

Maryland Behavioral Health Integration in Pediatric Primary Care
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Strategies to Support Families through Mandated Reporting in Pediatric Primary Care

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Maryland BHIPP Resilience Break Presentation

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Disclosures

I have no actual or potential conflict of interest and/or commercial support relevant to this program/presentation.

Objectives



Identify situations that require mandated reporting



Describe trauma-informed, culturally responsive strategies to minimize harm during the mandated reporting process including but not limited to transparency, engagement and self-care



Describe one example of how these strategies can be applied

Objectives



Identify situations that require mandated reporting

Mandated Reporting

All Maryland citizens should report suspected abuse or neglect to the local department of social services or to a local law enforcement agency. Ensuring the safety of Maryland's children is an obligation shared by all citizens and organizations. If you are a health care practitioner, educator, human service worker or a law enforcement officer, you are required by law to report both orally and in writing any suspected child abuse or neglect. You should report your suspicion to the local department in the jurisdiction where you believe the abuse or neglect took or is taking place. Oral reports should be made immediately. A mandated reporter must also complete a written report within 48 hours of contact which discloses the suspected abuse or neglect.

- Child Protective Services: Reporting Suspected Child Abuse or Neglect



What to Report

Physical abuse

Mental injury

Neglect

Abuse means the physical or mental injury of a child that indicates that the child's health or welfare is harmed or at substantial risk of being harmed by: a parent; a household member or family member; a person who has permanent or temporary care or custody of the child; a person who has responsibility for supervision of the child; or a person who, because of the person's position or occupation, exercises authority over the child; or (ii) sexual abuse of a child, whether physical injuries are sustained or not. Abuse does not include physical injuries to a child by accidental means.



What to Report

Sexual Abuse

Sexual molestation or exploitation

Abuse means the physical or mental injury of a child that indicates that the child's health or welfare is harmed or at substantial risk of being harmed by: a parent; a household member or family member; a person who has permanent or temporary care or custody of the child; a person who has responsibility for supervision of the child; or a person who, because of the person's position or occupation, exercises authority over the child; or (ii) sexual abuse of a child, whether physical injuries are sustained or not. Abuse does not include physical injuries to a child by accidental means.



How to Report

- It is **not** our job to investigate allegations
- Requested information on form:
 - The name and home address of the child and the parent or other individual responsible for the care of the child;
 - The present location of the child;
 - The age of the child (or approximate age);
 - Names and ages of other children in the home;
 - The nature and extent of injuries or sexual abuse or neglect of the child
 - Any information relayed by the individual making the report of previous possible physical or sexual abuse or neglect.
 - Information available to the individual reporting that might aid in establishing the cause of the injury or neglect;
 - The identity of the individual or individuals responsible for abuse or neglect

