

“Why didn’t I think of that? And other quips worth pondering.”

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QTIP Mental Health Integration Coordinator, SCDHHS

QTIP Learning Collaborative, August 2021

AAP's Mental Health Toolkit Categories

Framework for QTIP's MH Activities

Community Resources

Health Care Financing

Support for Children and Families

Clinical Information Systems/Delivery Systems Redesign

Decision Support for Clinicians

"Let's Overlay the AAP's Mental Health Toolkit Categories with the AAP's Trauma Care Resources" ~ Kristine H.

Community Resources

POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/ or Improve the Health of all Children



Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health

Andrew Garner, MD, PhD, FAAP^{1,2}; Michael Yogman, MD, FAAP^{1,4}
COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS, COUNCIL ON EARLY CHILDHOOD

Safe, stable, and nurturing relationships (SSNRs) that build resilience, pediatric care is on the cusp of a paradigm shift that could reprioritize clinical activities, rewrite research, and align our collective advocacy. Driving these advances in developmental sciences as they inform understanding of how early life experiences, both nurturing and biologically embedded and influence outcomes in adulthood, and economic stability across the life span. This statement on childhood toxic stress acknowledges a paradigm shift and reaffirms the benefits of an ecological model for understanding the childhood origins of disease and wellness. It also endorses a paradigm shift in pediatric health because SSNRs not only buffer childhood adversity but also promote the capacities needed to be resilient. To translate this relational health framework into practice, generative research, and public policy, the entire pediatric community needs to adopt a public health approach that

abstract

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Dr Garner collaborated in conceptualizing and drafting this document, took the lead in reconciling the numerous edits, comments, and suggestions made by many expert reviewers, and made significant contributions to the manuscript. Dr Yogman collaborated in conceptualizing and drafting this document and made significant contributions to the manuscript, and all authors approved the final manuscript as submitted.

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Health Care Financing

POLICY STATEMENT Guidance for the Clinician in Rendering Pediatric Care



Trauma-Informed Care in Child Health Systems

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Understanding the lifelong effects of early childhood trauma led to the need for an organized strategy to identify children, adolescents, and families who may be at risk for trauma. Trauma-informed care (TIC) in child health systems recognizes the biological evidence of toxic stress with its effects on mental and resilience to enhance health care for children and families. The resulting pediatric health system promotes and restores resilience in children and adolescents with families to support relational health, and trauma among pediatric health care clinicians. This statement summarizes what policy makers, legislators, and advocates need to consider in terms of infrastructure, financial support to facilitate the integration of TIC into pediatric points of care. The accompanying clinical practice elements of TIC in the direct care of children, adolescents, and covers the spectrum from prevention to treatment and is included in this statement and the clinical practice elements of American Academy of Pediatrics policies that address special populations (such as children and adolescents in foster or kinship care, in immigrant and refugee families, and in low-income families) and are congruent with American Academy of Pediatrics policies and technical reports concerning the role of pediatricians in the promotion of lifeline health.

Support for Children and Families

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

Bring Out the Best in Your Children

Helping shape your children's behavior is a key part of being a parent. It can be difficult as well as rewarding. While at times it can be challenging, a few key principles can help.

American Academy of Pediatrics
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When Things Aren't Perfect: Caring for Yourself and Your Children

"Kids are resilient..."

<https://doi.org/10.1542/peds.2021-05279>

Clinical Information Systems/Delivery Systems Redesign

American Academy of Pediatrics
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Addressing Adverse Childhood Experiences and Other Types of Trauma in the Primary Care Setting

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Adverse Childhood Experiences and the Lifelong Consequences of Trauma

Decision Support for Clinicians

American Academy of Pediatrics
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The Medical Home Approach to Identifying and Responding to Exposure to Trauma

