

TRAUMATIC CURE:

**A CASE STUDY OF
PSYCHOSOCIAL
LATE EFFECTS**

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CONFLICTS OF INTEREST



LEARNING OBJECTIVES & OUTLINE

- ◉ Appreciation of the cancer journey from a mental health perspective
- ◉ Introduction to complex trauma
- ◉ Review a case study in detail
- ◉ Consider a full list of late effects
- ◉ Describe ways to stimulate healthy processing of trauma through the cancer journey

COMPLEX TRAUMA

1. T T T

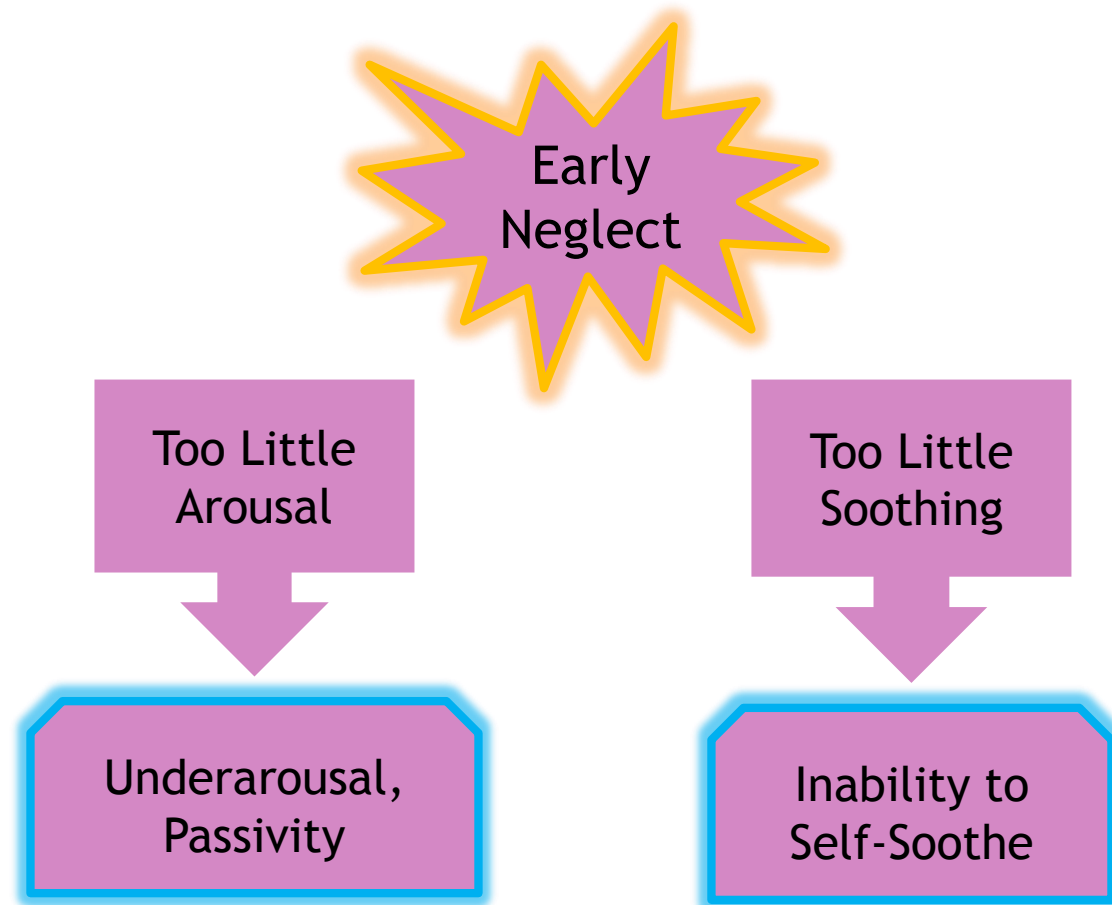
2. tttttttttttttttttttttttttttttttttttt...

