

# CHILD & ADOLESCENT PSYCHIATRY PORTAL

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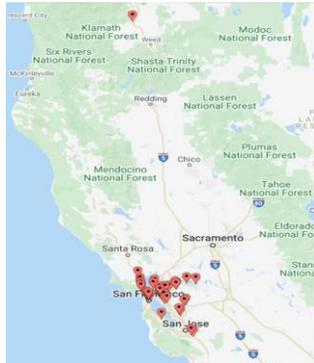
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Happy 1<sup>st</sup> birthday to CAPP! It's hard to believe that one year ago, we "officially" launched CAPP. For many of us, Fall 2019 feels like an eternity ago given our current day-to-day challenges (pandemic, racial violence, wildfires, politics) and the sheer amount of stress put upon every child, parent, and health professional in 2020. Nevertheless, we are grateful for such a supportive community of primary care providers, dedicated staff, and mental health professionals who have worked so tirelessly to support the children and parents who need help through these times. We are also grateful for the support we have provided to one another. Thank you, for helping CAPP grow in the past year and we look forward to an exciting Year 2!

## Welcome New Primary Care Practices

We'd like to welcome our newest enrolled practice, Axis Health! We now have 38 practices enrolled, covering 50 sites, including multiple Community Health Center Network (CHCN) practices.



## ACES and Trauma-Informed Care Webinar - October 10, 2020

There is still time to register for our annual CME event this Saturday! Please see our [website](#) for more information.

Registration link: [Register HERE.](#)

## We are thrilled to welcome two new psychiatrists, Dr. Kaufman and Dr. Szeftel to UCSF BCHO/CAPP



**Dr. Milena Kaufman's** interest in child psychiatry initially grew from her undergraduate experience at UCSB, where she worked in behavioral therapy for children with ASD. She completed her masters and medical school training at Touro College of Osteopathic Medicine in New York and psychiatry residency at Northwell, Zucker Hillside Hospital in Queens, NY. She completed child psychiatry training at Stanford, where she continued her passion for treating children with autism.



**Dr. Zara Szeftel** is a UC Berkeley graduate who was inspired by her early experiences working as a counselor in residential psychiatric programs in San Francisco and volunteering in the Autism Clinic at UCSF. She sought out her medical school, Ben Gurion University, because of the global health curriculum, requiring her to live abroad in Israel and India where she appreciated different cultural perspectives on medical care. She completed her residency in adult psychiatry at UCSD and fellowship in child psychiatry at UCLA. Dr. Szeftel's interests include community child psychiatry, telepsychiatry and treatment of autism and other neurodevelopmental disorders.

## CAPP Strategic Planning Update

From our recent strategic planning meeting, we reviewed CAPP's past year, including growth, mission, and future directions. Key values that emerged from our strategic planning meeting included the opportunity to collaborate and create partnerships, provide education, and build relationships. In that spirit, in lieu of this month's virtual café, we are holding a large gathering through our CME event involving participants from all over Northern California, and we hope you will join us!

## Allowing a Young Child to “Speak the Unspeakable”

Emilio is a 4 year-old boy who presents to his pediatrician for routine health care. He was born prematurely and received neonatal follow up services to ensure developmental progress. At age 3, he witnessed his mother collapse and get taken away by ambulance to the hospital where she passed away and Emilio was placed in foster care.

Foster parents reported that his play included many repeated enactments of this scene with him utilizing a play phone to call for an ambulance and making the wailing sounds of the ambulance’s arrival. His symptoms worsened over time and he could neither fall asleep nor remain asleep for extended periods and he banged his head against the wall. During the day he scratched his face and body until it bled.

Safety: Head banging, scratching skin on his face and body until it bled

Specific Behaviors: fear of going to sleep; fear of monsters in the night, repetitive trauma play and re-enactment, difficulty with emotional regulation, self-harm, difficulty accepting care from his new foster parents

Setting: Home

Scary Things: Witnessing collapse of mother and ambulance call; death of parent; change of placement to new and unfamiliar caregivers and setting

Screening/Services: Routine developmental assessment

Emilio’s pediatrician referred him for psychiatric support and Child-Parent Psychotherapy.

Emilio’s therapist created a trauma narrative for Emilio and his new family, “speaking the unspeakable” and connected his trauma with his behavioral symptoms and their treatment. In therapy sessions, Emilio processed his abrupt change in placement (to foster parents) by building houses and knocking them down. His experience of his sleep disturbance was also revealed in his play. He repeatedly built secure enclosures where he “slept” and was safe from the monsters that came at night. Therapy created a space where Emilio could name his fears and work through them.

Pediatrician and therapist worked with the foster parents to manage symptoms and recreate a protective shield after his traumatic losses. His foster parents developed a gentle way of talking to him about his self-inflicted wounds, reminding him that his skin was beautiful and that they wanted to help keep him safe. As he spent more time with the foster family he began to engage in play where he was a lost puppy who needed to be taken in by a family. This gradually evolved to him pretending to be the foster parents and taking in a lost puppy and offering him a safe home. Most recently he demonstrated a healthy integration into his new family, showing the clinician pictures of his biological parent and then declaring with authority, “now I have a new mom.”

*Play is the primary way young children express their emotional experience.*

### Clinical Pearls

- 1. Loss of a primary caregiver and a change of placement are always significant traumas for young children.** Their symptoms of grief and loss are often expressed in body- based ways. Children may resist the care of new caregivers as it is a traumatic reminder of their loss.
- 2. Children at this age are egocentric and this places them at risk for thinking they caused something to happen.** “Speaking the unspeakable” in a trauma narrative in developmentally appropriate language that the family can share is essential.
- 3. Young children think concretely, and it is most helpful to provide them with a simple explanation about death.** In this case noting that the child’s mom got sick and died which means that her body can’t move anymore was helpful in clarifying what had happened. It was further clarified that it was not his fault and nothing that he did had caused this mother to collapse and die.
- 4. Child Parent psychotherapy** is an evidence-based practice and a dyadic trauma treatment for young children and their caregivers.
- 5. Play is the primary way children express their emotional experience,** therefore the use of specific toys that allow the child to re-enact their loss (such as a medical kit) is supportive of their ability to communicate what happened to them and make sense of it. Adults might talk about what happened with a trusted confidant and children play. Over time the pretend cell phone was utilized as a way for Emilio to communicate directly with his mother to tell her how he was doing and wonder about what it was like where she was. Caregivers who are understandably triggered by this type of play need emotional support to tolerate it and see its value as part of the healing process.

Lieberman, Compton and Van Horn. Losing a parent to death in the early years: Guidelines for the treatment of traumatic bereavement in infancy and early childhood. Zero to Three, 2003.

Chandra Ghosh Ippen, Once I was Very Very Scared. Pipro productions. <https://piploproductions.com/stories/once>