

# Fielding Conversations about Loss and Disability: Resources for the Rehabilitation Clinician

Nicole Williamson, PhD  
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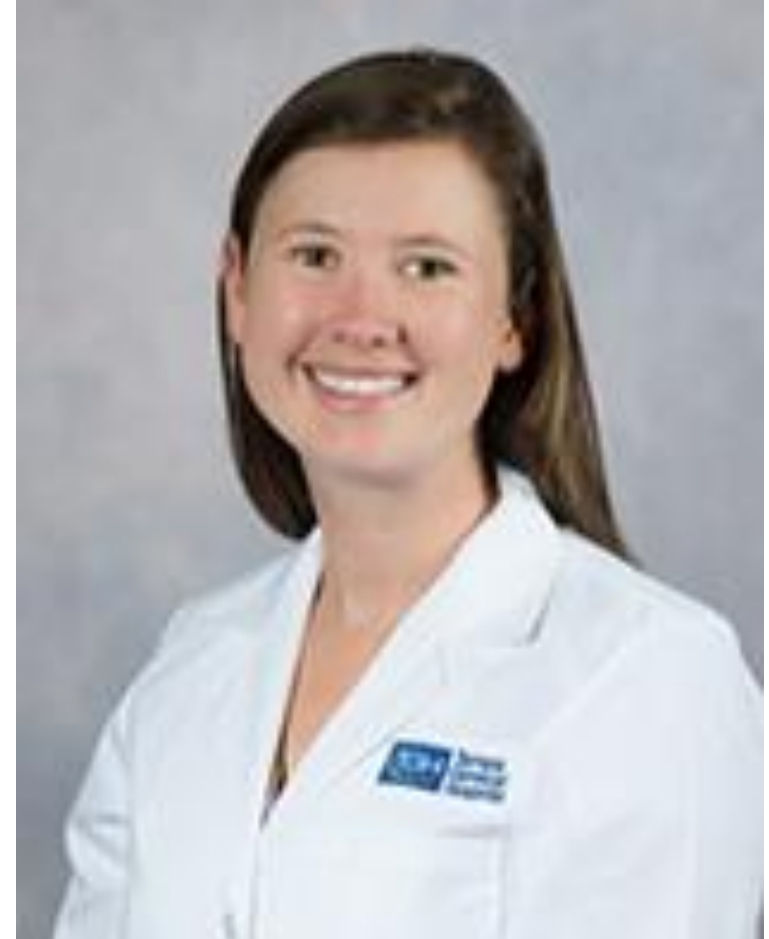
**IPRC**

International  
Pediatric Rehabilitation  
Collaborative

# Our Presenter

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Department of Pediatrics



# Learning Objectives

- ▶ Identify manifestations of loss and trauma in children across developmental stages,
- ▶ Implement effective strategies to manage challenging behaviors in children,
- ▶ Utilize techniques to facilitate sensitive conversations with families and caregivers,
- ▶ Recognize when referral for formal psychological evaluation and/or services is warranted.

# Presentation Overview

- ▶ How children end up in pediatric rehabilitation
  - Acute physical trauma, chronic illnesses, ACES study
- ▶ Signs of Traumatic Stress Across Ages
- ▶ Promote Resiliency
- ▶ Challenging Behaviors
  - How to most effectively manage them
- ▶ Challenging Conversations
- ▶ Psychological Services

