Understanding and Addressing Mental Health Experiences in Maltreated Children: Best Practices for Professionals

A Trauma-Informed & Healing-Centered Approach

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South Dakota Center for Disabilities

Improve the lives of individuals with disabilities and their families with a vision that all people can achieve independence, self-determination, productivity, and community inclusion through preservice training, community education, clinical services, research, and information dissemination.

Center for Disabilities:
South Dakota's UCEDD

University Center for Excellence in Developmental Disabilities (UCEDD)
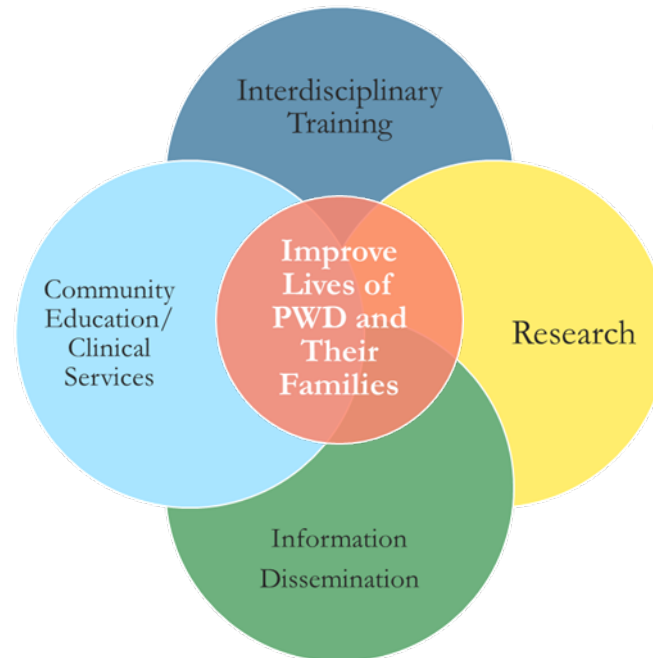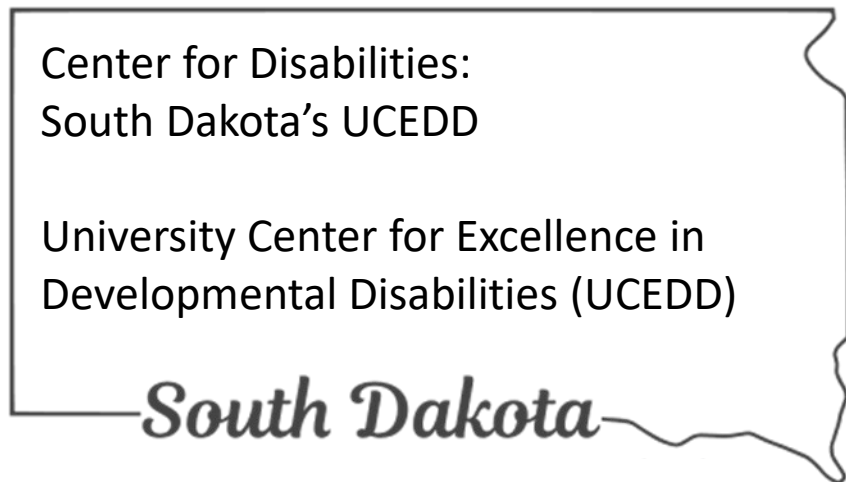
Objectives

- Explore Development and Relational Health
- Review Childhood Maltreatment
- Identify Common Mental Health Symptoms in Maltreated Children
- Review Best Practice Strategies for Healing-Informed Care
  - Assess Developmental and Health Needs
  - Evaluating neglect-related health concerns and family history
  - Screening
  - Behavioral Health Treatment

