Childhood Stress, Trauma and The Impact of Suspensions in Pediatric Populations

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OBJECTIVES:

1. To review factors affecting early child development that may lead to behavioral changes
2. To understand the effects of early life trauma on the trajectory of childhood behaviors
3. Recognize the early childhood behaviors that progress and lead to disciplinary actions
4. Identify mitigating factors and behavioral interventions
5. Lay out goals for the future.

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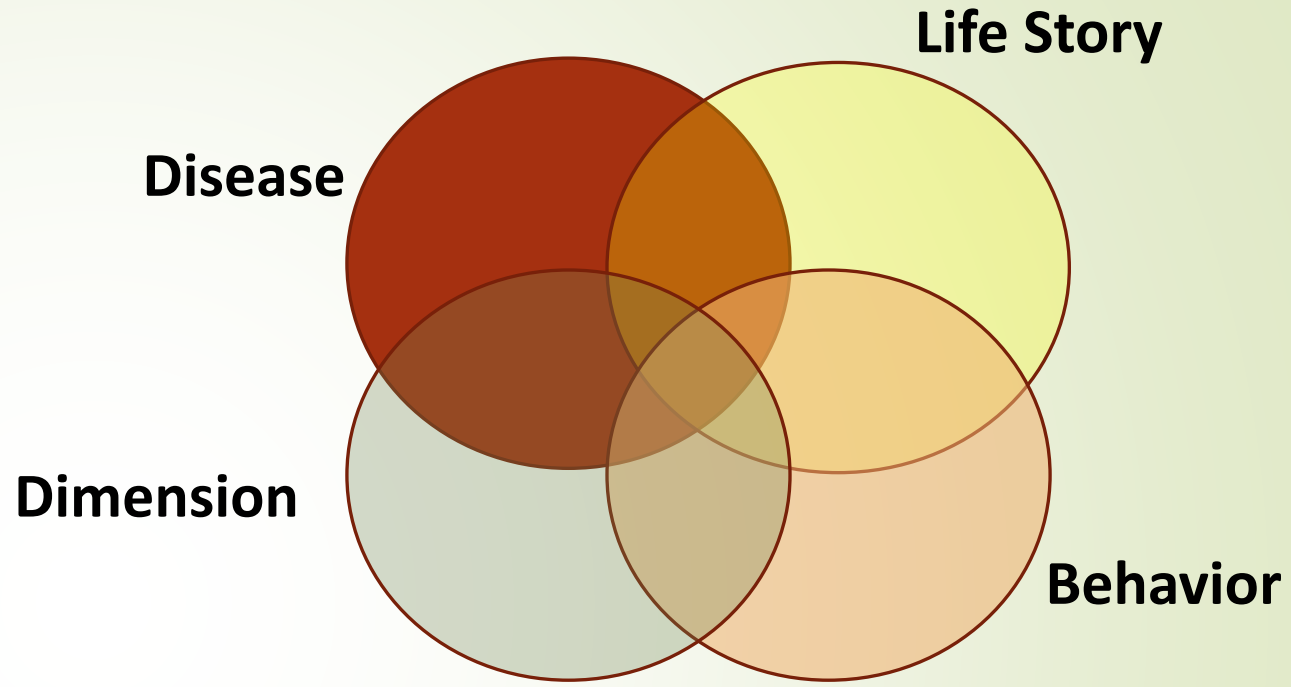
Perspectives of Psychiatry



Disease State
- Genetic / Familial illness

Life Story
- Traumatic experiences
- Family dynamics

Behavior
- Personality styles

Dimension
- Cognitive abilities and social reactivity
- Neurodevelopment

Early Stages of Life

The fundamental assumption of all life cycle theories: Development occurs in successive, clearly defined stages in a particular order in every person's life, whether the stages are completed or not.

Epigenetic Principle

Each stage is characterized by events or crises that must be resolved satisfactorily for development to proceed smoothly
If resolution is not achieved within a given life period, all subsequent stages reflect the failure in the form of physical, cognitive, social and emotional maladjustment

The Value of Parental Presence in 0-4 years

- Infant's needs are met – food, sleep, need to be changed
- Awareness of life immediately outside the infant's internal environment
- Soothing mechanisms in early development
- Successful attachment stages
- Learning age-appropriate tasks
- Shaping of behaviors
- Attention, affection and Acknowledgement

TRAUMA

- Genetics / Familial
- Trauma/abuse
- Death / loss of a parent
- Avoidance/abandonment
- Poor, inconsistent parenting
- Neglect
- Inadequate nourishment
- Unsafe environment
- Poor health care

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Is Acting Out an Adjustment to Early Childhood Trauma?

