Virtual Forum Logistics

Zoom Webinar:

- All participants will be in listen-only mode for the duration of this forum
- **Questions can be asked using the Q&A function**
- Please use the chat function for technical help questions or to converse with colleagues
- Due to time limitations, not all questions may be answered but we will try to answer as many as is feasible
- Slides will be posted, along with webinar recording, to www.aacap.org/virtual_forum on Monday, August 2

Address From AACAP's President

Gabrielle A. Carlson, MD

Trauma-Informed Care in Schools:
Adapting to COVID-19 and Re-Entry
Erika Ryst, MD
Schools Committee Co-Chair

Learning Objectives

1) Understand the impact of the COVID-19 pandemic on schools

2) Appreciate the challenges that schools face with re-opening after school closures

3) List specific activities that child psychiatrists can engage in to help schools successfully re-open

Impact of COVID-19 on Schools

- Learning gaps—need to help kids with academic recovery
- Staff burn-out
- Increased economic burden due to COVID-19
- Student anxiety about COVID-19

Challenges Facing Schools Upon Re-Entry

- Missing children—many kids, particularly from high-risk groups, have "disappeared" during the pandemic

- Traumatized staff and students

- Children with anxiety disorders will have difficulty returning

How Child Psychiatrists Can Help

- Contact local school district and offer to consult
- Many ways to consult—direct or indirect, telehealth or on-site, paid or volunteer

How Child Psychiatrists Can Help

Specific consultation activities:

- With school-based mental health professionals, promote mental health awareness amongst students, school staff and parents
- Provide education (such as virtual Zoom training sessions) on desired mental health topics for school staff or parent groups
- Provide training to school staff on evidence-based practices (such as trauma-informed care)
- Provide informal case consultation on challenging cases
- Provide direct clinical services to students
- Support well-being of school personnel
- Participate on school or district committees related to school mental health
- Assist school district in planning and implementation of grant-funded mental health programs (e.g., Project AWARE)

Model Program: Project AWARE

Funded by SAMSHA to state Departments of Education

Project AWARE goals:

1) **Increase awareness of mental health issues among school-aged youth;**
2) **Provide training for school personnel and other adults who interact with school-aged youth to detect and respond to mental health issues; and**
3) **Connect school-aged youth, who may have behavioral health issues (including serious emotional disturbance [SED] or serious mental illness [SMI]), and their families to needed services**

Project AWARE States

Project AWARE 2020 State Awardees

States with Project AWARE in 2020
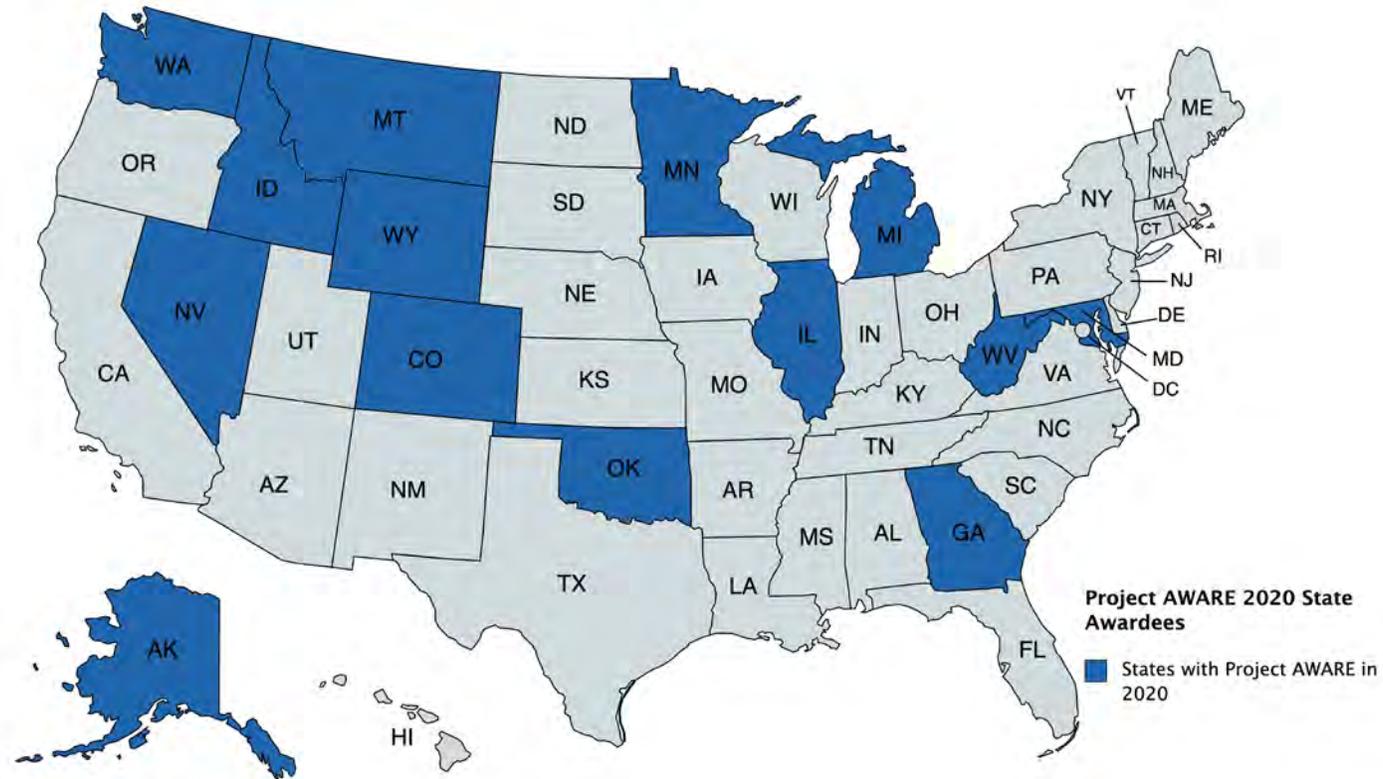
www.samhsa.gov/grants/grant-announcements/sm-20-016

