MICHIGAN STATE UNIVERSITY
Department of Psychiatry

Understanding Challenges in Our Care System for Mental Health in Vulnerable Children with Trauma: A Case Report

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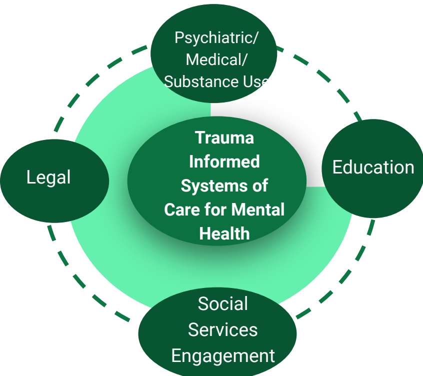
INTRODUCTION

- Approximately **51-71%** of youth have experienced **trauma exposure,** leading to increased risk for psychiatric and medical comorbidities.
- Many children with trauma are often re-traumatized throughout childhood and adolescence, increasing need for engagement across multiple services.
- It is important to understand how trauma affects broader care and family systems to help better identify at risk youth.
- This case highlights the importance of **early engagement** with collaborative care services for children with trauma and highlights failed interventions related to mental health in a child/adolescent.



CASE PRESENTATION

- 14 year old African-American, ward of the state, girl who presented from residential facility for aggressive and self-injurious behaviors, in the setting of failed outpatient management.

Social History

-Found by authorities at home with her siblings with feces and elevated lead levels
-Mother reportedly used substances and alcohol during pregnancy
-Ward of State
-Delayed schooling

Psychiatric History

-Suffered from emotional, physical, and likely sexual trauma.
-Multiple attempts at self harm including sticking sharps in undergarments, tying clothes around herself
-Several prior residential placements and inpatient hospitalizations

Medications

-haloperidol 1 mg TID+haloperidol 1 mg at 7 pm
-valproic acid ER 1250 mg QHS
-clonazepam 1 mg TID
-quetiapine 400 mg nightly

Family History
Unknown

Medical History
COVID19 , Iron deficiency anemia, Obesity

- Labs: All grossly within normal limits
- Diagnosis:
  -Post-traumatic stress disorder, chronic
  -Attention deficit hyperactivity disorder combined type
  -Intellectual Disability, mild
- Required **multiple seclusions and restraints** for aggressive behaviors, largely prompted by conflict with peers and authority figures. She **displayed regressive behaviors with ADLs**

DISCUSSION

Medical	-Elevated lead levels -Metabolic risk factors	-Improperly healed bones -Failed proper intervention due to knowledge of case
Social	-Poor housing -Physical, sexual, emotional trauma -Cultural variables	-Multiple placements leading to re-traumatization -Separated from siblings -Ward of State
Education	-Educational neglect	-Academically and developmentally delayed -Inconsistent schooling/attendance without oversight
Psychiatric	-Delayed psychiatric intervention after multiple trauma exposure	-Failed multiple outpatient treatments and residentials

CONCLUSION

- **Complex interactions between socioeconomic variables and trauma** exposure have a large impact on psychiatric comorbidities in a child & adolescent population.
- Multiple childhood adverse experiences and trauma increase risk for abnormalities in enduring stress related biological systems.
- **Most care systems operate independently from each other**, leading to communication deficits, less effective treatments,and interventional gaps for youth with trauma history.
- **Improvement** with integration among service sectors including provider cross training, enhanced education, funding, and increasing representation can help address communication and cultural deficits in trauma informed mental health care
- **Advancement through indicators** such as household income, parental education, and social support with an integrated care of service model can also alleviate mental health burden in child and adolescent population

References

Available upon request