

CARE COORDINATION & EVIDENCE BASED PRACTICE IN PEDIATRIC MENTAL HEALTH

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SANFORD[®]
HEALTH

WHO WHAT WHEN AND WHY – PEDIATRIC MENTAL HEALTH (AND WHY)

Pediatric Mental Health:

WHO provides pediatric services

WHAT does pediatric mental health look like, compared to adult care, specifically for the 0-5 population

WHEN (and how) to refer for pediatric mental health

HOW we are growing collaborative care at Sanford

Pediatric mental health focuses on the infant and child as well as development, family relationships and more

WHY – PEDIATRIC MENTAL HEALTH?

Why Pediatric Mental Health?
Don't kids grow out of things?



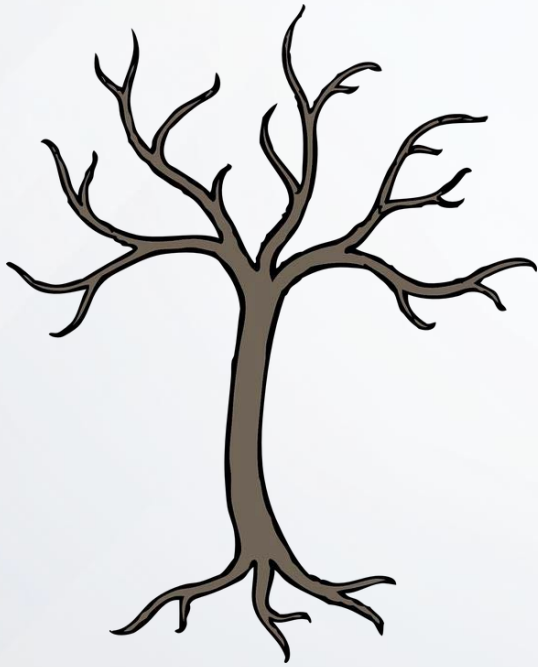
- The five year old sent home daily from preschool*
- The four year old who wouldn't talk**
- The infant with PTSD
- The kindergarten age child with attention difficulties

*Continuity and Pathways from Aggression in Childhood to Family Violence in Adulthood: A 30 year Longitudinal Study Journal of Family Violence 2008

**Parenting Stress Plays a Mediating Role in both the Prediction of Early Childhood Development from Both Parents' Perinatal Depressive Symptoms

WHY – PEDIATRIC MENTAL HEALTH?

Understanding nature and nurture requires a developmental approach



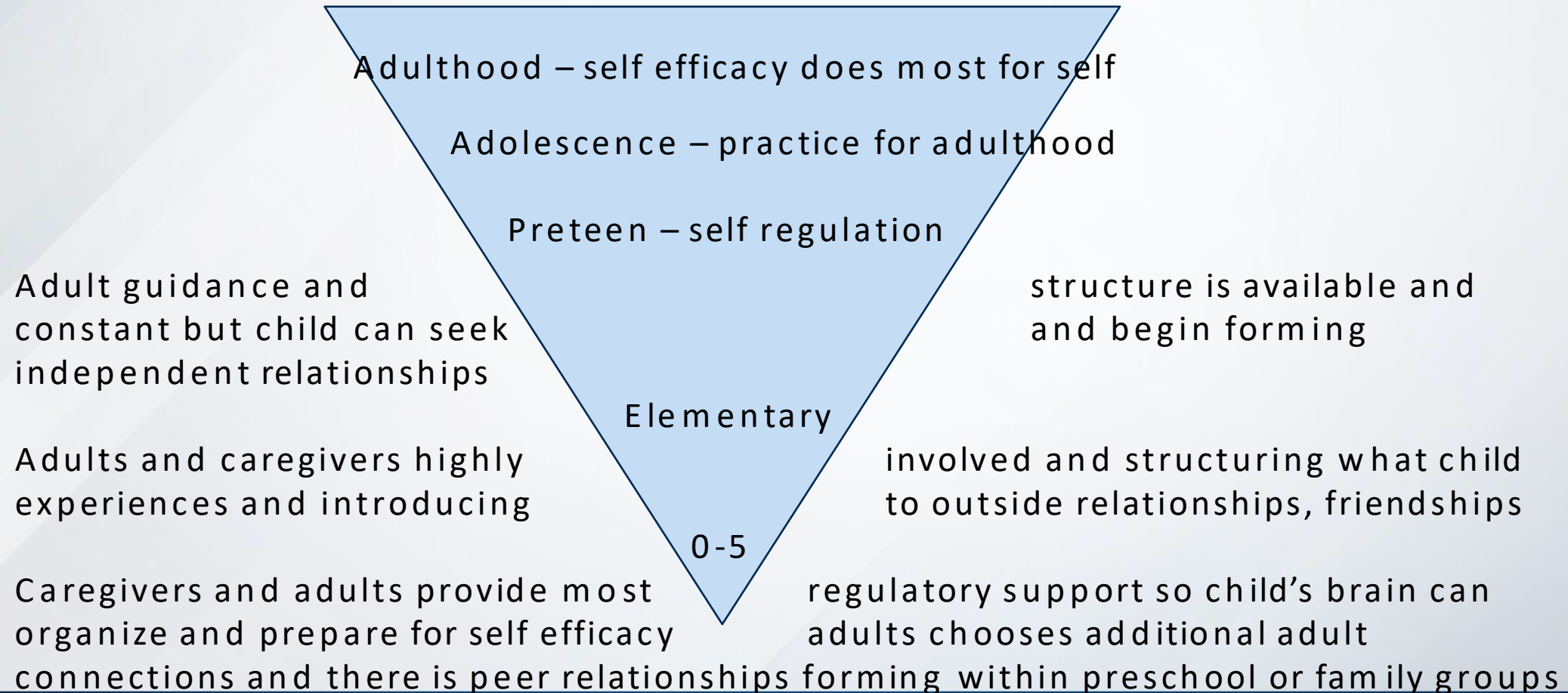
WHY – PEDIATRIC MENTAL HEALTH?