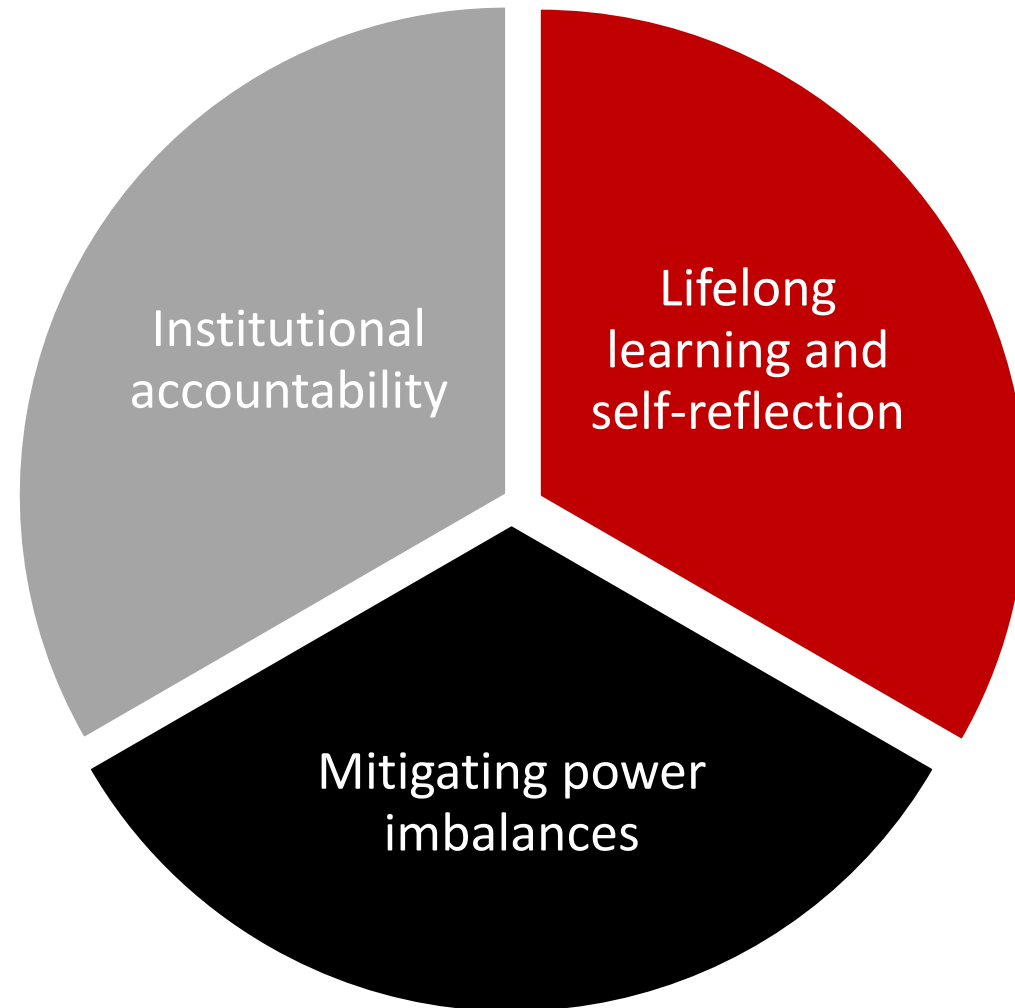


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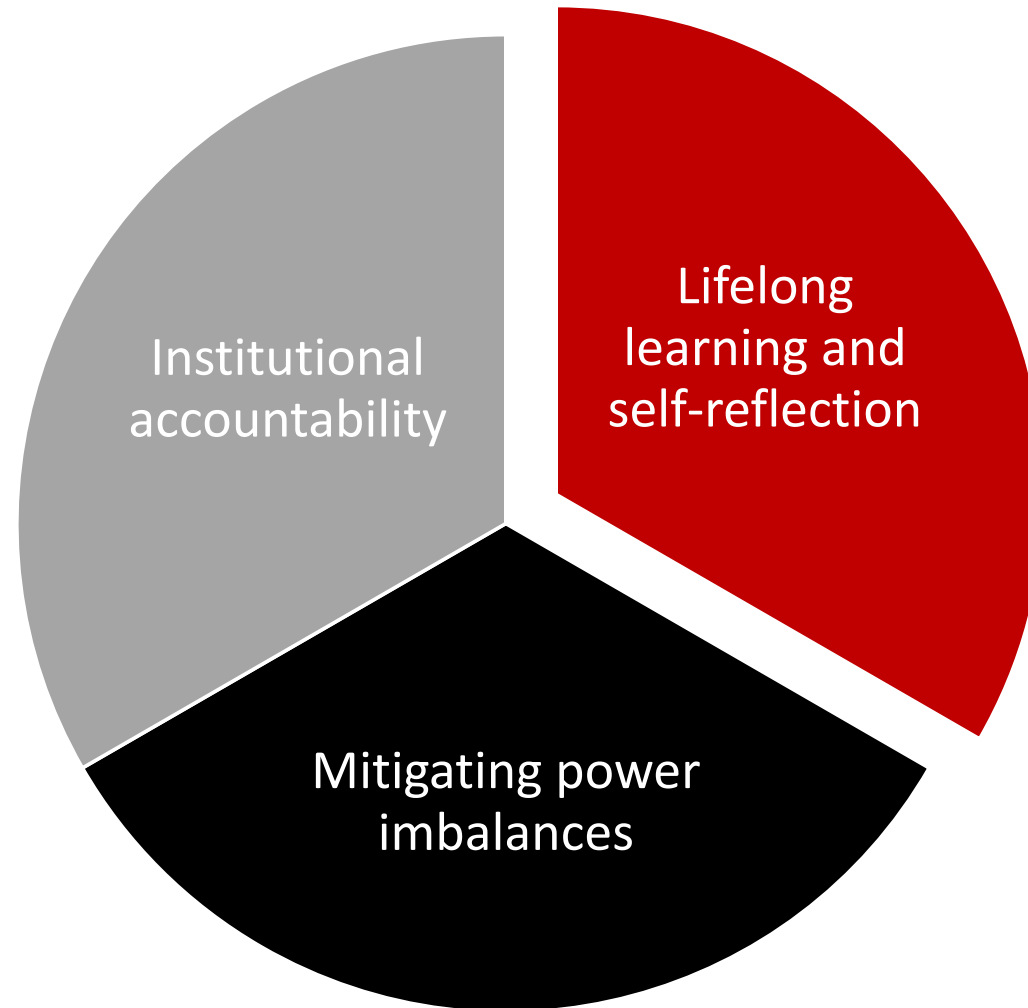


