Maryland BHIPP
Collaborating to Care for the Mental Health of Young Children

Thursday, January 21st, 2021 12:30 – 1:30 PM

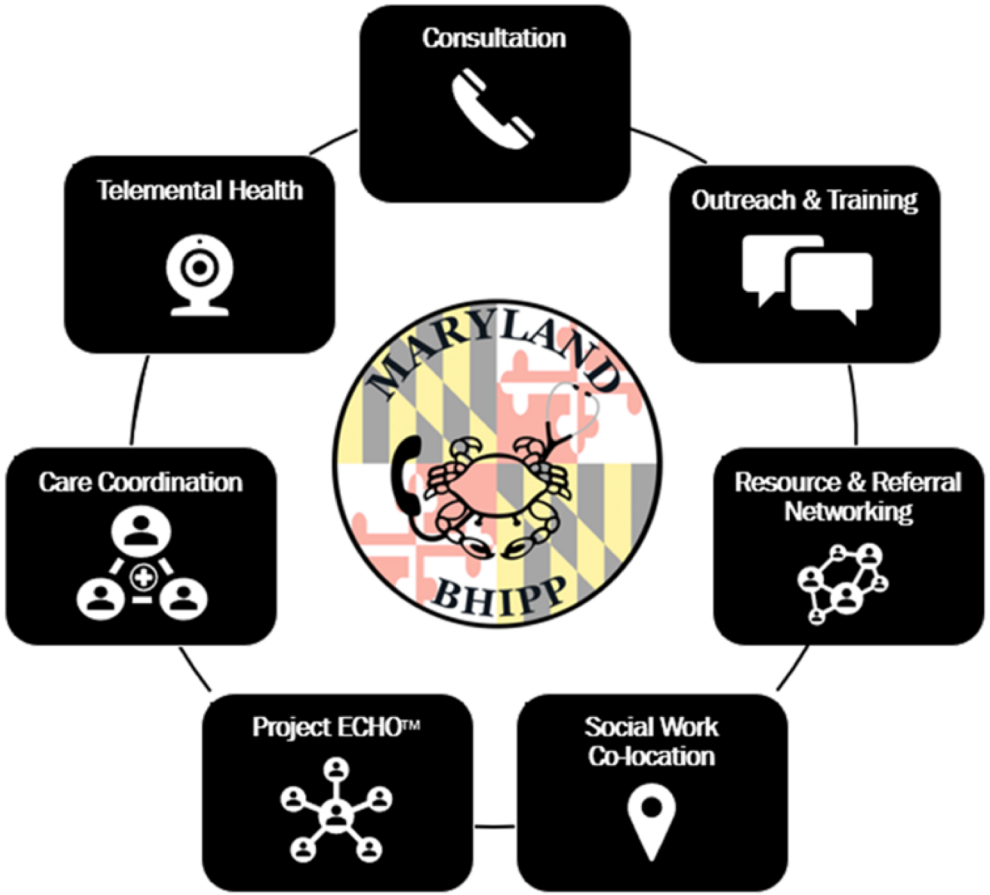
Kay Connors, LCSW-C, Instructor

Executive Director, Taghi Modarressi Center for Infant Study,
Child and Adolescent Psychiatry,
University of Maryland School of Medicine

855-MD-BHIPP (632-4477)

www.mdbhipp.org

Who We Are – Maryland BHIPP



Offering support to pediatric primary care providers through free:

- Telephone consultation (855-MD-BHIPP)
- Resource & referral support
- Training & education
- Regionally specific social work co-location (Salisbury University and Morgan State University)
- Project ECHO®

Coming soon!

- Direct Telespsychiatry & Telecounseling Services
- Care coordination

Partners & Funding

- BHIPP is supported by funding from the **Maryland Department of Health, Behavioral Health Administration** and operates as a collaboration between the **University of Maryland School of Medicine**, the **Johns Hopkins University School of Medicine**, **Salisbury University** and **Morgan State University**.

- *This program is supported by the **Health Resources and Services Administration (HRSA)** of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $433,296 with approximately 20% financed by non-governmental sources. The contents of this presentation are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government. For more information, visit www.hrsa.gov.*

BHIPP is Available to Provide Support to PCPs During the Pandemic

Ways to Connect:

- **Visit our COVID-19 Resource Page:** www.mdbhipp.org
- **Sign up for our newsletter:** https://mdbhipp.org/contact.html
- **Follow us on Facebook:** https://www.facebook.com/MDBHIPP/
- **Follow us on Twitter:** https://twitter.com/MDBHIPP

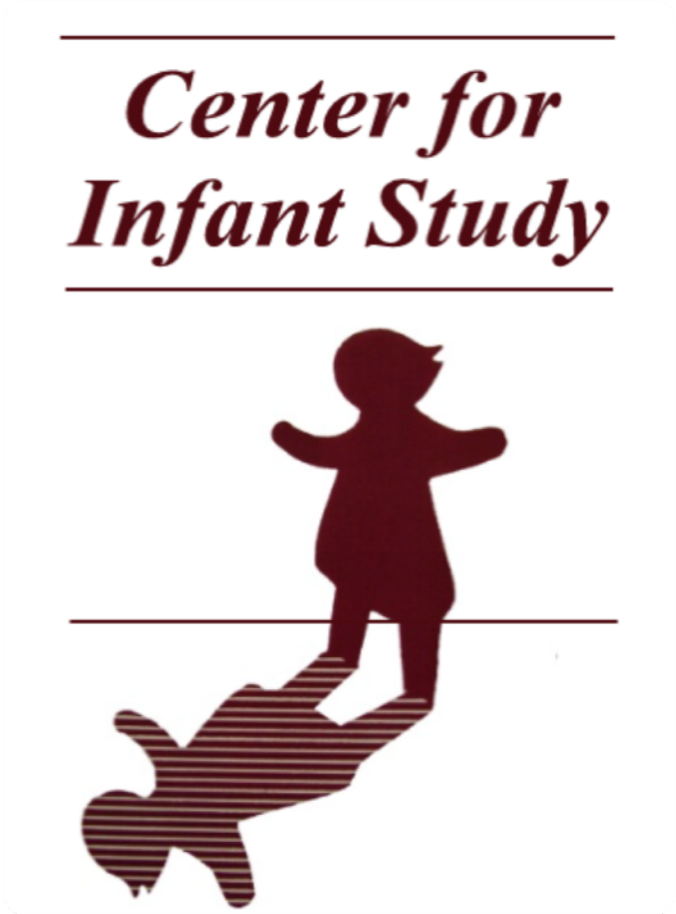
Meet The Presenter

Kay Connors, LCSW-C, is an instructor at the University of Maryland School of Medicine, Executive Director of the Taghi Modarressi Center for Infant Study, Director of the Center of Excellence for Infant and Early Childhood Mental Health, Project Director, B-NEST, National Child Traumatic Stress Network Category III and a Maryland ACE Interface Trainer

Ms. Connors is a clinical social worker who specializes in child and family traumatic stress and mental health. She provides clinical care and supervision and oversees workforce development and projects to improve access to high quality infant, child, adolescent and young adult mental health services

She would like to thank the BHIPP team for this opportunity.

