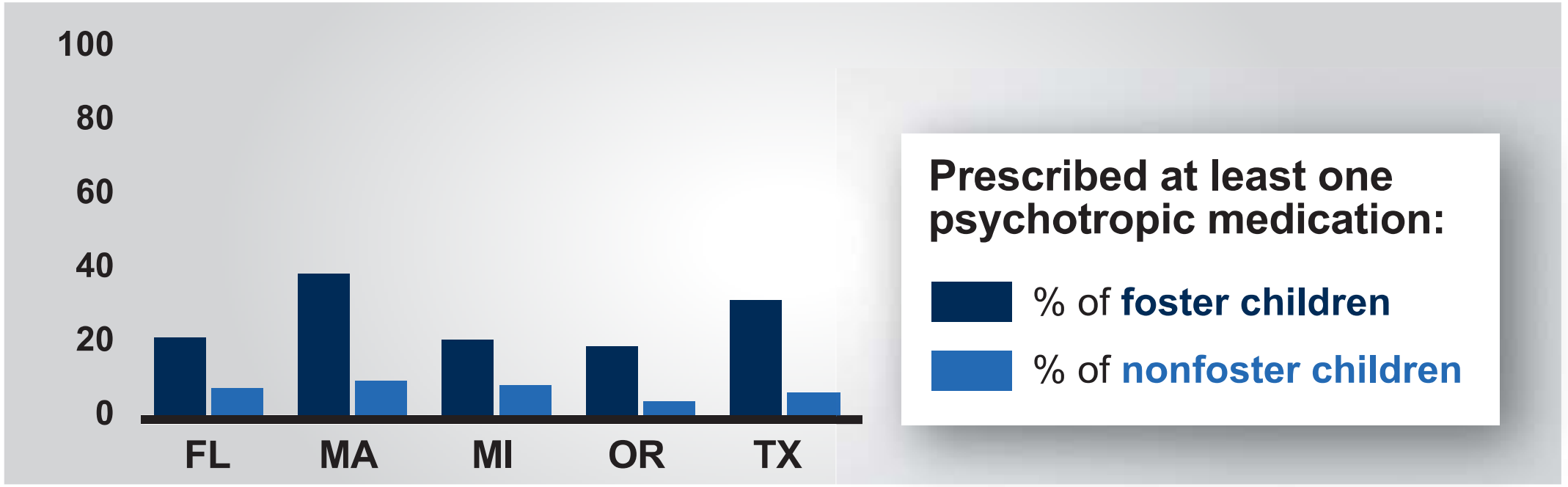
- Fluoxetine 30mg QAM
- Clonidine 0.2mg QHS
- Mirtazapine 15mg QHS
- Adderal XR 20mg QAM
- Hydroxyzine 25mg TID PRN panic

