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

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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
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.

The average time spent in foster care was **21.8 months**.

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

- **Non-Hispanic White**: 44% of foster children, 51% of overall population under 18
- **Non-Hispanic Black**: 23% of foster children, 14% of overall population under 18
- **Hispanic**: 25% of foster children, 21% of overall population under 18
- **Asian or Pacific Islander**: 0% of foster children, 0% of overall population under 18
- **American Indian or Alaskan Native**: 2% of foster children, 2% of overall population under 18
- **Unknown**: 2% of foster children, 2% of overall population under 18
- **Two or More Races non-Hispanic**: 7% of foster children, 4% of overall population under 18

*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
  - Overuse 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
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**
- Difficulty concentrating 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
<table>
<thead>
<tr>
<th>FUNCTION</th>
<th>CENTRAL CAUSE</th>
<th>SYMPTOM(S)</th>
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</table>
| 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
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
Clonididine 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


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
3.3 million reports of violence against children → 251,764 placed in the foster care system → We promised a better life: safety, family, home instead 23,439 aged out of foster care.

1 in 5 will become only 1/2 will be <3% will earn a 71% of young 1 in 4 will
Important to Assess for Transition Readiness

- 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](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](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/](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  
- Casey Family Foundation Resources [https://www.casey.org/resources/](https://www.casey.org/resources/)
- Child Trends [https://www.childtrends.org/](https://www.childtrends.org/)