

Welcome + introductions

Let us know you're here!

Please enter the following into the ZOOM "chat box" so we have a record of your attendance today:

- ► Name(s)/Credentials
- ► Practice Name/location

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:00 - :15	Introductions
:15 - :30	VMAP + Project ECHO
:30 - :35	Case Presentation Template
:35 - :55	Didactic
:55 - :00	Wrap-up

1	/MAP	ЕСНО	Deeper	Dive:	2023	Cohort	Members

Suzanne Alonso, MSN, CPNP-PC Lynchburg Pediatrics Forest	Susan Ashton-Lazaroae, MD ALL Pediatrics Lorton	Leila Binder, MD Sterling AllCare Pediatrics Potomac Falls	
Deana Buck Richmond	Brittany Butler, PA-C Tri-Area Community Health Ferrum	Walter Chun, MD Pediatric Center Glen Allen	
Robin Church The Arc of Virginia Richmond	Ashley D'Angelo, CPNP-PC Children's Medical Associates of Northern VA Alexandria	Chrystal Doyle, APRN, FNP-BC, PMHNP-BC Cumberland Hospital New Kent	
Jadig Garcia, PhD Pediatric Center Richmond	Jenniffer Herrera UVA Neurodevelopmental Behavioral Pediatrics in Charlottesville	Vicki Holmes Providence Forge	
Morgan Honickel, LCSW Petersburg	Nadia Islam, PhD Pediatric Center Richmond	Stephanie Konkus, MD Town Pediatrics Leesburg	

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VMAP ECHO Deeper Dive: 2023 Cohort Members

Paula Labriola MD Woodbridge	Nair Maya, MD Capital Area Pediatrics Herndon	Marina McBee, CPNP Capital Area Pediatrics Herndon	
Ayanna McCray, MD New Heights Pediatrics King George	Nithiyakalyani Panneerchelvam, MD Fairfax	Maria Sacoto, MD Sacoto Pediatrics Falls Church	
Liv Gorla Schneider, MD, FAAP The Pediatric Center Glen Allen	Lowry C. Shropshire, MD Pediatric Associates of Alexandria Alexandria	Allison Siegel, MD Capital Area Pediatrics Falls Church	
Tracy Walters Virginia Department of Behavioral Health & Developmental Services, Richmond	Jackie Winkelvoss, RN Capital Area Pediatrics Oakton		

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Hub Faculty



Beth Ellen Davis, MD Moderator



Jacqueline Cotton, MD Pediatrics



Mary Margaret Gleason, MD Child Psychiatry



Questions? projectecho@vmap.org

Michael Mintz, Psy.D Psychology



Polly Panitz, MD

Developmental Pediatrics



Tammy Taylor-Musoke, LCSW LMHP



Robin Cummings, MSHA Program Coordinator

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If you're a primary care provider treating children and adolescents...

Don't forget to **REGISTER** for the

VMAP Line

to gain access to:

- Regional child and adolescent psychiatrists available for consultation
- Regional licensed mental health professionals available for consultation
- Care navigation services to support with resource and referral needs

Register at www.VMAP.org or call now!

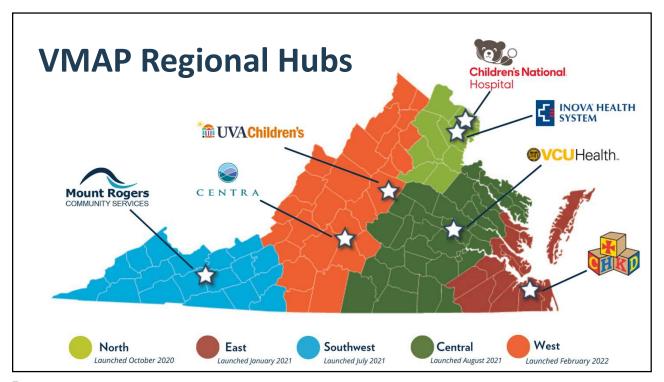
1-888-371-VMAP (8627)



Patients must be 21 years or younger and Virginia residents



This line is **not** for families to call directly. This is **not** a crisis line for patients



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VMAP ECHO Deeper Dive Schedule 4th Thursdays from 12 to 1 PM