Nature AND nurture



WHY – PEDIATRIC MENTAL HEALTH?

Nature AND nurture



WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

THE SCIENCE OF EARLY CHILDHOOD DEVELOPMENT
and planful use of evidence based interventions

a) child development is a key foundational concept
when providing assessment and treatment¹

b) relationships and genetics influence brain patterns²

c) evidence based practices address the whole child,
and are collaborative in nature



WHO IS INVOLVED IN PEDIATRIC MENTAL HEALTH EFFORTS

Pediatric Mental Health:

Examples of innovative pediatric mental health efforts:

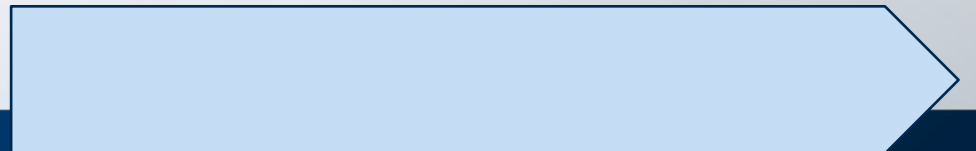
a) The State of Minnesota \$1 million/year 10 years

train clinicians in clinical work and reflective practice

b) Zero to Three 'infant family court' multidisciplinary collaboration

c) California perinatal mental health collaborative works with pregnant moms recognizing postpartum and pre birth depression impacts the mother and baby; regular reflective supervision with pediatricians

d) New Orleans Infant Mental Health Project partners with Head Start, Tulane School of Social Work, Urban League and John Hoffman early learning center to both train and provide services



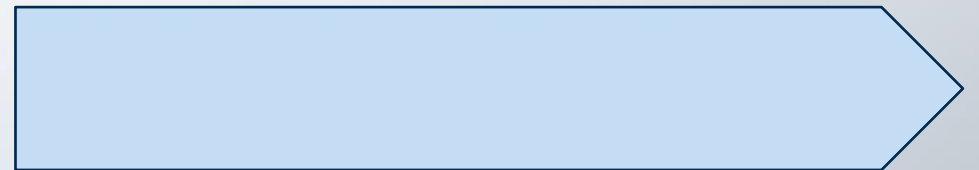
WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

DC 0-5 specific mental health diagnostic manual

Three sessions to complete initial assessment

- *incorporates observation, screening and play interactions with parent and when possible an additional caregiver
- *reviews overall development as well as potential early signs for mental health concerns
- *Addressing trauma in infants and young children
- *Minimizing future risks



WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

ABC Attachment Biobehavioral Catchup



John Bowlby described attachment as ‘the lasting psychological connectedness between human beings’ This core connectedness organizes our relationships, biology, responses and future cognitive understanding of others and the world

Maladaptive attachment (pediatric mental health issues, diagnoses, behavioral concerns, developmental differences) correlates with deficits in cognition and understanding, overall development, biology, brain development and the capacity for hopefulness and joy