# What is a Trauma?

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

# Three E's of Trauma

## Events

*Events/circumstances cause trauma.*

## Experience

*An individual's experience of the event determines whether it is traumatic.*

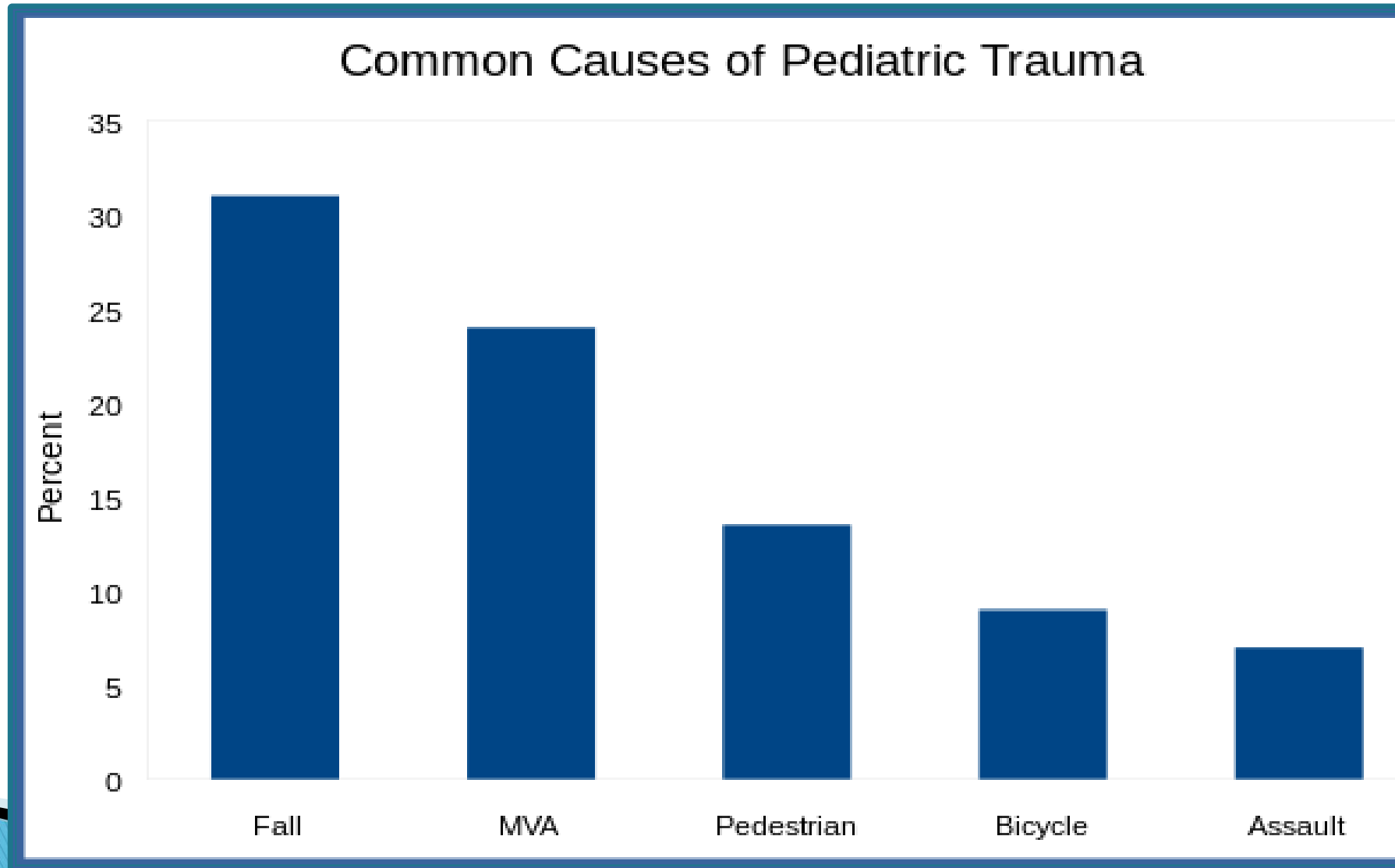
## Effects

*Effects of trauma include adverse physical, social, emotional, or spiritual consequences.*

# Acute Trauma

- ▶ 16,000,000 children go to the ER each year due to injury
- ▶ Serious injury kills 10,000 children in America each year
- ▶ Trauma accounts for 60% of all mortality in children
  - > all other causes combined

# Acute Trauma





# Chronic Illness

- ▶ Definition
  - 3 months +
  - Affects normal activities
  - Frequent medical care
  - No cure
- ▶ 25% of children in the U.S. or 15–18 million children
  - Asthma – 4.8 million
- ▶ Chronic conditions exert greater psychological and physical stress than acute illnesses that resolve quickly