3. tttttttttttt T tttttttttttttttttttttttt...

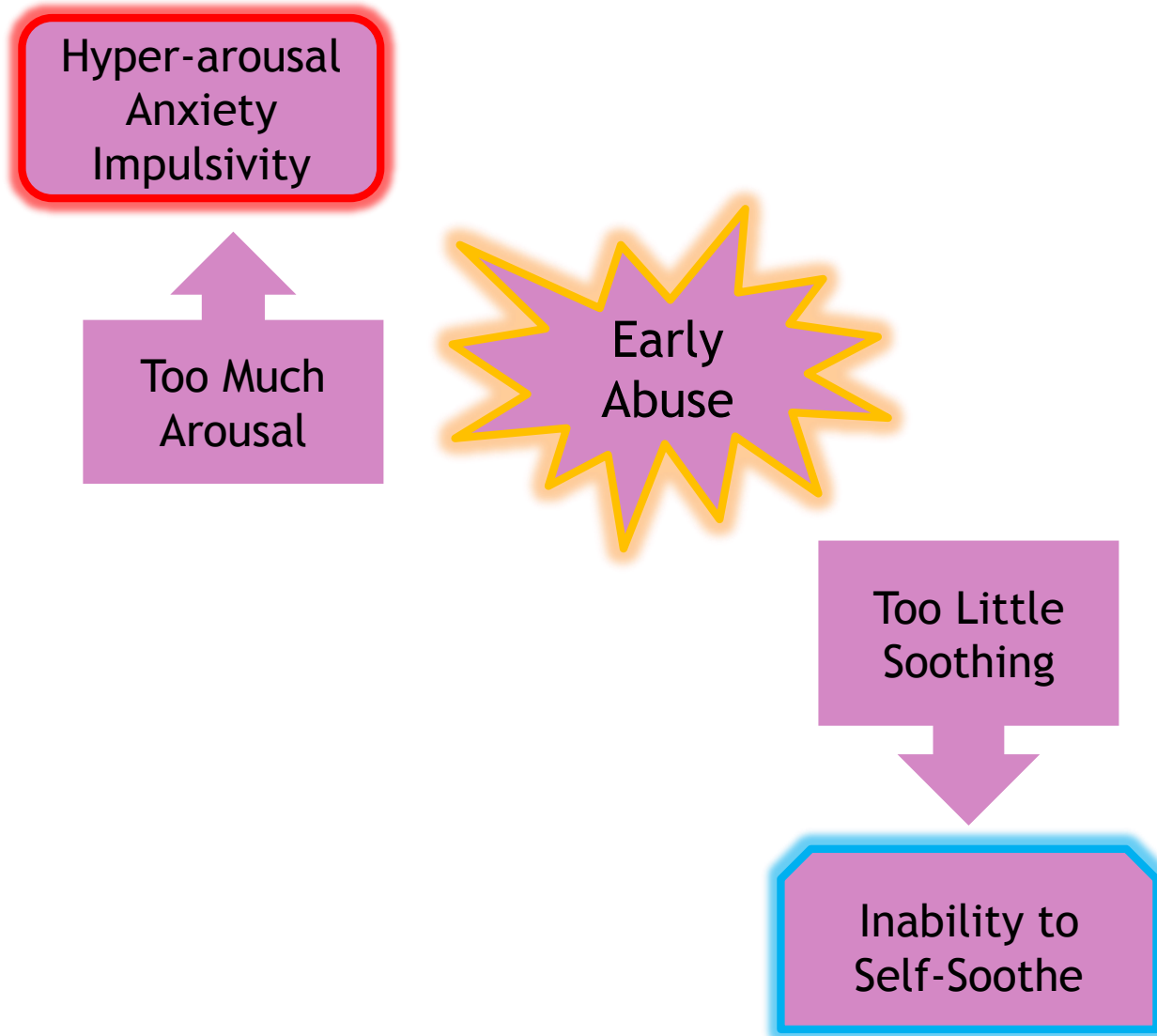
4. tttt T tttt T T tttttt T tttt T T T tttttttttt...

