

Integrating Mental Health Counseling in Pediatric Hospital Settings

iIMPACT Summit, April 7, 2022



Building Resilience across Ages Through Integrative Neuroscience

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Center @ UM

“ACT”-ivity

YOUR VALUES: *What really matters to you, deep in your heart? What do you want to do with your time on this planet? What sort of person do you want to be? What personal strengths or qualities do you want to develop?*

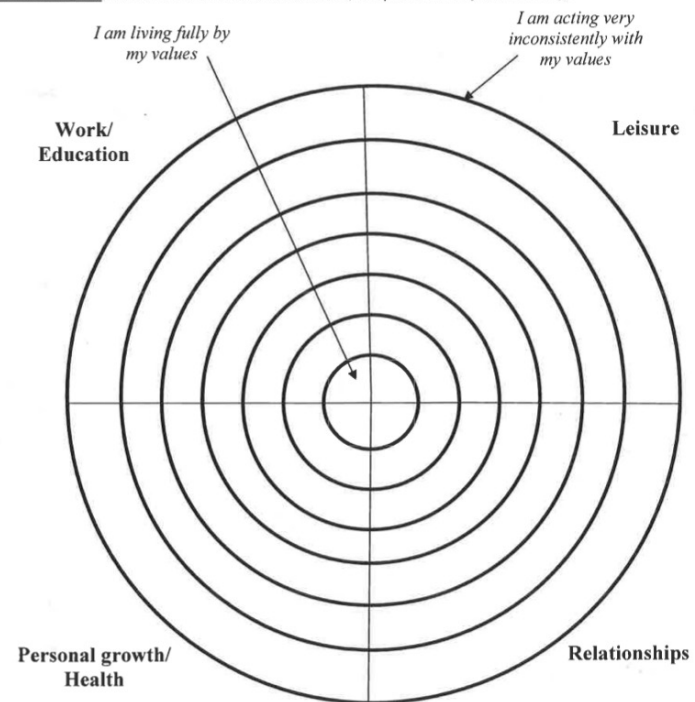
1. Work/Education: includes workplace, career, education, skills development, etc.

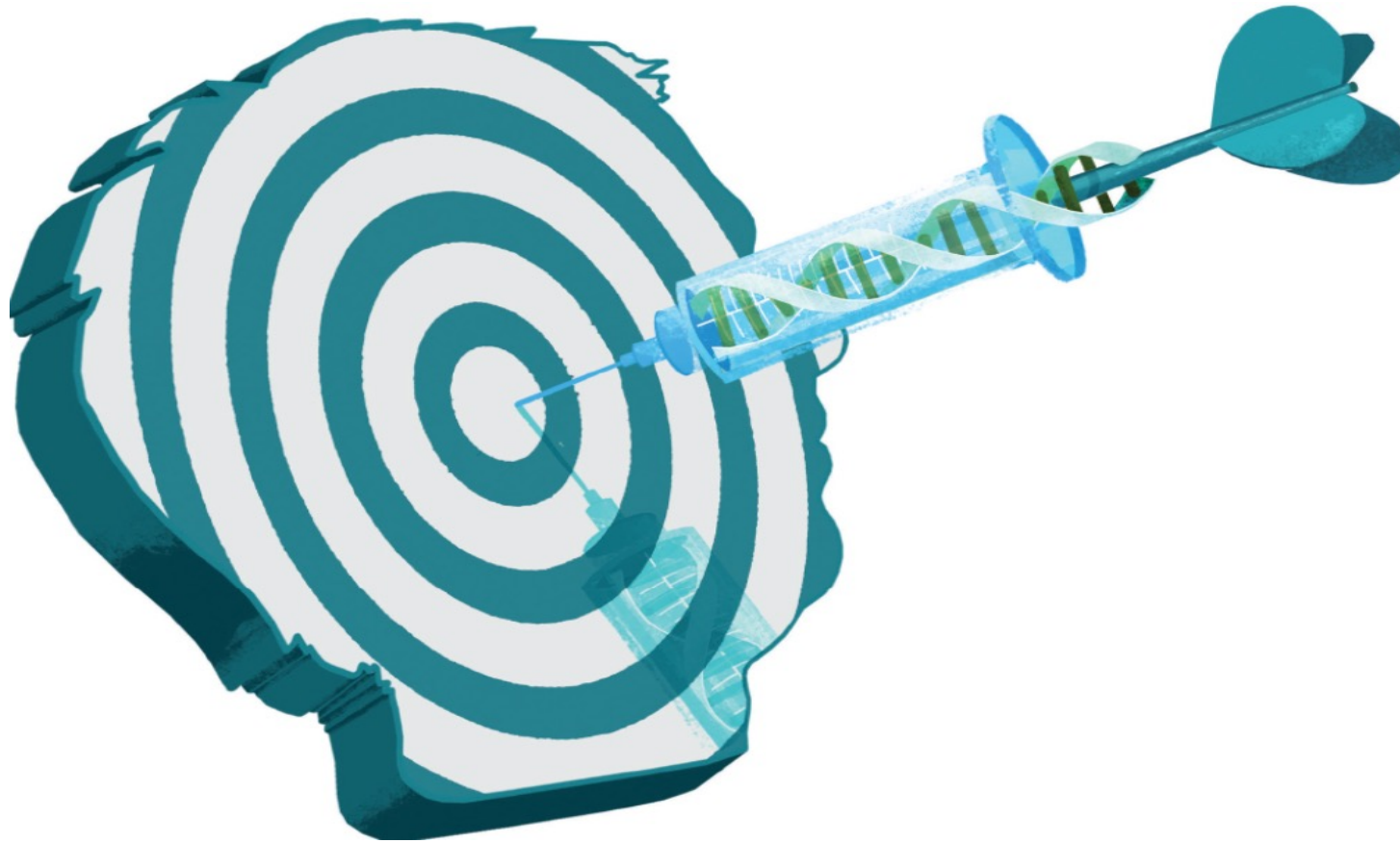
2. Relationships: includes your partner, children, parents, relatives, friends, co-workers, and other social contacts.