# Psychological Health: Across Chronic Illnesses

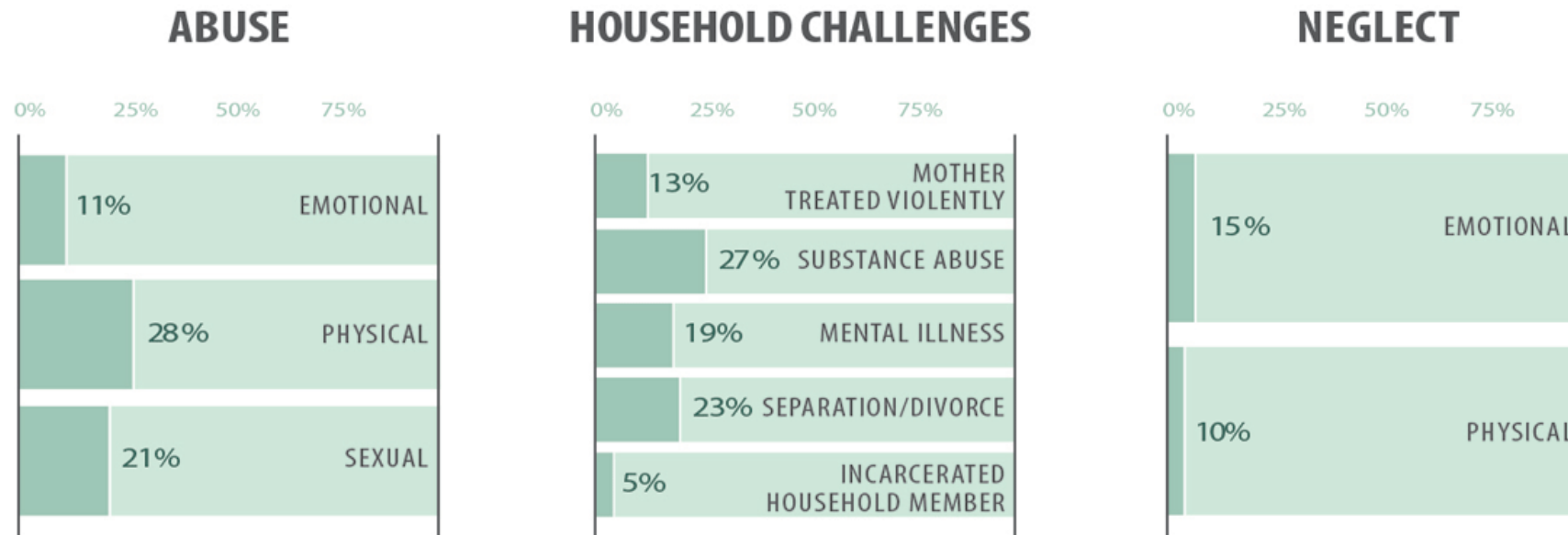
- ▶ Greater risk of psychopathology
  - Internalizing
  - Externalizing
  - Attention difficulties
  - Lower QOL
  - Social problems
- ▶ Lower levels of
  - Academic functioning
  - Social functioning
  - Physical functioning
- ▶ Across reporters
- ▶ Compared to healthy peers



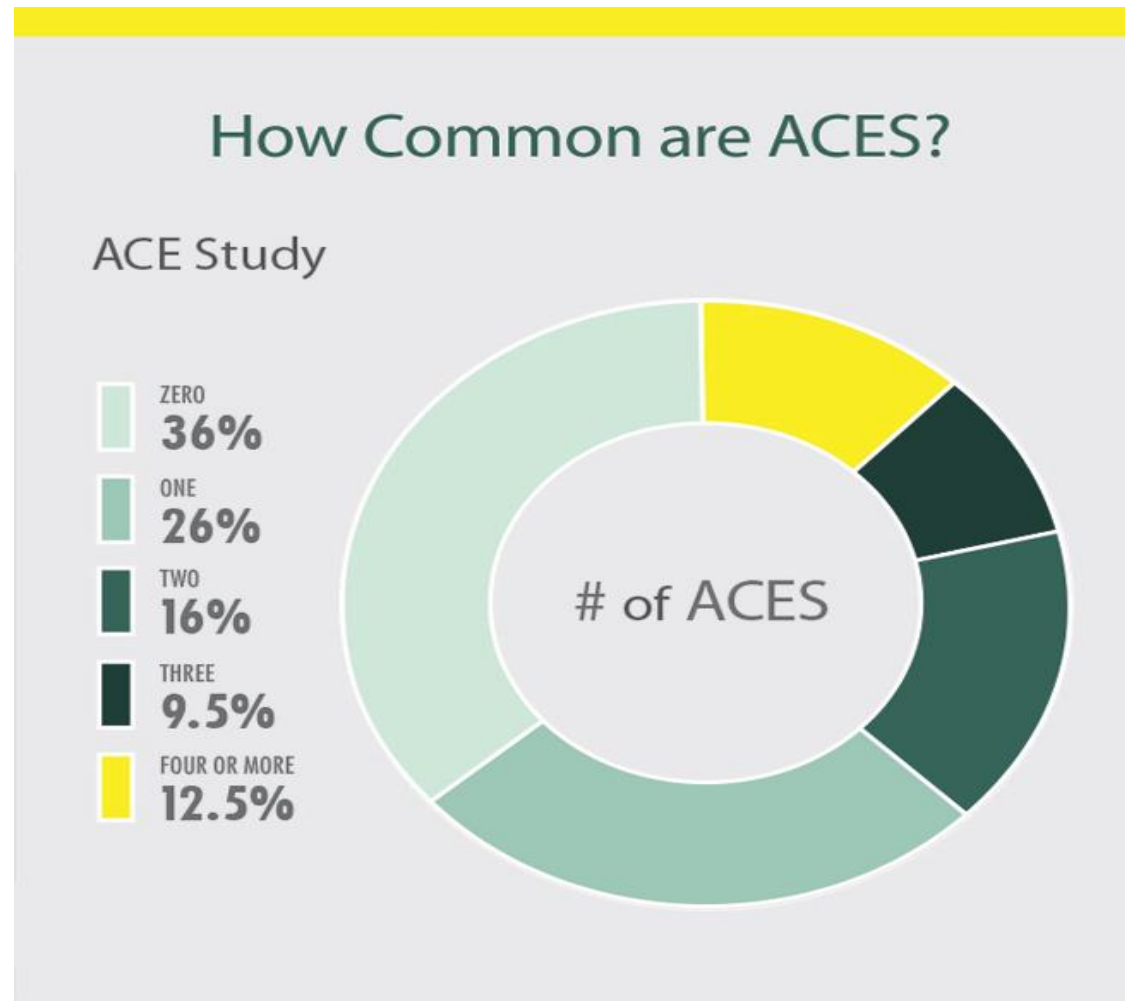
# Everyone Else: Adverse Childhood Experiences