Center for Infant Study – Our Team



- **Sarah Edwards**, DO, Assistant Professor, Assistant Division Director/Medical Director, Taghi Modarressi Center for Infant Study, /Center of Excellence for Infant and Early Childhood Mental Health
- **Kay Connors**, LCSW-C, Instructor, Executive Director, Taghi Modarressi Center for Infant Study, Director, Center of Excellence for Infant and Early Childhood Mental Health
- **Brijan Fellows**, LCSW-C, Clinical Program Director
- **Carole Norris Shortle**, LCSW-C, Clinical Assistant Professor, Master Clinician/Trainer
- **Shanique Rogers**, LCSW, **Sailor Holobaugh,** LCSW-C, **Rhonda Jackson**, LCPC, **Sabrina Malachi**, LGPC, **Ashley Nelson**, LMSW ECMH Consultant, HealthySteps Specialists and Clinicians
- **Ola Ibraheem**, BA, Community Health Worker

Funding Support

Center of Excellence for Infant and Early Childhood Mental Health

- We are grateful for funding support from the Behavior Health Administration, Maryland Department of Health

We also receive funding for our B-NEST work from:

- Department of Justice Programs Victim of Crime Assistance (VOCA) grant to respond to the needs of young children impacted by the opioid crisis
- SAMHSA through National Child Traumatic Stress Initiative as a funded Category III Center

Objectives

- Participants will describe how early adversity and traumatic stress impacts young children's mental health and life course
- Participants will learn about screening tools and strategies to apply to increase identification of mental health concerns in young children.
- Participants will define essential components of collaborative care for young children and their families served in primary care.

Collaborating to Care for Young Children

- Pediatricians are often the first professional to whom parents express concern regarding social-emotional and behavioral problems (Ellingson, Briggs-Gowan, Carter, & Horwitz, 2004)
- Although the critical role of primary care in mental health is well established, primary care interventions in early childhood (birth-age 5) mental health have been understudied.
- Unmet mental health need is especially high among children under 6 years (94%) (Kataoka, Zhang, & Wells, 2002)

“Connecting the Brain to the Rest of the Body”

-Jack Shonkoff, MD

- All biological systems interact with each other and adapt to the contexts in which a child is developing—for better or for worse.
- Early experiences are likely to have as much or greater influence on later health as on school achievement.

Center on the Developing Child
HARVARD UNIVERSITY

-https://developingchild.harvard.edu/resources/connecting-the-brain-to-the-rest-of-the-body-early-childhood-development-and-lifelong-health-are-deeply-intertwined/?utm_source=newsletter&utm_campaign=november_2020

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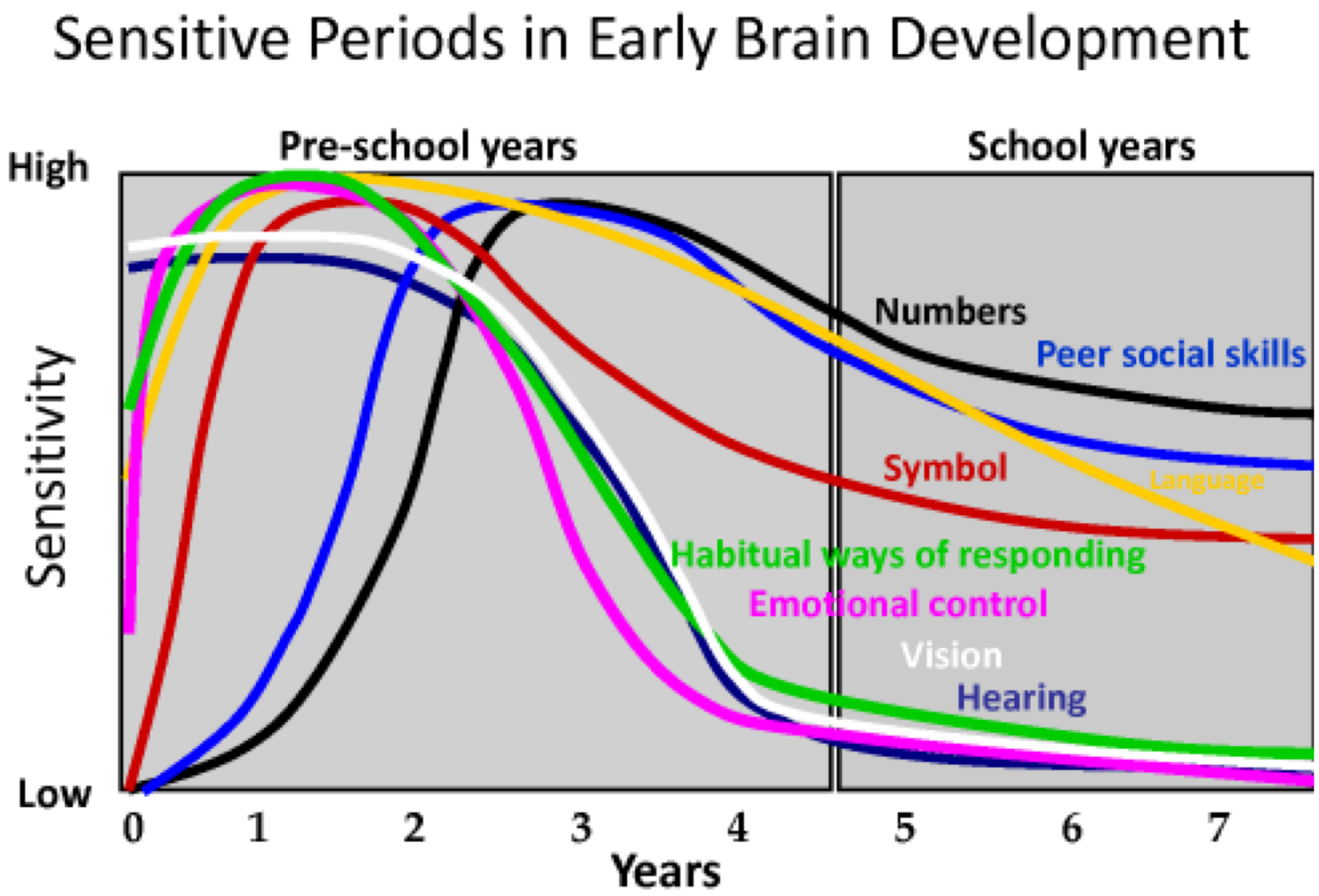
‘Sensitive Slopes’ of Brain Development



Graph developed by **Council for Early Child Development** (ref: Nash, 1997; *Early Years Study*, 1999; Shonkoff, 2000.)

Brain Development and Health

- Due to the critical nature of early brain development, young children are at heightened risk.
- Early childhood trauma has been associated with reduced size of the brain cortex.
- The cortex is responsible for many learning functions (memory, attention, perceptual awareness, thinking, language, and consciousness).
- These changes may affect IQ and behavioral health.
- Through early identification, we can connect young children to services that help their brains develop -- ***not always best to "wait and see"***

Defining Early Childhood Mental Health

- What do we mean? "behavioral," "neurodevelopmental," "psychiatric," "psychological," "emotional," "social", and impact of fetal substance exposure
- Children under 6 and their primary caregivers, screening, assessment, brief intervention, referral and care coordination.

