

April Dinwoodie: In this episode, we welcome Dr. Eric Kothari, a clinical psychological provider and educational consultant specializing in child, adolescent, and family therapy. Our conversation will center on gaining a basic understanding of mental health disorders and conditions related to children that have experienced separation, trauma, and loss. Welcome to the podcast, Eric. It's great to have you.

Eric Kothari: Thank you, April. Great to be with you.

April Dinwoodie: Can you explain the complexity of appropriately diagnosing children with mental health conditions when they have experienced separation, loss, and trauma?

Eric Kothari: Trauma and significant loss are absolutely risk factors for children and they can impact their development and how they behave. Therefore, we really need to take a child's responses to trauma and loss into consideration to correctly assess and diagnose mental health conditions. Sometimes when behaviors get challenging and adults understandably get frustrated, factoring in trauma and loss can take a backseat when, in fact, it may be what is driving their behavior.

Another way to look at this is that the behaviors of children who have experienced separations, loss, and trauma can look the same or very similar to behaviors that are diagnosable. However, often they are misdiagnosed, misunderstood, or overdiagnosed. It's important to understand that children can experience trauma and significant loss at an early age and still show signs of this when they are older, even after they're in a safe environment.

April Dinwoodie: So with that, why do you think that trauma and significant loss aren't always taken into consideration when looking at mental health?

Eric Kothari: Well, it's historically been very common for professionals to miss things, like the grieving process or behaviors that are a reaction to traumatic experiences, and instead diagnose or medicate children when what would really help is stability, consistent and thoughtful parenting, and likely, one or more forms of therapy.

It's also important to note that behaviors, moods, and patterns of children are very fluid, changing from one phase to the next, sometimes one day to the next. This is especially true in foster care when children are often moving, which can take a toll. This can make it hard to accurately treat or diagnose. While that may be frustrating in the moment, if we can see some of this more clearly and make positive changes in the child's environment and provide nurturing parenting, this can all make a big difference.

April Dinwoodie: I couldn't agree more. Let's expand a little bit more on that, specifically related to diagnosing mental illness.

Eric Kothari: The behaviors of children who have experienced separations, loss, and trauma can look the same or very similar to a diagnosable mental illness. However, often they are misdiagnosed, misunderstood, and/or overdiagnosed. For

instance, depression may really be sadness related to separation, grief, and loss. What looks like acting out or anger might be due to trauma, depression, or sadness. These behaviors, sometimes referred to as survival behaviors, are what the child needed at one time in their life to protect them physically or emotionally. This can be complicated but if we don't try to understand what may really be driving these behaviors, we can end up with a diagnosis and medication of children for behaviors that could have been helped by stability, active parenting, and therapy.

One of the things I've found in my practice routinely, and generally speaking, is that young men, even boys, adolescents, sometimes in the foster care system, sometimes those who've been adopted, will be referred to my practice because they're acting out. They have aggression, they are angry, they may have some soft, what I call, violent tendencies. They're not going to harm themselves or harm others but they may make threats to. And what I've found is that in working with boys for a long period of time is that what you're seeing here quite often is depression. Parents will be surprised to hear that. But it is often the case, I've found, that boys, adolescents, even men who are acting out really are depressed but they don't meet the classical definition of depression. But once we start throwing some really solid interventions at it, it's amazing how fast the depressions can dry up.

April Dinwoodie: That's a really, really powerful example, Eric. Thank you. And shifting gears just a bit, one question that I'm sure is on the minds of parents as they listen here is whether a mental health diagnosis in childhood lasts a lifetime. What would you say in response to that?

Eric Kothari: I would say it really depends on the disorder, April. But commonly, symptoms seen in childhood may shift over adolescence and may look different by adulthood. In addition, many disorders cannot be diagnosed until a child is a certain age. It's important not to diagnose too early because children change so remarkably as they grow. And this is particularly noticeable when children with backgrounds of loss and trauma settle into a stable, nurturing family. So there is indeed hope, April, but it takes time and patience.

Mental health issues, especially related to adoption and foster care, can make parents feel alone, helpless, and ashamed, and we really must acknowledge that reality.