## TYPES of ACES

The ACE study looked at three categories of adverse experience: **childhood abuse**, which included emotional, physical, and sexual abuse; **neglect**, including both physical and emotional neglect; and **household challenges**, which included growing up in a household where there was substance abuse, mental illness, violent treatment of a mother or stepmother, parental separation/divorce or had a member of the household go to prison. Respondents were given an **ACE score** between 0 and 10 based on how many of these 10 types of adverse experience to which they reported being exposed.



# Everyone Else: Adverse Childhood Experiences



# ACES can have lasting effects on....



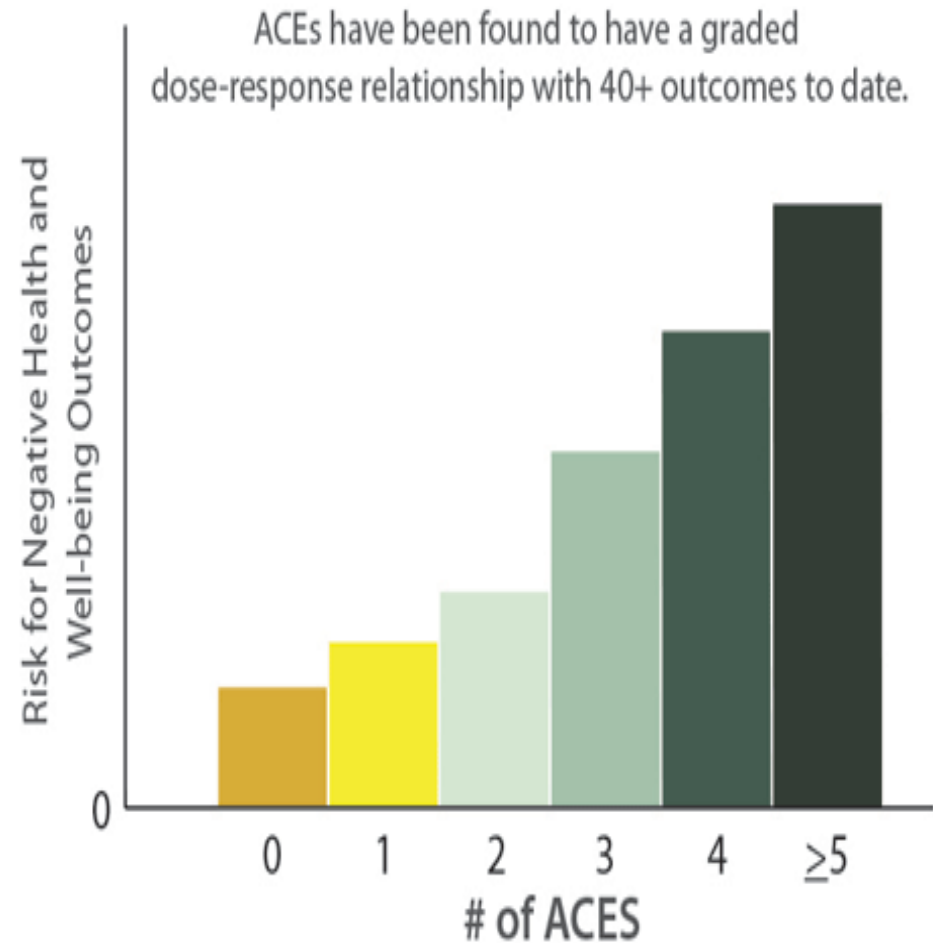
Health (obesity, diabetes, depression, suicide attempts, STDs, heart disease, cancer, stroke, COPD, broken bones)



Behaviors (smoking, alcoholism, drug use)



Life Potential (graduation rates, academic achievement, lost time from work)



\*This pattern holds for the 40+ outcomes, but the exact risk values vary depending on the outcome.