3. Personal Growth/Health: may include religion, spirituality, creativity, life skills, meditation, yoga, nature; exercise, nutrition, and/or addressing health risk factors like smoking, alcohol, drugs or overeating etc

4. Leisure: how you play, relax, stimulate, or enjoy yourself; activities for rest, recreation, fun and creativity.

THE BULL'S EYE: make an X in each area of the dart board, to represent where you stand today.





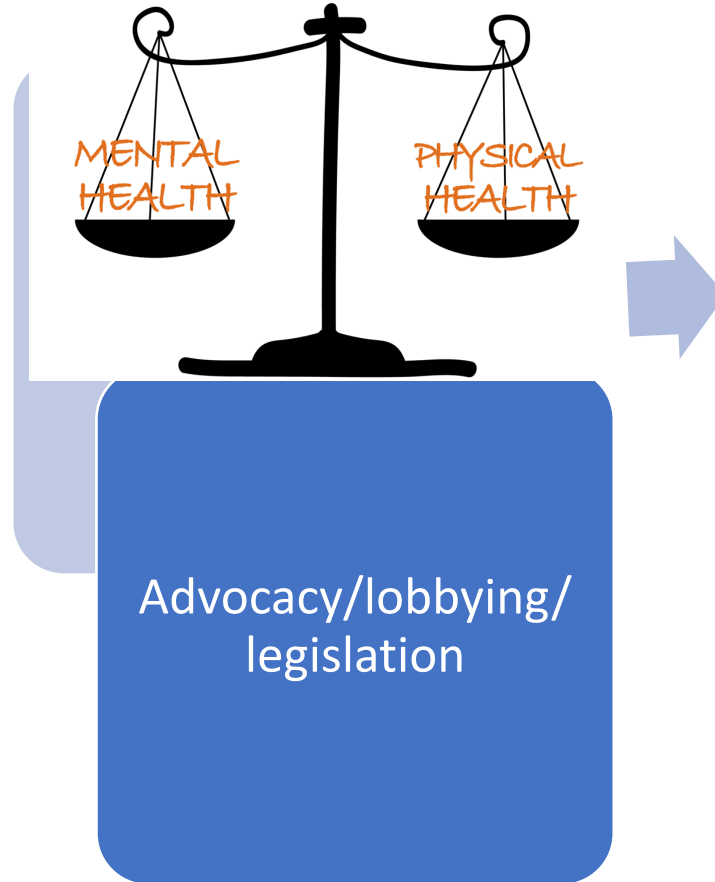
My Professional Values

- Increased Mental Health Awareness
- Universal access to mental healthcare services
- Mental Health Parity
- Training students in ethical practice and evidence based interventions

ACTION STAGE-How do you get to the Center of your Bulls Eye?



