Your most complex patients: what’s behind the trauma?

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Something you might already know...

**ABUSE**
- Physical
- Emotional
- Sexual

**NEGLECT**
- Physical
- Emotional

**HOUSEHOLD DYSFUNCTION**
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce

*Felitti et al*
The ACEs load

**Risk Factors for Adult Depression are Embedded in Adverse Childhood Experiences**

Source: Chasan et al. 2004

**Risk Factors for Adult Heart Disease are Embedded in Adverse Childhood Experiences**

Source: Deng et al. 2004
The bigger the load, the bigger the risk

BUT...
not all children with a big ACE load have problems

...so what else is going on?
Disinhibited Social Engagement Disorder (DSED)

*In childhood:* indiscriminate behaviours

*In the context of abuse and/or neglect*

*In adolescence/adulthood:* indiscriminate sociability, excessive self-disclosure, “boundarylessness”
Reactive Attachment Disorder (RAD)

*In childhood:* Failure to seek and accept comfort, problems with emotion regulation

*In the context of abuse and/or neglect*

*In adulthood:* poor emotion regulation, “trust issues”
Maltreatment-associated psychiatric problems

Many of your most complex patients, and their parents, will have a history of trauma/child maltreatment/ACEs

We noticed that children who had been maltreated, and had psychiatric problems, tended to have particularly complex problems with high comorbidity and impairment
The ESSENCE concept
Early Symptomatic Syndromes Eliciting Neurodevelopmental Clinical Examination

Gillberg 2010
The ESSENCE concept

Overlap in neurodevelopmental markers is the norm – not the exception, i.e. symptoms usually regarded as indicating ADHD, ASD etc. e.g. overactivity, poor social interaction cross categories
The ESSENCE concept

Attracting **more than one diagnosis** across the lifespan is not uncommon.

**Change** in diagnostic category across development is common.
In fact ALL neurodevelopmental problems share much heritability

“One general genetic factor was responsible for the wide-spread phenotypic overlap among all neurodevelopmental symptoms”

*Pettersson, Anckarsäter, Gillberg & Lichtenstein, 2013*
In fact ALL neurodevelopmental problems share much heritability
Maltreatment-associated psychiatric problems

Is it this neurodevelopmental overlap that underpins the complexity in MAPP?
Do children exposed to maltreatment have an increased neurodevelopmental disorder load compared to children not exposed to maltreatment?

The Child and Adolescent Twin Study in Sweden (CATSS)

• $N = 13,052$ 9 year old twins
Maltreatment-associated neurodevelopmental disorders: a co-twin control analysis

Lisa Dinkler,¹ Sebastian Lundström,¹,² Ruchika Gajwani,³ Paul Lichtenstein,⁴ Christopher Gillberg,¹,³ and Helen Minnis¹,³
Do children exposed to maltreatment have an increased neurodevelopmental disorder load compared to children not exposed to maltreatment?
Yes

Maltreated children are nearly ten times as likely to have 3 or more neurodevelopmental problems
Is child maltreatment a risk factor for an increased neurodevelopmental disorder load when controlling for familial effects?
Childhood Maltreatment

Genetic Factors

? Could these be heritable neurodevelopmental disorders?
Clinicians should be aware that:

If your patient has been exposed to childhood abuse and neglect, he or she is very likely to also have neurodevelopmental problems.

Your most complex patients might have both a history of abuse and neglect and neurodevelopmental problems like ADHD, Autism, tic disorders or learning disability.
And what about PTSD?

- Intrusive thoughts
- Nightmares and flashbacks
- Avoidance
And what about PTSD?

Post-Traumatic Stress Disorder (PTSD)

- Intrusive thoughts
- Nightmares and flashbacks
- Avoidance

What is Complex PTSD?

- Difficult to regulate emotions, e.g. self harm, rage
- Altered attention & consciousness, e.g. dissociation, amnesia
- Difficulties in relationships, e.g. withdrawal, helplessness
- Somatic distress, e.g. headaches, pains, nausea
- Hyperarousal, e.g. being “on edge”, irritable, insomnia
- Complex PTSD symptoms
- Avoidance of reminders, triggers - PTSD
- Flashbacks, nightmares, reexperiencing - PTSD

Complex PTSD involves the core symptoms of PTSD plus additional groups of symptoms. Source: ISTSS Expert Consensus Treatment Guidelines For Complex PTSD In Adults.
And what about PTSD?

Are these symptoms actually RAD and DSED symptoms?
Mental health problems in children/adults exposed to ACEs

- Overlapping neurodevelopmental problems
- Changes through development
- Symptoms of neurodevelopmental and “adult type” psychiatric disorders e.g. anxiety, depression, psychosis, can be similar
- PTSD too?

It’s so complex!!!!!!
Tackle it in packages

PTSD

ADHD/ASD/Intellectual Disability

RAD and DSED

“Adult-type” problems e.g. anxiety, depression, psychosis
Formulation will benefit your patient

PTSD

ADHD/ASD/Intellectual Disability

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Trauma-Informed Care
Use standardised tools and other colleagues to explore these (consult with SLT, OT, psychology, psychiatry, other expert colleagues).

Treatment likely to be more effective if you understand BOTH neurodevelopmental disorders and more typically “trauma-related” disorders.
What's YOUR make and model?

Make
- Refers to the car manufacturer
- Can be found on the tag and car logo
- Honda, Toyota, etc.

Model
- Specific product
- Used to distinguish several cars within the same make/manufacturer
- Name, numbers, lettersitials, or date
- Prius, Beetle, Mustang, etc.

Formulation will benefit your patient
Share Your Thoughts