# Impact of Trauma Across Developmental Stages

Infant/  
Toddler



Pre-School



School Age



Adolescent



# Impact of Trauma: Birth to Age 2

- ▶ Not easily soothed
  - agitation, irritability, or aggression
- ▶ Nightmares and/or difficulty sleeping
- ▶ Regression
  - Skills
  - Fears
- ▶ Decreased appetite, weight loss, upset stomach
- ▶ Pulls away from adults that they used to show trust towards
- ▶ Difficulty separating from caregiver
- ▶ Avoids touch or eye contact
- ▶ Lethargic

# Impact of Trauma: Ages 3–5

- ▶ Nightmares and/or difficulty sleeping
- ▶ Regression – “baby talk”, wet their pants or bed
- ▶ Tantrums and/or crying fits that are not easily soothed or calmed
- ▶ Frequent headaches, stomachaches, etc –nurse or doctor
  
- ▶ Poor social skills
- ▶ Acting out in public
- ▶ Very disruptive behaviors – expelled from school
- ▶ Overly bossy – need for control
- ▶ Struggles with focus or learning – learning disabilities
- ▶ Low self esteem or confidence



# Impact of Trauma: Ages 6–12

- ▶ Nightmares and/or difficulty sleeping
- ▶ Frequent headaches, stomachaches, etc –nurse or doctor
- ▶ Very disruptive behaviors – expelled
- ▶ Low self esteem or confidence
- ▶ Overly bossy – need for control
- ▶ Acting out in public
  
- ▶ Has suicidal thoughts, plans, and/or attempts
- ▶ Experiments with drugs and/or alcohol
- ▶ Has sexual knowledge beyond that is normal for their age
- ▶ Hoards food
- ▶ Overreacts

# Impact of Trauma: Age 13–18

- ▶ Nightmares and/or difficulty sleeping
- ▶ Frequent headaches, stomachaches, etc –nurse or doctor
- ▶ Very disruptive behaviors – expelled
- ▶ Low self esteem or confidence
- ▶ Overly bossy – need for control
- ▶ Has suicidal thoughts, plans, and/or attempts
  
- ▶ Romantic relationships that are inappropriate or unhealthy
- ▶ Engaging in risky behaviors
- ▶ Sexual promiscuity
- ▶ Fearful of things that remind them of the trauma
- ▶ Decreased eating over overeating

# What is Resilience?

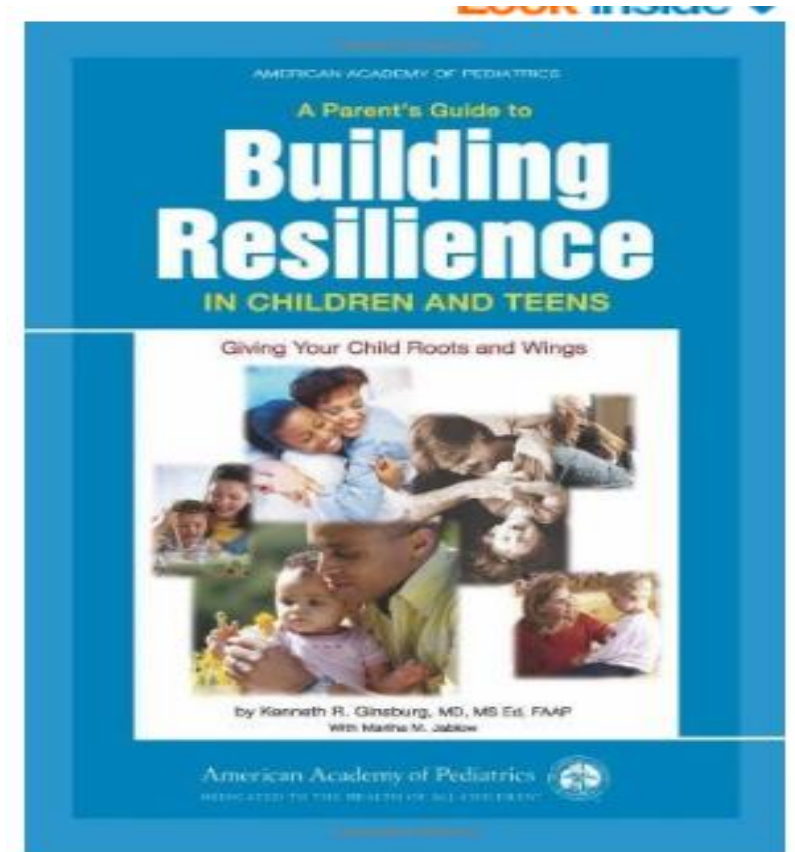
- ▶ The ability to overcome challenges and bounce back from adversity *stronger, wiser, and more self-confident*
- ▶ The capability to persevere
- ▶ The skill of being able to have minimal impact from the damages of adversity
- ▶ Being able to prevent or minimize the impact of difficulties in life
- ▶ Temperament & Learned

