

DEVELOPMENT IN THE CONTEXT OF ADVERSITY

Models/Practices addressing the intersections of development, disability & toxic stress in New Mexico

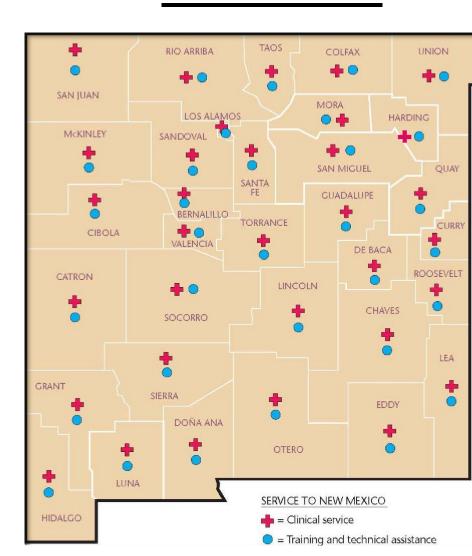
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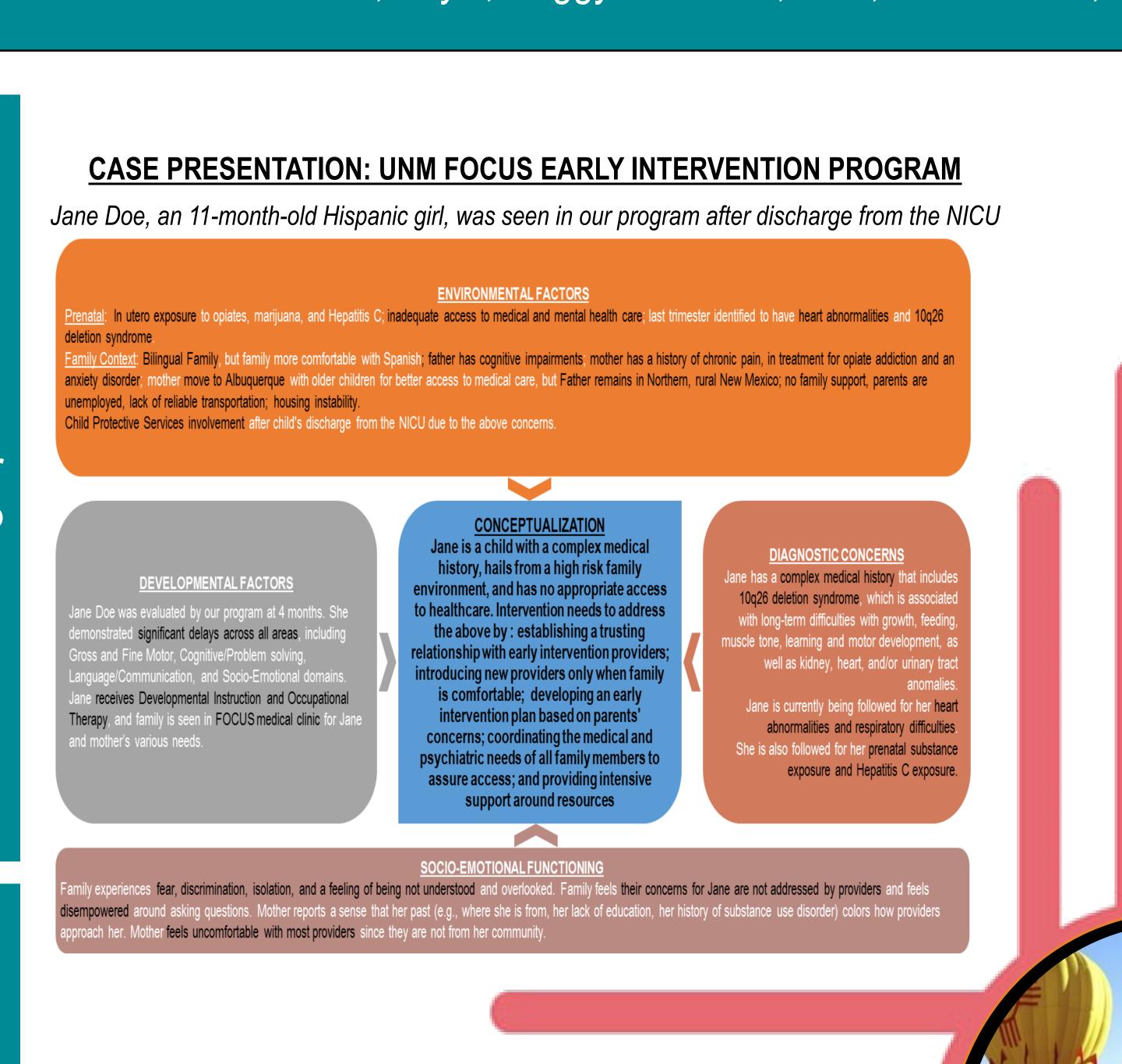
It is currently well documented that in early childhood adverse experiences, toxic levels of stress, and traumatic experiences have a direct impact on developing brain architecture leading to increased risk for developmental and behavioral concerns. Conversely, children with developmental and other disabilities are 2-4 times more likely to be exposed to adversity in childhood than other children. The intersection of the experience of Adverse Childhood Events (ACES) and disability is an underexplored topic in the disability community.