American Academy of Pediatrics, Committee on Psychosocial Aspects of Child and Family Health and Task Force on Mental Health. The future of pediatrics: mental health competencies for pediatric primary care. Pediatrics.2009;124(1):410–421

Grow Well & Love Well

Early childhood mental health is defined as the capacity to *"grow well and love well."*

1) experience, tolerate and express a range of emotions without lasting emotional collapse;

2) form and maintain mostly trusting and intimate relationships; and

3) learn the culturally expected skills considered appropriate for the child's age.

-Alicia Lieberman and Patricia Van Horn, 2008.

Why Screening for Behavioral and Emotional Problems

AAP Clinical Report February 2015:

- Behavioral and emotional problems in childhood are common and often undetected
- 11-20% of U.S. children have B/E disorder
- These same rates apply to 2-5 year old's
- 25-40% of children with a disorder also have mental health/behavioral diagnoses
- There is a 2-4 year period between symptoms and diagnosis (opportunity for early intervention)
- Anxiety and ADHD often emerge in early childhood

- Weitzman, et al. Pediatrics 2015

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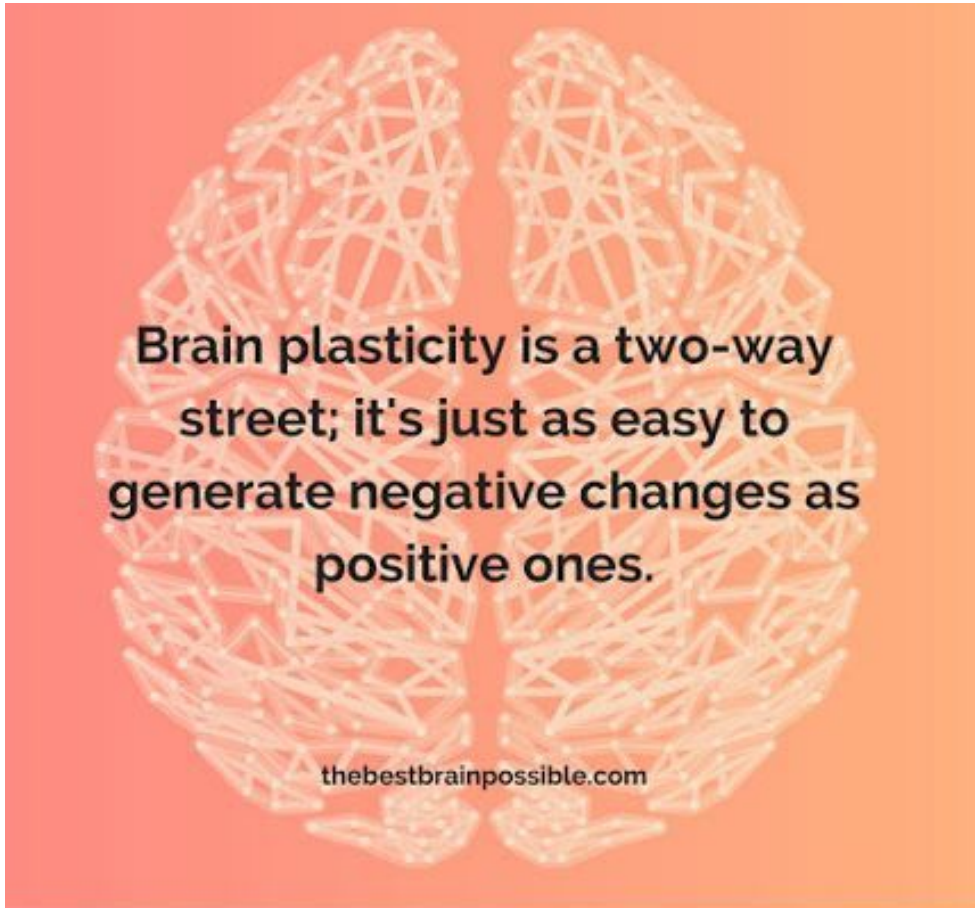
Traumatic Stress in Young Children



"There is something deeply disturbing about the juxtaposition of violence and infancy. Infancy is a period of development that we associate with innocence, with hope, and with the promise for the future."

-Zeanah and Scheeringa

SAMHSA'S Definition:
What Happen vs What is Wrong?

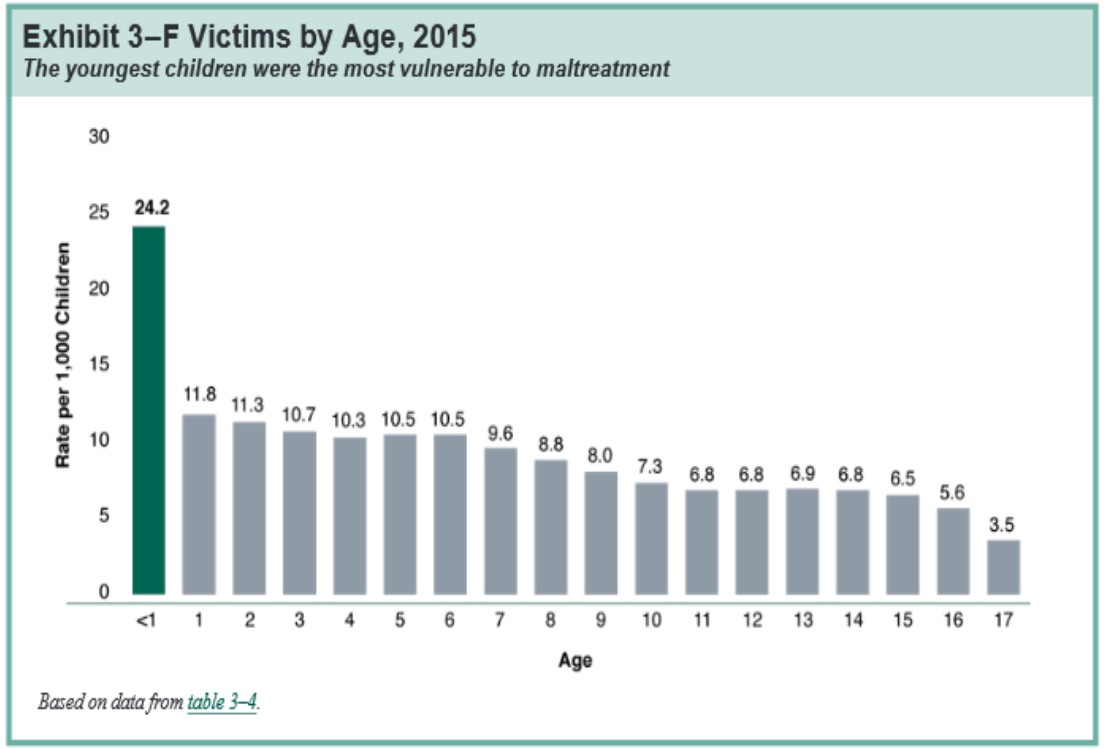
Individual trauma results from an **event**, *series of events, or set of circumstances that is* **experienced** *by an individual as physically or emotionally harmful or life threatening and that has lasting adverse* **effect**s *on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*

A Definition of Trauma in Infancy

Trauma is an exceptional experience in which powerful and dangerous stimuli overwhelm the child's developmental and regulatory capacity.