Conclusions

- As most school districts plan to fully re-open in the fall, challenges will emerge—many of them specifically related to mental health (of both staff and students).

- Child psychiatrists are uniquely positioned to contribute to recovery within schools.

- Many of the consultation opportunities for child psychiatrists will expand beyond traditional direct service roles.

- The Schools Committee is available to provide resources to those CAP's who would like to consult with schools.

Resources

- Resources for mental health awareness:
  - National School Mental Health Curriculum (https://mhttcnetwork.org/centers/global-mhttc/national-smh-curriculum)
  - Youth Mental Health First Aid (https://www.mentalhealthfirstaid.org/population-focused-modules/youth/)
- Training resources:
  - www.traumaawareschools.org
  - https://cbitsprogram.org (cognitive-behavioral intervention for trauma in schools)
- School staff wellness—lead peer supervision group of school-based mental health professionals; provide formal class on teacher well-being (can use WISE Teacher Well-Being Workbook by Jeff Bostic, MD)

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Identifying Trauma and Maltreatment and Interfacing With Child Protective Services During COVID-19

Jeanette Scheid, MD
Child Maltreatment and Violence Committee

Learning Objectives

1) Describe factors related to maltreatment risks during COVID-19 restriction and re-entry.

2) Identify challenges and tools for addressing maltreatment exposure during virtual and office-based clinical encounters.

3) Learn tips to continue teamwork with team members.

Child Maltreatment During COVID-19 – Challenges/Risks

- Increased risk for maltreatment in households
  - Family stress – financial/household/loss
  - Less access to social supports
  - Less access to partners in identifying maltreatment (primary care)
  - Compounding health disparities
  - Ongoing stress during re-entry – uncertainty, anxiety (youth and family)
- Increased risk for sex/labor trafficking
  - Financial stressors/fewer safety nets – increases risk of exploitation
  - Increased exposure to social media-based risks

Child Maltreatment During COVID-19 – Maltreatment Signs

- Remember – abuse associated with multiple changes

- Remember – other stresses/losses may affect the child

- When talking with children in ongoing care pay attention to:
    - Statements about discipline, conflict, losses
    - Changes in emotions, behavior, functioning, sleep

- When talking with children new to care pay attention to:
    - Discipline/correction
    - Household resources
    - Supervision re: social media
    - Relationship changes/losses

Child Maltreatment During COVID-19 – Tips for Assessment

- When using telehealth
  - Structure appointments to allow child privacy
  - Offer "code word" for child being monitored, not private
  - Use available technology (earbuds, chat functions)
  - https://tfcbt.org/telehealth-resources
- When in the office
  - Ask about relationships during isolation
  - Ask about supports: summer socializing, school plans, health care

Child Maltreatment During COVID-19 - Teamwork

Mandated Reporter

- Contact Child Protective Services if you suspect maltreatment
- Provide specific information about observations/reports
- Follow-up if no response
- Be alert to changes in child and family interaction after reporting

Relationship building

- With Mental Health Teams
  - Therapists
  - Case Managers
  - Nursing
- With Other Providers
  - School Personnel
  - Child Welfare
- With Primary Care Providers

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Developmental Considerations for the Impact of the COVID-19 Pandemic on Youth in Foster Care

Wynne Morgan, MD
Adoption and Foster Care Committee

Learning Objectives

1) Gain knowledge of the unique impact the COVID-19 pandemic as had on foster youth.