Grassroots movement- finding partners who share interests and needs



Research, evaluation

Learning Objectives

- Participants will learn the critical need for mental health services within pediatric hospitals.
- Attendees will understand the need for macrosystemic partnerships and advocacy efforts in establishing sustainable, critically needed services in all pediatric hospitals
- Attendees will be introduced to a model for training a labor force of future mental health counselors skilled in the area of integrated behavioral health.



The **BRAIN** Center

Building Resilience across Ages Through Integrative Neuroscience

PROTECTING YOUTH MENTAL HEALTH

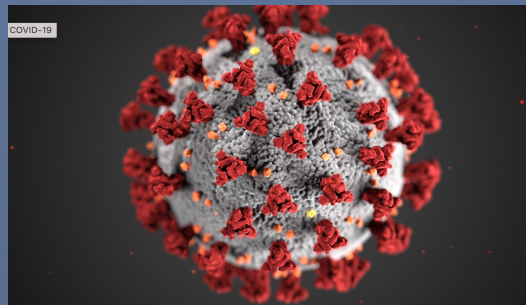
The U.S. Surgeon General's Advisory



Juvenile homicides on the rise in Memphis

By Yolande Jones, Daily Memphian

Updated: August 24, 2020 6:33 AM CT | Published: August 24, 2020 4:00 AM CT





New program helps kids with trauma of COVID-19, violence

By David Waters, Special to the Daily Memphian

Updated: December 10, 2020 11:50 AM CT | Published: December 10, 2020 9:16 AM CT



- Pediatric violence victims experience:
 - Self and emotional dysregulation
 - Report increased drug and alcohol use
 - Lower national test scores
 - Decreased school attendance
 - Lower physical activity
 - Suffer from a plethora of long standing mental health disorders such as:
 - Depression
 - Anxiety,
 - PTSD symptoms such as: hyperarousal, disturbed mood and cognition, intrusive thoughts, avoidance and often resort to aggression, oppositional and violent behavior.



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TMHC Division Services



COUNSELING



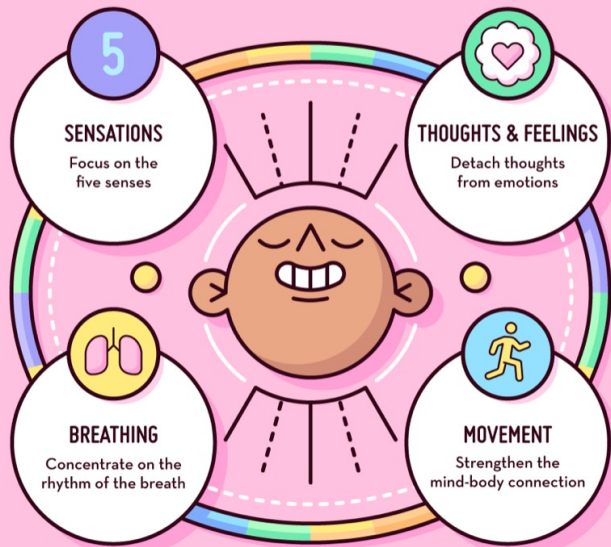
TMHC Program to-date provided over 2,000 counseling sessions to 875 children and families using a 2-generation model

- Screening and Initial Consultation
- Ongoing Mental Health Counseling Sessions
 - Inpatient
 - Outpatient
 - Telehealth

Trauma Mental Health Counseling Interventions

EMBRACE THE PRESENT WITH MINDFULNESS.

Four techniques to make you feel calm and focused.



