

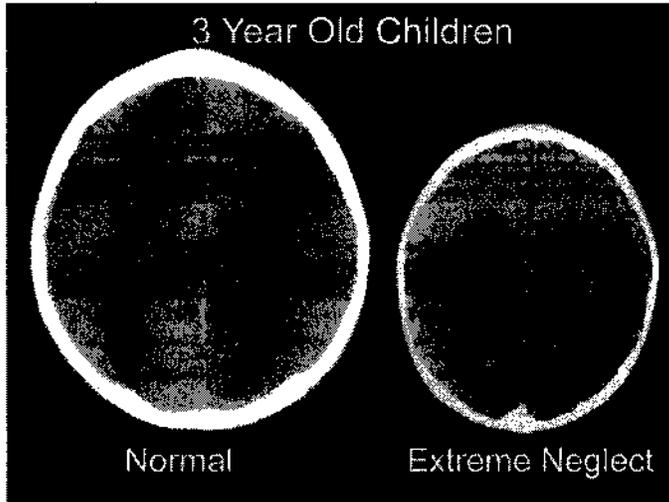
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The Columbus Dispatch

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Child-welfare agencies offer targeted care to troubled kids

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COURTESY OF DR. BRUCE PERRY

The CT-scan on the left is of a healthy 3-year-old with an average head size. The image on the right is of a 3-year-old who had experienced severe sensory-deprivation neglect since birth.

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By **Rita Price**

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MOUNT VERNON, Ohio — It used to happen dozens of times each year. A deeply troubled child would rage uncontrollably, and staff members would ride out the storm with holds and restraints.

The high-water mark came in 2008, when the Knox County Children's Resource Center recorded 217 restraints.

This year, there have been just two. The former seclusion room at the residential treatment center is now a storage closet.

"We're celebrating," said Dave Paxton of the Village Network, a behavioral-health and foster-care agency with 13 sites in Ohio, including the one in Mount Vernon.

Paxton said that much of the turnaround is rooted in neurobiology. Over the past few years, agency staff members have been trained to identify and zero in on ways in which the children's traumatic experiences — abuse, neglect, prenatal drug exposure and other horrors — might have altered their developing brains.

"It's asking what a kid has been through, not what he has done wrong," said Paxton, the agency's chief strategy and innovation officer. "This is going to change the way we do business."

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Village Network is among a growing number of agencies nationwide using a trauma-based therapeutic approach developed by Dr. Bruce Perry and the ChildTrauma Academy in Houston.

At its core are Web-based tools that analyze information to "map" a troubled child's brain, drawing attention to areas where functional and chronological age do not match. That allows for targeted interventions instead of cookie-cutter responses to common diagnoses such as oppositional defiant disorder or depression, Paxton said.

"It gives us their developmental age," said Jerry Hartman, program manager at the Children's Resource Center. "Maybe they're 17, but they're still having temper tantrums like a 2-year-old. What does a 2-year-old need? To be soothed."

He and Paxton think trauma-based care has the potential to revamp child-welfare systems, save billions in spending on future social ills and aid states' efforts to curb overuse of psychotropic-medication on foster children. In 2012, Ohio Medicaid officials said that nearly 1 in 4 foster children had been prescribed mind-altering drugs.

"We have one boy who was on 16 different medications when we got him," said Jerry Hartman, program manager at the Children's Resource Center. The heavily drugged child was "shuffling along being compliant," but not necessarily healing.

The advocacy organization Disability Rights Ohio also called last week for an end to restraints and more trauma-informed care in the wake of a death at a northeastern Ohio group home. The Cuyahoga County coroner said the 15-year-old died by asphyxiation during a physical restraint.

The brain-mapping approach championed by Perry is example of "trauma-informed care," which isn't a brand-new idea. But its associated therapies are rapidly gaining ground. "It's very popular, and I think this is not just a passing fad," said Dr. Mark Hurst, medical director of the Ohio Department of Mental Health and Addiction Services. "The research is very impressive."

The department launched a Trauma-Informed Care Initiative this year to help agencies, practitioners and facilities become competent in trauma-informed practices for Ohioans of all ages.

No particular approach, such as Perry's, is endorsed. Hurst said the aim is to "generically" support care that takes into account the potential scars of past trauma and experience.

The need for that kind of sleuthing might sound obvious. But in the world of mental-health treatment, experts acknowledge, diagnoses often cast the longest shadow. Perry says that about 90 percent of troubled children receive one of just five diagnoses.

"Characteristically, our approach has been very phenomenally based: you do or do not meet the criteria for a disorder," Hurst said. "That's fine. We get some very good results from that. But the individual is more than a constellation of the symptoms they bring. A trauma-informed care approach considers what those experiences were."

At the Knox County Children's Resource Center, the brain mapping that is part of its trauma-informed care starts with an extensive assessment.

From intrauterine experiences and parental histories to family dysfunction and medical markers such as heart rate, temperature and sleep patterns, the information is used to create a kind of neuro-portrait.

Much of the time, the mapping reveals developmental problems in the more-primitive areas of the brain, Hartman said. Early chaos and violence affect developing neural systems and can make it biologically impossible for children to regulate their emotions and behavior. "Fight or flight" responses play out in an endless loop.

Yoga breathing exercises, popsicle-stick sculptures and long walks figure into the care plans of the six teenage girls in an afternoon class at the Children's Resource Center.

"This is another tool in your stress-relieving toolkit," art therapist Liz Hartz said as she told the girls to count 10 breaths silently, using their fingers to keep track. The girls inhale and exhale deeply, giggle occasionally and name a few sources of stress.

"School."

"Tests."

"Home."

One girl's arms are lined with scars. Another smiles and says she'd like to smash one of the sculptures. All are at the Knox County center because they need more help than a regular foster home can give.

"We're just doing art together, but we're having a therapeutic conversation," Hartz said. "It's a catalyst."

Such activities are regular parts of trauma-informed care because movement, repetition and sound can help children's brains regulate and repair, said the ChildTrauma Academy's Perry, in Columbus last month to speak to community groups.

Traditional cognitive-based therapies that rely on "talking things out" aren't effective when a child's brainstem isn't regulated and can cause more stress, Hartman said. Punishment and isolation often backfire.

One boy who was badly abused "just wanted to follow us around," Hartman said. "So we let him."

The center now has a calming area with big rocking chairs, soft lighting and 15-pound blankets whose beanbag-style heft soothes agitated kids.

Paxton said the center has seen reductions in high-risk behaviors such as self-mutilation, preoccupation with suicide and running away. Although restraints haven't been officially banned, the need to use them has declined because of the new strategy, he said.

"There are times when you gotta duck, be moving," Hartman said, smiling. "Trauma is not just a memory. It shapes the way they view the world."

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