5. [T] - Shhhhhhhhhhhhhhhhh!

ABOUT AROUSAL AND SOOTHING



ABOUT AROUSAL AND SOOTHING



ABOUT AROUSAL AND SOOTHING

Hyper-arousal
Anxiety
Impulsivity

Complex
Trauma

Too Little or
Interrupted
Soothing

Underarousal,
Passivity

Inability to
Self-Soothe

A PROBLEM TO SOLVE:

○ How to soothe, without the usual skills?

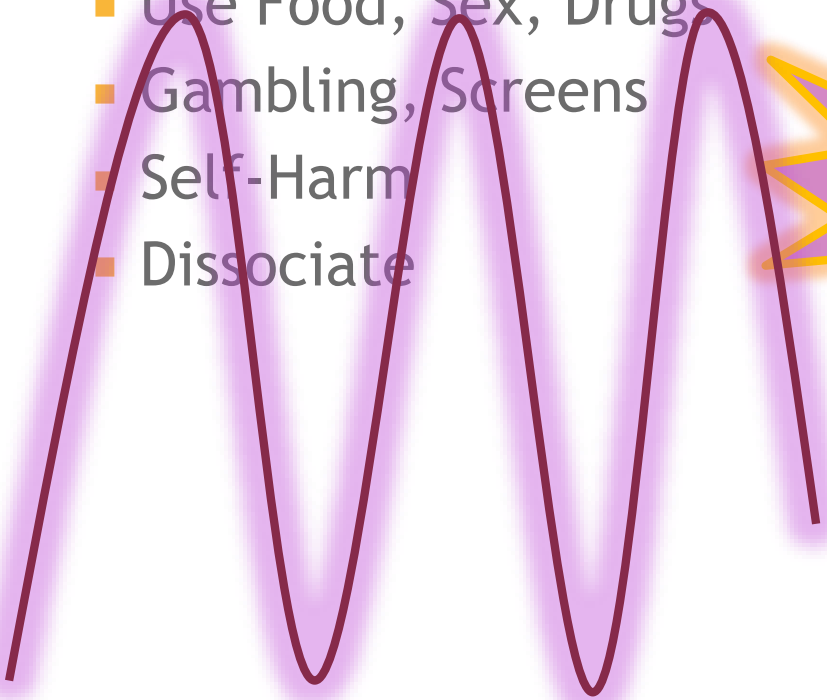
- Provoke crises
- Use Food, Sex, Drugs
- Gambling, Screens
- Self-Harm
- Dissociate



Too Little or Interrupted Soothing



Inability to Self-Soothe



CONTINUUM OF DISSOCIATION

- ◉ “Zoning out” (voluntary)
- ◉ Numb to emotions/sensations (single event)

- ◉ “Zoning out” (automatically)
- ◉ Numb to emotions/sensations (ongoing)

- ◉ Depersonalization/Derealization
- ◉ Somatic Disorders

- ◉ Amnesias
- ◉ Dissociative Identity disorder

QUICK REVIEW

- ◉ Complex trauma: Ts, ts, and Shhhh's
- ◉ Trauma disrupts arousal levels and self-soothing
 - A place for us to intervene?
- ◉ Maladaptive coping can replace healthy self-soothing
 - A place for us to notice and assess pathology?

A CASE EXAMPLE: DAVID

Referral:

- ◉ 14 year old male with cancer history, referred for therapy following an assault

History:

- ◉ 1999 Born in Norway
- ◉ 2003 Arrived in Canada
- ◉ 2004 Diagnosed Burkitt's, stage 3
Relapse and BMT

DAVID

Medical History:

- ⦿ Stage III mediastinal Burkitt's lymphoma
- ⦿ He received the COG ANHL01P1 Protocol
 - a significant dose of alkylating agent,
 - a low dose of Adriamycin,
 - and high-dose Methotrexate
- ⦿ Relapsed, re-induced on COG ANHL0121
- ⦿ Autologous bone marrow transplant in 2004

- ⦿ Financial issues...