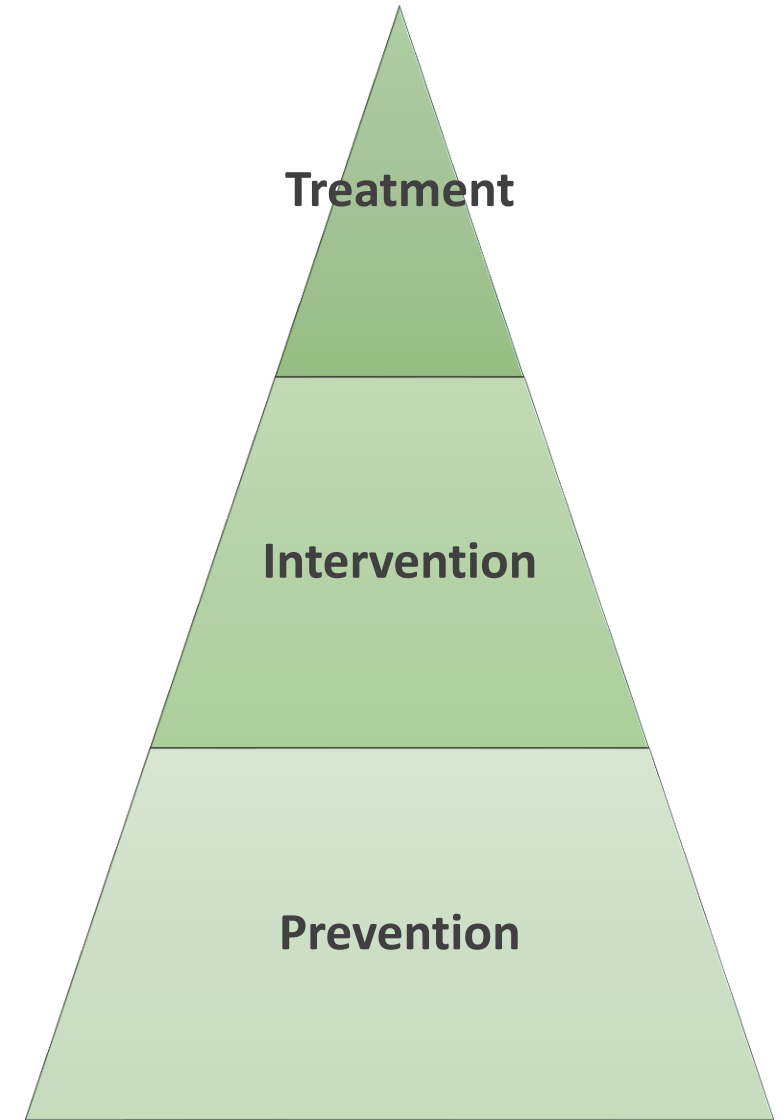
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN[®]

Protecting Physician Wellness: Working With Children Affected by Traumatic Events

QTIP Community Visit Questions:

1. *What do you do?*
2. *Who do you do it for?*
3. *How do we get the right kids and families to you?*
4. *How do we share appropriate information if we share kids?*

BUT NOW: Who do we not even know that we need to know?



How do we get paid for our work?

When referring, what needs to be shared so the other provider can be paid for their work?

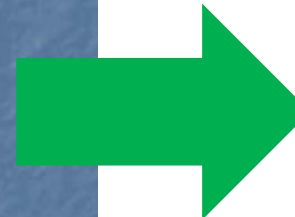
How is this working?

"We need a grown-up." ~Kristine H.

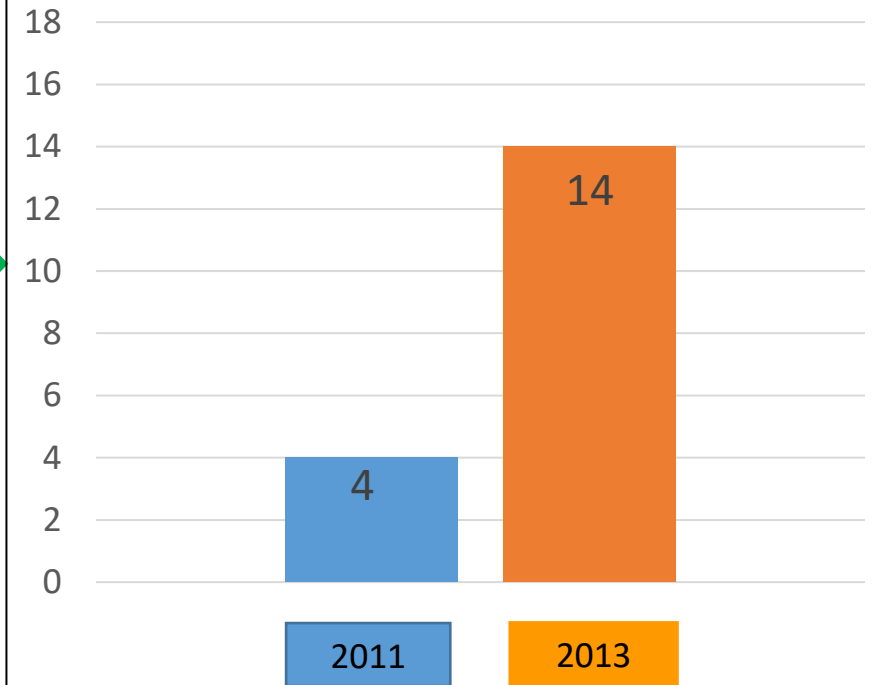
"If Mama ain't happy ain't nobody happy..."