Introduction in Chat

Today's
Slido
Questions

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It's about you and me
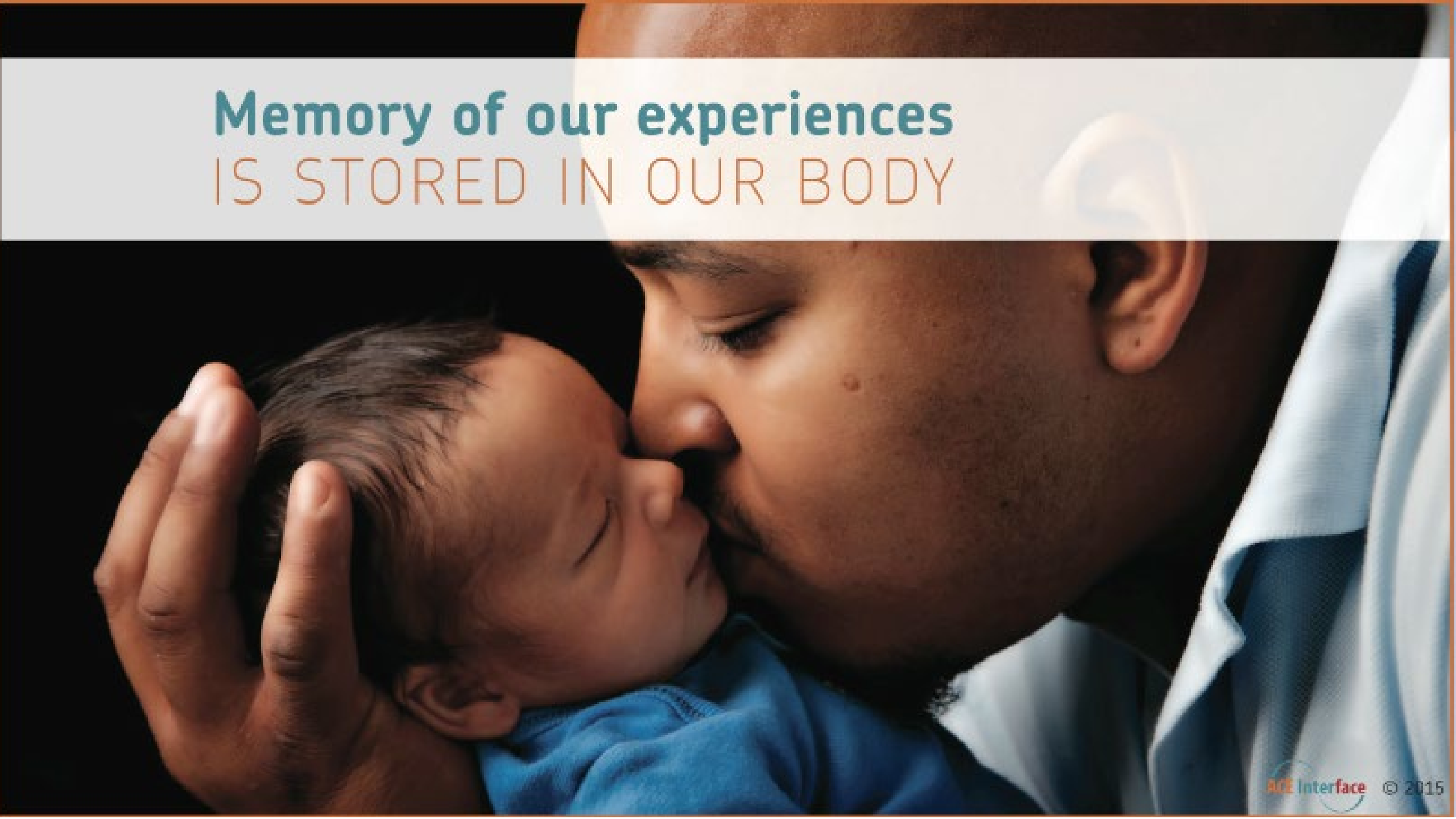**CHANGING**
the future of
PUBLIC HEALTH

DISCOVERY

8 Dimensions of Wellness

Normalize: We all have Mental Health! Our Emotional and Social Development encompass our Mental Health

Similar to Language and Motor Milestones; we must be aware of Social and Emotional Milestones

[CDC Developmental Milestones](#)

