August 2020 Newsletter

UCSF Benioff Children's Hospitals

CHILD & ADOLESCENT PSYCHIATRY PORTAL

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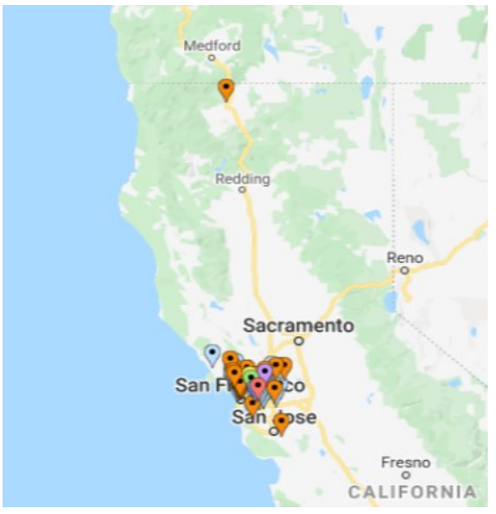
Consultation:

Aggression in a Toddler: Looking below the surface of aggression



CAPP is expanding!

We are delighted to welcome new practices, including our Community Health Center Network Federally Qualified Health Center partners. We are currently serving 7 California counties—Alameda, Contra Costa, Marin, San Francisco, Santa Clara, Siskiyou and Sonoma.

Second Step Psychologist Consultation: What is it, and when do I use it?

A one-time brief consultation for PCPs or parents with our CAPP psychologists, to address a current behavioral or mental health concern, in order to provide in-the-moment parent guidance on behaviors, and navigating next steps in care. This may include specific language pearls and tools for anticipatory guidance with families, helping to triage next steps for various interventions, explanation resources that may be most helpful, including navigating school assessments. It will not offer a comprehensive psychological evaluation, definitive diagnosis, long-term therapy, guaranteed linkage, or urgent evaluation. Ask your CAPP consultant about it when you call!

Sally Cantrell, PhD, PsyD

Office Hours:

Early Childhood (0-6) with **Dr. Cantrell**:

Mondays 9am-12pm & 1pm-2pm, Fridays 1pm-2pm

Middle Childhood & Adolescence (7-21) with **Dr. Haack**:

Mondays 9am-12pm & 1pm-3pm, Thursdays 2pm-4pm

Lauren M. Haack, PhD

ACES & Trauma-Informed Pediatric Care——October 10, 2020

We will be hosting a special training on **ACEs & Trauma-Informed Pediatric Care**, focused on the science of ACEs and interventions, and the collective trauma of recent events including the impact of the COVID-19 pandemic on population social-emotional health, provider well-being, and the magnified, compounded effect on specific racial and socioeconomic groups. Speakers include Dayna Long MD, Ken Epstein LCSW, PhD, Saun-Toy Trotter MFT, Jennifer Leland MFT, Petra Steinbuchel MD Alicia Lieberman PhD, an early pediatrician adopter panel including Deirdre Bernard-Pearl MD, Paul Espinas MD, Elizabeth Grady MD, Omoniyi Omotoso MD, Miriam Rhew MD MPH, and community partners from Trauma Transformed, Family Paths, and First Five.

Invitation with registration link will be sent separately.

CAPP Virtual Meet & Greet Café:

We've been learning so much from each other about various practice settings and styles, and how we are managing to stay sane, and true to our passions and interests during these extraordinary times. Please join us on the 2nd Thursday of each month at 8pm, next session September 10.

Supporting Well-Being through Peer Support

We want to support you and your well-being during these challenging times through **confidential individual guidance** to all enrolled UBCP physicians and providers in a **peer support model**. Please email CAPP@ucsf.edu to schedule a time, or just to learn more.

Looking below the surface of aggression

At age 3 "Leo" was referred for therapy by his parents, and at the urging of his PCP, after his preschool director suggested that he might be in need of further evaluation. The preschool's concerns included that Leo was "doing his own thing," did not seem to want to participate in circle, and would go limp or blank at times. He also required close supervision because he frequently hit peers. In response to these school-based difficulties his parents reduced the number of days he was in preschool. His parents described him as "naughty" and worried about their son hitting peers, his difficulty behaving when they were unable to give him 100% of their attention, and most importantly, his difficulties with peer interactions. His parents also observed that when peers were playing, he seemed unable to figure out a way to join the play. Leo told his parents he was "alone".