**Postpartum Depression Screening
At Sandhills Pediatrics**

QTIP Learning Collaborative January 2013



QTIP 2013 Summer Survey Data:
Postpartum Depression Screening, n=18



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Bring Out the Best in Your Children

Helping shape your children's behavior is a key part of being a parent. It can be difficult as well as rewarding. While at times it can be challenging, a few key principles can help.



KEY CONCEPTS



- 1 **Model** behaviors you would like to see in your children.
- 2 Notice good behavior and **praise** it.
- 3 Understand where your children are **developmentally**.
- 4 Set **clear and realistic expectations** for your children that are developmentally appropriate.
- 5 Build **structure** and routines in your children's day.
- 6 Use **discipline strategies** to guide and teach instead of punish.
- 7 **Be calm and consistent**, when disciplining your children.
- 8 **Understand** that a child's negative behaviors have benefited them in some way in the past.
- 9 Use **repetition** to continually reinforce good behavior.
- 10 Be **prepared**—anticipate and plan for situations and your children's behavior.
- 11 Remain cool, calm, and collected.

"Sometimes you have to be the grown up." ~Kristine H.



How to remember the 5 PROTECTIVE FACTORS that make your family strong



Use your Thumb to remember **Social & Emotional Competence of Children** because a "thumbs up" is one of the first ways we learn to communicate our emotions.



Your Index Finger represents **Knowledge of Parenting and Child Development** because you are your child's 1st teacher!



Your Pinky Finger represents **Concrete Plans in Times of Crisis** because it is the smallest finger and reminding us that all need help.



Your Middle Finger can help you remember **Social Connections** because it should never stand alone! We all need a positive social network.

Your Ring Finger stands for **Parental Resilience** because your first commitment must be to yourself in order to be strong for others.



<https://www.thefyi.org/infographic-remember-5-protective-factors-make-family-strong/>



The Three **R**s Ways to support your child's resilience

Reassure

Let child know they are safe. This should be said with words, hugs and safe spaces in the home.



Return to Routine

Routines for meals, bedtime, household schedules all help children to know what to expect.



Regulate

Skills to calm self: belly breathing, stretching, relaxation

Skills to name feelings: colors of emotions, words for feelings

Skills for managing emotions



<https://downloads.aap.org/AAP/PDF/3%20Rs%20AAP.pdf%20FINAL.pdf>

Addressing Adverse
Childhood Experiences
and Other Types of Trauma
in the Primary Care Setting

Assessing Readiness to Change

...The Pre-Process...

“The 4-step process is framed with 4 questions.

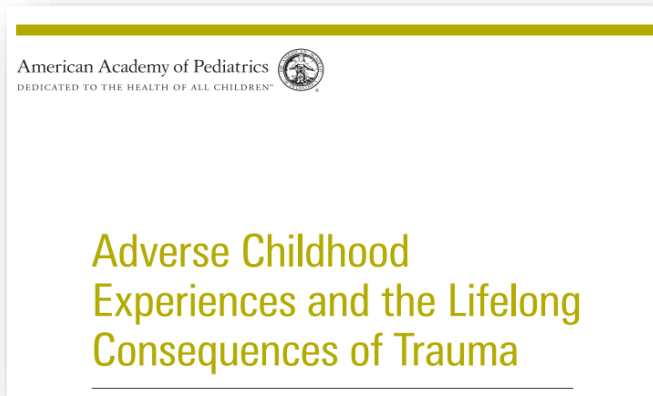
- 1. Why are we looking at this issue?*
- 2. What are we looking for?*
- 3. How do we find it?*
- 4. What do we do once we have found it?”*

“He has to protest.” ~ Aunt Sharon

Assessing Readiness to Change...

1. **Why** are we looking at this issue?

-



2. **What** are we looking for?

- *Who should we assess and when?*
Target patients? Parents?

3. **How** do we find it?