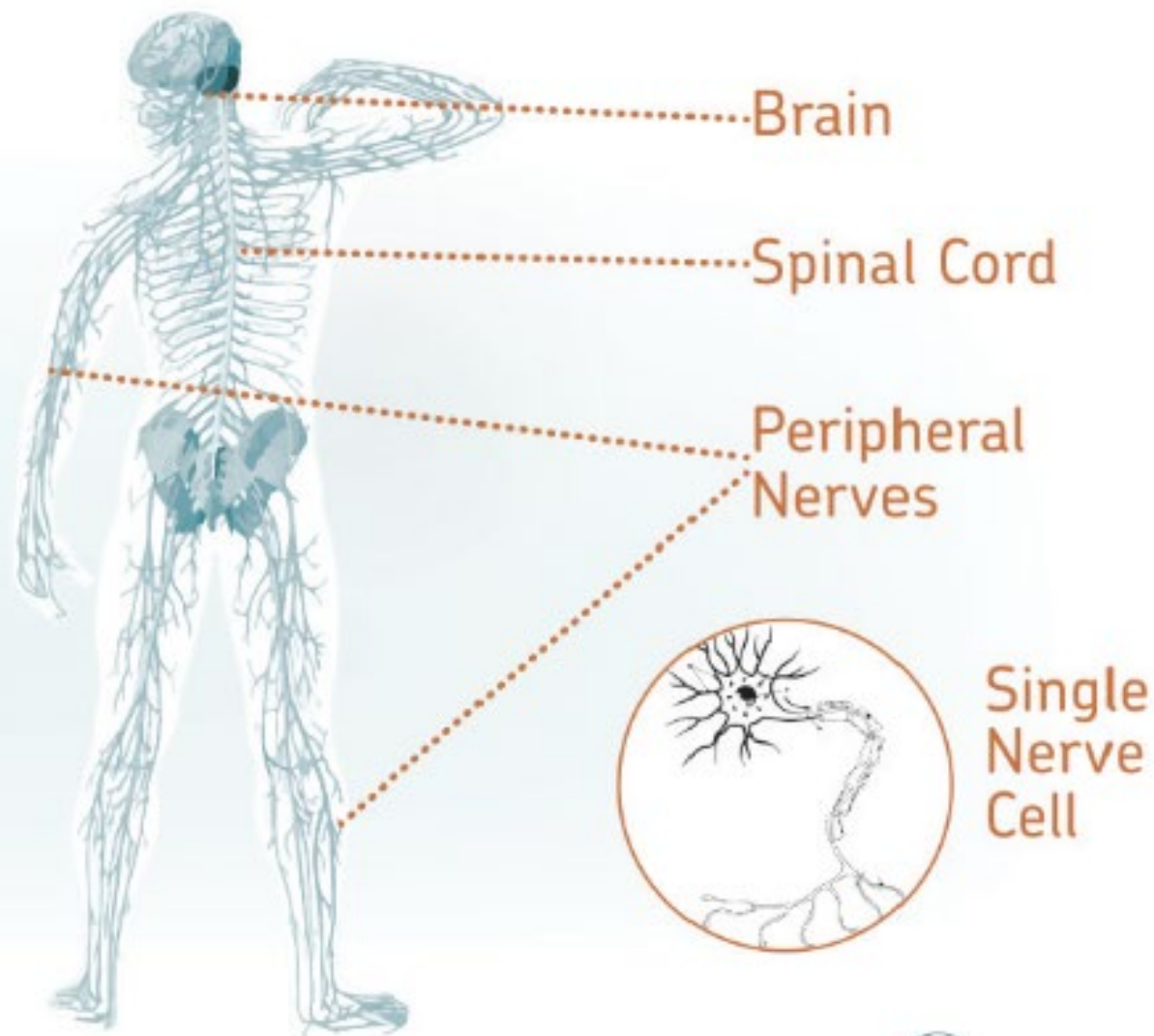Childhood Maltreatment may impact our development.