DAVID

History:

- Physically well since end of treatment

- 2005 returns to grade 2
 - ESL Support
 - David also has trouble expressing self in Norwegian

- 2006 grade 3
 - tutor
 - working hard to meet expectations

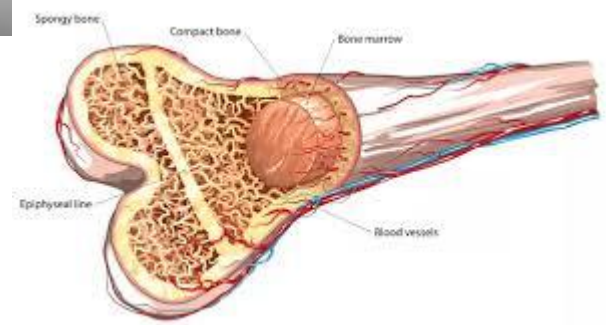
NEUROPSYC ASSESSMENTS

	<u>Gr. 3</u> (2008)	<u>Gr. 7</u> (2012)	<u>Ideas?</u>
VCI	10 th	27 th	
PRI	73 rd	55 th	
WMI	9 th	18 th	
PSI	66 th	42 nd	
Exec. F.	Language?	Motivation?	Arousal?
Academic	Delay 1yr	Average	
Behavioral	Anx, Attn	Withd, Attn	
Rec:	Lang, Attn Anxiety Tx	Motivation Less gaming Anxiety Tx	Soothing?

A COLLECTION OF 'T's



WILLKOMMEN
BIENVENUE
WELCOME
BIENVENUE
ようこそ
добро пожаловать
BIENVINDO



THE NEXT TRAUMA

- November 2013, at 14 years of age:
David is assaulted and robbed
- Seeks therapy for PTSD
 - Re-experiencing emotion
 - Anger towards Asian people
 - Nightmares of the assault
 - Avoidance of places and people
- Connection to community resources fails

ASSESSMENT

- ◉ January 2014, ~2 months following assault:
- ◉ Parents difficult to connect with
 - Work long hours
 - Stress and illness
 - Language barrier
- ◉ Interview David
- ◉ Review chart
 - Oncology
 - Neuropsychology

STABILIZE

- ⦿ Safe at home, safe in the room
- ⦿ Self-Awareness
 - Just 'noticing'
- ⦿ Self-Soothing
 - Sleep, eating, exercise
 - BB, PMR, visualizing, grounding
- ⦿ Avoiding attachment errors
 - Attentive? Consistent?

TRAUMA PROCESSING PHASE 1

- February 2014, ~1 month into treatment:
 - Edna Foa's Exposure Protocol
 - Review assault in detail
 - Rate arousal during description
 - Standard Exposure & Response Prevention
 - Exposure hierarchy
 - Homework to hang out with scary kids
- Continue for 6 weeks...

TREATMENT PLATEAU

○ Superficial Gains:

