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Reaching Children Initiative Training

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Reaching Children Initiative Training



Feelings Need Check Ups Too!

Danielle Laraque, MD
Course Director
Professor of Pediatrics
Mount Sinai School of Medicine
danielle.laraque@mssm.edu

Reaching Children Initiative Training

Overview

- Introductions and Welcome
- Aims of the training day
- Presentation of participant training survey data
- Assumptions
- Tool Kit Materials
- Presentation of data from families affected by 9/11
- Case-based studies - and audience cases
- Focus on CBT
- Strategies (implementation, networking, resources)
- Key References
- Evaluation and Follow-up

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Faculty

- **Course Director: Danielle Laraque, MD, FAAP**
- Minna Barrett, PhD
- Joseph A. Boscarino, PhD, MPH
- Chris Burke
- Janet Cascio
- Claude Chemtob, PhD
- Thomas Demaria, PhD
- Annette Hernandez, PhD
- Peter S. Jensen, MD
- Gerald McCleery, PhD
- Jeffrey H. Newcorn, MD
- Lori Rockmore, PsyD
- MaryEllen Salamone, JD
- David J. Schonfeld, MD, FAAP
- Deborah P. Steinbaum, MD, FAAP
- Rachel A. Zuckerbrot, MD, FAAP

Project Coordinator: Maan Dela-Cruz, MPH
Research Assistant: Deborah York

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Participants and Guests


- Pediatricians
- Mental health specialty colleagues
- Practice and Nurse Managers

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Educational Objectives of RCI Mental Health Training


- Describe symptoms of bereavement, depression, anxiety and PTSD
- Formulate ways to integrate routine psychosocial surveillance and management into clinical practice
- Diagnose depression and anxiety
- Elicit trauma history
- Identify evidence-based interventions
- Develop approaches for referrals, care coordination, and responding to concerns of parents

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- Prevalence of diagnosable mental health problem in children: 20.9%*
 - Anxiety disorders 13.0%
 - Mood disorders 6.2%
 - Disruptive disorders 10.3%
 - Substance use disorders 2%

Laraque, D. 2005
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Children should have a regular mental health check-up

Laraque, D. 2005
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Community Specific Data

	New York State	New Jersey	Connecticut
D.M.H.*	> 1million	400,000	>150,000
S.E.D.**	500,000	>75,000	>70,000

*Diagnosable mental health problem
**Serious emotional disturbance
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Children's Mental Health, why Primary Care Involvement?

- Many children and adolescents with emotional/behavioral problems could be identified in primary care settings
- Less than 50% of children and adolescents receive developmental and psychosocial surveillance
- Among children and adolescents with serious mental health issues only 1 in 3 is referred to a mental health professional
- Of those children and adolescents who are referred, less than 1/2 reach a mental health professional and are treated
- Primary Care is the ideal context because it is accessible and less stigmatizing for most families than specialty care

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Identification, Assessment and Treatment in Primary Care

- There are existing tools for identifying children with psychosocial problems in the primary care setting
- While not many controlled, randomized studies have been carried out looking at effectiveness of primary care interventions, there is a need to act
- Evidence-based treatments do exist

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Pediatrics

Pediatrics 2004;113:1357-1366

Reactions and Needs of Tristate-Area Pediatricians After the Events of September 11th: Implications for Children's Mental Health Services

Danielle Laraque, MD¹; Joseph A. Escaroto, PhD, MPH²; Anthony Battista, MD³; Alan Feinerman, MD⁴; Mateo Casillas, MD, MPH⁵; Yoo-Young Ho, BS⁶; Sandra Ramos, PhD⁷; Richard E. Adams, PhD⁸; Jessica Schmidt, BA⁹; and Claudio Chemtob, PhD¹⁰

ABSTRACT. Objective. The terrorist attacks of September 11, 2001, caused mass destruction in Lower Manhattan, the Pentagon, and rural Pennsylvania and resulted in the death of >3000 people. Children were prominent among those affected. Given the wide impact of the attacks, we hypothesized that primary care professionals would see the broad population of affected children but would find ill-prepared to respond to children's mental health needs.