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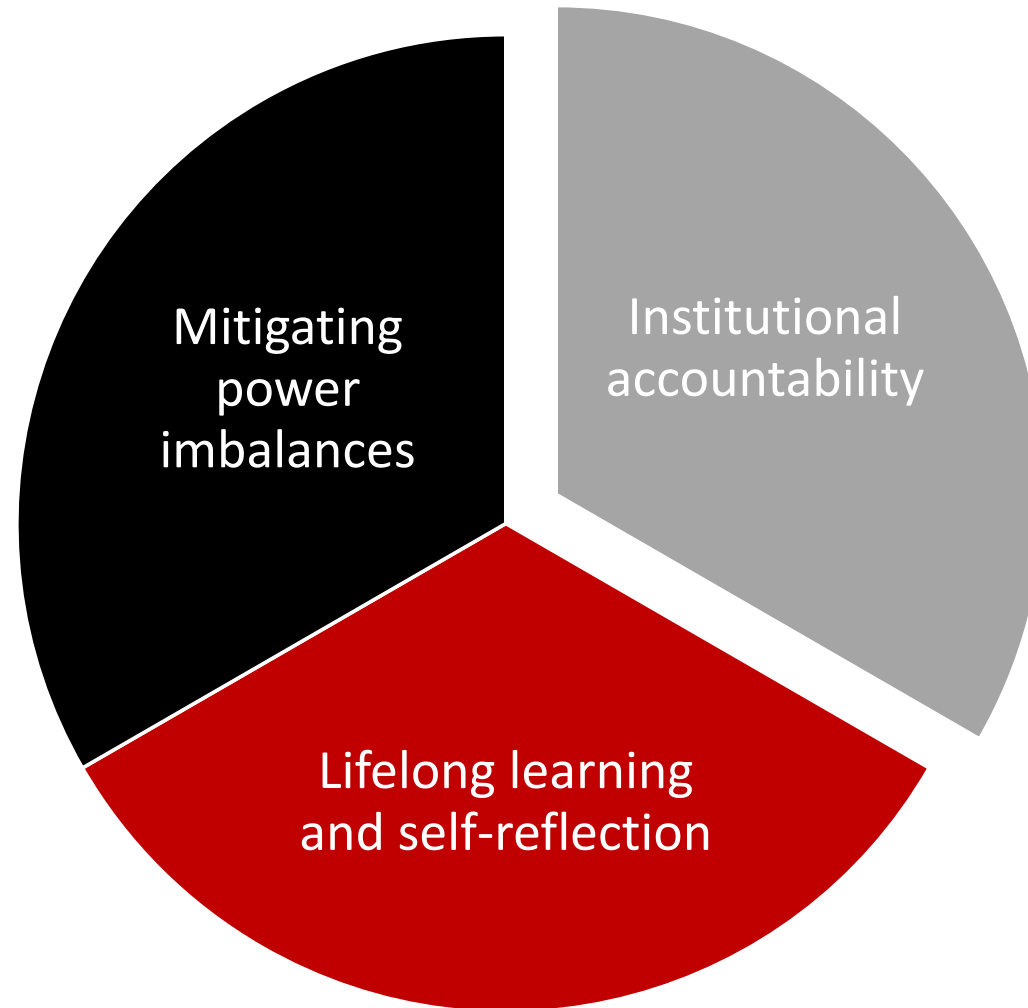
Cultural Humility