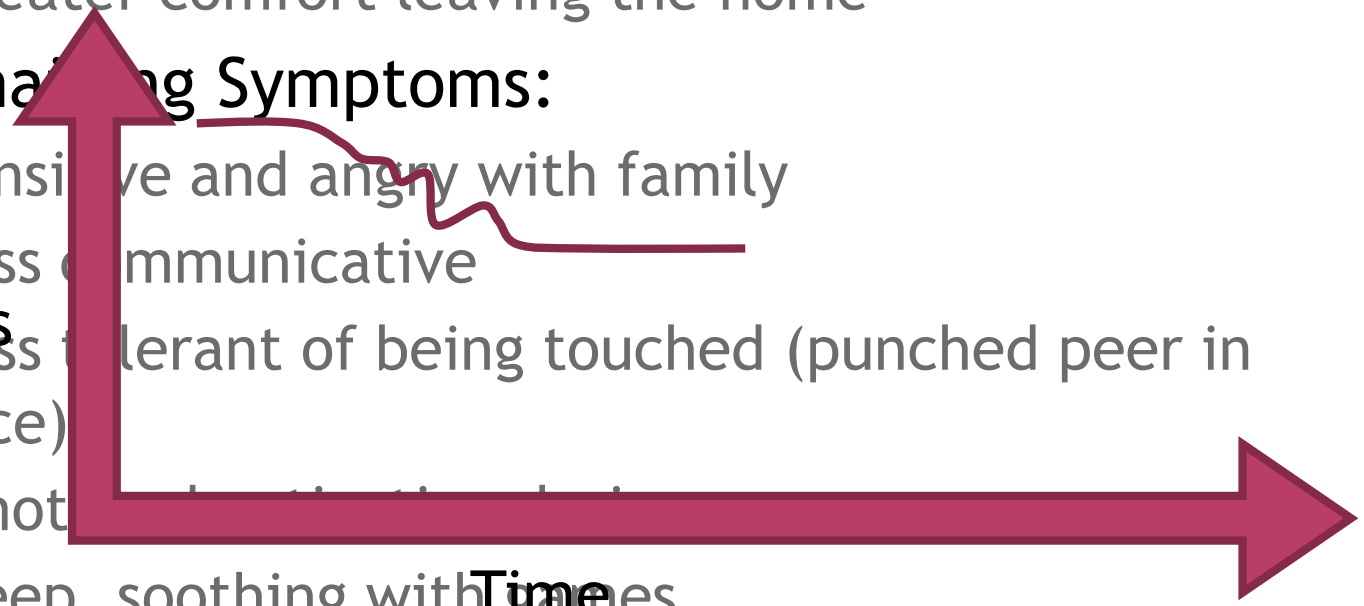
- SUDs decrease slightly during retelling
- David makes behavioral progress with exposures
- Fewer nightmares
- Greater comfort leaving the home

○ Remaining Symptoms:

- Sensitive and angry with family
- Less communicative
- Less tolerant of being touched (punched peer in face)
- Emotional lability
- Sleep, soothing with games