#DeStressMonday

DeStressMonday.org

DeStress
MONDAY



- Provide evidence-based and neuroscience-informed interventions focused on lowering physiological arousal levels, stress and symptom reduction, resilience and post-traumatic growth
- Mindfulness Based Stress Reduction
- Interpersonal Social Rhythm Therapy
- Family Therapy & Parenting interventions
- Play and Art Therapy
- Solution-focused brief therapy
- Grief and loss support

Mental Health Assessment and Consultation

Child Stress Disorders Checklist-Short Form

- *Physical/Somatic Complaints*
- *Mood/Cognitions*
- *Intrusions*
- *Avoidance*
- *Hyperarousal*

ACUTE STRESS REACTION
Following a **TRAUMATIC** Event

Signs & Symptoms

- Difficulty concentrating
- Distressing memories or dreams of the event(s)
- Avoiding thoughts, feelings, people or places associated with the traumatic event
- Thoughts of self-harm or suicide
- Irritability or angry outburst
- Feeling jumpy or easily startled
- Changes in appetite
- Difficulty falling or staying asleep
- Fatigue or lack of energy
- Isolating or withdrawing from friends and family
- Sadness or difficulty experiencing positive emotions

LeBonheur Children's Hospital
Counseling Services

What To Expect:

- A safe, confidential place to discuss
- Unlimited, free counseling sessions
- Weekly, biweekly or monthly

Benefits To Patients:

- strengthen social-emotional health
- reduce feelings of distress
- gain personal awareness and insight

CHILD STRESS DISORDERS CHECKLIST- SHORT FORM (CSDC-SF)
(v. 3.0- 8/10)
Glenn N. Saxe, M.D. & Michelle Bosquet Enlow, Ph.D.
National Child Traumatic Stress Network,
New York University, & Children's Hospital Boston
Contact: Glenn.Saxe@nyumc.org

Child's Name (or ID #): _____ Age: _____ Sex: M F
Person Completing Questionnaire: _____ Date: _____
Relationship to Child: _____

Has your child experienced or witnessed an event that caused, or threatened to cause, serious harm to him or herself or to someone else? Please check any and all events and age(s) of your child at the time of the events below:

1) Car Accident _____ Age(s) _____	5) Physical Illness _____ Age(s) _____
2) Other Accident _____ Age(s) _____	6) Physical Assault _____ Age(s) _____
3) Fire _____ Age(s) _____	7) Sexual Assault _____ Age(s) _____
4) Storm _____ Age(s) _____	8) Any Other Event _____ Age(s) _____

Directions: Below is a list of behaviors that describe reactions that children may have following a frightening event. For each item that describes your child **NOW** or **WITHIN THE PAST MONTH**, please circle **2** if the item is **VERY TRUE** or **OFTEN TRUE** of your child. Circle **1** if the item is **SOMEWHAT** or **SOMETIMES TRUE** of your child. If the item is **NOT TRUE** of your child, circle **0**. Please answer all items as well as you can, even if some do not seem to apply to your child. The term "event" refers to the **most** stressful experience that you have described above.

0 = Not True (as far as you know)
1 = Somewhat or Sometimes True
2 = Very True or Often True

0 1 2 Child reports more physical complaints when reminded of the event, such as headaches, stomachaches, nausea, difficulty breathing.

0 1 2 Child avoids doing things that remind him or her of the event.

0 1 2 Child startles easily. For example, he or she jumps when hears sudden or loud noises.

Examining the Incidence and Prevalence of Acute Stress in Pediatric Trauma Patients