Risk of Inappropriate Prescribing

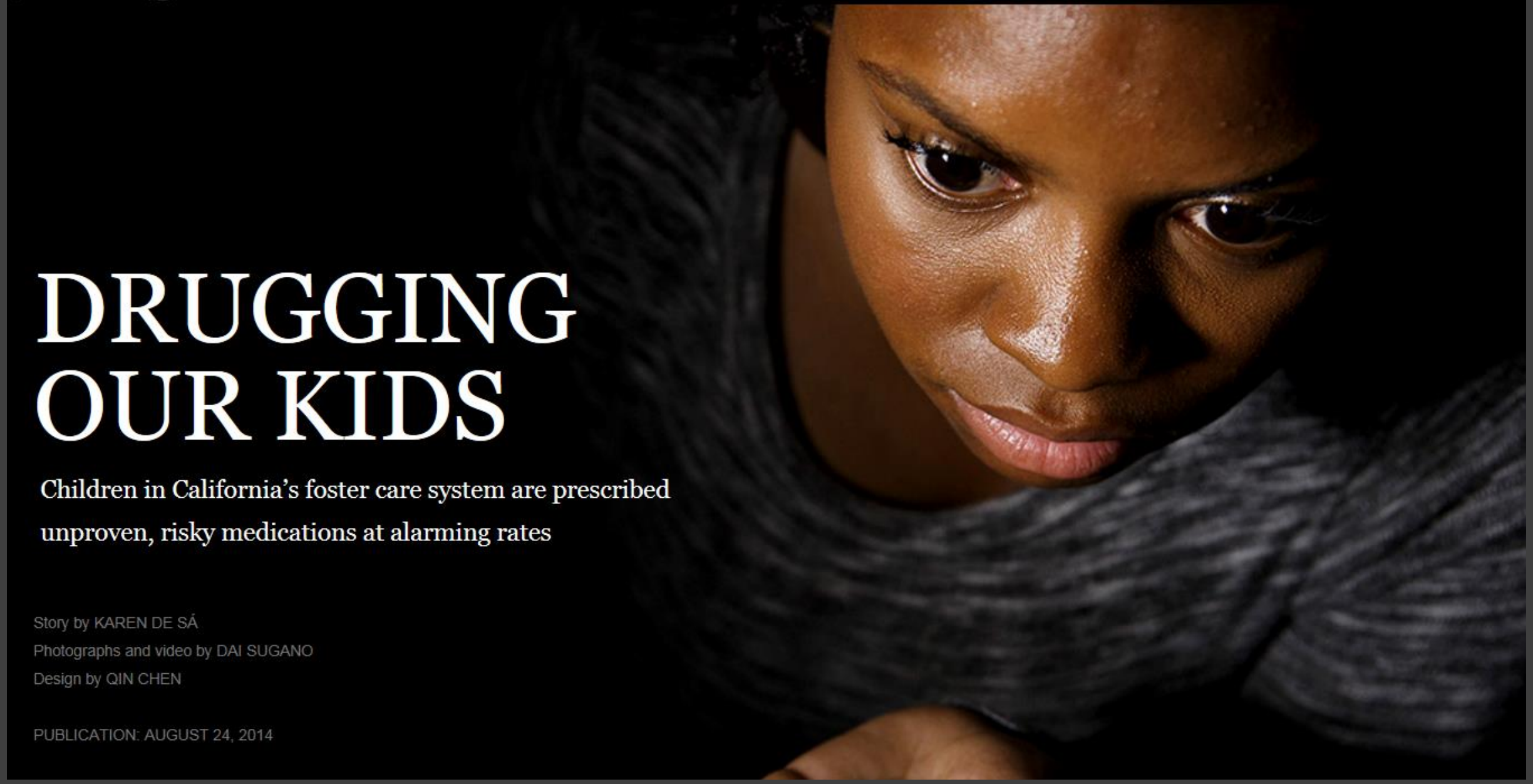
- Lack of early life history, family medical/MH history, & past psychiatric history
- Placement instability
- Difficulties with Communication – System Silos
- Lack of trauma informed practice
- Care Fragmentation

GAO 2011 Report

Psychotropic Prescription Rates for Foster and Nonfoster Children Age 0-17 in Medicaid Fee-for-Service in Five States



Source: GAO analysis of state Medicaid and foster care data.



DRUGGING OUR KIDS

Children in California's foster care system are prescribed unproven, risky medications at alarming rates

Story by KAREN DE SÁ
Photographs and video by DAI SUGANO
Design by QIN CHEN

PUBLICATION: AUGUST 24, 2014

Massachusetts Response

- Pediatric Behavioral Health Medication Initiative (PBHMI)
  - Using a Prior Authorization system to monitor high risk prescribing practices for all children in Mass Health
  - Flag for polypharmacy, duplicative therapies, and age

Britney -

Panic attacks at school and not sleeping at night

Drug- Drug interactions

Fluoxetine 30mg QAM

Clonidine 0.2mg QHS

Mirtazapine 15mg QHS

Adderal XR 20mg QAM

Where to start?

- Deprescribing – A systematic approach to optimize medication regimens through the reduction or cessation of medication for which benefits no longer outweigh risks.

(Gupta 2016)

Deprescribing considerations: CRISPY

- C: Medications part of cascade
- R: Redundant medication, ineffective, symptoms resolved
- I: Medications with no valid indication
- S: Side effects of medication greater than benefit
- P: Medications that are preventative
- Y: Yucky - Medications with unacceptable treatment burden

Grudnikoff E, Bellonci C. Deprescribing in Child and Adolescent Psychiatry-A Sorely Needed Intervention. *American journal of therapeutics.* 2017;24(1):e1-e2.