- *How will we ask? If we use a questionnaire...? If we use direct interview...? How/should we document?*

4. **What** do we do once we have found it?

- *Prepare to respond. What staff will facilitate? What community players need to be on-board?*

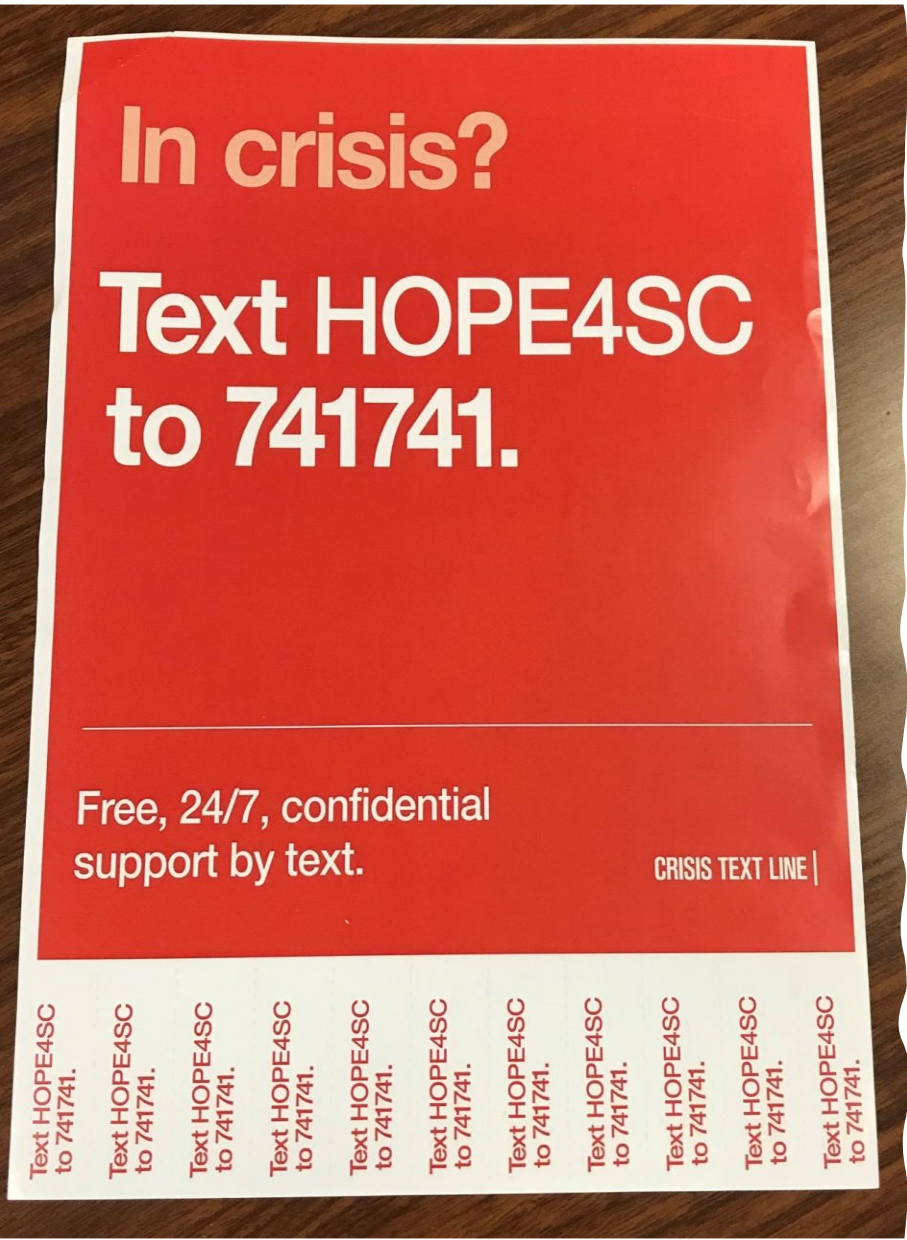
How many PDSA cycles is this? This is QI.