- Stress response is activated
- Loss of caregiver as a "protective shield"
- Loss of sense of security

Child Maltreatment



- Youngest children are most vulnerable to maltreatment. In FY15, more than one-fourth of maltreated children were under age 3, with highest victimization rates for children younger than 1 year

U.S. Department of Health and Human Services, Administration for Children and Families, https://www.acf.hhs.gov/sites/default/files/cb/cm2015.pdf

Domestic Violence

- Exposure to family violence is common; 1 in 9 children in a national survey (11 percent) reported any exposure in the past year and 1 in 15 (6.6 percent) reported exposure to physical violence between parents (Hamby et al., 2011)
- Children can be exposed in multiple ways: seeing/hearing violent acts, seeing injuries resulting from violence, and being told about violence
- Younger children may be most affected by DV, parents often underestimate exposure/knowledge of children (Sternberg, Lamb, Gutterman, Abbott, & Dawud-Noursi, 2006)
- Multiple traumas: child abuse occurs in 30-60% of family violence cases that involve families with children

National Center for Children Exposed to Violence, www.nccev.org

Community Violence

- 1 in 10 children under age 6 living in a major American city report witnessing a shooting or stabbing (Groves, 2002)

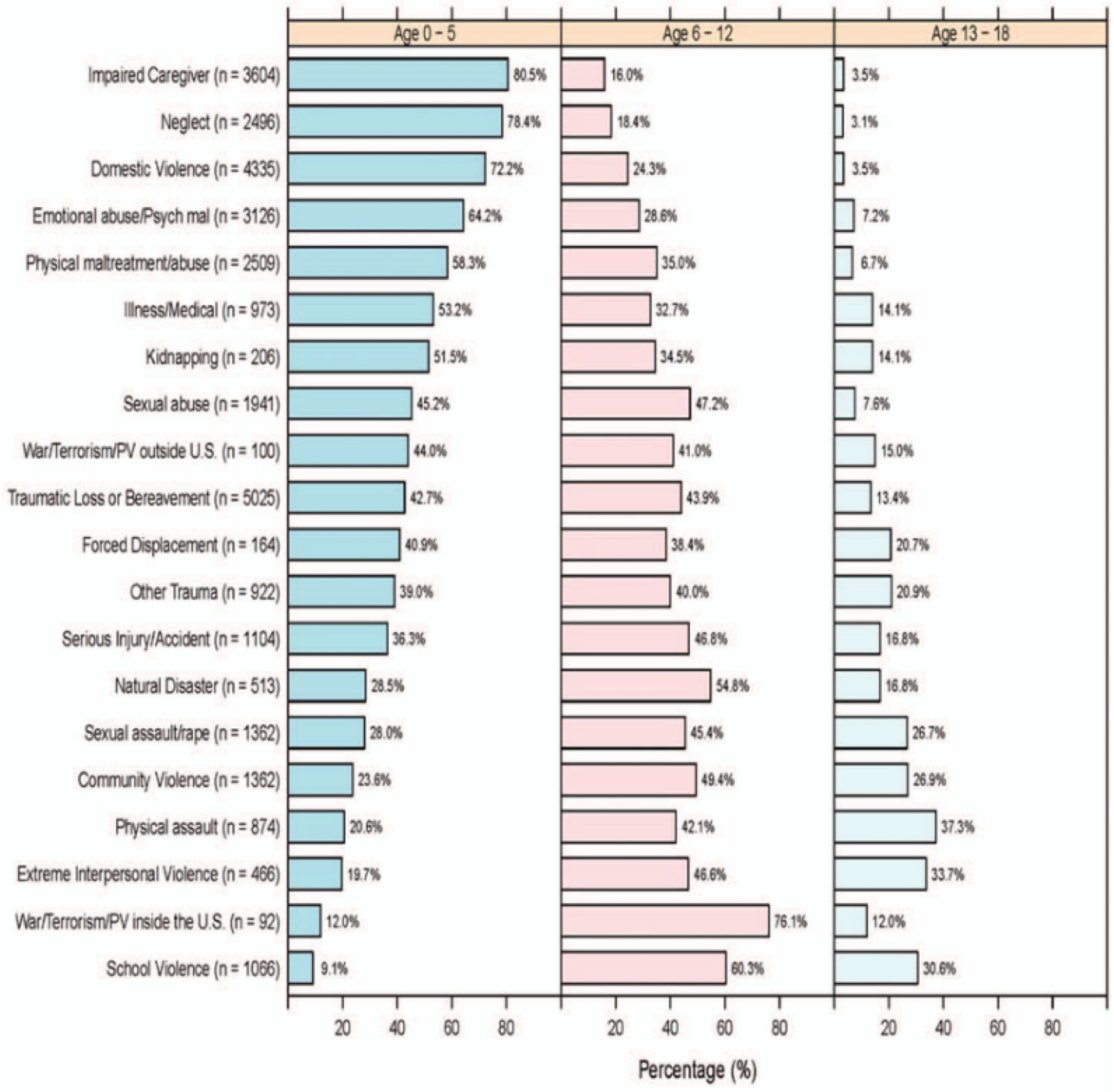
- Studies of children in Head Start found disproportionate exposure to community violence, ranging from 77-93% (Jones, et al 1996, Graham-Bermann, et al 2008)

Pediatric Medical Traumatic Stress (PMTS): Illnesses, Accidents, and Injuries

Pediatric medical traumatic stress is a constellation of reactions that can occur after extremely difficult or frightening events, that may be related to or result in medical care interventions.

- Children from birth to age 3 are at greatest risk of injury
- Animal bites (large number need medical attention)
- Importance of monitoring child safety and protection

Frequency distribution by age of onset for 20 Trauma History Profile trauma types.



- *Vivrette, R. L., Briggs, E. C., Lee, R. C., Kenney, K. T., Houston-Armstrong, T. R., Pynoos, R. S., & Kiser, L. J. (2016). Impaired Caregiving, Trauma Exposure, and Psychosocial Functioning in a National Sample of Children and Adolescents. Journal of Child & Adolescent Trauma, 1-10.*

Practice: What do you see?

- How might you see a young child expressing…
  - Intrusion symptoms?
  - Avoidance or negative changes to thinking or mood?
  - Increased arousal?

Common Trauma Reactions: Preschool Children

- Clinginess
- Separation fears
- Eating and sleeping disturbances
- Physical aches and pains
- Crying/irritability
- Appearing “frozen” or moving aimlessly
- Perseverative, ritualistic play
- Fearful avoidance and phobic reactions
- Magical thinking related to trauma
- Nightmares
- Triggered responses to reminders

Developmental indicators linked to trauma exposure

- Loss of previously acquired developmental skills such as toileting and language
- New onset of aggression
- New separation anxiety
- New onset of fears that are not obviously related to the traumatic event (going to the bathroom alone, the dark, etc.)