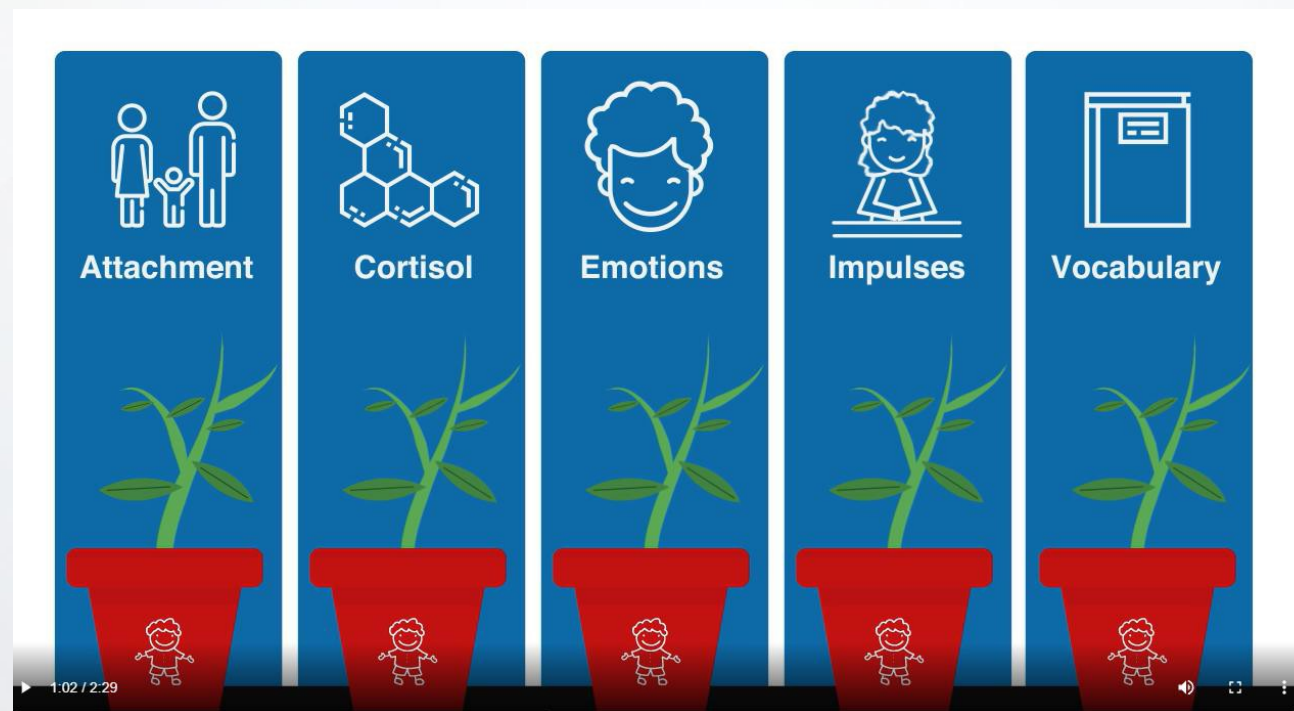
The intervention utilizes the parent child relationship because as we recall from the earlier diagram, it is the caregiver whose relationship interactions build the brain patterns the child will experience life from

Attachment patterns form risks or protective factors for development and mental health

WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

ABC Attachment Biobehavioral Catchup



WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

TI CPP Trauma Informed Child Parent Psychotherapy

Developed by the San Francisco Trauma Research Center to provide a treatment approach that incorporates development, understanding of the adult caregiver's needs and functioning, is dyadic and interactive and as both parent and child heal and reduce reactivity and cognitive distortions about the world or each other, healing occurs. Based on attachment theory, development, research on trauma and psychodynamic theory as well as cognitive behavioral theories. Allows for the highly impactful context child and parent live in to be a component of treatment

UCSF

CHILD TRAUMA
RESEARCH PROGRAM

Alicia
Lieberman,
PhD



Evidence based practices for EC
work are based on theories and
research on attachment
development trauma and more

WHAT IS PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health:

PCIT Parent Child Interaction Therapy



A behavioral approach designed to increase positive interactions between parent and child

Some EBPs are behavioral

WHO IS INVOLVED IN PEDIATRIC MENTAL HEALTH EFFORTS



WHEN TO CALL CHILD PSYCHIATRY?