January to November 2023

Kick-off	1/26/2023	PCP Approach to IECMH
Session 2	2/23/2023	PCP Office Tools for IECMH Assessment
Session 3	3/23/2023	Anxiety + Related Attachment
Session 4	4/27/2023	Dysregulated Anger + Aggression
Session 5	5/25/2023	Preschool ADHD
Session 6	6/22/2023	Trauma + ACES
Session 7	7/27/2023	Autism
Session 8	8/24/2023	Feeding
Session 9	9/28/2023	Sleep
Session 10	10/26/2023	IECMH Resources in Virginia
Session 11	11/9/2023	Tantrums, Discipline and Spanking

VMAP Project ECHO

E-mail: projectecho@vmap.org

Webpage: http://www.virginiapediatrics.org/echo-23-birth-to-five/password = 2019VMAP

- ▶ Cohort information
- ▶ Syllabus + case template form
- ▶ Links to session recordings
- ▶ Tools + resources

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CME / MOC 2 / MOC 4 PACKAGE!

You can earn 25 pts CAT 1 CME / 25 pts MOC 2 / 25 pts MOC 4 = 75 POINTS

Requires:

- 1. Participate in at least 90% of monthly ECHO sessions
- 2. Sign up to present at least one case
- 3. 3 chart reviews to assess screening implementation with self-defined target population of patients
- 4. Participate in 3 QI sessions (60 min each)
- 5. Register \$50

Medicine—all specialties; Nursing—RN, DNP, NP, CNS, all nursing advanced degrees; Physician Assistant, Social Work; Psychology; Pharmacy

VMAP ECH	If you still need to register projectecho@vmap.org			
	WHEN	LEARNING ONLY no credits	BASIC 25 AMA PRA Category 1 credits™	QUALITY IMPROVEMENT 25 AMA PRA Category 1 credits™ + 25 MOC-2 credits + 25 MOC-4 credits
Baseline and post-assessment	pre+post	~	~	~
Participate in 90% of sessions	monthly	~	~	~
Register for CME or CME+MOC	FEB		~	~
Sign-up for a case	FEB	optional	~	~
Choose QI project	MAR			~
Participate in 3 QI sessions	3/28, 5/23, 7/25 @ 5:30-6:30pm			///
Complete + submit 3 chart reviews (1 baseline + 2 post-intervention)	due 3/15, 5/12, 7/14			///
Attestation	NOV		~	~

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Case Presentation

- Sign-up to present a patient that links to didactic topic
 - Brief overview
 - Think about kids who you are starting on medsThink about kids whose meds are not working

 - · You get diagnostic or management advice on one of your patients!
- Sign up before February session
- Template is on webpage
- Send case to projectecho@vmap.org one week prior to session

Case template

- ▶ Patient age Patient gender Patient race/ethnicity
- ► CONSULT QUESTION?
- ► Symptoms of concern (ABC, FINDS –see today's didactic!)
- ▶ Screening used?
- ► MENTAL HEALTH (Prior mental health diagnoses and age at diagnosis)
- ▶ Previous Interventions (pharmacologic and non-pharmacologic, OT/Speech, early intervention)
- ► MEDICAL/DEVELOPMENTAL Relevant prior medical diagnoses and age (including review of systems and exams/labs/tests)
- Medications
- ► Relevant Family History (psychiatric)
- ► Family dynamics (who lives at home, family stressors/trauma)
- ► School/Social (IEP, bullying, extra-curricular)



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VMAP-DEEPER DIVE: 0-5 January 26, 2023









Polly J Panitz MD

Behavioral and Developmental Pediatrics



Definition



- "Challenging behavior" is defined as "any repeated pattern of behavior...that falls outside of what is culturally acceptable and interferes with the child's optimal learning or engagement in pro-social interactions with peers and adults or is harmful to the child or others.
- 10-15% of general population : aggression, SIB, non-compliance
- Risk factor for family stress, mental illness, poor peer relations and failing academic performance
- Disruptive behaviors most common normally peak at age 3 and recede
- Occur more often in those with special needs
- Boys: Girls = 2:1