Bellonci C, Carlson GA. 24.0 Deprescribing in Child and Adolescent Psychiatry: Where, When, and How to Safely Reduce Polypharmacy in Clinical Settings. *Journal of the American Academy of Child & Adolescent Psychiatry.* 2016;55(10):S37

Treatment Planning

- Meds:
  - Discontinue the Mirtazapine
  - Change stimulant to methylphenidate preparation
  - Continue to assess the needs for stimulant medication over time
- School –
  - Help youth gain 504 or IEP
  - Vanderbilt ADHD scales
- Therapy – ref to Link Kids for trauma based therapy

Ask Questions !

Case #3 - Andrew

Andrew

- Very resistant to medication for depression
- He feels betrayed by his therapist for sectioning him
- PHQ9 score remains elevated for depressive sx

Andrew

- Very concerned about his 18 birthday coming up
  - How to get a job?
  - How to get a drivers license?
  - How to get his own apt?

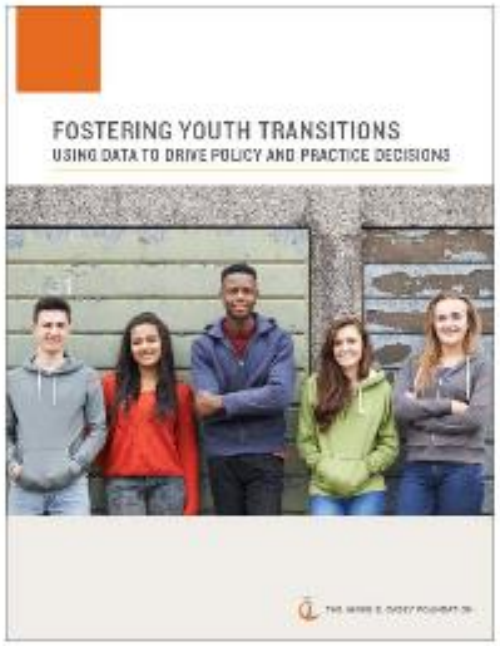
TAY Foster Youth

- TAY FY face significant challenges transitioning to adulthood when compared to their same age peers
  - Lack of familial support and connections
  - Ambivalence around signing onto extended foster care
  - Variability in availability of extended foster care by state

- Studies have shown poor outcomes in the following domains for foster care alumni
  - Mental Health
  - Employment
  - Criminal Justice Involvement
  - Education


2012
3.3 MILLION REPORTS OF VIOLENCE AGAINST CHILDREN
RESULTING IN
251,764
PLACED IN THE FOSTER CARE SYSTEM
WE PROMISED A BETTER LIFE:
SAFETY FAMILY HOME
INSTEAD 23,439 AGED OUT OF FOSTER CARE
EBT
1 in 5
WILL BECOME
ONLY 1/2
WILL BE
<3%
WILL EARN A
71%
OF YOUNG
1 in 4
WILL
COURTESY DAVE THOMAS FOUNDATION FOR
Foundation for Adoption

Important to Assess for Transition Readiness



Fostering Youth Transitions

Using Data to Drive Policy and Practice Decisions

By the Annie E. Casey Foundation

November 13, 2018

- Adult Support / Mentor Relationships
- Financial Literacy
- Housing Management
- Academic Supports
- Career Planning

Treatment Planning

- No meds – keeping in line with patient's voice
- But followed closely over the next few months to monitor depressive symptoms
- Coordinate with team of treaters (therapist, school, DCF, PCP)
- Ensure conversations about transitioning are happening

Andrew

- Very talented musician
- Building mentor relationships

Team Approach

Resources

- MCPAP PTSD Webinar & Algorithm coming soon ! https://www.mcpap.com/Provider/ArchivedNewsNWebinars.aspx
- NCTSN – " Is it ADHD or Child Traumatic Stress?: A Guide for Clinicians" https://www.nctsn.org/sites/default/files/resources//is_it_adhd_or_child_traumatic_stress.pdf
- FaCES Clinic Community Resources: https://www.umassmed.edu/faces/
- AAP Clinical Report "Children Exposed to Maltreatment: Assessment & the Role of Psychotropic Medications" 02/2020
- AACAP "Practice Parameter for the Assessment and Management of Youth Involved with the Child Welfare System" 06/2015 https://www.jaacap.org/article/S0890-8567(15)00148-3/pdf
- Casey Family Foundation Resources https://www.casey.org/resources/
- Child Trends https://www.childtrends.org/