- Pediatricians and Family Medicine doctors can treat child and adolescent mental health problems
- When is a specialist like a child psychiatrist needed?
 - Multiple problems at once
 - Complicated questions diagnostically
 - Patient is not improving
- What does a child psychiatrist do?
 - Medical doctor with advanced training in diagnosing and treating mental health conditions in childhood to early adulthood.
 - Default training is always in adult psychiatry for 3-4 years

ERIK ERIKSON PSYCHOSOCIAL DEVELOPMENT

- Stage 1: Trust vs Mistrust – Birth – 1.5 years
 - Will basic needs be met?
- Stage 2: Autonomy vs Shame/Doubt - 1.5-3 years
 - Will I be allowed to exert control?
- Stage 3: Initiative vs Guilt – 3-5 years
 - Will I have courage to interact with others?
- Stage 4: Industry vs Inferiority – 5 years- puberty
 - Competence in school related activities

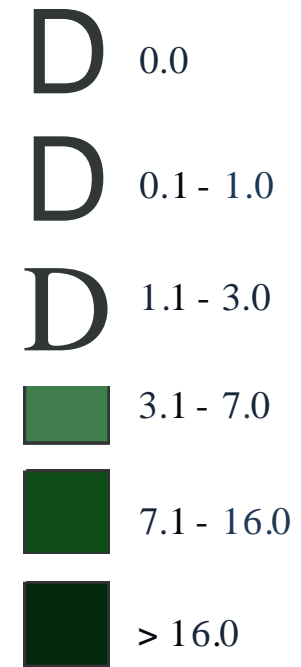
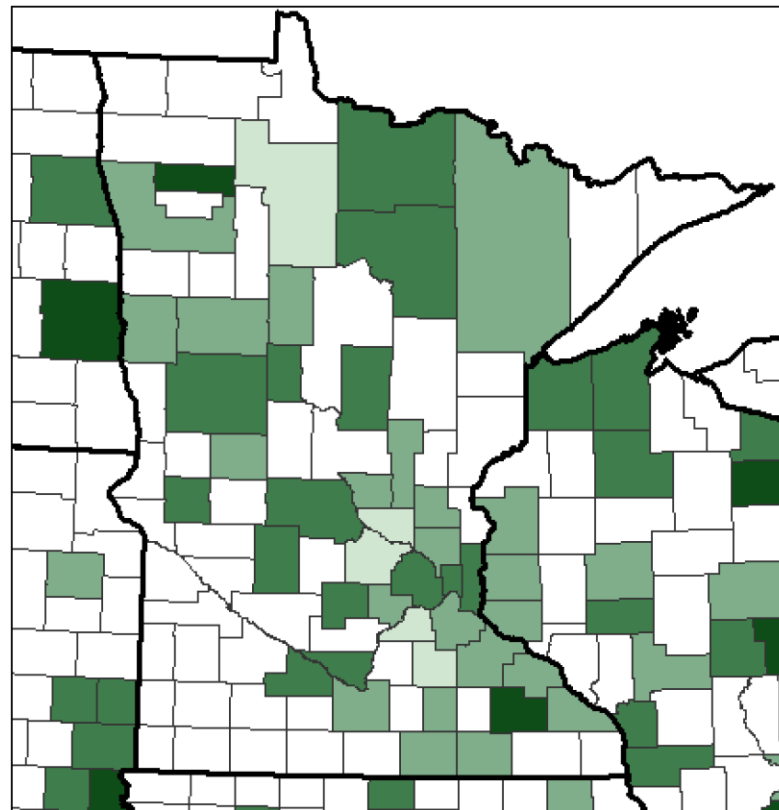
ERIK ERIKSON PSYCHOSOCIAL DEVELOPMENT

- Stage 5: Identity vs Role Confusion – 13-21 years
 - What is important to me?
- Stage 6: Intimacy vs Isolation – 21-40 years
 - Will I have solidity of self to open to others intimately?
- Stage 7: Generativity vs Stagnation – 40-60 years
 - Am I doing socially valued work?
- Stage 8: Integrity vs Despair – 60 years – death
 - Coming to terms with regret and celebrating legacy?

POPULATION HEALTH STATISTICS

- Approximately 20% of children have a mental health problem
 - Less than 50% get any help at all
 - Less than 50% of those who do get help get any meaningful benefit
- Much of the mental health burden is preventable at the level of family and community

Psychiatrists, 2015
Number per 10,000 children aged 0-17 years
MINNESOTA



CERTIFIED COMMUNITY BEHAVIORAL HEALTH CENTER (CCBHC)

- A CCBHC is a *one-stop-shop* for all behavioral health patients.
 - Patients participate in this model to streamline access to services and move away from *fee for service* model of care
- A comprehensive evaluation – also known as Diagnostic Assessment or DA – KEY – determines patient needs and thus treatment recommendations

Comprehensive, trauma-informed, evidence based, person- and family-centered services