Symptoms

Time

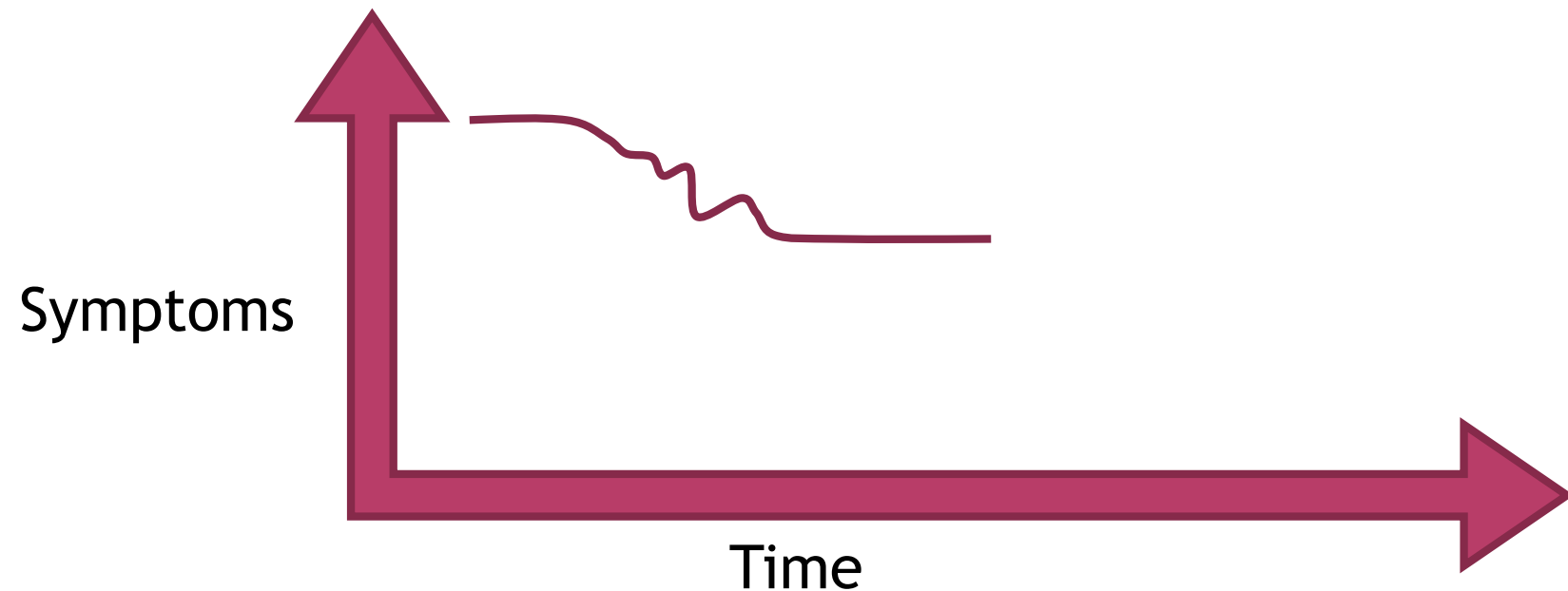


WHAT WAS I MISSING?



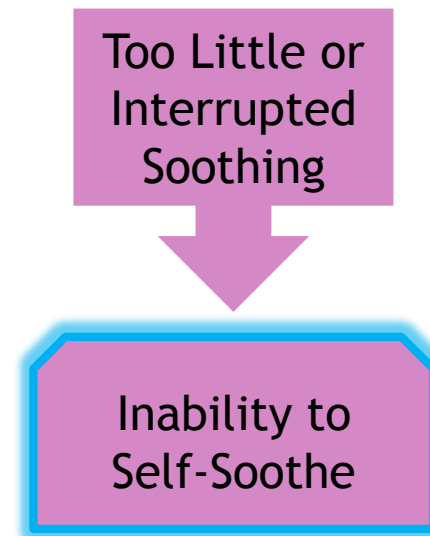
PLATEAU

- Consultation: focus on hot spots
 - Yields David's description of holding emotion to avoid mother's tears with police
 - AND during his cancer treatment!



A PROBLEM TO SOLVE

- How to soothe, without the usual skills?
 - Provoke crises
 - Use Food, Sex, Drugs
 - Gambling, **Screens**
 - Self-Harm
 - **Dissociate**



PLATEAU

- Consultation: focus on hot spots
 - Yields David's description of holding emotion to avoid mother's tears...
 - **DISCOVERY: A dissociative process is interfering with treatment!!**