Memory of our experiences
IS STORED IN OUR BODY

HUMAN NERVOUS SYSTEM

Nervous system
ORCHESTRATES BODY
FUNCTIONS & PERCEPTIONS

Neuroscience
HELPS US UNDERSTAND WHY
A C E s
ARE SO POWERFUL

Brain

Spinal Cord

Peripheral
Nerves

Single
Nerve
Cell

SYNAPTIC DENSITY

At Birth   Elementary Age   Puberty

Single Neuron

SERVE & RETURN

Adverse Childhood Experiences
ARE COMMON

Household Dysfunction

Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

Neglect

Emotional	15%
Physical	10%

Abuse

Emotional	11%
Physical	28%
Sexual	21%

5   2   3

TOTAL 10 ACEs

ACE Interface © 2015

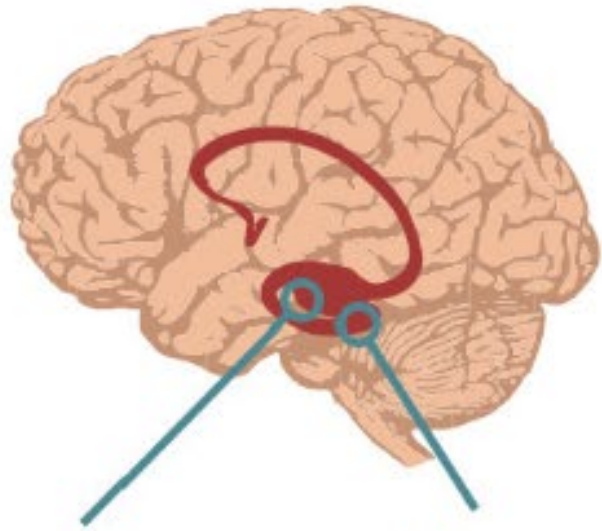# Common Examples of Acute Trauma

Car Accidents

Natural Disasters

Physical Assault

Violent Crimes

THE HIPPOCAMPUS AND AMYGDALA

Amygdala   Hippocampus

VITAL
for
RELATIONSHIPS

Panic & Fear | Attention | Memory | Social Cues

The 'window of tolerance': maintaining optimal arousal

Hyperarousal:
too much arousal
to integrate

Emotional reactivity
Hypervigilance
Intrusive imagery
Obsessive/cyclical cognitive processing
Tension, shaking, ungrounded

'Window of tolerance'
Optimal arousal zone

Hypoarousal:
too little arousal
to integrate

Flat affect
Inability to think clearly
Numbing
Collapse

Adapted from Ogden and Minton 2000, at www.sciencedirect.com.

Common Mental Health Symptoms

Maltreated children often exhibit a range of mental health symptoms, which can vary depending on the type, severity, and duration of the abuse or neglect they have experienced. Some of the most common symptoms include:

- Emotional Symptoms:
  - Depression (persistent sadness, hopelessness, social withdrawal)
  - Anxiety (excessive worry, fearfulness, hypervigilance)
  - Low self-esteem (feelings of worthlessness, guilt, or shame)
  - Mood swings (frequent irritability, anger outbursts, emotional numbness)
  - Suicidal thoughts (especially in older children and adolescents)

- Physical Symptoms:
  - Frequent headaches or stomachaches (without a clear medical cause)
  - Chronic fatigue (low energy, lack of motivation)
  - Regression in development (bedwetting, thumb-sucking in older children)

Common Mental Health Symptoms

- Behavioral Symptoms:
  - Aggression or violence (toward peers, animals, or themselves)
  - Oppositional or defiant behavior (frequent rule-breaking, authority issues)
  - Self-harm (cutting, burning, or other self-injurious behaviors)
  - Risk-taking behaviors (substance abuse, unsafe sex, delinquency)
  - Sleep disturbances (insomnia, nightmares, night terrors)
- Cognitive Symptoms:
  - Difficulty concentrating (trouble in school, memory issues)
  - Negative self-perception (distorted beliefs about themselves and the world)
  - Dissociation (spacing out, feeling detached from reality)
- Social Symptoms:
  - Difficulty forming relationships (trust issues, avoidance of intimacy)
  - Social withdrawal (isolation, difficulty making friends)
  - Attachment issues (clinginess or extreme detachment)

Core Protective Systems

Capabilities

Attachment & Belonging

Community Culture Spirituality

"Nurturing the healthy development of these protective systems affords the most important preparation or 'inoculation' for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals."

Ann Masten, 2009

Core Protective Systems

Early Assessment is Crucial for Intervention

Trauma & Healing Informed Practices

- Core principles: Safety, trustworthiness, choice, collaboration, and empowerment.

- TIC applies in education, healthcare, and social work.

- Moving beyond trauma to focus on strengths, identity, and resilience.

- Importance of community, cultural responsiveness, and holistic support.

Mental Health Framework

Image source: https://www.impact.upenn.edu/health-in-mind/our-framework/

Recommended Screening Tools

For youth impacted by childhood maltreatment, it is essential to use screening tools that assess developmental, emotional, and relational concerns.