Serve all ages

Provide outreach and increase access to underserved populations

Serve as a “one-stop-shop”

Free choice of providers

Provide services outside of clinic location

WHEN TO REFER CHILDREN FOR PEDIATRIC MENTAL HEALTH

- ✓Addiction in family
- ✓Foster care placement
- ✓Teen parent
- ✓Parent had trauma
- ✓Significant loss
- ✓Behavioral problems
- ✓Developmental issues (speech, motor)
- ✓Parent needs support
- ✓Incarceration of family member
- ✓Divorce or significant change
- ✓Medical trauma
- ✓Domestic violence
- ✓Sexual abuse
- ✓Anxiety, depression
- ✓Postpartum depression
- ✓Historical trauma

WHEN TO REFER CHILDREN FOR PEDIATRIC MENTAL HEALTH

- ✓Any time is a good time to refer for pediatric mental health
- ✓Pediatric mental health supports the family as well as child, and is aimed at supports that help the child get back on track developmentally as well as emotionally
- ✓Children show signs of stress through behavioral challenges, and developmental differences
- ✓A child who isn't speaking at age level may be showing signs of stress
- ✓A child who isn't handling emotional stress at age level may be showing signs of stress

WHEN TO REFER FOR PEDIATRIC MENTAL HEALTH

Concerns when making a referral

- 1) PARENTING SUPPORT is often identified as a need
- 2) DEVELOPMENTAL NEEDS are often identified as a need
- 3) THE CHILD SEEMS emotionally distant, stressed or reactive
- 4) THE CHILD SEEMS easily distracted and has high motor activity level
- 5) A KNOWN high stress event has Occurred
- 6) A SIBLING is receiving services

Remember the
littlest ones!

LEVELS OF CARE IN PEDIATRIC MENTAL HEALTH?

Pediatric Mental Health Care Levels:

a) ACUTE care or crisis care

- * mobile crisis line and team
- * Youth ACT

b) INTENSIVE care can be provided through:

- * day treatment (who does what in community)
- * CTSS when care coordination creates care team
- * care coordination increases LOC

c) LESS INTENSIVE

- * outpatient therapy or outpatient psychiatry
- * CTSS services without care team

d) COMMUNITY SUPPORTS

All pediatric mental health professionals consider LOC

IDENTIFY LEVEL OF CARE

Prevention
and
community
supports

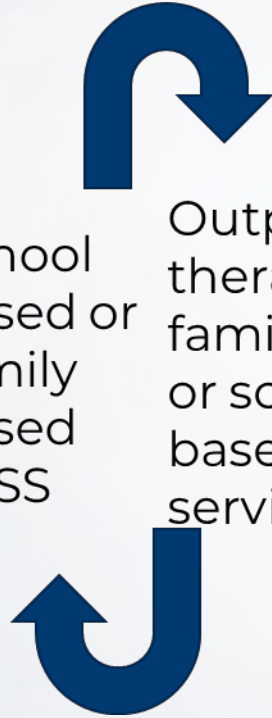
School
based or
family
based
CTSS

Outpatient
therapy,
family based
or school
based CTSS
services

Coordinated
care or
increase
intensiveness,
add additional
assessment

Acute care
– high
intensity
Youth ACT,
Mobile
Crisis

Hospitalization,
monitored care



CONSIDER EVIDENCE BASED PRACTICE

What types of evidence based intervention models do you utilize?

- 1) For infant and early childhood mental health the State of Minnesota has identified three primary intervention models:
 - 1) ABC Attachment Biobehavioral Catch up (short term positive behavioral reinforcement for parents of children age 0-2 or older, trauma, developmental catchup)
 - 2) CPP Child Parent Psychotherapy (incorporates psychodynamic theory, attachment, development, trauma research for trauma, developmental catchup)
 - 3) PCIT Parent Child Interaction Therapy (positive behavioral reinforcement for attachment based language and parenting interactions)

Minnesota's
identified EBPs

REFERENCES

Continuity and Pathways from Aggression in Childhood to Family Violence in Adulthood: A 30-year Longitudinal Study (2008) Journal of Family Violence 23:231-242

Parenting Stress Plays a Mediating Role in the Prediction of Early Child Development from Both Parents' Perinatal Depressive Symptoms (2018) Journal of Abnormal Child Psychology 47, 149-164

Relational interventions with young children who have been maltreated (2011) Clinical work with traumatized young children 96-113

Attachment and development: a Prospective, longitudinal study from birth to adulthood L. Alan Sroufe (2005) Attachment and Human Development 7(4) 349-367