- Abandonment
- Abuse
- Neglect
- Childhood illnesses
- Conflict in the family dynamic
- Financial crises
- Parental substance use
- Home environment

Exposure to Devices and Video Games

- Negative impact on cognitive, emotional and social development
  - Difficulties with emotional regulation
  - Decreased attention span
  - Increased aggression
- Increased correlation to disciplinary actions like suspensions
- Influenced by differences in vulnerability, type of digital content consumed
- Limited by cross sectional nature of studies

ASSOCIATED PSYCHIATRIC DIAGNOSES in the DSM 5 TR

Reactive Attachment Disorder

- **A. Inhibited, Emotionally Withdrawn Behavior:** The child rarely or never seeks or responds to comfort when distressed, demonstrating a lack of seeking and responding to comfort from caregivers.
- **B. Persistent Social and Emotional Problems:** This includes at least two of the following:
  - Limited positive emotions
  - Unexplained irritability, sadness, or fearfulness when interacting with caregivers
  - Social and emotional disturbance

Reactive Attachment Disorder

- **C. History of Pathogenic Care:** The child has experienced a history of insufficient care, such as neglect, frequent changes in caregivers, or rearing in institutions with limited opportunities for attachment.
- **D. The care in Criterion C is presumed to be responsible for the disturbances in Criterion A .**
- **E. Not a result of Autism Spectrum Disorder:** The criteria for Autism Spectrum Disorder are not met.
- **F. Developmental Age:** The child has a developmental age of at least nine months.
- **G. Manifested Before Age 5:** The disturbance in behavior is evident before the age of five years.

Reactive Attachment Disorder

- Emotional Withdrawal

  Children with RAD may avoid social interaction, show little or no positive emotions, and not seek comfort from caregivers, even when distressed.

- Difficulty Regulating Emotions
  - They may experience unpredictable and intense negative emotions like irritability, sadness, or fear, even in non-threatening situations.
- Aggression or Self-Harm
  - Some children with RAD may exhibit aggression towards others or engage in self-harming behaviors.
- Social Problems
  - They may have trouble forming relationships with peers and adults and may not react appropriately to social cues.

Disruptive, Impulse Control and Conduct Disorders

Oppositional Defiant Disorder

- A. A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms of the following categories, and exhibited during interaction with at least one individual who is not a sibling:

Angry/Irritable Mood

- 1.Often loses temper
- 2. Is often touchy or easily annoyed
- 3. Is often angry and resentful

Argumentative/Defiant Behavior

- 4.Often argues with authority figures or, for children and adolescents, with adults
- 5. Often actively defies or refuses to comply with requests from authority figures or with rules
- 6. Often deliberately annoys others
- 7. Often blames others for his or her mistakes or misbehavior

Vindictiveness

- 8. Has been spiteful or vindictive at least twice within the past 6 months.

Disruptive, Impulse Control and Conduct Disorders

Intermittent Explosive Disorder

- A. Recurrent behavioral outburst representing a failure to control aggressive impulses as manifested by either of the following:
  - Verbal aggression (e.g., temper tantrums, tirades, verbal arguments or fights) or physical aggression toward property, animals, or other individuals, occurring twice weekly, on average, for a period of 3 months. The physical aggression does not result in damage or destruction of property and does not result in physical injury to animals or other individuals.
  - Three behavioral outbursts involving damage or destruction of property and/or physical assault involving physical injury against animals or other individuals occurring within a 12-month period.
- B. The magnitude of aggressiveness expressed during the recurrent outbursts is grossly out of proportion to the provocation or to any precipitating psychosocial stressors.

Disruptive, Impulse Control and Conduct Disorders

Conduct Disorder

- 1. **Aggression to People and Animals:**
  - Often bullies, threatens, or intimidates others.
  - Often initiates physical fights.
  - Has used a dangerous weapon that can cause harm to others.
  - Has been physically cruel to people.
  - Has been physically cruel to animals.
  - Has stolen while confronting a victim.
  - Has forced someone into sexual activity.
- 2. **Destruction of Property:**
  - Has deliberately set fires with the intention to cause serious damage.
  - Has destroyed other's property (other than by fire).
- 3. **Deceitfulness or Theft:**
  - Has broken into someone else's house, building, or car.
  - Often lies to obtain goods or favors or to avoid obligations.
  - Has stolen items of nontrivial value without confronting the victim.