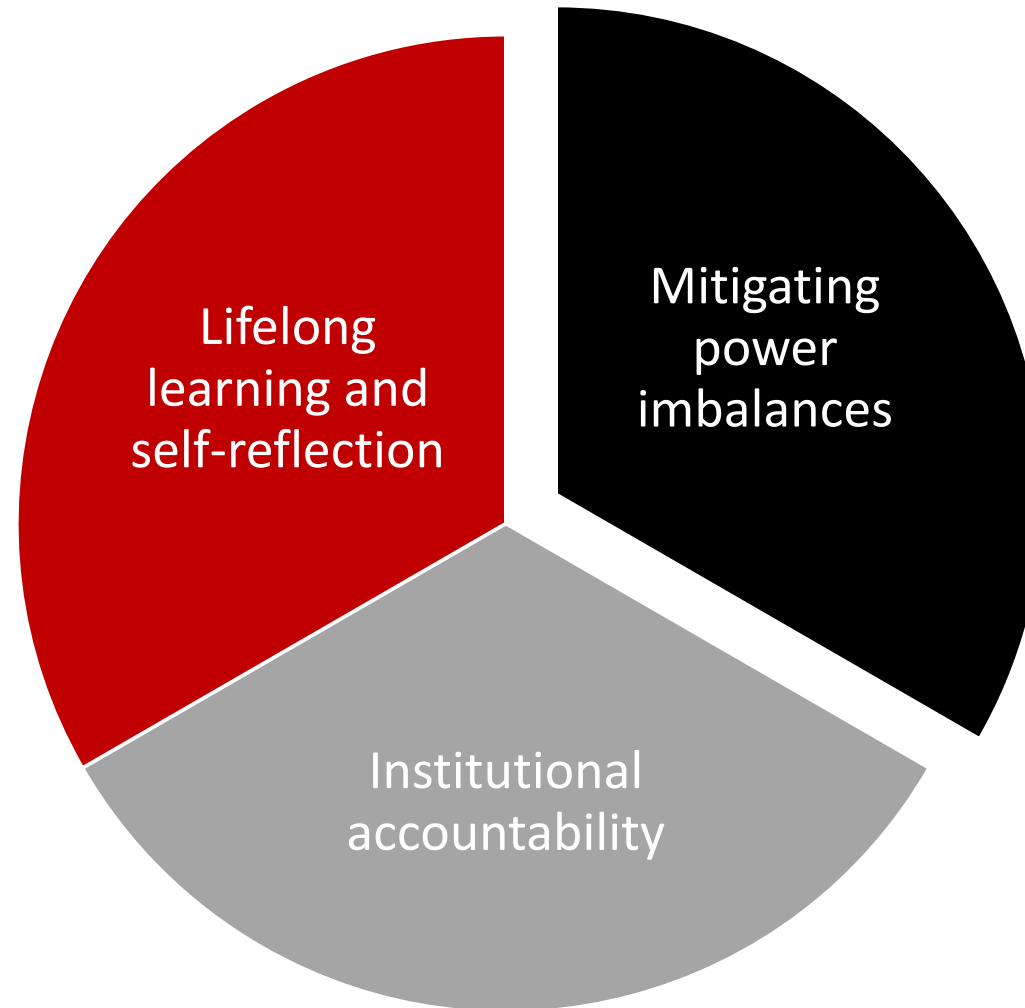
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