Case Presentation

Trauma, Addiction, and Health

Project SCOPE

Supporting Children of the OPioid Epidemic

Background on Case

7 year old child in 1st grade public education is currently remote learning at home with Mom due to COVID. Family is experiencing behavioral challenges, exacerbated by remote learning. Child has great difficulty when expected to sit still, focus and complete work independently. Mood swings and outbursts are becoming more frequent and more intense. Outbursts can include anger, throwing toys, screaming, hitting mom, saying “nobody loves me” or “I’m such a dummy,” hitting self. After each outburst, he is remorseful, wants hugs and voices regret.

Remote learning is a stressor and seems to be a significant factor, as outbursts have become much more common and typically occur during the school day. Triggers can include struggling with Chromebook technology or the content of instruction; deciding that the lessons are boring or “too easy”; displeasure with being told what to do; frustration of being socially isolated, etc.

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Background on Case

Mother states:

We are currently reevaluating everything. We are looking for a new pediatrician who has experience with NAS. (Our current pediatrician always dismisses any mention of NAS contributing to current issues.) We have enrolled in counseling provided by the school - the first session with the child is on Monday. Child recently got glasses, but we still have a related specialist appointment in December. He is on waiting lists to re-start speech therapy. He has been introduced to a local adoptees group which provides mentoring and a supportive community for adopted children. He takes great pride in playing on a little league hockey team, just like his big brother.

We try to limit screen time, as that can really get him amped up. However, the fact that remote learning is done via Chromebook and often uses video instruction does not help. I have talked with his teacher, and she has agreed to shorter days as needed. She also attempts to keep him engaged (by using his name) so that he does not get bored or distracted. And he is now given more challenging reading assignments than most of his classmates.

Background on Case

We try to use positive reinforcement. He loves frequent hugs, which we do after each workbook page or assignment. We say “I love you” often and praise him for being smart, kind, etc. We try to frame school time as important and exciting. When behavior is particularly challenging, we do not allow him to watch any screens or participate in hockey after school that day.

We talk through his schedule a lot, so that he always knows the plan for the day. He has access to 2 timers, so that he can help keep track of time (one is a visual timer). We also try to give verbal warnings before transitions occur, so that nothing comes as a surprise. I bought a visual daily schedule, but we haven’t started using it yet.

We ensure he gets daily outdoor play with his brother. And opportunities to expend energy riding his bike and playing hockey, too.

I bought a reward chart with stickers, so that we can acknowledge every class session that goes well. But we haven’t started doing this yet.

Our goal is to: Minimize his frustration and related outbursts. Eliminate any hitting or throwing toys. Develop more consistency with positive behaviors and self esteem. Reevaluate age appropriate expectations. Provide a robust support system to assist the child in any way possible.

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Primary Area of Concern

- What types of professional support should we pursue (if any)?
- How can we as providers help families accept resources from different organizations?
- How can we support foster families when they do not receive a detailed medical history on the infant?
- When we start to ask questions do we focus on only the trauma and not the resilience?

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Community Discussion

Suggestions for strategies, interventions, or approaches.

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Summary of Action Items

How can we as providers help families accept resources from different organizations?

- Encourage communication between the parties. Helping them to ask the questions
- Ask the case worker or CASA worker to assist
- Diagnosis is important – but treatment isn't changed
- History is important for the educational system
- Help family get the proper assessments for the child's education/services

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Summary of Action Items

How can we support foster families when they do not receive a detailed medical history on the infant?

- Tell them to reach out to pediatrician to go over the medical records→ if they don't have them, they can get them
- School counselor may be able to speak to previous counselor if child had to transfer schools
- Ask for testing
- Help the foster family get to the root of the problem
  - What has already been attempted?

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Summary of Action Items

When we start to ask questions, do we focus on only the trauma and not the resilience?

- Anytime you work with someone it is good to focus on strengths.
- It is good to have some focus on the trauma to know where to start, but it is good to focus on resilience.
- The mother mentions not being heard by the pediatrician about NAS concerns. If the focus was only on resilience, the mother may feel that her concerns are not being heard. **It is good to focus on both**.
- It should be tailored to the individual. For some clients you may not talk about trauma as much.
- End on a positive note. A resiliency sandwich -- Touch on strengths, dive into the trauma, and then circle back to the resiliency.

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Outcomes

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