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Cultural Bias and Diagnosis



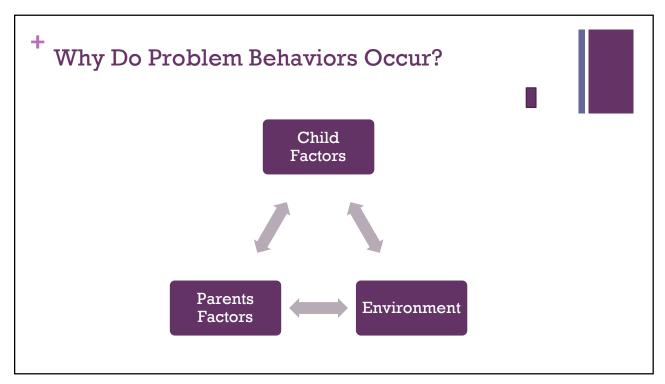
- Low SES group, harsh parenting practices and family dysfunction are clear risk factors for disruptive behaviors
- Definitions tend to be based on Caucasian populations
- Standardized measures more reliance on Caucasians
- Unconscious bias results in decreased likelihood of being diagnosed with disability that may explain behavior: ADHD, anxiety, mood instability, ASD or LD
- ODD and CD carry negative stigma
- Less access to intervention

GOALS



- 1. Have understanding of why behaviors might occur
- 2. Learn about developmental, environmental, familial and physiologic factors that may have an impact on the child's behavior.
- 3. Learn the process for assessing behavior.
- 4. Learn that developing proactive plans to teach new skills will prevent future behaviors
- 5. Learn when to refer

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Contributing Factors?



- Environmental risk factors: ACEs: abuse, substance use, poverty, incarceration, violence, food insecurity
- Parental factors: depression, mental illness, abuse or trauma, parenting practices
- The role of the child's temperament?
- Physiologic contributors?
- Are there lagging skill sets?
- Developmental processes

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Do the parents/teachers/care providers:



- Know how to foster competence?
- Know how to structure the environment to allow for optimal compliance?
- Have appropriate expectations?
- Know how to stay calm and de-escalate a situation?
- Is the environment a good fit for this child?

Building Competence



- Develop strengths
- Attend to child's successes (time in)
- Realistic expectations (80/20 rule)
- Use their strengths
- Avoid power struggles (watch, just try, show)
- Use empathy and deal with emotions first

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Who is this child?



- Consider the developmental context
- Consider the influence of **Temperament** or the behavioral style of this child.
 Defined as:
 - Activity level
 - Regularity
 - Approach
 - Adaptability
 - Sensory Threshold
 - Mood
 - Intensity
 - Distractibility

Difficult Children Lack Skills and are at risk for subsequent disorder



- Executive Function skills
- Language Processing/learning differences
- Emotional Regulation
- Cognitive Flexibility
- Social Thinking

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+ Physiologic contributors



- Inadequate sleep
- Allergies
- Chronic pain
- GI distress
- Medication side effects
- Sensory differences

* Challenging Behaviors continue because:



- Child is seeking attention
- Child is attempting to <u>avoid</u> a demand
- Child is attempting to <u>access</u> something s/he wants
- Child has sensory needs
 - ■they serve a function for the child

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Understanding the meaning of challenging behaviors



A ntecedent: Understand the trigger, events or environment before the behavior.

B ehavior: describe the behavior, the associated circumstances (FINDS) and the "function"* of the behavior



Consequences: what happens after the behavior, what reinforces the behavior?

*I am not going to lie, this is HARD sometimes!

FINDS



Behavior is

Frequency

Intensity

Number of associated circumstances

Duration

Settings



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Behavior Intervention Plan



- Teach New Skills
- Incentivize for growth/new skills
- Structure learning situations
- Plan ahead of time
- Be proactive; most behaviors are predictable
- Block the behaviors from serving a function
- Reinforcement plan



Do not rely on punishment

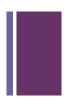


- Punishments (time out, suspensions, etc) are not effective for recurring problems
- They do not teach new skills
- They erode relationships
- Erode sense of competence
- Create new problems