-Graham-Bermann, S. A., Castor, L. E., Miller, L. E., & Howell, K. H. (2012). The impact of intimate partner violence and additional traumatic events on trauma symptoms and PTSD in preschool-aged children. *Journal of traumatic stress*, *25*(4), 393-400.

Trauma in the Medical Context:
Pediatric Medical Traumatic Stress (PMTS)

Reactions include:

- having unwanted and intrusive thoughts about what happened,
- strongly avoiding things that are reminders of the event, and
- having trouble sleeping, eating, or concentrating.
- In the aftermath of a potentially traumatic event, traumatic stress is caused by a loss of a sense of personal safety, and by feelings of fear and helplessness.

-Adapted from Center for Pediatric Traumatic Stress http://www.chop.edu/centers-programs/center-pediatric-traumatic-stress

Symptoms and Behaviors Associated with Exposure to Trauma

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping, lose recently acquired developmental skills, and show regression in functioning and behavior.

Possible Reactions of Children Aged Zero to Six Exposed to Traumatic Stress

Behavior Type	Children aged 0–2	Children aged 3–6
Cognitive		
Demonstrate poor verbal skills	✓	
Exhibit memory problems	✓	
Have difficulties focusing or learning in school		✓
Develop learning disabilities		✓
Show poor skill development		✓
Behavioral		
Display excessive temper	✓	✓

https://www.nctsn.org/what-is-child-trauma/trauma-types/early-childhood-trauma

NCTSN The National Child Traumatic Stress Network

Trauma in the Developmental Context

- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce children's capacity to explore the environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

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Pediatric Psychosocial Preventative Health Model

Clinical/Treatment

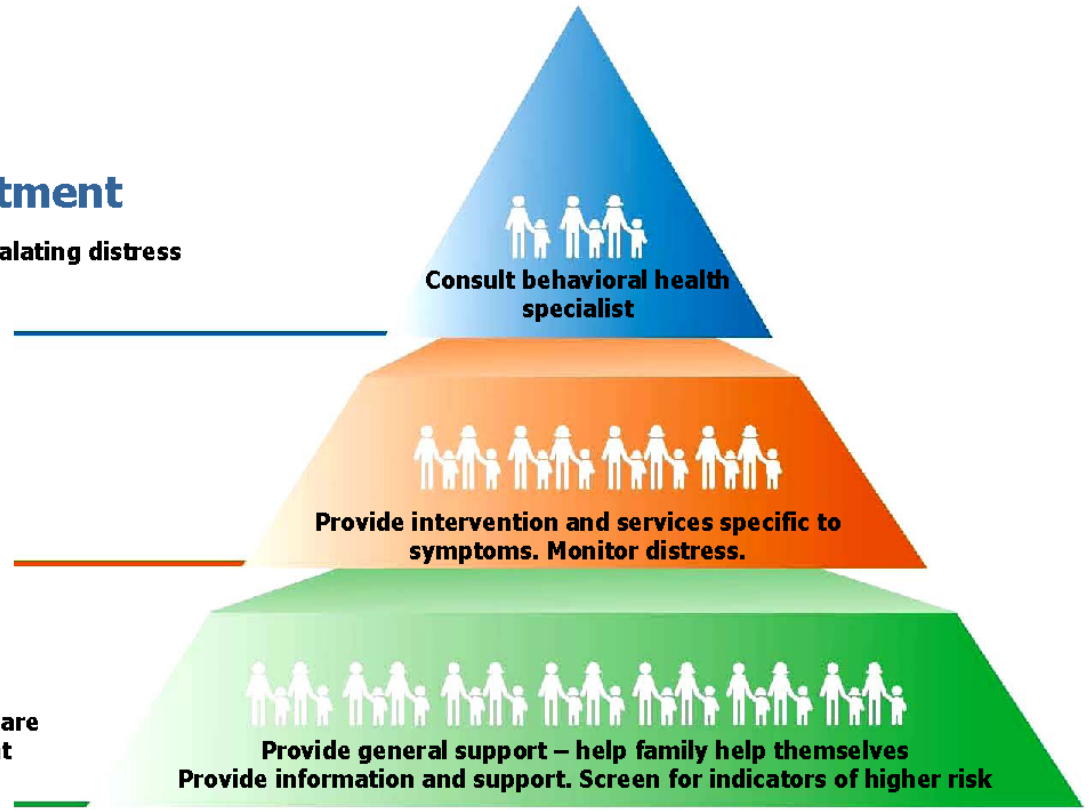
- Persistent and/or escalating distress
- High risk factors

Targeted

- Acute distress
- Risk factors present

Universal

- Children and families are distressed but resilient



ABC's of Trauma Responsive Care

A= Awareness

B= Bodily responses and repairs

C= Connections to parents, caregivers, providers and resources

Healthcare Providers' Guide to Traumatic Stress in Ill or Injured Children

•••AFTER THE ABCs, CONSIDER THE DEFs

D	DISTRESS	• Assess and manage pain. • Ask about fears and worries. • Consider grief and loss.
E	EMOTIONAL SUPPORT	• Who and what does the patient need now? • Barriers to mobilizing existing supports?
F	FAMILY	• Assess parents' or siblings' and others' distress. • Gauge family stressors and resources. • Address other needs (beyond medical).

Center for Pediatric Traumatic Stress http://www.chop.edu/centers-programs/center-pediatric-traumatic-stress

Core Components of Effective Trauma-Informed Practice

Identification of Trauma

- risk screening and triage
- psychoeducation on trauma

Assessment and Service Planning

- systematic trauma assessment
- conceptualization of intervention targets and intervention planning

Intervention

- delivery of empirically supported trauma-informed treatment
- evaluation of intervention response and effectiveness

National Child Traumatic Stress Network

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Brief Trauma Screening in Routine Care

- **Screening for Traumatic Events:**
  - **“**What is the most upsetting or overwhelming event that has ever occurred in your child’s life?”
  - “Since the last time I saw you, has anything really scary happened to you or your family?”

- **Psychoeducation**: “After a very upsetting event children sometimes change in the way they act…”

- **Posttraumatic reaction**:
  - “Can you tell me whether your child has experienced any of these behaviors since that very upsetting event…”
  - “Has it lasted for more than one month?”