Methods. One year after the September 11th disaster, a hypotest to a web-based 42-item survey was sent to all New York, Connecticut, and New Jersey American Academy of Pediatrics members with e-mail addresses (N = 4838), and a paper version of the survey was sent via postal mail to a random sample of those without e-mail (N = 1320). The survey requested demographic data,

Conclusions. Pediatric practitioners in the tristate area reported that children/families sought care for a array of mental health-related concerns. Generation in the area affected and those who identified gaps in knowledge or skills in responding to the psychological effects of community disasters should be targeted in additional education. *Pediatrics* 2004;113:1357-1366. doi:10.1196/1357-1366.chi1357

ABBREVIATIONS. AAP, American Academy of Pediatrics; ACE, acute stress disorder; PTSD, posttraumatic stress disorder; WTC, World Trade Center; WTCII, World Trade Center Disaster; CR, children's CI, confidence interval.

Laraque, D. 2005

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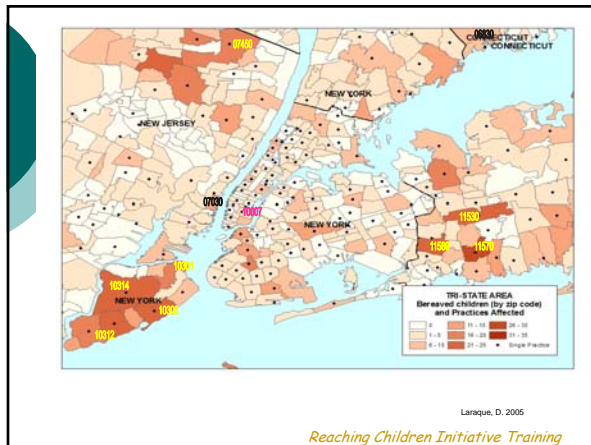
Provision of Mental Health in Primary Care

Category	Percentage
Back-up	50%
Better R.	48%
More training	52%
Would co-locate*	62%

N=1396
*Post-9/11 as compared to 39.9% pre-9/11

Laraque, D. 2005

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Assumptions

- As primary care and specialty physicians you have determined that the psychosocial health of children is within your domain of practice
- It is your role to engage families in this discussion
- Traumatic experiences whether represented by 9/11 or other situations are important to detect and to provide cogent interventions for families
- You have some but not all the skills to address this millennium morbidity
- Hence the training today must address those needs and actively engage your participation.

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Classification of mental health problems- DSM-PC



- Expert Panels from AAP and APA
- Collaborative effort between primary care specialties and psychiatry
- Definitions of new categories of precursors to psychiatric disorder
 - "Developmental Variation" and "Problems"
- Definitions for Disorder = DSM-IV
- Algorithms that allow practitioners to move from presenting symptoms to diagnosis (9 examples)
- Educational component
- Attention to cultural frame of reference
- Codes

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Tool Kit

- Use as a guide during the training
- Table of Contents
 - Overview (Mental Health ROS)
 - Screenings Aids
 - Condition-Specific Fact Sheets
 - Diagnostic Aids
 - Algorithms
 - Psychopharmacology
 - Cognitive Behavioral Therapy
 - Resources (articles, DSM-PC, websites)
 - Faculty Presentations
 - Feelings Need Checks Up Too CD-ROM

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AAP Mental Health Task Force: Mental Health Review of Systems as part of Health Supervision ("Clinical Dashboard")

- Child's overall emotional/behavioral progress, strength based approach
- Child's developmental progress
- Child's developing capacities within the domains of:
 - Cognition and language
 - Attention and executive function
 - Self-regulation and control of impulses
 - Mood and Anxiety
 - Capacity for relationships
- Child's experiences
 - Psychosocial environment
 - Exposure to traumatic experiences

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Tools

- Eliciting a trauma history (UCLA -Post traumatic reaction index question)
- Probing questions about bereavement and other emotional problems
- Screening Aids (Pediatric Symptom Checklist (PSC), GAPS, SDQ)
- Diagnostic Aids (Depression and Anxiety tools)
- Case-based studies
- Cognitive Behavioral Strategies