Safety: Hitting peers at school. No concerns for danger to self

Specific Behaviors: Poor self-regulation; immature and limited symbolic play; difficulty with peers; echolalia; "freeze" responses, frequent tantrums; refers to self and family members with Disney character names; spinning; sleep and feeding difficulties

Setting: Home, School

Scary Things: Sensory sensitivities; physiological response to peer encounters

Screening/Services: Regional Center Evaluation at age 3 yielded Autism Spectrum Disorder diagnosis, with recommendation for ABA services. School District Evaluation yielded Special Education category of Autism and 6 hours weekly Kindergarten readiness program with Speech Therapy;

PCP made referral for genetic testing and OT for sensory related feeding difficulties, and referred the patient for therapy.

After referral for therapy, the psychologist recommended Developmental Individual-difference Relationship-based model (DIR) floor time dyadic intervention around emotional distress; therapeutic shadowing with behavioral intervention in school for social anxiety; Parent education/coaching around pacing, sensory overload, engagement strategies, use of language.

After referral to therapy, Leo started meeting with his therapist once a week. The therapist formed a strong clinical relationship capitalizing on Leo's unique interest in Disney characters to build connections with Leo. The therapist and family also noticed that initially, when Leo observed peers he froze and his heart raced simultaneously. This observation gave his therapist and family insight into his activated and anxious state though his outward appearance signaled otherwise. With this information, the therapist also utilized his interest in Disney characters to practice communication and socialization skills with peers. Over time, Leo was able to decrease his hitting behavior at pre-school, socialize in a more positive and acceptable manner with his classmates and gain confidence in his ability to interact with others. He now has satisfying relationships with a small group of peers and his parents are delighted that he no longer feels alone.

Looking below the surface of aggression as a symptom:

What is the role of anxiety in the context of a toddler with Autism?

Clinical Pearls:

- **Anxiety is a prevalent and impairing co-morbidity among individuals with autism spectrum disorder.** While anxiety disorders affect about 10 % of typically developing elementary-aged children, rates are significantly higher in children with ASD: between 30 and 84 % of children with ASD are also diagnosed with a co-occurring anxiety disorder (de Bruin et al. 2007; Simonoff et al. 2008; Sukhodolsky et al. 2008). In this case, catching it early allowed Leo to build skills to overcome his anxiety early in life.

- **Sensory processing difficulties in ASD can lead to anxiety:** Neural processes associated with ASD, such as sensory over-responsivity, influence anxiety. Initially, when Leo observed peers he froze but his heart raced simultaneously. This observation gave his therapist and family insight into his activated state though his outward appearance signaled otherwise. His sensory experience of gravitational insecurity made joining peers on play structures frightening and likewise his tactile sensitivity made the unpredictability of peer movement and touch off-putting for him. Sensory breaks were built into sessions for when Leo got overwhelmed and his family and teachers were coached to recognize his cues of distress.

- **Social skills building is an effective therapeutic strategy for children with ASD**: The child's preferred interest in Disney characters was used to help him initiate communication with peers from a position of confidence. He would share his favorite character and then was prompted to ask the other child's favorite character; thus began his initial circles of communication and personal success with socializing. He was praised for being brave. He eventually was coached that other children don't share his same interest in Disney characters and want to talk about something else. Over time he internalized this concept and was able to begin naming the preferred interests of his peers.

- **Clinicians should partner with parents to best understand the child's strengths, interests and how he/she experiences the world:** Leo's parents did not want ABA services which felt too "robotic" to them. They instead wanted to focus on his emotional distress around peers and on understanding how he experienced the world. A strong clinical relationship was formed using "affinity therapy" where the clinician capitalized on the client's unique interest in Disney characters to build connection. Gradually, more play themes were elaborated so Leo could be more flexible in his play as would be necessary for interactions with peers. A focus of treatment on establishing meaningful social connections was agreed upon with Leo and his parents.