Disruptive, Impulse Control and Conduct Disorders

Conduct Disorder (cont)

- 4. **Serious Violations of Rules:**
  - Often stays out at night despite parental prohibitions, beginning before age 13.
  - Has run away from home overnight at least twice while living in a parental or parental surrogate home (or once without returning for a lengthy period).
  - Is often truant from school, beginning before age 13.
- **Additional Considerations:**
- Age:
  - For a diagnosis, the individual must be under the age of 18 years old.
- Severity:
  - mild, moderate, or severe, based on the number of conduct problems and the extent of harm to others.
- Childhood onset (before age 10)
- Adolescent onset (above 10 y/o)

Disruptive, Impulse Control and Conduct Disorders

Antisocial Personality Disorder

- **A. Disregard for and violation of others' rights since age 15, as indicated by one of the seven sub features:**
- Failure to obey laws and norms by engaging in behavior which results in criminal arrest, or would warrant criminal arrest
- Lying, deception, and manipulation, for profit or self-amusement,
- Impulsive behavior
- Irritability and aggression, manifested as frequently assaults others, or engages in fighting
- Blatantly disregards safety of self and others,

Disruptive, Impulse Control and Conduct Disorders

- **Antisocial Personality Disorder (cont)**

- A pattern of irresponsibility
- Lack of remorse for actions (American Psychiatric Association, 2013)

- The other diagnostic Criterion are:
- **B. The person is at least age 18**
- **C. Conduct disorder was present by history before age 15**

Disruptive, Impulse Control and Conduct Disorders

- **Pyromania**
  - **Deliberate and purposeful fire setting:** This must occur on more than one occasion.
  - Tension or affective arousal before the act: Individuals experience a build-up of tension or arousal leading up to the fire setting.
  - Fascination with fire and its related elements: There is a strong interest, curiosity, or attraction to fire, its paraphernalia, or the situational contexts surrounding fire.
  - Pleasure, gratification, or relief when setting fires or witnessing their aftermath: This is a key differentiator from other reasons for fire setting.
  - The fire setting is not done for monetary gain, to conceal criminal activity, to express anger or vengeance, in response to delusions/hallucinations, or as a result of impaired judgment (like substance intoxication): These motivations indicate a different disorder or circumstance.
  - The fire setting is not better explained by other disorders like Conduct Disorder, manic episodes, or Antisocial Personality Disorder: These disorders may also involve fire setting, but the underlying motivations differ.

Disruptive, Impulse Control and Conduct Disorders

- **Kleptomania**
  - Recurrent failure to resist impulses: This is the core feature, the inability to stop oneself from stealing.
  - Stealing objects not needed: The items are not for personal use or monetary gain.
  - Tension before stealing: Individuals experience increasing tension or arousal before the act.
  - Pleasure, gratification, or relief during or after: The act provides some form of positive feeling, even if fleeting.
  - Not due to anger, delusions, or hallucinations: The stealing is not a result of these mental states.
  - Not better explained by other disorders: The behavior cannot be attributed to other conditions like Antisocial Personality Disorder or Conduct Disorder.
  - Individual is aware stealing is wrong: Despite the urges, the person recognizes the immorality of their actions.

SCHOOL SUSPENSIONS IN THESE CHANGING TIMES

IT IS NOT AS SIMPLE AS IT SEEMS

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School Suspensions and the Impact on the Child/Youth

- The increased issue our schools are dealing with long-term suspensions that is impacting academic progress, social connections and mental health.
- A complicated premise that has become even more difficult to parse out into smaller units.

Most educators believe that every student, whatever their color, background, or zip code, has the right to learn in a supportive environment—one that respects their humanity, upholds their dignity, and responds fairly to mistakes and missteps.

However, zero tolerance and other exclusionary school discipline policies contradict these beliefs and instead push kids out of the classroom at record rates.

Effects of School Suspensions

- NEA Article published 09/10/2021
  - Severe school infractions such as bringing a weapon to school or assault, should be referred according to the law
  - However, subjective offenses like wearing wrong shoes, unique hairstyles and clothes have been escalated to the point of suspensions.
  - In Louisiana during the school year 2018-2019, 1000 K+ students were suspended from school
  - American Institute for Research released a study that ISS and OSS are ineffective methods for dealing with student misbehavior
  - Suspensions do little to reduce future misbehavior for the student and their peers
  - Did not improve future academic performance nor attendance

SUSPENSIONS DO NOT DEAL WITH WHETHER THE STUDENT IS HAVING PROBLEMS AT HOME OR HAVING MENTAL HEALTH ISSUES

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Trudel, L. et al (Univ of Winnipeg) on a 2024 Study on the Use of School Suspensions in Manitoba, Canada

- The evolution of student discipline has reflected broad societal changes, moving from harsh methods.
- Corporal punishment was practiced in the 20th century **Doctrine of in loco parentis.**
- Education now realizes every child needs a positive environment which feels safe, encouraging positive behaviors and trust.
- Exclusionary practices have been driven by **zero tolerance**, derived from the military and frequently used in the justice system, increasing the dramatic increase in the number of suspensions.

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Leung-Gagne, M et al in 2022

- Certain student groups are disproportionately suspended or expelled
- Suspended students are more likely to suffer academically, repeat a grade or drop out of school
- Suspended students are more likely to enter the criminal justice system
- Overall suspension rates increased since 1973 with peak in early 2010s, followed by a general decrease
- Secondary school students (7%) more than elementary school students (2%)
- Racial disparities in suspension have persisted across the years
- Rates vary greatly across the country though most states reduced racial disparities between 2011-12 and 2017-18.