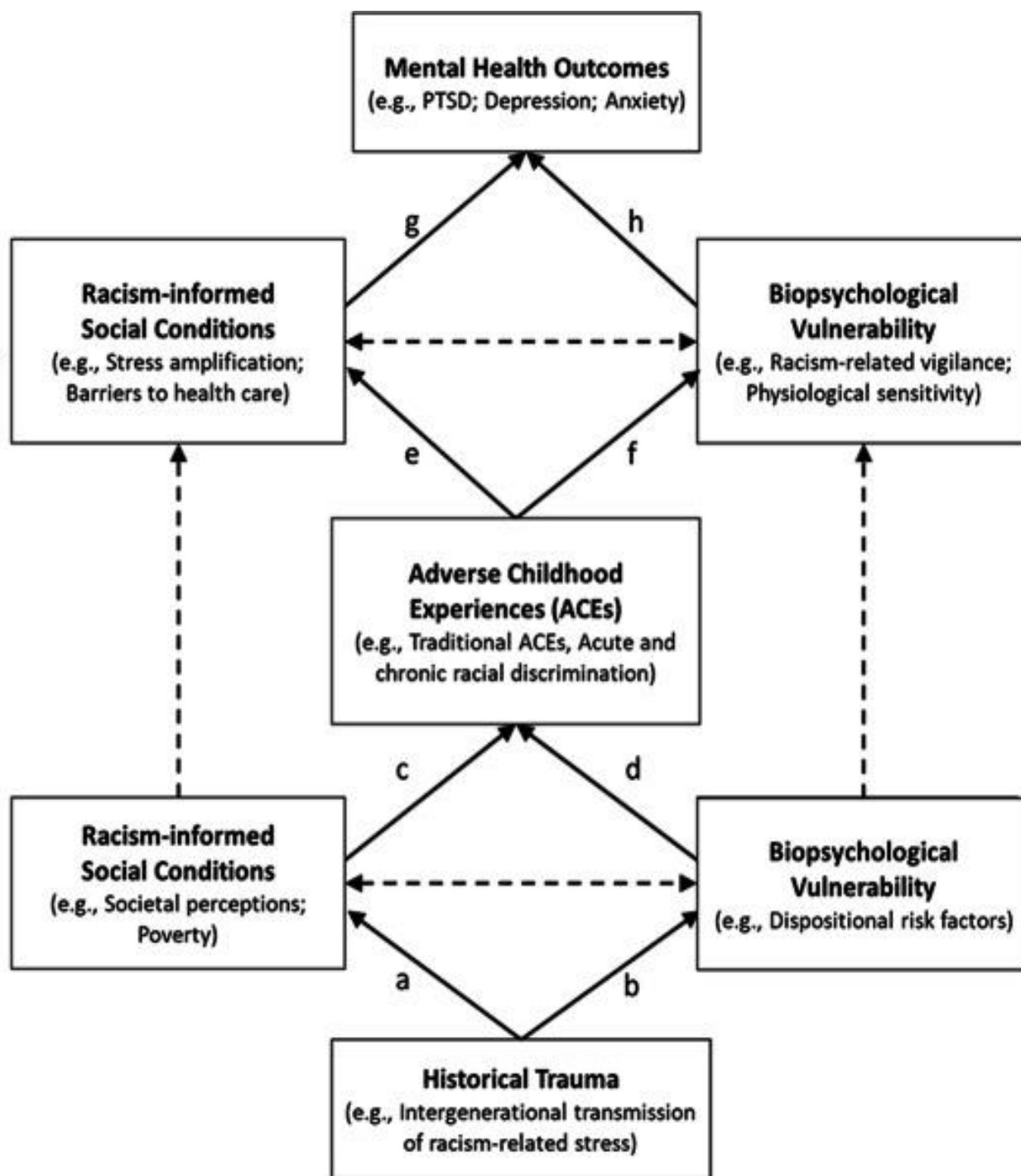
Factors that Increase Risk