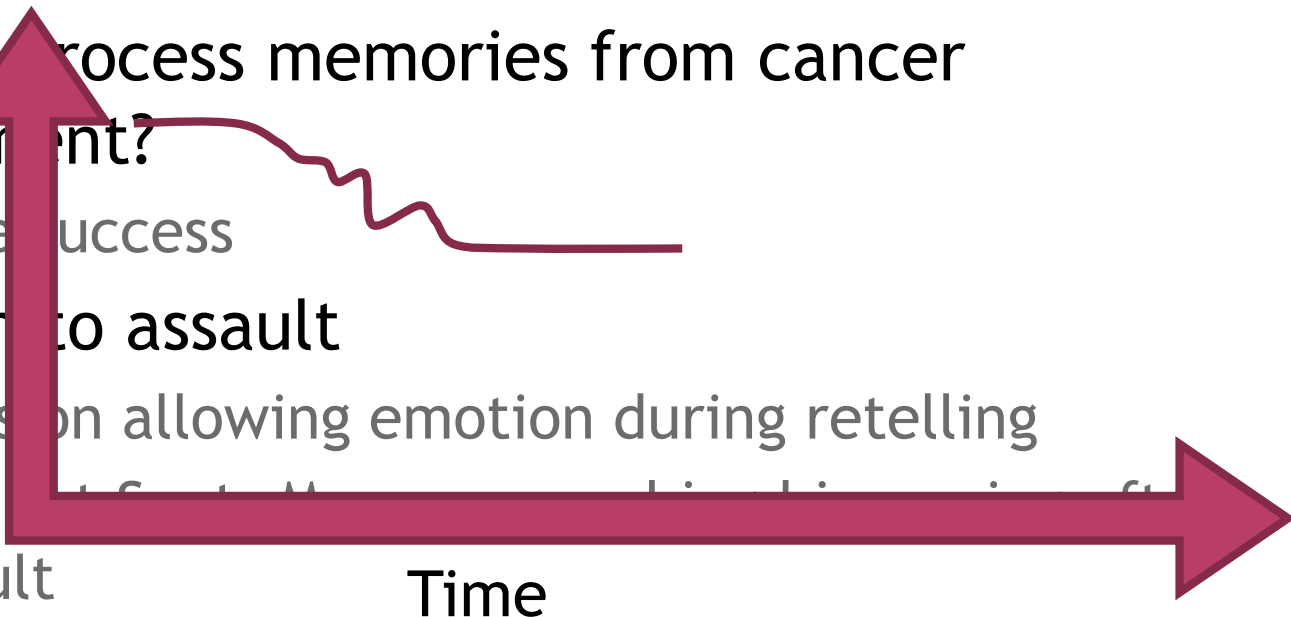
- Try to process memories from cancer treatment?

- Little success

Symptoms return to assault

- Focus on allowing emotion during retelling

- New assault



TRAUMA PROCESSING PHASE 2

- ◉ April 2014, ~3 months into treatment:
- ◉ Reconsider stability
- ◉ Teach more soothing
- ◉ Engage Mother's healthy coping
- ◉ Continue exposures in and out of session
- ◉ Avoiding Attachment Errors

PROGRESS IN PHASE 2

◉ June 2014 ~ 6 months into treatment

◉ Gains:

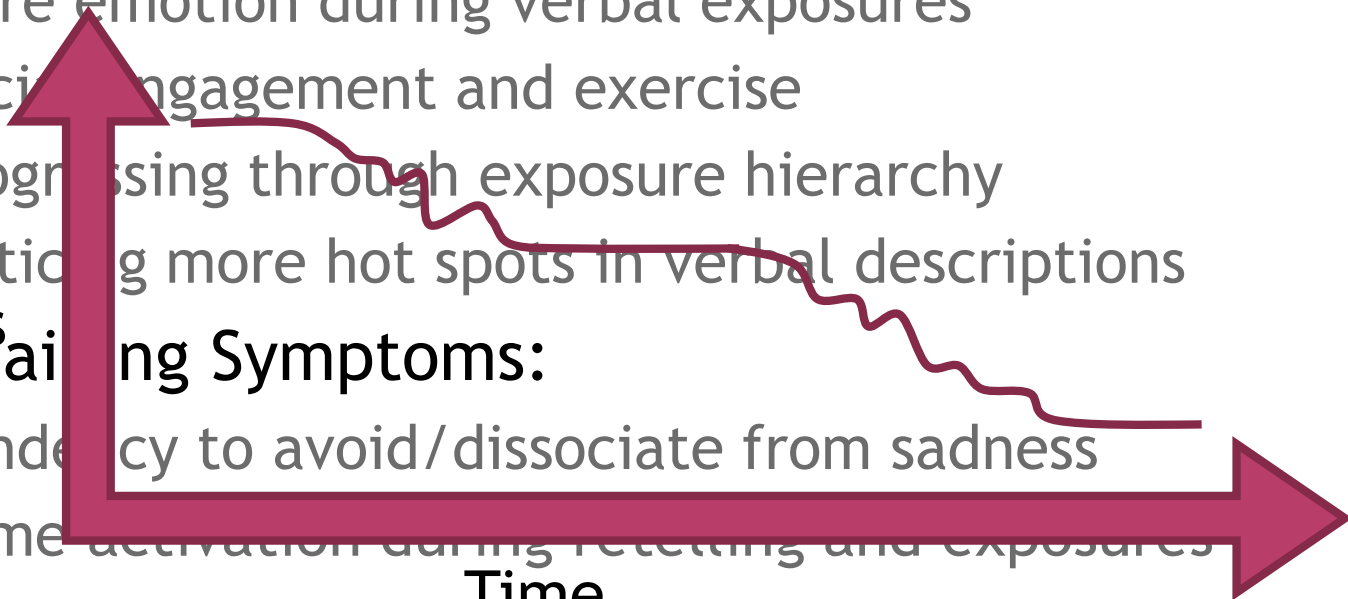
- Sleep improved
- Less sensitive and angry with family
- More emotion during verbal exposures
- Social engagement and exercise
- Progressing through exposure hierarchy
- Noticing more hot spots in verbal descriptions