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Long term planning



- Behavioral Health screens: Strengths and Difficulties Questionnaire (sdqinfo.org), Early childhood Screening Assessment (ECSA), The Survey of Well Being in childhood (SWYC), Vanderbilt, CBCL, ASRS, ADHD Rating Scale, Connors, temperament rating scale
- Developmental Screening: ASQ and/or ASQ SE
- Consider need for Early Intervention; resource teacher, special education, parenting resources
- Consideration for developmental disorder:

Developmental Delay/disorder: communication, cognition, motor, FAS, Fragile X Anxiety, adjustment
ADHD
Sensory needs
ASD

- Assess needs of parents: depression, divorce, loss, financial stress, violence, illness or loss
- Assess for ACES: trauma
- Referral for parent positive behavioral training: Triple P, PCIT, positive discipline



Elements of Positive Parenting



- Positive relationship: spends time with child on an activity they have interest in, make time for conversation, physical affection
- Encourage Desirable Behavior: articulate what IS expected, positive non-verbal attention, provide engaging activities
- Teach New Skills/Behaviors: model, prompt for positive behaviors, use verbal and physical prompts for new skills, use behavior systems
- Manage Challenging Behaviors: set clear, predictable expectations, practice new skills, avoid reinforcing problem behaviors, give clear instructions, know how to de-escalate, use time out

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When to consult?



- Behaviors atypical for child's developmental age
- 2. Occur in more than one setting and are interfering
- Significant distress in child and family
- 4. Significant caregiver mental health issue or stress
- Concern for adverse contributing events: trauma, food insecurity, family dysfunction, substance use, abuse
- 6. Lack of treatment progress: problems persist
- Concern for developmental/psychologic conditions: ADHD, ASD, anxiety, adjustment, DD, chronic illness

Believe that.....

- All children want to be good and it is our job to figure out what is getting in their way and structure their experiences so they can be successful.
- Our role is to understand the child and figure out how to best support them.
- Behavioral challenges are opportunities to teach, learn and better understand

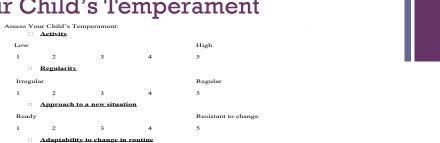


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Assess Your Child's Temperament

Low

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Level of sensory threshold □ <u>Mood</u> Positive

1 2 3 4

| Intensity of response Mild 1 2 3

□ <u>Distractibility</u> Persistent
1 2 3 Intense

Adaptable

High

Distractible

Bibliography

- No More Meltdowns, Jed Baker, PhD
- Effective Parenting for the Hard to Manage Child, DeGangi and Kendall
- The Explosive Child, Ross Greene
- Transforming the Difficult Child, Glasser and Easley
- Rethinking Challenging Kids-Where There's a skill, There's a Way, Ablon, youtube
- https://www.youtube.com/watch?v=zuoP ZkFcLVs





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VMAP "Guidebook"

VMAP Guide for Promoting Child and Adolescent Behavioral and Mental Health in Primary Care (v1.0)

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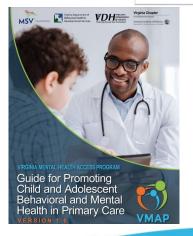
Compilation of evidence-based practices, up-to-date resources, and practical knowledge specifically geared towards pediatric and adolescent health care providers

Contains care guides on the following topics:

- Disruptive Behavior & Aggression
 - en Ages 2-10
- Psychosis
- Substance Use Disorder
- Eating Disorders
- Sleep Challenges

- Depression
- Suicidality
- Anxiety
- Trauma & PTSE
- ADHD
- Bipolar Disorder

Available to download for free on our website! (www.vmap.org/guidebook)



Wrap-up

Our next session...

Topic: Primary Care Office Tools for IECMH Assessment

Date: Thursday, February 23 @ 12:00 to 1:00 PM

Case presenter: n/a

Didactic presenter: Beth Ellen Davis, MD

WATCH your e-mail for:

- CME/MOC confirmation
- case presentation sign-up

Today's session recording will be posted to the cohort webpage @

http://www.virginiapediatrics.org/vmap/echo/

VMAP ECHO 23 Deeper Dive → Password = 2019VMAP

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