Some Key Information:

- Children with disabilities are not well represented in studies examining the impact of adversity on development, health and well-being.
- Families of children with disabilities and chronic health issues are more likely to live in poverty than other families.
- Children with disabilities are more vulnerable to experiencing childhood maltreatment than children without disabilities.
- . Children who experience significant adversity often show inconsistent developmental and behavioral capacities which can confound assessment results.

NEW MEXICO





CASE PRESENTATION: UNM EARLY CHILDHOOD EVALUATION PROGRAM

Emily is a 2-year-old African-American girl who was seen in our outreach assessment clinic

irth-7 months: At birth was tested positive for heroin, so removed from her home by CYFD and placed with in a foster home. She was removed from the initial foster placement becaus her children in that home were discovered to be abused. Also had sporadic visits with her biological mother. 34 months: Emily has been cared for by her foster parents. Mother was in prison when Emily was seen at our evaluation clinic oster family and Emily live in a rural community, with limited behavioral health services available.

CONCEPTUALIZATION Emily is a child with a history of early **DEVELOPMENTAL FACTORS** all<u>age-appropriate language and motor skills</u> nattention, and difficulty following directions, and these s social emotional skills (her ability to cope with are prenatally exposed to alcohol. Yet ive feelings and inhibit her impulses) were significantly hout confirmation that her biologica mother consumed alcohol during her gnancy, a diagnosis of FASD could not be

nment or reprimands do not seem to bother her. Emily is at risk of expulsion from her childcare center due to her aggressive behavior.

expelled from childcare by qualifying for spe SOCIO-EMOTIONAL FUNCTIONING ster parents and early intervention providers are very concerned about Emily's behavior towards her caregivers and other children. They report that she frequently hits, bites, kicks, and pulls the air of other children. Children in her foster home and daycare have become afraid of her and avoid her. Her caregivers use the word "violent" to describe her. They say she defies their rules, and

Emily's caregivers are concerned about pos Fetal Alcohol Spectrum Disorder (FASD) diagnosis nily's behavior difficulties and imminent expulsion from her daycare put Emily at high risk for meni alth difficulties as she gets older and represents gnificant stressor in losing important caregiv A diagnosis of FASD could provide Emily v access to school servi mily may be able to receive protection from be

<u>DIAGNOSTIC CONCERNS</u>

CASE PRESENTATION: UNM SECOND JUDICIAL DISTRICT INFANT TEAM

John Doe is a 4-year-old Caucasian boy who was seen in our program from 30 - 44 months