1. Developmental Screening Tool: Ages and Stages Questionnaire (ASQ)

- **Purpose:** Screens for developmental delays in communication, fine/gross motor skills, problem-solving, and social-emotional development.
- **Age Range:** Birth to 6 years.
- **Why It's Useful:** Maltreatment can lead to developmental delays; ASQ helps identify areas needing intervention.

Addressing Developmental and Health Needs

- Assessing Developmental Milestones & Needs
    - Delays in language, motor skills, and cognitive abilities.
    - Tools for developmental screening (Ages & Stages Questionnaire).
- Health Consequences of Neglect
    - Malnutrition & Growth Delays
    - Chronic Health Issues: Asthma, gastrointestinal problems.
    - Sleep Dysregulation: Link between trauma and poor sleep patterns.
- **Ethical Best Practice in Mental Health**: When assessing youth, it is crucial to first rule out developmental delays that may be contributing to behavioral challenges, difficulties, and barriers.
    - A thorough evaluation ensures that we address the root causes rather than prematurely assigning a mental health diagnosis, promoting accurate support and effective interventions.

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Developmental Resources

[CDC Learn the Signs. Act Early. Developmental Milestones](#)

[American Academy of Pediatrics, Healthy Children Ages & Stages](#)

[American Academy of Pediatrics, Healthy Mental Development Framework](#)

Recommended Screening Tools

2. Pediatric ACEs and Related Life-Events Screener (PEARLS):

- **Purpose:** Identifies ACEs and related stressors in children and adolescents to assess the risk of toxic stress and guide appropriate interventions.
- **Age Range:** 0–19 years.
- **Format:** Available in both de-identified (providing only the ACE score) and identified (detailing specific ACEs) formats. [ACEs Aware](#)

3. ACE-Q Assessment

- **Purpose:** Screens for childhood trauma, including abuse, neglect, and household dysfunction, to assess potential risks for physical and mental health issues.
- **Versions Available:**
  - **ACE-Q Child:** For caregivers to complete on behalf of children (ages 0–12).
  - **ACE-Q Teen:** For adolescents (ages 13–19) to complete themselves.
  - **ACE-Q Adult:** Used for retrospective assessment in adults.

Recommended Screening Tools

3. Theraplay Assessment: Marschak Interaction Method (MIM)

- **Purpose:** Observes parent-child interactions in structured play activities to assess attachment, regulation, and relational patterns.

- **Why It's Useful:** Maltreatment can disrupt attachment; MIM helps identify relational strengths and challenges.

- **Key Areas Assessed:** Engagement, nurture, structure, and challenge in the caregiver-child relationship.

Supporting Relational Health

Early relational health is a framework that explores the role of early relationships and experiences in healthy development across a child's lifetime. Relationships, especially in the early years, are biological necessities to build a foundation for lifelong growth and development.

Relationships should be:

- **Safe:** The relationship is free of physical or psychological harm. *Children believe their caregivers will protect them.*

- **Stable:** The adult is dependably there for the child. *Children believe their caregivers will meet their needs.*

- **Nurturing:** The child's physical, emotional, and developmental needs are sensitively and consistently met. *Children believe their caregivers will use warmth and clear expectations to foster their development.*

Supporting Relational Health

Primary Care Providers remain a highly trusted source of information and support for families. There are 15 scheduled well-child visits in a child's first 5 years, providing an ongoing opportunity to equip families with tools to support their child's social, emotional, and cognitive development.

Early relational health can be supported in practice through the principles of a family-centered medical home.

Professionals can support early relational health through

- **Universal Prevention – Promotion of safe, stable, nurturing relationships to all families** through developmentally specific anticipatory guidance; safe, effective parenting practices; and modeling effective communication and care for others.

- **Targeted Interventions – Assessment of development and protective factors**, including child, family, and community factors, parent knowledge about access to supports, healthy parent and family communication styles, and social supports in the community.

- **Indicated Treatments - Interventions and referrals** such as identifying and addressing social drivers of health, including family or child adverse childhood experiences.