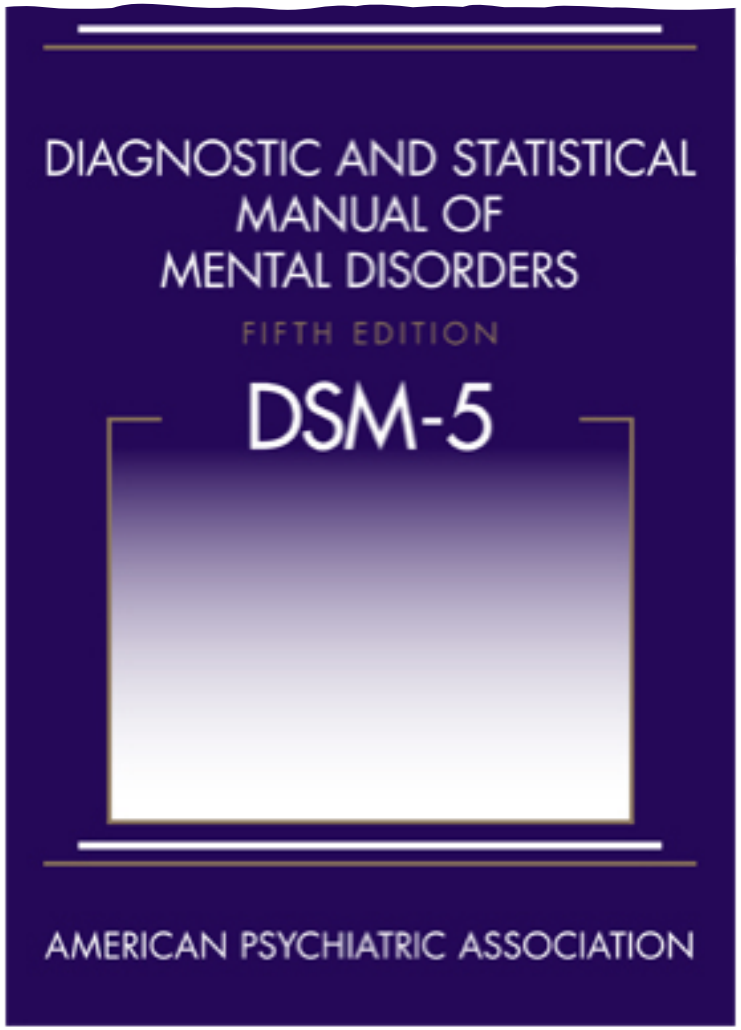
(Graham-Bremann, 2008; Cohen, Kellener, & Mannarino, 2008)

Trauma Instruments for Young Children

- **Instruments for Assessing Exposure**
  - Young Child PTSD Checklist (YCPC)
  - Traumatic Events Screening Instrument- Parent Report Revised (TESI)
  - UCLA PTSD-RI for Children 6 & Younger

- **Instruments for Assessing Symptoms**
  - Young Child PTSD Checklist (YCPC; Scheeringa; updated/maps onto DSM-5 criteria; ages 3-6)
  - Trauma Symptom Checklist for Young Children (TSCYC; Briere; ages 3-12; broad trauma-related symptom dimensions)
  - Child Behavior Checklist (CBCL; Achenbach; broader symptom measure, ages 1.5-5)
  - UCLA PTSD-RI for Children 6 & Younger

DSM 5 Diagnoses
Trauma & Stressor-Related Disorders



- Posttraumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder
- Reactive Attachment Disorder, Disinhibited Social Engagement
- Other Specified Trauma and Stressor Related Disorder

.www.dsm5.org

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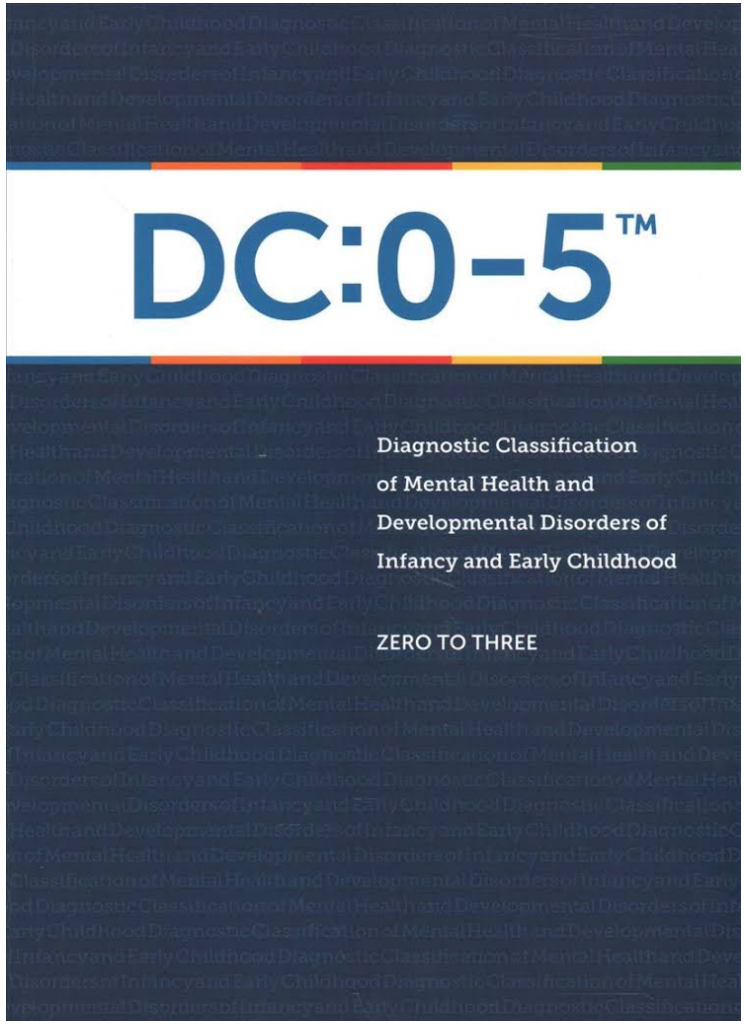
DSM 5 PTSD criteria for young children