# A resilient child has...

- ▶ Someone that loves them unconditionally
- ▶ A positive role model that they want to be like
- ▶ Someone who praises them for being independent
- ▶ An older friend or family member outside of their home to talk to about important things, feelings, or problem solving
- ▶ A reliable family
- ▶ A belief and confidence that things will be okay
- ▶ A belief in a higher power
- ▶ A desire to try new and different things

# What can you do in session to promote resiliency?

- ▶ Competence
- ▶ Confidence
- ▶ Connection
- ▶ Character
- ▶ Contribution
- ▶ Coping
- ▶ Control



# Difficulties with Listening

- ▶ 10% of children strong willed- temperament
  - Disagreeable
  - Refuse to cooperate
- ▶ Tantrum
  - Having to ask many times to get something done
  - Child refusing to cooperate
  - Provider avoiding asking child to complete tasks
  - Feeling powerless
- ▶ Tips and strategies!

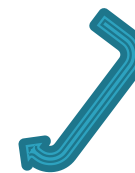
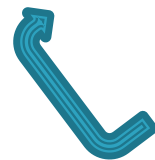
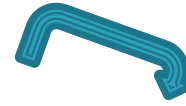


# Interventions For: Difficulties with Compliance

- ▶ Follow through
  - Extinction bursts
- ▶ Attention is powerful
  - Notice the positive
  - Actively ignore negatives
- ▶ Give clear directions
  - Would you like to....?