PACEs Connection thanks Building Community Resilience Collaborative and Networks and the International Transformational Resilience Coalition for inspiration and guidance. Please visit PACESConnection.com to learn more about the science of ACEs and join the movement to prevent ACEs, heal trauma and build resilience.

Post-ACE Mental Health Risk Factors

ACE Exposure Risk Factors



Culturally informed adverse childhood experiences framework

Bernard, D. L., Calhoun, C. D., Banks, D. E., Halliday, C. A., Hughes-Halbert, C., & Danielson, C. K. (2021).

SAMHSA's 4 Rs of Trauma Informed Care

Realize

Realizes the widespread impact of trauma and understands potential plans for recovery

Recognize

Recognizes signs and symptoms of trauma in clients, families, staff and others involved in the system

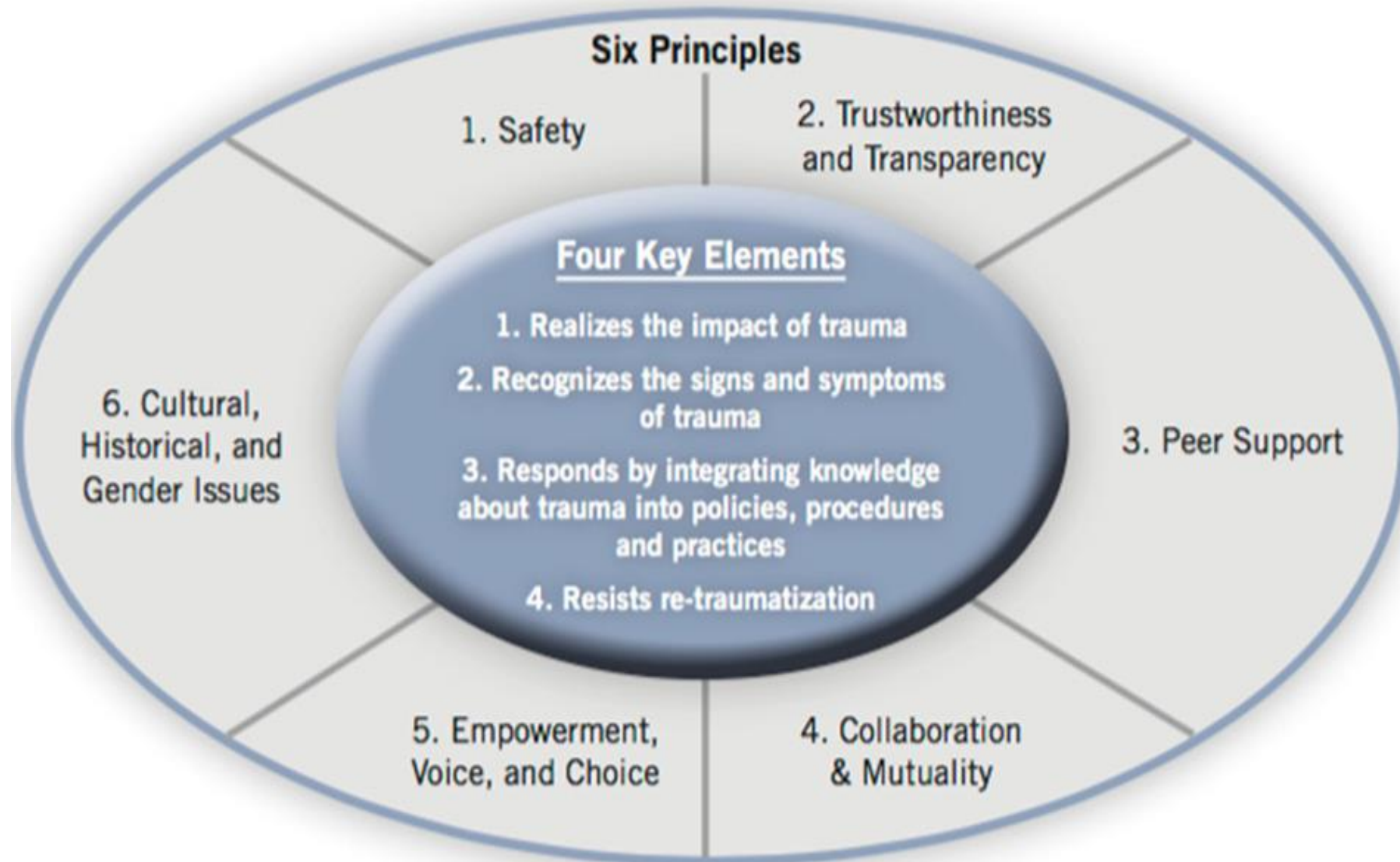
Respond

Responds by integrating knowledge about trauma into policies, procedures and practices