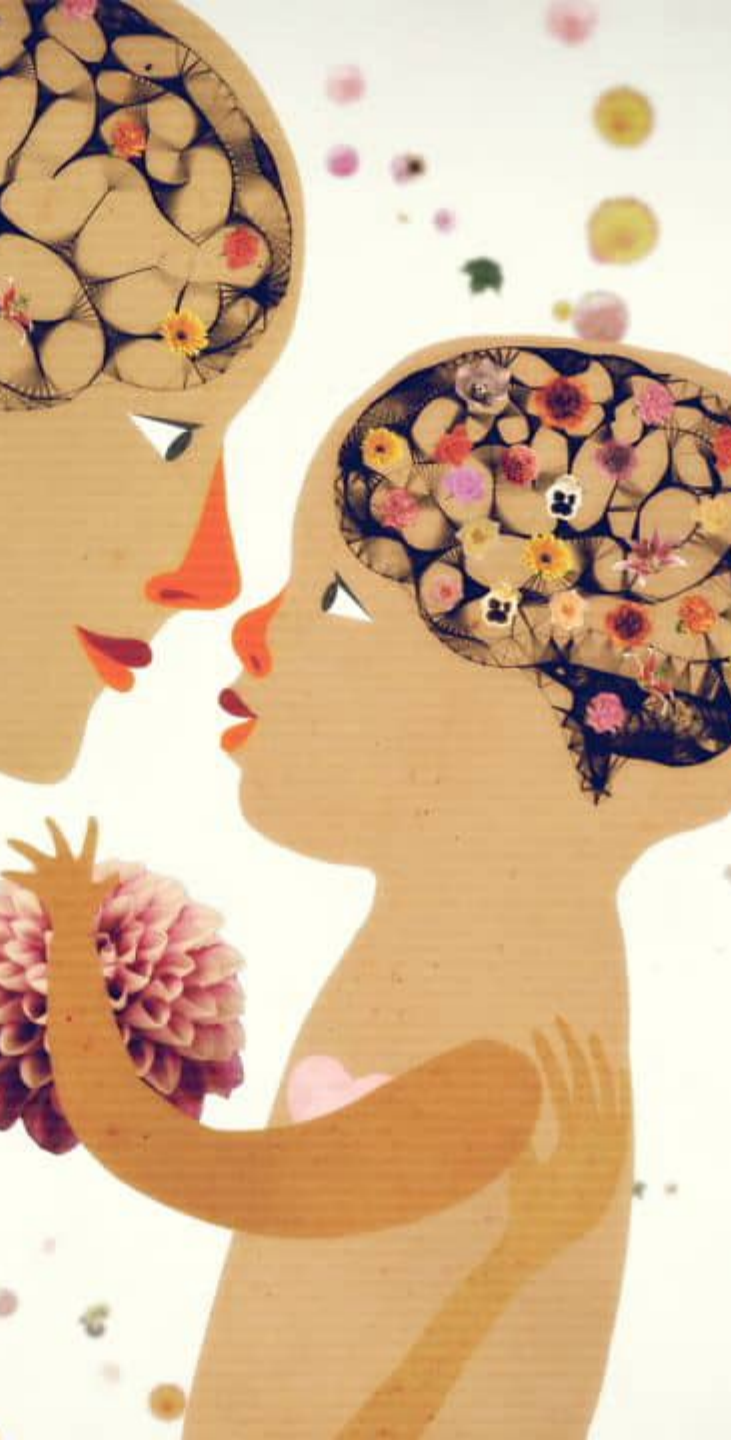
- Criteria A: Exposed to an event meeting criteria (actual/threatened death, physical injury, or sexual violation; direct experience, witnessed, or vicarious)
- Symptoms clusters
  - Cluster B – 1 Intrusion symptoms
  - Cluster C – 1 Persistent avoidance of stimuli or negative alterations of cognitions/mood
  - Cluster D – 2 Alterations in arousal and reactivity associated with traumatic events

- Duration of disturbance is more than 1 month
- Disturbance causes clinically significant distress or impairment in relationships with parents, siblings, peers or other caregivers or with school behavior
- Not due to physiological effects of a substance or another medical condition

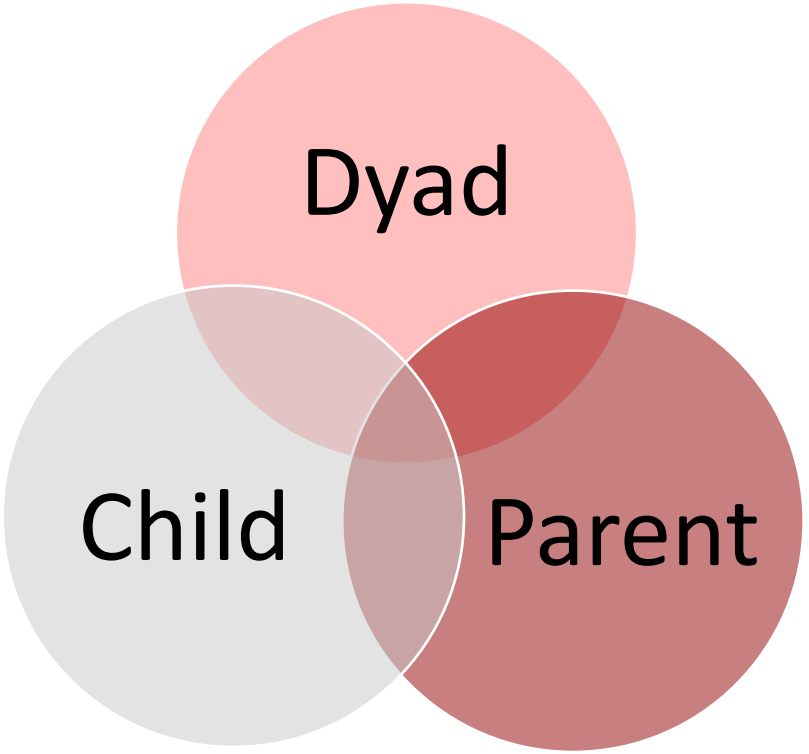
What is DC 0-5? An alternative classification system



- Designed to help professionals recognize mental health & developmental challenges in young children
- Assessment & diagnosis guided by awareness that young children have their own developmental progression; show individual differences in motor, sensory, language, cognitive, affective, & interactive patterns
- Young children are participants in relationships.



Two Generation Approaches



Normative Fears of Early Childhood

Alicia Lieberman

Fear of pain

Fear of loss (separation anxiety)

Fear of losing love and approval

Fear of body damage

Fear of being bad/social disapproval

What should I say? What can I do to help my child?

When I act this way, I want you to know that:	*You can help me when you:*
I might try to get your ***attention*** because I am scared or worried that something might happen to us.	Spend a little more time with me. Remember that I am not trying to bother you or make you mad.
Sometimes I ***worry*** that scary things will happen in my neighborhood again.	You can help me by telling me that you are doing everything you can to keep me safe.
Sometimes I ***cry and cling*** to people I love because I worry that they will not come back if they leave.	You can help me say "good bye" and tell me that you will always come back.
I don't like to do some things that ***remind*** me of the scary things I saw or heard about.	Be patient with me, and if you can, don't make me do things that remind me of what happened if it still makes me too upset or scared.
I am confused about what happened in my neighborhood, so ***I ask a lot of questions.***	Remember that I am curious and trying to learn. Tell me honestly what happened, using words I can understand, but do not provide complicated or gory details. Notice my cues if I'm getting upset. Help me express myself by drawing a picture about what I know and how I feel.
I try to make sense of what happened when I ***play over and over*** or ***talk a lot*** about things I saw or heard, such as fires, police, weapons, or people hitting each other.	Understand that I need help making sense of what happened. Do not let me see it on TV or other media if the story is in the news. Reassure me that you are doing everything you can to keep me safe.
I might have ***physical reactions*** like stomach aches and headaches.	Help me do things that make me feel calm, and spend time doing fun things with me. Help me relax at bedtime by reading stories, listening to music and reminding me that you will keep me safe.
I might show you that I am feeling scared by ***crying, hitting, or biting.***	Understand that I may be acting out because I am scared or confused about what happened. Please stay calm and be patient with me while setting limits.