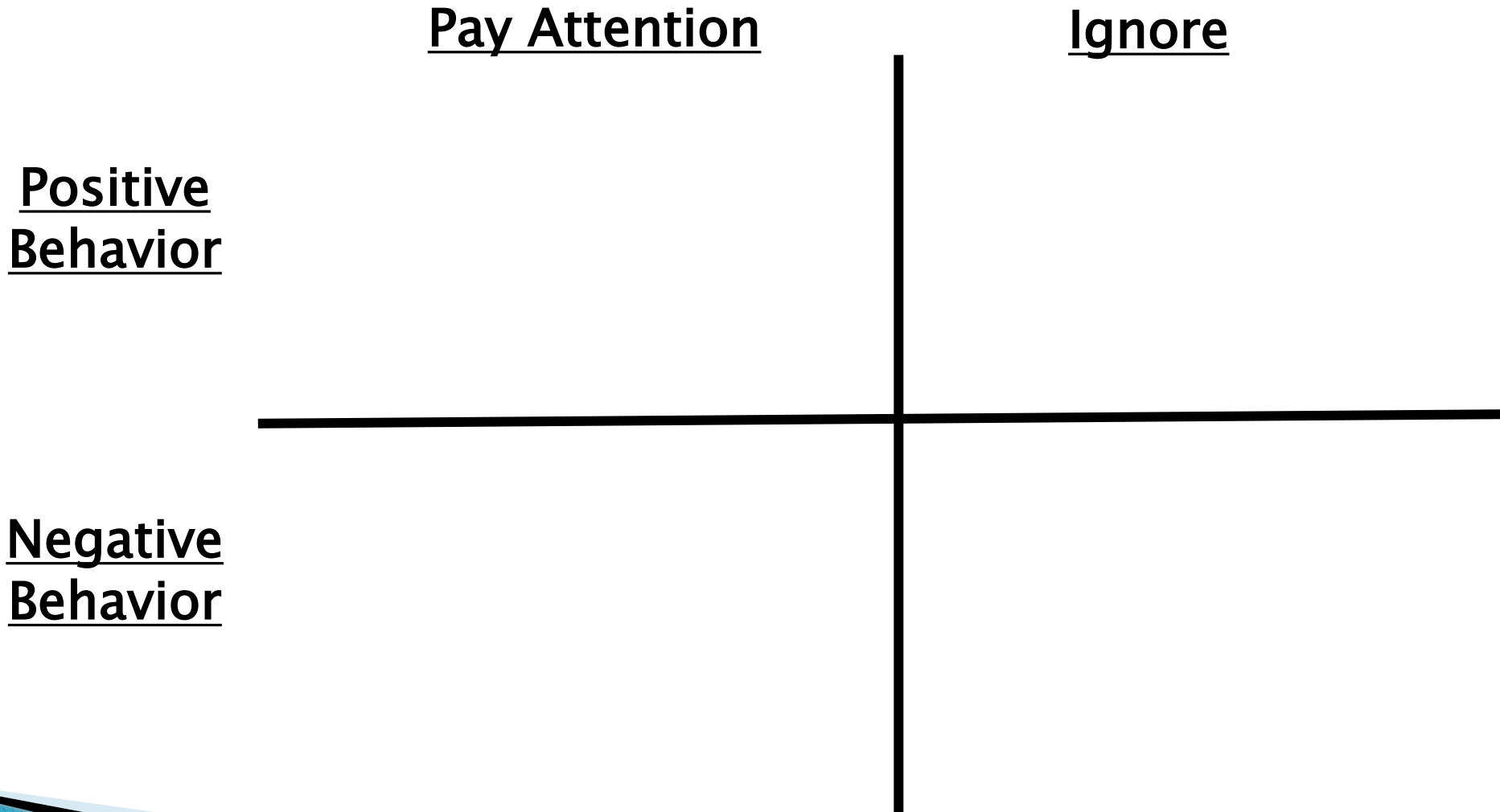


# Tip #1 – Follow Through





# Tip # 2 - Attention



# Tip # 2 - Attention

Pay Attention

Ignore

Positive  
Behavior



Negative  
Behavior



# Tip # 2 - Attention

## Pay Attention

## Ignore

Positive  
Behavior



Negative  
Behavior



# Tip # 2 - Attention

Pay Attention

Ignore

Positive Behavior



Negative Behavior



# Tip # 2 - Attention

## Pay Attention

## Ignore

Positive  
Behavior



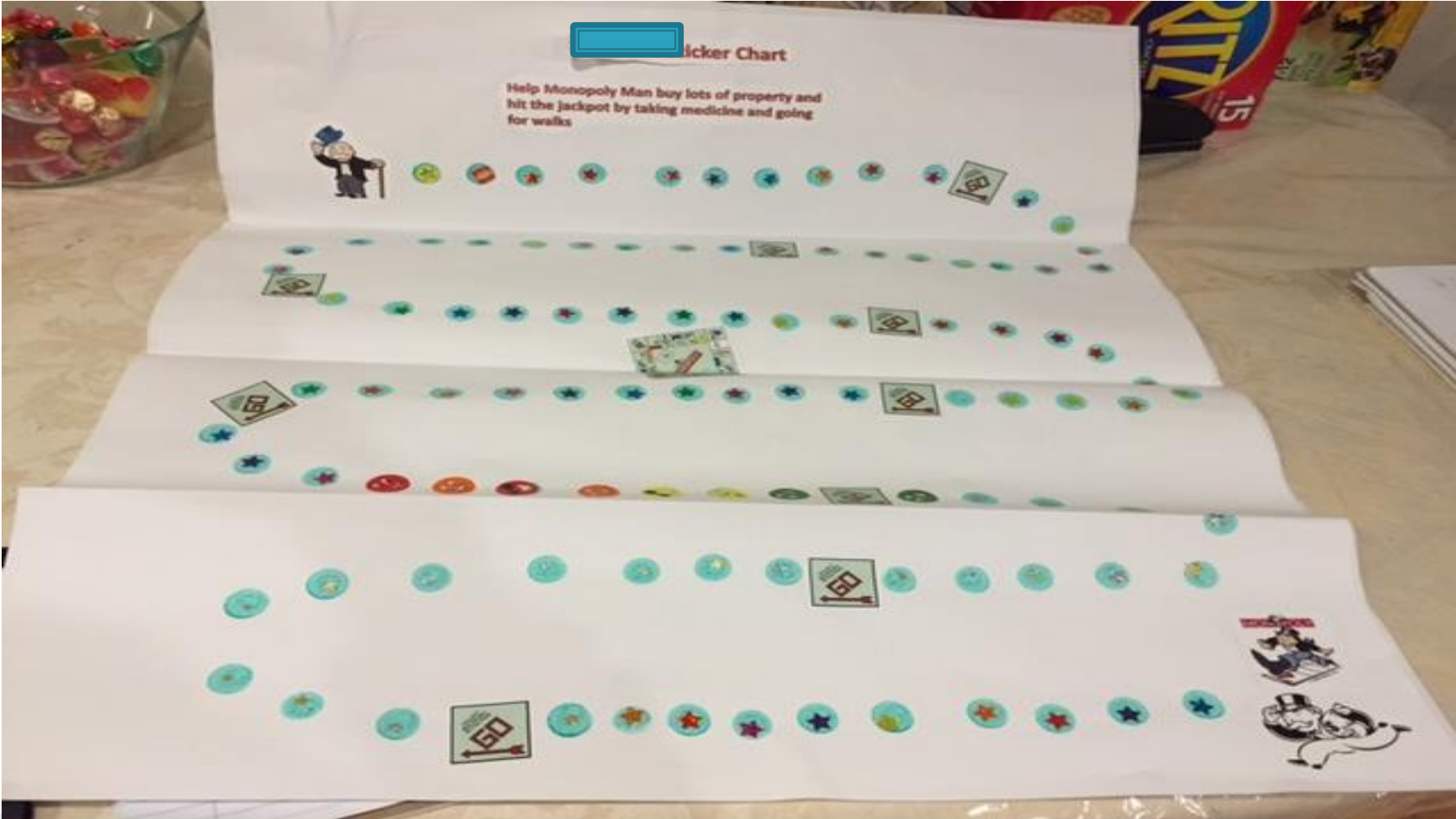
Negative  
Behavior



# Tip # 3 Clear Directions

- ▶ State instruction clearly
- ▶ Give one instruction at a time
- ▶ Use firm voice, a little louder than usual
- ▶ Give “do” commands, not “don’t” commands
- ▶ Give explanations or rationale before clear instructions
  