	Frequency	Percent	CSDC-SF (u)
Population	617	100.0%	1.71 ($\sigma = 1.75$)
Race (N=590)			
Black/African American	330	55.9%	1.74 ($\sigma = 1.72$)
White/Caucasian	210	35.6%	1.61 ($\sigma = 1.76$)
Hispanic/Latinx	30	5.08%	2.03 ($\sigma = 1.85$)
Biracial/Multiracial	9	1.53%	2.58 ($\sigma = 2.47$)
Asian/Pacific Islander	5	0.85%	0.20 ($\sigma = 0.45$)
American Indian/Alaskan Native	1	0.17%	N/A
Hawaiian/Other Pacific Islander	1	0.17%	N/A
Others	4	0.68%	0.25 ($\sigma = 0.50$)
Sex (N=617)			
Male	364	59.0%	1.43 ($\sigma = 1.59$)
Female	253	41.0%	2.11 ($\sigma = 1.89$)
Age (years) (N=609)			
Early Childhood (2-5)	127	20.9%	1.20 ($\sigma = 1.58$)
Elementary School (6-10)	165	27.1%	1.78 ($\sigma = 1.69$)
Middle School (11-13)	120	19.7%	1.90 ($\sigma = 1.80$)
High School (14-18)	197	32.3%	1.88 ($\sigma = 1.81$)
Injury Type (N=601)			
Burn	154	25.6%	1.40 ($\sigma = 1.62$)
Motor Vehicle Collision	137	22.8%	2.18 ($\sigma = 1.87$)
Sports/Leisure Activity	106	17.6%	1.54 ($\sigma = 1.64$)
Weapons-Related	67	11.1%	2.37 ($\sigma = 1.91$)
Fall	62	10.3%	1.19 ($\sigma = 1.33$)
Bodily Injury	22	3.66%	1.50 ($\sigma = 1.29$)
Animal-Related	18	3.00%	1.36 ($\sigma = 1.71$)
Pedestrian Struck by Vehicle	10	1.66%	1.60 ($\sigma = 1.58$)
Others	25	4.16%	2.44 ($\sigma = 2.33$)



Findings:

- Largest study of pediatric trauma patients (617)
- 64.8% of patients met diagnostic criteria for Acute Stress Disorder
- More violent injuries reported greater distress

Sustainability Problems

- Overall lack of parity with regard to mental versus behavioral healthcare coverage
- unequal managed care practices, poor reimbursement, cumbersome processes
- create barriers for patients to access the care they need
- American mental health services are insufficient, and despite high demand, the root of the problem is lack of access—or the ability to find care.
- Particularly so in rural areas or those with high poverty.



REPORT AN UNMET NEED

Early and Periodic Screening, Diagnostic, and Treatment

comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid



Early: Assessing and identifying problems early

Periodic: Checking children's health at periodic, age-appropriate intervals

Screening: Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems

Diagnostic: Performing diagnostic tests to follow up when a risk is identified, and

Treatment: Control, correct or reduce health problems found.

BRIDGE THE CARE GAP

One in four of us is likely to have a mental health issue in our life-time. The mental health issue should concern us all.

Advocacy

“routinely screening children for mental health challenges and risk factors, including adverse childhood experiences (ACEs). Screenings can be done in primary care, schools, emergency departments, and other settings.”



Model for Integrated Mental Health Counseling Services



Dr. Kiersten Hawes

Dr. Kiersten Hawes is the BRAIN CENTER Clinical Director of Trauma Services for Le Bonheur Children's Hospital Trauma Center. Dr. Hawes is a recent graduate of the PhD Counselor Education and Supervision program in the Department of Counseling, Educational Psychology, and Research at the University of Memphis. She earned a master's degree in Clinical Mental Health Counseling at the University of Memphis. She received a bachelor's degree in Psychology at Spelman College.

Dr. Hawes has clinical experience conducting individual, couples, group, and family therapy in community-based, university, and inpatient settings. She ascribes to a person-centered and family systems approach. In addition to clinical experience, she is passionate about building community awareness around stress, health, and emotional well-being. She helped develop a curriculum to educate the greater Memphis area on the long-term effects of emotional trauma and stress on childhood neurodevelopment and health.



- Partnered with BRAIN Center at University of Memphis
- Training cohorts of 8-10 Advanced Masters and Doctoral Students in Clinical Mental Health Counseling per semester. Students must complete 600 clinical hours
- Prior to start, students complete certification in Interpersonal Social Rhythm Therapy (IPSRT), Mindfulness Based Stress Reduction (MBSR) ACTIVE Parenting, ACEs and Trauma Informed Care
- Provide extensive supervision/similar to residency training in medicine
- Develop infrastructure for billing – student interns will be allowed to bill under the license for mental health services provided in Tennessee beginning July 2022

Outcomes and Future Plans

Provide

- Continue to provide services and publish program evaluation results

Create

- Develop billing processes and infrastructure for service reimbursement

Implement

- With model with partner hospitals

Build

- Build a partnership network to foster advocacy, lobbying, and legislation change

Questions???

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