Crisis Text Line Data

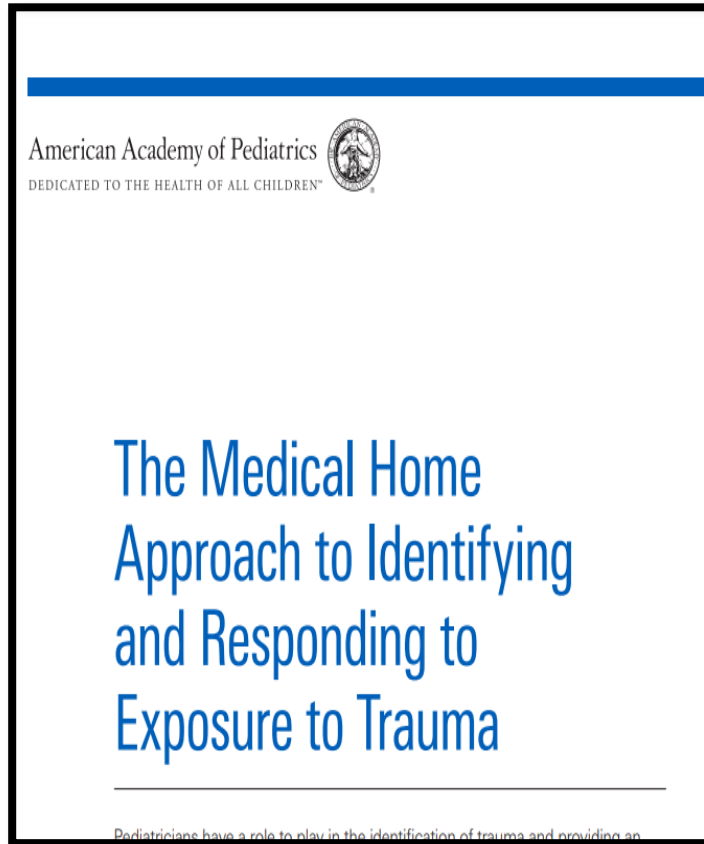
36,000 Calls Attributed to SC callers
from January 2020- March 2021*

SC, compared to other states,
ranking texts by main issue:

- #3 Depression
- #3 Gender/Sexual Identity
- #6 Grief
- #6 Relationships
- #9 Bullying

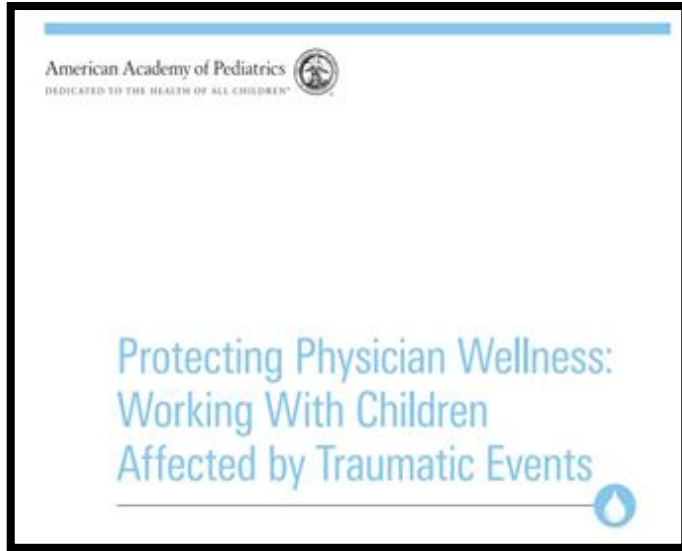


“Good Luck with that.” ~ Will H.



Somatic Complaints and Physical Exams:

- *Is this trauma related?*
 - *Thorough history and review of symptoms, behavioral responses, school functioning and development, and assessment*
- *If trauma is identified, respond to the family unit:*
 - *With empathy, information, and support*
 - *Provide trauma informed anticipatory guidance*
 - *Check in with parents about coping and self-care*
- *If trauma is identified, respond to the symptomatic child:*
 - *Consider medications and referrals to trauma informed therapies*



The Practice Environment:

- *Train staff to understand secondary traumatic stress*
- *Balance patient caseloads*
- *Make the space to process and provide support*

Individual Response:

- *Assess your own Protective Factors*
- *Prioritize supportive relationships*
- *Participate in interests outside of work*
- *Seek support*
- *And sometimes...advocate for practice changes*



Thank you to these QTIP Lead Clinicians:

Blakely Amati
Michael K. Foxworth II
Nazia Jones
Martha Edwards
Laura Bulloch
Deandra Clark
Kristina K Gustafson
Jamie Singleton
Chelle Evette
Daniel Shuler
Katie Stephenson
Lane Bowen

for returning your survey by
the **original** deadline.

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