Resist

Seeks to actively resist re-traumatization

CDC's Guiding Principles of Trauma-Informed Care



Trauma Informed Strategies

Create a physically safe and welcoming environment

Create clear behavioral expectations

Logical consequences

Communication skills

Contextualize behaviors through a trauma lens

Be cognizant of trauma reminders

Provide options and choices

Increase support

Predict challenging times

Warnings for different changes/transitions

Empathy and Validation

Communication

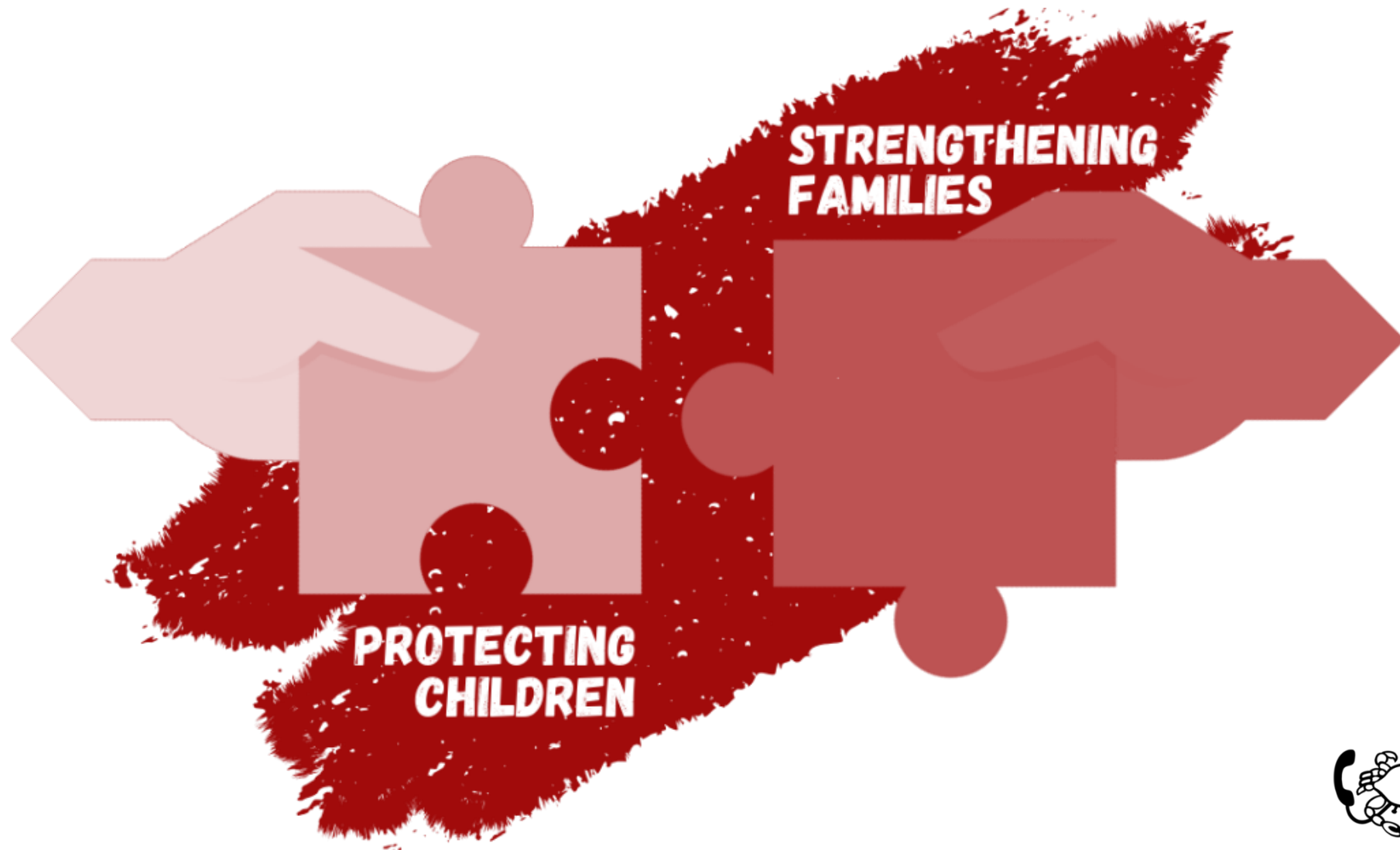
- Listen
- Summarize
- Empathize
- Validate
- Offer solutions
- Engage peers and colleagues



Empathy and Validation



Partnering with families



Objectives



Describe one example of how these strategies can be applied

Clinical Example

You have developed a good relationship with a patient in your pediatric primary care setting. You notice a bruise on their arm and you ask them about it. Their parent has stepped out and they say that their parent's partner grabbed their arm very hard and left the bruise.

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2. How would you use the strategies discussed to partner with the child?
3. How would you engage the parent in the process and partner with them?
4. What do you anticipate the outcome would be?

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References

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Thank you!

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