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Cases

- Fact sheets on bereavement, depression, anxiety and PTSD
- Case Summaries
- CBT approach for depression, anxiety and PTSD

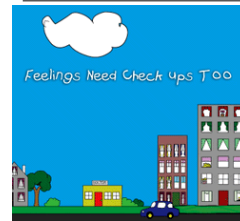
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Cases

- The Medical Home
- Comprehensive evaluation
 - Hx/PE/PMH/FH/Meds/HPI/Labs
 - Peer interactions/School/Parent-Child rel.
- Use of selected screening aids
- Use of selected diagnostic aids
- Interview of child and parent
- Psychosocial history
- Sets the stage for accurate diagnosis (DSM-IV-TR) relying on culturally informed person-to person interview
- Assessment of urgency
- Assessment of co-morbidities

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Tools



- Case-based teaching
- Culturally diverse practices
- Evidence-based practice
- Use of interview
- Use of screening aids
- Use of diagnostic aids
- Use of algorithms

PI: Danielle Laraqe, MD, FAAP, AAP 2004

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Ice-breaker cases and Cognitive Behavioral Therapy

- Behavior modification is part of pediatric practice (sleep, toilet training, homework)
- CBT combines behavior therapy with cognitive therapy
- Evolving a cognitive-behavioral approach to children's mental health appears to be a reasonable strategy for primary care

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Cognitive Behavioral Treatment

- Feelings identification
- Cognitive re-structuring (cognitive triangle of thoughts, feelings and behaviors)
- Stress inoculation or coping skills
- Parental involvement
- Focused treatment goals

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Case Studies

- Trauma and 9/11
 - Doug - a bereaved child
 - Max - ~ 4 year old with PTSD symptoms (an anxiety disorder)
- Anxiety and Depression
 - Siu - a school age child with anxiety symptoms
 - Jose - an adolescent with depressed/irritable mood

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Follow-up

- Key references
- Coding
- Implementation Strategies
- Contact Information
- Follow-up surveys
- Final tool kit

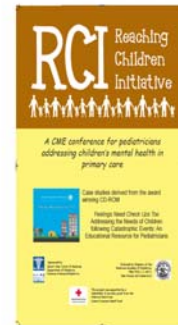
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Introduction of Family Groups

- The Families of September 11th
- Tuesday's Children

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Reaching Children Initiative - Tri-State Training in Children's Mental Health



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Additional Slides

AACAP Work Force

- Dearth of child and adolescent psychiatrists (~7,000 nationwide)
- COGME report concluded in 1990 that 33,000 were needed to meet current needs
- Access issues
- Therefore, there is a need for primary care professionals to learn how to manage emotional problems in children

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Treatment by primary care or specialist staff or effect of consultation-liaison on patients*

- 6 Studies, 3RCT, 1 CBA, 2SBA
 - Pre-school parental interviews (psychological health promotion) can improve child behavior and relationship outcomes
 - Education -reduction in reported substance use in adolescents
- Management by specialists in primary care setting (10 studies; 3 RCT)
 - Counseling, CBT, dynamic Rx improved outcomes in post-partum depression
 - can reduce the number of consultations in frequent attendees
 - Intensive health vs family therapy vs dyadic groups - at 1year Dev. Quotient lower in family therapy group-but results not sustained

*Bower P et al. The Treatment of child and adolescent mental health problems in primary care: a systematic review. Fam Pract 2001; 18:373-82.

Larague, D. 2005

Educational studies with the primary care team: 8 studies -1 RCT, 2 CBA, 5 SBA

- RCT - 12-session intro. to behavior modification vs delayed training group - suggestion that delay group was less effective
- CBA
 - modest effect of training in counseling /CBT in depressed mothers of infants
 - Parent advisor training vs no training -changes in counseling knowledge, perception of self as counselor, self-esteem, counseling ability and attending behavior
- SBA (pre-post all showed increased scores)
 - Training in detection and management of post-natal depression -use of Edinburgh post-natal depression scale and counseling/CBT: rate of mother-baby rel. problems lower
 - Preparatory reading and single structured teaching sessions using either vignettes or video - increased scores in 5/6 attitude/competence questions post-training