- ▶ Avoid...
  - Chain commands
  - Question commands
  - Command followed by rationale

# Sticker Chart



# Memory Book

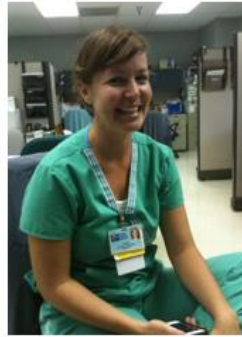
OT



Kim

- 
- ✓ Bike
  - ✓ Hand

PT



Alexis



Ginette

- 
- ✓ Walk
  - ✓ Stand
  - ✓ Bike

Speech



Tim

- 
- ✓ Swallow
  - ✓ Talk



# Memory Book

## Routine and Self-Confidence

### Tongue Side to Side



1. Move tongue to one side.
2. Move tongue back to middle and stop.
3. Move tongue to the other side.



### Cheek Squeeze



1. Use index finger and thumb to squeeze cheek.
2. Massage cheek.
3. Repeat 5 times each side.

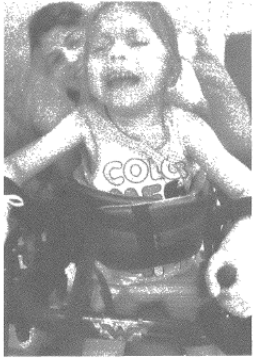
### Lip Pushers



1. Put your finger on upper lip and push to the side.
2. Hold for 3 seconds.
3. Repeat 5 times.
4. Switch fingers and repeat pushing to the other side.



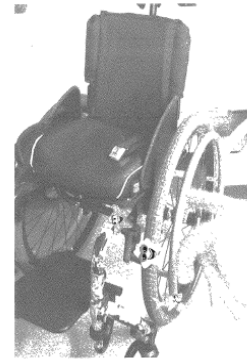
# Coping with Change



Sometimes I get  
mad in my walker.  
See my "hard work"  
face?



But I remember...  
I CAN DO  
IT!



I love you,  
wheelchair.

But look what  
I can do  
without  
you!



I can  
walk.  
☺

Look at my big  
steps.

# Provide Control



**I Need To:**

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# Difficult Content in Session with Kiddos

- ▶ Kids likely to share difficult information with those they trust
- ▶ Brief sharing
- ▶ Validate experience
- ▶ Reinforce talking about trauma
- ▶ Promote their resiliency
  
- ▶ Do not...
  - Share own traumatic experience
  - Share your own emotional reaction to what was said
  - Shut down

# Having Difficult Conversations with Families

- ▶ Let family know you want to talk with them ahead of time
  - Give them an idea of what you want to discuss
- ▶ Plan for longer than you think
- ▶ Reserve a space for private discussion
  - Have child out of the room
- ▶ Only have key providers in the room – otherwise family may feel attacked
- ▶ Approach topic from a point of caring
- ▶ Non-defensive body language

# Having Difficult Conversations with Families

- ▶ You called the meeting so you take the lead....
- ▶ Start with positives
- ▶ Validate all the struggles the family has been through
- ▶ Clearly note some of the challenges you have observed
- ▶ Provide recommendation to most effectively move forward
- ▶ Finish by allowing family to share their thoughts and reactions

# Getting Help

- ▶ 60%–70% do not receive needed psychological support
  - Access to services
    - Time
    - Money
    - Transportation
  - Stigma about services
  - Lack of knowledge
- ▶ >40% time PCP identifies a psychological concerns
  - Internalizing disorders less likely

# Conclusion

- ▶ Traumas are common
  - It is very important to understand the impact of a trauma on children
- ▶ Everyone that interacts with a child can help promote positive coping and resiliency
- ▶ Many easily implemented behavioral interventions are effective
- ▶ Challenging conversations lead to greater trust with the family and increased engagement



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An evaluation link and instructions will be emailed to all registrants. Please share with all attendees.

# Questions?

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# Group Discussion Questions

The following questions are designed for group reflection and discussion as you process the information that was presented.

1. How does our organization support children who have experienced trauma in age appropriate ways? Is there room to grow in this area?
2. Is our staff trained to recognize signs of trauma? Is more education necessary?
3. How are we already promoting resilience in our clients? What strategies can be employed to increase this?
4. How can our organization better support clinicians, patients, and families as they have “difficult conversations”?