2) Learn how these stressors may impact foster youth at different developmental stages.

3) Build advocacy skills when working with system's involved youth and families.

Child Welfare

Goals of child welfare - ensure **safety, permanency, & wellbeing**

Not uncommon for children and families to have child welfare involvement

- **3.5 million** youth annually will have some involvement with child welfare system, with just **under a half a million** of those youth in foster care

Specialized medical and mental health needs

- Increased rate of obesity, asthma, infections
- Increased rates of PTSD, depression, anxiety, ADHD
- Concerns for inappropriate psychotropic medication use
- Poor outcomes as these youth transition out of care

Ethic and racial disparities – disproportionate number of Black, Hispanic, and Indigenous youth in child welfare population

Impact of the Pandemic on Child Welfare

Impact on **Safety** – School and Childcare Closures

- Decreased reporting
- Concerns for surge of youth coming into care once closures are lifted
- Lack of in person contacts
  - Social workers & family of origin

Impact on **Wellbeing**

- Increased isolation from natural supports
  - Extracurricular activities & friends
- Challenges with remote schooling
- Racial reckoning and call for equity

Impact on **Permanency** - Court Closures

- Increased time in foster care once in
- Challenges accessing & engaging in family stabilization services

Case Examples

Johnny: 3-year-old Hispanic male with diagnosis of autism spectrum disorder who is in foster care and presents with his foster mother following concerns for severe aggression when made to sit in front of Zoom for speech therapy.

Rebecca: 9-year-old White female who recently came into foster care referred for concerns over inattention and fidgeting while doing school via zoom. Social worker is wondering if the youth has ADHD.

Jamie: 19-year-old Black foster alumnus who aged out during the pandemic and has struggled with housing insecurity, food insecurity, and substance use presents at request of their social worker for anxiety.

Practical Tips for Child Psychiatrists

- **Understand** local child welfare policies and practices and what services have changed during the pandemic.

- **Consider** impact of COVID-19 stressors coupled with baseline risk factors when evaluating youth in foster care.

- **Collaborate** with child welfare and school systems to ensure youth is provided trauma-informed, developmentally appropriate psychosocial & educational services.

- **Advocate** for regular visits with family including siblings and prioritize in-person visits for this population when safe to do so.

- **Support** youth voice in treatment planning decisions.

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Managing High-Risk Youth and Crisis Situations
Vera Feuer, MD
Emergency Child Psychiatry Committee

Learning Objectives

1) Discuss various ways COVID-19 impacted crisis presentations and clinical practice

2) Appreciate unique safety considerations for home-based telepsychiatry services

COVID-19 Pandemic

Access and affordability

Healthcare staffing and supplies

Fidelity and evidence related to virtual care

Regional differences in experience

Ethics of resource allocation

Worsening disparities and social equity concerns

Rising need

Uncertainty and isolation

Wagner 2020; Szlyk et al 2020; Golberstein 2020; Hartnett 2020; Leventhal 2020; Ambrose 2020

Impact of COVID-19 on Clinical Presentations

Increased presentations by DD/ASD children

Patients "abandoned" in EDs

Fear of coming to hospital, delaying care

Increase in suicidal overdoses/ingestions

Increase in anxiety, depression, PTSD

Increase in eating disorders

Child abuse, domestic violence

Runaways, substance use

Disrupted care and education, food insecurity, housing displacement

Impact on Pediatric Suicide

Second leading cause of death in youth ages 10-24

- 32% increase since 2016 and nearly 10% increase since 2019

Increased utilization of emergency rooms and hospitals to address pediatric suicide

Limited "in-person" interventions to prevent or mitigate suicide risk

Increased risk related to social isolation, remote schooling, socioeconomic stressors, family conflict, family physical illness,

Decreased risk in some youth related to less school attendance, reduced problematic peer interactions, closer parental monitoring

Szlyk *et al* 2020; Ougrin 2020

Social Distancing and Psychiatric Care

Advantages:

- Potential for increased engagement with care
- Adolescents and families prefer in many cases
- Reduces scheduling and geographical barriers
- Increased access to subspecialty services

Disadvantages:

- Privacy
- Data security
- Safety concerns
- Some care not possible or as effective virtually

Szlyk *et al* 2020

Home-Based Telepsychiatry

Environmental safety considerations

- Location of patient
- Emergency procedures and contingency plans
- Contact information/Alternative contacts
- Participants
- Privacy (contingency plans)
- Lethal means

Clinical safety considerations

- Screening tools/scales
- Risk assessment
- Disposition
- Digital/digitally shared tools to support safety

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Thank you!
Questions?
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