Leung-Gagne, M in 2022

- Constructive aspect of suspensions:
  - Link between the authority to suspend and school safety
  - Serves as a "circuit breaker" or respite / cool off period
  - Allows a pathway towards resolution
  - More effective when parent and family involvement is in place

- Problematic elements of suspensions:
  - Negative impact on rapport with families
  - Lack of alternative engagement driving the child away from education to loose activities with less safe boundaries in lace

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Leung-Gagne, M in 2022

RECOMMENDATIONS:

- Eliminate zero tolerance and other exclusionary policies, restrict the use of OSS and expulsions for lower-level offenses and reduce length of suspensions
- Support evidence-based alternative strategies to exclusionary discipline, such as implementing schoolwide restorative practices and teaching social and emotional skills
- Collect and report disaggregated data on exclusionary discipline in a timely manner and use the data to inform equity reviews of district and school discipline policies.
- Develop educator preparation standards for supporting positive climates and using restorative practices to manage classrooms.
- Provide professional learning to help educators create inclusive and culturally responsive learning environments and foster trusting relationships with students.
- Invest in support services and support staff to better meet the needs of students and educators.

Obstacle for School Systems:

FUNDING!!!!!

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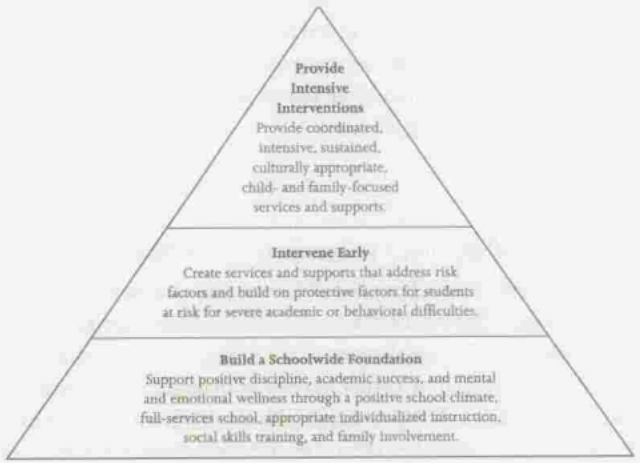
1. Build a School Foundation
2. Intervene Early
3. Provide Intensive interventions

Figure 5.1. A three-level approach to preventing violence



Schoolwide foundation

Safe schools provide all students with the supports and skills they need to feel connected to the school and to be effective learners and problem solvers. In addition, this foundation provides all students and staff with the supports and skills needed to develop and foster appropriate behaviors and healthy emotional adjustment.

Intervention Strategies

- Positive School Culture
  - Team of educators meet with the students involved, assess the choices made, examine the damage and make / restore connections between the parties involved
- School mental health counselors
- Compass School based programs
  - Partnership with Families
  - Youth CPRC (Community Psychiatric Rehabilitation Center)
  - ACT-TAY (Assertive Community Treatment for Transitional Age Youth)
  - FACT (Family Advocacy and Community Training) Peer partners for parents

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St. Charles County School Consult Service

- Funded by a grant from the St. Charles County Resource Board
- Covers all school districts in St. Charles County
- Monthly consults for Wentzville, Fort Zumwalt, Francis Howell and St. Charles City School Districts; Quarterly consult for Orchard Farm
- Consult schedule covers the whole school year
- School Team participation has strengthened
- Compass Team: Psychiatrist, Youth Services Director, Supervisors, Case Team members as needed
- Obtain consent and release of information from parent / legal guardian
- Covers Compass Health Network patients only
- Case Presentation, Discussion, and possible intervention strategies from school and Compass team
- Follow-up and updates

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THE ALTERNATIVE TO AN EMERGENCY ROOM VISIT

CARE ON ARRIVAL

Youth Behavioral Health Urgent Care (YBHUC)

- Wentzville

Behavioral Health Crisis Clinics (BHCC)

- Wentzville
- Rolla
- Raymore
- Festus
- Jefferson City
- Union

CONCLUSION

- School suspensions are a complicated disciplinary method with a long history of challenging outcomes
- Behaviors that bring about suspensions may have multi-level origins and do not occur in isolation
- Are suspensions the reflection of changes in the home, family and society?
- Significant behaviors may be a reflection of change in mental health and wellness
- Families need resources that they can utilize to start active interventions
- Building a strong school policy foundation and intervening early is the key to success
- In school mental health services are indispensable
- Novel programs like the consult service can provide exchange of information, support and monitor progress

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988
SUICIDE
& CRISIS
LIFELINE

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