◉ Remaining Symptoms:

- Tendency to avoid/dissociate from sadness
- Some activation during retelling and exposures

Symptoms

Time



ONE YEAR FOLLOW-UP

- ◉ May 2015 ~11 months post-treatment
- ◉ Gains are maintained and generalized
 - No avoidance of Asian peers
 - Good social engagement and physical activity
 - PTSD symptoms limited to occasional thoughts about the assault
- ◉ Remaining complaint:
 - Motivation (40-60% instead of 80%)
 - Neuropsych referral

NEUROPSYC ASSESSMENTS

	<u>Gr. 3</u> (2008)	<u>Gr. 7</u> (2012)	<u>Gr. 11</u> (2015)
VCI	10 th	27 th	21 st
PRI	73 rd	55 th	88 th
WMI	9 th	18 th	42 nd
PSI	66 th	42 nd	84 th
Exec. F.	Language?	Motivation?	Intact
Academic	Delay 1yr	Average	Average
Behavioral	Anx, Attn	Withd, Attn	Attn
Rec:	Lang, Attn Anxiety Tx	Less gaming Anx Tx	Motivation & planning

LESSONS LEARNED

- ◉ Trauma's impact on arousal, soothing, and coping patterns can be pervasive
- ◉ Dissociation is easy to miss, particularly in
 - Children and youth
 - Culturally diverse clientele
- ◉ The trauma of cancer treatment has long tentacles
- ◉ There is a wide range of late effects beyond the physical

A RANGE OF LATE-EFFECTS

- **Physical**
 - Cardiomyopathy, LV dysfunction, Osteopenia, Fertility, Chronic Kidney dysfunction
- **Emotional**
 - Constricted range, Limited expression
- **Social**
 - Withdrawal from peers, anger with parents
- **Academic**
 - Executive functioning, motivation
- **Financial**
 - Short and Long-term
- **Psychological**
 - Dissociate distress
 - Sleep, anxiety, maladaptive coping

PROMOTING HEALTHY COPING

- ◉ Notice vulnerability
 - Screen with PAT 2.0
 - Use your HEADSS or equivalent
- ◉ Respond to unusual coping styles
 - Encourage emotional expression w/o judgement
- ◉ Prioritize support for parental coping skills
 - Emotional, financial, practical...
- ◉ Have the resources to intervene early and often
 - Language expression problems in grade 3?
 - Anxiety treatment referral that was not engaged?

MENTAL HEALTH RESOURCES...



THANK YOU!

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