Best Practice Behavioral Health Interventions

- Evidence-Based Therapeutic Interventions
  - Cognitive Behavioral Therapy (CBT): Addressing trauma-related thoughts.
  - Eye Movement Desensitization and Reprocessing (EMDR): Trauma processing.
  - Theraplay or Parent-Child Interaction Therapy (PCIT): Enhancing caregiver-child bonds.
  - Play Therapy: Engaging younger children in non-verbal expression.
- The Role of Psychoeducation for Caregivers & Educators
  - Teaching adults how trauma affects children's behavior.
  - Strategies to build secure attachments and provide emotional regulation support.

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Other Factors to Consider

Due to behavioral presentations, Trauma symptoms often mimic those of
- ADHD,
- Oppositional Defiant Disorder (ODD),
- Conduct Disorder (CD)
- Antisocial Personality Disorder

Neurobiological changes from trauma, such as dysregulation of the stress response system, can lead to impulsivity, inattention, and hyperactivity—hallmark symptoms of ADHD.

Similarly, trauma-related hypervigilance and emotional dysregulation can manifest as defiance or aggression, resembling ODD or CD.

Studies show that children with PTSD are often misdiagnosed with ADHD, as both conditions involve executive functioning deficits and difficulty with emotional regulation.

Misdiagnosis can lead to inappropriate treatment, such as stimulant medications instead of trauma-focused interventions.

Comprehensive, trauma-informed assessments are essential to distinguish between these conditions and ensure appropriate care.

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Other Factors to Consider

Comorbidity between trauma-related disorders and conditions like **ADHD, ODD, and Conduct Disorder (CD)** is highly prevalent. Research indicates that:
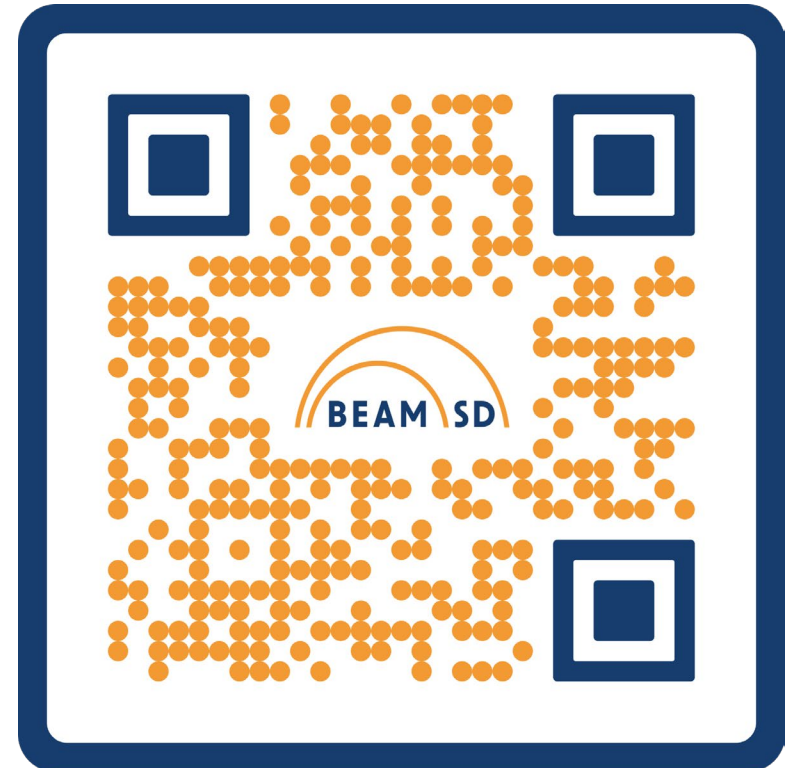
- **Up to 30-50% of children with ADHD** have a history of trauma, with overlapping symptoms such as impulsivity and emotional dysregulation.
- **Over 90% of children diagnosed with Conduct Disorder** have experienced significant trauma or adverse childhood experiences (ACEs).
- **Approximately 40% of children with ODD** have comorbid PTSD, with behavioral outbursts often linked to hyperarousal from trauma.

- Studies suggest **children in the foster care system or with high ACE scores are more likely to be misdiagnosed** with ADHD rather than being identified as trauma survivors.

- These findings highlight the importance of **trauma-informed assessments** to avoid misdiagnosis and ensure appropriate treatment strategies.

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QUESTIONS