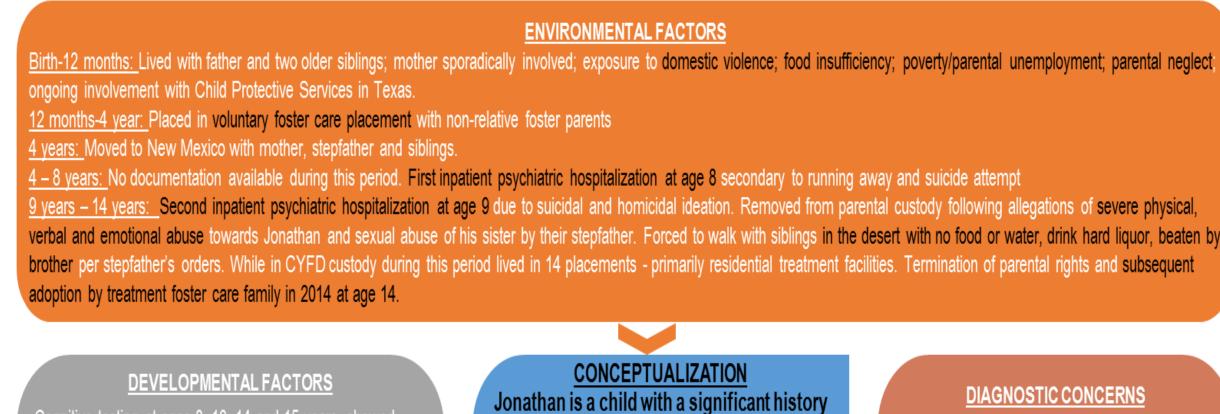
DEVELOPMENTAL FACTORS n Doe was evaluated by an early intervention program itive/Problem solving, Language, and Socio-Emotiona ession in his language and motor skills during visits with cating skills that were vulnerable to stress

poor memory, and difficulty to block out distractions and completing tasks. He was reported to show a nese were noted as concerning for a Fetal Alco trum Disorder. John Doe was observed to "sh down," with deficits in his social engagement a poor eye contact. These resulted in an autisr assessment. The above symptoms are a picture of this child's needs and strengths <u>aracteristic trauma responses in young ch</u>

lding food in his mouth), and engaging in risky behaviors (i.e., running out the door or onto the street). These are all typical symptoms of trauma in young children. After visits with parents began, John Doe showed continued tantrums, aggression towards peers (hitting, kicking, spitting), continued feeding issues (e.g., sucking on his food, holding food

CASE PRESENTATION: UNM AUTISM SPECTRUM EVALUATION CLINIC

Jonathan is a 16-year-old Latino teenager who was evaluated for autism concerns



nitive testing at ages 8, 10, 14 and 15 years, showed of adverse childhood events. His average nonverbal abilities, below average and declining verbal abilities and significant declines across time in working memory and processing speed. nains of development - declining cogniti abilities, emotional and behavioral Academically delayed due to multiple disrupted educational dysregulation, deficits in social tory of being significantly underweight munication, trust and attachment issues. poor relationship skills. Specific early histor nt: Below Average nonverbal abilities; is nonexistent which can complicate ASD ongoing difficulty with working memory, academic motivation, diagnosis. Unavailability of records led to and achievement; Socially engaged, directed communication, good reciprocity, no report of restricted interests, stereotyped incorrect ID diagnosis, but when provided by pehaviors or language. Adaptive skills low but improving wi ucture and safe and predictable home environme on cognition rather than ID.

SOCIO-EMOTIONAL FUNCTIONING ice 8 years, Jonathan has had suicidal and homicidal ideation, aggression towards peers and foster parents, anxiety, and severe mood and behavior dysregulation. Recently disconting um, continues taking Risperidone, Wellbutrin, Benzotropine; reported that sister spread rumor at school two years prior that he was going to "pull another Columbine" and he chose thdraw socially following the harassment; significant issues with trust but improving due to relationship with adoptive parents.

DIAGNOSTIC CONCERNS Autism concerns: Difficulty with soci conversations, developing and maintain idships, dealing with change, crowds; alwa wants to wear clothing that covers his boo ncluding jackets in the summertime; history of significant aggressive behaviors and "rages Private evaluation by psychologist in May 201 resulted in diagnoses of Autism Spectrum Disorder, Specified Trauma Disorder and Intellectual Disability. Current Evaluation: Led to diagnosis of PTSD. Removed Autism & Intellectual Disability

AGNOSTIC CONCERNS

UNM Focus Program

Provides early intervention services, family medical care and service coordination for infants and toddlers and their families impacted by substance use and other risk factors as part of an integrated family medical home.

UNM Judicial District Infant Team

inform permanency planning decisions for infants and toddlers in the child welfare system due to abuse and/or neglect.

UNM Early Childhood Evaluation Program

Provides interdisciplinary developmental, diagnostic, and specialized evaluations for children birth to three throughout New Mexico who are referred for a range of developmental and psychosocial concerns, including Autism Spectrum Disorder, exposure to toxic stress, and complex medical and developmental comorbidities.

UNM Autism Spectrum Evaluation Clinic

Completes interdisciplinary evaluations for individuals age 3 to 22 suspected of having Autism Spectrum Disorder or other related conditions.

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