When should I seek additional support? Below is a more complete list of common reactions in young children. After

Strategies for Pediatric Medical Traumatic Stress: DEF Protocol

1. Talk with parents and child about fears and concerns
2. Provide basic support and information
3. Screen to identify those who may need more help and provide anticipatory guidance about stress reactions and ways of coping.
4. Assess for more severe distress or risk factors
5. Make appropriate referrals for additional services if warranted.
6. Maximize continuity of care
7. Remain aware of one's own stress

Center for Pediatric Traumatic Stress http://www.chop.edu/centers-programs/center-pediatric-traumatic-stress

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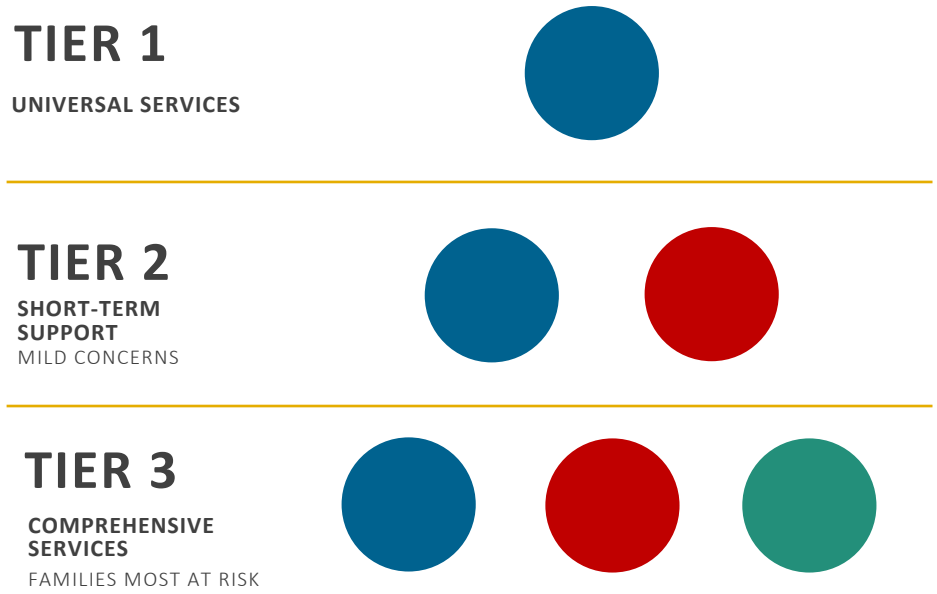
Core Components

- Child Developmental, Social-Emotional & Behavioral Screenings
- Care Coordination & Systems Navigation
- Screenings for Family Needs
  e.g., PPD, other risk factors, SDOH
- Positive Parenting Guidance & Information
- Child Development Support Line
  e.g., phone, text, email, online portal
- Early Learning Resources
- Child Development & Behavior Consults
- Ongoing, Preventive Team-Based Well-Child Visits

https://www.healthysteps.org/

Tiers of Service Delivery



SERVICES INCLUDE

- Child developmental, social-emotional & behavioral screening
- Screening for family needs
  - MATERNAL DEPRESSION
  - OTHER RISK FACTORS SUCH AS ACEs
  - SOCIAL DETERMINANTS OF HEALTH
- Child development support line
  - PHONE, TEXT, EMAIL, ONLINE PORTAL

- Child development consults
- Child behavior consults
- Care coordination & systems navigation
- Positive parenting guidance & information
- Early learning resources

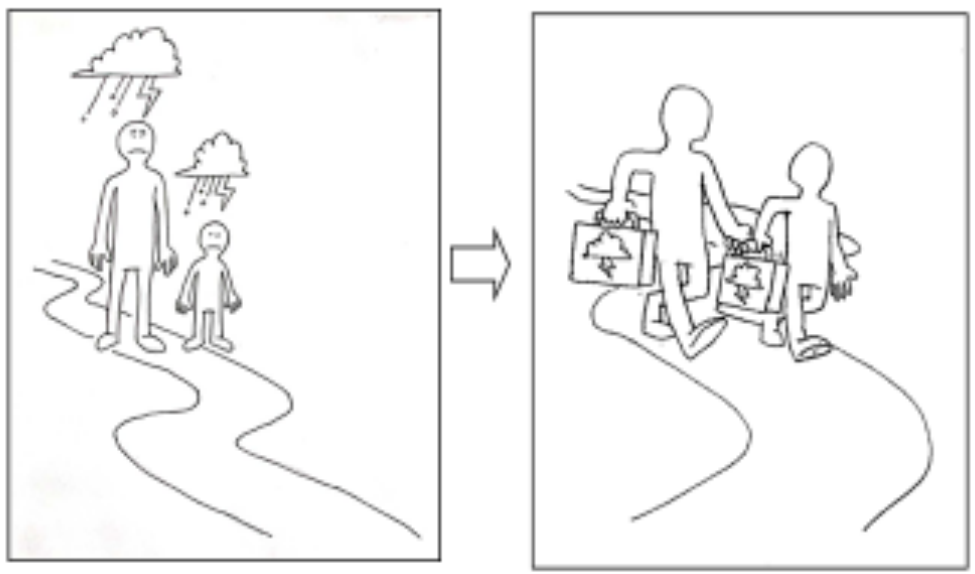
- Ongoing, preventive team-based well-child visits (WCV)

https://www.healthysteps.org/

ChildParent Psychotherapy

Support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning

Pre-Treatment **Post-Treatment**



- **Restore Protective Shield**
- **Healing through attachment**
- **To support child, must support caregiver**

- Outcomes include:
  - Child symptomatology
  - Child IQ
  - Child cortisol
  - Child working models
  - Caregiver-child interactions
  - Caregiver symptoms

Alicia Lieberman, Patricia Van Horn and Chandra Ghosh-Ippen

https://childparentpsychotherapy.com/

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Resilience and Coping with Trauma

What Kids Need

- To feel loved and protected
- To understand
- To know their feelings
- To feel capable

In Closing

- “The truth of childhood is stored in our body….someday our boy will present the bill.”

  -Alice Miller

- “Speak in one voice”

  -Alicia Lieberman

Online Resources

- National Childhood Traumatic Stress Network http://www.nctsn.org and http://nctsnet.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf
- Zero to Three http://www.zerotothree.org
- Center on the Developing Center-Harvard University http://developingchild.harvard.edu/
- Trauma informed Toolkit: http://gucchdtacenter.georgetown.edu/TraumaInformedCare/

D-E-F Nursing Assessment Form

- Brief checklist completed by physician, nurse, or social worker.
- Needs assessment and care planning with hospitalized children.
- CHOP Healthcare Toolkit
- http://www.healthcaretoolbox.org/index.php/tools-and-resources/tools-you-can-use-assessment?toggle=1#link1
- https://www.research.chop.edu/healthcaretoolboxorg-order-form

Follow Us…

- Center of Excellence on Facebook and Twitter Facebook page is www.facebook.com/iECMHMaryland and @InfantMd Twitter

New ECMH webpage on the National for School Mental Health

http://www.schoolmentalhealth.org/COVID-19-Resources/

HealthySteps Evidence Summary Citations

Citations

1. Guyer, B., Barth, M., Bishai, D., Caughy, M., Clark, B., Burkom, D.,... Tang, C. (2003). *Healthy Steps: The first three years: The Healthy Steps for Young Children Program National Evaluation*. Johns Hopkins Bloomberg School of Public Health, February 28, 2003. Retrieved from www.jhsph.edu/research/centers-and-institutes/womens-and-childrens-health-policy-center/projects/Healthy_Steps/frnatleval.html
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Thank you!

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