April Dinwoodie: It's important that we do acknowledge that, especially the time and patience part because we need an abundance of that in our lives. I love what we're doing here and going just a little bit deeper. With all of this in mind, what are some of the most important things parents who are fostering or adopting can do if a child is diagnosed with a mental health condition?

Eric Kothari: April, there are several things. First and foremost, seek and be open to a range of supports and education from professionals, from groups, and from others

who have had a similar experience, and talk to your child clearly and openly about why you are getting extra support. Ideally, try to work with specialists who have an understanding of the impact that separations, trauma, and loss have on children. Be an active member of your child's mental health team, and feel free to share resources you've read or learned about, and give the child a voice, too, especially as they grow older. Teens are much more likely to cooperate with treatment plans that they feel they've been a part of creating.

April Dinwoodie: That is really critical, right? Engagement and including people. And the headline for me in hearing you, Eric, is that prioritizing mental health for children is a team effort. What else?

Eric Kothari: Yes. That's a great way to say it. Also, recognize that even if medication is a good match, things ebb and flow regularly throughout childhood, adolescence, sometimes into adulthood. With medication, be sure to look for side effects, especially if they make you or the child think twice about taking the medication. And on that same note, don't be afraid to report side effects if the medication does not seem to be doing what it's intended to do.

April Dinwoodie: I want to pause here and let listeners know that they will be given a handout entitled The Role of a Foster Parent When Medication Has Been Prescribed. This will be an important read. This handout will be available on the NTDC Portal under Mental Health Considerations. So with that, Eric, what else can parents who are fostering or adopting do?

Eric Kothari: Don't wait for others to figure things out. Parents who are fostering or adopting can be proactive and ask for what you and the child need, and encourage the child to do the same. In addition, be sure the professionals you are working with proactively and actively include you in the treatment process, and that you are all talking as openly as possible with them, as well as the child. Continue to reflect and talk openly with the child about the impact their life experiences may have on their mental health. This includes being thoughtful about the added layers that sexual orientation, gender identity, and differences of race and culture can bring.

April Dinwoodie: There are so many layers to all this, Eric.

Eric Kothari: Yes, there are. And with that, I want to give your listeners something that's really important, and that is knowledge is power. And when we say, "Knowledge is power," I'm not using that as a catch phrase that's fun to say. I really mean it.

Especially with the sensitive issues of mental health and adoption and fostering, there can be misinformation, stigmas, and assumptions that are associated with mental illness, sometimes even misdiagnosis. Be sure you're asking questions and getting the facts about disorders and treatment. Don't forget to take good care of yourself, too. Children need parents who are healthy, strong, and stable.

And lastly, have hope and instill it in the child. Mental illness is generally manageable when treated accurately and sometimes can even work in the child's favor. There are many successful people with any range of mental health diagnosis experiencing wonderful, meaningful relationships and lives.

April Dinwoodie: That's really good to hear, Eric, and it would be nice for listeners to hear an example of what you mean by that.

Eric Kothari: Well, I can think of a young man who was fostered and then adopted, who came into a supportive, stable family, and because he was initially fostered, there wasn't a whole lot of background information on his family of origin. And eventually, after years of being in his family by adoption, he developed a psychotic condition, which caught the family totally off guard, and this is when I met them. You know, they were really struggling with what to do, which is often the case with a diagnosis of severe mental illness, such as psychosis. Deploying a set of resources, with medication and other health-giving interventions like nutrition and exercise, this young man was able to have a really successful life. He was medication compliant, he worked his other interventions, as I said, such as exercise and the like, the family got the support they needed as well, and this young man went on to get a bachelor's degree, he got a master's degree, and he's successfully employed. So, you know, it's a really hopeful story.

April Dinwoodie: Speaking of meaningful and wonderful and hopeful, great way to close this important podcast with a note of positivity. We thank you so much, Eric, for sharing your knowledge, but also your spirit of hope. Thank you so much, Eric.

Eric Kothari: Thank you, April. It's been a pleasure being here and I wish you and your audience the very best.

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